



Strategy Note

Deliver Now: Strategies and Opportunities

Executive Summary

This introductory concept note is intended to initiate discussion about a common advocacy drive for Millennium Development Goals (MDGs) 4 and 5 that will provide a public umbrella to benefit the work of partners and their initiatives.

This initiative, *Deliver Now for Women + Children*, was launched in New York in September by The Partnership for Maternal, Newborn & Child Health to strengthen civic activism for maternal, newborn and child health in coordination with the new Global Campaign for the Health Millennium Development Goals.

The Global Campaign promotes key concepts developed in the Global Business Plan for MDGs 4 and 5, spearheaded by the Government of Norway with the support of The Partnership. The Global Campaign is made up of a number of interrelated initiatives to accelerate the achievement of the health MDGs, and includes the UK-led International Health Partnership to improve donor coordination in support of national health plans; a high-level political leaders' network to advocate for MDGs 4 and 5; and performance-based financing models now under development. Norway's September announcement of \$1 billion in new money for MDG 4 & 5 further accelerates this progress.

In brief, *Deliver Now* represents the first time a major advocacy drive uniting maternal, newborn and child health has been launched. As such, it recognizes the importance of bringing together a wide range of actors at global, regional and country levels, offering a common platform for social mobilization, creation of demand for health services, political advocacy and fundraising to address the estimated \$9 billion required annually to achieve MDGs 4 and 5.



To do so, *Deliver Now* will coordinate and support partners in carrying out a range of activities, including social mobilization campaigns in line with national health plans and priorities; advocacy and leadership training for NGOs and health professionals; building public confidence in the value of skilled health workers and greater protection for health workers; creating high-profile opportunities for action by maternal and child health champions; drawing together like-minded lobby groups from various fields to undertake joint action for health sector reform; coordinating fundraising plans, messages and common branding; and developing innovative measurements for capturing the impact of successful advocacy on policy change.

These activities are drawn directly from lessons learned from a major report on advocacy priorities and messaging on maternal and child health produced in 2007 by the Options consultancy group of the UK. The report examined six countries (Norway, Japan, UK, Tanzania, Mozambique and India) in regard to resonating frames for advocacy messaging, lessons learned in carrying out advocacy campaigns, and recommendation for future models.

Deliver Now is founded on key lessons learned from the Options report; the findings on advocacy for safe motherhood by Jeremy Shiffman; and from the recent Women Deliver conference. Lessons learned include the low visibility of maternal, newborn and child health; the vital importance of speaking with a united voice to promote a common set of messages, including the three “pillars” of maternal health: access to reproductive care, including family planning; access to emergency obstetrical care, and access to skilled attendance at birth. *Deliver Now* also draws on lessons learned from other social movements – from HIV to human rights – about the authenticity and credibility that comes from ensuring that those directly affected – women and children – speak the loudest.

Given the new political momentum for MDG 4 and 5, partners have unprecedented incentive to work together at global, regional and country levels under a single umbrella. Plans in 2008 include the G8 in Japan, where *Deliver Now* will be instrumental in catalyzing legislators, NGOs and health professionals. There are also plans to develop new regional advocacy models involving youth-led networks and regional institutions; and to embark on national advocacy plans in India and Tanzania, where political will is high and effective allies are plentiful.



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Acknowledgements

This concept note was prepared by the secretariat of The Partnership for Maternal, Newborn & Child Health, and was adapted from a presentation delivered to UK-based NGOs at a meeting hosted by Save the Children UK on 17 October 2007 in London.

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I The Origins of *Deliver Now for Women + Children*

Deliver Now for Women + Children was launched on 26 Sept. 2007 in New York as a key part of the Global Campaign for the Health Millennium Development Goals (MDGs), a new campaign made up of a number of interrelated initiatives that aim to accelerate progress in achieving the health MDGs.

The Global Campaign builds on the work of the High-Level Panel on UN System-Wide Coherence, and includes such elements as the UK-led “International Health Partnership” (IHP), which aims to improve coordination of donor support for national health plans. The Global Campaign also includes the “Providing for Health” initiative, led by France and Germany, to improve sustainable financing of health systems and protect vulnerable populations from high out-of-pocket payments for health services.

Other elements of the Global Campaign are currently under development, and include new innovations in results-based financing models (coordinated by The World Bank), as well as a new push to increase the supply of health goods and services at the community level, including more skilled health workers (partners: Canada, Norway, USA, UNICEF, WHO, Gates, World Bank).¹

The Government of Norway is a key player in each of these elements, and as such, took the lead in unveiling the Global Campaign on 26 September 2007 in New York, where Prime Minister Jens Stoltenberg attended the Clinton Global Initiative annual meeting to announce a \$1 billion donation to accelerate the achievement of MDGs 4 & 5.

Norway’s support of MDGs 4 & 5 has been building steadily. In January 2007, Norway, together with The Partnership for Maternal, Newborn & Child Health, began an extensive process of consultation for the development of a “Global Business Plan for Millennium Development Goals 4 & 5”. The ideas developed in the Global Business Plan discussions are now reflected in the broader Global Campaign document, particularly in the emphasis on women and children and the need for greater advocacy for their needs.

¹ Full text of the “Global Campaign for the Health Millennium Development Goals”: http://globalhealth.no/images/stories/the_global_campaign_for_the_health_millennium_development_goals.pdf



Norway has taken the lead in cultivating and briefing a “Network of Political Leaders” to provide such political momentum. Members include Norway, Brazil, Chile, Indonesia, Mozambique, Pakistan, Tanzania and the UK.

In addition, the Global Campaign calls on The Partnership for Maternal, Newborn & Child Health to act as a coordinating point for its 170+ member-agencies in developing a common advocacy and communications drive called *Deliver Now for Women + Children*. This initiative is intended to galvanize public and political support for maternal and child health, and produce popular pressure for health systems reform, undertaking the following goals:

- strengthening civic activism to increase demand for maternal and child health services;
- holding political leaders accountable and committed to deliver maternal and child health services;
- strengthening the capacity of media to address these issues.

The Partnership took up the challenge by launching *Deliver Now* in New York on 26 September alongside the announcement of the Global Campaign for the Health MDGs and news of the Norwegian and Dutch announcements of \$1.125 billion of new money for the health MDGs.

The New York birth of *Deliver Now* was an early activity of the Global Campaign, drawing public attention to the issues and the commitments made by global leaders on MDGs 4 and 5 at the UN General Assembly and the Clinton Global Initiative annual meeting in New York, as well as to the forthcoming Women Deliver conference in London. Indeed, the *Deliver Now* launch succeeded in attracting substantial media coverage for a range of activities, including a public rally in New York with pop star Chaka Khan, supermodel Liya Kebede, TV/film personality Ricki Lake, First Lady of Zambia Maureen Mwanawasa, HIV activist Stephen Lewis, and endorsements from Nicole Kidman and Vanessa Redgrave.

This event on 26 September was followed by a high-level panel discussion on MDGs 4 and 5 at the UN during the General Assembly. Participants included Prime Minister Jens Stoltenberg of Norway; UN Deputy Secretary-General Asha-Rose Migiro; Margaret Chan, Director-General of the WHO; Thoraya Obaid,



Executive Director, UNFPA; Zambia's First Lady, Maureen Mwanawasa; and activists Aparajita Gogoi of the White Ribbon Alliance India and Rosangela Berman-Bieler of the Inter-American Institute on Disability.

At present, *Deliver Now* continues to spread the message about supporting MDGs 4 and 5 through www.delivernow.org, as well as through frequent repetition of a celebrity radio spot by Chaka Khan and a *Deliver Now* TV spot created by a leading Hollywood TV production house, now airing *pro bono* on CNN, CBS, and other American TV networks.

Given the early launch of *Deliver Now*, the task ahead is to develop a full operational plan with input from a full range of partners. In doing so, *Deliver Now* will continue to draw on the lessons learned from a recent report on advocacy for maternal, newborn and child health produced by Options Consultancy Ltd. of the UK (see Annex 1). This report was commissioned by the advocacy sub-group of the Global Business Plan in order to lay the groundwork for *Deliver Now*.

The design of *Deliver Now* also reflects the findings of political scientist Jeremy Shiffman of Syracuse University, USA, whose recent research on the determinants of political will and the history of the safe motherhood movement has drawn attention to the key indicators for advocacy success, and has influenced the design of *Deliver Now*. These determinants include²:

- policy cohesion within the global community;
- leadership by institutions and individuals who have a mandate to coordinate and unite;
- strong internal and external “resonating frames”, drawing together the policy community, as well as political leaders, on definitions, causes and solutions to the issue;
- favourable “policy windows”, in which global conditions align to present key opportunities for advocates to influence decision-makers;
- credible indicators that show the severity of the issue, and which can be used to track progress;
- effective interventions that are cost-effective, clearly explained, and backed by scientific evidence.

² Shiffman, J. and Smith S. (2007). *Generating Political Priority for Global Health Initiatives: A Framework and Case Study of Maternal Mortality*. The Lancet, 370 (9595), 1370-1371.



II Why *Deliver Now*?

Following on from the recommendation of the Options report, the Shiffman analysis, and the lessons learned from other successful social justice movements, such as the HIV and the human rights movement, *Deliver Now for Women + Children* is an umbrella concept, bringing together a wide range of partners in a concerted advocacy drive that no one agency or organization could undertake alone. It is the first-ever advocacy movement for MDGs 4 and 5, uniting the voices of NGOs, health professionals, academics, donors, UN agencies, and governments, and offering a common roof under which a wide range of partner-led initiatives can be supported and connected.

Deliver Now is founded on a core belief in the importance and indivisibility of the continuum of care between maternal, newborn and child health. In this way, The Partnership for Maternal, Newborn & Child Health is the natural home for this movement, offering a coordinating base between many partners and interests.

Although many of The Partnership's members are engaged in advocacy activities, *Deliver Now* is unique in expressing equal concern about maternal, newborn and child mortality, and in the importance of health system reform and coordinated country-led action as the means to achieving these MDGs.

Deliver Now also recognizes the critical importance of filling the funding gap in maternal, newborn and child health, currently estimated at approximately \$9 billion per year. Since it is designed to act on behalf of the entire spectrum of maternal, newborn and child health concerns, *Deliver Now* is well-positioned to drive generic fundraising efforts targeted at both the public and private institutions. In doing so, it would educate audiences about the need for greater resources for maternal, newborn and child health and how the lack of funding undermines economic, political and social development. Consistent, long-term fundraising has been key to the success of the HIV movement, and the maternal and child health movement must capitalize on recent political momentum and opportunities to make its case as loudly as possible. *Deliver Now* offers a united public face for these efforts.

Finally, as an independent movement, *Deliver Now* is uniquely positioned to act as a global watchdog for health system reform, keeping track of global promises



of investment and greater donor coordination, holding institutions to account and broadcasting progress where achieved.

In these ways – uniting messages and actors, strengthening the media and civil society movements at the country level, and bringing global attention to funding constraints and promises made – *Deliver Now* adds unique value to the maternal, newborn and child health movement at a crucial moment in its history.

III Vision, Goal + Purpose

The vision of Deliver Now can be summarized as follows: To reduce maternal and child mortality, achieving MDGs 4 and 5. The overarching goal of *Deliver Now* is to improve equitable access to quality health care by creating an advocacy drive that unites the voices of many partners concerned with maternal and child health. This includes embracing other movements and initiatives with like-minded concerns, such as the human rights movement and other health movements concerned with health system reform, such as the HIV movement.

In advocating for equal access to health care, *Deliver Now* has three distinct, if related, purposes. These are elaborated in section IV: Outcomes + Activities.

- 1) Mobilizing public support and stimulating positive behaviours that reduce maternal, newborn and child deaths;
- 2) Generating political support for key messages and actions to improve maternal, newborn and child health;
- 3) Raising significant new money for maternal, newborn and child health as an integrated issue, in line with country-led efforts to improve health systems and achieve MDGs 4 and 5. Funding is required both for direct support to countries, as well as for advocacy, to boost this issue to the top of political agendas in G8 countries, as well as in high-burden countries.



IV Outputs + Activities

Progress towards each of the three main purposes of *Deliver Now* – greater public support, political support, and investment -- can be measured by specific outputs, which are to be achieved by distinct activities undertaken by various partners under the *Deliver Now* umbrella.

A) Greater public support for maternal, newborn and child health, for instance, can be witnessed by strong social movements that insist on delivery of high-quality health services for all women and children. Strong public demand for health system reform, as well as uptake of health services, can be inspired by the following activities:

- i) *More public education:* Before the public can demand stronger health services, they need more knowledge and confidence in what a functional health system can deliver. The public needs to believe in the benefits of accessing that system and in the benefits of improved maternal and child health to the family as well as the community and nation. At the same time, public dialogue is enhanced by the practice of effective “supply-side” advocacy, ie, informing and engaging political leaders and their advisers in order to promote stronger leadership, plans, policies and budgets. As the Options report advises, this simultaneous – but separate process – of supply-side advocacy is critical to the process of strengthening political dialogue and greater overall commitment to maternal, newborn and child health.

Deliver Now is well-positioned to support both supply-side and demand-side advocacy through the many skills and connections of its partners. On the demand-side, partners in *Deliver Now* can undertake social mobilization activities aimed at changing knowledge, attitudes and behaviours to increase pressure for health services and to improve the practice of life-saving behaviours at the household level. These campaigns can be carried out at mass scale via media partnerships that integrate maternal, newborn and child health education into popular TV/radio programmes (eg, drama serials, talk shows, news programming), enhancing the knowledge, motivation and skills of both the public and the media about maternal, newborn and child health.



For additional reach and impact, social mobilization must happen at the interpersonal level, via community activities based on peer-to-peer education using participatory media tools such as games, interactive theatre and video, and other visual aids. Efficacy is further maximized if coordinated in support of major service delivery initiatives – for instance, combining mass media and interpersonal education on breastfeeding and complementary feeding with a national drive to extend postnatal services and reduce malnutrition among mothers and babies. In this way, *Deliver Now* falls squarely in the footprint of national health plans, enhancing uptake of services by coordinating media, UN partners, NGOs and health professionals in a concerted effort to increase public knowledge and behaviours. Ultimately, this coordinated delivery of public health campaigns can also assist in building closer ties between the media, health professionals, government and community groups, fostering greater trust and cooperation well beyond the life of a particular campaign.

- ii) *Building advocacy capacity and networks:* NGOs, academic institutions and health care professional associations are important leaders in shaping public opinion on maternal, newborn and child health. Their ability to act as effective advocates will be enhanced by *Deliver Now*, which will act as a coordinating point in bringing together like-minded actors to seed the formation of strong social movements. Activities could include working with partners to conduct dedicated training and development initiatives in leadership skills, communication skills, and the development of national and sub-national civic networks with specific advocacy objectives for enhancing the political profile of maternal, newborn and child health and health system reform.
- iii) *Motivating and engaging health workers:* Health workers are the face of the health system, and their attitudes and behaviours have a direct influence on the public's perception of the quality and accessibility of those services, as well as on the public knowledge and attitudes about maternal, newborn and child health. *Deliver Now* could assist in motivating and persuading health workers about the critical importance of their role in the system. For instance, a high-profile series of TV and radio spots that boost the image of health workers as local heroes



performing vital services for women and children could have a galvanizing impact on the willingness of workers to remain engaged in their jobs and to perform at the highest possible level. Similarly, such a campaign could assist in attracting new recruits to the field at a time when health-worker training is a key concern in many countries. This “professionalization” of the image of health workers would help instill public confidence in the health system and contribute to greater willingness to seek out professional services. Apart from these media-based exercises, *Deliver Now* would seek to support the health professional associations in working more closely with each other to secure greater rights and protections for front-line workers, encouraging safer working environments, and validating the role of midwives as skilled professionals.

B) Greater political commitment to maternal, newborn and child health is essential to the achievement of MDGs 4 & 5. This can occur as a result of pressure from below, as described above, and/or direct lobbying of governments and institutions by high-profile champions, donor agencies, UN institutions and regional/global bodies. *Deliver Now* can assist in this process through the following activities:

- i) *Creating opportunities for action:* The Government of Norway has done an impressive job in developing a high-profile network of heads of state to advocate for MDGs 4 and 5. This network, which includes Chile, Brazil, India, Indonesia, Pakistan, Tanzania, the UK and Mozambique, can be further stimulated if senior advisers to the leaders are briefed regularly on key facts and opportunities. This “sherpa network”, as well as senior parliamentarians, can be stimulated into active participation by co-developing strategies for appearances at key advocacy events, op-eds and editorial board meetings, media-accompanied field tours, TV spots and radio talk shows. Similarly, *Deliver Now* could lead on recruiting key celebrities to act as global or local champions, as Bono has done so effectively for debt-relief and Elton John has done for HIV/AIDS.
- ii) *Persuading policymakers of benefits of action:* *Deliver Now* and its partners can assist in packaging evidence and messages about the continuum of care for key target audiences, working closely with The



Partnership's Effective Interventions and Advocacy Working Groups to drive inclusion of maternal, newborn and child health in key policy statements and national plans, such as PRSPs and SWApS. Advocacy products must be empirically robust and intended to persuade decision-makers that taking action on maternal and child health will be effective and politically palatable. These packages can take various forms, from reports to policy briefing notes to media-friendly products, such as scorecards, documentaries and NGO-supported field visits. The goal is to introduce maternal and child health issues to decision-makers and their advisers through such products, involving repeated conversations at various levels over time and involving, where possible, the voices of those directly affected by the issues.

- iii) *Motivating social institutions to act as watchdogs:* Maternal and child health is relevant to a wide spectrum of social-interest groups, including trade unions, media, human rights groups, youth groups, women's groups, disability groups, and health lobby groups concerned with health systems reform, including the HIV movement. *Deliver Now* can identify common points of concern and action, bringing together like-minded groups at global, regional, country and sub-national levels to create a broader political push for MDGs 4 and 5 at key events such as the G8 and regional forums and developing joint efforts on key issues such as health budget tracking, public interest litigation, and media training.

C) Coordinated fundraising is central in addressing the yawning gap between current resources and those needed to achieve MDGs 4 and 5. This deficit, currently estimated at \$9 billion per year, is not currently being addressed in a coordinated manner, as a wide range of players continue to fundraise independently for separately for various elements of the maternal, newborn and child health spectrum. However, as the concept of the continuum of care continues to gain traction, the time has come for an integrated fundraising push that addresses maternal, newborn and child health as an integrated whole, and succeeds in delivering money in two ways: 1) as direct budget support to countries in support of agreed national plans; and 2) to civil society groups (including NGOs, health care professional associations, and academic institutions) to increase their capacity to act as effective advocates.



Deliver Now will not be the administrator of such monies raised; instead, *Deliver Now* will seek to provide a platform for discussion as roles and responsibilities are worked out among different constituents as to how funds will be transmitted to the country level. Above all, *Deliver Now* will act as an engine in powering fundraising efforts through the following activities:

- i) *Develop realistic annual fundraising goals and strategies*, segmented by target audience (e.g., civil society, corporate and private institutions, public institutions, donor governments, foundations, etc.) and based on the identification of a clear set of incentives for each audience;
- ii) *Develop common messaging and branding*, uniting partners under the *Deliver Now for Women + Children* umbrella and supporting a single set of messages, such as the “three pillars” for maternal health that were consolidated at the Women Deliver conference in London in October: access to reproductive services, including family planning; access to emergency obstetrical care; and access to skilled birth attendance. *Deliver Now* launched with a colourful brand identity and public rallying cry “*More than 10,000,000 deaths per year: Too many to ignore*”, in line with Options’s recommendation of consolidating the data for maternal, newborn and child mortality. *Deliver Now* partners may wish to revise or redesign as discussion proceeds. The key point, however, is that a single umbrella identity and set of messages is to be promoted by all partners in order to achieve maximum visibility and public recognition.
- ii) *Develop a performance-based financing mechanism* for raising and disbursing both programmatic funds for maternal, newborn and child health, but also funds for partner implementation of advocacy activities. The development of this instrument will require extensive discussion among partners, which *Deliver Now* could coordinate.

D) Evidence of advocacy impact is notoriously difficult to achieve. Very often, intermediate process indicators, such as media coverage, are given to substitute for evidence of effective lobbying. Yet, empirically robust measures that link action to policy and investment outcomes at global, regional and country levels are required if advocacy is to become a key programmatic element that attracts a sustainable level of funding in its own right. Working closely with The



Partnership's Monitoring and Evaluation Working Group, *Deliver Now* would attempt to develop such measures, correlating for instance, the relationship between policy statements, investment commitments, and changes in public behaviours with direct inputs by *Deliver Now*. Activities could include the following:

- i) *Advocacy research design and implementation* of indicators to guide and monitor all *Deliver Now* activities, including public behavioral-change campaigns, advocacy training and media capacity building; political lobbying; and direct fundraising appeals to the general public and private institutions. *Deliver Now* could also coordinate and support budget-tracking efforts of partner organizations, disseminating results through networks established with a wide range of social-interest groups.
- ii) *Dissemination of advocacy results* is a critical component of accountability, as well as a necessary step in gaining credibility for advocacy efforts and attracting funds for further action. *Deliver Now* could report on its results through a wide range of outlets, including The Partnership and *Deliver Now* websites, e-updates to partner organizations, and annual reports.

V Plans in 2008

Although an operational plan is yet to be developed with partners at global, regional and country levels, the following plans are in place for *Deliver Now* in coordination with the 2008 workplan of The Partnership for Maternal, Newborn & Child Health (see Annex 2). These include:

Political Advocacy

- "Countdown to 2015" conference, South Africa, April 2008. Aimed at tracking progress in maternal, newborn and child health, the Conference will take place in conjunction with the 118th Inter-Parliamentary Union Assembly scheduled in Cape Town, South Africa on 13 - 18 April 2008.
- G8, Japan, June 2008. *Deliver Now* will be featured and presented in several events to the run up to the G8 meeting in June, with the aim of having commitments related to MNCH resulting from the meeting.



- G8, Italy, June 2009. Working with NGOs and political leaders in Italy, *Deliver Now* will be the platform to engage the coalition of Italian NGOs in MNC issues and lobby the G8 (Italy 2009) to include MDGs 4 & 5 in their commitments.
- Regional forums and UN events. Following the first high-level UN Panel during the 62nd General Assembly, *Deliver Now* will feature in other UN events throughout the year, (i.e., WHO Regional Committees in Sept 2008), or other parallel events, such as the briefing in Spanish to women delegates to the 52nd session of the Commission on the Status of Women (Feb 2008).

Social Mobilization

- Japan, Dec 2007: With the support of national broadcaster NHK, a major Japanese celebrity will be filming a PSA for an NHK-led media campaign about *Deliver Now*. The PSA will feature during a popular charity fundraising event in December, in order to raise awareness and collect signatures from the public in the build-up to the G8, due to meet in Japan in June 2008.
- India, 2008: India, along with Tanzania and Pakistan, was one of three case studies developed in the Options report. As such, there is a good understanding of current conditions, opportunities, needs, and the level of political support for MDGs 4 and 5. This makes India a conducive place to launch *Deliver Now* campaign at the country level, starting with the creation of a national advocacy strategy to be drawn up by a wide range of partners -- government, NGOs, health professional associations, UN, donors, academics. Although national plans and roadmaps exist for other programmatic areas of maternal and child health, advocacy has not been given such a considered treatment by a wide range of partners. *Deliver Now* aims to support the development of such national plans by bringing together partners and providing a platform for discussion and, where possible, providing a channel for funding to support advocacy activities.

For instance, in support of *Deliver Now* and the findings of the Options report, the UK's DFID has provided a grant via The Partnership for Maternal, Newborn & Child Health to the White Ribbon Alliance India, a network of more than 80 organizations at the national level and thousands of individual activists in six states of India. White Ribbon will undertake a



project in the high-burden states of Rajasthan and Orissa to develop advocacy and leadership skills among NGOs, promote greater media interest in maternal and child health issues, and support the evaluation of a major media-led behavioural change campaign on key maternal, newborn and child health issues. These activities follow from the Options recommendation to bolster media and civil society capacity at the national and sub-national levels.

Project deliverables include:

- coordinating the development of a national advocacy plan created by a broad range of UN, government, NGO, health professional, donor and academic organizations;
- developing a locally adapted set of *Deliver Now* messages through extensive stakeholder consultation, including Ministry of Health input reflecting national health plans and budgets;
- media workshops and sponsored field visits to increase media knowledge and engagement in maternal, newborn and child health policy issues;
- baseline study to gauge public knowledge, attitudes and practices in regard to maternal, newborn and child health against which political advocacy and media inputs will be measured;
- M&E and messaging support for a high-profile media-based social mobilization campaign, to be conducted by a reputed media organization. This campaign will aim to improve knowledge, attitudes and behaviours toward key maternal, newborn and child health issues, including the “three pillars”. The media agency will develop partnerships with leading local TV and radio channels to co-produce entertainment-education-based TV and radio programs that are aired free-of-charge at prime time in exchange for on-the-job training in broadcast production, editing and management skills. These formats, which could range from TV/radio spots to live talk shows to dramas, will be designed for maximum repetition and shelf-life, to allow for the widest possible reach to target audiences, especially male decision-makers and women and young people who wish to tell their own stories on call-in radio shows.



- Tanzania, 2008: At the Partners' Forum in April 2007 in Dar es Salaam, the Tanzanian Partnership for Maternal, Newborn and Child Health was launched. The local Partnership is an ideal platform for the development of a coordinated national advocacy plan under a common umbrella, such as *Deliver Now*. This would involve the participation of all members of the Tanzanian partnership, including government, donors, UN agencies, NGOs, donors and academic organizations.

In support of a Tanzanian roll-out of *Deliver Now*, White Ribbon Alliance Tanzania has submitted a proposal to The Partnership to conduct a social mobilization project in five key underserved districts in line with the national Ministry of Health roadmap to accelerate reduction of maternal and newborn mortality by 2010. This project would focus on community mobilization activities and media major mass media campaign to educate civil society about maternal, newborn and child health, including the promotion of skilled deliveries in health centres.

Project deliverables include:

- advocacy and community mobilization training of NGOs;
 - production of print-based package of advocacy materials distributed to national and district-level leaders;
 - formation of radio listener clubs via local NGOs to support major national media campaign conveying key messages;
 - organization of national media forum with media owners, publishers and senior editors in five target districts to increase their ability to function as watchdogs on this issue;
 - support for a high-profile media-based campaign, to be conducted by a reputed media organization in partnership with local broadcasters to improve knowledge, attitudes and behaviours toward maternal, newborn and child health.
- Italy, 2008/2009: Working with AMREF (African Medical and Research Foundation) and a coalition of Italian NGOs, *Deliver Now* will travel around the country raising awareness about MNCH issues with the objective of getting commitments on MDGs 4 & 5 from the G8 leaders meeting in Italy in 2009.



Annex 1

Options Report³ **Assessment, Mapping, Analysis of Advocacy for** **Maternal, Newborn & Child Health**

Deliver Now is founded on lessons learned from a large-scale study led by Options Consultancy Ltd. of the UK. Options surveyed more than 120 respondents from NGOs, government, media, health professional associations, donor institutions, and academic institutions during May-July 2007 in three G8 countries (Norway, UK, Japan) and three high-burden countries (India, Pakistan, Tanzania). The objective of the study was to determine the priority being given to MDGs 4 and 5; lessons learned from campaigns on maternal, newborn and child health; and major opportunities in the coming three years.

Key findings of the Options report include:

- combining maternal, newborn and child mortality data is essential to draw attention to the scale of this issue;
- there is an urgent need to build advocacy capacity in developing countries, including direct financial support by donors to civil-society groups, complementing direct budget support to governments;
- advocacy requires dedicated resources and can be very cost-effective, yet this is not yet recognized by development cooperation agencies;
- key frames: in high-burden countries, the economic waste of lives lost or damaged by childbirth; in donor countries, the injustice of the reduced life chances of women, babies and children in developing countries – particularly in juxtaposition to the high survival rate in developed countries;
- a single, positive brand and associated messaging is essential for success. To be based on integrated maternal, newborn and child health messaging and led by an independent, inclusive and intellectually effective organization;

³ Grellier, R. (2007) *Global Business Plan for Millennium Development Goals 4 & 5 Advocacy Plan: Phase I, Assessment, Mapping and Analysis*. Options Consultancy Ltd., London.



- country-level journalists and media organizations need to be encouraged and supported to mount sustained campaigns on this issue;
- young people need to be encouraged and supported to become involved in advocacy for this issue;
- donor agencies working at the country level need to increase coordination with each other and become more involved in this issue, particularly in regard to encouraging greater coordination between ministries;
- there is a pressing need for robust global, regional and local data to support and monitor effective advocacy;
- men are key target audiences for hard-hitting, direct media campaigns on this issue – strategies for impact include men telling emotional stories of their own loss of mothers/wives/sisters/children

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Technical Advisors: Jeremy Shiffman, Louise Hulton, Doyin Oluwole, Vinod Paul

Acknowledgements: Charlotte Hord Smith, Mary Manandhar, Megan Lloyd-Gainey, Nicky Woods, Alison Dembo, Barsa Ray, Conrad Barwa

The full text of the Options report is available at [URL here]



Annex 2

Please copy here the most recent version of The Partnership advocacy workplan