STOP AT NOTHING

What it will take to end preventable child deaths

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Foreword

World Vision is no longer talking about reducing child deaths from preventable causes and hunger but eliminating them completely.

Like the Apollo moon programme of the 1960s, the targeted application of a huge effort could achieve something the human race has never seen before.

Pie in the sky? I don't think so. We have plenty of examples of success to spur us on.

In a community on Tanna Island in Vanuatu, local leader Joseph introduced me to Kana, his four-year-old son and the 'last child in the village who was malnourished', thanks to World Vision's nutritional training and support. Kana is now thriving and happy.

In Sierra Leone, I visited a community where giving birth had frequently been a lethal undertaking for a woman. The clever application of mobile phone technology in an award-winning World Vision project meant no pregnant woman had to face complications alone any more.

I'm confident that ending hunger, extreme poverty and preventable child deaths is possible with our collective efforts. We owe it to the human race to aim for the highest goal possible.

Our generation is uniquely placed to take on this challenge. We have seen extraordinary progress in the last two decades, including recent gains in maternal and child health thanks to the Every Woman Every Child movement.

The number of children under five who die each year is half what it was in 1990 – around 17,000 fewer children now die daily. The number of women who die in childbirth has also been halved.

That should give us courage to face the dismal truth that 6.3 million children still die each year from preventable causes because they don't have access to the same health support as their peers. We can end that.

A problem with the Millennium Development Goals (MDGs) was that they relied on average targets. A country might appear to be doing well overall yet still retain considerable pockets of poverty. A zero target makes it impossible to hide misery in the averages.

If the Post-2015 Sustainable Development Goals (SDGs) are to mean anything, they must reach the most disadvantaged and vulnerable children in the hardest places to live. That includes the displaced children of war-affected countries like Syria, unstable countries like Somalia and poor countries prone to disaster like Haiti.

The proposed SDGs currently include a target to 'end preventable deaths of newborns and children under five years of age'. We will stop at nothing to reach this target.

This report is a starting point for a way forward. Rather than focus on global totals and national averages, we take a deeper look at the issues in 31 nations. The profiles draw attention to areas where greater action is needed. The countries differ greatly according to whether they are likely to reach the proposed SDG target by 2030 or not, based on recent trends.

World Vision is working from grassroots to global levels to end preventable deaths within a generation. We are proud to be part of the Every Woman Every Child

movement to end preventable deaths. We are partnering with United Nations (UN) agencies and governments on the SDGs and with the World Bank in its ambitious drive to eliminate extreme poverty by 2030. We are working in various collaborations with child-focused agencies and faith-based organisations to ensure civil society has its voice heard and can play its part.

We are particularly focused on national action and accountability. Our Child Health Now campaign has been active in 37 countries since 2009. We invested US$2 billion over five years in audited programmes targeting improved health, nutrition, HIV and AIDS, and water, sanitation and hygiene.

Crucially, we are working with local communities to give all citizens a chance to have their voice heard – in particular youth and children, who are most affected, and who will benefit the most.

This is no time for complacency. The story of Joseph and Kana is sobering because shortly after my visit tropical cyclone Pam struck Vanuatu and wiped out decades of development. And in Sierra Leone the Ebola outbreak has exposed the tremendous weaknesses of a still patchy health care system.

World Vision is present in both places and immediately began helping families and communities to pick up the pieces. The damage is a reminder of how fragile some of the gains we make can be in the face of climate change, catastrophes and conflict.

Let's make the moon shot of our generation.

Join us in our Global Week of Action.

Let's unite across the world to tackle the worst of extreme poverty.

Kevin J. Jenkins
President and Chief Executive Officer
World Vision International

Mg Myo Thet Khaing (age five) teaches Kevin Jenkins the 8-point technique for good hand-washing.

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Overview

World Vision's Child Health Now campaign launched globally in 2009 with the objective of making a significant contribution to the achievement of Millennium Development Goals 4 and 5. Today, Child Health Now is campaigning for change in 37 countries with high burdens of maternal and child mortality, as well as with donor governments and multilateral decision-making bodies.

Working with partners, the campaign has provided World Vision with significant opportunities to influence local, national, regional and global leaders to deliver improved health outcomes for women and children around the world. Child Health Now has also played an important role promoting social accountability by empowering communities to engage in constructive dialogue with decision makers in order to hold government accountable for improved health services.

As a result, Child Health Now has contributed towards improved health policies for mothers and children in all regions of the world. For example, we have seen increases in government health budgets in countries such as India, Bangladesh, Uganda, Kenya and Bolivia; more local health workers in Lesotho; and the scale up of government nutrition programmes in Mali and Afghanistan.

From 4 to 11 May 2015, the campaign will once again run a Global Week of Action aimed at mobilising the public and key stakeholders. In May 2014, World Vision and partners mobilised 5.9 million people in 71 countries calling on leaders to accelerate action to finish the job on MDGs 4 and 5, with a particular focus on uncounted and unreached children. This year the stakes are even higher, and our voices must be louder.

As we count down to the end of the MDGs, we have the chance to build on the extraordinary progress that has been made in reducing extreme poverty and improving child well-being, and to set the direction for ensuring a fairer world for all children. World leaders are negotiating the next set of global development goals, and for the first time in history, we know that getting to zero on poverty, hunger, violence and preventable child deaths is possible. However, this will only be achieved with an ambitious post-2015 framework that reaches the poorest and most vulnerable children in the hardest places to live.

This report starts us on the next stage of this journey. The gaps in basic opportunities for child health and survival between different groups of children are holding the world back from getting to zero. National averages used to mark progress towards the MDGs have hidden the real picture for many children, particularly the most vulnerable. We cannot hope to reach zero preventable child and newborn deaths unless we reduce the child health equity gap and ensure that all children, everywhere, can survive to be counted, well nourished, healthy and safe. Success in closing the gaps and getting to zero will govern whether we can truly achieve the next set of development goals for children.

Together, for this Global Week of Action, we will Stop at Nothing to get to zero.

GETTING TO ZERO

ENDING PREVENTABLE CHILD AND NEWBORN DEATHS BY 2030

THIS TARGET, PROPOSED AS PART OF THE SUSTAINABLE DEVELOPMENT GOALS, SHOULD BE CONSIDERED MET ONLY WHEN MEASURED ACROSS ALL POPULATION GROUPS

HEALTH SERVICES

WITHIN REACH OF ALL CHILDREN

WITH ENOUGH TRAINED HEALTH WORKERS

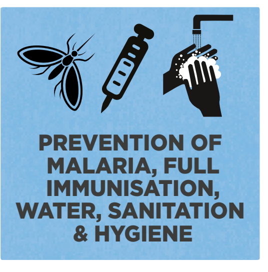
PROVIDING QUALITY CARE AROUND BIRTH

SUPPORTING BREASTFEEDING AND GOOD NUTRITION

ALL CHILDREN SHOULD BE COUNTED, HEALTHY, NOURISHED AND SAFE

THE POWER OF PEOPLE – CHILDREN, YOUTH AND ADULTS HOLDING LEADERS ACCOUNTABLE

FOCUS ON MOST DISADVANTAGED AND VULNERABLE CHILDREN IN THE HARDEST PLACES TO LIVE



PREVENTION OF MALARIA, FULL IMMUNISATION, WATER, SANITATION & HYGIENE

ALL BIRTHS REGISTERED

6.3 MILLION UNDER-FIVE CHILD DEATHS:

TAKE PLACE IN THE FIRST MONTH OF LIFE
44%

OCCUR IN FRAGILE & CONFLICT-AFFECTED CONTEXTS
53%

LINKED TO UNDERNUTRITION
45%

SINCE 1990, CHILD DEATHS HAVE BEEN CUT IN HALF.

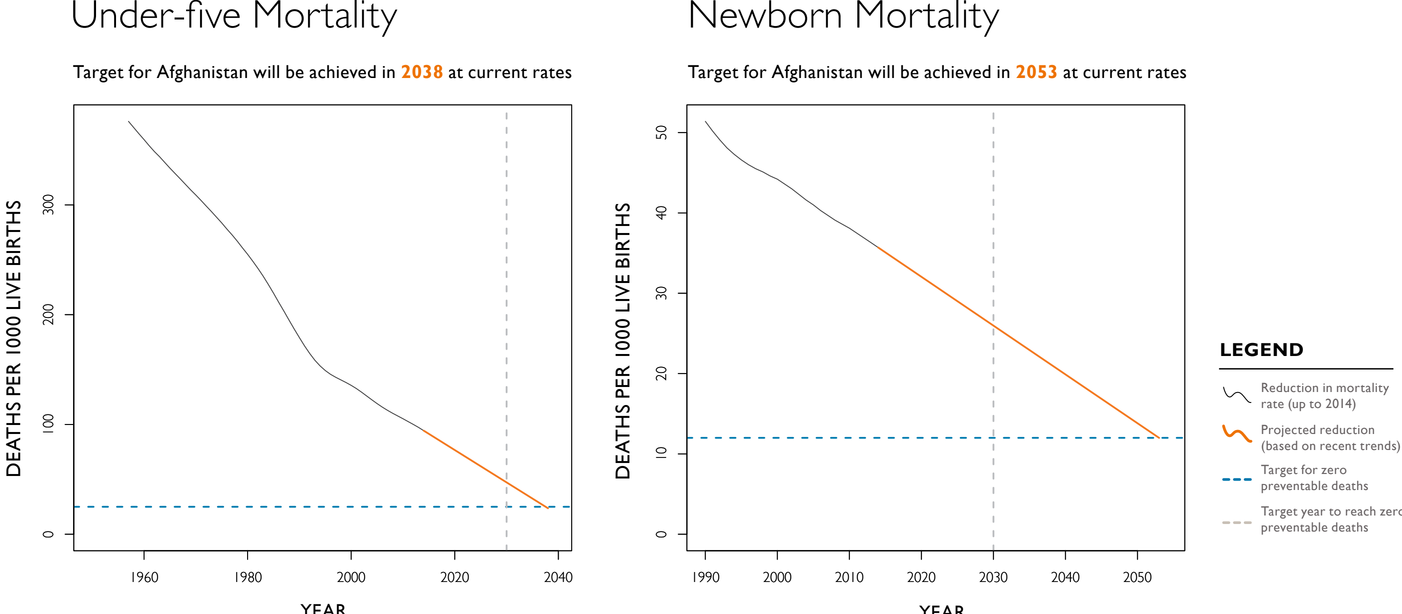
GETTING TO ZERO IS POSSIBLE

A CHILD'S CHANCES OF SURVIVAL DEPENDS ON FACTORS INCLUDING FAMILY INCOME, PLACE OF BIRTH AND MATERNAL EDUCATION.

START HERE

Getting to Zero in Afghanistan

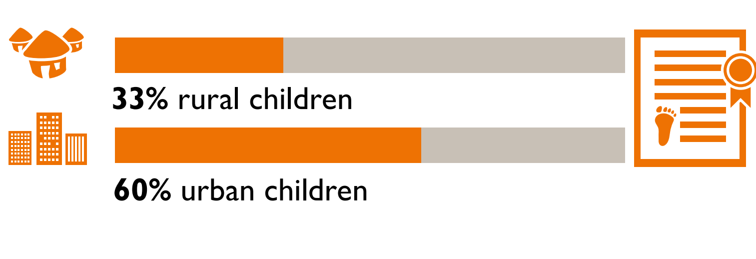
Based on current trends Afghanistan will get to zero preventable under-five deaths in 2038 and zero preventable newborn deaths in 2053. This is too late for hundreds of thousands of children. We can accelerate progress and get to zero faster.



National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING

BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Afghanistan must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Expanding coverage of essential maternal, newborn, child health and nutrition activities, especially lifesaving interventions in the most rural communities (e.g. Family Health Houses, Home-based Life-saving Skills).
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Afghanistan's most vulnerable children

Projections on when Afghanistan could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Afghanistan unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Afghanistan requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Afghanistan to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

One-third of all child deaths in Afghanistan occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 37,000 Afghan children who die in their first month.[2] On average only 36% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities. Wealthy mothers are nearly five times more likely than poor mothers to have a skilled attendant at birth, and educated mothers are 2.4 times more likely to have a skilled attendant at birth than those with no education.[3] Skilled birth attendance is crucial to closing the equity gaps in Afghanistan and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Only one in three Afghan children under five has his or her birth registered and certified.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] However, 3 million unregistered Afghan children are not afforded these rights or protections.[6] Children from urban areas are twice as likely to be registered than children from rural areas, and the wealthiest children are also two times more likely to be registered than their poor counterparts.

Nutrition for survival, health, development and well-being

In Afghanistan 41% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[7] Children living in rural areas and children in the poorest households are more likely to be stunted, and Afghan children whose mothers have no education are 1.3 times more likely to be stunted than children whose mothers have secondary education or higher.[8] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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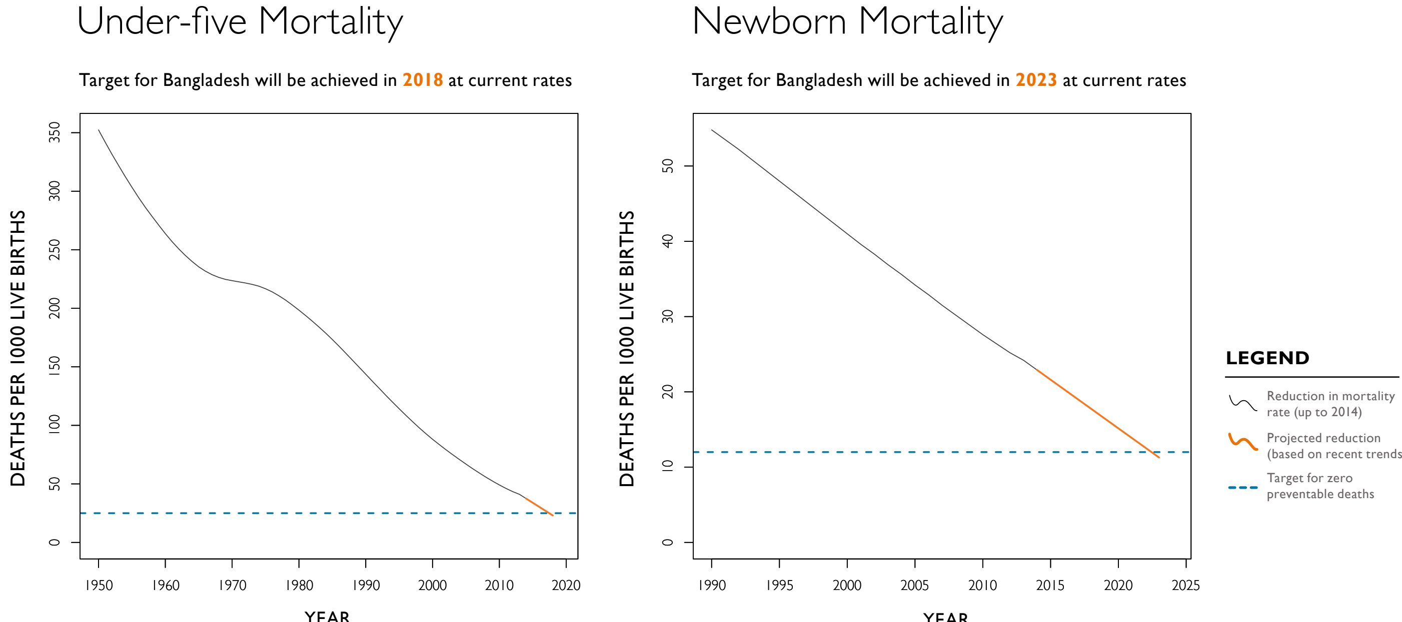
1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Afghanistan Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
3 Central Statistics Organisation Afghanistan and UNICEF (2012). *Afghanistan Multiple Indicator Cluster Survey 2010–11.*
4 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
6 UNICEF (2013).
7 Ministry of Public Health Afghanistan and UNICEF (2014). *National Nutrition Survey Afghanistan 2013.*
8 Central Statistics Organisation Afghanistan and UNICEF (2012).

Getting to Zero in Bangladesh

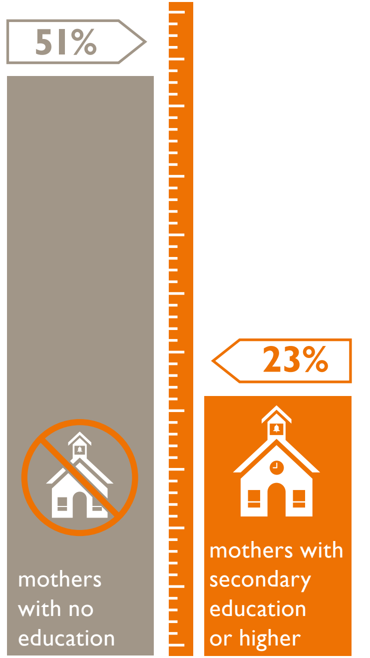
Ending preventable child and newborn deaths

Based on current trends Bangaldesh will get to zero preventable under-five deaths in 2018 and zero preventable newborn deaths in 2023. Hundreds of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

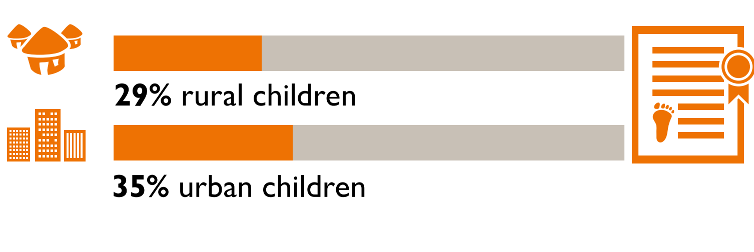


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

***Data source:** UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

World Vision recommends that the Government of Bangladesh take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Bangladesh's most vulnerable children

Projections on when Bangladesh could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Bangladesh unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Bangladesh requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Bangladesh to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

An alarming 60% of all child deaths in Bangladesh occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 77,000 Bangladeshi children who die in their first month.[2] On average only 32% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities. Wealthy mothers are more than five times more likely than poor mothers to have a skilled attendant at birth; likewise, educated mothers are nearly 5.5 times more likely to have a skilled attendant at birth than those with no education.[3] Skilled birth attendance is crucial to closing the equity gaps in Bangladesh and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Only 31% of Bangladeshi children under five have their birth registered.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] However, 10 million unregistered Bangladeshi children are not afforded these rights or protections, making Bangladesh home to the fifth highest number of unregistered children globally. Children from urban areas are nearly 20% more likely to be registered than children from rural areas, and the wealthiest children are twice as likely to be registered as the poorest.[6]

Nutrition for survival, health, development and well-being

In Bangladesh 41% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[7] Childhood wasting stands at 16% and underweight at 37%. Therefore these three global nutrition targets are off track. Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Bangladeshi children of uneducated mothers are more than twice as likely to be chronically malnourished than children of mothers with secondary education. Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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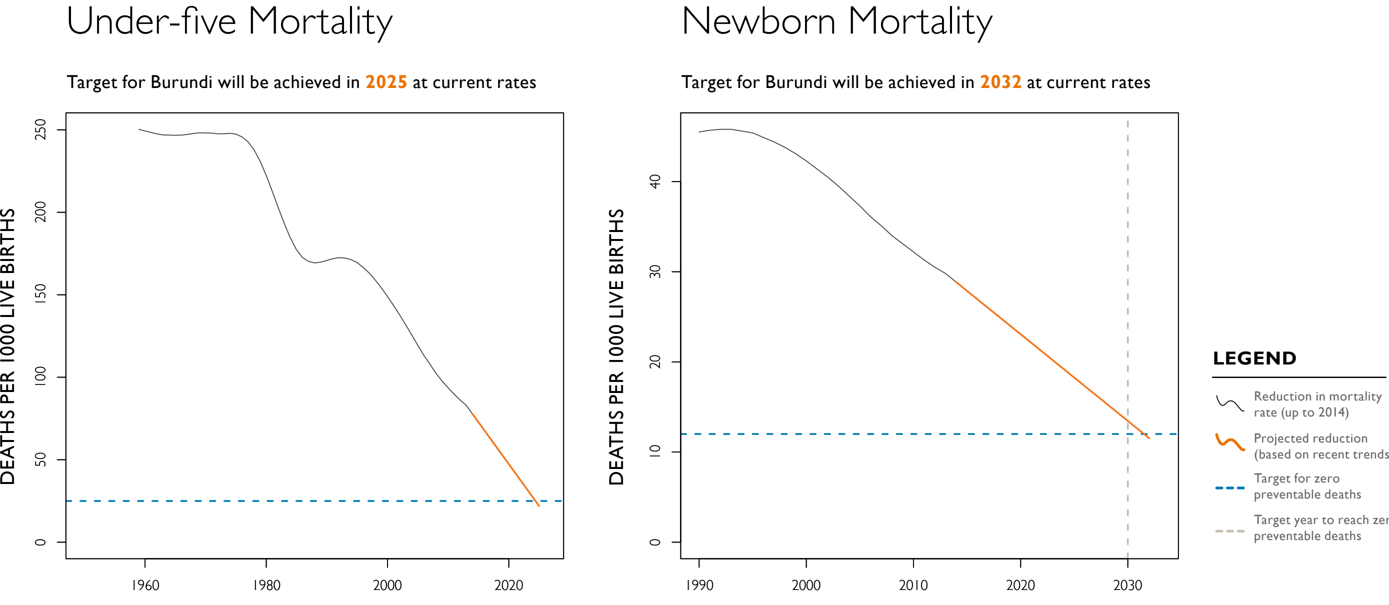
1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Bangladesh Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
3 National Institute of Population Research and Training, Mitra and Associates, and ICF International (2013). *Bangladesh Demographic and Health Survey 2011.*
4 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
6 UNICEF (2013).
7 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*

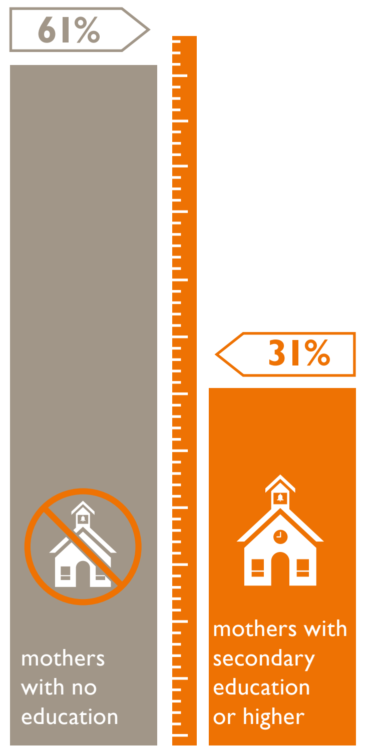
Getting to Zero in Burundi

Based on current trends Burundi will get to zero preventable under-five deaths in 2025, but will not get to zero preventable newborn deaths until 2032. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.



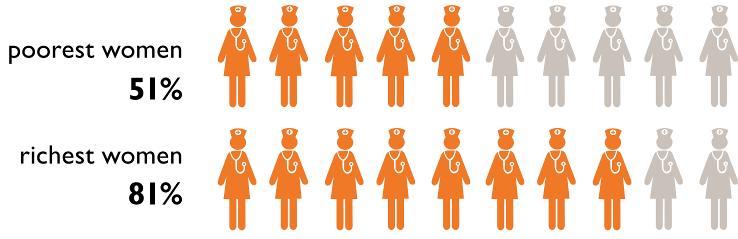
National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION

SKILLED BIRTH ATTENDANCE



Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Burundi must publicly commit and take action end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Burundi's most vulnerable children

Projections on when Burundi could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years our measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Burundi unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Burundi requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Burundi to get to zero on preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

More than one-third of all under five children deaths in Burundi occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 12,950 Burundi children who die in the first month.[2] On average 72.9% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities.[3] Wealthy mothers are 1.5 times more likely than poor mothers to have a skilled attendant at birth, and educated mothers are 1.7 times more likely to have a skilled attendant at birth than those with no education.[4]

Skilled birth attendance is crucial to closing the equity gaps in Burundi and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

On average 75% of Burundian children under five have their birth registered.[5] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[6] However, nearly half a million unregistered Burundi children are not afforded these rights or protections.[7] Moreover, there is an important gap between the rates of birth registration based on sociodemographic factors: 87% of children from urban areas are registered compared to 74% of children from rural areas; 87% of the wealthiest children are registered compared to only 64% of their poor counterparts.[8]

Nutrition for survival, health, development and well-being

In Burundi 49% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[9] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Children in Cankuzo province are twice as likely to be stunted as children in Bujumbura. Except for Bujumbura, Mairie, and Mwaro all the other 15 provinces are above the critical stunting threshold of 40% set by WHO. Mothers with no education are two times more likely to have stunted children than mothers with secondary education or higher.[10] Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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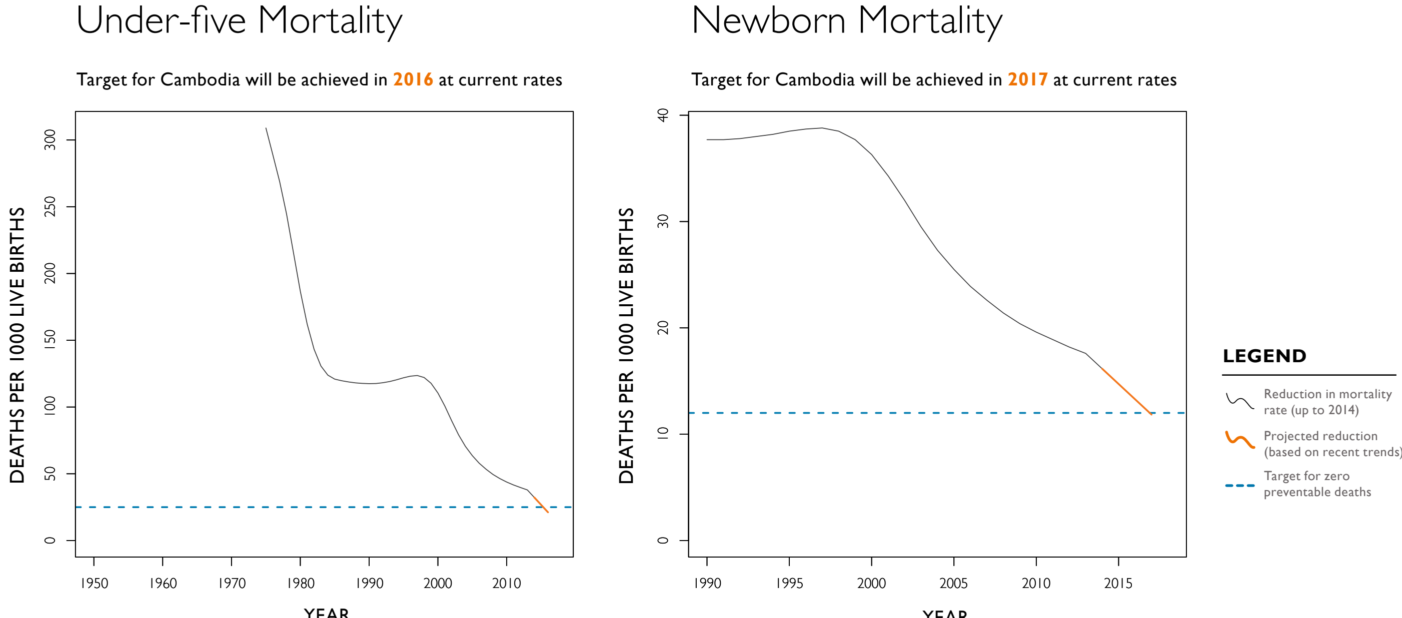
1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Burundi Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
3 Ministere de la Sante Publique et de la Lutte contre le Sida (2013). *Programme National de Sante de la Reporduction, Rapport Annuel 2013.*
4 Institut de Statistiques et d'Études Économique, Ministère de la Santé Publique et de la Lutte contre le Sida and ICF International (2012). *Enquête Démographique et de Santé Burundi 2010.*
5 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
6 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
7 UNICEF (2013). Burundi Institute of Statistics and Economic Research (2008). IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*
8 Institut de Statistiques et d'Études Économiques du Burundi, Ministère de la Santé Publique et de la Lutte contre le Sida Burundi, and ICF International (2012).
9 WFP Burundi (2014). *Analyse Globale de la Securite Alimentaire, de la Nutrition et de la Vulnerabilite au Burundi.*
10 Institut de Statistiques et d'Études Économiques du Burundi, Ministère de la Santé Publique et de la Lutte contre le Sida Burundi, and ICF International (2012).

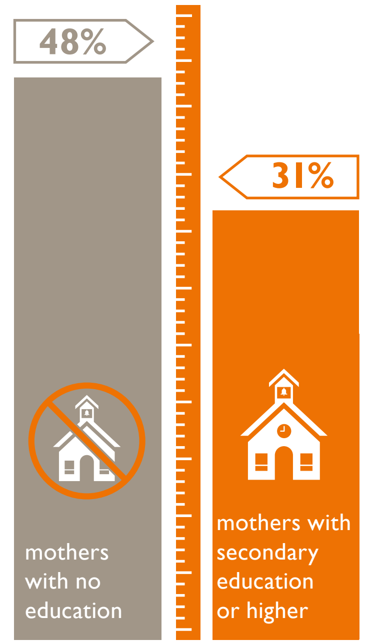
Getting to Zero in Cambodia

Based on current trends Cambodia will get to zero preventable under-five deaths in 2016 and zero preventable newborn deaths in 2017. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.



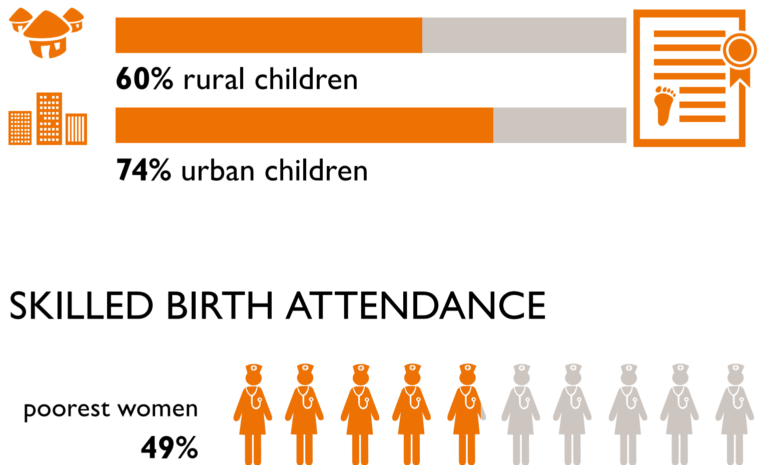
National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION

SKILLED BIRTH ATTENDANCE



***Data source:** UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

To end preventable maternal, newborn and child deaths, the Royal Government of Cambodia (RGC) should further prioritise:

- Implementing of the multi-sector *National Strategy for Food Security and Nutrition (2014–2018).*
- Fortifying food and diversifying dietary programmes to improve the nutritional status of children.
- Protecting the first 1,000 days by enforcing legislation on breast-milk substitute retail and marketing.

Uncounted and unreached: Cambodia's most vulnerable children

Projections on when Cambodia could end preventable child and newborn deaths is dependent on how vulnerable population groups, including the poor, remote communities and those with poor access to services, are reached. The post-2015 development framework presents a new opportunity to ensure national measurements accurately reflect the challenges facing these groups – progress in urban and wealthier provinces must not overshadow the urgent need for nationwide progress. Renewed commitment to vulnerable groups is required, along with additional financing and detailed roadmaps that ensure key interventions, like skilled birth attendants, birth registration and growth monitoring. The most vulnerable Cambodian children must be counted, heard and reached.

National progress in reducing children under-five mortality rates decreased from 83 to 54 deaths per 1,000 live births between 2005 and 2010 respectively.[1] However, more focused government programmes will be required to end the 7,000 annual child deaths.[2] Up to 40% of Cambodian children are stunted, including 14% severely stunted. Mothers with no education are more than 50% more likely to have stunted children compared to mothers with secondary education.[3] The rate of reduction is far too slow, and malnutrition interventions must be urgently prioritised.

Strengthening a multi-sector approach to improving child and newborn nutrition

World Vision research in 2014 found that only 53% of Cambodians could identify diverse causes of malnutrition.[4] To address fully the causes and effects of malnutrition, effort is required across a range of sectors, including agriculture, education, water sanitation, and health. Multi-sector approaches require strong coordination and accountability across responsible government ministries to lead to improved outcomes.[5] The RGC must urgently prioritise the implementation of the *National Strategy for Food Security and Nutrition* (NSFSN 2014–2018), including adequate budget allocation and accountability mechanisms for each contributing ministry. The government must also build upon its recent commitment to the Scaling Up Nutrition (SUN) movement by strengthening proven nutrition interventions and increasing cross-sector coordination for nutrition.

Dietary diversification, food fortification and complementary feeding practices

Increasing intake of micronutrients by encouraging the consumption of foods with high nutritional value and adding micronutrients to staple foods during manufacturing should be a central component of Cambodia's nutrition and child health programme. Increasing consumption of highly nutritious and fortified food significantly contributes to getting to zero preventable child and newborn deaths.

In particular, food fortification has proven to be a rapid and cost-effective method to enhance nutrition without drastic changes in diet (as seen in the success of mandatory salt iodisation). World Vision research shows that only 34% of Cambodians have taken action to improve nutrition in the last two years.[6] While fortification programmes can help to improve nutritional status, further cultural shifts are necessary.

New policies on food composition standards and a sub-decree for mandatory iron fortification of fish and soya sauce should be immediate priorities of the government.

Protecting the first 1,000 days by enforcing legislation on breast-milk substitutes

A World Vision perception study showed that only 28% of people think that breast milk is better than breast-milk substitutes, like baby formula.[7] This low rate is made worse by misleading marketing, promotion and labelling of baby formula.[8] Cambodia's existing legislation, Sub-decree 133, *Marketing of Products for Infant and Young Child Feeding*, is not effectively enforced, and many companies violate the legislation freely.

Breast-milk substitutes are targeted mainly at children 0–24 months, which is a critical period for a child's physical and cognitive development. Getting to zero preventable child and newborn deaths will require a functional monitoring authority for the advertising, retailing and promotion of breast-milk substitutes.

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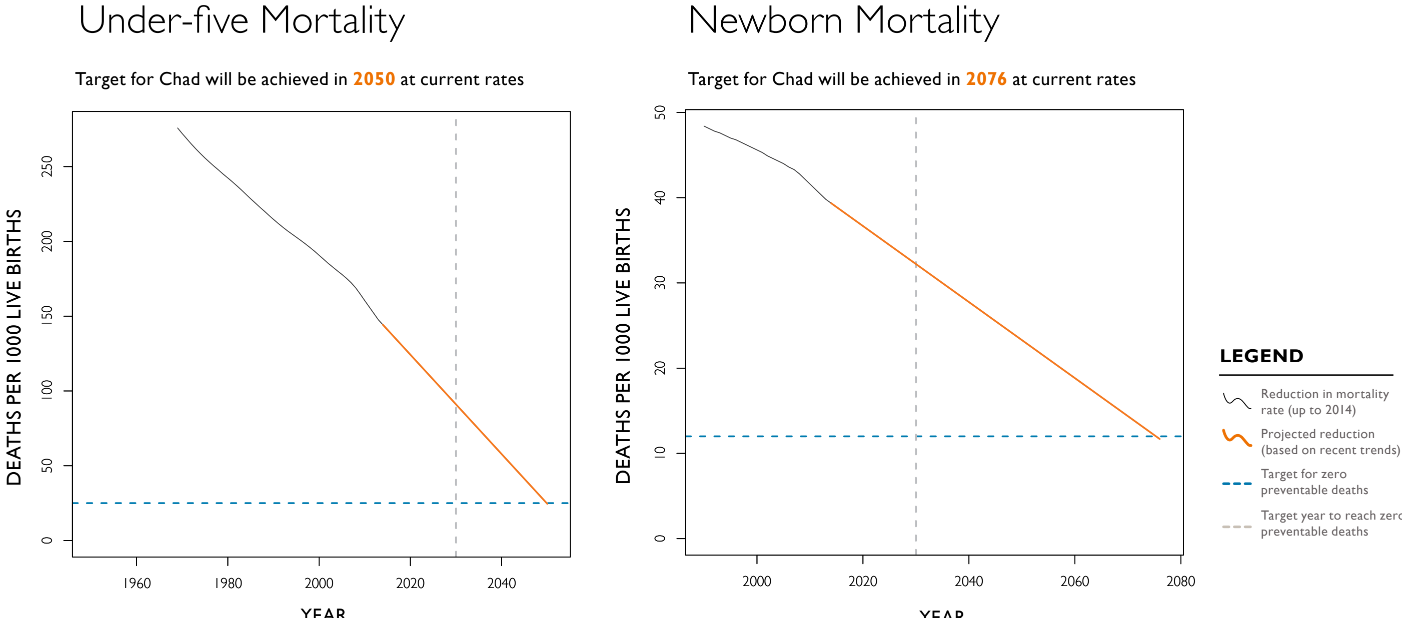
1 National Institute of Statistics, Directorate General for Health, and ICF Macro (2011). *Cambodia Demographic and Health Survey 2010.*
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
3 National Institute of Statistics, Directorate General for Health, and ICF Macro (2011).
4. World Vision Cambodia and GNIM Chandara (2014). *Nutrition Public Perception Survey: Baseline Report.*
5 World Bank (2013). *Improving Nutrition Through Multi-sectoral Approaches.*
6 World Vision Cambodia and GNIM Chandara (2014).
7 Ibid.
8 World Vision Cambodia (2014). *Improving Child Nutrition by Enforcing Sub-Decree 133 on Market of Product for Infant and Young Child Feeding.*

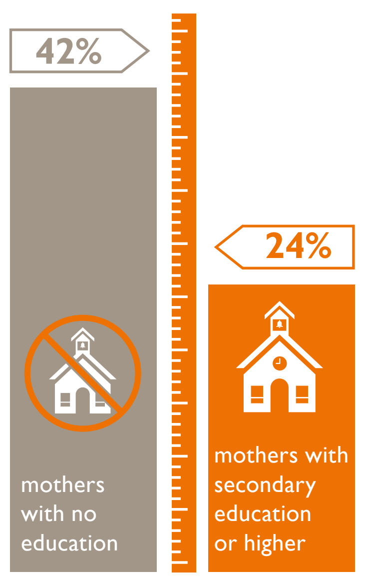
Getting to Zero in Chad

Based on current trends Chad will get to zero preventable under-five deaths in 2050 and zero preventable newborn deaths in 2076. This is too late for tens of thousands of children. We can accelerate progress and get to zero faster.

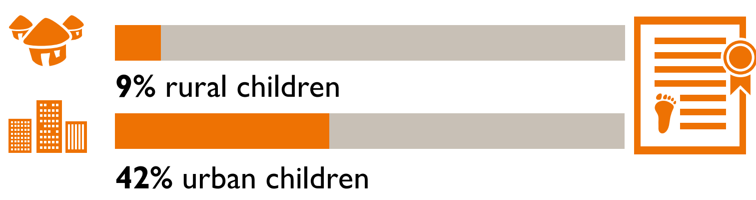


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Chad must improve public commitment to and take more action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Chad's most vulnerable children

Projections on when Chad could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. Of children age zero to four years, 1.6% are handicapped, as are 3% of children age five to fourteen years. The only available information does not include anything on the needs of disabled children or respect for their rights.[1] For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps.

Success must be redefined; in the post-2015 development framework no target can be considered met by Chad unless it is measured and met by all population groups. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. Strong accountability mechanisms are critical, with progress measured for outcomes of the most vulnerable. Getting to zero preventable child and newborn deaths in Chad requires renewed commitment, additional financing and detailed roadmaps targeting the most vulnerable; all children must be counted, heard and reached.

Skilled birth attendance and reproductive health to ensure mothers and newborns survive and thrive

Nearly one-third of all child deaths in Chad occur during the first 28 days in life.[2] Access to quality, skilled care around the time of birth could save the lives of many of the 23,000 Chadian children that die in the first month.[3] On average only 35% of deliveries at home and 26% in health facilities are assisted by a skilled birth attendant, but this is skewed by huge inequalities.[4] Wealthy mothers are nearly eight times more likely than poor mothers to have a skilled attendant at birth; likewise educated mothers are nearly eight times more likely than those with no education to have a skilled attendant at birth.[5] Reproductive health is also an issue in rural areas, where the rate of contraception use is 3% and 1.6% for modern methods; only 15% of family planning demand is met.[6] Skilled birth attendance and reproductive health are crucial to closing the equity gaps in Chad and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Only 16% of Chadian children under five have their birth registered and certified; this is the fifth lowest rate in the world.[7] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[8] However, thousands of unregistered Chadian children are not afforded these rights or protections. Children from urban areas are nearly five times more likely to be registered than children from rural areas (42% and 9%), and the wealthiest children are nine times more likely to be registered than the poorest (42% and 5%); children who have a mother with secondary education or higher are four times more likely to be registered than those with mothers with no education.[9]

Nutrition for survival, health, development and well-being

In Chad 39% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[10] Childhood wasting stands at 16% and underweight at 30%. All three of these global nutrition targets are off track. Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Chadian children of uneducated mothers are nearly two times as likely to be chronically malnourished than children of mothers with secondary education. Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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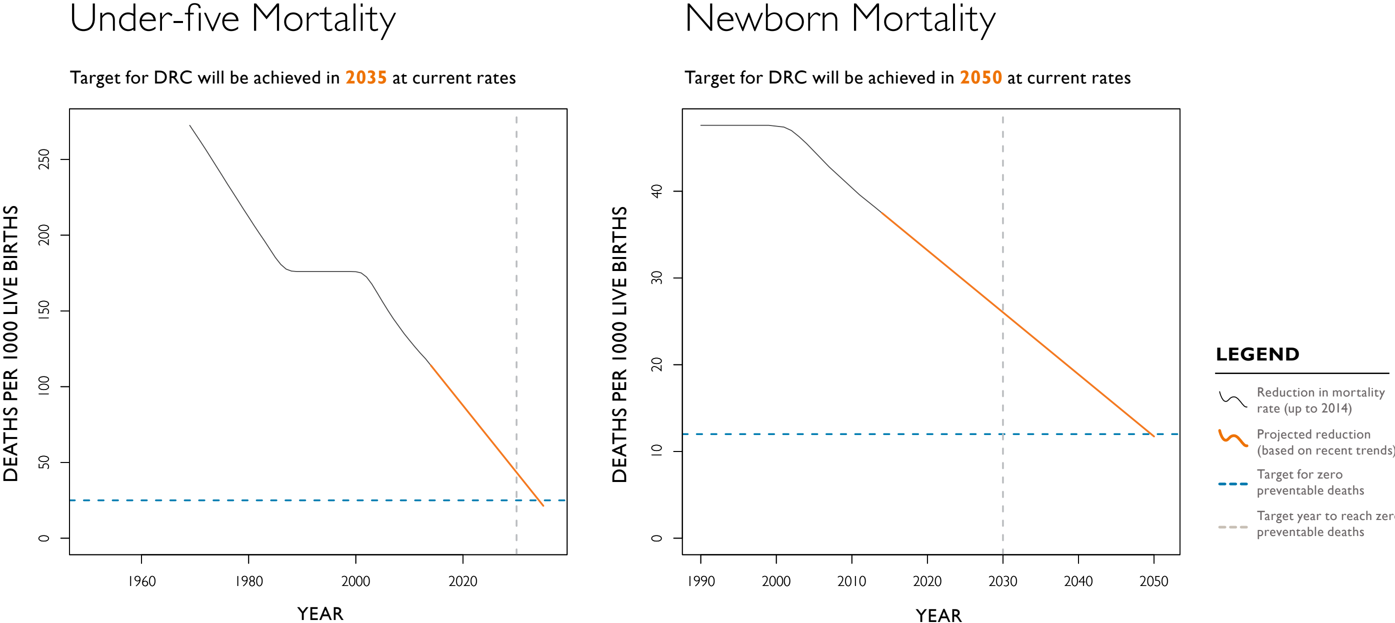
1 IBCR (International Bureau for Children's Rights) (2014). *Cartographie et Évaluation du Système de Protection de l'Enfant et de la Formation des Forces de Sécurité sur les Droits de l'Enfant au Tchad.*
2 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Chad Profile.
3 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
4 Republique du Tchad (2013). *Annuaire des Statistiques Sanitaires du Tchad 2013.*
5 UNICEF Chad and Ministry of Planning, Economy and International Cooperation (2011). *Multiple Indicator Cluster Survey 2010.*
6 UNICEF and WHO (2014).
7 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
8 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
9 UNICEF Chad and Ministry of Planning, Economy and International Cooperation (2011).
10 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*

Getting to Zero in Democratic Republic of Congo

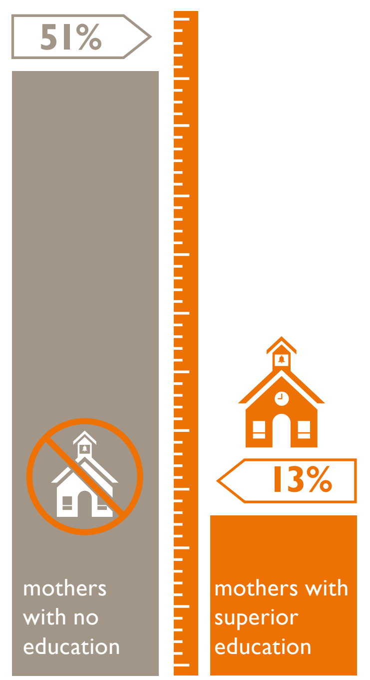
Ending preventable child and newborn deaths

Based on current trends Democratic Republic of Congo will get to zero preventable under-five deaths in 2035 and zero preventable newborn deaths in 2050. This is too late for hundreds of thousands of children. We can accelerate progress and get to zero faster.



National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING

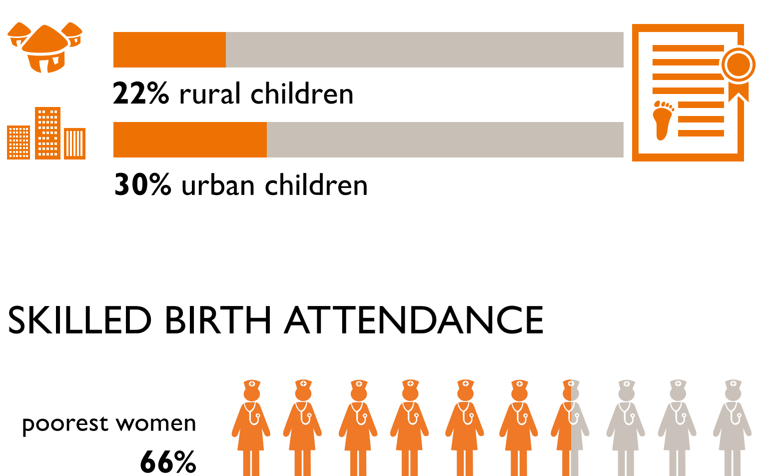


BIRTH REGISTRATION

22% rural children

30% urban children

SKILLED BIRTH ATTENDANCE



Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of the Democratic Republic of Congo must officially commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Increasing allocation of resources to the health sector to 15% of the total national budget and ensuring accountability and transparency of resource use.
- Prioritising children's health and development in the post-2015 development framework, including through goals and targets to end preventable maternal, newborn and child deaths, to eliminate childhood malnutrition, and to end all forms of violence against girls and boys.
- Focusing on the most vulnerable and hardest-to-reach children, particularly those affected by fragility and conflict.
- Building accountability systems that include citizen participation in monitoring and evaluation.

Uncounted and unreached: DRC's most vulnerable children

Projections on when the Democratic Republic of Congo (DRC) could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years our measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by DRC unless it is measured and met by all Congolese. Getting to zero preventable child and newborn deaths in DRC requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance and nutrition show particular disparities for the most vulnerable children. For DRC to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

One-third of all child deaths in the DRC occur during the first 28 days of life.[1] Access to quality, skilled care around the time of birth could save the lives of women who die during childbirth or shortly after and of many Congolese children who die in the first month of life. On average, 80% of deliveries are assisted by a skilled birth attendant,[2] but wealthy mothers are 1.5 times more likely than poor mothers to have a skilled attendant at birth.[3] Skilled birth attendance is crucial to closing the equity gaps in DRC and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

In the DRC, only one in four children under age five has his or her birth registered and certified.[4] Almost 30% of children in urban areas are registered, compared to 22% of children in rural areas.[5] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect. However, 8 million Congolese children whose births have not been registered do not receive these rights and protection.[6]

Nutrition for survival, health, development and well-being

In the DRC 43% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[7] Good nutrition, especially during the first 1,000 days between pregnancy and age two, is critical to the physical and cognitive development of children. Congolese children of uneducated mothers are nearly four times more likely to be chronically malnourished than those whose mothers have superior education.[8]

Worldwide, children in the poorest households are two to three times more likely to die or to be malnourished than those living in the wealthiest. In the DRC one in eight children under five living in rural areas are likely to die versus one in ten children under five in urban areas.[9] Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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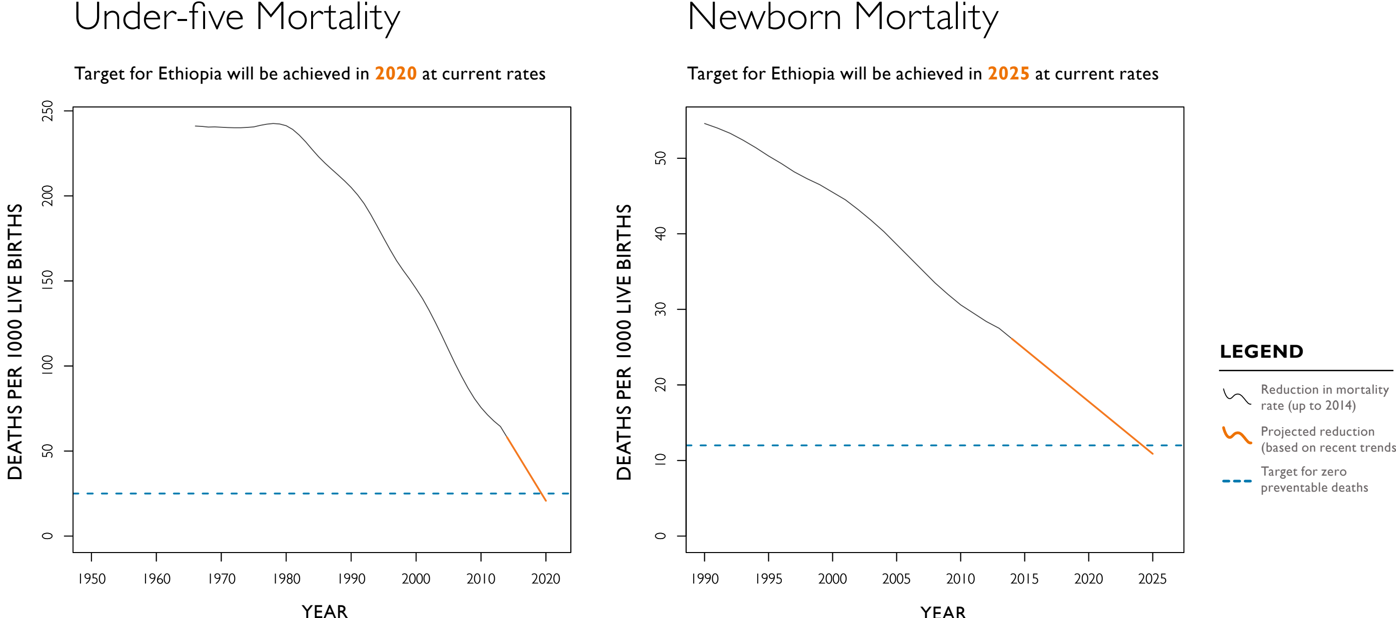
1 UNICEF (2015). *State of the World's Children 2015.*
2 République Démocratique du Congo (2014). EDS-RDC II (*Democratic Republic of Congo Demographic and Health Survey 2013–2014).*
3 Ibid.
4 Ibid.
5 UNICEF (2015).
6 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
7 République Démocratique du Congo (2014).
8 Ibid.
9 Ibid.

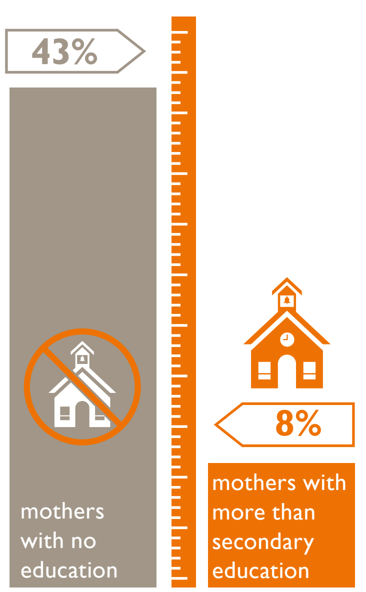
Getting to Zero in Ethiopia

Based on current trends Ethiopia will get to zero preventable under-five deaths in 2020 and zero preventable newborn deaths in 2025. Hundreds of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

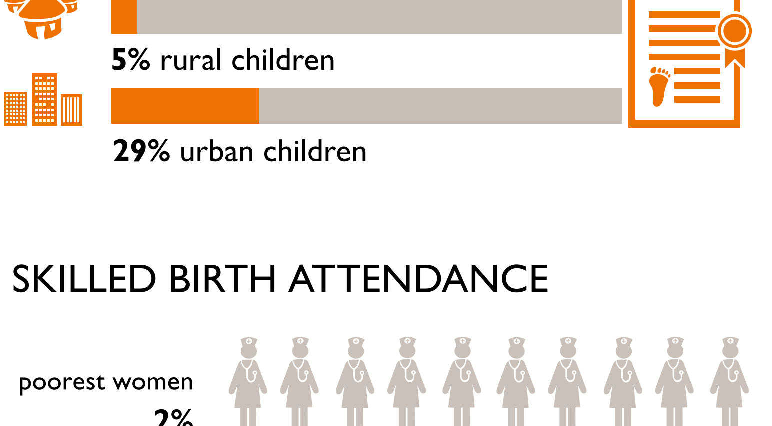


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

poorest women **2%**

richest women **46%**

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Ethiopia and development partners should commit to and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to address the bottlenecks of low skilled birth attendance by working with faith-based and community-based organisations.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.

Ethiopia's progress to date on national and international commitments

Ethiopia has made significant progress improving maternal and child health through co-sponsoring the 'A Promise Renewed' initiative, which contributed to achieving Millennium Development Goal 4 ahead of the deadline.[1] Yet, despite encouraging trends, national average projections on when Ethiopia could end preventable child and newborn deaths hide the real picture. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. Success must be redefined; in the post-2015 development framework no target can be considered met by Ethiopia unless it is measured and met by all population groups. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. Getting to zero preventable child and newborn deaths in Ethiopia requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable; all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborn survive and thrive

Four of every ten child deaths in Ethiopia occur during the first 28 days in life.[2] Currently, only 15% of births are attended by a skilled professional.[3] The number of midwives has increased nearly fourfold since 2008; this needs to double again to reach the 2015 target.[4] The wealthiest mothers are nearly 27 times more likely to receive skilled attendance during birth compared to their poor counterparts; likewise mothers with secondary education or higher are 16 times more likely to receive care than mothers with no education.[5] Skilled birth attendance is crucial to closing the equity gaps in Ethiopia and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

The most recent statistics on birth registration, a decade old, report that only 5% of children under five are registered at birth; this is the third lowest in the world.[6] More than 80% of registered children do not have a birth certificate.[7] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[8] A shocking 13 million Ethiopian children are not afforded these rights or protections. Urban children are nearly six times more likely to be registered than children in rural areas; the wealthiest children are seven times more likely to be registered than the poorest. Registering every newborn and child in Ethiopia will provide an identity, access to social services and protection.

Nutrition for survival, health, development and well-being

In Ethiopia 40% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[9] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants. While Ethiopia reduces stunting at an average rate of 2.3% a year, there are still over 6 million chronically malnourished Ethiopian children.[10] The poorest children in Ethiopia are nearly two times more likely to be chronically malnourished than their wealthy counterparts; likewise, children living in Affar region are two times more likely to be stunted than children living in Addis Ababa. Ethiopia is currently off track to reach the Global Nutrition Target on stunting, wasting and anemia.[11] Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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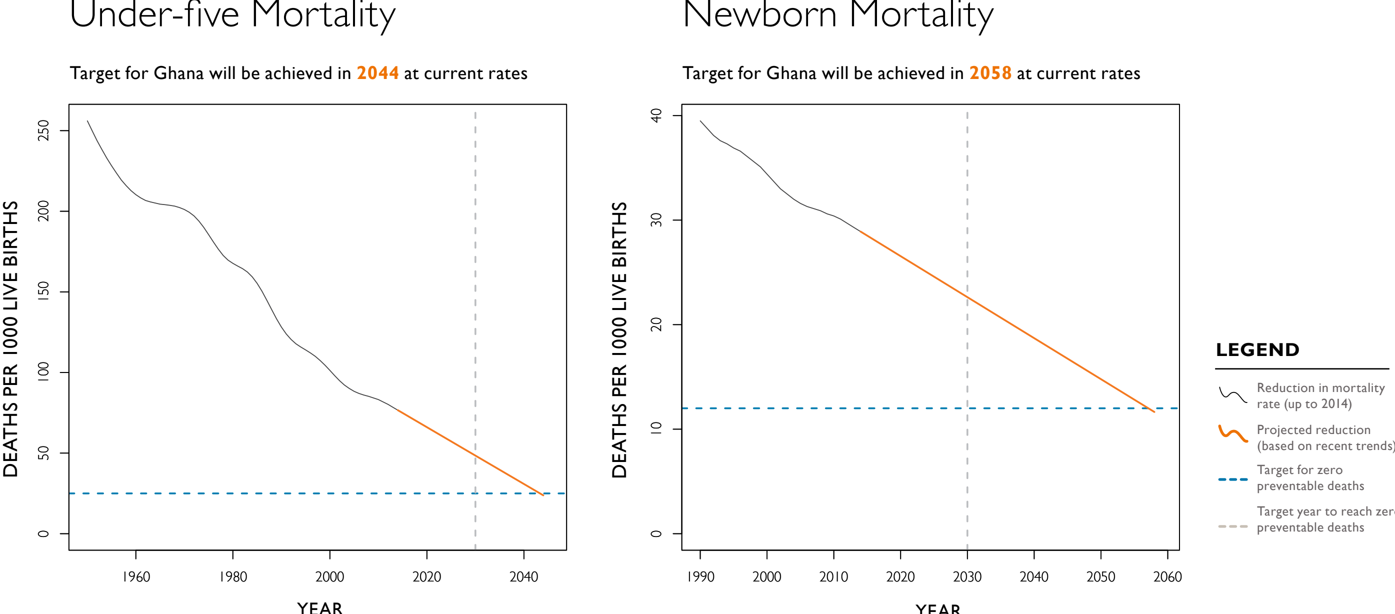
1 UNICEF (2012). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
2 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Ethiopia Profile.
3 Central Statistical Agency Ethiopia (2014). *Ethiopia Mini Demographic and Health Survey 2014.*
4 UNFPA (United Nations Population Fund) (2012). *The State of the World's Midwifery.* Ethiopia Profile.
5 Central Statistical Agency Ethiopia and ICF International (2012). *Ethiopia Demographic and Health Survey 2011.*
6 Central Statistical Agency Ethiopia and ORC Macro (2006). *Ethiopia Demographic and Health Survey 2005.*
7 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
8 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
9 Central Statistical Agency Ethiopia (2014).
10 Scaling Up Nutrition (2014). *Annual Progress Report.* Ethiopia Profile.
11 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*

Getting to Zero in Ghana

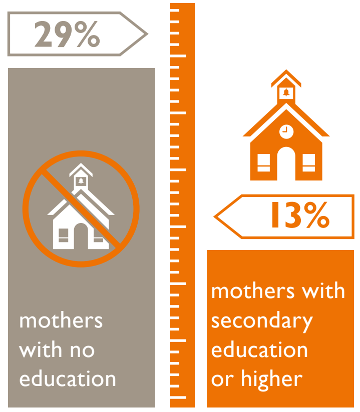
Ending preventable child and newborn deaths

Based on current trends Ghana will get to zero preventable under-five deaths in 2044 and zero preventable newborn deaths in 2058. This is too late for tens of thousands of children. We can accelerate progress and get to zero faster.

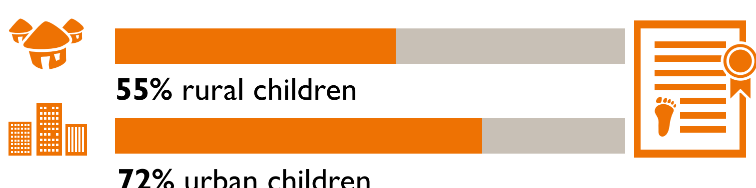


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

We encourage the Government of Ghana to publicly commit and take action to end preventable maternal, newborn and child deaths, including through:

- Accelerating progress towards attaining the Millennium Development Goals while continuing to improve maternal, newborn and child health under the post-2015 framework.
- Improving equitable access to health care by increasing the national health budget as per the Abuja Declaration (2001) and prioritising posting of skilled and motivated health professionals, particularly skilled birth attendants, to rural communities.
- Identifying the most vulnerable children in Ghana, who are often uncounted, unseen and unreached, and ensuring they have access to quality and appropriate health care.
- Scaling up efforts to ensure improved nutrition, particularly in remote and hard-to-reach areas.

Uncounted and unreached: Ghana's most vulnerable children

Projections on when Ghana could end preventable child and newborn deaths are based on national averages and hide the reality for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the post-2015 development framework measurement must be different and success must be redefined; no target should be considered met by Ghana unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Ghana requires renewed commitment, additional financing and more detailed roadmaps with greater targeting of the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendants, birth registration and nutrition show particular disparities for the most vulnerable children. For Ghana to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendants to ensure mothers and newborns survive and thrive

In every 100,000 live births in Ghana each year 329 mothers are likely to die.[1] Close to half of all child deaths in Ghana occur during the first 28 days of a child's life. Access to quality, skilled care around the time of birth could save the lives of thousands of Ghanaian children and mothers each year. Wealthy mothers are 2.5 times more likely than poor mothers to have a skilled attendant at birth, and educated mothers are four times more likely to give birth with a skilled attendant than those with no education.[2] Essential health care has huge disparities between urban and rural areas.[3] Skilled birth attendants are crucial to closing the equity gaps in Ghana and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Only 63% of children under five have their birth registered and certified, leaving 38% of children under five without any legal document to support their identity. Most of these children are found in rural and hard-to-reach areas.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] In Ghana 1.3 million children's births are not registered. There are large geographical disparities with regards to birth registration. The Ashanti region has the highest number of unregistered children (16%) followed by Western (13%), Northern (13%), Eastern (12%), Brong Ahafo (12%) and Volta region (11%). Urban dwellers are 30% more likely to obtain birth registration certificates than their rural counterparts.[6]

Nutrition for survival, health, development and well-being

Malnutrition is the underlying cause of nearly half of all child deaths worldwide.[7] In Ghana 23% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible, with large disparities along socioeconomic and geographical lines.[8] A recent study suggests that the high prevalence of undernutrition and inadequate nutrition practices for mothers and young children might be reasons for the stagnated reduction of child mortality in Ghana.[9] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families and communities.

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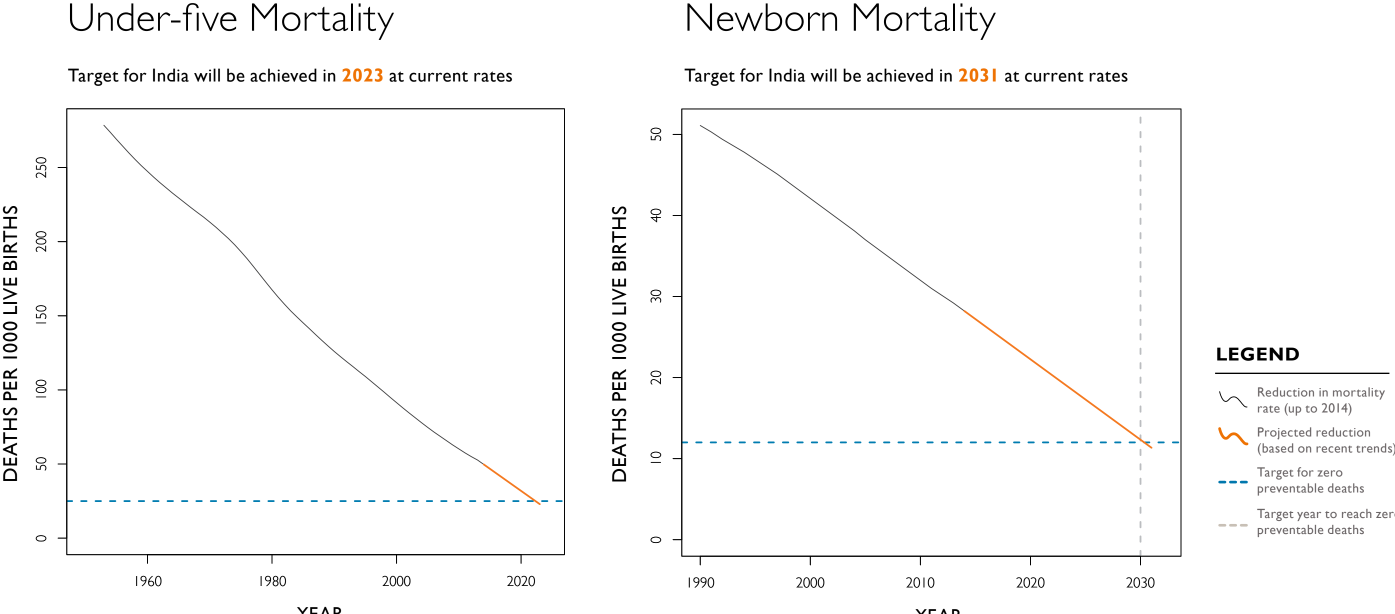
1 UN Estimation Group (2014). *Levels and Trends in Maternal Mortality 2014*.
2 Ghana Statistical Service. (2011). *Ghana Multiple Indicator Cluster Survey with an Enhanced Malaria Module and Biomarker, 2011, Final Report.*
3 Ibid.
4 Ibid.
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
6 Ghana Statistical Service (2011).
7 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*
8 Ghana Statistical Service (2011).
9 Badasu (2013). *Child Health Now Assessment on Health Policies Implementation in Ghana.*

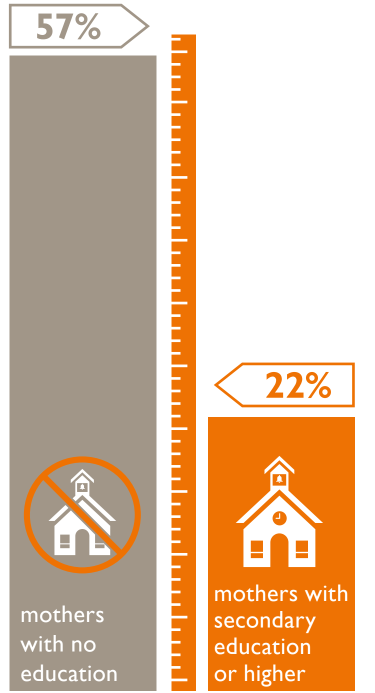
Getting to Zero in India

Based on current trends India will get to zero preventable under-five deaths in 2023, but will not get to zero preventable newborn deaths until 2031. Millions of children's lives are at stake. We can accelerate progress and get to zero faster.

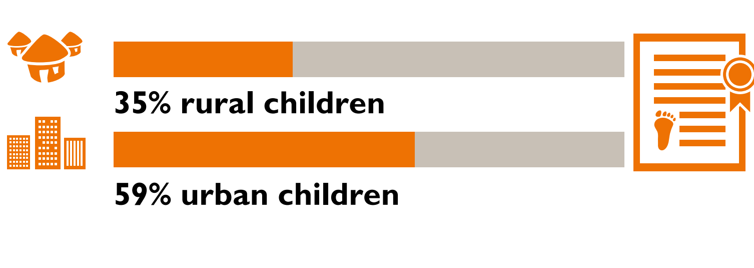


National averages hide the real picture for many children, particularly the most vulnerable

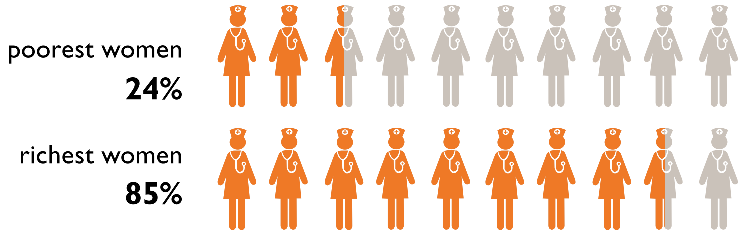
CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE



Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of India must commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children, with a specific focus on Scheduled Castes and Scheduled Tribes and other marginalised communities, providing access to free, quality health services.
- Increasing investment in free, quality, accessible health services with sufficient trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review, especially engaging the most marginalised communities.

Uncounted and unreached: India's most vulnerable children

Projections on when India could end preventable child and newborn deaths are based on national averages, which hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education or those without, those belonging to the Scheduled Castes and Tribes (SC ST) or minorities. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years our measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by India unless it is measured and its impact seen by all population groups. Getting to zero preventable child and newborn deaths in India requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable and addressing the social determinants that perpetuate this cycle. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition status show particular disparities for the most vulnerable children. For India to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

More than half of all child deaths in India occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 748,000 Indian children who die in the first month.[2] On average 52% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities.[3] Wealthy mothers are 3.5 times more likely than poor mothers to have a skilled attendant at birth. Skilled birth attendance is crucial to closing the equity gaps in India and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Nearly one in three unregistered children of the globe live in India.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] However, 71 million unregistered Indian children are not afforded these rights or protections.[6] Children from urban areas are 1.7 times more likely to be registered than children from rural areas, and the wealthiest children are three times more likely to be registered than their poor counterparts. Similarly, children of SC ST are twice as likely to be unregistered at birth as children of other castes.

Nutrition for survival, health, development and well-being

In India 48% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[7] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. The poorest children in India are nearly three times more likely to be chronically malnourished than their wealthy counterparts; likewise, children of uneducated mothers are 2.6 times more likely to be chronically malnourished; those who dwell in rural areas are also at higher risk. Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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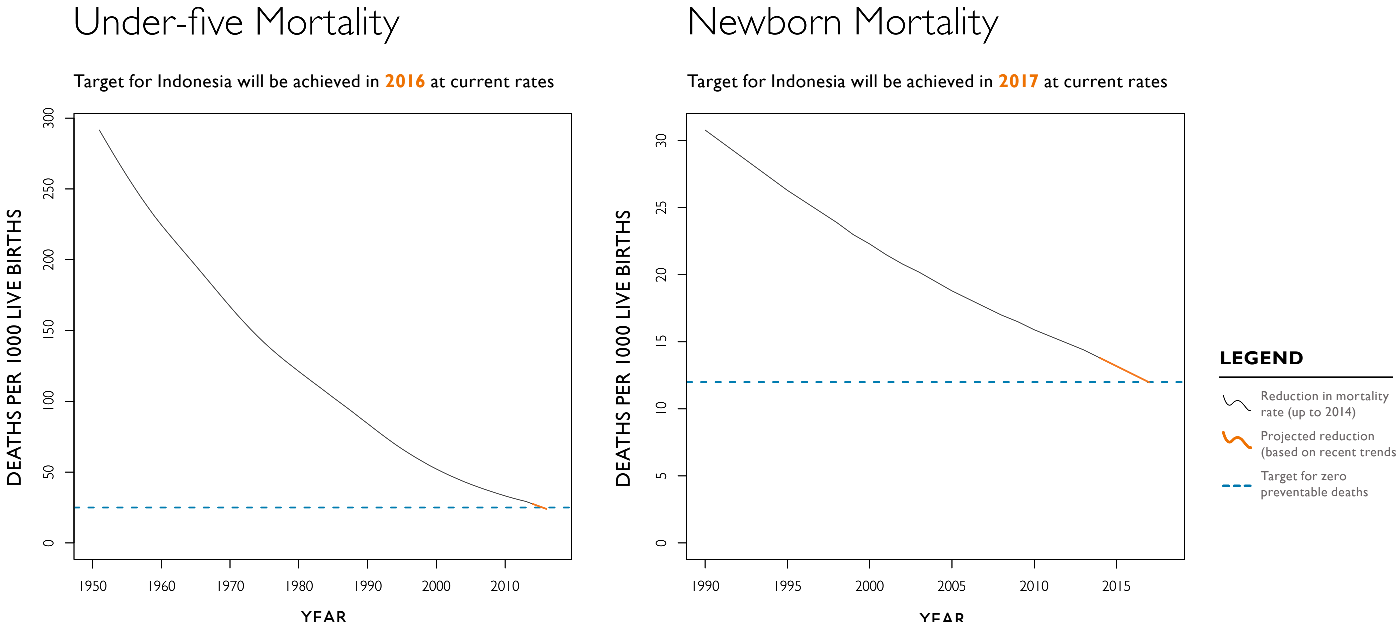
1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* India Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
3 UNICEF (2015). *The State of the World's Children 2015: Reimagine the Future: Innovation for Every Child.*
4 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
6 International Institute for Population Sciences (IIPS) and Macro International (2007). *National Family Health Survey (NFHS-3), 2005–06: India.*
7 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*

Getting to Zero in Indonesia

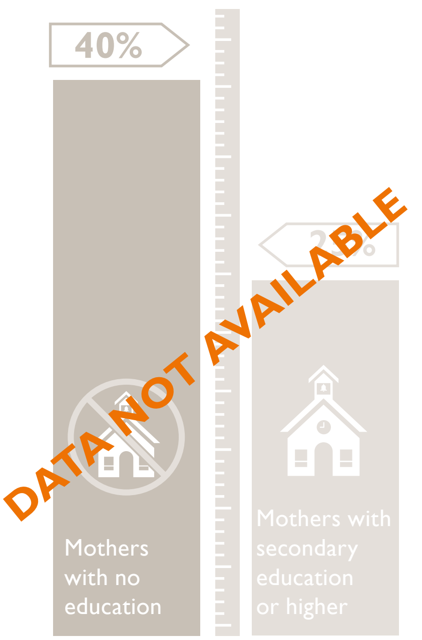
Ending preventable child and newborn deaths

Based on current trends Indonesia will get to zero preventable under-five deaths in 2016 and zero preventable newborn deaths in 2017. Hundreds of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

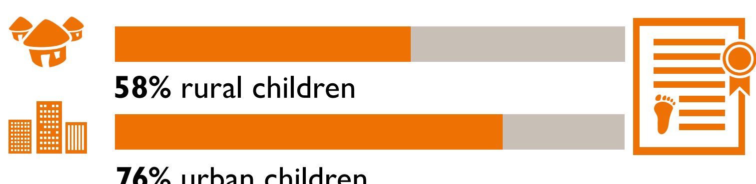


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

Data source: UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Indonesia must publically commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and prioritising resources towards them.
- Increasing investment in ensuring availability of sufficiently trained staff at accessible quality health facilities in the most deprived provinces and districts.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Fully adopting the International Code of Marketing of Breastmilk Substitutes.
- Improving maternity protection by ensuring that public facilities and workplaces support breastfeeding women.
- Strengthening public accountability systems, including citizen participation in monitoring and review.

Uncounted and unreached: Indonesia's most vulnerable children

Projections on when Indonesia could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Indonesia unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Indonesia requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Indonesia to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

Half of all child deaths in Indonesia occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 66,000 Indonesian children who die in their first month.[2] On average 83% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities. Wealthy mothers are 1.6 times more likely than poor mothers to have a skilled attendant at birth, and educated mothers are three times more likely to have a skilled attendant at birth than those with no education.[3] Skilled birth attendance is crucial to closing the equity gaps in Indonesia and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Only two in three Indonesia children under five have their birth registered and certified.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] However, 8 million unregistered Indonesian children are not afforded these rights or protections.[6] Children from urban areas are 1.3 times more likely to be registered than children from rural areas, and the wealthiest children are 2.2 times more likely to be registered than their poor counterparts.

Nutrition for survival, health, development and well-being

In Indonesia 37% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[7] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. The poorest children in Indonesia are nearly twice as likely to be chronically malnourished as their wealthy counterparts; children of uneducated household heads are more likely to be chronically malnourished. Those who dwell in rural areas are also at higher risk.[8] Urgently addressing malnutrition will not only save lives but reduce inequalities and build strong, resilient children, families, communities and populations.

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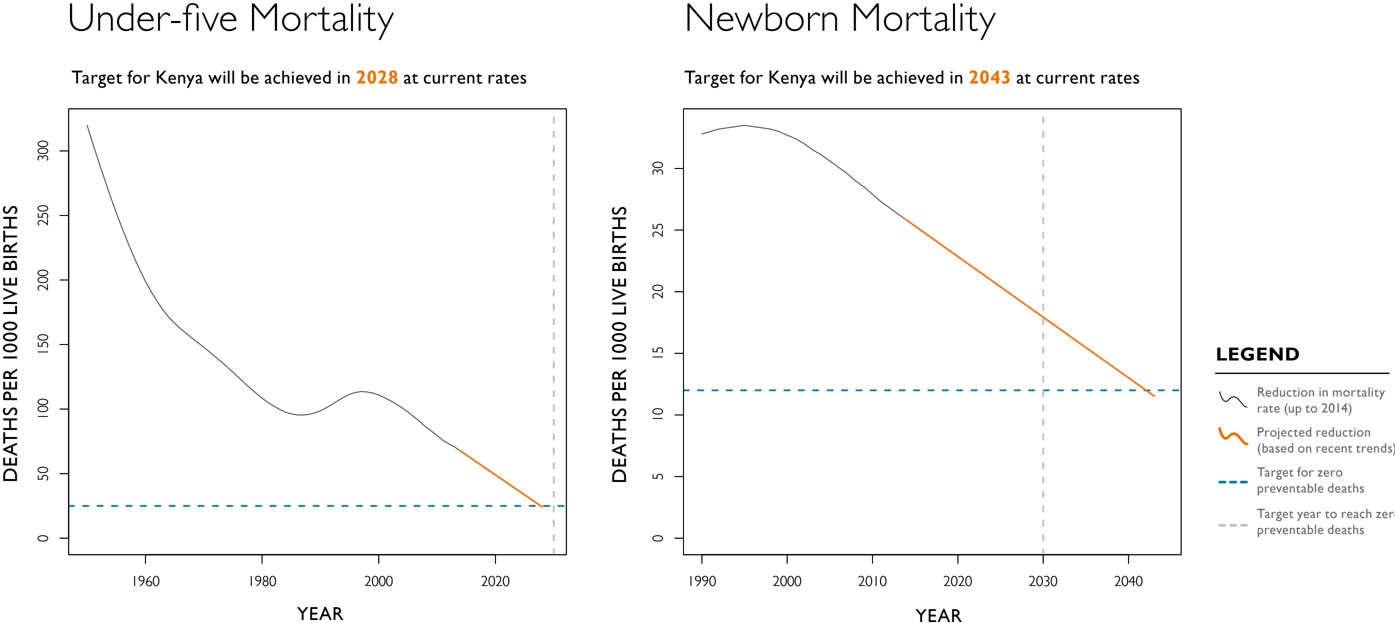
1 Statistics Indonesia, National Population and Family Planning Board, Kementerian Kesehatan, and ICF International (2013). *Indonesia Demographic and Health Survey 2012*.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014*.
3 Statistics Indonesia, National Population and Family Planning Board, Kementerian Kesehatan, and ICF International (2013).
4 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration*.
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child*.
6 UNICEF (2013).
7 Statistics Indonesia, National Population and Family Planning Board, Kementerian Kesehatan, and ICF International (2013).
8 Ibid.

Getting to Zero in Kenya

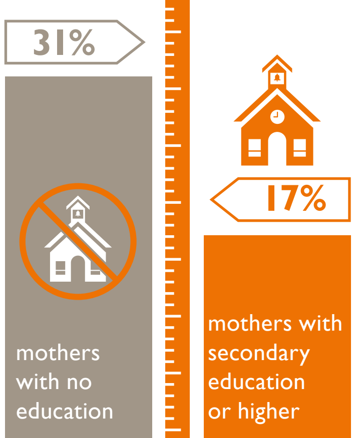
Ending preventable child and newborn deaths

Based on current trends Kenya will get to zero preventable under-five deaths in 2028 but will not get to zero preventable newborn deaths until 2043. Hundreds of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

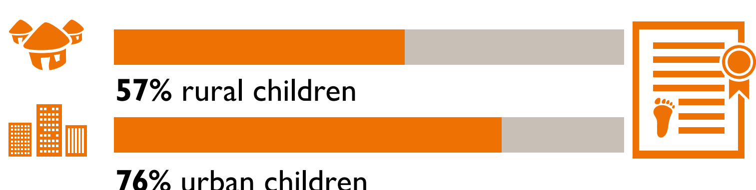


National averages hide the real picture for many children, particularly the most vulnerable

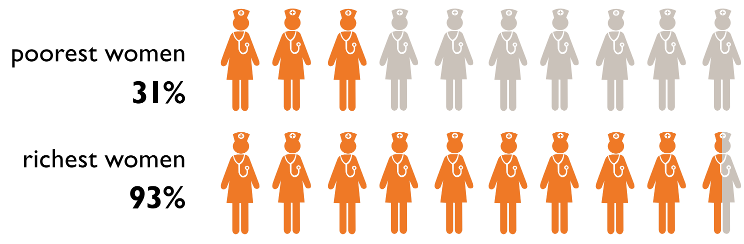
CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE



Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The County Governments in Kenya should take action to end preventable maternal, newborn and child deaths by:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality and accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems; including reporting on performance, fostering transparency and public participation in decision-making on health-related matters.

Uncounted and unreached: Kenya's most vulnerable children

Projections on when Kenya could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Kenya unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Kenya requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. In Kenya, County Governments have a particular responsibility for health care service delivery and, as such, have a vital role to play in ensuring access to quality services for women and children. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Kenya to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

Of all child deaths in Kenya 42% occur during the first 28 days of life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 189,000 Kenyan children who die in their first month.[2] On average 62% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities. Wealthy mothers are three times more likely than poor mothers to have a skilled attendant at birth, and educated mothers are three times more likely to have a skilled attendant at birth than those with no education.[3] Skilled birth attendance is crucial to closing the equity gaps in Kenya and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

At the beginning of 2014 Kenya had achieved 50.1% birth registration coverage.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect. Even though the Government of Kenya has a civil registration strategic plan for 2013–17 in place, more financial and human resources are required to reach the most vulnerable children living in the hard-to-reach parts of the country and to ensure they are registered and issued birth certificates.

Nutrition for survival, health, development and well-being

In Kenya, one in every four children under five is stunted, a form of chronic malnutrition the effects of which are irreversible. Stunting increases with increase in child age.[5] Ten per cent of children under six months are stunted, while 36% of children aged 18–23 months are stunted. Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Mothers with no education are more than two times more likely to have stunted children, compared to mothers with secondary education or higher. Urgently addressing malnutrition by scaling up nutrition interventions will enable Kenya to attain Vision 2030 and improve the quality of life of children. Adequate resources should be allocated to support nutrition interventions including linkages to agriculture, water, sanitation and hygiene, and education.

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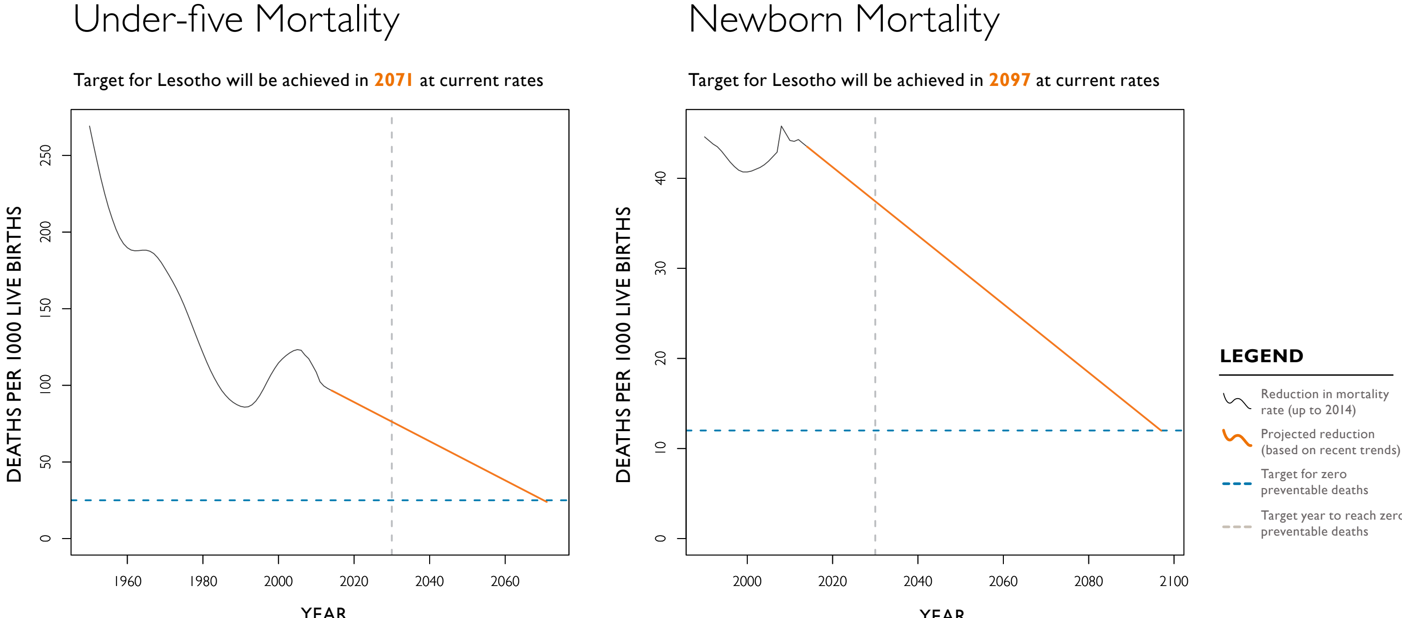
1 Kenya National Bureau of Statistics, Ministry of Health and ICF International (2015). *Kenya Demographic and Health Survey 2014 Key Indicators.*
2 Ibid. Ministry of Health (2013). *World Health Statistics: A National Framework and Plan of Action for the Implementation of Integrated Case Management (ICCM) in Kenya, 2012–2017.*
3 Kenya National Bureau of Statistics, Ministry of Health and ICF International (2015).
4 Republic of Kenya, Civil Registration Department, *Strategic Plan (2013–2017).*
5 Kenya National Bureau of Statistics, Ministry of Health and ICF International (2015).

Getting to Zero in Lesotho

Ending preventable child and newborn deaths

Based on current trends Lesotho will get to zero preventable under-five deaths in 2071 and zero preventable newborn deaths in 2097. This is too late for thousands of children. We can accelerate progress and get to zero faster.



National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING

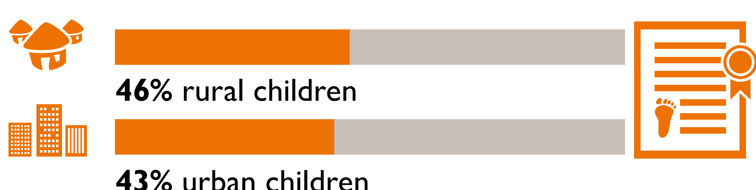
41%

mothers with no education

31%

mothers with secondary education or higher

BIRTH REGISTRATION



46% rural children

43% urban children

SKILLED BIRTH ATTENDANCE

poorest women **35%**

richest women **90%**

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Lesotho must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Taking steps to ensure that birth registration is effectively implemented and enforced.
- Commiting financial resources and technical capacity to equip the National Identity and Civil Registry Department to promote the effectiveness of birth registration systems and processes.

Uncounted and unreached: Lesotho's most vulnerable children

Projections on when Lesotho could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Lesotho unless it is measured and met by all Basotho. Getting to zero preventable child and newborn deaths in Lesotho requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Lesotho to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

In Lesotho 46% of all child deaths occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 3,000 Basotho children who die in their first month each year.[2] On average 61.5% of deliveries are assisted by a skilled birth attendant, but the wealthiest are 2.5 times more likely to receive skilled birth attendance than their poor counterpart.[3] Skilled birth attendance is crucial to closing the equity gaps in Lesotho and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Nearly half of all Basotho children under five have their birth registered, but 60% of registered children do not have a birth certificate.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] Despite the establishment of the National Identity and Civil Registration Department in 2012, challenges regarding birth registration remain. These include lack of knowledge on the documents required for registration, and, in cases where guardians of orphaned children are seeking to register them, they often do not have the particular information required regarding the orphan's birth.

Nutrition for survival, health, development and well-being

In Lesotho 39% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[6] Childhood wasting in Lesotho stands at 4% and overweight at 7%. Childhood anaemia is also high. Lesotho is off track on all four global nutrition targets currently measured. Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Children of mothers with no education are 30% more likely to be chronically malnourished compared to children of their educated counterparts. Similarly, the poorest children are 60% more likely to be chronically malnourished than the wealthiest Basotho children. Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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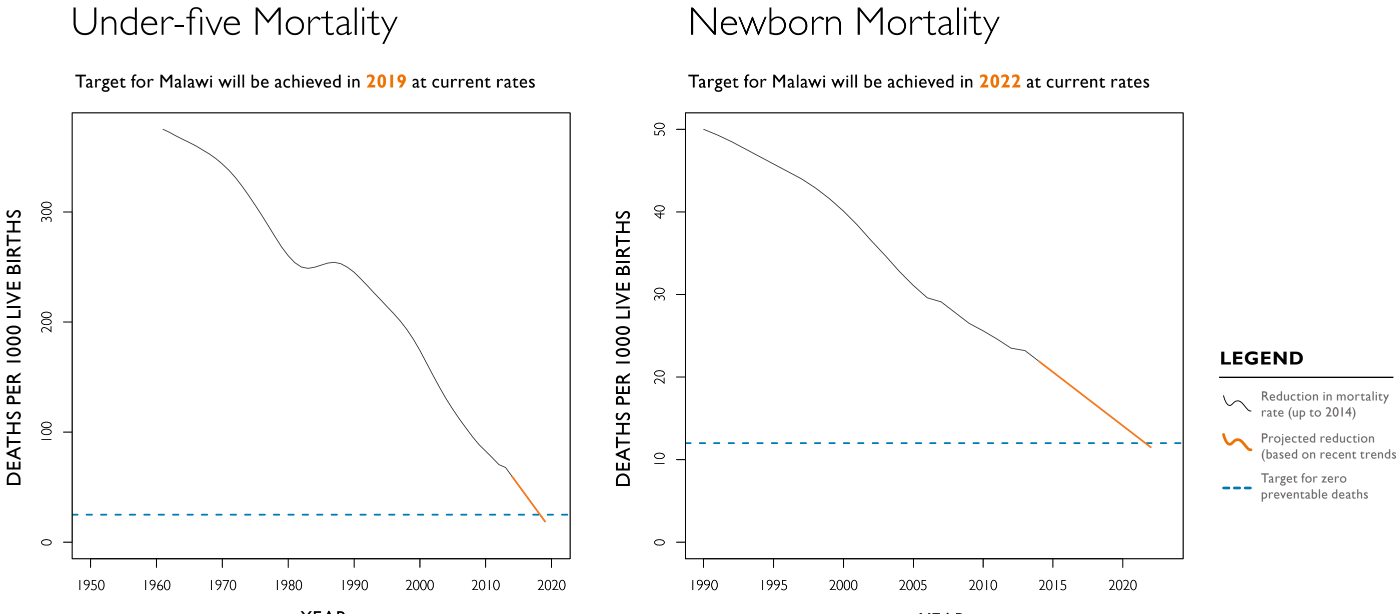
1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Lesotho Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
3 Ministry of Health and Social Welfare (MOHSW) Lesotho and ICF Macro (2010). *Lesotho Demographic and Health Survey 2009.*
4 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
6 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*

Getting to Zero in Malawi

Based on current trends Malawi will get to zero preventable under-five deaths in 2019 and zero preventable newborn deaths in 2022. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

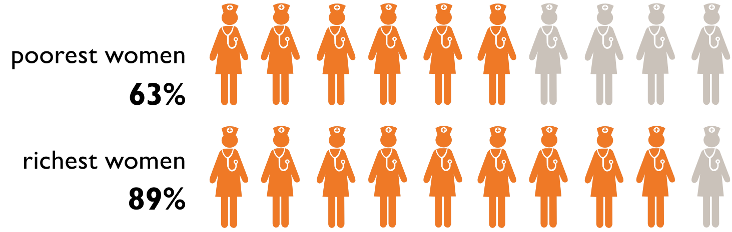


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING

BIRTH REGISTRATION

SKILLED BIRTH ATTENDANCE



Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Malawi must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting of resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Ensuring implementation of birth registration across Malawi within three years.
- Accelerating implementation of existing instruments to end child marriages.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Malawi's most vulnerable children

Projections on when Malawi could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. Success must be redefined; in the post-2015 development framework no target can be considered met by Malawi unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Malawi requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Skilled birth attendance, birth registration, child protection and nutrition show particular disparities for the most vulnerable children. For Malawi to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

One-third of all child deaths in Malawi occur during the first 28 days of life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 14,000 Malawian children who die in their first month.[2] On average 87% of mothers delivered with a skilled attendant.[3] Nearly 90% of mothers in the wealthiest quintile of the population received skilled birth attendance compared to only 63% of mothers in the poorest quintile, despite the Government's commitment to ensure full coverage of skilled birth attendance.[4] Addressing this is crucial to closing the equity gaps in Malawi and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Every child should be registered at birth. Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] The Malawi Constitution – Section 23(2) – provides that all children shall have the right to a name and nationality. Even though the National Registration Bill No. 15 assented into law on 8 January 2010 as the National Registration Act No. 13 of 2010, less than 20% of all births are registered.[6]

Eliminating early marriages to protect children

Malawi has instilled policy to protect children from early marriage, including the Child Care, Protection and Justice Act (2010), Malawi Gender Equality Act (2013) and the new Marriage Divorce and Family Relations Act (2015). Malawi continues to register unprecedented levels of early marriage, with 49.6% of girls married before age 18.[7] The basic human rights of these girls are violated, subjecting them to a vicious cycle of exploitation.

Nutrition for survival, health, development and well-being

In Malawi 42.4% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[8] More than half (53%) of children born to mothers with no education are stunted, compared to 39% of children whose mothers have secondary education or higher.[9] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Urgently addressing malnutrition will save lives and reduce inequalities to build strong, resilient children, families, communities and populations.

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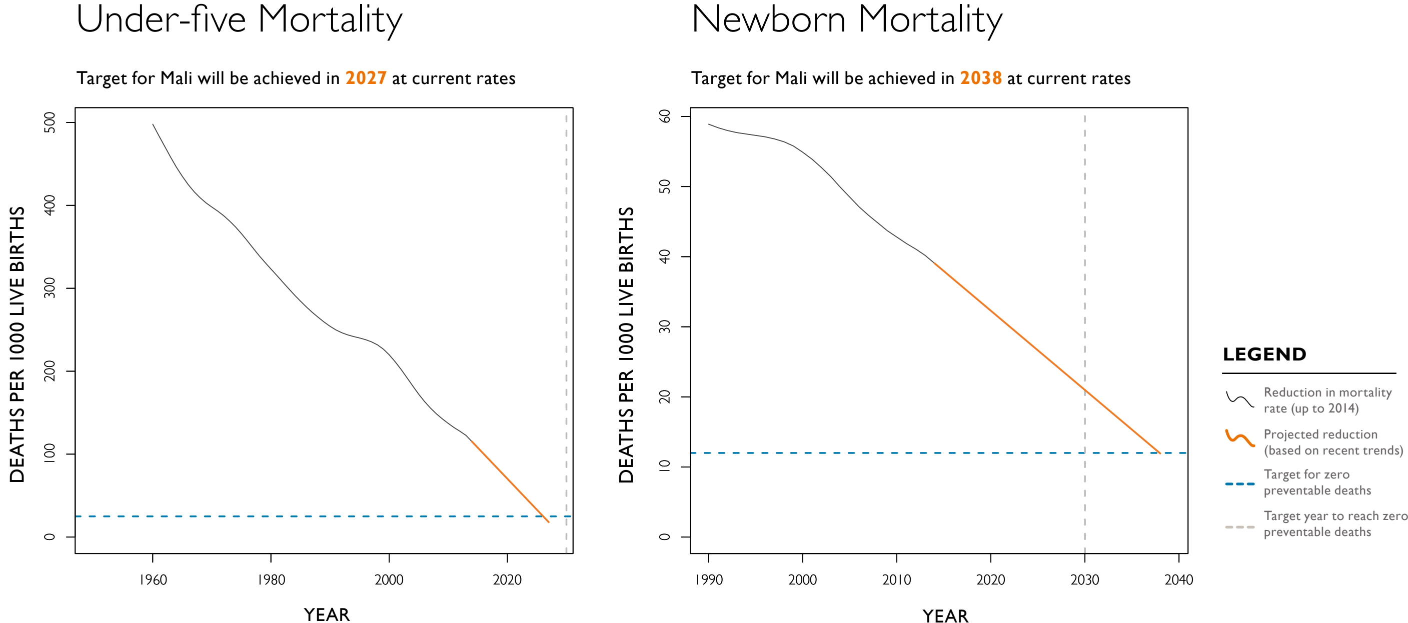
1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Malawi Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
3 National Statistical Office Malawi (2014). *Malawi MDG Endline Survey 2014, Key Findings.*
4 National Statistical Office Malawi and ICF Macro (2011). *Malawi Demographic and Health Survey 2010.*
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
6 UNICEF (2015). *Fast facts on Children: Birth Registration.*
7 Government of Malawi (2014). *Violence against Children and Young Women in Malawi: Findings from a National Survey: Report 2013.*
8 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*
9 National Statistical Office and ICF Macro (2011).

Getting to Zero in Mali

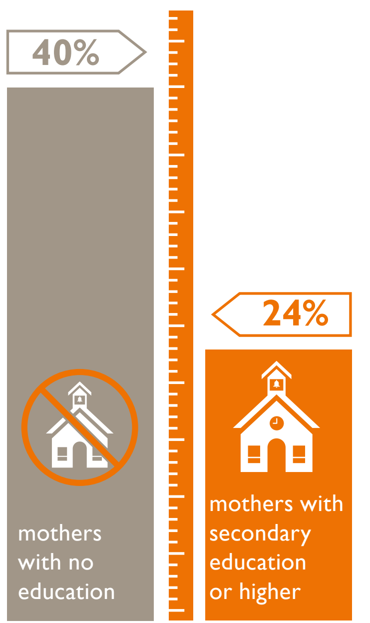
Ending preventable child and newborn deaths

Based on current trends Mali will get to zero preventable under-five deaths in 2027, but will not get to zero preventable newborn deaths until 2038. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.



National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION

SKILLED BIRTH ATTENDANCE

Data source: UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Mali must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Continuing to extend health services towards universal coverage of quality health care, fully addressing gaps in essential interventions, especially emergency obstetric and newborn care, malnutrition management and Integrated Management of Childhood Illnesses.
- Working progressively to reach the most vulnerable children through the expansion of universal health insurance coverage, training and retaining midwives and community health agents, and improving inter-ministerial dialogue, coordination and sectoral budget prioritisation.
- Implementing a national strategic plan to improve the reproductive health of adolescents, including clear measures to address early marriage, early pregnancies and female genital mutilation.

Uncounted and unreached: Mali's most vulnerable children

Projections on when Mali could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. Success must be redefined; in the post-2015 development framework no target can be considered met by Mali unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Mali requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Mali to get to zero preventable child and newborn deaths all children must be counted, heard and reached, including through universal coverage of essential health services and access to health insurance to reduce financial barriers for the poor.

Skilled birth attendance to ensure mothers and newborns survive and thrive

More than one-third of all child deaths in Mali occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 28,000 children who die in their first month.[2] On average, 59% of deliveries are assisted by a skilled birth attendant, but this average is skewed by huge inequalities. The wealthiest women are 2.7 times more likely to have a skilled attendant at birth compared to the poorest women; similarly, educated mothers are 1.7 times more likely to have a skilled attendant at birth than those with no education. Neonatal mortality is 40% higher for mothers under 20 compared to women aged 20-29; the risk of dying before reaching one year of age is 19% higher for children of mothers aged 15-19 compared with children born to mothers aged 20 years or older.[3] Equal access to skilled birth attendance and addressing the adolescent reproductive health needs, including early marriage and early pregnancies, are crucial to accelerate progress towards ending preventable maternal and newborn deaths in Mali.

Birth registration to provide an identity, access to services and protection

Three in four children under the age of five in Mali have their birth registered and certified.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] However, thousands of unregistered Malian children are not afforded these rights or protections. The birth registration rate for children from urban areas is 13% higher than for children from rural areas, and the wealthiest children are 50% more likely to be registered than their poor counterparts.[6]

Nutrition for survival, health, development and well-being

In Mali 38% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible. Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants. The poorest children in Mali are nearly two times more likely to be stunted than their wealthy counterparts. Likewise, children of uneducated mothers are 60% more likely to be stunted than children of mothers with secondary education or higher.[7] Urgently addressing malnutrition will save lives, reduce inequalities and build strong, resilient children, families and communities.

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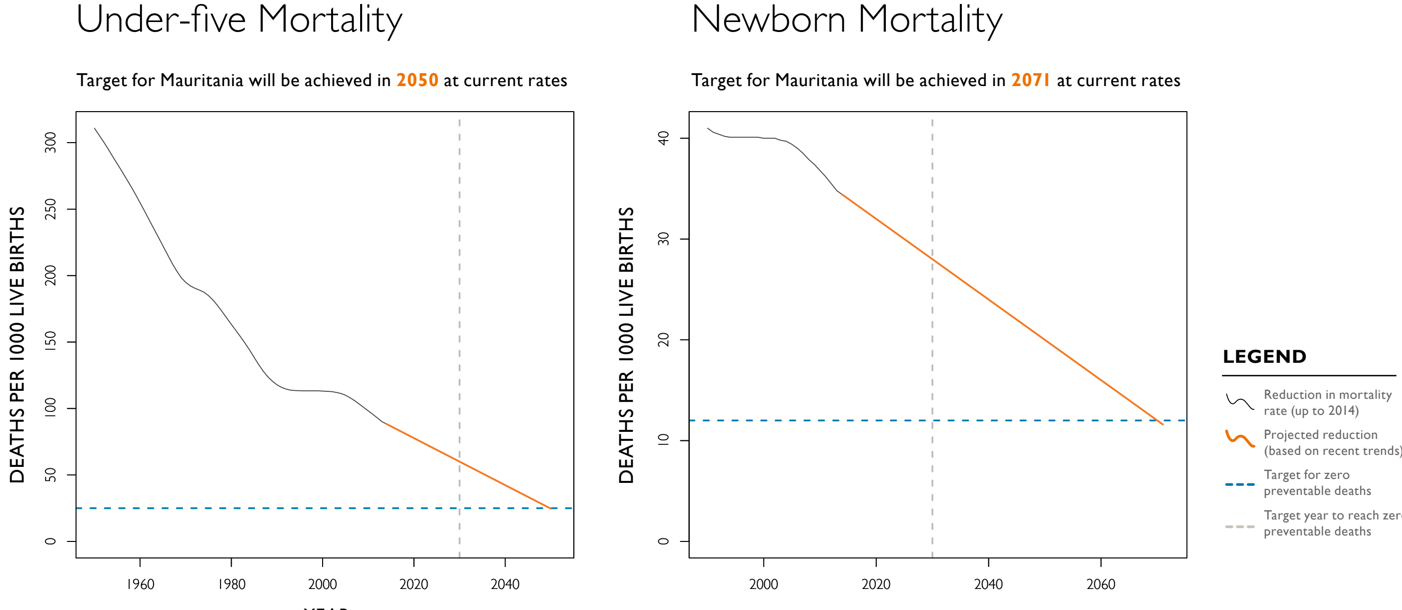
1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Mali Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
3 Institut National de la Statistique, INFO-STAT and ICF International (2014). *Enquête Démographique et de Santé au Mali 2012–2013.*
4 Ibid.
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
6 Institut National de la Statistique, INFO-STAT and ICF International (2014).
7 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*

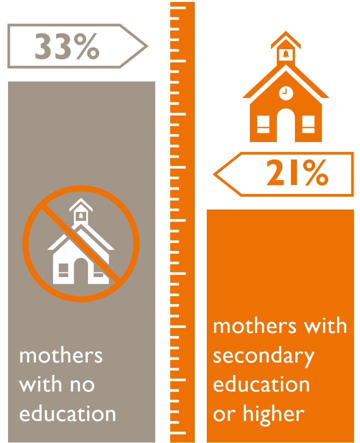
Getting to Zero in Mauritania

Based on current trends Mauritania will get to zero preventable under-five deaths in 2050 and zero preventable newborn deaths in 2071. This is too late for tens of thousands of children. We can accelerate progress and get to zero faster.

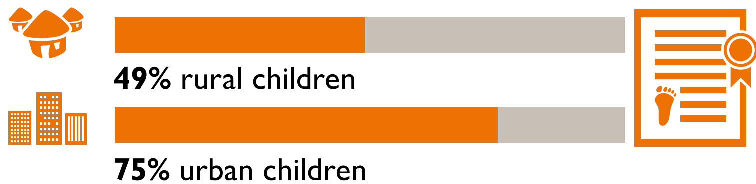


National averages hide the real picture for many children, particularly the most vulnerable

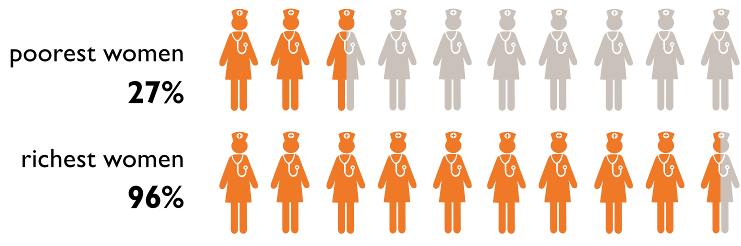
CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE



Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Mauritania must publicly commit to and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Ensuring an effective implementation of the national health development plan to accelerate progress towards reducing maternal, newborn and child deaths.
- Identifying the most vulnerable children and better targeting resources towards them.
- Improving coverage of essential health care and ensuring equitable access by addressing socioeconomic barriers by effectively implementing subsidies for maternal care.
- Intensifying and diversifying activities to prevent chronic malnutrition and scale up treatment of acute malnutrition, particularly in rural areas and urban slums.

Uncounted and unreached: Mauritania's most vulnerable children

Although Mauritania has made some progress towards reducing child mortality, much more must be done in order to reach zero preventable child and newborn deaths. Projections on when Mauritania could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate or unavailable, leaving them at risk of falling through the gaps. In the next 15 years our measurement must be different; in the post-2015 development framework no target can be considered met by Mauritania unless it is measured and met by all population groups. Getting to zero preventable child deaths in Mauritania requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. For Mauritania to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

More than 40% of all child deaths in Mauritania occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of these 4,000 children.[2] On average 61% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities. The probability of educated women and women living in urban areas accessing skilled care is almost two times higher than women with no education and from rural areas. Poverty is a huge barrier to accessing care. The richest are almost four times as likely to receive skilled care at birth compared with the poorest women.[3] Skilled birth attendance is crucial to accelerate progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Only 59% of children under five in Mauritania (75% urban and 49% rural) have their birth registered and certified.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] The proportion of registered children is around 50% higher amongst children with educated mothers and those in urban areas, compared with those whose mothers have no education and those in rural areas. Children from the richest families are twice as likely to be registered as children from the poorest, showing that poverty is a key barrier to birth registration.[6]

Nutrition for survival, health, development and well-being

In Mauritania 30% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible. Malnutrition is the underlying cause of more than 50% of child deaths in Mauritania.[7] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Children of mothers without education are 60% more likely to be stunted than children of mothers with secondary education or higher; likewise, children living in rural areas are 30% more likely to be chronically malnourished. Stunting rates are twice as high amongst the poorest families compared with their richest counterparts.[8] Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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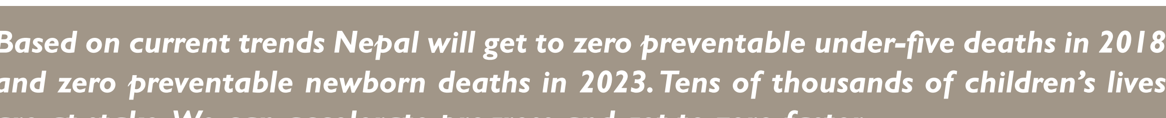
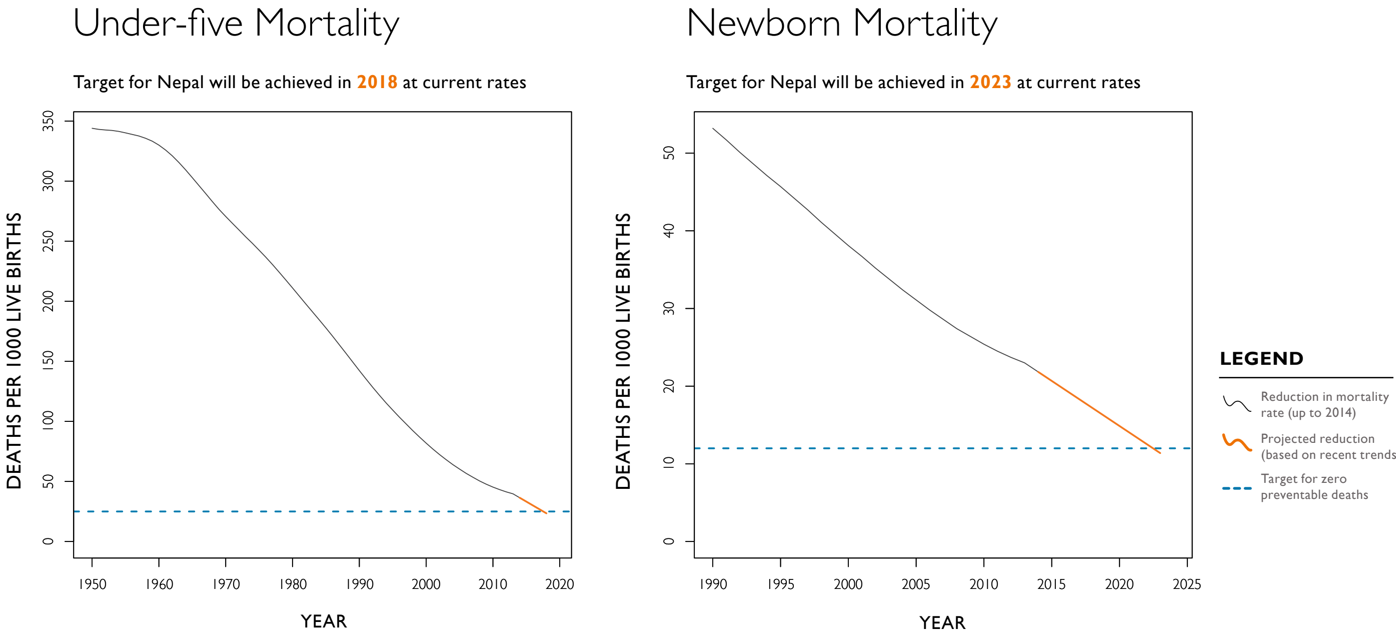
1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report*. Mauritania Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014*.
3 Office National de la Statistique, UNICEF (2014). *L'enquête par grappes à indicateurs multiples de la Mauritanie (MICS) 2011*.
4 Ibid.
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child*.
6 Office National de la Statistique, UNICEF (2014).
7 Ibid.
8 Ibid.

Getting to Zero in Nepal



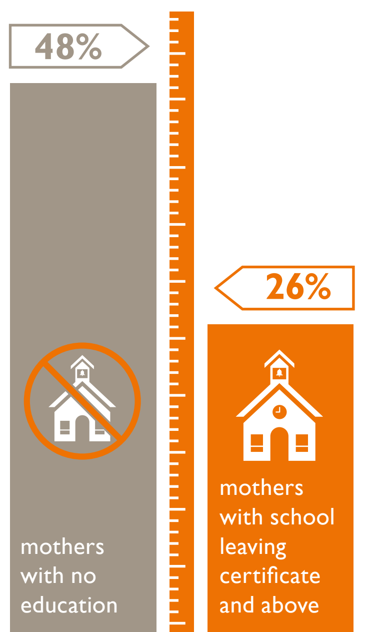
Ending preventable child and newborn deaths

Based on current trends Nepal will get to zero preventable under-five deaths in 2018 and zero preventable newborn deaths in 2023. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

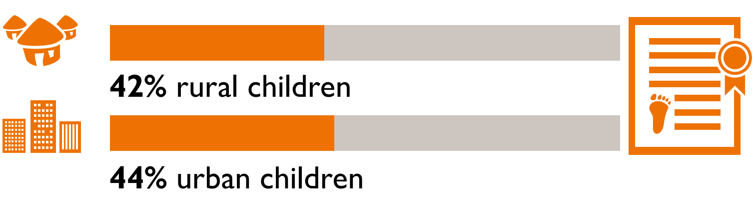


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Nepal must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Increasing financial and human resources to reach the unreached population of Nepal, especially the most vulnerable mothers and children.
- Ensuring proper implementation of National Health Policy 2014 to enhance equity and ensure universal access to quality health-care services, particularly in poor and marginalised communities.
- Emphasising child and maternal nutrition in national development and taking concrete action to reduce undernutrition.
- Increasing accountability of the Government for the health sector through improved monitoring and data.

Uncounted and unreached: Nepal's most vulnerable children

Nepal has made significant progress in achieving the Millennium Development Goals related to child and maternal health and has received international praise for doing so. Considering the difficult context these achievements should be considered remarkable.[1] Projections on when Nepal could end preventable child and newborn deaths are also promising; however, the projections are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Nepal unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Nepal requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Progress must be measured against outcomes for the most vulnerable. Skilled birth attendance and nutrition show particular disparities for the most vulnerable children. For Nepal to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

Despite tremendous progress, mothers and children are still dying from preventable causes. The main causes of child mortality include neonatal problems, pneumonia and diarrhoea. A large percentage of births in Nepal still take place at home with no skilled birth attendant. This is particularly true for the poorest women. The health and nutrition of a mother has a great effect on her child's health, particularly during its first months of life.[2]

The 2011 Nepal Demographic and Health Survey provides information on the differences in health outcomes across population groups. It includes the intersection between caste/ethnicity and region and provides a useful framework for identifying subcategories of groups and their relative disadvantaged status. The maternal mortality ratio in Nepal varies considerably by age and social group. It is lowest amongst women 20–34 years old and highest amongst those over 35 and under 20 years of age.

Infant and under-five mortality rates are highest in the mountains (at 73 and 87 per 1,000 live births respectively) and lowest in the hills (50 and 58 respectively). The corresponding rates in the Terai population group are 53 and 62.[3]

Expanded and improved information on the disparities of health access and outcomes across population groups must be used to better target resources to reach the most vulnerable as well as featuring prominently in improved monitoring and accountability.

Addressing nutrition and the social determinants of health

Social determinants are an important factor in the health of women and newborns. Poverty, inequality and societal unrest undermine maternal and newborn care in numerous ways, such as poor nutritional status of girls and women (including during pregnancy) and inadequate housing and sanitation. Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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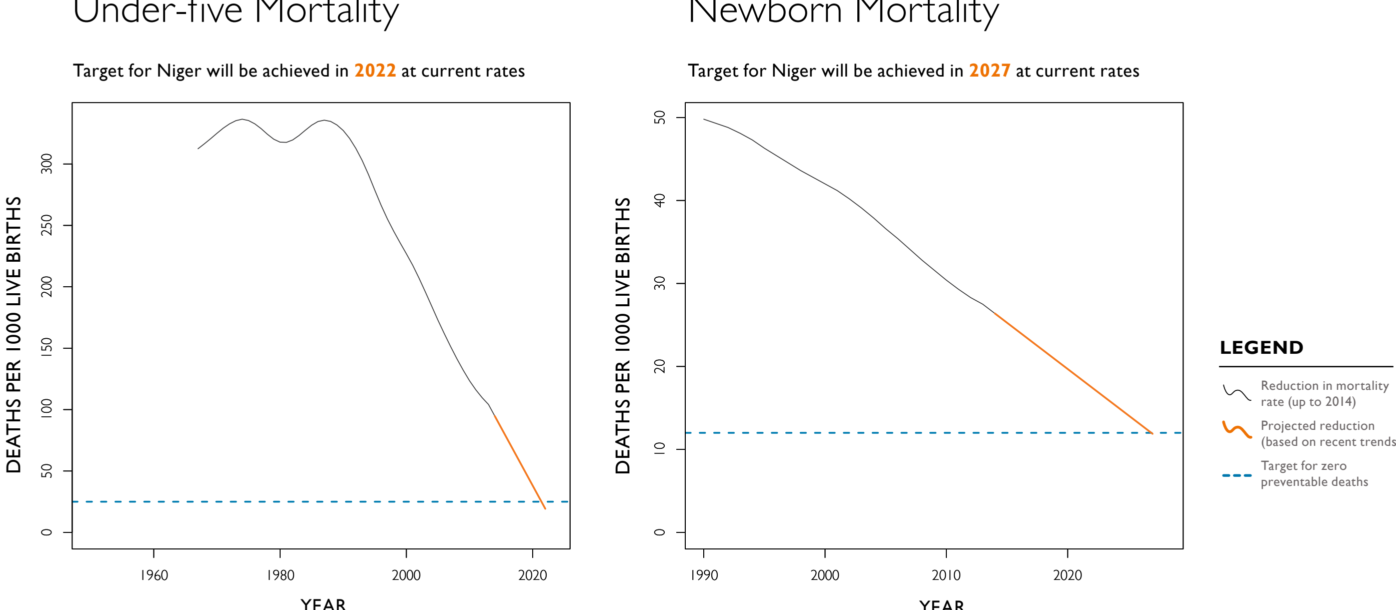
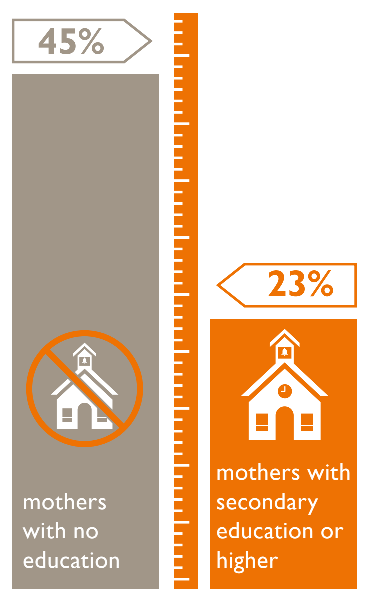
1 UNDP (2014). *Nepal Millennium Development Goals Progress Report 2013.*
2 Ibid.
3 Ibid.

Based on current trends Niger will get to zero preventable under-five deaths in 2022 and zero preventable newborn deaths in 2027. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

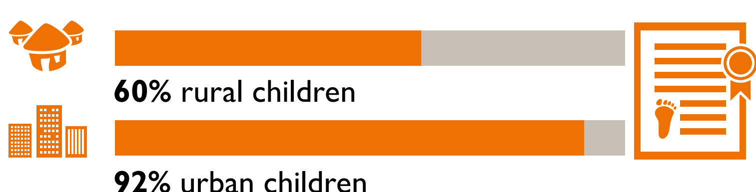


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

***Data source:** UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Niger must increase its commitment and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing access to essential health services by effective implementation of the free health-care initiative and the roll out of the Integrated Management of Childhood Illness.
- Intensifying and diversifying activities to prevent chronic malnutrition, including education and behaviour change, and scale up treatment of acute malnutrition, particularly in rural areas.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Niger's most vulnerable children

Niger has made remarkable progress in reducing child mortality and is on track to achieve Millennium Development Goal 4; however, more must be done to reach zero preventable deaths. Projections on when Niger could end preventable child deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education or those without. For many of the most vulnerable children, data is inaccurate or unavailable, leaving them at risk of falling through the gaps. In the next 15 years our measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Niger unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Niger requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Niger to get to zero preventable child and newborn deaths, all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

Twenty-six per cent of all child deaths in Niger occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 24,000 children that die in the first month.[2] On average, 30% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities. The probability of educated women giving birth assisted by a skilled birth attendant is three times higher than for women with no education, and the likelihood is four times higher for women living in urban areas compared with women in rural areas. Moreover, the richest mothers are six times more likely than the poorest to access skilled care at birth, showing that poverty is a particularly large access barrier.[3] Skilled birth attendance is crucial to closing the equity gaps in Niger and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Between 2006 and 2012, Niger increased the number of children who had their birth registered and certified from 32% to 64%, but more progress must be made.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] The percentage of children registered at birth is higher in urban areas compared with rural areas and is amongst two times higher amongst the richest families compared with the poorest families.[6]

Nutrition for survival, health, development and well-being

In Niger, 44% of children under five are stunted, a form of chronic malnutrition, the effects of which are largely irreversible.[7] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Children of mothers without education and those living in rural areas are two times more likely to suffer from chronic malnutrition compared with those with mothers with secondary education or higher and those living in urban areas. But the difference in stunting rates between rich and poor households is small.[8] Urgently addressing malnutrition will save lives, reduce inequalities and build strong, resilient children, families and communities.

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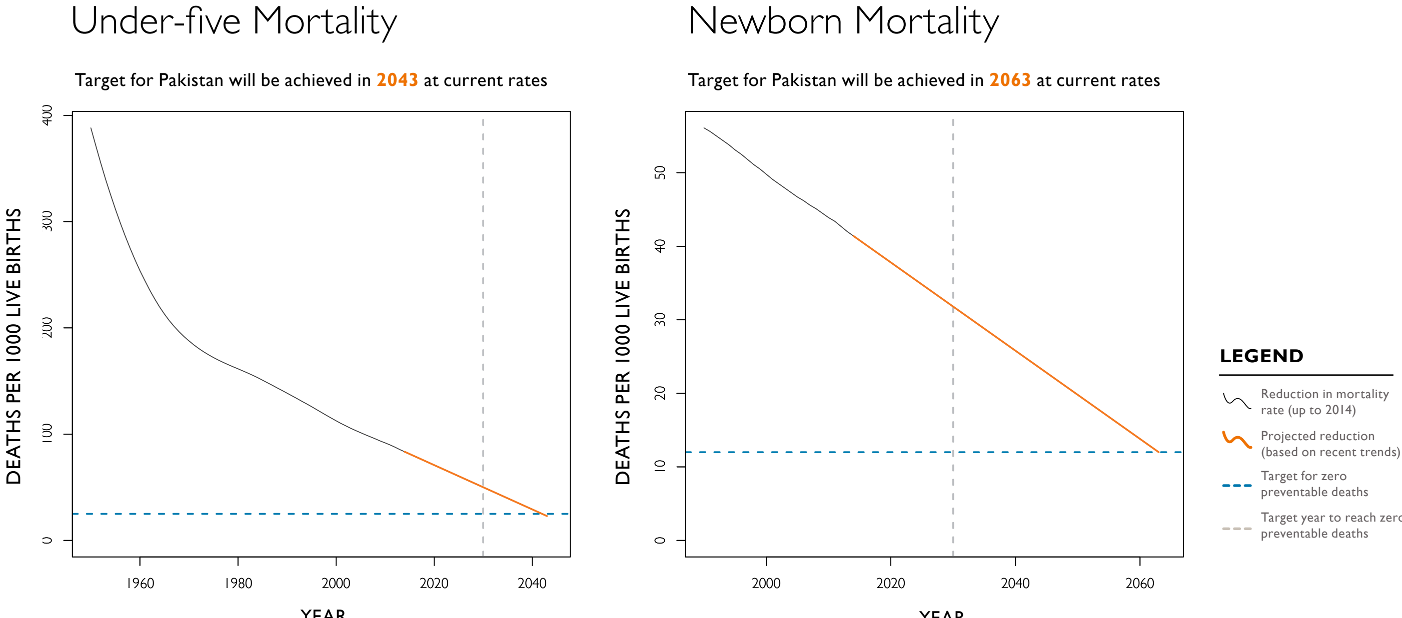
1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Niger Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
3 Institut National de la Statistique and ICF International (2013). *Enquête Démographique et de Santé et à Indicateurs Multiples du Niger 2012.*
4 Ibid.
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
6 Institut National de la Statistique and ICF International (2013).
7 UNICEF, WFP and Institut National de la Statistique (2014). *Rapport d'Enquête Nationale Nutrition Niger: June/July 2014.*
8 Institut National de la Statistique and ICF International (2013).

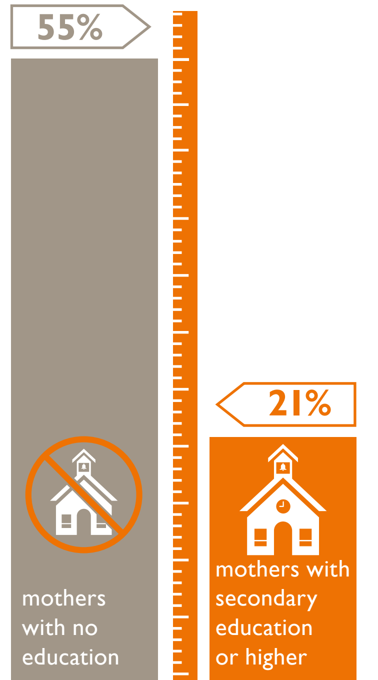
Getting to Zero in Pakistan

Based on current trends Pakistan will get to zero preventable under-five deaths in 2043 and zero preventable newborn deaths in 2063. This is too late for hundreds of thousands of children. We can accelerate progress and get to zero faster.

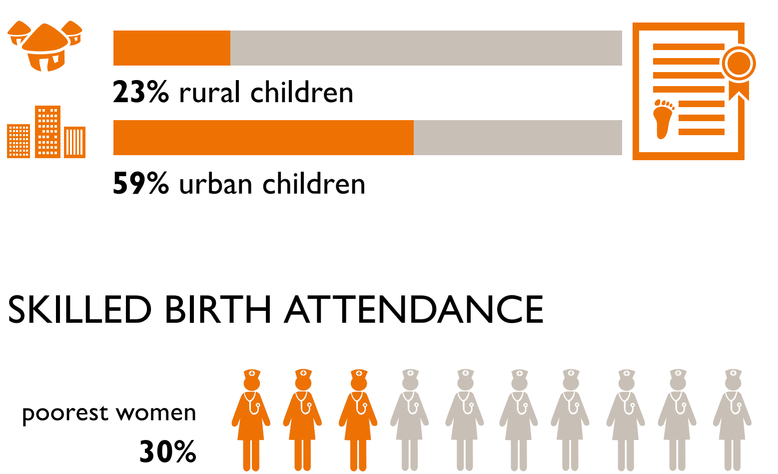


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

poorest women **30%**

richest women **85%**

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Pakistan must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Pakistan's most vulnerable children

Projections on when Pakistan could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Pakistan unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Pakistan requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Pakistan to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

Half of all child deaths in Pakistan occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 194,000 Pakistani children who die in their first month.[2] On average 52% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities. Wealthy mothers are 2.8 times more likely than poor mothers to have a skilled attendant at birth, and educated mothers are 2.6 times more likely to have a skilled attendant at birth than those with no education. Skilled birth attendance is crucial to closing the equity gaps in Pakistan and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Only one in three Pakistani children under five has his or her birth registered and certified.[3] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[4] However, 16 million unregistered Pakistani children are not afforded these rights or protections.[5] Children from urban areas are 2.5 times more likely to be registered than children from rural areas, and the wealthiest children are 14 times more likely to be registered than their poor counterparts.

Nutrition for survival, health, development and well-being

In Pakistan 45% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[6] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. The poorest children in Pakistan are nearly four times more likely to be chronically malnourished than their wealthy counterparts. Children of uneducated mothers are 2.7 times more likely to be chronically malnourished; and those who dwell in rural areas are also at higher risk.[7] There is nearly a fourfold difference in district stunting prevalence, showing vast geographic disparities in stunting across Pakistan.[8] Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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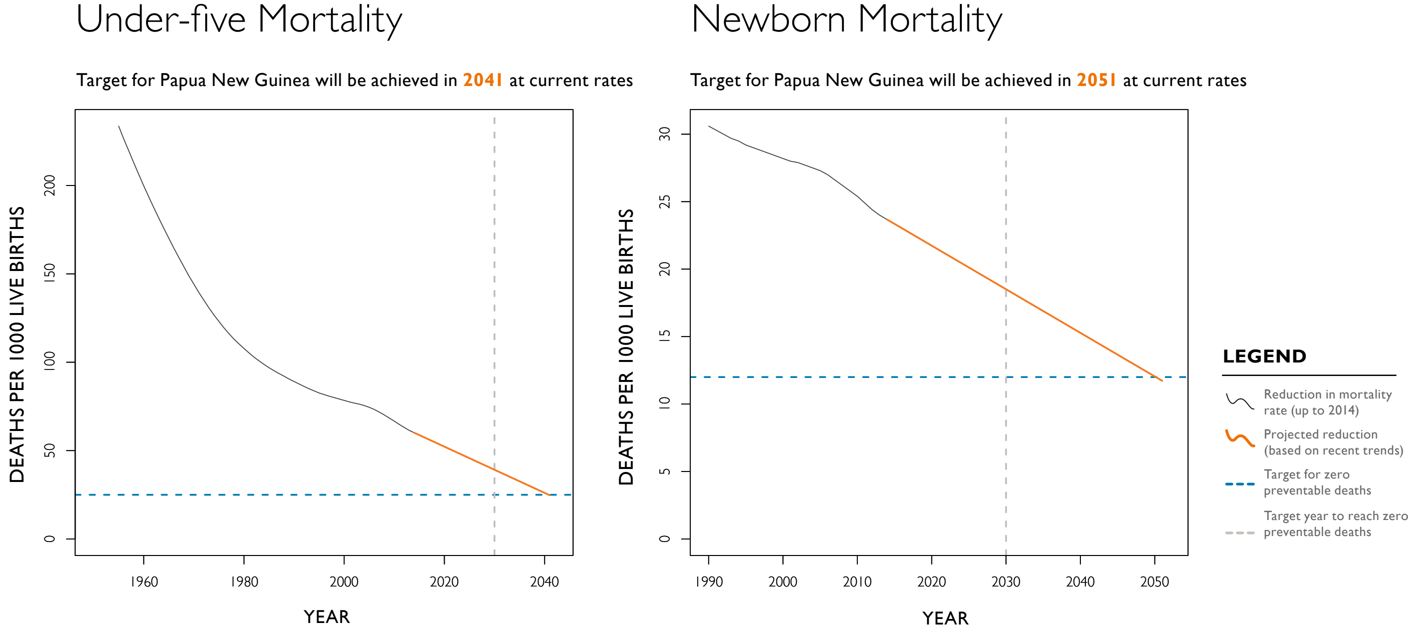
1 National Institute of Population Studies and ICF International (2013). *Pakistan Demographic and Health Survey 2012–13.*
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
3 National Institute of Population Studies and ICF International (2013).
4 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
5 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
6 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*
7 National Institute of Population Studies and ICF International (2013).
8 M. Di Cesare et al. (2015). 'Geographical and Socioeconomic Inequalities in Women and Children's Nutritional Status in Pakistan in 2011: An Analysis of Data from a Nationally Representative Survey.' *The Lancet Global Health* 3/4: e229–e239.

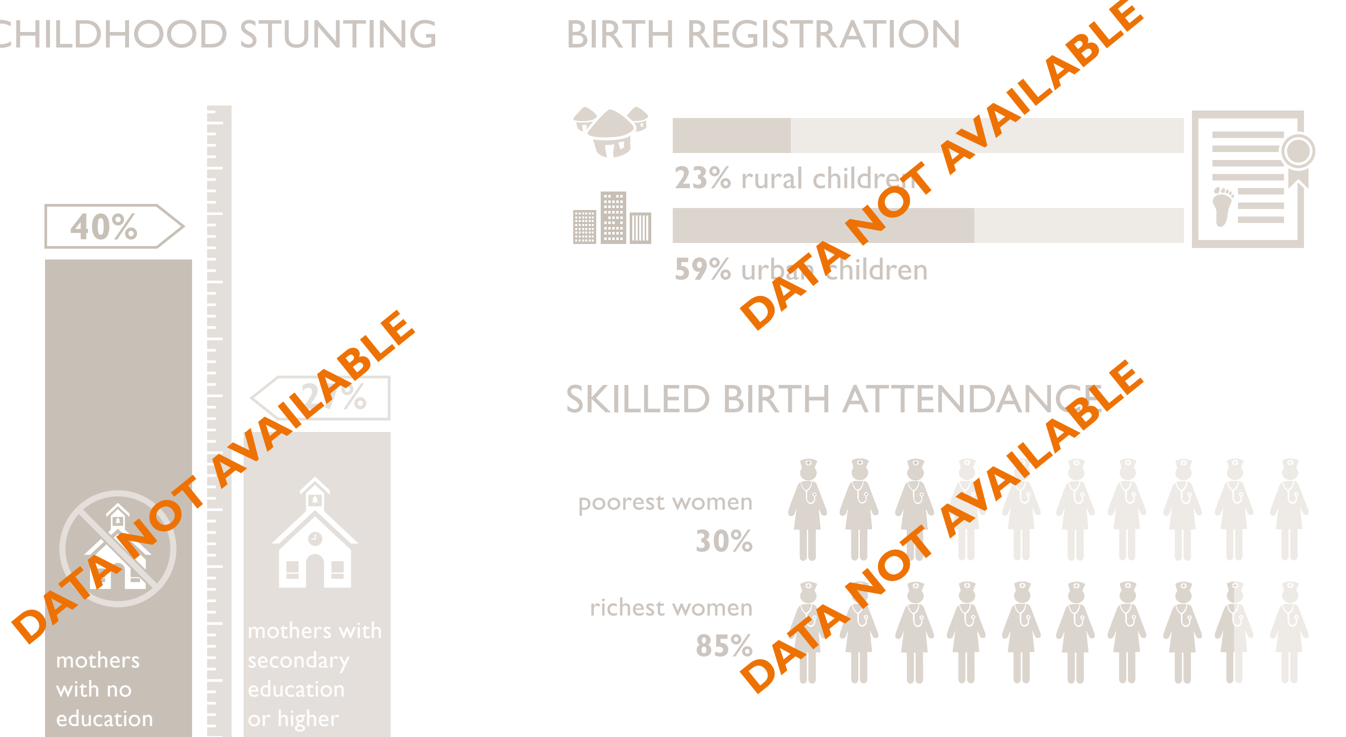
Getting to Zero in Papua New Guinea

Ending preventable child and newborn deaths

Based on current trends Papua New Guinea will get to zero preventable under-five deaths in 2041 and zero preventable newborn deaths in 2051. This is too late for tens of thousands of children. We can accelerate progress and get to zero faster.



National averages hide the real picture for many children, particularly the most vulnerable



***Data source:** UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

World Vision recommends that the Government of Papua New Guinea (PNG) take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Increasing investment in quality, accessible health services through a well-resourced Village Health Volunteer (VHV) programme.
- Ensuring every child is registered at birth.

Uncounted and unreached: PNG's most vulnerable children

Projections on when PNG could end preventable child and newborn deaths are based on national averages because regional data is not available for many indicators in PNG. The available data therefore conceals gaps between population groups, including rich and poor, urban and rural, those with access to education and those without, and hides the real picture for many children. In the next 15 years measurement must be different. PNG needs to begin gathering the data required to enable targeting of services to the most vulnerable. Getting to zero preventable child and newborn deaths in PNG requires renewed commitment to better data collection, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Nutrition, skilled birth attendance and birth registration show particular disparities for the most vulnerable children. For PNG to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Nutrition for survival, health, development and well-being

In PNG over 48% of children under five are stunted, a form of chronic malnutrition, the effects of which are largely irreversible.[1] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children.[2] Although data is severely limited, children from rural areas and the highlands are more likely to be stunted than their counterparts, suggesting that significant disparities in stunting rates exist amongst communities in PNG. Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations. While the Government is currently developing a national nutrition policy, it is vital that this policy be targeted to vulnerable groups most at risk of stunting and that it be adequately resourced to achieve results rapidly.

Skilled birth attendance to ensure mothers and newborns survive and thrive

The status of maternal and newborn health in PNG is dire: 5,000 babies die in PNG in their first month of life annually,[3] on average only 40% of deliveries are assisted by a skilled birth attendant[4] and the PNG National Department of Health estimates that five women die in childbirth each day. These death rate are unacceptable, especially when research shows that almost 30% of these maternal deaths and up to 70% of newborn deaths could be prevented with full coverage of family and community care delivered through a comprehensive VHV programme and improved resourcing of aid posts to ensure every woman delivers with the assistance of a skilled birth attendant and in an appropriate health facility.[5]

Birth registration to provide an identity, access to services and protection

While there are no official records of birth registration rates in PNG, it is estimated that on average only 1–10% of PNG children have their birth registered and certified. Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[6] However, the vast majority of PNG children are not afforded these rights or protections. While work continues on developing a national identification system, it is vital that the Government of PNG give birth registration a high priority in this new system.

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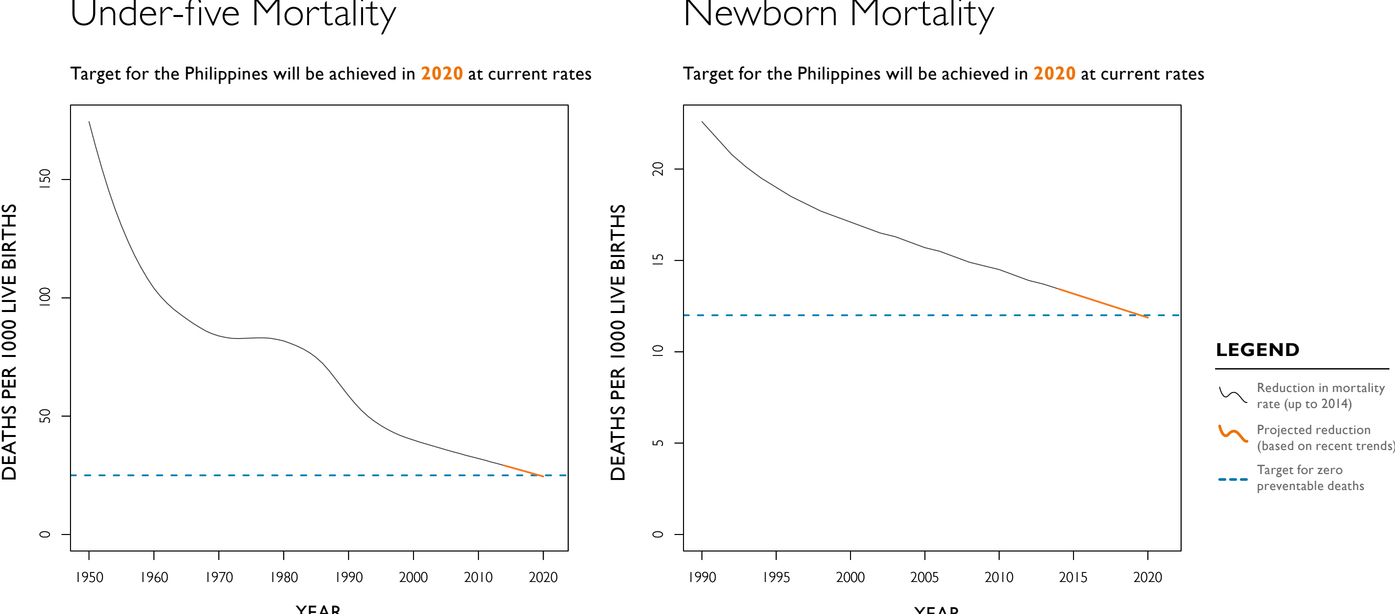
1 National Statistical Office (2009/2010). *Papua New Guinea Household Income and Expenditure Survey.*
2 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*
3 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.* Burnett Institute and IMPACT (2014).
4 Pacific Islands Forum Secretariat (2014). *Pacific Regional MDGs Tracking Report 2014.*
5 Burnett Institute and World Vision (2011). *Family and Community Health Care in PNG.*
6 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*

Getting to Zero in the Philippines

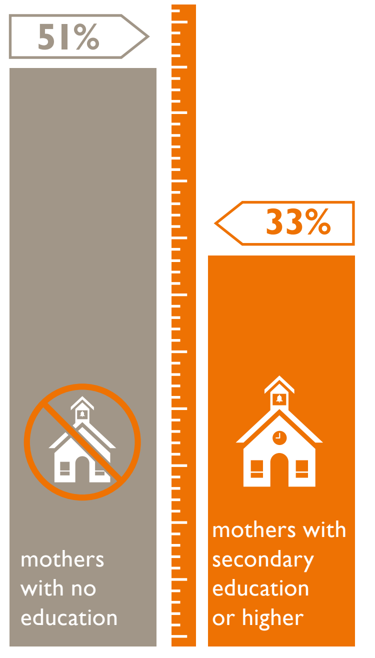
Ending preventable child and newborn deaths

Based on current trends the Philippines will get to zero preventable under-five deaths in 2020 and zero preventable newborn deaths in 2020. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.



National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION

SKILLED BIRTH ATTENDANCE

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of the Philippines must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.
- Passing national bills and local ordinances to improve nutrition and civil registration.

Uncounted and unreached: Philippines's most vulnerable children

Projections on when the Philippines could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps.

In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by the Philippines unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in the Philippines requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For the Philippines to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

In 2013 the Philippines had the following reproductive and maternal health statistics: 84% of pregnant women had at least four antenatal check-ups, 73% had a skilled attendant at birth and 61% had institutional deliveries.[1] The presence of skilled birth attendants during delivery is vital, as they are able to recognize complications and refer cases for more specialised emergency care.[2] Wealthy mothers are more than twice as likely as poor mothers to have a skilled attendant at birth, and college educated mothers are more than five times more likely to have a skilled attendant at birth than those with no education. Skilled birth attendance is crucial to closing the equity gaps in the Philippines and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

In the Philippines nine out of ten children are registered at birth.[3] But in 500 communities this rate is as low as two out of every ten children.[4] The Autonomous Region in Muslim Mindanao has the highest rate of unregistered individuals at 62%, or roughly 970,000 people. Approximately 1 million Filipino children have not been registered at birth and are therefore stripped of civil and democratic rights, such as secondary education and the right to vote.[5] The office of Civil Registration and Vital Statistics provides a legal identity and the recognition as a citizen by the State. Without a reliable birth-registration system, unregistered children will continue to be invisible in the eyes of the Government.

Nutrition for survival, health, development and well-being

In the Philippines 71,000 children die every year before they reach their fifth birthday; of these 46%, or 33,000 lives, are lost during the first month.[6] Malnutrition contributes to about half of these under-five deaths.[7] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Little has changed in the nutritional status of Filipino children in the past five years. Since 2011 childhood stunting has decreased slightly to 30%, underweight remains at 20% and wasting has increased to 8%.[8] Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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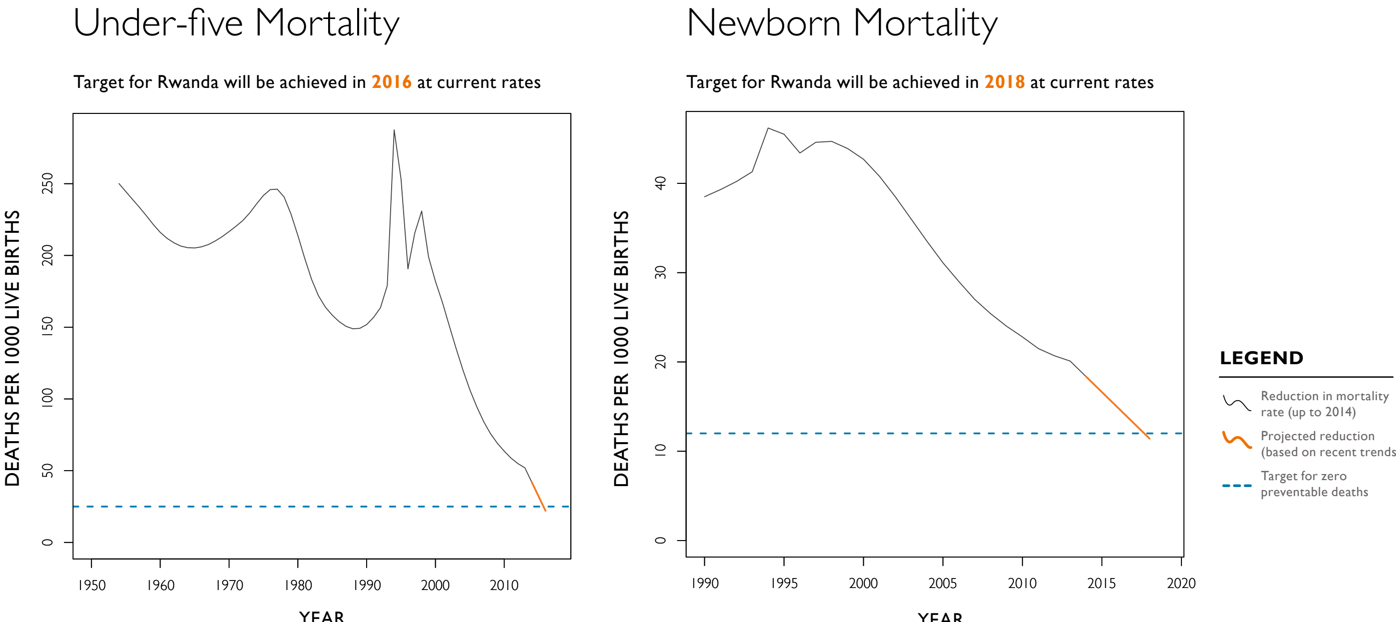
1 Philippine Statistics Authority and ICF International (2014). *Philippines National Demographic and Health Survey 2013.*
2 UNICEF Policy Brief No. 1 (2010). *The Filipino Child Global Study on Child Poverty and Disparities: Philippines.*
3 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
4 *The Philippine Star* (2013). '7.5M Pinoys Have No Birth Certificate'.
5 UNICEF (2014). *The State of the World's Children 2015: Reimagine the Future: Innovation for Every Child.*
6 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
7 R. E. Black et al. (2013). 'Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries.' *The Lancet* 282 (9890): 427–51.
8 Food and Nutrition Research Institute and Department of Science and Technology (2014). *Eighth National Nutrition Survey.*

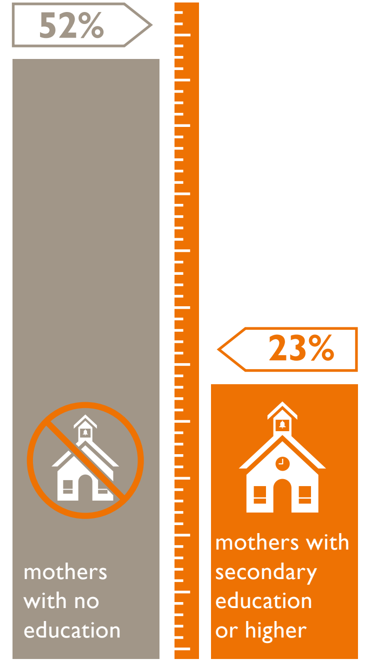
Getting to Zero in Rwanda

Based on current trends Rwanda will get to zero preventable under-five deaths in 2016 and zero preventable newborn deaths in 2018. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

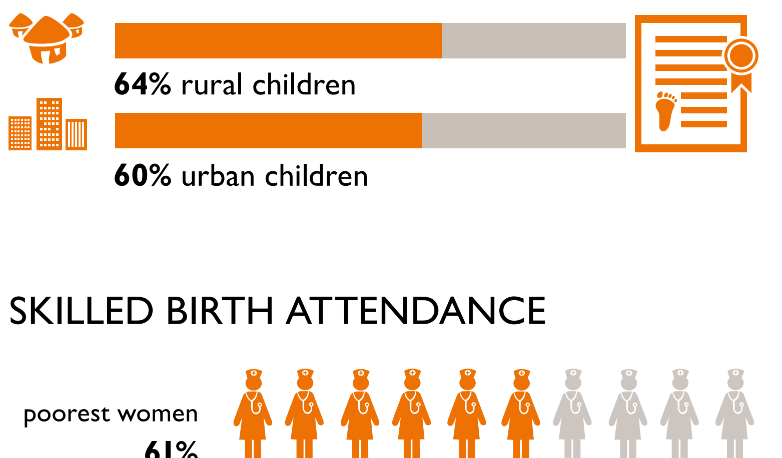


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

poorest women **61%**

richest women **86%**

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Rwanda and its partners must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Ensuring sufficiently trained health workers are recruited and improving the quality of community health worker service delivery.
- Continued prioritising of prenatal care, newborn heath and nutrition within the continuum of care.
- Reinforcing domestic financing mechanisms and expanding institutional inter-sectoral collaboration.

Uncounted and unreached: Rwanda's most vulnerable

Rwanda has made tremendous progress in improving the health status of its women and children through development, adoption and implementation of a range of health policies, particularly those related to community health workers and health insurance. However, progress to date and projections on when Rwanda is likely to end preventable child and newborn deaths are based on national averages, which conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. Skilled birth attendance, infant mortality and birth registration show particular disparities for the most vulnerable children. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. Success must be redefined; in the post-2015 development framework no target can be considered met unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Rwanda requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. All children in Rwanda must be counted, heard and reached.

Skilled birth attendants (SBA) for every mother and baby

Antenatal care and the presence of a SBA at birth could drastically reduce maternal and newborn deaths. Maternal deaths in Rwanda are most often caused by haemorrhage (34%) and hypertension (19%), both of which could be adequately managed by a SBA's presence at delivery; unfortunately, only 69% of births are attended by a skilled provider.[1] Expectant mothers in rural regions, with primary education or less, and belonging to the lowest wealth quintile are less likely to have a SBA present at birth; 88% of pregnant women with secondary education or higher are attended by an SBA, compared to only 57% of those with no education.[2] To attain 95% skilled birth attendance by 2015, an estimated 586 health professionals need to be trained.[3]

In order for a comprehensive package of services to be available to all mothers and their children it is important to ensure that community health workers receive quality training and supervision.

Improving nutrition for development and growth

In Rwanda undernutrition continues to be a serious source of childhood morbidity and mortality, with 44% of children under five stunted, 11% underweight and 3% wasted. This level of stunting is the ninth highest globally, and undernutrition in Rwanda has devastating consequences to short-term child survival and long-term cognitive and social development.[4] Stunting needs to be reduced another 18.5% by 2015 to meet Rwanda's Every Woman Every Child commitment.[5] Currently all of the global nutrition targets are off track in Rwanda.[6] There are also serious economic costs to consider, with a 2013 study estimating that Rwanda loses up to 11.5% of gross domestic product (GDP) as a result of undernutrition.[7]

Increased domestic financing to end preventable deaths

In 2001, Rwanda adopted the Abuja Declaration and committed to increase its national health sector budget to 15% of total government expenditure by 2015.[8] Rwanda is one of only nine countries in the region that has met its Abuja commitments.[9] It reached and surpassed the 15% budget target in 2007, and this figure has continued to rise since. Even though health expenditure is increasing as both a percentage of public expenditure and actual per capita spending, 38% of these resources are externally financed. If Rwanda is going to galvanise the health sector in a sustainable manner, domestic funding mechanisms need to be reinforced.

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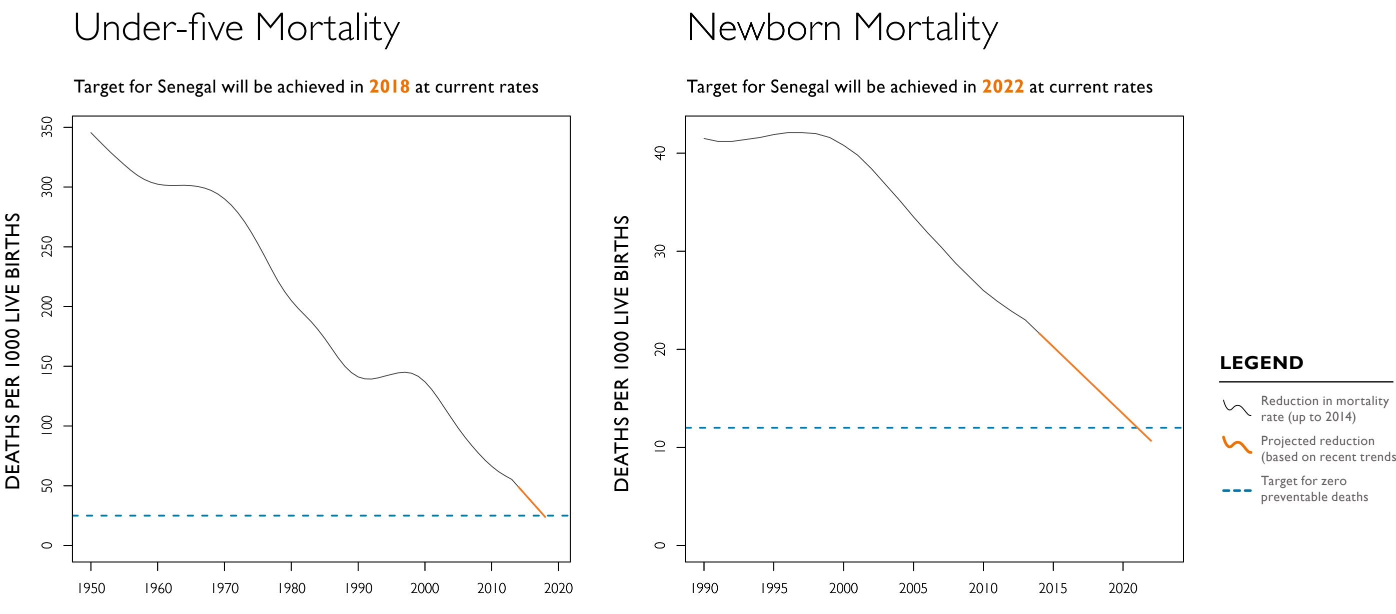
1 National Institute of Statistics of Rwanda, Ministry of Health Rwanda, and ICF International (2012). *Rwanda Demographic and Health Survey 2010.*
2 Ibid.
3 UNFPA (United Nations Population Fund) (2011). *State of the World's Midwifery 2011 Report.* Rwanda Profile.
4 UNICEF (2013). *Improving Child Nutrition: The Achievable Imperative for Global Progress.*
5 UNFPA (2015). *Every Woman Every Child Commitment.* Rwanda Profile.
6 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*
7 African Union Commission and World Food Programme (2013). *The Cost of Hunger in Rwanda.*
8 WHO (2001). *The Abuja Declaration.*
9 WHO (2014). *Global Health Expenditure Database: Health System Financing.* Rwanda Profile.

Getting to Zero in Senegal

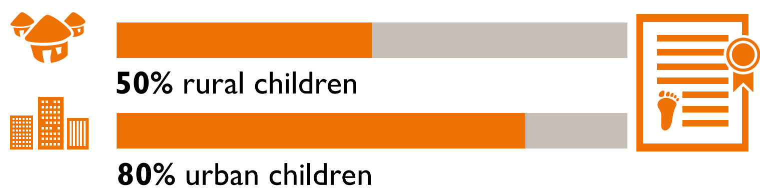
Based on current trends Senegal will get to zero preventable under-five deaths in 2018 and zero preventable newborn deaths in 2022. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.



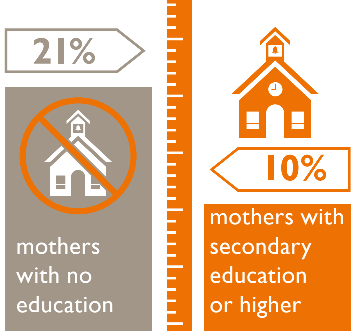
National averages hide the real picture for many children, particularly the most vulnerable

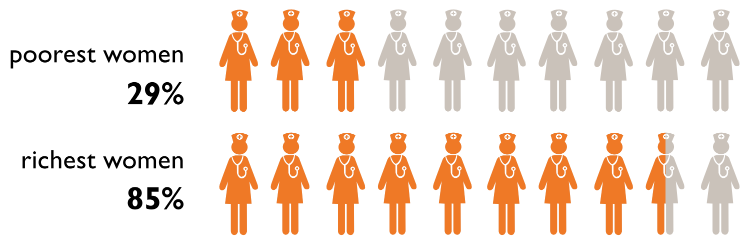
CHILDHOOD STUNTING

BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE





Data source: UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Senegal must publicly commit to and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff, including an increase in the health budget to ensure efficient implementation.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Senegal's most vulnerable children

Projections on when Senegal could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years our measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Senegal unless it is measured and met by all population groups. Although there are already several initiatives in place in Senegal targeting the most vulnerable children with free health and nutrition services, including interventions such as vaccinations, treatment for tuberculosis, therapeutic feeding and micronutrient supplementation, more must be done to ensure all children are reached.[1] Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Getting to zero preventable child and newborn deaths in Senegal requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable; all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

While under-five mortality remains high in Senegal, with one child in 19 dying before age five, 42% of all child deaths occur during the first 28 days in life.[2] Access to quality, skilled care around the time of birth could save the lives of many of the tens of thousands of Senegalese children who die in the first month. On average 59% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities. Wealthy mothers are three times more likely than poor mothers to have a skilled attendant at birth, and educated mothers are 1.6 times more likely to have a skilled attendant at birth than those with no education.[3] Skilled birth attendance is crucial to closing the equity gaps in Senegal and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Only 73% of Senegalese children under age five have their birth registered and certified.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] Children from urban areas are 1.6 times more likely to be registered than children from rural areas, and the wealthiest children are 2.5 times more likely to be registered than their poor counterparts.[6]

Nutrition for survival, health, development and well-being

In Senegal, 18.7% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[7] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. The poorest children in Senegal are nearly three times more likely to be chronically malnourished than their wealthy counterparts; likewise, children of uneducated mothers and those who dwell in rural areas are also at higher risk.[8] Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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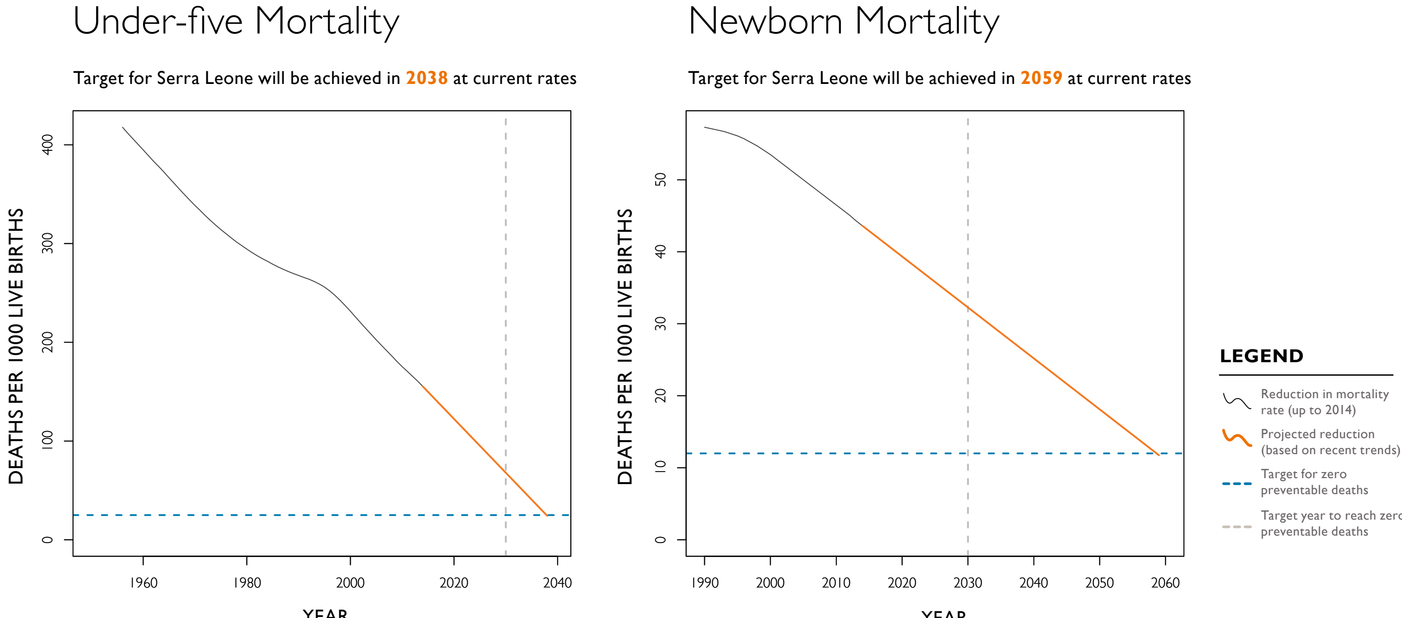
1 Ministère de la Sante et de L'action Sociale (2013). *Plan Stratégique de Développement de la Couverture Maladie Universelle au Sénégal 2013–2017.*
2 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Senegal Profile. Agence Nationale de la Statistique et de la Démographie and ICF International (2015). *Sénégal: Enquête Démographique et de Santé Continue.*
3 Ibid.
4 Ibid.
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
6 Agence Nationale de la Statistique et de la Démographie and ICF International (2015).
7 Ibid.
8 Ibid.

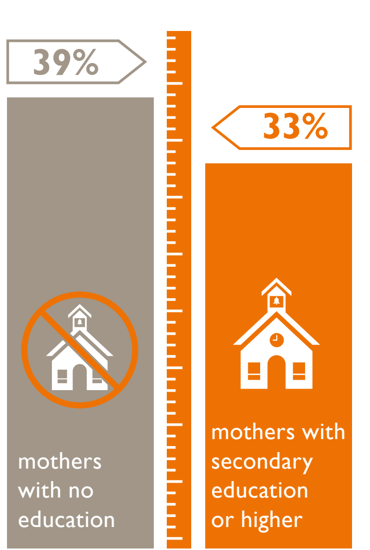
Getting to Zero in Sierra Leone

Based on trends prior to the Ebola outbreak, Sierra Leone will get to zero preventable under-five deaths in 2038 and zero preventable newborn deaths in 2059. This is too late for tens of thousands of children. We can accelerate progress and get to zero faster.



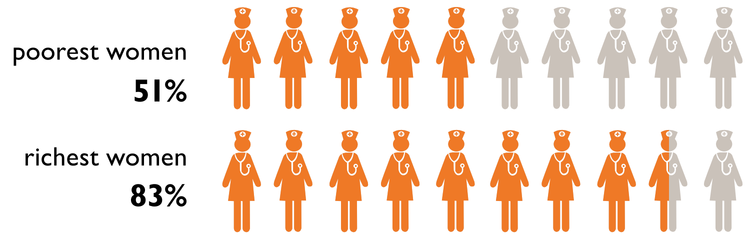
National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION

SKILLED BIRTH ATTENDANCE



Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Sierra Leone and partners should prioritise maternal and child health during Ebola recovery to get back on track towards achieving the Agenda for Prosperity and towards ending preventable child deaths by 2030, including through:

- Increased and sustained funding to build a resilient health system capable of providing quality essential care to mothers and children and handling future emergency outbreaks like Ebola.
- Prioritising efforts to target the most vulnerable children, improving access to skilled birth attendance and increasing health-seeking behaviour through social mobilisation.
- Prioritising food assistance for pregnant women and young children and ensuring they are reached by essential nutrition interventions such as maternal micronutrients and Vitamin A for children under two.

Moving towards zero preventable deaths

Before the Ebola outbreak, Sierra Leone was making progress in improving maternal and child health; however, it still had child and maternal mortality rates amongst the highest in the world.[1] Ebola has taken a huge toll on children's health and nutrition, and it is estimated that the country's development has been set back a decade. The outbreak has crippled the ability of Sierra Leone's health system to provide essential care to children and pregnant women.[2] Due to lack of data we do not know the actual number of mothers and children who have died due to being unable to access care, but UNICEF warns that maternal and child deaths have and will increase significantly due to Ebola.[3] As Sierra Leone transitions to recovery, it is paramount to invest in building a strong health system that will provide quality essential care and respond better to future outbreaks. Current projections on when Sierra Leone could end preventable child deaths are based on pre-Ebola data and are national averages that conceal gaps between population groups, including rich and poor, urban and rural. For many vulnerable children data is inaccurate or unavailable, leaving them at risk of falling through the gaps. In the next 15 years, as Sierra Leone recovers from Ebola and progressively implements the Agenda for Prosperity and the Sustainable Development Goals, no target can be considered met impact is seen amongst all population groups. Getting to zero preventable child deaths in Sierra Leone will require renewed commitment, additional financing and greater attention to targeting the most vulnerable, including through ensuring children are registered at birth. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable.

Investing in rebuilding the health system

Rebuilding the health system – stronger and more resilient – must be a key priority during Ebola recovery. Government, donors and aid agencies resources must be increased, and distributed where the needs are greatest. Sierra Leone's annual budget allocation to the health sector has been too low to provide enough skilled health workers, drugs and equipment to meet national plans; this made implementing the Free Health Care Initiative difficult and left the health system unable to cope adequately with Ebola.[4] The health budget trend has fluctuated over time, but Sierra Leone has never met the Abuja target of 15% of the total budget.[5] Adequate predictable funds for the Ministry of Health must be prioritised to build a health system that provides for women and children and is resilient to crisis.

Prioritising care at the time of birth

Access to quality, skilled care around the time of birth can prevent most maternal and newborn deaths. Before Ebola, 54% of deliveries were assisted by a skilled birth attendant (SBA) with large differences between socioeconomic groups.[6] According to UNICEF, access to SBAs has dropped by 30% since the outbreak started, likely leading to higher maternal and newborn mortality. Pregnant women have abandoned use of health facilities because of fear of contracting Ebola and many health workers left their duty stations due to fear of being infected.[7] Ensuring access to SBAs must be prioritised, including through social mobilisation to rebuild confidence in the health system.

Nutrition for survival and development

Before the outbreak 38% of children under five in Sierra Leone were stunted, with poor children, those with uneducated mothers and those living in rural areas being particularly disadvantaged.[8] The increased scarcity of food due to Ebola puts pregnant women and young children at higher risk of malnutrition.[9] Children who are malnourished from pregnancy to age two may never catch up with their peers, even with proper nutrition later. Addressing malnutrition will improve child health, nutrition and development and help build a stronger Sierra Leone.

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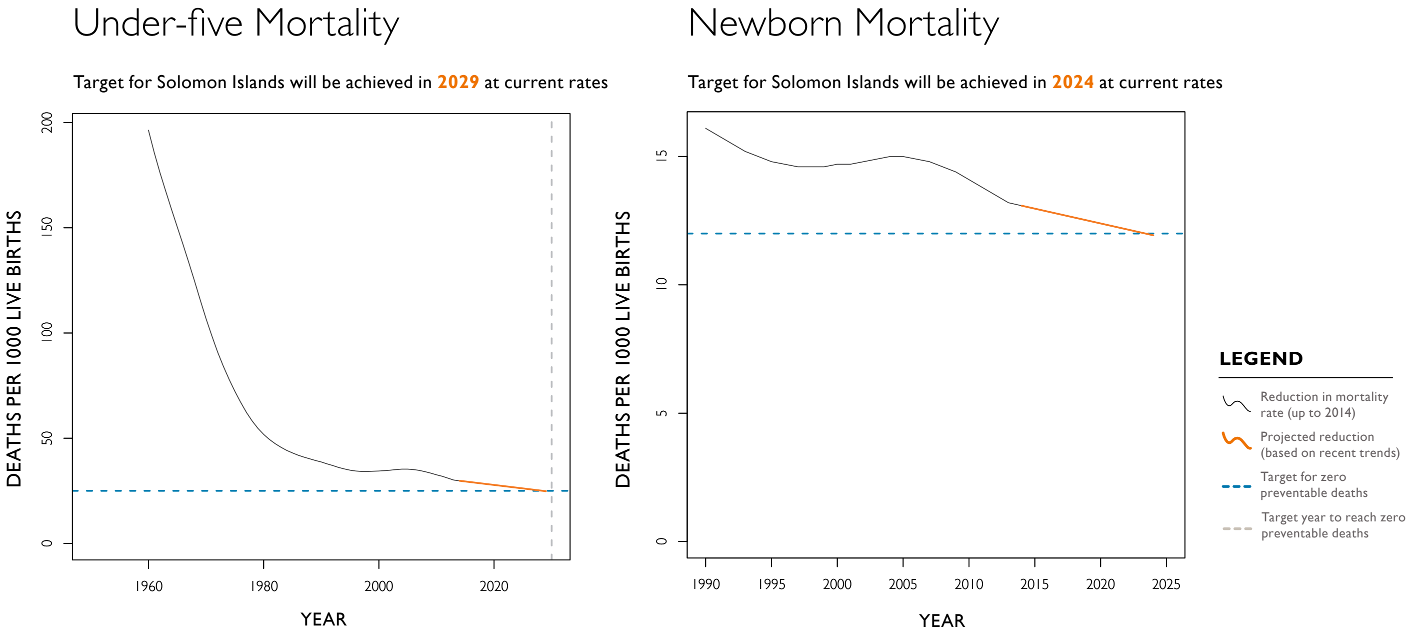
1 UN (2014). *UN Millennium Development Goals Report 2014*.
2 UNDP (2014). *Road to Recovery*; World Bank, *Ebola in Sub-Saharan Africa: Update Estimates for 2015*.
3 IRIN (8 October 2014). 'Ebola Effect Reverses Gains in Maternal, Child Mortality.'
4 UNDP (2014). *Road to Recovery*.
5 Ministry of Finance and Economic Development. *Sierra Leone Annual Budget Speeches 2009–2015*.
6 Statistics Sierra Leone and ICF International (2014). *Sierra Leone Demographic and Health Survey 2013*.
7 IRIN (8 October 2014). UNDP (2014).
8 *Sierra Leone Demographic and Health Survey 2013*.
9 WFP (November 2014). 'How Can We Estimate the Impact of Ebola on Food Security in Guinea, Liberia and Sierra Leone?'; UNDP (2014).

Getting to Zero in Solomon Islands

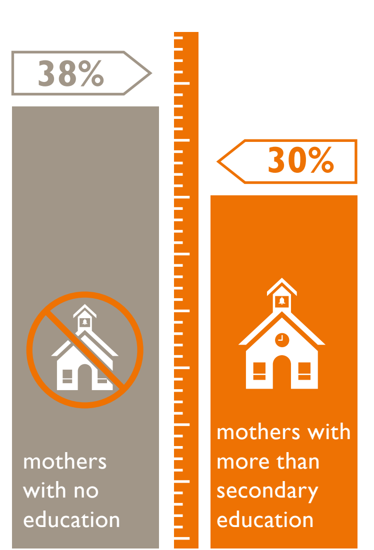
Ending preventable child and newborn deaths

Based on current trends Solomon Islands will get to zero preventable under-five deaths in 2029 and zero preventable newborn deaths in 2024. Thousands of children's lives are at stake. We can accelerate progress and get to zero faster.



National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION

SKILLED BIRTH ATTENDANCE

Data source: UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of the Solomon Islands must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Ensuring basic health services for all mothers and children through establishing and funding a Village Health Volunteer (VHV) programme.
- Improving resourcing of aid posts to ensure availability of all essential medicines at all times.
- Increasing the proportion of the health budget allocated to maternal, newborn and child health.
- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Solomon Islands' most vulnerable children

Projections on when the Solomon Islands could end preventable child and newborn deaths are based on national averages, which conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. Skilled birth attendance, infant mortality and birth registration show particular disparities for the most vulnerable children. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. Success must be redefined; in the post-2015 development framework no target can be considered met unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in the Solomon Islands requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. All children in the Solomon Islands must be counted, heard and reached.

VHVs to ensure mothers and newborns survive and thrive

There are large disparities in neonatal mortality across regions in the Solomon Islands; children in Honiara are twice as likely to survive the first month of life as children in rural regions.[1] Access to quality, skilled care around the time of birth could save the lives of many babies born in remote, regional communities. VHV programmes, which train local community members to provide essential basic health care to the hardest to reach, improve access to essential care.

It has been stated that up to one-third of maternal deaths, over two-thirds of newborn deaths and half of child deaths could be prevented through national scale up of the VHV programme in Papua New Guinea, a similar context.[2] A similar programme in the Solomon Islands could end needless preventable deaths.

Well-resourced aid posts to provide essential equipment and medicines

A World Vision Solomon Islands' assessment of resourcing levels at aid posts in its programme areas revealed numerous gaps. Most aid posts lacked basic neonatal and antenatal equipment, such as resuscitating kits, weighing scales, measuring tapes and stethoscopes, and had either no or inadequate birthing kits, thus exposing women to unsterile or minimal sterile birthing. Many aid posts did not have vaccines due to not being integrated into the 'cold chain' system that is necessary for consistent stocking. No inventory has been undertaken by the Ministry of Health, which could identify commodity gaps and provide access to lifesaving equipment and medicines.

Increased allocation of health budget to maternal, newborn and child health

Twenty-seven per cent of the health budget was allocated to primary health care in 2010, a decrease from 29% in 2008.[3] In a tightening primary health budget it is vital that funds be prioritised for a VHV system and for improving stocking levels of aid posts as efficient and effective ways to ensure that vulnerable mothers and children are reached.

Birth registration to provide an identity, access to services and protection

While existing legislation requires birth registration access, less than 25% of all births are registered; levels are even lower in the more remote islands.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5]

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1 UNICEF (2012). *Children in Solomon Islands: Atlas of Social Indicators.*
2 Burnett Institute and World Vision (2011). *Improving Maternal, Newborn and Child Health in Papua New Guinea through Family and Community Health Care.*
3 Ministry of Health of Solomon Islands (2013). *Solomon Islands Core Indicators Report.*
4 Secretariat of the Pacific Community (2014). *Improving Legal Frameworks to Support Birth and Death Registration.* Solomon Islands Profile.
5 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*

Getting to Zero in South Africa

Ending preventable child and newborn deaths

Based on current trends South Africa will get to zero preventable under-five deaths in 2022 and zero preventable newborn deaths in 2024. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

Under-five Mortality

Target for South Africa will be achieved in **2022** at current rates

DEATHS PER 1000 LIVE BIRTHS (0, 20, 40, 60, 80, 100, 120)

YEAR (1960, 1980, 2000, 2020)

Newborn Mortality

Target for South Africa will be achieved in **2024** at current rates

DEATHS PER 1000 LIVE BIRTHS (0, 5, 10, 15, 20)

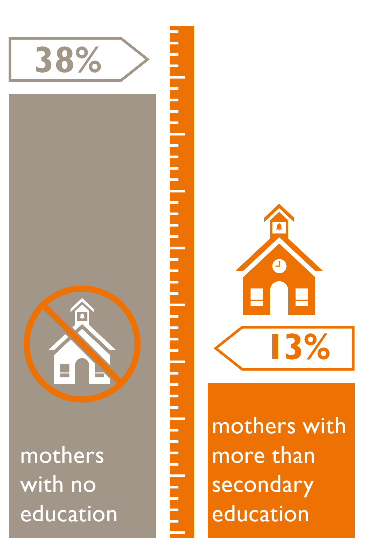
YEAR (1990, 1995, 2000, 2005, 2010, 2015, 2020, 2025)

LEGEND

- Reduction in mortality rate (up to 2014)
- Projected reduction (based on recent trends)
- Target for zero preventable deaths

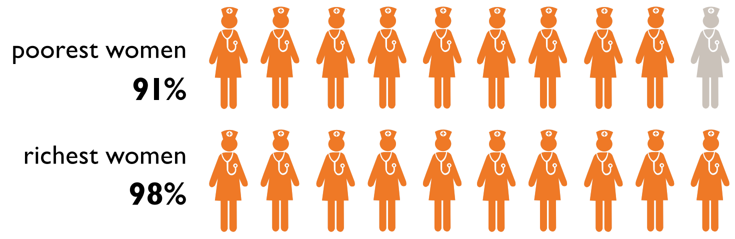
National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION

SKILLED BIRTH ATTENDANCE



Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of South Africa must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Promoting the prevention and termination of all forms of violence against children through a strong policy framework and a targeted multi-dimensional approach.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: South Africa's most vulnerable children

Projections on when South Africa could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. Success must be redefined; in the post-2015 development framework no target can be considered met by South Africa unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in South Africa requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For South Africa to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

Around 40% of all child deaths in South Africa occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 16,000 South African children who die in their first month.[2] On average 91% of deliveries are assisted by a skilled birth attendant, and wealthy mothers are 10% more likely than poor mothers to have a skilled attendant at birth; educated mothers are 30% more likely than those with no education to have a skilled attendant at birth.[3]

Skilled birth attendance is crucial to closing the equity gaps in South Africa and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

All but 5% of South African children under five have their birth registered;[4] however, progress has been uneven and rural areas lag behind.[5] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[6] However, in the poorest and most disadvantaged communities high birth registration fees remain a barrier.[7] These barriers are especially challenging after the 30-day deadline, at which point registration is deemed 'late' and additional conditions must be met to register a birth.[8]

Nutrition for survival, health, development and well-being

In South Africa 24% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[9] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Children of uneducated mothers are three times as likely to be chronically malnourished compared to the children of educated mothers. During the period 2013–14 the mortality rate attributed to malnutrition was above 11%, and highest in Eastern Cape, North West, Free State and Mpumalanga. Urgently addressing malnutrition will not only save lives but reduce inequalities and build strong, resilient children, families, communities and populations.

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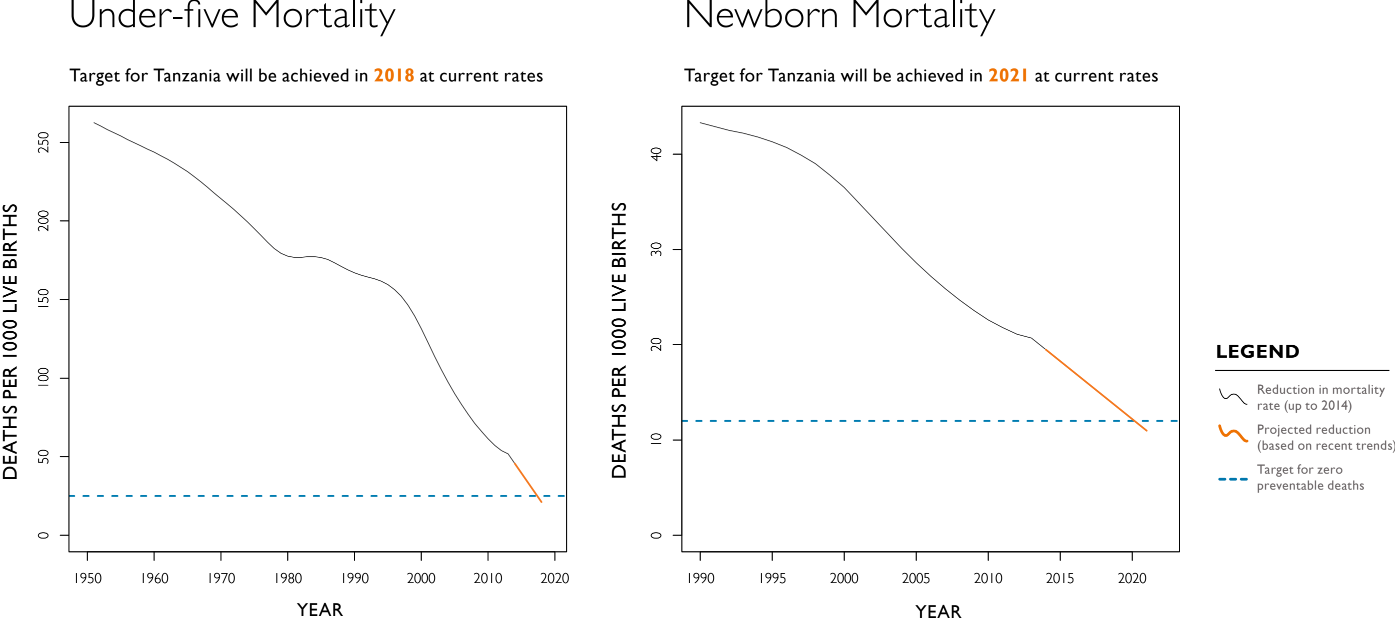
1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report*. South Africa Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014*.
3 Department of Health, Medical Research Council, ORC Macro (2007). *South Africa Demographic and Health Survey 2003*.
4 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration*.
5 The Presidency of South Africa: Office of the Rights of the Child (2009). *Situation Analysis of Children in South Africa*.
6 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child*.
7 UNICEF (2013).
8 Statistics South Africa (2013). *Recorded Live Births 2012: Statistical Release P0305*.
9 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition*.

Getting to Zero in Tanzania

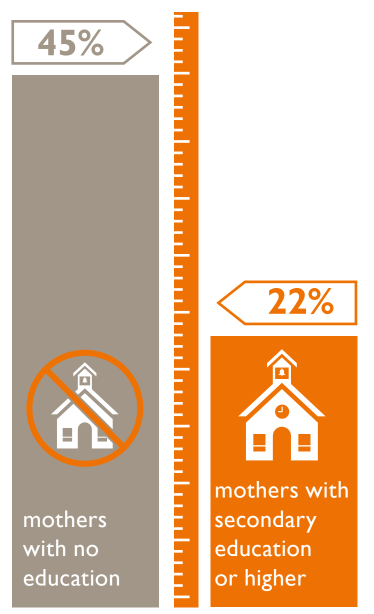
Ending preventable child and newborn deaths

Based on current trends Tanzania will get to zero preventable under-five deaths in 2018 and zero preventable newborn deaths in 2021. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

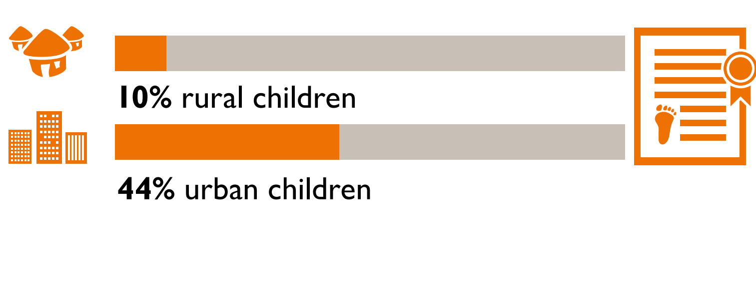


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Tanzania must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Strengthening Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services.
- Increasing investment in quality, accessible maternal, newborn and child health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Saving women's and newborns' lives by strengthening Comprehensive Emergency Obstetric and Newborn Care

Tanzania has shown considerable success reducing child mortality, including achieving Millennium Development Goal 4 before 2015; despite this, maternal and neonatal mortality have shown slow progress. Neonatal deaths now account for 41% of all under-five deaths; this, up from 26% two decades ago, results in 39,000 annual deaths.[1] Likewise, Tanzanian women have a 1 in 44 lifetime risk of maternal death, which results in 7,900 annual deaths.[2] While the vast majority of these lives could be saved with proven and cost-effective interventions, the availability of CEmONC services, chronic shortage of skilled health providers and a weak referral system still plague the health system. The government should honour its commitment to establishing life-saving services at health centres across Tanzania to provide CEmONC services closer to the people.[3]

Skilled assistance at delivery to ensure mothers and newborns survive and thrive

Only half of all births in Tanzania are attended by a skilled health worker, with a major gap in access between urban and rural areas. Rural women, who make up nearly 80% of all deliveries, are nearly three times less likely to receive skilled birth attendance than urban women.[4] Health facilities, where only 50% of women deliver, are generally unable to provide basic emergency obstetrics care. Only a quarter of facilities that offer normal delivery services have all infection-control items at the service site.[5] The Government and other stakeholders should improve systems and resources for recruitment, career development and retention of health professionals, with equitable rural and urban distribution. Skilled birth attendance is crucial to closing the equity gaps in Tanzania and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

In Tanzania only 16% of children under five have been registered; of these, only 8% have a birth certificate.[6] This rate has not improved in a decade and is the fifth lowest in the world. Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[7] However, 7 million unregistered Tanzanian children are not afforded these rights or protections.[8] Urban children are more than four times more likely to have their births registered and six times more likely to have a birth certificate than their rural counterparts.[9] The Government has made birth registration mandatory by law, but the heavily centralised process, low awareness and related costs prevent many parents or caregivers from providing their children with an identity and protection.

Multi-sectoral response to stunting for nutrition, development and well-being

In Tanzania 35% of children under five are stunted or too short for their age. This results from poor maternal nutrition before and during pregnancy; a child's subsequent inadequate intake of nutritious food, including breast milk; and frequent or severe infections or illness.[10] In addition, of children under five 7% are wasted, 6% are overweight and anaemia is a significant issue. Thus all four global nutrition targets are currently off track. Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. The poorest children in Tanzania are nearly two times more likely to be chronically malnourished than their wealthy counterparts; likewise, children of uneducated mothers are two times more likely to be chronically malnourished, and those who dwell in rural areas are also at higher risk.[11] Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.[12]

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1 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
2 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Tanzania Profile.
3 Ministry of Health and Social Welfare. *The National Road Map Strategic Plan to Accelerate Reduction of Maternal Newborn and Child Deaths in Tanzania 2008–2015.*
4 National Bureau of Statistics and ICF Macro (2011). *Tanzania Demographic and Health Survey 2010.*
5 White Ribbon Alliance Tanzania. *Be Accountable So that Mothers and Newborns Can Survive Childbirth.*
6 National Bureau of Statistics and ICF Macro (2011).
7 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
8 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
9 National Bureau of Statistics and ICF Macro (2011).
10 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*
11 National Bureau of Statistics and ICF Macro (2011).
12 The United Republic of Tanzania (2014). *Towards Eliminating Malnutrition in Tanzania: Nutrition Vision 2025.*

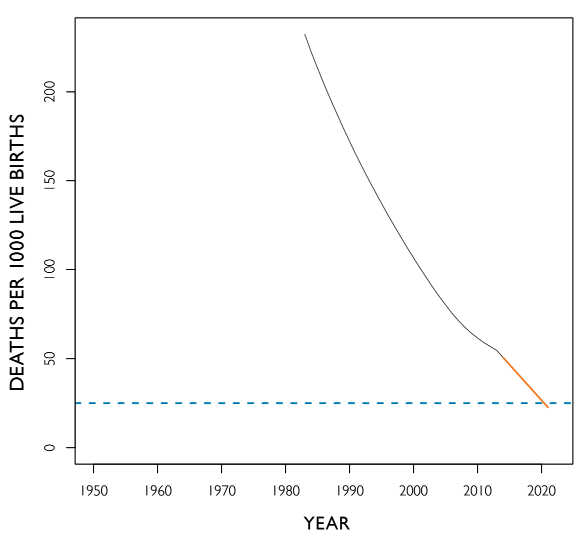
Getting to Zero in Timor-Leste

Ending preventable child and newborn deaths

Based on current trends Timor-Leste will get to zero preventable under-five deaths in 2021 and zero preventable newborn deaths in 2025. Thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

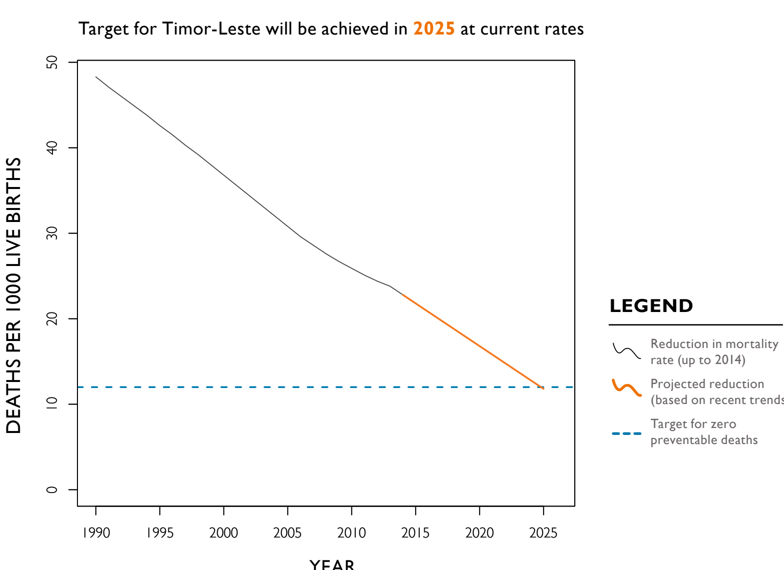
Under-five Mortality

Target for Timor-Leste will be achieved in **2021** at current rates



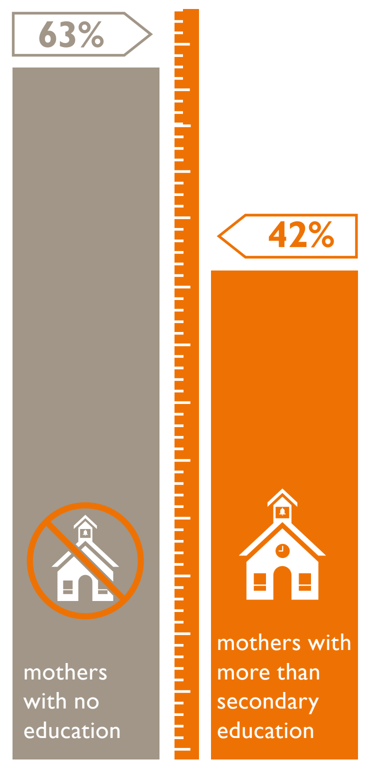
Newborn Mortality

Target for Timor-Leste will be achieved in **2025** at current rates

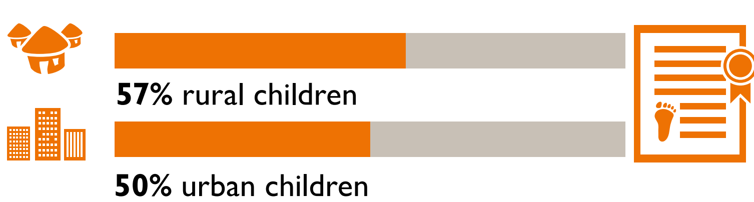


National averages hide the real picture for many children, particularly the most vulnerable

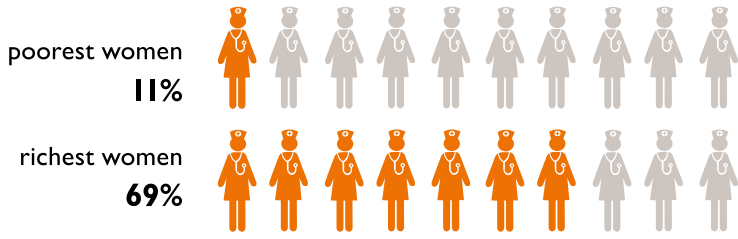
CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE



Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Timor-Leste must commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Scaling up efforts to ensure improved nutrition, including signing up to Scaling Up Nutrition (SUN).
- Increasing investment in quality, accessible health services with sufficiently resourced clinics and adequately remunerated staff.
- Increasing the national health budget from current inadequate levels of just 4–5% of the national budget.

Uncounted and unreached: Timor-Leste's most vulnerable children

Projections on when Timor-Leste could end preventable child and newborn deaths are based on national averages, which conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. Skilled birth attendance, infant mortality and birth registration show particular disparities for the most vulnerable children. For many of these children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. Success must be redefined; in the post-2015 development framework no target can be considered met unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Timor-Leste requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. All children in Timor-Leste must be counted, heard and reached.

Scaling up nutrition for survival, health, development and well-being

In Timor-Leste 50.2% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[1] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. The poorest children in Timor-Leste are more likely to be chronically malnourished than their wealthy counterparts with almost 63% stunting rates amongst the poorest children and 47% stunting rate amongst those from wealthy families.[2] Likewise, children of uneducated mothers are 1.5 times more likely to be stunted than those with educated mothers.[3] Urgently addressing malnutrition will not only save lives but reduce inequalities and build strong, resilient children, families, communities and populations. As well as increasing funding levels to nutrition programming, we recommend that the Government of Timor-Leste join the SUN movement that strengthens nutrition policy and programming.[4]

Quality basic health care for all

We applaud the government's commitment to improving community access to primary health-care services by ensuring all villages with a population between 1,500 and 2,000 in very remote areas have a health post to provide a comprehensive package of services by 2015.[5] However, while the target of placing health posts in each village has been mostly achieved, the under-resourcing of some health posts is preventing delivery of quality care to these communities. Further, while the government also conducts monthly integrated community-based health services known as SISCa with the assistance of health volunteers (PSFs), this is done only once in the centre of villages, with those living far from the village centre remaining unreached.

Investment must be increased in health posts to ensure they have the capacity and resources to fulfil their role as the community's entry point to health services and as a key player in ending preventable maternal and child deaths.

Health budget boost needed to ensure mothers and newborns survive and thrive

The Government of Timor-Leste has currently allocated just 4–5% of the national budget to health. This is significantly smaller than regional peers such as PNG and the Solomon Islands, which both allocate 13% of government spending to health.[6] This small allocation is insufficient to fund the health investment required to establish a comprehensive health system that reaches the most vulnerable mothers and children. Progressively increasing the national health budget to at least 10% of government spending by 2025 is urgently needed in order to improve quality basic health care and nutrition.

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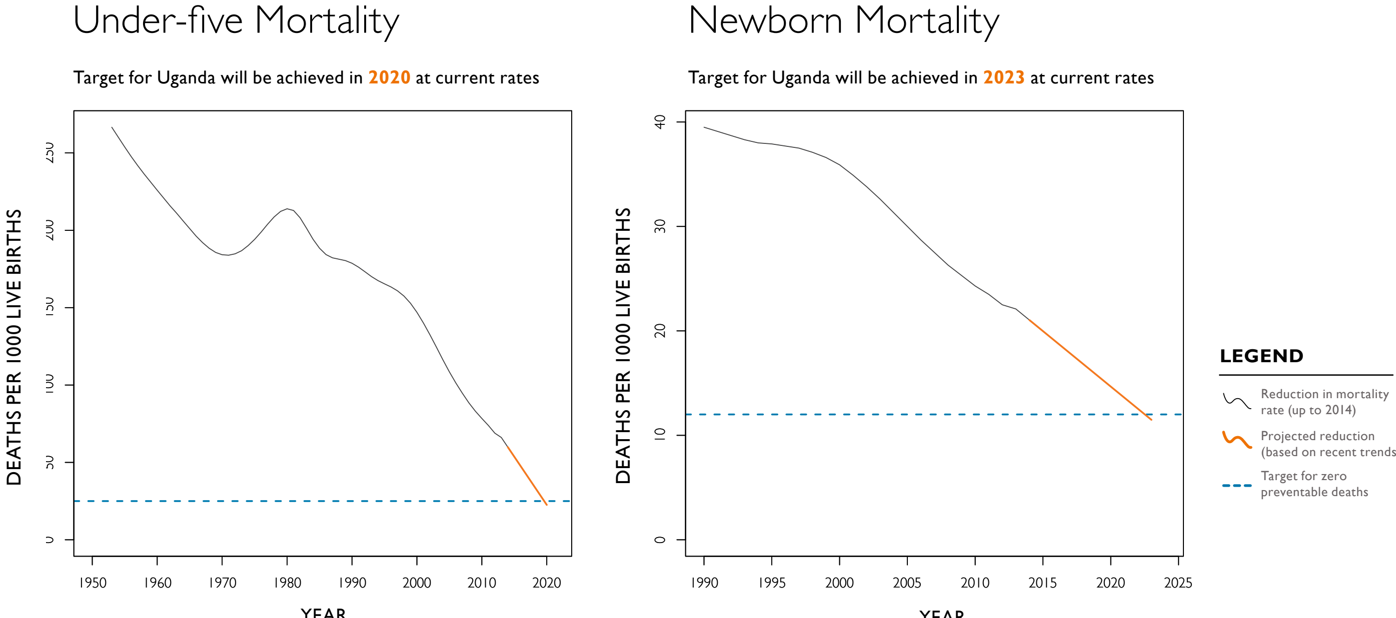
1 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*
2 National Statistics Directorate, Ministry of Finance, and ICF Macro (2010). *Timor-Leste Demographic and Health Survey 2009–10.*
3 Ibid.
4 Scaling Up Nutrition (2012). *Movement Strategy 2012–2015.*
5 Ministry of Health (2011). *National Health Sector Strategic Plan 2011–2030.*
6 WHO (2014). *Global Health Expenditure Database.*

Getting to Zero in Uganda

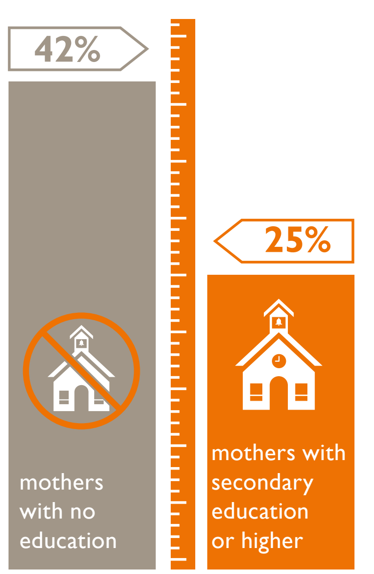
Ending preventable child and newborn deaths

Based on current trends Uganda will get to zero preventable under-five deaths in 2020 and zero preventable newborn deaths in 2023. Hundreds of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

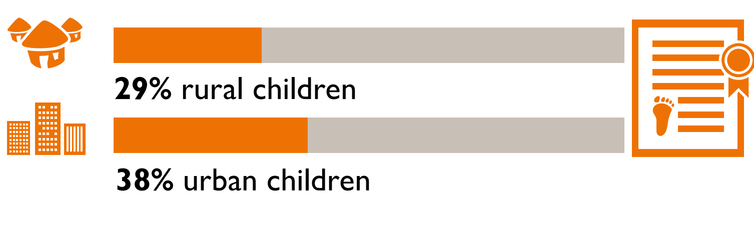


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Uganda must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing investment in quality, accessible health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Uganda's most vulnerable children

Projections on when Uganda could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Uganda unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Uganda requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Uganda to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

More than one-third of all child deaths in Uganda occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 35,000 Ugandan children who die in their first month annually.[2] On average 58% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities. Wealthy mothers are two times more likely than poor mothers to have a skilled attendant at birth.[3] Skilled birth attendance is crucial to closing the equity gaps in Uganda and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Only three in ten children in Uganda have their birth registered and certified.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] However, 5 million unregistered Ugandan children under five are not afforded these rights or protections.[6] Similarly, children in urban areas are 30% more likely to be registered than children in rural areas.[7]

Nutrition for survival, health, development and well-being

In Uganda, about one-third of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[8] The global nutrition target for stunting is currently off track. Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Children of uneducated mothers are nearly two times more likely to be chronically malnourished than children of educated mothers. Regional disparities are also huge, with children in Karamoja more than three times more likely to be stunted than children in Kampala. Children who dwell in other rural areas are also at higher risk.[9] Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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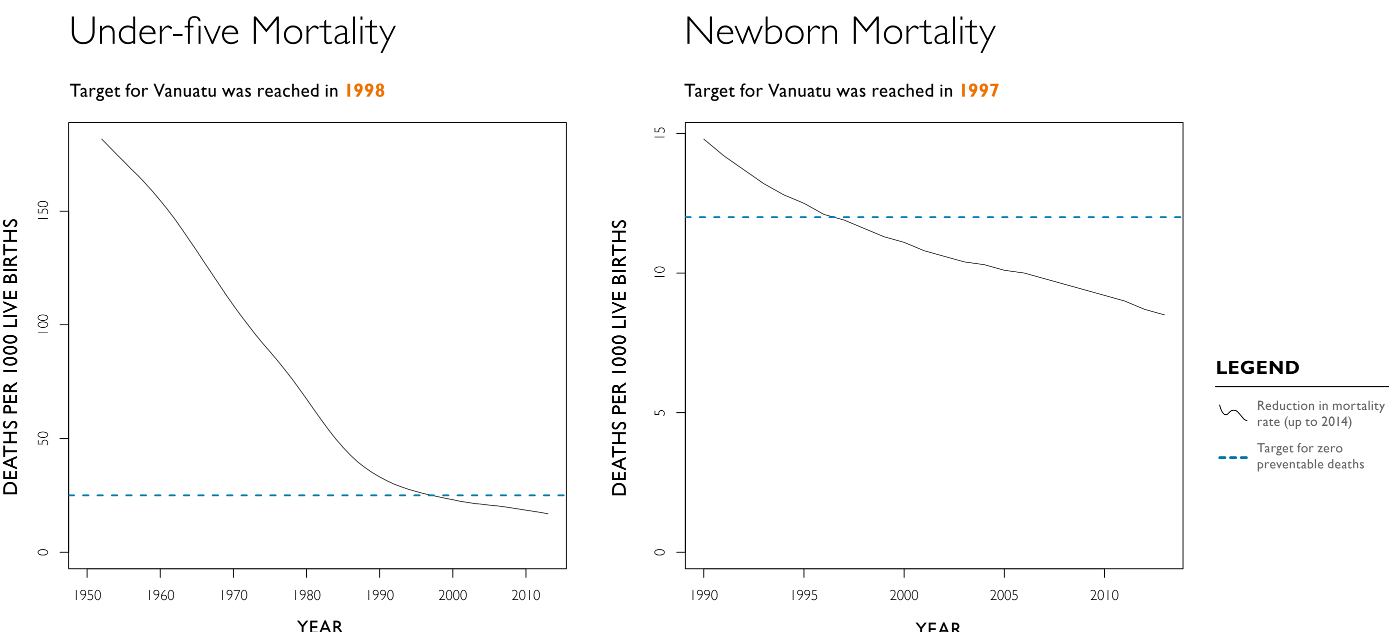
1 Government of Uganda (2013). *Reproductive Maternal, Newborn and Child Health Sharpened Plan for Uganda.* UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report.* Uganda Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014.*
3 Uganda Bureau of Statistics and ICF International (2012). *Uganda Demographic and Health Survey 2011.*
4 Ibid.
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child.*
6 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration.*
7 Uganda Bureau of Statistics and ICF International (2012).
8 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*
9 Uganda Bureau of Statistics and ICF International (2012).

Getting to Zero in Vanuatu

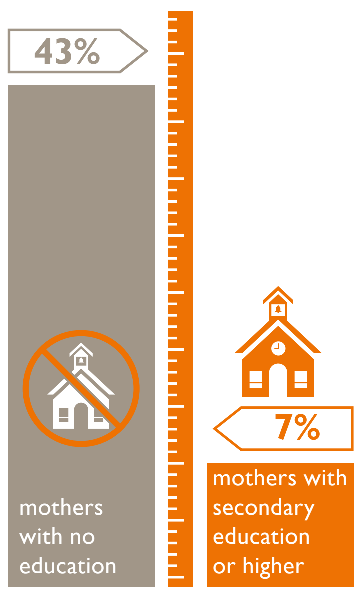
Ending preventable child and newborn deaths

Vanuatu reached the target set for ending preventable under-five deaths in 1998 and newborn deaths in 1997, but hundreds of children's lives are still at stake. Further progress is needed to ensure that all children, particularly the most vulnerable, are counted, heard and reached.

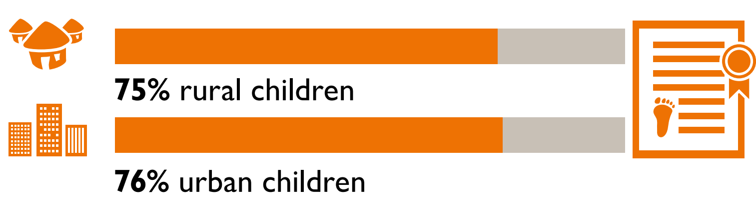


National averages hide the real picture for many children, particularly the most vulnerable

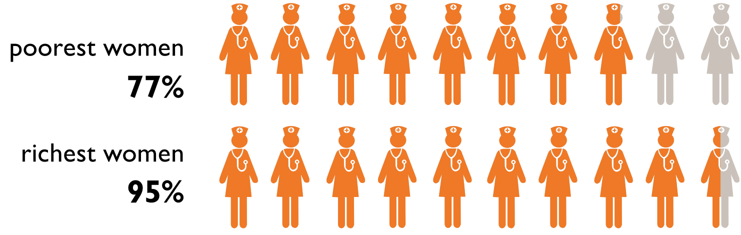
CHILDHOOD STUNTING



BIRTH REGISTRATION



SKILLED BIRTH ATTENDANCE



Data source: UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Vanuatu must publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Fully implementing its nutrition policy, focusing particularly on preventative approaches and malnutrition.
- Ensuring lifesaving vaccines are available to all children regardless of location.
- Strengthening the civil registration and vital statistics system to ensure critical data is captured on cause of death to ensure prioritisation of appropriate health interventions.

Uncounted and unreached: Vanuatu's most vulnerable children

Following the devastation wrought by Cyclone Pam, it is essential that ending preventable child and newborn deaths remain at the centre of recovery efforts. Even before the cyclone hit, World Vision baseline studies revealed that children living in the more remote island communities in Vanuatu were more vulnerable to infection and malnutrition.[1] In the context of post-recovery, now more than ever, it is vital that greater attention be given to targeting the most vulnerable mothers and children. Nutrition and immunisation levels show particular disparities for those living in remote island communities, and important cause-of-death information that could improve targeting of health interventions is lacking. For all of Vanuatu's children to be able to survive and thrive, each and every one, regardless of where the child lives, must be counted, heard and reached.

Nutrition policy to prioritise prevention and malnutrition

A baseline study from World Vision's health project on the island of Tanna found almost 50% of children under five were stunted,[2] a form of chronic malnutrition the effects of which are largely irreversible.[3] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Vanuatu suffers a double burden of under and over-nutrition, and the national stunting average of 26% masks the reality that in some remote areas, like Tanna, malnutrition is at crisis levels. A more comprehensive nutrition policy that addresses malnutrition and also puts greater focus on preventative approaches, both for the avoidance of undernutrition and over-nutrition, is urgently needed.

Universal access to life-saving vaccines

The urban-rural divide is also clearly apparent in immunisation levels. While the national average for measles immunisation is 80%,[4] World Vision's experience in Tanna revealed that less than 40% of children had fully completed immunisation schedules.[5] Low immunisation levels in remote areas are most often due to technical challenges with transporting vaccines that require cold chain infrastructure. Given the demonstrated lifesaving benefits of immunisation, we call upon the Government of Vanuatu to invest in the technology, training, systems and structures necessary to ensure that vaccines are available to all children, regardless of location.

Improving treatment by capturing critical cause-of-death information

While the Government of Vanuatu, in collaboration with UNICEF, has been making great progress in improving birth-registration levels, very limited work has been done on registering deaths and cause-of-death information. This data is instrumental to avoiding preventable deaths by enabling prioritisation of appropriate health interventions and, in particular, targeting them towards the most vulnerable. World Vision, therefore, highly recommends to the Government that cause-of-death information be prioritised in its broader civil registration and vital statistics policies and systems. World Vision understands the many cultural sensitivities that can prevent communities from sharing cause-of-death information and would welcome the opportunity to assist the Government in working with communities to ensure this information, so crucial to preventing future deaths, is captured.

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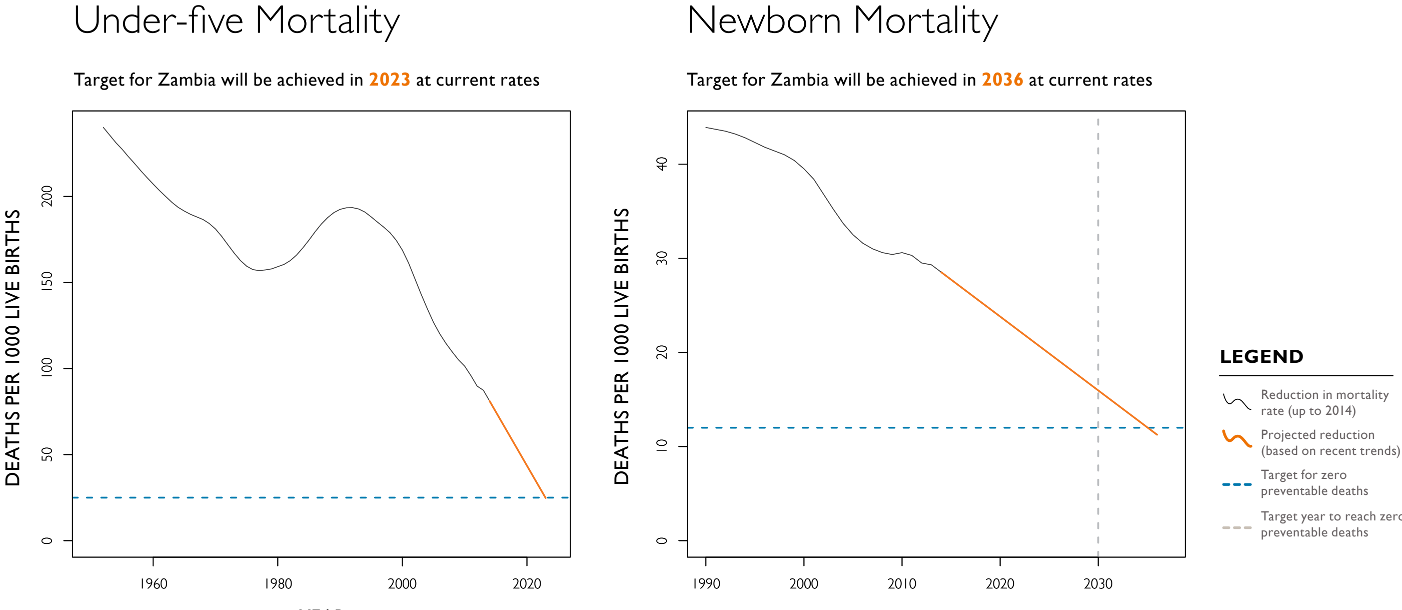
1 World Vision Vanuatu (2014). *Tanna Healti Kommuniti: End of Project Evaluation.*
2 Ibid.
3 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition.*
4 Pacific Islands Forum Secretariat (July 2014). *Pacific Regional MDGs Tracking Report 2014.*
5 World Vision Vanuatu (2014).

Getting to Zero in Zambia

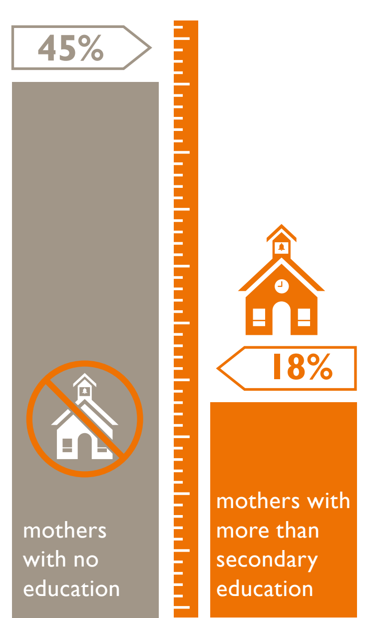
Ending preventable child and newborn deaths

Based on current trends Zambia will get to zero preventable under-five deaths in 2023, but will not get to zero preventable newborn deaths until 2036. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.

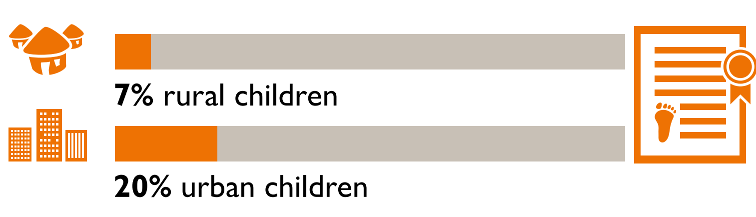


National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING



BIRTH REGISTRATION



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Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Zambia should publicly commit and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Identifying the most vulnerable children and better targeting resources towards them.
- Ensuring national implementation of the Every Newborn Action Plan.
- Increasing investment in quality, accessible health services with sufficient trained staff.
- Scaling up efforts to ensure improved nutrition, including community-based programmes.
- Strengthening accountability systems that include citizen participation in monitoring and review.

Uncounted and unreached: Zambia's most vulnerable children

Projections on when Zambia could end preventable child and newborn deaths are based on national averages and hide the real picture for many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Zambia unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Zambia requires renewed commitment, additional financing and more detailed roadmaps with more focus on the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition status show particular disparities for the most vulnerable children. For Zambia to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

In Zambia over 30% of all child deaths occur in the first 28 days of life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 18,000 Zambian children who die in the first month.[2] On average 64% of deliveries are assisted by a skilled birth attendant, but this is skewed by inequalities.[3] The wealthiest mothers are twice as likely to have a skilled attendant at birth as their poor counterparts, whilst educated mothers are also twice as likely to receive skilled birth attendance than those with no education.[4] Skilled birth attendance is crucial to closing the equity gaps in Zambia and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

In Zambia only 11% of children under five have their births registered; this is the fourth lowest rate in the world.[5] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[6] However, 89% of all children in Zambia are not registered and thus not afforded these rights or protections. Children from urban areas are registered at three times the rate of children living in rural areas. Moreover, the wealthiest children are six times more likely to have their births registered than their poor counterparts.[7]

Nutrition for survival, health, development and well-being

In Zambia 40% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible.[8] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. The poorest children in Zambia are 1.5 times more likely to be chronically malnourished than their wealthy counterparts; likewise, children of uneducated mothers are 2.5 times more likely to be chronically malnourished than those of educated mothers. Children who dwell in rural areas are also at higher risk.[9] Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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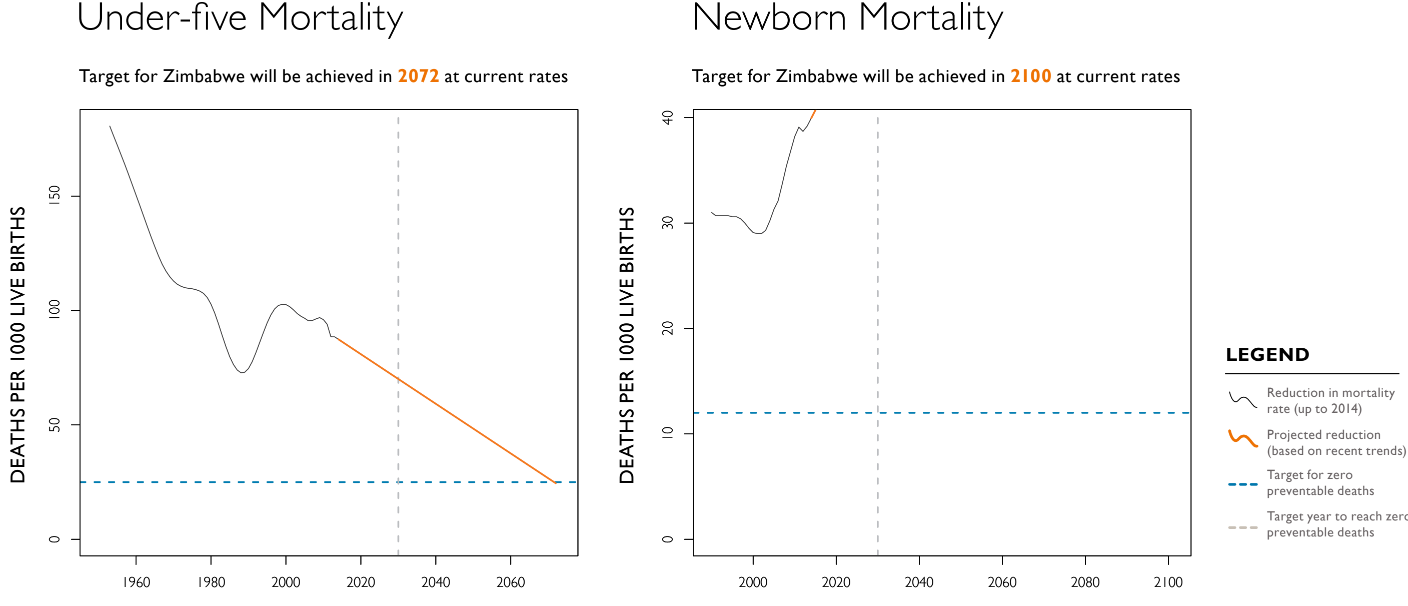
1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report*. Zambia Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014*.
3 Central Statistical Office Zambia, Ministry of Health Zambia and ICF International. (2014). *Zambia Demographic and Health Survey 2013–14*.
4 Ibid.
5 UNICEF (2013). *Every Child's Birth Right: Inequities and Trends in Birth Registration*.
6 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child*.
7 Central Statistical Office Zambia, Ministry of Health Zambia and ICF International (2014).
8 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition*.
9 Central Statistical Office Zambia, Ministry of Health Zambia and ICF International (2014).

Getting to Zero in Zimbabwe

Based on current trends Zimbabwe will get to zero preventable under-five deaths in 2072 and zero preventable newborn deaths in 2100. Tens of thousands of children's lives are at stake. We can accelerate progress and get to zero faster.



National averages hide the real picture for many children, particularly the most vulnerable

CHILDHOOD STUNTING

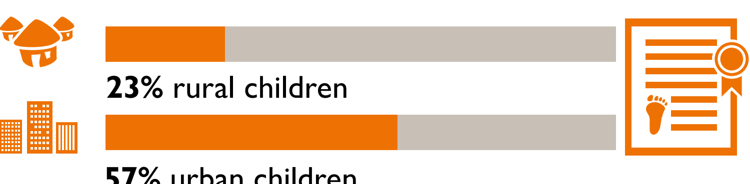
31%

mothers with no education

14%

mothers with more than secondary education

BIRTH REGISTRATION



23% rural children

57% urban children

SKILLED BIRTH ATTENDANCE

poorest women **70%**

richest women **96%**

Data source: *UN Inter-agency Group for Child Mortality Estimation, Demographic and Health Surveys and Multiple Indicator Cluster Surveys.*
http://www.childmortality.org | http://dhsprogram.com | http://mics.unicef.org/surveys

The Government of Zimbabwe must publicly renew its commitment and take action to end preventable maternal, newborn and child deaths as a priority, including through:

- Ensuring implementation and increased investment in community-based health planning, service delivery and referral systems particularly focused on poor and rural communities.
- Identifying the most vulnerable women and children and better targeting resources towards them.
- Increasing investment in quality, accessible maternal and newborn health services with sufficiently trained staff.
- Scaling up efforts to ensure improved nutritional status through community-based programmes.
- Strengthening accountability systems, including citizen participation in monitoring and review of health services.

Uncounted and unreached: Zimbabwe's most vulnerable children

Projections on when Zimbabwe could end preventable child and newborn deaths are based on national averages and do not clearly articulate the plight of many children. Averages conceal gaps between population groups, including rich and poor, urban and rural, those with access to education and those without. For many of the most vulnerable children, data is inaccurate, inconsistent or unavailable, leaving them at risk of falling through the gaps. In the next 15 years measurement must be different and success must be redefined; in the post-2015 development framework no target can be considered met by Zimbabwe unless it is measured and met by all population groups. Getting to zero preventable child and newborn deaths in Zimbabwe requires renewed commitment, additional financing and more detailed roadmaps with greater attention to targeting the most vulnerable. Strong accountability mechanisms are critical, with progress measured against outcomes for the most vulnerable. Skilled birth attendance, birth registration and nutrition show particular disparities for the most vulnerable children. For Zimbabwe to get to zero preventable child and newborn deaths all children must be counted, heard and reached.

Skilled birth attendance to ensure mothers and newborns survive and thrive

Nearly half of all child deaths in Zimbabwe occur during the first 28 days in life.[1] Access to quality, skilled care around the time of birth could save the lives of many of the 17,000 Zimbabwean children who die in their first month.[2] On average 80% of deliveries are assisted by a skilled birth attendant, but this is skewed by huge inequalities. Wealthy mothers are nearly 40% more likely than poor mothers to have a skilled attendant at birth; likewise, urban mothers are nearly 25% more likely than rural mothers to have a skilled attendant at birth.[3] Access to skilled birth attendants is crucial in closing the equity gaps in Zimbabwe and accelerating progress towards ending preventable maternal and newborn deaths.

Birth registration to provide an identity, access to services and protection

Only 32% of Zimbabwean children under five have their birth registered, and only 19% were able to present the certificate.[4] Birth registration provides legal identity, serves as a gateway to access services such as health care and education, and provides legal protection from violence, abuse, exploitation and neglect.[5] However, thousands of unregistered Zimbabwean children are not afforded these rights or protections. Children from urban areas are nearly 2.5 times as likely to be registered as children from rural areas, and the wealthiest children are four times more likely to be registered than the poorest.[6]

Nutrition for survival, health, development and well-being

In Zimbabwe 27.6% of children under five are stunted, a form of chronic malnutrition the effects of which are largely irreversible. The global nutrition target for stunting is off track. Childhood wasting stands at 3.3%, and underweight at 11.2%.[7] Good nutrition, especially during the critical 1,000 days between pregnancy and age two, is foundational to the physical and cognitive development of infants and young children. Zimbabwean children of uneducated mothers are more than twice as likely to be chronically malnourished as children of mothers with more than secondary education.[8] Urgently addressing malnutrition will not only save lives but also reduce inequalities and build strong, resilient children, families, communities and populations.

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1 UNICEF and WHO (2014). *Countdown to 2015: Fulfilling the Health Agenda for Women and Children: The 2014 Report*. Zimbabwe Profile.
2 UNICEF (2014). *Committing to Child Survival: A Promise Renewed: Progress Report 2014*.
3 Zimbabwe National Statistics Agency (2015). *Zimbabwe Multiple Indicator Cluster Survey 2014, Final Report*.
4 Ibid.
5 World Vision International (2014). *Registering Births to Count Every Newborn, Every Child*.
6 Zimbabwe National Statistics Agency (2015).
7 IFPRI (2014). *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition*.
8 Zimbabwe National Statistics Agency (2015).

Important note on data and projections

There are a number of 'zero' goals proposed for the post-2015 development framework, including ending hunger, ending preventable deaths and ensuring that no child should be subjected to violence or abuse. However, it is not possible to reach a 100% reduction in child deaths or get to 'zero' in literal terms. Heartbreakingly for some families, even with the best health care and best available technologies, some children will die in their first day, month or five years of life in all countries. This is why World Vision supports the inclusion of a target in the proposed Sustainable Development Goals to end the *preventable* deaths of newborns and children by 2030 – those deaths that are needless if only women and children have access to a minimum set of universal quality health-care interventions.

A 'zero' target for under-five mortality means reaching a rate of no more than 25 child deaths per 1,000 children born alive. This is the target being included as part of the proposed Sustainable Development Goals.

A 'zero' target for newborn mortality means reaching a rate of no more than 12 newborn deaths per 1,000 babies born alive. This figure is half of the under-five mortality target based on the proportion of under-five deaths that are neonatal. Newborn deaths are those that occur within the first 28 days of life.

Projections of when countries will 'get to zero' are calculated based on each country's average rate of reduction of mortality between 2000 and 2013. For some countries whose annual rates of reduction changed dramatically in that period, the most recent five years of data have been used to avoid giving a misleading picture of recent progress. These forecasts are simple, linear projections.

The estimates of when countries will get to zero are based entirely on the trends in the data and do not account for recent initiatives in child health (since 2013), plans for future initiatives, recent conflicts or political instability, crises such as the Ebola crisis, droughts and food crises, or natural disasters such as cyclone Pam, which may affect the trends or rates of progress in either direction.

Estimates for under-five mortality and neonatal mortality have been provided by the UN Inter-agency Group for Child Mortality Estimation (http://www.childmortality.org). Since data for most developing countries is incomplete, time series data has been estimated from available sources using a statistical model that yields lower, median and upper estimates for each year. These three estimates give a sense of the central estimate (median) and a confidence interval for this estimate (the lower to upper zones). We have used the median estimates as a basis for forecasts beyond 2013 when the data series end. These forecasts are simple extrapolations based on the average rates of change in mortality over previous years. In almost all cases the average rates of change since 2000 were used. In a handful of cases in which increases in mortality in the early 2000s would have given a misleading picture of recent progress, only the most recent five years of data were used to estimate the average change.

Given the large uncertainties in the statistical estimation of the data, as well as the wide confidence intervals given, the estimates we have given for when countries will reach the Sustainable Development Goal targets should be understood as indicative estimates based on assuming the continuity of the trends since the Millennium Development Goals were developed, rather than precise predictions.

Data for the equity graphics is sourced from UNICEF, demographic and health surveys (DHS) and multiple indicator cluster surveys (MICS), which draw on data collected by a country's government (national government estimates and other surveys). There is often a time lag between international and national data collection and publishing. For these reasons the country profile data may vary slightly from that which governments use themselves.

WORLD VISION IS A 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.

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