



Saving Every Woman, Every Newborn and Every Child

World Vision's role

World Vision is a global Christian relief, development and advocacy organization dedicated to improving the health, education and protection of children, and humanitarian action in emergencies. Our global health programming currently reaches over 60 countries around the world including in 7 countries considered fragile contexts. World Vision has been scaling up and improving the quality of our health programming through our 7-11 health and nutrition strategy, which promotes 7 key evidence-based interventions for pregnant women and 11 key interventions for young infants during the first 1000 days between pregnancy and age 2. (See Annex 1) Child Health Now is World Vision's seven-year global campaign, active in nearly 50 countries, aiming to accelerate action to end the preventable deaths of children under 5. World Vision uses opportunity to influence sub-national, national, regional and global agendas to bring about improved health outcomes for women and children around the world.

In partnership with governments and communities we are making substantial investments in supporting diverse cadres of health workers whose roles directly impact on maternal, newborn and child health. These cadres include community health workers (CHWs) and skilled birth attendants (SBAs). Our approaches to support the role of CHWs and other volunteers working closest to families in communities includes: home visiting to mothers and her newborn: curative care; community acute malnutrition programs and prevention of mother to child transmission of HIV. Our support to SBAs, specifically midwives, partners with district health authorities is to improve life saving clinical skills via Emergency Obstetric and Newborn Care (EmNOC) and Helping Babies Breathe (HBB) trainings. We work in close partnership with health authorities at the national and district level to ensure strengthening of both community and health systems in order to reach every pregnant woman and her child in our programme areas.

Related existing commitments

World Vision reconfirms our continued support to the goals of Every Women Every Child and our specific commitment to spend \$1.5 billion in line with its objectives between 2010 and 2015. Our commitment covers investments in health, nutrition, WASH, HIV and AIDS, as well as specific operations research and increased advocacy at local, national and global level.

We would also note the commitment we made at the 3rd Global Forum for Human Resources for Health in Recife in 2013, including expanding our support to CHWs in at least 40 countries where we are currently working, promoting scale up of CHW programming and continuing our efforts to harmonise CHW working practices amongst civil society organisations through promoting the adoption of the CHW Principles of Practice.

We will continue to prioritize nutrition in our programmes and in advocacy, in line with a \$1.2 billion commitment made in 2013 at the Nutrition for Growth Summit. Of this, \$400 million will be invested in nutrition-specific interventions between 2013 and 2020, including to improve maternal nutrition and provide support for immediate & exclusive breastfeeding.

World Vision International's commitment to the Every Newborn Action Plan

World Vision International welcomes the Every Newborn Action Plan, having been part of the advisory group, supported its development and undertaken significant advocacy across more than 30 countries and at global level to secure its approval at the 2014 World Health Assembly

In support of the Every Newborn Action Plan, World Vision International commits to improve maternal and newborn health through community and health systems strengthening approaches that particularly focus on quality, availability and accessibility of essential services towards universal coverage, particularly at sub-national and local level.

Specifically this will include:

 Reviewing, sharpening and prioritising our reproductive, maternal, newborn and child health and nutrition programme with a stronger focus on care of mothers and newborns at the time of birth and during the first week of life

World Vision includes newborn and postnatal care interventions within our 7-11 strategy and we plan to strengthen our focus on newborns, particularly the time around birth and the early postnatal period. Through our large internal Community of Practice (CoP), an online interactive group of more than 480 expert health and nutrition programming staff from all regions in more than 60 countries, we plan to increase awareness and provide global guidance on the most effective and contextually appropriate newborn programming approaches. We will strengthen CHW curriculums and job aids to be more inclusive of newborns, provide opportunities for capacity building via online forums and face to face events, guide the review of country strategy and programme designs, develop improved monitoring and evaluation indicators and support reporting, documentation and evidence building in order to share with the global community. We will support our World Vision country offices, including those in fragile contexts, to advocate and engage with Ministries of Health (MoH) towards evidence based policy and we will support implementation of key maternal, newborn and postnatal care interventions in our programme areas. These may include the following interventions; prevention of newborn sepsis via chlorhexidine for cord care; improved care seeking behaviours in the newborn period; detection of LBW babies and promotion of Kangaroo Mother Care (KMC); neonatal resuscitation using Helping Babies Breathe; and antibiotics for neonatal sepsis. We will support district health authorities, where appropriate, to improve the Quality of Care (QoC) provided to labouring and delivering mothers and to newborns so as to contribute to reductions in maternal and perinatal loss. We will work with local and district health facilities to improve SBA capacity and skills, equipment and commodities.

• Supporting 100,000 CHW in 40 countries with a view to integrating newborn and postnatal interventions and care

World Vision will continue to work alongside the community to harness the power of parents, families and communities. We will train and support CHWs, community volunteers and community leaders to enable increased awareness of the particular vulnerabilities of newborns to empower them to improve their own family and community newborn practices and outcomes and support community insurance and emergency transport initiatives, We will continue to support group approaches which focus on maternal and newborn health, including care groups, parent support groups, nutrition groups, grandmother groups and women's groups and we will scale up our support for CHWs home visiting programmes specifically focused on the late antenatal period and in the first week of life. We will

strengthen the links between the CHWs, community leaders and the health systems by supporting supervision and mentoring of CHWs role and improving referral and reporting mechanisms.

Scaling up our home visiting approach called Timed and Targeted Counselling (ttC) in 16 countries with high maternal and newborn mortality, most of which are in Africa

Timed and Targeted Counseling (ttC) is an individual-level behaviour change counselling method aimed at supporting pregnant and nursing mothers and their families in their homes, ensuring uptake of the range of life saving interventions and services for maternal, newborn and child health. It is delivered by Community Health Workers or any other appropriate volunteer cadre selected by the community, such as volunteer Mother Guides, Mothers Groups and Care Groups. The ttC implementers are trained to give accurate, preventive and care-seeking information and support, create demand for services, and empower families and communities to improve health outcomes and practices. The counselling methodology applies a family-focused, story-based, dialogue and negotiation approach to helping women and families engage with health recommendations for their own circumstances. To date World Vision have already adapted and launched ttC in 20 countries, 16 of these are in sub-Saharan Africa, and two of these are moving towards national scale up. The model is an excellent platform for the integration of 'Caring for the Newborn at Home'. Key interventions such as chlorhexidine cord cleaning, exclusive and early breastfeeding support, recognition and referral of newborn sepsis and low birth weight, can be delivered by CHWs during the first week of life: the essential window for life saving interventions. World Vision will work to support integration of newborn care with national CHW and Care Group models that enable access to the mother and newborn in the home during the first week of life.

• Integrating newborn care into the Integrated Community Case Management (iCCM) programmes being implemented in 15 countries

Community Case Management (CCM) or integrated CCM (iCCM) programmes are rapidly being assimilated within national CHW programmes, and World Vision is a key implementing partner in 15 countries. iCCM aims to reduce mortality among children under five by increasing uptake and access to curative interventions for pneumonia, diarrhoea and malaria. However, weak integration of the newborn care component of iCCM has been a contributing factor in the slow progress made in reducing newborn deaths in many countries. The advent of improved preventive measures, as well as innovations such as mHealth are currently a missed opportunity to strengthen CHWs capacity to reduce newborn deaths through iCCM. We have recently been awarded substantial grants to support large scale CCM national expansions in Niger and DRC, and have completed a recent operational research study on an enhanced iCCM + newborn project in South Sudan. Our intention is to work with governments to support the integration of newborn care within existing country policies to ensure that this component is strengthened through training, support and distribution of commodities. In those countries that do not yet have progressive newborn care policies for community case management we will take the role of advocates and call for a stronger newborn focus through research and partnerships, as well as exploring innovative methods for diagnosis and treatment of newborn illness.

Empowering families and communities to demand better health for mothers, newborns and young children

World Vision works alongside over 300 communities in more than 40 countries, supporting social accountability through an approach called Citizen Voice and Action (CVA). CVA equips citizens to engage constructively with government in evidence-based dialogue and empowers communities to advocate for themselves by holding local level government service providers accountable for the quality

and availability of services they deliver. World Vision has found that CVA is most effective when priorities are defined by communities themselves, but many choose to focus on health or education services. We will encourage those CVA programmes that specifically look at the quality and delivery of health services to include an increased focus on maternal and newborn care around birth and the early postnatal period.

• Ensuring accountability for the commitments made to Every Newborn

World Vision will work to track the implementation of the objectives of the Every Newborn Action Plan at national and sub-national level, through regular national review and accountability mechanisms, the full implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health and periodically at the World Health Assembly.

Advocating for the survival and well-being of every woman, every newborn and every child

World Vision, through our global Child Health Now campaign, will continue to advocate at national and global level for all mothers, newborns and children to have access to quality, essential health services free at the point of use. In addition we will support efforts to ensure the availability and utilization of essential life-saving commodities included within the UN Commission on Life-Saving Commodities, 4 of which are specifically for newborn health. We will also work towards ensuring that the elimination of preventable maternal, newborn and child deaths is included as a priority in the Post-2015 development framework.

Annex I – World Vision's Health and Nutrition Strategy 7-11 2008



GLOBAL HEALTH 7-11 Strategy for maternal and child health

GLOBAL HEALTH AND NUTRITION GOAL

World Vision is committed to improving the health and nutrition of women and children in the areas where we work, contributing to the global reduction of under-five and maternal mortality.

OUR FOCUS: CHILD WELL-BEING

World Vision is focused on three essential outcomes to achieve the above goal:

- Mothers and children are well-nourished.
- Mothers and children are protected from infection and disease.
- Mothers and children access essential health services.



World Vision's Global Health strategy is founded on evidence-based and costeffective preventive practices. We are working to scale up, in all our programs, the following minimum set of contextualized interventions – 7 for pregnant women and 11 for children 0-24 months:



Targets	Pregnant Women: -9 months	Children: 0-24 months
Core interventions	Adequate diet Iron/folate supplements Tetanus toxoid immunization Malaria prevention and intermittent preventive treatment Birth preparedness and healthy timing and spacing of pregnancy De-worming Facilitate access to maternal health service: antenatal and postnatal care, skilled birth attendance, prevention of mother-to-child transmission of HIV, HIV/TB/STI screening	Appropriate breastfeeding Essential newborn care Hand washing with soap Appropriate complementary feeding (6-24 months) Adequate iron Oral re-hydration therapy/Zinc Prevention and care seeking for malaria Full immunization for age Prevention and care seeking for acute respiratory infection De-worming (+12 months)

PHASED AND INTEGRATED DELIVERY

Our delivery models for health and nutrition interventions begin with core and contextualized interventions (Phase I) and then build on integrated activities over time to address the wider local causes of illness and malnutrition (Phase II). In emergency contexts, delivery focuses on urgent survival needs, while maintaining focus on the prevention and reduction of illness and death.

HOUSEHOLD, COMMUNITY AND NATIONAL-LEVEL APPROACHES

- Focus primary health and nutrition education and behavior change at the household level, empowering caregivers to keep themselves and their children healthy.
- Build the capacity of community groups to address and monitor local causes of illness, death and malnutrition;
 advocate for quality health service delivery and monitor home-based care services.
- Emphasize partnerships with national government and other stakeholders to ensure delivery of quality health and nutrition services at the community level.

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