CAMPAIGN REPORT

SEPTEMBER 2016

MDG 5

MDG 4

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2009 2010 2011 2012 2013 2014 2015 2016

World Vision

CHILD HEALTH NOW

Together we can end preventable deaths

MOBILISING MILLIONS TO END PREVENTABLE CHILD DEATHS

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The Story of a Campaign

The world is currently reducing under-five deaths faster than at any time in history. Progress toward child survival has gathered momentum in the past decade, giving rise to the Global Strategy for Women's and Children's Health. Through focused investment and effort in this period, World Vision is among the many partners that contributed significantly to this outcome.

Child Health Now was World Vision's first global advocacy campaign, launched in 2009 at a critical juncture in the global effort to achieve lasting progress in child and maternal health. From its start, the campaign pledged to amplify the voices of the most-affected people in communities where World Vision operates, to hold governments to account, and to join hands with partners to multiply the potential for impact.

Through the campaign, citizens across dozens of countries have engaged and influenced their policy makers and health systems, their voices reaching decision makers at the highest levels. Particular hallmarks of the campaign included empowering local stakeholders and investing in partnerships at all levels. The scale of change brought about by an array of coordinated partnerships and coalitions was greater than anything its advocacy could achieve in isolation.

Yet even as we celebrate these great strides we recognise that they have not gone far enough. Bringing an end to the millions of preventable child and maternal deaths that still occur will require going the last mile to reach the most vulnerable children and families, particularly in the hardest places to live. That includes the displaced children of war-affected countries like Syria, fragile countries like Somalia and poor countries prone to disaster like Haiti. Reaching the ambitious targets of the Sustainable Development Goals will require even greater collaboration with both existing and new partners who share the vision that every woman, every child and every adolescent, everywhere should not only survive, but thrive and enjoy life in all its fullness.

> *The world is currently reducing under-five and maternal deaths faster than at any time in history. This demonstrates what can be achieved when we work as a community with a focus on partnership, accountability and innovation.*
>
> Ban Ki-moon, *Secretary-General of the United Nations*

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CAMPAIGN HIGHLIGHTS

Kevin Jenkins, *WVI President & CEO speaks at launch of Global Strategy, announces US$1.5 billion commitment 2010-2015*

SEPT
United Nations, New York

We have a plan

Global Strategy for Women's and Children's Health launched to accelerate progress towards MDGs 4 & 5.

MEDIA

STUNTING
ANAEMIA
LOW BIRTH WEIGHT
CHILDHOOD OVERWEIGHT
BREASTFEEDING
WASTING

MAY
Geneva, Switzerland

Raising the bar

New global targets to improve nutrition by 2025 adopted at 65th World Health Assembly.

BLOG

MEDIA

2012 GLOBAL WEEK OF ACTION

NOV 13-20
80 countries + Global

Count us in

Global Week of Action sees 2 million people take action for health.

VIDEO

PARTNER SUPPORT

2009 | 2010 | 2011 | 2012

NOV
New York, Nairobi, London

Child Health Now launched, calling for a 'global action plan to get MDGs 4 and 5 back on track.'

REPORT

VIDEO

JUNE
Toronto, Canada

G8 Summit — advocacy delivers US$7.3 billion commitment to women's and children's health.

MEDIA

DEC
Global

World Vision International President appointed to new UN Commission on Information & Accountability for Women's & Children's Health.

MEDIA

JULY
Global

'Peter Pan' video launched, showing impact of poor nutrition in children's earliest days.

VIDEO

SEPT
United Nations, New York

Flagship nutrition report ***The Best Start*** launched at side event during the UN General Assembly.

MEDIA

PARTNER SUPPORT

JAN-MAY
30 countries + Global

Coordinated national lobbying in 30 countries & global engagement calls for governments to approve new global nutrition targets.

REPORT

SEPT
United Nations, New York

Nutrition Barometer report launched by leaders at side event during UN General Assembly in New York.

REPORT

PARTNER SUPPORT

OCT
Ethiopia, India, Philippines

Nutrition Barometer launched and used in regional & national events, including African Union, India, Philippines.

MEDIA

PARTNER SUPPORT

> *It is time to turn the tide, time to right a historic wrong...Time to deliver on the promise of health and a better future...For every woman. Every child.*
>
> Ban Ki-moon
> *Secretary-General of the United Nations*

> *This important report highlights the urgent need for greater global effort to halt the tragedy of hunger and under-nutrition which has particularly devastating consequences in early childhood.*
>
> Joe Costello *(former Minister of Trade and Development)*
> *Government of Ireland*

> *This is exciting . . . because it is courageous.*
>
> Dr David Nabarro
> *Special Representative of the UN Secretary General for Food Security & Nutrition*

AUG-SEPT

56 countries participate in mobilisation

Closing a killer gap

Churches mobilise 485,000 people and 24 country offices lobby governments to close the gap on child health.

MEDIA

PARTNER SUPPORT

2014 GLOBAL WEEK OF ACTION

MAY 1-8

70 countries + Global

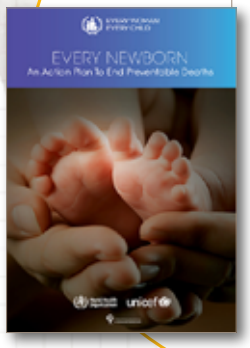
Making it past 5

5.9 million people call on governments to ensure all children survive 5.

VIDEO MEDIA

PARTNER SUPPORT

National + Global action



MAY

Geneva, Switzerland

Action for newborns

67th World Health Assembly approves Every Newborn Action Plan.

MEDIA

BLOG

2013

MAY

Kinshasha, DRC

Government of DRC joins Scaling Up Nutrition Movement after successful lobbying & engagement.

JUNE

London, UK

Nutrition for Growth Summit, held alongside G8 Summit in the UK, secures new commitments to improve nutrition.

REPORT

MEDIA

SEPT

Global + National

Killer Gap report launched, drawing attention to gap between health poor and health rich.

REPORT

MEDIA

2014

JAN-MAY

31 countries + Global

Coordinated lobbying of governments across 31 countries and at global level to secure support for ***Every Newborn Action Plan***.

REPORT

APRIL

Global

Uncounted & Unreached Report launched — focusing on the unseen & uncounted children too often invisible to vital health services.

REPORT

SEPT

New Delhi

India launches ***Newborn Action Plan*** to drastically reduce newborn deaths.

MEDIA

BLOG

> *The recent action of DRC in joining SUN is the result of a long campaign to which your [WorldVision's] research has largely contributed.*
>
> Professor Dr. Banea Mayambu, *DRC's National Nutrition Programme (PRONAUT)*

> *The report rightly calls for greater attention to health inequalities at the highest political level*
>
> The Lancet

@USAID Working with @ChildHealthNow and @WorldVision to bridge connections w/ faith & community leaders and end preventable child deaths #Survive5

> *These are preventable deaths and now we have an action plan for preventing them.*
>
> Dr Harsh Vardan, *Minister of Health, India*

2015 GLOBAL WEEK OF ACTION

MAY 4-11

70 countries + Global

Getting to zero

People take 20+ million actions demanding leaders stop at nothing to get to zero preventable deaths.

PHOTO GALLERY

VIDEO MEDIA

PARTNER SUPPORT

REPORT

REPORT

SEPT

Global

Above and beyond

World Vision surpasses 2010 pledge to Every Woman Every Child, announces new US$3 bn commitment.

THE GLOBAL GOALS For Sustainable Development

SEPT

United Nations, New York

Ready, set, goals

Launch of Sustainable Development Goals, including critical health and nutrition targets for 2030.

VIDEO MEDIA

2015

FEB-MAY

20+ countries

Citizens' Hearings held at local & national level in more than 20 countries, an innovative citizen-led accountability process to improve health systems.

MEDIA

VIDEO

@World Vision #Fact in 2015: More than a billion people cannot access the health services they need. #stopatnothing #GWA2015

@UNICEF Join @WorldVision with millions of people around the world & say #stopatnothing to reach ZERO child deaths! #GWA2015

We cannot now turn back the tide of strengthening accountability... you are the beginning of that change, that historic, groundbreaking change.

Richard Horton, *Editor-in-Chief, The Lancet*

2016

JAN

Global

World Vision International President appointed member of High Level Advisory Group for ***Every Woman Every Child***.

MEDIA

MAY

Mali, Sierra Leone, Bangladesh, Geneva

Citizens' Hearings — Community voices heard by leaders at World Health Assembly.

BLOG

PARTNER SUPPORT

AUG

Brazil + Global

Nutrition for Growth — follow up event marking progress since 2013, need for scaled up action to reach SDG targets .

BLOG

PARTNER SUPPORT

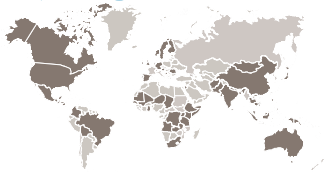
Decisions about health will always be better when citizens have the chance to give input.

Dr Kene Mark Guindo, *World Vision Mali*

@WorldBank The 1st 1000 days defines a child's life. We must #InvestinNutrition to ensure all have a #FAIRSTART #nutrition4gold

THE RESULTS

70+ COUNTRIES WHERE WORLD VISION OFFICES PARTICIPATED IN THE CAMPAIGN



CONTRIBUTED TO **291** REPORTED CHANGES IN POLICY, COMMITMENTS & IMPLEMENTATION IN **30+ COUNTRIES**

40,000 FAITH LEADERS DELIVERED MESSAGES ABOUT CHILD & MATERNAL HEALTH

20+ MILLION ACTIONS BY PEOPLE DURING 2015 GLOBAL WEEK OF ACTION

Introduction

The past quarter of a century has seen remarkable progress in survival and better health for newborns, children and mothers. In 1990, the year set as a baseline for the United Nations' Millennium Development Goals (MDGs), more than 12 million children died before they could celebrate their fifth birthdays. Today, that figure is 5.9 million.

This drop in child mortality is one of the greatest development stories in history, and we have the privilege in our generation of helping it happen. Progress toward child survival has gathered momentum in the past decade, especially as a growing global movement renewed its efforts, giving rise to the Global Strategy for Women's and Children's Health. What is more, through focused investment and effort in this period, World Vision is among the many partners that have contributed significantly to this outcome.

Yet even these great strides have not been enough. The collective effort to meet Millennium Development Goals 4 and 5—'Reduce Child Mortality' and 'Improve Maternal Health'—fell far short of fulfilling those global targets. While child mortality declined by half from 1990 to 2015, the target was to reduce this worldwide death rate by two thirds. Progress toward better maternal health and survival has similarly lagged. Hidden within national and global averages, rates of child mortality in too many of the poorest and most vulnerable groups have barely budged. Money earmarked for health still sometimes fails to reach the areas where it is needed most, leaving more than a billion people without access to the health services they need.

Child Health Now was launched in 2009 in order to make a significant contribution to reducing the number of preventable deaths of children and their mothers by calling for change at local, national and global levels. The advocacy campaign marked the first time World Vision harnessed its capability for influence at all the levels where it works—village, municipal, district, national and global—towards a unified goal. Offices in more than 70 countries took part, with 35 of them developing a multi-year advocacy strategy with dedicated human and financial resources. Child Health Now spanned nations facing high burdens of child and maternal mortality, including fragile and conflict-affected states, along with coordinated advocacy and support within 15 high-income countries.

Particular hallmarks of Child Health Now included empowering local stakeholders—parents and teachers, children and youth, clergy and traditional authorities– and investing in partnerships with other civil society groups and non-governmental organisations (NGOs). The scale of change brought about by an array of coordinated partners was greater than anything its advocacy could achieve

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in isolation, as World Vision has learned from prior successes with coalitions at the national and global levels, and from achievements by communities using its social accountability methods at the local level.

While global in scope, the campaign was designed to offer relevant guidance and flexibility for each country, so advocates could tailor their messages and activities to the contexts where they operated, as the examples in this report illustrate. Beyond geography, the policy emphasis of the campaign also evolved over its lifespan to address timely opportunities for influence. For instance, focus initially centred on achieving MDGs 4 and 5, with renewed global momentum and investment to reach those goals. By the midpoint, the campaign's advocates also worked persistently to ensure development of global and national strategies and commitments to end child malnutrition, an underlying cause of nearly half of child deaths and lifelong stunting. In its latter phase, Child Health Now actively campaigned throughout lead-up to the new post-2015 global development framework, now known as the Sustainable Development Goals, which have set new and more ambitious targets for ending preventable child deaths and malnutrition.

Because the ultimate outcomes—child and maternal survival and improved health and nutrition—take time to be counted and sustained, results can be difficult to measure. World Vision and its partners, in the meantime, have documented hundreds of interim measures already evident as markers of progress. These include policy changes; improvements in implementation, access and user demand for health services; and increasing adoption of health-seeking behaviours in many households touched by the campaign.

As the case studies included in this report illustrate, those changes resulted from strategic and persistent campaigning. Improvements in policies and implementation recorded by the campaign typically started with targeted analyses and recommendations; finding effective ways to present findings to relevant authorities, often by convening or seizing moments for influence; and coordinating advocacy efforts across countries and coalitions. Advances in child health commitments and accountability were secured at high-level forums including G8 summits, United Nations' meetings and World Health Assemblies, as well as in national parliaments and health ministries, with district authorities, local clinics and health workers.

Through its journey, Child Health Now has demonstrated that such coordination towards a unified goal can ignite a movement and harness momentum for meaningful change. This report is a review of the approaches, impact and lessons from this six-year campaign.

PROVEN & EFFECTIVE TACTICS

PARTNERSHIPS, ALLIANCES & COALITIONS

Playing a leading or active role in key national health and nutrition coalitions in 95% of campaigning countries and also at the global level

COMMUNITY EMPOWERMENT, SOCIAL ACCOUNTABILITY & LOCAL-LEVEL ADVOCACY

Leveraging World Vision's Citizen Voice and Action approach and the recent Citizens' Hearings coalition work

LOBBYING, POLICY ANALYSIS & DIRECT ENGAGEMENT WITH DECISION-MAKERS

Ongoing national activities, coordinated engagement ahead of global events and processes, such as the World Health Assembly

MEDIA & COMMUNICATIONS FOR PUBLIC INFLUENCE

Reaching over 5 million people in Mali via mobile text messages about the campaign in partnership with the country's larges mobile phone operator

POPULAR MOBILISATION

Coordinating the Global Week of Action, contextualised in over 70 countries to demonstrate public commitment to reducing preventable child deaths

CHILDREN & YOUTH PARTICIPATION

Facilitating the engagement of child and youth delegates in local, national and international decision-making forums

RESEARCH & PUBLICATIONS

Producing briefs and scorecards to draw attention to progress, or lack of, towards national targets and commitments

PATHWAY TO IMPACT

GOAL #1

HEALTH SYSTEM STRENGTHENING

to provide more qualified staff, better facilities, guaranteed drug supply and timely referrals for children at risk.

GOAL #2

INCREASED AND SUSTAINABLE BUDGET FOR MATERNAL AND CHILD HEALTH

to provide a sustainable, nationally endorsed resource base.

As an advocacy campaign Child Health Now set out strategic steps towards the ultimate outcome of ending preventable child deaths. Five linked goals were developed to frame the objectives of national and global campaign strategies. National campaigns worked toward selected goals, with methods and tactics appropriate for each.

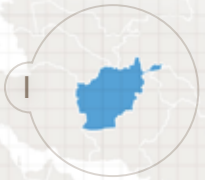
OVER FIVE YEARS, THE CAMPAIGN HAS CONTRIBUTED TO **291 REPORTED CHANGES** IN POLICY, COMMITMENTS AND IMPLEMENTATION IN **MORE THAN 30 COUNTRIES**.

Afghanistan

NEONATAL UNITS ESTABLISHED FOR FIRST TIME IN PROVINCIAL HOSPITALS

For decades, women in Afghanistan have had to gamble against one of the world's highest maternal mortality rates. Poor access to maternal and newborn care services through geography, insecurity and constraints against women leaving the home without male companionship and in receiving care from male health workers have all contributed to a particularly difficult situation for the poorest and most marginalised women. In Afghanistan, Child Health Now centred its activities in the western provinces of Herat, Ghor and Baghdis. Following a grant-funded World Vision programme to increase the number and standard of midwives assisting with delivery at the Herat Maternity Hospital, data showed that the change led to reduced maternal deaths as well as to the survival of newborns at the facility.

Child Health Now then used the data to advocate for neonatal units to be established at the hospitals in Ghor and Badghis, with midwives trained at Herat before their appointment to the regional facilities. In 2013, both hospitals agreed to equip neonatal wards, allowing access to specialist care for the first time in those provinces.



Niger

INCREASING BUDGET FOR MATERNAL AND CHILD HEALTH

World Vision initiated and led a coalition to hold Niger's government accountable for ensuring effective implementation of its free health care policy, which grants all children under age five access to health care at no charge. A study by the coalition on bottlenecks preventing full implementation showed that the late reimbursement from central government to health facilities undermined the ability of the health system to provide free care.

After agreeing to address this, during a validation workshop of the bottleneck study in June 2015, Niger's government paid 50 per cent of its total debt to health facilities in October 2015, allowing health facilities to continue providing free care to children under five.

GOAL #3

IMPROVED ACCOUNTABILITY FOR HEALTH SERVICE DELIVERY
to see promising policies and decisions effectively implemented.

GOAL #4

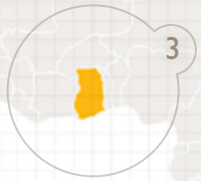
REDUCTION OF BARRIERS TO DEMAND FOR SERVICES
with high quality, inclusive health and nutrition services, free and accessible for mothers and children under five.

GOAL #5

PREVENTION OF DISEASE AND MALNUTRITION
by improved sanitation, immunisation, clean water, good nutrition and enhanced knowledge and commitment to promote children's healthy development.

Ghana

IMPROVING ACCOUNTABILITY FOR HEALTH SERVICE DELIVERY



During Child Health Now's Global Week of Action in 2015, children shared petitions with local decision makers, making recommendations to improve child health. In response to these community demands, local authorities in rural Ghana renovated a community-owned health centre, deployed seven additional health staff to it, and started constructing another health centre that had been promised but not yet built. These changes are expected to improve access to and quality of health care for more than 50,000 vulnerable children.

Brazil

OVERCOMING BARRIERS TO IMPROVED ADOLESCENT HEALTH

A disproportionate burden of child and maternal deaths happen among teenage mothers, compared with their older counterparts. An analysis published by Child Health Now in 2011 discerned that recent improvements in maternal and newborn health in Brazil had left adolescent mothers behind. The Child Health Now campaign in Brazil focused on this vulnerability and emphasised the need to ensure pregnant adolescents have equal access to healthcare services suitable for pregnant women, as well as to better prepare teenage mothers to care for their children, promote child survival and development, and reduce future unwanted pregnancies. In November 2012, World Vision Brazil convened an event drawing youth delegates from 17 Latin American countries together, with the help of regional partners, Plan International and the Ombudsman of Health for Brazil, to discuss the needs of youth in universal health care policies. The attendees, in online consultations with peers in their home countries, drafted a proposal for adolescent health priorities that was delivered to all their countries' governments.

Bolivia

CHILD MALNUTRITION DROPS BY HALF IN MUNICIPALITY

Bolivia's recent strides to improve maternal and child health include a fourfold increase in the national public health budget, but Child Health Now recognised gaps ability to use that funding at the municipal level. Because World Vision was already working in 51 of Bolivia's 339 municipalities, the organisation was able to mobilise civil society in all these locations, as well as nationally, to create partnerships ensuring the local supply of health services. In Pocoata municipality, for example, a multi-sector food and nutrition council began to address a wider variety of issues beyond nutrition programmes, including livelihoods, water and sanitation, birth registration and inclusion of marginalised groups. Within 18 months, the rate of malnutrition in children under age five dropped from 42 per cent to 25 per cent. "*To us, Child Health Now represents one of the principal factors of the project*," said Dr. R.K.G. Aramayo, Pocoata's government representative of family health policy. "*We can say that it was one of the first gears to move, allowing for the other gears to work towards reaching the goal.*"

THE CHILD HEALTH NOW CAMPAIGN HAS DRAWN ON THE VOICES OF DIFFERENT STAKEHOLDERS.

AMONG THE REAL CHANGE MAKERS BEHIND THE CAMPAIGN'S ACHIEVEMENTS WERE:

VITAL VOICES

COMMUNITY MEMBERS

Citizens who stand to benefit most from better health policies and increased funding are best placed to monitor the quality and availability of services to which they are entitled and to judge the impact of changes. To do so effectively often requires awareness of their rights and opportunities to dialogue with the people who make and implement policy. World Vision's long-term presence in communities means that there are people in place—staff, trained volunteers and community partners—to facilitate this approach. Worldwide, World Vision is supporting social accountability through our **Citizen Voice and Action** approach in more than 600 communities in 45 countries.

CITIZENS' HEARINGS GLOBAL REPORT

CITIZEN VOICE AND ACTION

WORLD VISION'S APPROACH TO SOCIAL ACCOUNTABILITY

Citizen Voice and Action works by educating citizens about their rights and equipping them with a simple set of tools designed to empower them in protecting and enforcing those rights. First, communities learn about basic human rights, and how these rights are articulated under local law. Next, communities work collaboratively with government and service providers to compare reality against government's own commitments using an adaptation of the "social audit" tool. Communities also have the opportunity to rate government's performance against subjective criteria that they themselves generate, using an adaptation of the "community score card". Children in particular, play a critical role in identifying service-delivery gaps at places like schools that others cannot. Finally, communities engage in constructive, local, multi-stakeholder dialogues in which citizens, government and service providers commit to an action plan to improve the service being monitored.

Hearing Citizens' Voices

FROM LOCAL TO GLOBAL

Citizens' Hearings, a movement started in 2015 by a coalition led by World Vision, Save the Children, International Planned Parenthood Federation and White Ribbon Alliance, involved close to 10,000 participants in grassroots consultations across 19 countries during the lead-up to the 68th World Health Assembly in Geneva.

In Mali, World Vision led public consultations in 15 communities, culminating in regional and national events where the Minister of Health, other key decision makers, United Nations officials, civil society groups and national media were present. More than 900 Malians participated in the public meetings, where they identified gaps and drew up priority recommendations for maternal, newborn and child health.

When the World Health Assembly gathered in Geneva in May 2015, Mali's outgoing National Director of Health, Dr. Binta Keita, highlighted those recommendations. She spoke on behalf of Mali's government at the first ever Global Citizens' Dialogue, calling for policy that could reach deeply into the communities for whom it was intended.

World Vision's programme managers were able to report back to communities that had taken part in Citizens' Hearings with news of the outcomes of national and global meetings. World Vision is working with Mali's government to ensure the recommendations from the Citizens' Hearings are implemented and also to engage citizens in the processes to develop implementation plans for the Sustainable Development Goals.

VITAL VOICES

TRADITIONAL, FAITH & CULTURAL LEADERS

In many contexts, the decisions of traditional and religious leaders hold as much sway in people's lives as those of official governing authorities. They are widely respected and often the first point of contact for people seeking advice on family issues. What they say, teach and advocate matters. World Vision has found that when invited to examine the realities behind pressing social and health problems affecting their communities, many of these leaders have become impressive advocates to ensure quality maternal and child health services.

2014 GLOBAL WEEK OF ACTION SNAPSHOT REPORT

CIVIL SOCIETY: PARTNERING FOR IMPACT

In the global landscape, Child Health Now has been one of many groups working to improve maternal and child health. None can have maximum impact by working alone. This movement has achieved its greatest gains by working in partnership. Child Health Now has deliberately pursued partnering with others often playing a critical role in advising, creating and supporting national coalitions in order to enable them to build capacity and find sustainable traction and funding. The campaign worked with national coalitions in 90 percent of the countries in which it operated.

INDONESIA CASE STUDY FOR INDEPENDENT EXPERT REVIEW GROUP FOR WOMEN'S AND CHILDREN'S HEALTH

Bangladesh

PARTNERING WITH MASJID COUNCIL CLERICS TO PROMOTE WOMEN'S AND CHILDREN'S HEALTH

Bangladesh is one of many majority Muslim countries where World Vision, as a Christian organisation, has forged strong inter-faith relationships with great benefit to the community. Through a partnership with the Masjid Council in Bangladesh, the country's leading faith network, Child Health Now has been able to reach millions of citizens with urgent messages on child and maternal survival.

World Vision Bangladesh recognised that many vulnerable communities in Bangladesh were well connected to faith-based bodies, looking to their spiritual leaders for information and advice. A masjid is a local Islamic congregation. World Vision reached out to the Masjid Council as a primary partner for its popular mobilisation, to specifically engage faith leaders as advocates for maternal and child survival. The Masjid Council appreciated the technical support of Child Health Now in identifying simple and achievable changes in pregnancy and childcare practices for mosque leaders to promote.

During Child Health Now's first Global Week of Action in 2012, some 630,000 Muslims across Bangladesh took part in simultaneous prayers for the survival of their nation's children. By the 2014 Global Week of Action, approximately 6500 imams led the same call, mobilising 3.25 million followers. The 2015 Global Week of Action saw over 6,300 faith leaders in Bangladesh, including imams from more than 100 mosques and districts, disseminated awareness messages reaching hundreds of thousands of believers during prayers. Many events were organized to bring together Hindu, Muslim, Christian, and Buddhist communities.

Indonesia

WORKING IN COALITION IN INDONESIA

World Vision Indonesia and partner health NGOs created the 'Gerakan Kesehatan Ibu dan Anak' (GKIA) coalition to engage with the country's government on health system strengthening. Nationally, GKIA focused on government accountability to international agreements such as Scaling Up Nutrition and Every Woman Every Child.

A key achievement of GKIA in 2012 was improving government regulations for how community clinics support exclusive breastfeeding. The coalition also assisted government ministries in drawing a roadmap for meeting its commitments to the UN Commission on Information and Accountability in 2013.

World Vision and partners worked directly with provincial and district governments to help them develop maternal, newborn and child health strategies. In 2014, successful advocacy with village leaders led to increased, sustainable funding to local health services for women and children. The following year, based on community feedback through the Citizen Voice and Action approach, district governments were convinced to change their allocation of midwives and reduce barriers preventing women living in remote rural areas from accessing assisted deliveries.

VITAL VOICES

DUTY BEARERS: POLICYMAKERS, PARLIAMENTARIANS, HEADS OF STATE

Governments are guardians of their people's welfare, setting rules, budgets and standards. Ultimately, then, governments are more accountable than any other actor for improving maternal, newborn and child health. As a long-time implementing partner and through its programmes, World Vision has developed relationships with government ministries and members of parliament, as well as within communities. Child Health Now has also helped build many bridges between local community members and their district and national representatives, establishing a strong base for ongoing advocacy and engagement

Campaigners and partners have identified and supported champions for child health within government ranging from heads of state to parliamentarians to technical staff, through field visits, meetings, informational workshops, convening events and other effective methods. Child Health Now campaign staff has brought technical expertise to bear on developing and updating legislative policies to improve health and access to care, and ensure they comply with national standards. They also tracked budgets and annual plans, especially at the subnational level, to ensure that good policy on paper comes to life in the community.

RESOLUTION ADOPTED UNANIMOUSLY BY THE INTER-PARLIAMENTARY UNION

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Inter-Parliamentary Union

RESOLUTION ADOPTED ON MATERNAL, NEWBORN AND CHILD HEALTH

In many countries, Parliament's role in forming laws, oversight and representation is central to achieving development outcomes. Individual parliamentarians are also crucial partners in these efforts. The Inter-Parliamentary Union (IPU) is the central convener of worldwide dialogue between national bodies of parliamentarians.

Leading up to the annual gathering of the IPU in April 2012, Child Health Now campaigns in 20 countries lobbied their representatives to adopt a comprehensive implementation plan on maternal, infant and young child nutrition. IPU members unanimously adopted "Access to health as a basic right; the role of parliaments in addressing key challenges to securing the health of women and children" at the 126th General Assembly, in Kampala, Uganda.

The resolution provides a common tool for pursuing policy change in each country. In addition to measures designed to scale up collaboration and progress, the resolution also incorporated an accountability mechanism to track implementation. The IPU went on to produce a handbook to help parliament members, staff and advisers with key information and recommendations they can use within their own governments.

VITAL VOICES

CHILDREN AND YOUTH

World Vision sees children and youth as partners in development and capable of being powerful agents of change. They have a right to take part in the decisions that affect their lives, and demonstrate they can do so in meaningful ways with appropriate support.

World Vision knows from experience that working in partnership with children and youth helps organisations and public institutions better target their work, make their strategies more effective, and take into account the entire population. Child and youth participation thus increases the credibility of the recommendations that emerge from the process.

CHILDREN'S MANIFESTO TEXT

"INDIAN TEENS SPEAK TO UNITED NATIONS" ARTICLE IN THE HINDU

© World Vision

India

CHILDREN AND YOUTH PRODUCE NATIONAL CHILDREN'S MANIFESTO

India's ***Nine is Mine*** was a child-led campaign seeking 9 per cent (6 per cent for education and 3 per cent for healthcare) of the government's budget to address the wellbeing of children. The campaign was particularly focused on promoting the inclusion of children with disabilities.

In 2013, 120 schoolchildren from all over the country met in New Delhi to draft the National Children's Manifesto, supported jointly by ***Nine is Mine***, World Vision, Save the Children and Action Aid, among others. This historic manifesto included policy recommendations and asked for children to be included in decision-making processes.

A delegation of 11 children from the national ***Nine is Mine*** campaign attended the 2013 UN General Assembly in New York to draw attention to their campaign and to promote the manifesto. This delegation included a youth delegate called Rekha, who had also participated in forums for children with disabilities supported by World Vision India.

Delegates from Nine in Mine presented the manifesto in a child-led event at the UN General Assembly, alongside a delegation of children supported by World Vision from Albania, Bangladesh, Brazil, Mexico, Sierra Leone and Uganda. A few months later, during the 2014 elections in India, child representatives personally delivered hundreds of these manifestos to politicians and elected representatives. Their recommendations, particularly around child survival and health, were reflected in the election manifestos of major political parties.

Learning in Action

The Child Health Now campaign has been an intentional learning endeavour for World Vision globally and for each of the country offices that participated. The campaign began with a vision, a set of goals for making impact, and tactics drawn from experience and the best practices of NGO advocacy. The initial strategy of the campaign, and World Vision's understanding of the types of resources and engagement required to maximise its potential, evolved as the campaign progressed.

From its start, Child Health Now pledged to amplify the voices of the most-affected people in communities where World Vision operates, to hold governments to account, and to join hands with partners to multiply the potential for impact. Each of these approaches became hallmarks of the campaign.

During the campaign, World Vision turned the lens on its own practices in order to improve them, discover where to invest more, discern which strategies were proving most effective, and remain accountable to all stakeholders. The following section illustrates some of the findings.

CAPACITY FOR CHANGE | External and internal evaluations of the campaign found that the achievements of Child Health Now arose primarily from significant investment to develop dedicated advocacy roles focusing exclusively on maternal, newborn and child health and nutrition—more than 50 full-time advocacy staff and US$20 million of other resources allocated for activities over a six year timeframe. National-level offices that did not adequately invest in their own human resources underachieved when compared against offices that understood and met the need for in-country human resources, despite strong support from regional and global staff, according to an in-depth external review.

World Vision believes that this advocacy-specific investment is necessary to ensure lasting change is sustained, solidifying the impact of its broader portfolio of health and nutrition investments that served 26 million children in 58 countries with a total investment of US$275 million in related health, nutrition, HIV and water, sanitation and hygiene programmes in 2015 alone.

Operational NGOs also face a challenge of ensuring their technical staff is trained and supported to engage as advocates. Integrating a deeper understanding of advocacy into implementation roles allows for staff to make the most of their roles and opportunities. Another key finding was the need to invest in policy capacity—that is, staff who have the skills and responsibility to analyse policies and their impact, and to contribute to drafting new and better policy proposals.

> *Through this campaign, we will support communities in raising their voices about their right to quality health care, and we will press national governments to meet their responsibilities to children, mothers, families and communities throughout their country.*
>
> **Child Health Now: Together We Can End Preventable Deaths Campaign launch report, 2009**

ADVOCACY-SPECIFIC INVESTMENT IS NECESSARY TO ENSURE LASTING CHANGE

Lastly, World Vision has concluded from its Child Health Now experience that advocacy should be deeply embedded in humanitarian and development work, not as a parallel stream. Support for advocacy work must be built into programme design and fully resourced as a core approach towards outcomes. Neither the sole purview of policy nor sector teams, it must be a mutually held accountability.

ADVOCACY COUNTS | Monitoring and evaluation are as relevant for the campaigning NGO as for the public institutions that World Vision aims to hold accountable. There are numerous challenges to recording and reporting impact from multifaceted advocacy efforts. First, even when steps toward change are quantifiable, such as financial commitments, there is a time lag before impact registers, and even longer before demographic outcomes can be verified. It can also be difficult to attribute certain changes in political will to any particular intervention.

As Child Health Now progressed, its senior leadership realised the need to better track inputs, outputs and evidence of change across all areas of the campaign. The initial systems for internal information sharing were insufficient to capture results from the rapidly expanding campaign and monitor its impact with rigour. Attempts to draw firm conclusions about results from the campaign's activities and to measure progress toward goals revealed the limitations of internal monitoring and evaluation.

An external evaluation was carried out by an academic institution during 2015 and 2016 to review the operational aspects of the campaign model and assess the extent to which its objectives were met. Internally, a dozen participating national offices produced evaluations of their own campaigns. Early feedback led to some redesigning of the campaign's own accountability framework to improve reporting of impact and results, and those recommendations have informed the design of the next global campaign to end violence against children.

ACCOUNTABILITY MATTERS | The Child Health Now campaign has had a significant focus on accountability since its launch, consistently advocating for the development of strong accountability mechanisms that span local to global levels and include effective participation from communities, civil society and all relevant stakeholders. Citizen participation and monitoring in under-serviced areas has delivered hundreds of positive shifts in policy, implementation and accountability. Many changes can seem small in scale, such as provision of a single ambulance or moving recruitment forward for vacant health posts, but even incremental improvements in services can make a significant difference for local populations. In other instances, Child Health Now used its positioning to amplify local evidence at all levels of influence, reaching decision makers and contributing to change in policy frameworks and funding at the national and global levels.

A pledge to be a 'leader in social accountability by tracking commitments and parliamentary engagement for women's and children's health' was a core part of the overall World Vision commitment to Every Woman Every Child in 2010. President and CEO Kevin Jenkins was one of 25 commissioners named when the WHO established a Commission on Information and Accountability for Women's and Children's Health in 2011. The Commissioners were tasked by the UN to recommend a framework to better track and oversee financial resources and results for Every Woman Every Child. The global focus on accountability within the Child Health Now campaign has not only been directed towards external

MONITORING AND EVALUATION ARE AS RELEVANT FOR THE CAMPAIGNING NGO AS FOR THE PUBLIC INSTITUTIONS THAT WORLD VISION AIMS TO HOLD ACCOUNTABLE

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CITIZEN PARTICIPATION AND MONITORING IN UNDER-SERVICED AREAS HAS DELIVERED HUNDREDS OF POSITIVE SHIFTS IN POLICY, IMPLEMENTATION AND ACCOUNTABILITY

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policymakers. World Vision has clearly demonstrated accountability for commitments made in the areas of women's and children's health and nutrition, having commissioned independent high level assessments in 2012, 2013 and 2015 to track its commitment to Every Woman Every Child.

IT TAKES EVERYONE | No organisation on its own can spur the changes in funding and provision of quality health services for every woman and every child across every country, nor hold all leaders accountable for their pledges to end preventable child and maternal deaths. For this, working in coalition and partnership is essential.

Child Health Now closely engaged with civil society partners at all levels to develop broad and coordinated partnerships across organisations, academic and research institutions, implementing agencies and local advocates towards the global MDG targets and to set more ambitious goals. Partnering, in fact, is at the centre of several distinctive strengths that external evaluators found World Vision used to add unique value to its advocacy efforts:

- A relational capacity to mobilise communities at the local level, made possible by a long-term presence in communities
- A social accountability approach that empowers communities and gives leverage to their voice
- A faith identity, as a Christian organisation with experience forging strong interfaith relationships
- An ability to coordinate at the global level while rooted in 100 countries, from high-burden localities to high-income donor nations

World Vision's strong emphasis on the power of partnerships includes engaging non-traditional stakeholders, such as faith groups, children and youth. While these groups were active participants in the Child Health Now campaign in many settings this engagement was not always sought in the early planning stages of activities. In designing its new global campaign to end violence against children World Vision is committed to bringing these groups more fully into the process from the start.

EVERYWHERE | The foundation for Child Health Now's participation in global partnerships and forums is rooted in its national and local advocacy. From its beginning, the campaign has sought to serve as a bridge to link local concerns and recommendations with national policies and global responses, so that quality child and maternal health services reach the most vulnerable. The campaign aligned deliberately with global accountability frameworks such as Every Woman Every Child and the Scaling Up Nutrition Movement so that in-country campaigning would deliver local and national change while contributing to a global movement for accountability at multiple levels.

More challenges for closing the equity gap in child and maternal health have centred in fragile and conflict-affected states. Yet World Vision has seen gains in fragile countries such as Afghanistan, Mauritania and DRC and in contexts that have experienced humanitarian emergencies, including in Nepal after the 2015 earthquake. These require an approach to advocacy and accountability that is sensitive to their complex realities, such as the likelihood that the layers of government between communities and the central authority may be absent or non-functioning.

WORKING IN COALITION AND PARTNERSHIP IS ESSENTIAL

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PARTICIPATION IN GLOBAL PARTNERSHIPS AND FORUMS IS ROOTED IN ITS NATIONAL AND LOCAL ADVOCACY

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Looking Ahead: Beyond Ending Preventable Deaths

Child Health Now launched at a critical juncture in the global effort to achieve lasting progress in child and maternal health, leveraging World Vision's footprint to ignite a broader movement for change. Through the campaign, citizens across dozens of countries have engaged and influenced their policy makers and health systems, their voices reaching decision makers at the highest levels.

Bringing an end to the millions of preventable child deaths that still occur will require going the last mile to reach the most vulnerable children and families, particularly in the hardest places to live. That includes the displaced children of war-affected countries like Syria, fragile countries like Somalia and poor countries prone to disaster like Haiti. Ending preventable deaths will also require even greater collaboration between people who share this goal, both existing and new partners. Although the Millennium Development Goals harnessed momentum toward specific targets, they weren't designed to foster integration across sectors. Their limited focus meant that many underlying determinants of health, such as water and sanitation, nutrition and food security, education, and household energy access, received less attention as parts of the solution.

To better address this gap, the Sustainable Development Goals (SDGs) are structured to acknowledge the complexity of the world and to demand multi-sectoral approaches. The child and maternal health agenda is being carried forward from the era of MDGs to the new goals, which have set smarter and more ambitious targets for "Getting to Zero". Based on the gains of the past decade, World Vision sees the SDG framework as an unprecedented opportunity to eliminate preventable maternal, newborn and child deaths within this generation, and remains committed to the task.

World Vision believes that children should not only survive but thrive, and enjoy life in all its fullness. This includes a life free from violence. Building on the successes of the Child Health Now campaign, World Vision will launch a new global campaign in 2017 to end violence against children in all its forms. The global campaign will fully integrate advocacy and interventions across a wide range of sectors, be driven by effective locally-led solutions and reflect the priorities of the most affected people, including children and youth.

> *Let us therefore resolve to build on the progress we have made so we can end the preventable deaths of women and children within a generation. Together, let us make history and leave no one behind.*
>
> Ban Ki-Moon, *UN Secretary General*

In line with the Every Women Every Child movement and priorities, World Vision is wholeheartedly committed to ending preventable child and maternal deaths by 2030 and in 2015 announced a new commitment to invest US$3 billion between 2016 and 2020 for improving sustainable health programming, humanitarian emergency responses, operational research and advocacy at all levels.

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World Vision is a global Christian relief, development and advocacy organisation dedicated to working with children, families and communities worldwide to reach their full potential by tackling the causes of poverty and injustice. World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity or gender.

Child Health Now, World Vision's first-ever global advocacy campaign, was launched in 2009 in order to make a significant contribution to reducing the number of preventable deaths of children and their mothers by calling for change at local, national and global levels.

Offices in more than 70 countries took part in the campaign, including those facing high burdens of child and maternal mortality, fragile and conflict-affected states, along with coordinated advocacy and support from 15 high-income countries and at the global level.

I alone cannot change the world, but I can cast a stone across the waters to create many ripples.

Mother Teresa

World Vision®

CHILD HEALTH NOW

Together we can end preventable deaths

For more on the story of Child Health Now visit: www.wvi.org/childhealthnow