

THE ISSUE

3% GDP Underfunded health system



1.46% of GDP funding vs 3% of GDP out of pocket expenditure. 4th in the world in 2009.

Insufficient health workforce



no workforce planning policies, low salaries, aging workforce, narrow specialisation, regional disparity in quality and availability of health professionals, etc.

Low health awareness



of Armenian mothers on child health issues

70% neonatal death preventable



Lack of strategy

on Health Promotion and Health Education

No coherent M&E system

for monitoring and data driven policy analysis in MCH

CHILD HEALTH NOW

Together we can end preventable deaths

Armenia
2010 - 2014

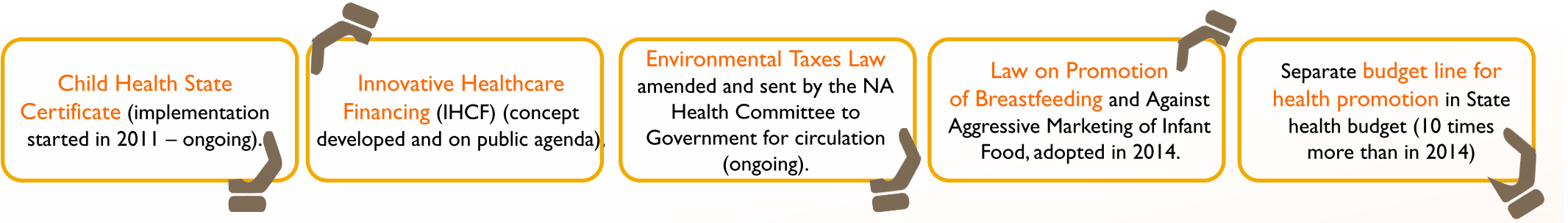
THE INTERVENTION

Campaign focused on lobbying for policy change and reform to:

1. **increase state funding** for health, particularly MCH
2. **enhance equity and universal access** to qualified healthcare services in poor and marginalized communities
3. **strengthen country mechanisms** for improving the **quality** of provided health services to mothers and children

THE RESULTS

World Vision helped form the **Mother & Child Health Alliance**, a coalition of local, national and international civil society players involved in Maternal Child Health (MCH), to lobby for different MCH improvements. This brought about policy health reforms including:



150% increase

in Child Health Care Services Financing in 2011 and additional 8% in 2012.

The overall health state budget was increased by

7 billion Armenian Drams



Once approved, the Law on Environmental Taxes will allow directing subsidies coming from environmental taxes to health related interventions in affected communities.

80% increase

of applications to hospital care in the regions over the years 2011-2012,



Expanded neonatal hearing screening; new protocols and operational manual for early detection of birth defects (new policy documents and Gov. decree) were issued by the MOH in July 2014.

Doubled

average salaries of PHC doctors compared to previous 10 years;

3 billion Armenian Drams allocated to child health care services.

45% reduction

in informal payments for health services.

WVA supported trainings for regional ultrasound specialists for early detection of birth defects, which will result in early interventions.



From 2010 till 2012, the Infant mortality rate within the first 24 hours after admission to hospital was reduced from

15% → 3.6%

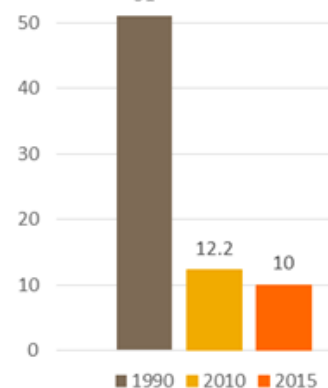
Used **Cooperative Advocacy** i.e. supporting those initiatives and reforms of the government and other partners that would advance CHN goals.

Reliance on WV Armenia's core competencies in grassroots and community work and its integration into the campaign through **Citizen Voice and Action**.

WHY WAS THIS PROGRAMME SUCCESSFUL?

WV Armenia formed **civil society networks** and partnerships with government which brought about change eg. Mother and Child Health Alliance.

Robust **Media Engagement**.



UNDER FIVE CHILD MORTALITY SIGNIFICANTLY DECREASED IN ARMENIA

(according to National Statistical Service).

Armenia is very close to reaching MDG4!

DID WV CONTRIBUTE TO THIS CHANGE?

Yes, several stakeholders (including government officials, NGOs and INGOs, partner international organizations) interviewed as part of this evaluation agreed that WVA has contributed considerably to these and other outcomes through CHN Armenia Campaign. Common consensus that the Campaign has helped WVA to evolve from a community based organization into a national level policy player with respect to maternal and child health issues. World Vision is recognized by its government and civil society partners as a flexible and reliable partner that implements quality interventions.