

World Vision



2011 Health Review




**CHILD
HEALTH
NOW**

Like last year and this year, next year and many years after that, World Vision will work for child health. Explore these pages to find out what we're accomplishing.



1

Why child health?

Find out the facts about the global child and maternal health crises, and learn why World Vision is focusing on improving child health through our work and the Child Health Now campaign.



2

How is World Vision responding?

Take a look at our approach to child health, how we're tackling the problems, and what we hope to accomplish.



3

Case studies and lessons learned: A closer look at what's working

Take an in-depth look at what we've learned from some of the most innovative health projects and campaign efforts this year.



4

Looking ahead: What else is to be done?

The world's leaders promised to drastically improve child and maternal health by 2015, and there is so much more to do in a few short years to make that happen. Find out what World Vision staff and campaigners are planning.



World Vision



Can we end child deaths?

World Vision is determined to stay focused in a world that presents so many distractions it is easy to forget about the health of children. Leaders are toppled. Countries fight. Economies flounder. Inevitably the attention of the media and of governments and even NGOs is drawn to these issues. All the while children continue to suffer and die needlessly. We believe we can end millions of those deaths every year.

Progress has been made. Child mortality rates are on the downward slide.

But some countries are still woefully behind—countries where simply being born can be a death sentence. And some health threats like diarrhoea, malaria and pneumonia—often worsened by malnutrition—still kill far too many.

We believe that together we can eliminate six million deaths of children under 5 each year,

because these are deaths that we know are easily preventable and treatable. Many are caused by diseases that few children die of in wealthy countries. In order to save these lives, more work needs to be done—by governments, by organisations, by individuals—to provide children with enough nutritious food and clean water, and access to immunisation and basic health services.

As we did last year, World Vision has again committed enormous resources to child health. We will continue to prioritise this vital intervention next year and for many years after that.

Explore these pages to find out what we're accomplishing and what we're working towards.

— Kevin Jenkins
President, World Vision International





Why Child Health?



Nothing determines a child's chances in life more than his or her health in the first five years, especially the first 1,000 days. Good health breaks generational cycles of poverty and is a foundation for child well-being. Yet, tragically more than 7.6 million children die every year, the majority from entirely preventable causes. That these deaths still occur in a day and age when we know how to ensure children have the best start in life is morally reprehensible.

Unbelievably, in this technology-driven, interconnected world, the single biggest factor in whether a child survives his or her first five years is where he or she is born. A child born in Singapore is 60 times more likely than a child in Somalia to live to see his or her fifth birthday. Children born in Singapore, France, the UK and the US still suffer from diarrhoea, some even get pneumonia, but they don't die as a result.

Perhaps the biggest tragedy is that we know how to prevent these child deaths and yet we don't prevent them. We know that the lives of one million babies could be saved if mothers were educated, had access to life-saving health services and were enabled to exclusively breastfeed for the first six months of life, yet only 40 per cent of babies born in developing countries are exclusively breastfed. We know that the return on investing in nutrition can be as high as 39:1, yet one in three children in developing countries are stunted because of inappropriate feeding and repeated illnesses during young ages. A child whose mother dies during or shortly after birth is ten times more likely to die before the age of 2 than a child whose mother lives, and yet maternal mortality is the Millennium Development



Goal (MDG) that is most off track. The reality is that children continue to die because of a lack of political will. While many governments have made commitments and demonstrated political will to reduce child mortality, there are still many governments who are unwilling or unable to meet the basic needs of their people. If we are serious about our desire to reduce the number of children dying from preventable causes every year, we cannot ignore this issue. We cannot continue to allow these children to be written off. We can however, join with our partners to do something to fix this problem.

Why World Vision?

For more than 60 years, World Vision has seen with our own eyes what works and what doesn't in the fight to reduce child mortality. We are first-hand witnesses to the pain and long-lasting suffering caused by the kind of poverty that kills children and strips them of their well-being. We work in 14 of the worst 15 countries for child mortality, and we spend significant amounts of money on health programming every year—almost \$380 million—because we want to make a difference. Now. Before it's too late.

14 **OF THE** 15

THE NUMBER OF COUNTRIES IN WHICH WORLD VISION WORKS THAT ARE WORST FOR CHILD MORTALITY

7.6 **MILLION**

MILLION CHILDREN DIE EVERY YEAR FROM PREVENTABLE CAUSES

1 **IN** 3

CHILDREN IN DEVELOPING COUNTRIES ARE STUNTED THROUGH MALNUTRITION

ONLY 40%

NUMBER OF BABIES BORN IN DEVELOPING COUNTRIES WHO ARE EXCLUSIVELY BREASTFED


380 **MILLION**

ANNUAL AMOUNT WORLD VISION SPENDS ON HEALTH PROGRAMMING





Children Dying



The number of children dying under the age of 5 every year fell again in 2011, down to 7.6 million. While this is progress, the number is still shocking—21,000 children every day. At this rate we will not realise Millennium Development Goal 4: reduce the number of children dying under the age of 5 by two thirds from 1990 to 2015). Perhaps most worrying, is that the proportion of children dying in the first month of life is increasing in every region because we are not doing well at providing better health care and access to it for pregnant mothers. We are failing to reach pregnant women and their young children when it matters most.



Almost as disturbing, the gap is growing between children born in the world's richest and poorest countries. Major causes for this gap are inequality in health services and the basic conditions in which children are born and develop. A child born in sub-Saharan Africa is 20 times more likely to die before the age of 5 than a child born in a developed country. A child born in Southern Asia does not fare much better, as he or she is 15 times more likely to die before reaching his or her fifth birthday.

About half of all children who die are from just five countries—India, Nigeria, DRC, Pakistan and China. World Vision works in four of these countries.

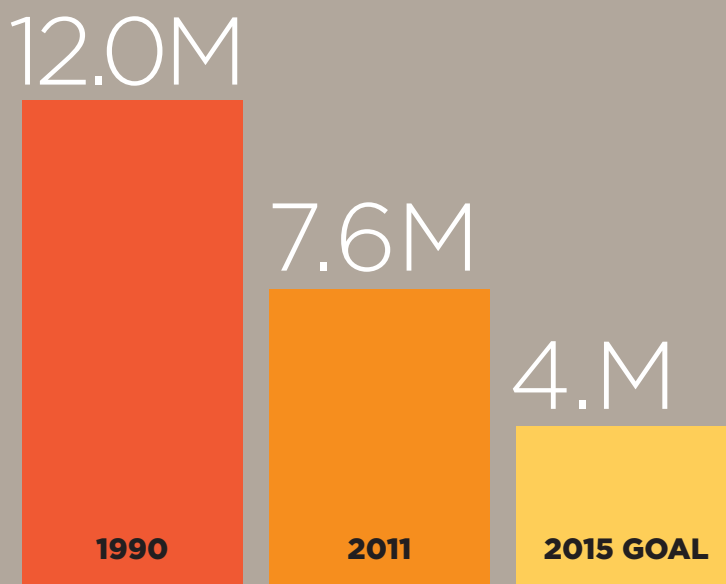
Mothers dying

While progress on reducing maternal mortality is slow, fresh commitments have been made in the past year to renew efforts to address causes through the UN campaign to tackle

child and maternal health, Every Woman Every Child. Governments are matching their investments with effective national policies and improved service delivery. We saw examples of this in 2011 with the Zimbabwe government promising to abolish user fees in May 2012 for health services for pregnant women and children under the age of 5. Sierra Leone is making a difference by continuing to implement the same free healthcare promise they made in 2010.

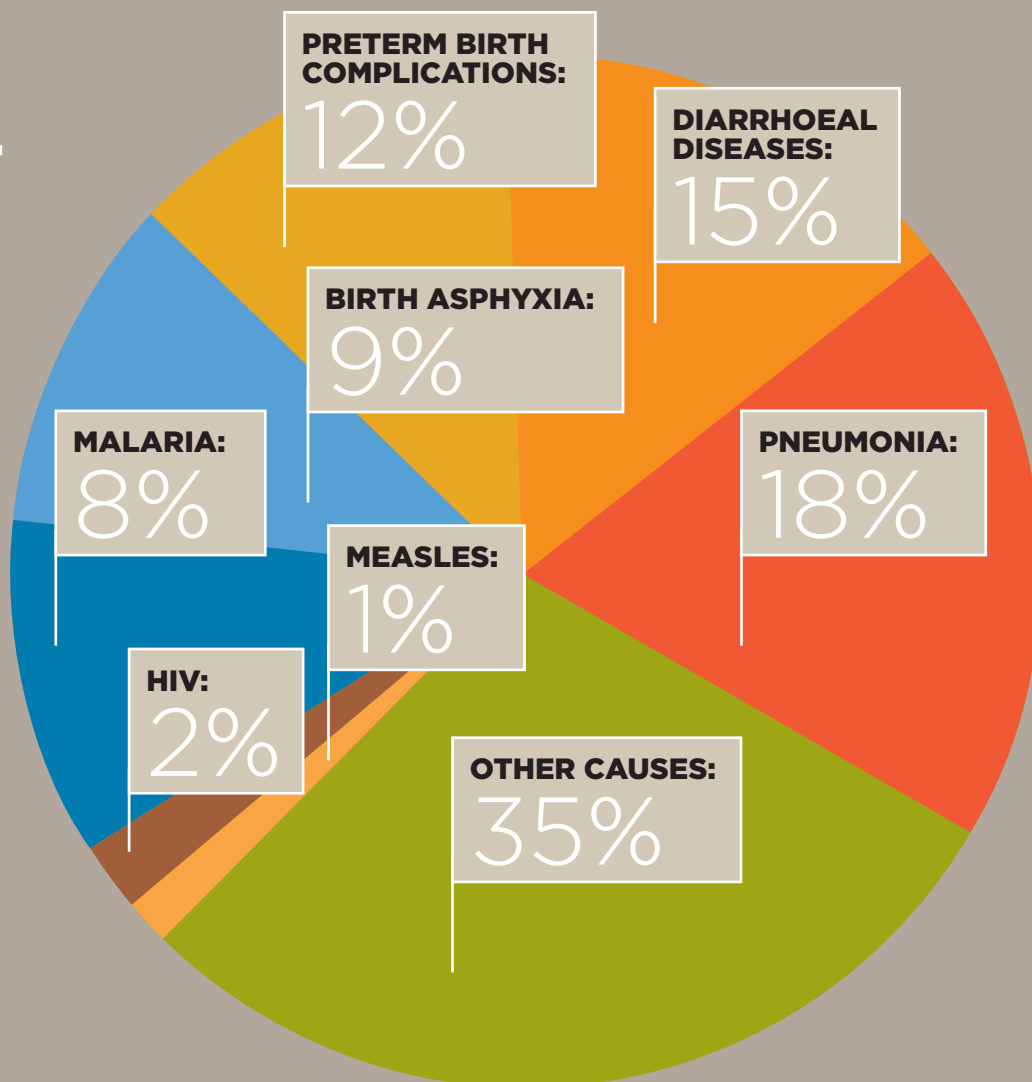


NUMBER OF CHILDREN DYING UNDER THE AGE OF 5 EVERY YEAR



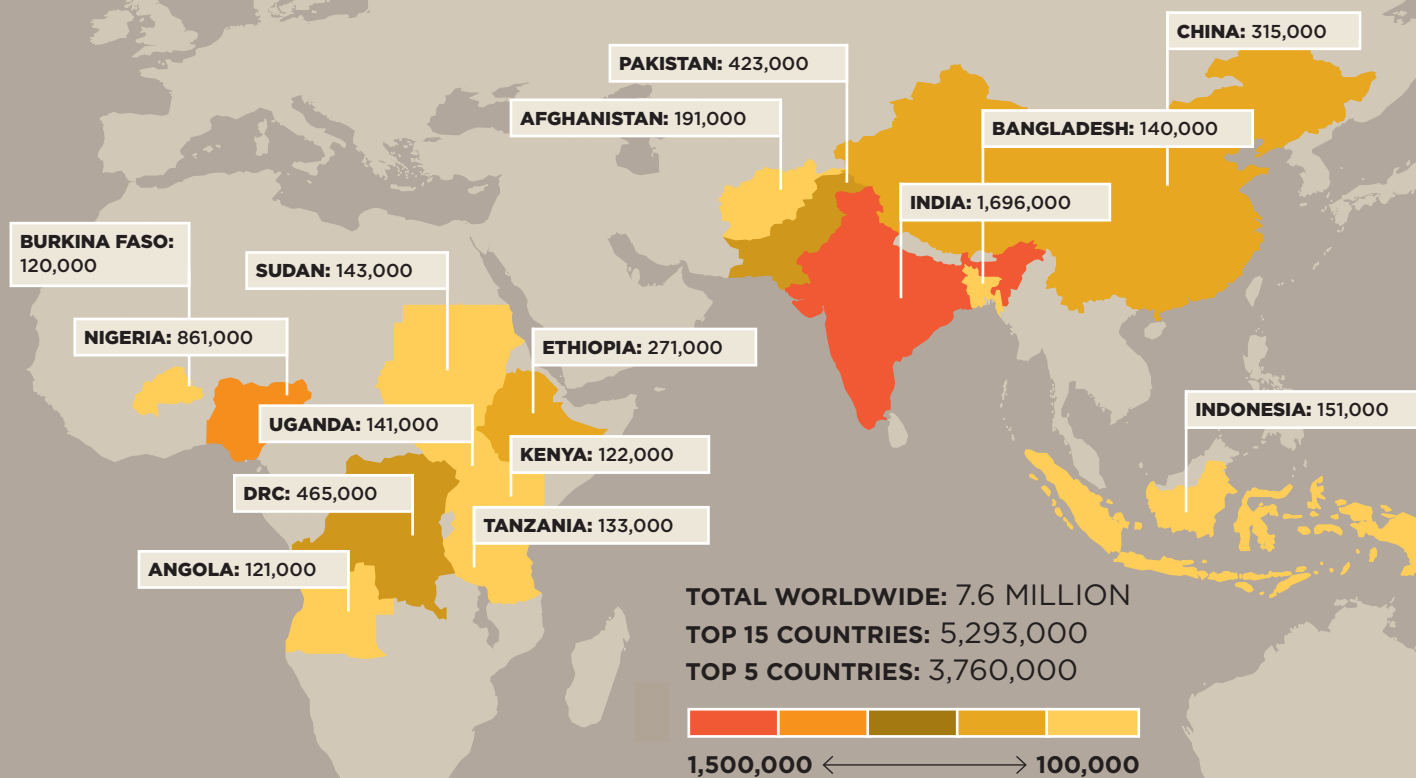
WHAT THEY'RE DYING OF

GLOBALLY, THE MAJOR KILLERS OF CHILDREN UNDER THE AGE OF 5 ARE:



Undernutrition is an underlying cause in more than one third of deaths of children under the age of 5.

WHERE THEY'RE DYING



WHO IS DYING

40% OF UNDER 5 DEATHS ARE DUE TO NEONATAL COMPLICATIONS

REGION	neonatal mortality rate (deaths per 1,000 live births)			number of neonatal deaths (thousands)		neonatal deaths as a share of under-5 deaths (per cent)		
	1990	2010	Decline (per cent) 1990–2010	1990	2010	1990	2010	Relative increase (per cent) 1990–2010
DEVELOPED REGIONS	7	4	43	106	53	47	53	15
DEVELOPING REGIONS	36	25	31	4,317	3,019	37	40	10
NORTHERN AFRICA	29	13	55	107	46	35	49	37
SUB-SAHARAN AFRICA	43	35	19	969	1,123	26	30	17
LATIN AMERICA & THE CARIBBEAN	23	11	52	265	117	42	47	11
CAUCASUS & CENTRAL ASIA	30	21	30	58	34	37	44	18
EASTERN ASIA	23	11	52	589	189	45	57	27
EXCLUDING CHINA	12	9	25	14	8	47	48	1
SOUTHERN ASIA	48	32	33	1,875	1,256	41	50	20
EXCLUDING INDIA	48	33	31	576	381	40	46	15
SOUTHEAST ASIA	28	15	46	335	169	39	48	23
WESTERN ASIA	28	16	43	116	79	43	48	12
OCEANIA	26	21	19	5	5	37	40	7
WORLD	32	23	28	4,425	3,072	37	40	9

All statistics are from 'Levels and Trends in Child Mortality Report 2011' (Link: www.childinfo.org/files/Child_Mortality_Report_2011.pdf)

Promises made to fix the problem

In 2011 we saw renewed efforts to turn promises of money and change into action. The first step to making a difference is recognising the problem and pledging to do something about it. The UN's campaign for child and maternal health, Every Woman Every Child, has seen more than 80 governments, organisations and companies do exactly that over the past two years.

The second step is turning these promises into plans. In 2011, governments all over the world did this. In Burkina Faso, commitments made to provide free family planning, improved emergency obstetric and neonatal care, and subsidised birth and child health care services have all been costed and included in the Health Ministry's plan of action. In Nepal, the commitments the government has made to Every Woman Every Child are included in the country's national health strategy through 2015. In Bangladesh, promises the government has made to train 3,000 new midwives are already in action as we saw the first class of midwives graduate in May 2011.

The next, and potentially most important, step is turning these plans into action that sees results. World Vision will be helping every step of the way to ensure that's what happens.

The leaders

Achieving the MDGs requires advocates for the cause at every level. In 2011, we saw leaders at the national and global level continuing the fight:

UN Secretary-General Ban Ki-Moon

continued to make women's and children's health a priority throughout 2011, as more



than 80 new commitments were made to his Every Woman Every Child campaign, taking the total financial value committed to more than US\$40 billion.

UK Prime Minister David Cameron

restated the UK Government's pledge to reach 0.7 per cent of GDP to overseas aid by 2013, despite economic pressures which have resulted in many areas of government spending being cut. Mr Cameron has repeatedly said: 'The UK will not balance its books on the backs of the poorest.'

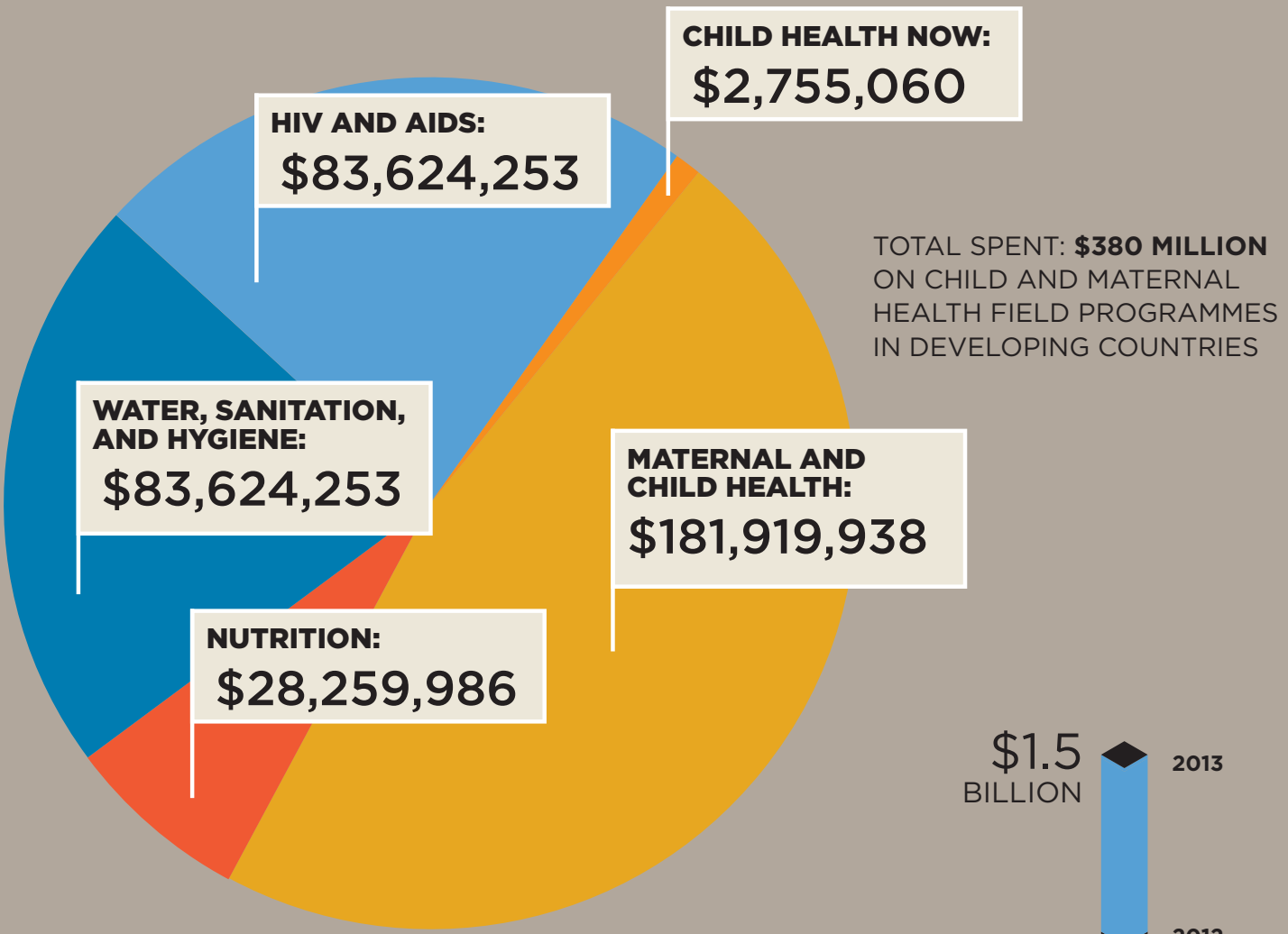
The First Lady of Malawi, Madam Callista Mutharika,

launched the Scaling Up Nutrition movement in Malawi, describing it as a 'stepping stone for Malawi's stride towards reducing malnutrition.' Almost 50 per cent of Malawi's children suffer from stunting caused by malnutrition.

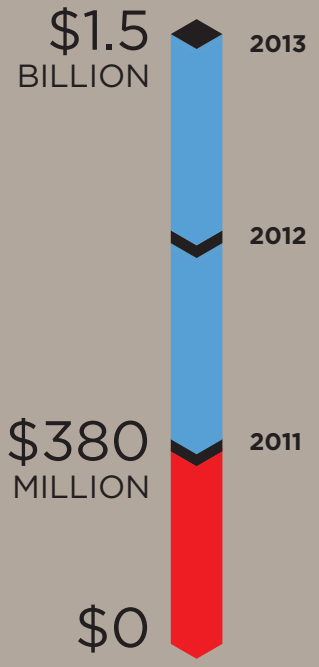
Partners, of the Global Alliance for Vaccines and Immunisations, including governments and corporate organisations, committed US\$4.3 billion to immunise more than 250 million children by 2015.

RESOURCING OUR CHILD HEALTH WORK

As our part of the UN's Every Woman Every Child initiative, World Vision has committed to spend \$1.5 billion on maternal and child health by 2015. In 2011 we spent more than \$380 million on child and maternal health field programmes in developing countries. This is well on the way to achieving our goal. The Child Health Now campaign includes central spending on resources aimed at improving child health in developing countries.



**EVERY WOMAN,
EVERY CHILD
COMMITMENT
PROGRESS**





All Children Need

World Vision believes that four areas, most urgently child health, hold the key to achieving life in all its fullness for every child. Targeting them will achieve the change we want to see.

Children enjoy good health

Good health is the foundation of a child's life. World Vision aims to ensure mothers and children are well nourished, protected from infection and disease, and have good access to essential health services.



Children experience love of God and their neighbours

Physical and spiritual care are both essential to a child's overall well-being. Spiritual nurture helps children shape their view of themselves and the world around them. Our hope is that every child experiences the love of God in meaningful, tangible ways.



4 KEY AREAS TO ACHIEVING LIFE AT ITS FULLEST

Children are cared for, protected and participating

Protecting children from abuse, exploitation and neglect is critical to realising their most basic rights. We target the systems that strengthen protective environments around children.

Children are educated for life

Education is the key to a life of opportunity. World Vision's goal is to see children, especially the most vulnerable, have access to quality education to build literacy, numeracy and essential life skills.



World Vision's part



Good health, particularly in mothers and their children, breaks generational cycles of poverty. Achieving and sustaining good health means tackling both the symptoms and the causes of the problem. World Vision does both. Through programming and our Child Health Now advocacy campaign, we focus on ensuring mothers and children are well nourished, protected from infection and disease, and have good access to essential health services and other health necessities, including clean water and basic sanitation. **We do this through:**

Nutrition: The first 1,000 days—from conception to age 2—determine the course of a child's life. The right food and nutrients in this critical period are essential to good brain function, muscle and organ growth, and a strong immune system. We focus on a handful of nutrition-related interventions for both mothers and children to help save millions of lives.

Infectious disease: Pneumonia and diarrhoea are the two biggest killers of children under 5, while malaria remains a major killer in sub-Saharan Africa. Preventing and swiftly treating these diseases is the best way to eradicate them—and we work to help achieve this.

Water, sanitation and hygiene: Unsafe water and sanitation is a major cause of diarrhoea, the second biggest killer of children around the world. Safe water and sanitation can mean the difference between life and death for millions of children every year. Our work provides access, increases awareness and coordinates with local governments to supply essential services.

Community health workers: These local health care staff and volunteers are critical to achieving good health and nutrition for mothers and their children, especially in rural households and communities where the majority of the world's poorest children live and die.

We are committed to supporting 100,000 community health workers across the world.

HIV and AIDS: More than just a health crisis, HIV and AIDS affect every dimension of social and economic life, robbing children of parents, contributing to maternal and child mortality, devastating workforces and undermining economies. Our work focuses on the children left most vulnerable by the pandemic and on preventing transmission from mothers to babies.

Speaking out: Encouraging and enabling families and communities to identify the barriers to good health where they live, and to hold their local leaders and government accountable to deliver their part.

Child Health Now: Through our global advocacy campaign, we seek to encourage and equip families and communities to identify the barriers to good health where they live and to hold their local leaders and government accountable to deliver their part. World Vision also actively advocates for greater commitment to and improved policies and programmes for maternal and child health and nutrition.

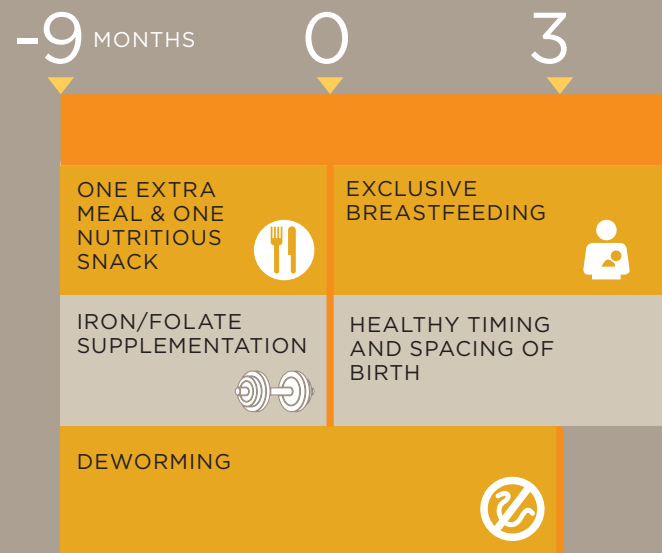
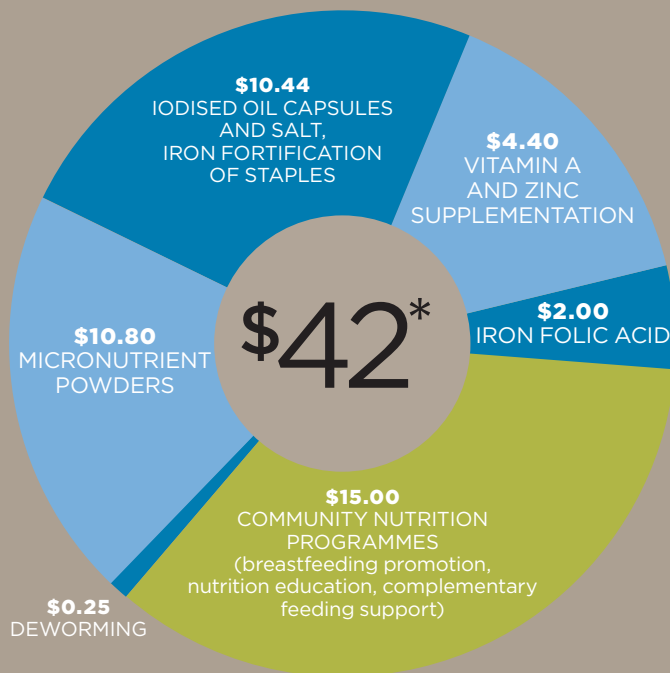
Partnership: No one government or organisation can solve issues that contribute to child mortality. It takes partnership to achieve lasting results. We partner with communities, local and international organisations, governments and donors to help reduce maternal and child mortality.

Solutions to Strengthen M

We know how to stop most of the child deaths that are happening. There are several interventions that form the basis of World Vision's maternal and child health strategy—called

FOCUS ON FAMILIES

JUST US\$42 PER FAMILY STOPS CHILD UNDERNUTRITION BEFORE IT STARTS. IN SEVERE CASES, HOWEVER, COSTS CAN INCREASE BY UP TO FIVE TIMES AS THERAPEUTIC FEEDING IS REQUIRED.



*Costing for a 'standard household' of two adults and two children under the age of 5 (6 months and 20 months). Derived from World Bank, 2008.

PREGNANT WOMEN: 7 CORE INTERVENTIONS

- Adequate diet—extra meal & nutritious snack
- Iron/Folate supplements
- Tetanus toxoid immunisation
- Malaria prevention and intermittent preventive treatment
- Healthy timing and spacing of birth
- Deworming
- Facilitate access to maternal health services: antenatal and postnatal care, skilled birth attendance, prevention of mother-to-child transmission, HIV/STI screening

Maternal and Child Health

Seven core interventions for pregnant mothers and eleven for children under age five are highlighted in the '7-11 Strategy'




CHILDREN UNDER 2: 11 CORE INTERVENTIONS

 Appropriate breastfeeding

 Essential newborn care


 Hand washing

 Deworming (+12 months)

 Appropriate complementary feeding (6 – 24 months)

 Adequate iron

 Vitamin A supplementation

 Oral rehydration therapy/zinc

 Care-seeking for fever

 Full immunisation for age

 Malaria prevention

1

Nutrition

Tackling
food
security by
teaching

Without the right food and nutrients in their first 1,000 days—from conception to age 2—a child's vital functions and chances in life are severely limited. Children weakened by undernutrition often die from the simplest, preventable and most easy-to-treat causes, such as diarrhoea and pneumonia. WorldVision focuses our nutrition work on pregnant women and caregivers for children under age 2 through community and home-based approaches. Working with mothers of well-nourished children in vulnerable communities, we enable and encourage them to share with other parents their successful approaches to food preparation and use of local ingredients. Through and with communities, we tackle underlying food security by teaching agriculture and livelihood development, home gardening, and indigenous and animal-source food production techniques. Communities are the key to encouraging sound infant and young child feeding practices, such as exclusive breastfeeding for the first six months of life, timely introduction of solid/semi-solid food (complementary feeding with continued breastfeeding), effective care for sick and severely malnourished children, and monitoring of vitamin A, iron and iodine levels.

MALNUTRITION IS STILL
THE UNDERLYING
CAUSE IN MORE THAN

1/3

OF ALL DEATHS OF
CHILDREN UNDER 5



IN HOME DIAGNOSIS

In emergencies and areas with high levels of severe acute malnutrition, we use the community-based management of acute malnutrition approach to rehabilitate malnourished children. By supporting in-home treatment using ready-to-use therapeutic food given to children under age 5, the number of child deaths falls, the number of treated children increases and costs are kept down. Families are more likely to seek treatment through this method, as particularly in times of emergency many cannot afford to travel and get food for their children, meaning countless numbers die in their homes.

Infectious Disease

MALARIA STILL KILLS
600 THOUSAND
CHILDREN A YEAR

2

The top two killers of children under the age of 5 are infectious diseases. Together, pneumonia and diarrhoeal diseases are responsible for the deaths of more than 2.5 million children under age 5 every year. Yet we know cost-effective ways to prevent this from happening. Malaria still kills about 600,000 children a year, yet an insecticide-treated bed net, education about how to prevent attracting mosquitoes and seeking treatment when infected could save the majority of those killed.

Focusing on care from pregnancy and childbirth through age 5 saves lives and money. Disease prevention and protection, clean water, early diagnosis and prompt treatment are the keys to saving most of the children lost to infectious diseases in the poorest communities. World Vision uses a community-based approach in which volunteers are trained and equipped to educate families to recognise signs of illness and to advise and provide medical attention as needed.

Focusing on prevention saves lives

MALARIA



World Vision is beginning to use community case management as a key way to fight infectious diseases, such as pneumonia, malaria and diarrhoea. Community health workers are trained to identify, treat and prevent disease, as well as encourage as well as encourage parents to seek additional care at local health facilities. Community case management can help prevent 70 per cent of pneumonia-related deaths and prevent 60 per cent of malaria-specific deaths in children under 5. Deaths from diarrhoea could also be reduced by 93 per cent through introducing oral rehydration therapy and by 23 per cent through introducing zinc. World Vision programmes in Ghana, Niger, Sudan, Ethiopia, Uganda, Rwanda, Pakistan and Afghanistan are the first to begin using this method. Community-based treatment for child illnesses, especially pneumonia, diarrhoea and malaria, is crucial for reaching the MDGs.



3

Water, Sanitation and Hygiene

Increasing and improving access to life-saving services

Diarrhoea is the second biggest killer of children in the world. Inadequate water, sanitation and hygiene (WASH) cause almost 90 per cent of diarrhoea incidence around the world and contributes to half of the global cases of malnutrition. Yet more than 1.2 billion people in the world do not have access to adequate sanitation facilities. World Vision programmes to increase and improve access to these vital, life-saving services focus on five main areas: (1) hygiene promotion and behaviour change; (2) integration in communities, (3) integration in schools, (4) integration in rapid-onset emergencies and (5) integration in urban areas.

1.2

BILLION

NUMBER OF PEOPLE IN THE WORLD WITHOUT ACCESS TO ADEQUATE **SANITATION FACILITIES**



According to UNICEF, hand washing with soap at critical times is important for protecting the health of the whole family. Global evidence shows that hand washing with soap is the single most effective WASH intervention for reducing diarrhoea—the second leading cause of death amongst children under age 5. By being a role model, mothers and care givers can also help instil in their children the good hygiene practices which will serve them for life. Hand washing with soap can reduce incidence of diarrhoea by 44 per cent.

PREVENTION



Hand washing holds the key to some of the most important hygiene promotion and behaviour change; nearly half of all child deaths from diarrhoea could be prevented if hand washing was promoted and widely adopted.

Community Health Workers

4

Community health workers are a vital link between children and families and the essential health services their governments provide. World Vision trains and equips community health workers to be that bridge. We do this through programmes such as our timed and targeted counselling approach. This involves community health workers focusing on providing a series of messages to mothers at specific times to ensure good health and nutrition throughout pregnancy and the first two years of a child's life. The health workers make a series of visits to households of pregnant women to cover, over a number of months, lessons in good prenatal care, delivery advice, good nutrition throughout, exclusive breastfeeding, introducing complementary feeding, appropriate vaccinations at the right time and other elements vital to the health of both mothers and children. In most cases, World Vision partners with the local Ministry of Health to train community health workers in the timed and targeted counselling approach.



100 THOUSAND

NUMBER OF COMMUNITY HEALTH WORKERS WORLD VISION HAS COMMITTED TO SUPPORT

Creating a bridge

In the hands of a community health worker like Rosa, a mobile phone enables pregnant women like Nur Diana to access important health services and information usually only available in cities. In partnership with Safaricom in Kenya, CARE International, African Medical and Research Foundation and others, World Vision is working to bring mobile health technologies to 20,000 community health workers and 1.5 million pregnant women.



ACCESSIBILITY



ADVOCACY

Vulnerable Child Advocacy forms a large part of World Vision's HIV and AIDS work. Aiming to protect the rights of orphans and vulnerable children at the community level, Vulnerable Child Advocacy involves children and families in working with governments to develop policies that support the well-being of children.

5 HIV and AIDS

Preventing HIV and combatting stigma

As long as the HIV and AIDS pandemic continues to rage, lives will continue to be put at risk and gains made in development will continue to be threatened. Across the world an estimated 370,000 babies are infected every year; about 90 per cent of these come from mother-to-child transmission. Total elimination of mother-to-child transmission is a realistic goal that we can achieve, yet less than half of HIV-positive pregnant women receive anti-retroviral drugs to prevent it. World Vision knows from our success in working on the pandemic over the past decade that integration is the most effective way to prevent HIV and combat stigma. Our work includes:

Community prevention of mother-to-child transmission: Our community-based efforts focus on primary prevention of HIV, prevention of unplanned pregnancies, prevention of HIV from a mother to her infant, and provision of appropriate treatment for HIV-positive women

who live with their children

Community care coalitions: We train and mobilise thousands of community members to provide care for orphans and vulnerable children and for people living with HIV.

Channels of Hope: We equip faith leaders to reduce HIV-related stigma in their communities and promote compassionate care for people and families affected by HIV.

Child-focused prevention: We help girls and boys avoid HIV infection through peer education, behaviour change communication, age-appropriate and values-based life skills training, and engaging influential members of a child's life to provide positive support and encouragement.

16.6 MILLION

CHILDREN HAVE
LOST ONE OR BOTH
PARENTS TO AIDS

Partners

The Millennium Development Goals are truly global targets and will only be reached through a combined effort of governments, organisations, corporations, and most importantly, families and communities. World Vision is playing our part in this global effort, directing \$1.5 billion of our funding to health programmes over the next five years, but we cannot do our work or achieve our goals without the support and cooperation of our many vital partners.



Who are we working with?

- Action for Global Health
- Amnesty International
- AusAID—Australian Government
- Australia Aid
- Bill & Melinda Gates Foundation
- Burnet Institute
- Cardinal Health
- CARE
- Caritas Internationalis
- Christian AIDS Bureau of Southern Africa (CABSA)
- CIDA—Canadian International Development Agency
- Coalition on Children Affected by AIDS (CCABA)
- Committee on the rights of the Child (CRC)
- Countdown to 2015
- Desmond Tutu TB Centre, at Stellenbosch University in South Africa
- DFID—The UK's Department for International Development
- Dimagi
- Ecumenical Advocacy Alliance
- End Water Poverty
- European Union CONCORD HIV/AIDS Working Group
- Every Woman Every Child (hosted by UN Secretary-General's office)
- Friends of the Global Fight
- GAVI Alliance
- Geneva Health Forum
- George Washington University
- Global Call to Action Against Poverty
- Global Health Council
- Global Health Workforce Alliance
- Harvest Plus
- IDA Foundation
- Imres
- Initiatives Inc.
- Inter-Agency Task Team on Children and HIV and AIDS
- Inter-Agency Task Team on Prevention of Mother to Child Transmission of HIV (PMTCT)
- International Business Leaders Forum (IBLF) The Partnering Initiative
- International Confederation of Midwives
- International Council of Nurses
- Inter-Parliamentary Union
- Irish Aid
- Johnson & Johnson
- Johns Hopkins University
- KimMNCHip (Kenya mobile health consortium with Safaricom)
- McKesson
- Merck & Co., Inc.
- mHealth Alliance
- NetHope
- NGO Forum for Health
- Norad—Norwegian Agency for Development Cooperation
- Plan
- PQMD (Partnership for Quality Medical Donations)
- Save the Children
- Scaling Up Nutrition (SUN)
- Stockholm International Peace Research Institute
- The Global Fund to fight AIDS, Tuberculosis and Malaria
- The Partnership for Maternal Newborn and Child Health (PMNCH)
- The UK Consortium on AIDS and International Development
- The White Ribbon Alliance
- The World Bank
- UN Foundation
- UNAIDS
- UNICEF
- Universities
- USAID—United States Agency for International Development
- Vitamin Angels
- WaterAid
- Women and Children First (UK)
- Women Deliver
- World Council of Churches
- World Health Organization
- YWCA

Campaigning All Over the

World Vision staff, campaigners, advocates and supporters all over the world have been their elected leaders, all to effect real change for children's health at every level. We speak

DONOR

2. CANADA: Nutrition was the dish of the day when World Vision took renowned celebrity chef Roger Mooking to Cambodia to raise awareness and share understanding with mothers and fathers

World Vision works with. Highlighting the importance of nutrition to a child's first 1,000 days, the issue and World Vision's solutions, achieved widespread media coverage and support.

GLOBAL

2. NEW YORK: The Best Start, World Vision International's report looking at the global status of malnutrition, both the causes and solutions, was launched in New York at the UN General Assembly

in September. 2011 Kevin Jenkins launched the report to a packed crowd, and the report has already been used to inform policies and governments in more than ten countries.

DONOR

3. USA: With aid budget cuts of US\$4 billion looming, World Vision mobilised more than 30 church leaders and heads of faith-based organisations to send a joint letter to every Congressional office and to visit members of Congress to protest the cuts.

GLOBAL

3. LATIN AMERICA REGION: World Vision has signed an agreement to work with the World Health Organisation and the Pan American Health Organisation on Millennium Development Goals 4 and 5 until 2015. The agreement enables World Vision to address governments of the Americas and request specific budget increases for health in the region.

World

talking to the streets, writing letters, filming videos, collecting evidence, meeting with
ak out with authority and with one voice for children.



DONOR COUNTRIES



GLOBAL CAMPAIGNS



GLOBAL

1. GENEVA: Accountability ensures that promises made are promises kept and that funding is used wisely. Alongside prime ministers and presidents, World Vision International President Kevin Jenkins sits on the accountability commission for the UN's global strategy for women's and children's

health to track whether countries honour the commitments, they have made. World Vision has led the development of ten recommendations made, totalling more than US\$40 billion by the commission, including building an independent expert review group. Their first report is due this year.



DONOR

1. AUSTRALIA: Amid a restrictive fiscal environment, World Vision held the government to its promises to increase its overseas development assistance to 0.5 per cent of the budget, from A\$4.8 billion to A\$8.5 billion, by 2015-16. Direct campaigning, involving more than 5,000 campaign actions, by World Vision and our supporters saw the country's foreign minister publicly pledging to put health at the centre of development.

“The Best Start (World Vision’s report on child nutrition published in 2011) lays out a path for reaching many more of the malnourished children in the world.”

Josette Sheeran,
*Executive Director of the
World Food Programme*



Development All Over the

World Vision staff, campaigners, advocates and supporters all over the world have been working with their elected leaders, all to effect real change for children's health at every level. We speak



3. BOLIVIA: After providing technical support and expertise to the central government and working at the local level to design and implement solutions, 24 of Bolivia's 337 municipalities with the highest mortality rates of children under 5 now have health plans and budgets prioritising maternal, newborn and child health. The target is for an additional 15 this year.

5. EL SALVADOR: Only six months into their Child Health Now campaign, World Vision in El Salvador has already worked in partnership with others to successfully lobby for the integration of exclusive breastfeeding policies into existing child and maternal health regulations. The amendments are currently waiting to be passed in parliament.

2. ARMENIA: World Vision led countrywide advocacy efforts that saw the 'Promotion of breastfeeding and marketing of Breastmilk substitutes' come before parliament. Joint efforts through the Child Health Certificate Programme saw decreases ranging from 43 per cent to 87 per cent in the number of parents having to pay informal fees for hospital treatment for their children.

4. BRAZIL: Adolescent mothers in Brazil account for most of the country's child and maternal deaths, so World Vision released research findings in August to raise awareness of the issue, which led to meetings with the president and government to consult on actions to be taken and on legislative and policy changes.

e World

...n taking to the streets, writing letters, filming videos, collecting evidence, meeting with
...eak out with authority and with one voice for children.

DEVELOPING COUNTRIES



1. AFGHANISTAN: Using our experience in Afghanistan, which has seen significant improvements in child and maternal survival in project areas, World Vision is working with provincial authorities and local partners, including key government and civil society partners, to develop provincial and national policies.

7. INDONESIA: Joint lobbying and advocacy efforts paid off when the government agreed to increase the national health budget by 2 per cent next year, the equivalent of about US\$58 million.

6. INDIA: September brought much cause for celebration as the government increased the national health budget from 1.6 per cent to 2.5 per cent of the country's GDP as a result of successful lobbying by World Vision and its supporters.

8. KENYA: As the north of the country faced a severe drought, World Vision worked directly with the government and other partners to draft a National Food and Nutrition Security Policy; an important step in recognising and setting a plan to fight the scourge of malnutrition every year, not just in times of crisis.

Best Practices and Lessons Learned

This year we've learned some very important lessons about advocacy campaigning and health programming from the great work of teams around the world. Here are a few of their inspiring stories.



AUSTRALIA

The challenge The global economic crisis put domestic pressure on governments across the world to cut foreign aid budgets and keep the money at home. Several governments caved, and World Vision did not want the same thing to happen in Australia.

What was done World Vision gathered the support of more than 50,000 Australians through postcards calling for the government to step up to the plate on child malnutrition and food security. When the Commonwealth Heads of Government met in October 2011, World Vision organised an event with Australia's Foreign Minister Kevin Rudd, World Vision Australia

CEO Tim Costello and World Vision Ambassador and cricket legend Adam Gilchrist to put public pressure on the leaders gathered to step up to the plate. Adam Gilchrist presented Mr Rudd with a giant paper plate on behalf of all those who supported the campaign.

The results The Australian government has committed an additional US\$100 million over four years to a new Australia–Africa Food Security Initiative.



BOSNIA AND HERZEGOVINA (BiH)

The problem In Bosnia and Herzegovina, the Roma people live on the fringe of society. While public health is improving for the majority of the population, the Roma people lag far behind. More than one third live in homes without a bathroom or sewage system, and half of Roma babies under 6 months are chronically undernourished.

What was done The government of BiH has made commitments to combat this marginalisation that contributes to inadequate housing and undernutrition. This will help the Roma people have the resources and support necessary to uphold their rights as citizens. Joining with other citizens of BiH, the Roma people are holding the government accountable to keep the promises they made when they joined the Roma Decade in 2009—an international initiative that brings together governments, intergovernmental and NGOs, and Romani civil society to quickly improve socio-economic status and social inclusion of the Roma. Because of this commitment, the government is accountable, not only to its own citizens but also other partners throughout Europe and the rest of the world to improve life for the Roma.

The results World Vision in BiH has worked with Roma organisations and the BiH government to establish four tuberculosis centres and three HIV centres within the Roma community. These centres promote awareness, early diagnosis and treatment to improve individual and community health.



UGANDA

The problem Uganda has made some progress in reducing its child mortality, but 99 children in every 1,000 die before the age of 5.

What was done World Vision has identified households and communities as holding the key to help reach the country's goal of reducing deaths by two thirds by 2015. Focusing on the importance of village health teams in linking communities with national health structures, World Vision has worked with local governments in several districts to hold health fairs.

Lasting a day and attracting an average of about 1200 people, the fairs offer health services, such as immunisa-

tions and check-ups, and demonstrations to increase awareness about inexpensive preventions and solutions to some of the country's worst killers of children under the age 5. The fairs also provide World Vision with the chance to talk to local communities about the importance of holding their local leaders accountable to play their part in providing the health services the government has promised by passing local laws and ensuring there are enough local health staff.

The results In just a few months of holding the health fairs, the teams are already seeing increases in latrine coverage, people seeking immunisations, use of mosquito nets and community conversation on the quality of health services provided. In one district, a bylaw on latrine construction has been enforced. In another district, the local government has already recruited 35 new health workers, and in yet another there have been discussions to influence local cocoa farmers to allocate 20 per cent of their land to growing food to address malnutrition.

Best Practices and Lessons Learned



The problem In the southern Africa region, access to clean water and sanitation is a huge issue in a number of communities. Even where clean water is available, it is often a challenge for communities to maintain the facilities, and a lack of understanding about water and sanitation often leads to the spread of disease.

What's being done To promote positive behaviours around water, sanitation and hygiene that will improve the well-being of children and communities, World Vision is piloting household clubs or groups. Household members who have been identified as holding influence in their community are equipped to promote hygiene and behaviour changes in the community. World Vision trains them in how to maintain the local water systems, how to build good quality latrines with local materials and how to set up and run groups that spread the word and encourage better behaviour in water and hygiene. With a goal of the complete eradication of water borne diseases, these groups hold the key.

Expected results Community hygiene promoters helped start three groups. In just three months, those three groups multiplied, on their own, to 18 groups in surrounding communities. Three of the 18 communities had a latrine in every household. Group members hold each member accountable to promote hygiene education and behaviour change to help reduce WASH-related diseases. Members ensure that each household has a safe and sustainable toilet, a hand washing facility, a dish rack and a refuse site and that the household also practices hand washing at critical times. The groups are also establishing income-generating activities to maintain their water supply systems and build latrines. They also teach better ways to use water and encourage more people to help maintain facilities.

INDIA

The challenge In a country where more than 1.6 million children under age 5 die every year and where children make up almost one third of the population, children's views and stories are often brushed aside by opinion leaders and lawmakers.

What was done World Vision equipped young people throughout the country with the information, skills and tools needed to have their voices heard, through short films, stories, photos and skits. Over a six-month period, children in New Delhi, Jaipur, Chennai, Bangalore, Kolkata, Malda and Goa were trained in how to capture their experiences and opinions on policies that affect them in a way that would help leaders listen to them. Over a number of months, the children made short films, interviewed opinion makers and leaders in their communities wrote articles, poems and short skits to express themselves.



The results Aiming to change the mindset of their elders, children involved in the projects presented their work to community members, prompting healthy discussions and debates, aiming to change the mindset of their elders. World Vision also organised a national child journalist summit in the country's capital of New Delhi, attended by government representatives, journalists, students and members of the public.



PERU

The problem The Quechua people of Lamay, Peru, couldn't understand why more of their children and mothers were dying than in other parts of the country. Year after year they struggled for food, and laboured to lift themselves out of the poverty they dealt with every day. They thought that working the land was the most important thing to do. If they could just find out how to grow more food, their problems would be solved.

What was done In 1994, World Vision set up an area development programme in the community. Together, they saw early success in increasing their field production

but still no improvement in health among pregnant women and their children. In 2000, a UNICEF study in the area showed that in Lamay, two out of three children under age 3 were stunted because of poor nutrition. The community realised they needed to try a different track. They worked with World Vision, UNICEF, the Ministry of Health and a community-based organisation to focus on children. They worked to get children's health and nutrition right from the beginning, and to tailor development programmes to cater for the needs of the most vulnerable.

The results Stunting among children is still declining—down from 66 to 38 per cent since 2000—and fathers are actively involved in monitoring the health and nutrition of their children. Because of World Vision's intervention, prenatal care in the first ten weeks of pregnancy tripled, while the number of women who give birth in a health institution rose from one in three, to nine in ten. As World Vision's programme phases out of the Lamay district, a local health association run and owned by the local community will continue its work to improve child health.

Looking Ahead: What else

The world's leaders promised to drastically improve child and maternal health by 2015. Find out what World Vision staff and campaigners will be up to this year and right

2012

Only three years left to meet the **Millennium Development Goals (MDGs)**!



June
We'll be at the UN Conference on Sustainable Development in Brazil to keep up the long-term momentum to reduce poverty and keep child health at the forefront.

September
Every Woman Every Child progress assessment—is this effort, led by the UN, to save 16 million women and children by 2015 on track? Child Health Now is a key partner and part of the commission compiling the report.

All year
Babies who are born at least 24 months apart are much more likely to survive—and have healthier moms. World Vision will work with mothers all year to promote healthy spacing of pregnancy.



To encourage better diagnosis and treatment for kids with TB, World Vision will partner with the **Desmond Tutu TB Centre** for paediatric tuberculosis.

2013

VisionFund, the microfinance subsidiary of World Vision, will develop a credit programme for improving child and maternal health in communities.



May
G8 meetings in the US will be important for keeping World leaders accountable for child and maternal health promises they've made.



July
At the International AIDS Conference we'll focus on preventing HIV from spreading to children from their mothers.

November
This includes World Vision's **Week of Action for Children**, starting with World Pneumonia Day on November 12 and ending with the Universal Children's Day on November 20. Supporters around the world will host events to raise their hands for child health.

World Vision's responses to droughts and food shortages will protect child health through clean water, sanitation and hygiene, infant and young child feeding practices, and community-based management of acute malnutrition.

World Vision and its partners will start to equip community health workers with mobile technologies, including diagnostics, so that those workers will have the knowledge they need at their fingertips.



World Vision's **Channels of Hope** programme will mobilise faith leaders on these key issues: HIV and AIDS, maternal and child health and gender and child protection.

2012

2013

e is to be done?

2015, and there is so much more to do in a few short years to make that happen. until 2015.

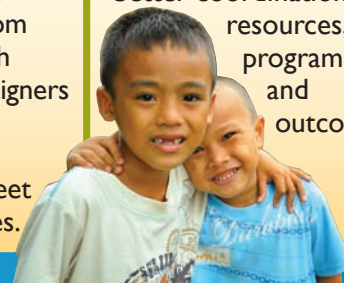
2014

It's the two-year countdown to meet the Millennium Development Goals. Child Health Now campaigners around the world will be calling on their governments to reach the targets. Our campaign focus will be to prevent more than three million child deaths a year from just three diseases—pneumonia, diarrhoea and malaria—through proven, cost-effective measures like oral rehydration solution, treated bed nets and trained health workers in communities.



Eight years ago, the **G8** met in Gleneagles and made grand promises to increase aid to developing countries. This year they return to the UK and we'll be there to hold them to account.

Donor countries that aren't meeting their child and maternal health funding commitments will be under pressure from Child Health Now campaigners to deliver a last-minute boost to meet the promises.



Child Health Now campaigners will be at the **World Health Assembly** holding ministers of health to account on their promises to improve health governance to ensure better coordination of resources, programmes and outcomes.

2015



The Millennium Development Goals summit in 2015 will tell the world if we pass or fail on child and maternal health promises and six other important goals to end poverty.



September
We'll be at the United Nations General Assembly to ask all member countries to increase their focus on improving child health.

Child Health Now will give governments real evidence of their success or failure regarding increased spending on health in line with their commitments, including African nations who have promised at least 15 per cent of their budget for health.



2014



Too many children die when there is a natural disaster or conflict in their country. Our campaign focus will be getting emergency responders and those engaged in conflict to ensure the health of children and mothers is prioritised in the midst of the crises and in the aftermath.

Success stories from countries that have made progress toward improving child and maternal health will be used as proof that coordinated and sustained action can save lives.



2015



World Vision



**CHILD
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NOW**

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