

Margret  
 With 5yrs old  
 in Derema village  
 The sister of Megga Jan  
 Embarrassed with my sister who died  
 She was my friend when the father  
 Sends us anywhere we go two(s)  
 fetching water with her collecting  
 fire wood with her. But now I don't  
 have a friend or a sister. When  
 they send me I go one.  
 She got malaria for two day  
 when they taking her to the  
 hospital it was night, there was  
 no motorcycle by that time  
 very sorry she died because of the  
 loss of water in the body.

'I'm the sister of Megga who died...

'She was my friend. When Father sent us anywhere we would go together, fetching water with her, collecting firewood with her. But now I don't have a friend or a sister. When they send me I go alone. She got malaria for two days. When they were taking her to the hospital it was night. There was no motorcycle at that time. Very sorry, she died because of the loss of water in the body.'

Margret, aged five, Derema Village, Uganda

## Together we can end preventable deaths like Megga's.

Since governments committed to the **UN Millennium Development Goals (MDGs) on maternal and child health in 2000**, the world has witnessed significant progress towards achieving them. But it has not been enough. A renewed sense of urgency and commitment is now sought if we are to finish the job.

The number of children dying each year under the age of five has fallen from 12 million to fewer than 7 million in the past two decades. This means that about 90 million children who might have died if the world had not acted on this tragedy have, instead, lived to five and beyond.

But much remains to be done. Governments are still not effectively responding to the health and nutrition needs of the world's most vulnerable children. Despite remarkable progress by some low and middle income countries, it is clear that many will not meet the Millennium Development Goal targets for improving child and maternal health by 2015.

Launched in 2009, World Vision's **Child Health Now** campaign aims to make a significant contribution to reducing the number of preventable deaths of children and their mothers by 2015, calling for change at all levels of governance and decision making. The campaign links the health priorities and challenges of some of the world's most disadvantaged communities to decisions at provincial, national and international levels.

The campaign focuses on the main direct and indirect reasons for continued high levels of child and maternal mortality. Too many mothers, babies and children still die from largely preventable causes – for instance, during childbirth or shortly after, or due to infectious diseases such as pneumonia, diarrhoea and malaria. Globally, almost half of all under-five deaths are also attributable to undernutrition.

Child Health Now calls for political leadership and accountability at all levels of governance to bring mortality statistics within reach of the MDG targets and, beyond that, to end all preventable maternal, newborn and child deaths.

Of the 6.6 million children who died before the age of five last year:

One million  
died from



**Pre-term complications**

858,000  
from



**Pneumonia**

700,000  
from



**Newborn infections**

528,000  
from



**Diarrhoea**

600,000  
from



**Birth complications**

462,000  
from



**Malaria**

**Undernutrition** contributed to nearly half of these deaths.

Of the survivors, 165 million – one in four children worldwide – have been stunted by chronic undernutrition.

## Child Health Now is World Vision's global advocacy campaign

We call on governments to deliver on five interrelated goals:

**Health system strengthening** +

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

**Increased budget for maternal and child health** +

to provide a sustainable, nationally endorsed resource base.

**Improved accountability for health service delivery** +

to see promising policies and decisions effectively implemented.

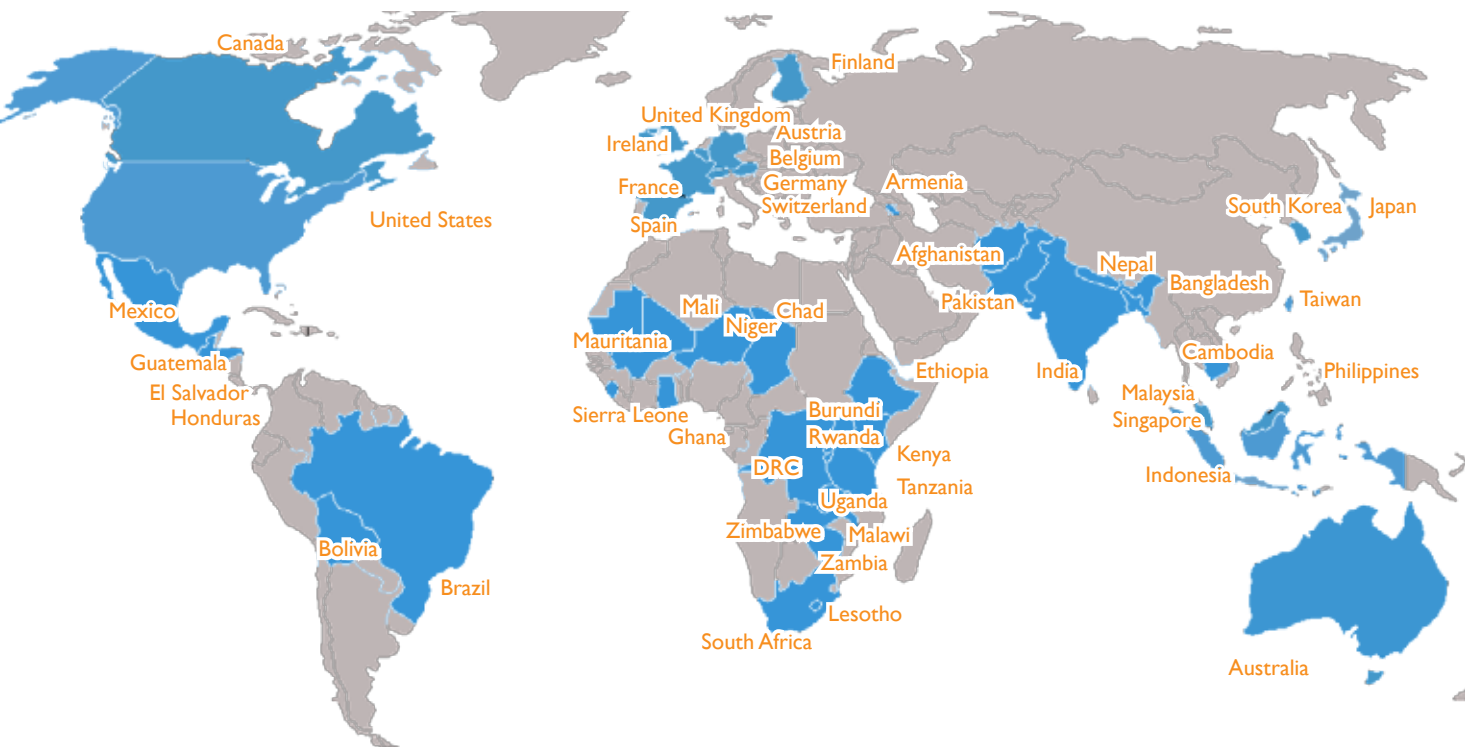
**Reduction of barriers to demand for services** +

with high quality, inclusive health and nutrition services, free and accessible for mothers and children under five.

**Prevention of disease and malnutrition**

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

Child Health Now is advocating for change with the governments of 33 developing nations, 15 middle- to high-income nations and with global institutions and decision makers on health policy.



## To bring about sustainable, community-led change, World Vision fosters partnership with and between:

### Policy makers

Governments, parliamentarians, multi-lateral organisations, regional organisations and influential country groupings such as the G8 and the G20.



### Opinion formers

Other NGOs and human rights organisations, researchers and think tanks, and the media



### Authorities, leaders and influencers

Church or other faith leaders, teachers/schools, parents, children, communities, celebrities and World Vision supporters.



### Global health frameworks,

their coordinators and signatories, including Scaling Up Nutrition, Every Woman Every Child, A Promise Renewed and the Every Newborn Action Plan.

## Popular mobilisation: a global stand on child health

Child Health Now has proven that a global constituency can be mobilised to vote in favour of reductions to child mortality through government action. In November 2012, the first Global Week of Action on Child Survival triggered actions from **over 2.2 million people in around 70 countries**. Since then, regular mobilisations through community events, faith communities and online networks have provided a forum for ordinary people to show their support for improved maternal and child health and nutrition. The majority of individuals involved in these mobilisations are living in developing nations and sending messages directly to their own governments and institutions. Though the momentum is growing on maternal and child survival, more is still needed. Child Health Now will call several times in 2014 and 2015 for advocates and supporters to join similar globally coordinated mobilisations.



**'I am ready to take up the mantle** to promote good health for children and their mothers. I am delighted to be chosen by the children and I promise not to disappoint them. I hope with my support, we shall see reduced numbers of children dying from preventable deaths like malaria.'

*Omukama (King) Oyo Nyimba Kabamba Iguru Rukidi IV, pledging to become a Goodwill Ambassador for children's health in Uganda, September 2013*

## Children and young people are also partners in the advocacy process.



Across the offices where World Vision works, children and young people are campaigning, monitoring commitments and advising governments on their perspectives and priorities of health and nutrition needs.

Child Health Now campaigns connect local priorities to national and global accountabilities

**DEVELOPING NEW GLOBAL STANDARDS**

WorldVision joins with other child health and nutrition actors in calling for new and renewed commitments at the World Health Assembly, Inter-Parliamentary Union, UN General Assembly, G8/G20 and other global policy events.



**IMPLEMENTING INTERNATIONAL COMMITMENTS**

Child Health Now with coalition partners raise awareness of global health frameworks at national and sub-national levels, helping governments to take up partnership opportunities and implement their intentions.

**DON'T FORGET YOUR PROMISES**

Child Health Now and its partners hold national governments to account for their domestic and international commitments in both developed and developing contexts, including to MDGs 4, 5 and 8, Every Woman Every Child, the Abuja Declaration and Scaling Up Nutrition.



**LOCAL PRIORITIES INFORM NATIONAL DECISIONS**

National Child Health Now campaigns collect information and data from local experiences to help decision-makers prioritise maternal and child health and nutrition in budgets, policies and systems.

**HEALTH PROGRAMMES IN PARTNERSHIP**

WorldVision remains an important health sector partner for governments. WorldVision currently supports 100,000 community health workers and community groups to improve child health and nutrition in over 60 countries, and has committed \$1.5 billion in programming to improve maternal and child health under the Every Woman Every Child movement.



Children are better protected from preventable disease, malnutrition and neonatal risk

**CITIZEN VOICE AND ACTION**  
(see next page)

Communities compare existing government policy with the realities and challenges of their health and nutrition services. They partner with local authorities and health workers to fill the gaps that can be resolved locally, then refer the big challenges upwards to government leaders.

**COMMUNITY-BASED HEALTH SYSTEM MONITORING**

Local level accountability mechanisms are key to advocacy impact. Through community-based monitoring and reporting of gaps, the intended recipients of improved policy in developing countries become partners in its successful implementation.



**‘There has never been a better time...**

**to take a firm stand and say that under our watch we will do everything possible to bring an end to extreme poverty, inequality and injustice.**

**‘Millions of the most disadvantaged, vulnerable and marginalised children have still not been reached by the MDGs – those with disabilities, those in fragile states, indigenous children and those neglected simply because they’re female.**

**‘These children also bear the torch of hope for our future.’**

*Kevin Jenkins,*

*President, World Vision International, in an open letter to the United Nations Post-2015 Consultation, October 2013*

## World Vision’s integrated programming in health

Existing expertise in health programming has been advantageous to advocacy efforts where World Vision is already working. For instance, World Vision has been operating several projects focusing on maternal and child health in Western Afghanistan. After an independent assessment proved the effectiveness of these projects, World Vision went to provincial government to advocate for a scale-up of successful health practices, including household nutrition through the ‘Positive Deviance (PD) Hearth’ model, training of community health workers, midwifery accreditation and potable water.



## ‘Citizen Voice and Action’ with ‘Child Health Now’ for local accountability

Citizen Voice and Action helps to identify patterns of health service failure that are ripe advocacy targets for systemic reform at the provincial, national, or even global levels.



The results of community monitoring of services provide detailed information on already identified issues or solutions, helping to shape or reshape the goals of national health campaigns.



Communities empowered by their experiences with Citizen Voice and Action start to engage in popular mobilisation and pressure campaigns on behalf of others, including at national level.

World Vision believes that community ownership and engagement are a crucial part of the health accountability chain, with particular emphasis on the links between local and national level. Citizens can monitor and influence government spending, calling for the services to which they are entitled. Towards this goal, Child Health Now complements and amplifies the achievements of World Vision’s proven and preferred model for local advocacy, Citizen Voice and Action (CVA). CVA mobilises the power of citizens to act as advocates in their local environment, while Child Health Now draws on the evidence generated by CVA to inform and influence systemic policy change.



**Local-level advocacy created new policy to ensure doctors met accountabilities to rural families in Armenia.**

After nearly 10 years of experience in introducing Citizen Voice and Action to widely diverse contexts, World Vision recognises that one of the most urgent themes identified for community action is health. Whether at clinics and hospitals, in public health provision, nutrition programmes or midwifery, hundreds of local government services have been transformed by community action. The involvement of health workers, public health practitioners and civil society organizations in local advocacy has seen strong champions emerge to sustain the changes. The Child Health Now campaign now offers new paths for these champions to influence the highest levels of governance and decision-making.

**For instance,** in Armenia, data collected through the Citizen Voice and Action process in one region revealed a pressing pattern of failure to maintain the regularity of visits by family doctors to rural communities. World Vision and community partners called a meeting with health stakeholders. Participation was high, not only from government and health workers but also from ordinary citizens who travelled at their own expense to give input to the consultation. As a result, changes were made to travel allowances for rural doctors. This removed the justification given by many doctors for their reduced services while at the same time setting clear standards for the future.

Since 2009, Child Health Now has helped to influence decisions that will improve health and nutrition opportunities for more than **35 million children**. For instance:

### At the local level:

- Local government agrees to increase proportion of health budget in **Sikka Province, Indonesia**
- Government provides Vitamin A supplements for all children in **Limpopo Province, South Africa**
- Municipal government halves the prevalence of chronic malnutrition in under-twos in **Pocoata, Bolivia**
- District duty bearers in **four districts of Kenya** publicly launch a previously unimplemented child survival policy
- Increased demand for services and supplies including mosquito bednets in **Doti and Kailali districts, Nepal**

### At the national level:

- Government of **Sierra Leone** agrees to restore slashed budget to health
- **El Salvador** integrates breastfeeding policy into the national health and nutrition plan
- Tax reform in **Armenia** includes the use of tobacco and alcohol excise to fund health facilities and services
- **India's** government mobilises national funding and local partners to introduce nutrition monitoring at village level
- Governments of **Kenya, DRC, Philippines** declare their intention to join the Scaling Up Nutrition (SUN) movement

### At the global level:

- 2012 **Interparliamentary Union (IPU)** General Assembly passes resolution to affirm parliament's role in strengthening maternal and child health and nutrition.
- **World Health Assembly** in May 2013 agrees to implement UN Commission on Lifesaving Commodities for Women and Children.
- **European Union** includes specific provisions for children in fragile contexts in their 2013 DEVCO/ECHO Communication on Nutrition.
- **A Promise Renewed, Every Woman Every Child, Every Newborn Action Plan**, continue to work towards an accountable framework to guide nations towards MDG goals 4 and 5



Join us to end preventable deaths.



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