

EVERY NEWBORN

An advocacy toolkit and guidance manual
for ending preventable deaths



A newborn is hope for the whole human race and a sign of continuity of our existence on Earth. Each stillbirth is a tragedy that could have been avoided. Who else needs our voice more than a newborn or a stillborn?

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TABLE OF CONTENTS

I. Introduction	3
A. Purpose of this toolkit	3
B. Background: Why advocacy is crucial?	3
II. Advocating for Every Newborn	5
A. What is the 'Every Newborn' partnership?.....	5
B. Quality, Equity, Dignity in health services	7
III. Key messages and facts for maternal and newborn health	9
A. Every Newborn addresses critical 'unfinished business'	9
B. The basic facts on newborn and maternal health,.....	10
C. Why everyone needs to take action: main messages.....	11
D. Quality, Equity, Dignity in services.....	17
IV. Planning advocacy and communication activities for maternal and newborn health in countries	18
A. Introduction to main communication approaches	18
B. Key steps in developing advocacy and communication strategies.....	23
C. Examples of advocacy and communication activities	25
V. Country examples of strategies and communication initiatives for maternal, newborn and child health	32
Country case studies	32
Regional case study: South Asia.....	38
Annex.1	39
Every Newborn advocacy within the ENAP Results Framework for 2017–2018	39
Annex 2: Resources for Advocacy and Outreach	44
I. Basic advocacy tools	44
II. Examples and resources	47
Annex 3: Templates, toolkits and guides for advocacy and communications	50
I. Sample letters for: policy-makers, professional associations, religious leaders	50
II. Examples of social media messages	56
III. Advocacy toolkits and guides	56

“What does it mean to be an advocate? In its broadest sense, advocacy means “any public action to support and recommend a cause, policy or practice.” That covers a lot of public actions, from displaying a bumper sticker to sounding off with a bullhorn. But whether the action is slapping something on the back of a car or speaking in front of millions, every act of advocacy involves making some kind of public statement, one that says, “I support this.” Advocacy is a communicative act. Advocacy is also a persuasive act. “I support this” is usually followed by another statement (sometimes only implied): “...and you should, too.” Advocacy not only means endorsing a cause or idea, but recommending, promoting, defending, or arguing for it.”

John Capecci and Timothy Cage¹

¹ John Capecci and Timothy Cage,
Living Proof: Telling Your Story to Make a Difference

I. Introduction

A Purpose of this toolkit

This guide offers practical tools for country programmes and stakeholders to support advocacy for improving newborn and maternal health and preventing stillbirths. It is especially important in countries with a high burden of newborn and maternal mortality. The document is by no means exhaustive but aims to provide a repository of quick reference and examples to the user.

The toolkit shows how to undertake advocacy and communication in various national and local contexts, particularly in support of the global Every Newborn initiative, providing a wide range of options for outreach and advocacy activities tailored to specific audiences. It includes key messages on newborn and maternal health, as well as examples of letters to policymakers, briefs, press releases, social media content and other relevant materials to make the case for improving the quality of care and scaling up newborn and maternal health interventions. Each country will have to update relevant data and adapt messages to its local context.

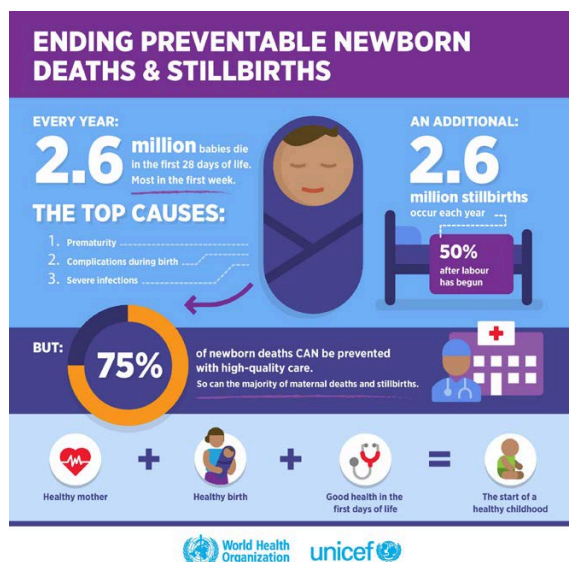


Figure: An infographic from 2016 which can be used by adding country specific numbers. Access and use this infographic at: http://www.who.int/maternal_child_adolescent/newborns/every-newborn/en/

B Background: Why advocacy is crucial?

The growing attention to newborn and maternal health and still birth reduction has generated a greater demand by ministries of health, implementing partners and civil society to support greater advocacy efforts, particularly around delivery of the national Every Newborn milestones and the Every Newborn Results Framework for 2017–2018.² The need for such a resource guide was expressed by countries through the Every Newborn Action Plan progress tracking and requests for technical assistance.

Advocacy and communication are critical to prioritizing policy and financial decision-making. They provide stakeholders not only with the latest evidence on these issues but also with key messages to help them take and justify action.³

The 2017 Every Newborn Action Plan (ENAP) progress report⁴ indicated that intensified action is needed to accelerate progress in scaling up key newborn health interventions. It pointed to areas lagging behind and areas where interventions can make the greatest impact. Advocacy can help spur action where most needed by policymakers, professional associations, health workers, civil society, and religious and community leaders, as well as parents and families.

The toolkit is intended for use by stakeholders working to push the newborn health agenda forward and who require guidance, examples and templates to conduct advocacy activities in countries. These may include staff in United Nations system country offices and non-governmental organizations (NGOs), as well as members of the global Every Newborn group and other relevant stakeholders.

- 2 *Implementing the Every Newborn Action Plan Results Framework for 2017 and 2018 toward reaching the Every Newborn 2020 Milestones:* <http://www.healthynewbornnetwork.org/hnn-content/uploads/Final-Results-Framework-Every-Newborn-Action-Plan-2017-to-2018-Public-facing.pdf>.
- 3 *PMNCH Advocacy and Communications Strategy 2016-2018.* The Partnership for Maternal, Newborn and Child Health. http://www.who.int/pmnch/about/strategy/communications_16_18.pdf?ua=1.
- 4 *Reaching the Every Newborn National 2020 Milestones: Country Progress, Plans and Moving Forward.* WHO, UNICEF, Every Woman Every Child, 2017.

It can be used, for example, to create momentum around key dates for newborn health, such as World Prematurity Day or World Breastfeeding Week. Or it can help to effectively position newborn health messages for strategic engagement with policymakers or professional health associations. It includes examples of materials, for adaptation to specific country needs.

Actions you can do now

1. Prepare for and engage in annual events and advocacy opportunities

- World Economic Forum (January)
- World Health Day (April)
- International Day of the Midwife (5 May)
- World Health Assembly (May)
- World Breastfeeding week (1-7 August)
- UN General Assembly (September)
- Social Good Summit (September)
- Infant mortality awareness month (September)
- Global Hand-washing Day (15 October)
- World Prematurity Day (17 November)
- UNICEF Anniversary (11 December)
- International Stillbirth Alliance Conference
- Human Rights Day (10 December)
- UHC Day (12 December)

2. Read the components of the toolkit and identify what you can do

The toolkit includes materials for use in advocacy efforts, such as key messages on issue specific areas relating to women's, children's and adolescent health, examples of letters to policy-makers, briefs, press releases, social media content and other relevant materials to make the case for improving quality of care and scaling-up health interventions - particularly in countries with high mortality. The tools and information can be used to create the momentum required for greater actions and investments for maternal and newborn health. The toolkit offers a menu of options and resources for immediate application during advocacy initiatives.

Components of toolkit

- Every Newborn results framework
- Key messages for newborn health linked to messages for women's, children's and adolescents' more broadly
- Information on where to access other advocacy toolkits for women's, children's, and adolescents' health
- Featured webpages and information sources for issues relating to newborn and maternal health
- Country examples of strategies and communication initiatives for maternal, newborn, child health
- Resources for advocacy and outreach activities

3. Utilize the existing toolkits and resources Featured newborn-health related advocacy toolkits:

- A Global Communication for Development Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programmes. UNICEF, 2015. https://www.unicef.org/cbsc/index_65738.html
- Map Your Advocacy Impact Strategy, PATH. http://www.path.org/publications/files/APP_10-part_info.pdf
- Midwives delivering UHC: An Advocacy Toolkit for Midwives. Save the Children, 2017. HYPERLINK "http://www.healthynewbornnetwork.org/hnn-content/uploads/Advocacy_Toolkit_for_Midwives.pdf" www.healthynewbornnetwork.org/hnn-content/uploads/Advocacy_Toolkit_for_Midwives.pdf
- Building Alliances for Newborn Health, Latin American Neonatal Alliance, PATH, USAID, 2013. <https://www.k4health.org/toolkits/neonatal-alliances>
- Guide for advocating for respectful maternity care. USAID, White Ribbon Alliance, Health Policy, Project, 2013. http://whiteribbonalliance.org/wp-content/uploads/2013/09/RMC-Guide_FINAL.pdf
- Saving newborn lives champions toolkit. Save the Children, 2016. <http://www.healthynewbornnetwork.org/hnn-content/uploads/SNL-Champions-Toolkit-Final-May16.pdf>. Includes case studies and country examples.
- Citizens Hearings toolkit <http://www.citizenspost.org/global-citizens-hearing-report/>

Featured webpages and newsletters to access:

- Healthy Newborn Network:
healthynewbornnetwork.org
- Quality, Equity, Dignity: The Network for Improving Quality of Care for Maternal, Newborn and Child Health:
qualityofcarenetwork.org
- WHO South East Asia Regional Office Newsletter, available at: <http://www.searo.who.int/mediacentre/en/>,
<http://us8.campaign-archive2.com/home/?u=ad442cae2e78e192e9ab2b4e2&id=eaab78f77a>
- WHO Western Pacific Regional Office newborn health page: HYPERLINK "<http://thefirstembrace.org/>" <http://thefirstembrace.org/>; http://www.wpro.who.int/reproductive_maternal_newborn_child_adolescent/en/

Advocacy also helps policymakers and others focus on accountability to ensure that commitments are fulfilled and progress is sustained. And a focus on quality, equity and dignity will help improve health services for all, especially for marginalized, excluded and high-burden populations.

The toolkit highlights the importance of amplifying the voices of parents, especially those who may have experienced traumatic events such as a stillbirth. Their voices are often forgotten and need to be heard.



Kangaroo Mother Care is a life-saving intervention for small babies in both developed and developing countries

“You may have come to advocacy on your own, it may be part of your job or you may have been asked to “put a face” on a campaign by serving as its spokesperson. You may be acting as a lone crusader or as part of a larger advocacy effort. Either way, you share an objective with all other advocates: to have your story move audiences from apathy to empathy to action.”

II. Advocating for Every Newborn

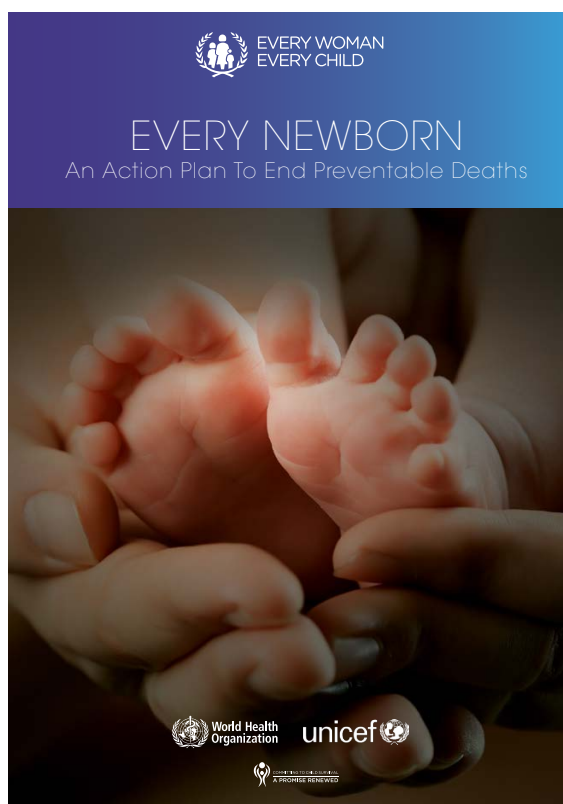
A. What is the 'Every Newborn' partnership?

Every Newborn is a joint action platform for the reduction of preventable newborn deaths and stillbirths, with links to the agenda for ending preventable maternal deaths. The global Every Newborn Action Plan, launched in 2014, and endorsed by 194 Member States of the World Health Assembly, provides a road map of strategic actions for ending preventable newborn mortality and stillbirth and for contributing to reducing maternal mortality and morbidity. ENAP presents evidence-based solutions to preventing newborn deaths and stillbirths and sets out a clear path to 2020 with specific global and national milestones. The plan was based on evidence presented in The Lancet Every Newborn Series, and developed within the Every Woman Every Child framework.

The Every Newborn partnership enhances and supports coordinated, comprehensive planning and implementation of newborn-specific actions. These efforts have been coordinated by a management team concentrating on metrics, country implementation, and advocacy. The advocacy group coordinates efforts with other related partnerships in support of Every Women Every Child through the Quality, Equity, Dignity in services initiative (see section B of this chapter).

The success of ENAP will come through links with global and national plans, measurement structures and accountability. By 2017, global agencies had set targets based on the shared goal to end preventable child and maternal deaths by 2030. Such targets are included in the Sustainable Development Goals and the Global Strategy for Women's, Children's, and Adolescents' Health. By 2017, at least 48 countries had established national newborn plans or integrated newborn content into their national health plans.⁵ As of October 2017, over 71 countries had completed the Every Newborn tracking tool to facilitate

country support in assessing progress and barriers, and in resourcing technical assistance for newborn health in line with recommendations.



Since the endorsement of ENAP in 2014, regional and global support for its implementation has been led by WHO and UNICEF. This support is aligned with the Every Newborn Global Milestones for 2020, as set out in ENAP. In December 2016, the Every Newborn Management Team approved an Every Newborn Results Framework 2017–2018 to reach these milestones.

This Results Framework articulates work at the global level to accelerate country progress to reduce maternal and newborn mortality and stillbirth. This aligns with the Milestones set for the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health. The Framework sets out the following: progress to date, activities to undertake in 2017 and 2018; outputs to achieve by 2018; and outcomes to achieve, in support of the 2020 Global and National Milestones and Coverage Targets.

⁵ Every Newborn country tracking progress report 2017 available at <https://www.healthynewbornnetwork.org/resource/every-newborn-action-plan-reaching-every-newborn-national-2020-milestones-country-progress-plans-moving-forward>.

EVERY NEWBORN ADVOCACY WITHIN THE ENAP RESULTS FRAMEWORK FOR 2017–2018⁶ (see Annex.1 for details)

Accountability in post–2015 workplans

Ensure that the post-2015 development framework includes specific targets for newborn mortality reduction and stillbirth reduction.

Investment

Ensure that investment in maternal and newborn health is sustained in the post-2015 development era

Global Milestone: Innovation and research

Develop, adapt, and promote access to devices and commodities to improve care for mothers and newborn babies around the time of birth, and agree on, disseminate and invest in a prioritized and coordinated research agenda for improving preterm and newborn health outcomes. Particular focus is required for stillbirth babies, who have been left out and left behind.

Outcomes by 2020

1. Prioritized Research Agenda is drawn up to improve care for mothers and babies in the time around birth, and including preterm and stillbirth, and implementation research is determined and funded
2. Research is disseminated and informing improved quality of care outcomes

Quality of Care

Develop standards of quality of care and a core set of indicators for accessing quality of maternal and newborn care at all levels of health facilities

OUTCOMES BY 2020: Accelerated country implementation of newborn-specific interventions in all settings within the overall Maternal and Newborn Health Quality of Care Framework

Every Newborn Action Plan 2020 Coverage Targets:

1. 90% of women giving birth and babies born in facilities will receive effective high-quality and respectful care that includes essential care during pregnancy, labour and following birth, with preventive care and appropriate management of complications for the mother and newborn
2. At least half of babies who do not breathe spontaneously at birth after thorough drying and stimulation will be resuscitated with bag and mask ventilation
3. At least half of stable preterm newborns or babies weighing less than 2000g will receive kangaroo mother care and other supportive care
4. At least half of newborns with possible serious bacterial infection will receive antibiotic therapy

⁶ *Implementing the Every Newborn Action Plan Results Framework for 2017 and 2018 toward reaching the Every Newborn 2020 Milestones:* <http://www.healthynewbornnetwork.org/hnn-content/uploads/Final-Results-Framework-Every-Newborn-Action-Plan-2017-to-2018-Public-facing.pdf>.

EVERY NEWBORN ADVOCACY WITHIN THE ENAP RESULTS FRAMEWORK FOR 2017–2018 (see Annex.1 for details)

Parents' Voices and Champions

Expand the number newborn champions for RMNCAH to integrate messaging on newborns — indicators:

1. **X** number of champions being mentored in **X** countries with the highest burden of newborn mortality
2. Evidence of increased voice by parents and community and civil society groups in national plans of **X** countries
3. Postnatal care indicator: at least a 20% increase (or an increase to 90% if the baseline is above 70%) of early postnatal care for women and newborns within two days of birth to promote breastfeeding, counselling, screening and care-seeking for maternal and newborn complications and postpartum family planning

Coordination

Ensure coordinated support among UN partners, donors, academics, NGOs and the private sector, and intensify effort in the 20 countries that account for 80% of all newborn deaths

B. Quality, Equity, Dignity in health services

Progress achieved under the Millennium Development Goals was tremendous and unprecedented. Assessments showed that maternal mortality fell by 45% from the 1990 level¹ and under-five mortality declined by more than 56% in the same time⁷. Yet progress across interventions and regions, as well as within countries, was and continues to be, often undermined by poor quality of care and high levels of inequities. Preventable maternal and newborn mortality and stillbirths remain unacceptably high and continue to hinder the health and human rights of women, children and adolescents. Work to prevent such deaths is continuing under the Sustainable Development Goals (SDGs), the Global Strategy for Women's Children's and Adolescents' Health, and related goal frameworks. As countries expand their health systems towards achieving Universal Health Coverage, both 'access to care' and 'quality of care' are critical for ending preventable maternal, newborn, child and adolescent deaths by 2030. Health care professionals, especially midwives, have a crucial role to play in the provision of quality care to prevent maternal and newborn mortality and stillbirths, as well as to reduce avoidable morbidity and improve the experience of care.



⁷ Levels & Trends in Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation United Nations Levels & Trends in Child Mortality Report 2014 Estimates Developed by the UN Inter-agency Group for Child Mortality Estimates. Report 2017

The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), launched by the United Nations Secretary-General in September 2015, is a road map to ending all preventable deaths of women, children and adolescents, to secure not only their survival but also their health and well-being. The High-Level Steering Committee of Every Woman Every Child movement supports this road map with six focus areas: Quality, Equity, Dignity (QED) in services, Early Childhood Development (ECD), Adolescents' Health and Well-Being, Sexual Reproductive Health and Rights, Empowerment of Women, Girls and Communities, and Humanitarian & Fragile Settings. The QED in services focus area is committed to ensuring that all women, children and adolescents have equal access to quality, affordable and respectful health care and services, in all settings, with the aim of promoting the values of quality, equity and dignity in both the provision and patient experience of health care. The initiative provides an important platform for advocacy and programming. This is seen particularly in its effort to support the Network for Improving Quality of Care for Maternal, Newborn and Child Health⁸ (www.qualityofcarenetwork.org), led by WHO and UNICEF, in its work to support the development of costed national plans for achieving universal coverage of essential health services for women, children and adolescents, and in its promotion of respectful care in all settings.

“The best content is content that helps you achieve the result you are looking to achieve.”

Ted Rubin⁹

The QED Advocacy Working Group was founded in 2016 with the following members: The White Ribbon Alliance, Save the Children, Family Care International (FCI) Programme of Management Sciences for Health, WHO and UNICEF, with coordination support from the Partnership for Maternal, Newborn & Child Health. The group membership includes representatives from theme-specific working groups for issues relating to QED in services (for example, Every Newborn, ending preventable maternal mortality, breastfeeding, stillbirth and midwives).

As a QED advocate you can advocate for:

- Increased political commitment to ensure equitable access to high-quality, respectful health care for all women, children and adolescents, in all settings.
- Investments in health system strengthening to ensure equitable access to people-centred, quality health services that respond to the unique needs of all women, children and adolescents and delivered in a safe, effective, timely, and efficient manner, especially around the time of birth.
- Development and strengthening of structures and regulatory mechanisms across health systems for quality planning, assurance and improvement at all levels, in both public and private sectors.
- Review and strengthening of national health strategies and plans to enable health systems to deliver quality care everywhere, including through adequate levels of health care professionals.
- Particular focus on investments around the time of birth, leveraging the unique opportunity to provide quality care and counselling to women and babies while ensuring full integration of services across the continuum of care.
- Universal coverage of essential health interventions and life-saving commodities, without financial risk, through commodity supply, capacity building and infrastructure development, community engagement, law and justice.
- A more robust pipeline of innovations to improve quality of care, health systems and access to services.
- Inclusive systems that promote active engagement of women and communities in the design and development of quality aims and accountability efforts.

8 *QUALITY, EQUITY, DIGNITY Launch of the Network to improve Quality of Care for Mothers, Newborns and Children* 14–16 February 2017. http://www.who.int/pmnch/media/events/2017/lilongwe_conceptnote.pdf?ua=1.

9 Ted Rubin, *The Age of Influence: Selling to the Digitally Connected Customer*

- Better data to improve quality of care for maternal, newborn, child and adolescent health and drive evidence based decision making for QED.

Global Strategy key indicators

- Maternal mortality ratio (SDG 3.1)
- Newborn mortality rate (SDG 3.2)
- Stillbirth rate (Global Strategy core indicator)
- Universal health coverage, including "financial risk protection and access to quality essential services, medicines and vaccines (SDG 3.8)
- Proportion of population with access to affordable essential medicines on a sustainable basis (SDG 3.8 GS additional contextual indicators, by target)
- Number of functional emergency obstetric and newborn care (EmONC) facilities per 500 000 population (SDG3.1 GS additional contextual indicator, by target)
- Legal frameworks to promote, enforce and monitor equality and nondiscrimination on the basis of sex (5.1.1 SDG indicator)
- Percentage of population using safely managed sanitation services including a hand-washing facility with soap and water (SDG 6.2.1)
- Proportion of children under 5 years of age whose births have been registered with a civil authority (SDG 16.9.1)

“An idea is like a play. It needs a good producer and a good promoter even if it is a masterpiece. Otherwise the play may never open; or it may open but, for a lack of an audience, close after a week. Similarly, an idea will not move from the fringes to the mainstream simply because it is good; it must be skillfully marketed before it will actually shift people’s perceptions and behavior.”

David Bornstein,
How to Change the World: Social
Entrepreneurs and the Power of New Ideas

III. Key messages and facts for maternal and newborn health

A. Every Newborn addresses critical 'unfinished business'

Main Message

MORE THAN 3 MILLION BABIES AND WOMEN COULD BE SAVED EACH YEAR THROUGH INVESTING IN QUALITY CARE AROUND THE TIME OF BIRTH AND SPECIAL CARE FOR SICK AND SMALL NEWBORN. COST EFFECTIVE SOLUTIONS ARE NOW AVAILABLE TO PROTECT WOMEN AND CHILDREN FROM THE MOST DANGEROUS DAY OF THEIR LIVES – THE DAY OF BIRTH.

Unfinished Business

Newborn health and stillbirth prevention were not part of the Millennium Development Goals and thus are a major part of the 'unfinished business' for women's and children's health. Thus it is critical for national governments and partners to prioritize quality care at the time of birth for women and newborns in line with the Sustainable Development Goals and the Global Strategy for Women's, Children's and Adolescents' Health.

- Progress on reducing neonatal mortality and stillbirths have lagged behind, due to less attention and lack of investment.
- National plans and strategy should include targets and indicators for newborn mortality and stillbirths in line with the Global Strategy for Women's, Children's and Adolescents' Health.
- Newborn and maternal mortality and intrapartum stillbirths are sensitive markers of a health system's response to their most vulnerable citizens.
- A healthy start leads to a bright future for children yet adverse birth outcomes are the biggest drain on human capital due to death and disability. Too many children fail to reach their potential due to death, disability or stunting, often because they are born too small or too soon.

Causes & Solutions

- **Main causes of newborn deaths are known.** More than 80% of all newborn deaths and stillbirths result from three preventable and treatable conditions – complication due to prematurity, intrapartum-related deaths (including birth asphyxia) and neonatal infections.
- **Cost-effective, proven interventions exist** to prevent and treat each main cause. Universal coverage of quality of care at birth would save the most newborn and maternal lives and prevent stillbirths, and requires educated and equipped health workers, including those with midwifery skills, and essential commodities, e.g. resuscitation devices.
- **Sick and small newborns need to be identified and provided with special care**, such as Kangaroo Mother Care.
- **Women need quality care** before conceiving, during pregnancy and after birth. We must do better at supporting families to care for their babies.

Investment

Women's and children's health is a smart investment, particularly with specific attention to care at birth.

- Investment in care at birth reduces stillbirth, maternal and newborn deaths.
- The right investment, research and innovation can help improve delivery of health services and discover new solutions to prevent preterm birth and other causes of maternal and newborn death.

Quality, Equity, Dignity in services

- Addressing quality, equity and dignity in health care is critical to ensuring the health and well-being of women, children and adolescents. As health systems expand their reach across the globe, both 'access to care' and 'quality of care' will be critical for ending preventable maternal, newborn, child and adolescent deaths by 2030. This will require additional investments in the necessary infrastructure, a skilled health workforce, medical supplies, appropriate information systems, and clinical standards and guidelines, as well as effective systems of regulation and accountability.
- A basic right of children and women, access to health care must be given increased attention, along with ensuring quality and respectful care, for all. This will require prioritizing essential services for women, children and adolescents in countries' plans to achieve Universal Health Coverage. Efforts need to focus on targeted solutions to overcoming financial and social barriers to such care. Approaches based on human rights, equity and gender must be fully integrated into health sector policies and programming so that access to quality and respectful services is provided in all settings, while protecting those experiencing health care from harmful traditional practices.
- The time around birth is the most critical period for saving mothers and newborns, and for preventing stillbirths, through universal and high-quality health care. Giving birth in a health facility does not always translate to a safe birth. Additional focus should be on ensuring good quality care throughout pregnancy, childbirth and the postnatal period. Efforts should include targeted interventions with proven long-term benefits, like exclusive breastfeeding.

B. The basic facts on newborn and maternal health^{10,11}

- Each year, an estimated 5.6 million women and babies die due to complications in pregnancy, childbirth, and in the first month of life, including 303,000 maternal deaths, 2.6 million newborn deaths and 2.6 million stillbirths. Most of these deaths occur on the day of birth, mostly from preventable causes.
- Globally, 2.6 (2.5, 2.8) million newborns died in 2016 – or 7,000 every day. Neonatal deaths accounted for 46 per cent of all under-five deaths, increasing from 41 per cent in 2000.
- The largest number of newborn deaths occurred in Southern Asia (39 per cent), followed by sub-Saharan Africa (38 per cent).
- Universal and high-quality healthcare for women and babies around the time of birth and for sick and small newborns could save over 3 million lives each year. But it will require more dedicated, skilled midwives.
- In 2014 about 36 million births in low- and middle-income countries occurred with no skilled attendant present.
- Annually, more than 1.3 million babies begin labour alive and die before birth. These deaths are highly preventable and unacceptable, as many of these babies would survive if they had access to skilled birth care and basic and emergency obstetric and newborn care.
- The intrapartum stillbirth rate is 140 times higher in the worst-performing country compared to the best-performing country with the lowest rate.
- Intervention in pregnancy and around birth will result in a triple return on investment, preventing maternal and neonatal deaths, as well as stillbirths.

¹⁰ Data sources are *A Promise Renewed Progress Report 2015*; WHO Global Health Observatory – Maternal and Reproductive Health, accessed February 2017; and ENAP.

¹¹ Levels & Trends in Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation United Nations Levels & Trends in Child Mortality Report 2014 Estimates Developed by the UN Inter-agency Group for Child Mortality Estimates. 2017 report

C. Why everyone needs to take action: main messages

- **Mortality is too high.** Mortality rates for newborn babies have remained stubbornly high, and the proportion of newborn deaths continues to climb.¹² In fact, 2.6 million neonates and 300,000 mothers die every year, with an estimated 7,300 neonates and 800 mothers dying every day.¹³ In addition, 2.6 million babies are stillborn every year — that's 7,200 a day.¹⁴ No mother or infant should die from preventable causes.
- **Maternal mortality¹⁵ takes a heavy toll on women, children, families, communities and nations.**

For policymakers: Ending preventable maternal mortality is a country-driven endeavour. Every country has work to do to improve maternal health, including reducing the national MMR and maternal mortality among vulnerable women, ensuring that all women have equitable access to high quality maternal health care. Countries can end preventable maternal mortality by committing to the five strategic objectives defined in the EPMM strategy document. The recommended strategies for ending preventable maternal mortality are “grounded in a human rights approach to maternal and newborn health and focus on eliminating significant inequities that lead to disparities in access, quality and outcomes of care within and between countries”.

- **Ending preventable newborn deaths is possible in a generation's time:** Under the SDGs, by 2030, newborn mortality should be reduced in every country to 12 or fewer deaths per 1,000 live births, and stillbirths to 12 or fewer per 1,000 total births. Maternal mortality, by global average, should not exceed 70 deaths per 100,000 live births.

¹² Every newborn: an action plan to end preventable deaths. WHO, UNICEF; A Promise Renewed: Committing to Child Survival (2014). http://www.healthynetwork.org/hnn-content/uploads/Every_Newborn_Action_Plan-ENGLISH_updated_July2014.pdf.

¹³ *The State of the World's Children 2016: A fair chance for every child.* UNICEF, 2016.

¹⁴ *Stillbirths: rates, risk factors, and acceleration towards 2030.* Lawn, Joy E et al. *The Lancet*, Vol 387, Issue 10018, 587 – 603.

¹⁵ Strategies toward ending preventable maternal mortality (EPMM) http://www.everywomaneverychild.org/images/EPMM_final_report_2015.pdf.

- Countries should be working towards three targets to reduce maternal mortality by 2030:
- For countries with a maternal mortality ratio (MMR) of less than 420 per 100,000 live births in 2010 (the majority of countries worldwide): reduce MMR by at least two thirds from
 - For all countries with a baseline MMR greater than 420 per 100,000 live births in 2010: the rate of decline should be more than two thirds so that in 2030, no country has an MMR greater than 140.
 - For all countries with a low baseline MMR in 2010: achieve equity in MMR for vulnerable populations at the subnational level.

- **Universal Health Coverage must be affordable.** All mothers and newborns should have access to quality essential health care services, and to safe, effective, quality, and affordable essential medicines and vaccines — without incurring catastrophic out-of-pocket expenses.

For policymakers: Universal health coverage calls for national health insurance schemes and policies for free maternal and newborn services, including care for small and sick newborns and follow-up care for newborns and infants with special needs. Countries can also establish national health insurance or incentive schemes for mothers and their babies so that they are protected from financial risk when accessing health services.

- **The right interventions and policies can stem the deaths of mothers and babies, and improve care of small and sick newborns.** Mothers and babies are not dying because we lack the knowledge to save them; they are dying for a lack of attention and investment.¹⁶ Many maternal and newborn deaths and stillbirths could be prevented with feasible, cost-effective policies and interventions. To decrease mortality of newborns and promote their optimal growth and development, urgent action is needed to increase coverage of the five basic newborn care interventions: essential newborn care, use of antenatal corticosteroids, resuscitation, Kangaroo Mother Care and management of

¹⁶ Newborn health: a revolution in waiting. Gates M, Binagwaho A. *The Lancet*, Volume 384 July 12, 2014.

infections. While all newborns require essential care, countries need to focus more on small and sick newborns. This involves addressing the causes of preterm birth and ensuring that mothers and newborns receive quality care in the time around birth, the postnatal period and beyond, with the highest impact made from inpatient care of preterm newborns.^{17,18} This includes, for example, extra thermal care, feeding and respiratory support, infection management and phototherapy.

For policymakers: Policymakers can improve policy and guidance related to care of small and sick newborns, for example by promoting WHO Recommendations to Improve Preterm Birth Outcomes,¹⁹ and the Standards on the Quality of Care for Small and Sick Newborns.²⁰

• **Pay more attention to stillbirths, a major neglected area.** Some 2.6 million stillbirths occur every year, half of them during labour.²¹ Intensified action is urgently needed, as cost-effective, proven interventions can address the main causes of newborn death and stillbirths. Half of global stillbirths occur after labour has begun — therefore, improving the quality and accessibility of care around the time of birth will save the most lives. To reduce the likelihood of stillbirths, WHO recommends that women who are pregnant make eight antenatal visits to care services that deliver quality preventive interventions, and that investment be made in skilled care at birth.²²

Too many stillbirths

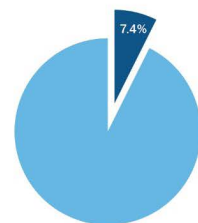
2.6 million stillbirths, 98% from low- and middle-income countries



Babies of disadvantaged women more likely to be stillborn

Stillbirth is twice as frequent in women who are poor, less educated or from minority ethnic groups

2x



Stillbirths are not inevitable

Only 7.4% (median) of stillbirths are due to congenital anomalies



international stillbirth alliance www.stillbirthalliance.org

www.thelancet.com/series/ending-preventable-stillbirths #EndStillbirths

160 years

Rate of progress must be stepped up

An African mother must wait 160 years for the same chance of a live baby as today's high-income country mother

Preventing stillbirth is part of high-quality women's and children's healthcare

Investment in stillbirth prevention yields a quadruple return, also saving mothers and newborns, improving child development



Stillbirth places heavy burden on families

4.2 million women are living with symptoms of depression after stillbirths



17 The Lancet Every Newborn Series. "Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost?" Bhutta, Zulfiqar A. et al. *The Lancet*, volume 384, issue 9940, 347–370. [http://dx.doi.org/10.1016/S0140-6736\(14\)60792-3](http://dx.doi.org/10.1016/S0140-6736(14)60792-3)

18 Inpatient care of small and sick newborns: a multi-country analysis of health system bottlenecks and potential solutions. Moxon, S.G. et al. *BMC Pregnancy and Childbirth*, 15(Suppl 2): S7, 2015. <https://doi.org/10.1186/1471-2393-15-S2-S7>

19 WHO recommendations on interventions to improve preterm birth outcomes. WHO, 2015. http://apps.who.int/iris/bitstream/10665/183037/1/9789241508988_eng.pdf

20 Standards for improving quality of maternal and newborn care in health facilities. WHO, 2016. <http://apps.who.int/iris/bitstream/10665/249155/1/9789241511216-eng.pdf?ua=1>

21 "Stillbirths: A Neglected Tragedy". World Health Organization. http://www.who.int/maternal_child_adolescent/news_events/better-data-stillbirth-maternal-death/stillbirths-data.jpg?ua=1

22 WHO recommendations on antenatal care for a positive pregnancy experience. WHO, 2016. http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/

For policymakers: Countries need to establish stillbirth-reduction targets in national plans to focus attention and increase accountability for ending preventable stillbirths. To achieve these targets and strengthen prevention, they need to provide educated and equipped health workers, including those with midwifery skills, and make sure that essential commodities are available. Since stillbirths disproportionately affect low- and middle-income countries, approaches need to be equity-based.

For health care workers: The health system needs to pay more attention to stillbirths, in the ways noted above. In particular, health workers need to focus more on supporting parents who may be suffering the significant impact of stigma and bereavement after experiencing a stillbirth. Parents facing such tragic loss should be given support both immediately after birth during the post-partum period, and when planning for the next pregnancy.

- **Trained health workers can mean the difference between life and death.** A skilled health provider will give the best possible care to the newborn to ensure not only survival but also optimal nutrition and development. When complications arise during labour and delivery or when a baby is born small or sick, a trained health worker can mean the difference between life and death for mothers and newborns. Building and maintaining a sizeable force of health workers with the skills to care for mothers and for newborn babies who are normal, at risk and distressed can drive significant gains in maternal and newborn health.²³ In particular, the presence of midwives and nurses with specialist training in newborn care is key to ensuring mothers and newborns receive adequately care.

For policymakers: To build and maintain this health workforce, countries should have a costed human-resource strategy for providing skilled attendants at birth and for retaining these cadres. Health

workers should be equitably distributed and accessible to the entire population, possess the required competencies, be motivated and empowered to deliver quality care that is appropriate and acceptable to the sociocultural expectations of the population, and be adequately supported by the health system. To address human resources gaps, countries can adopt various measures such as task-shifting.

- **Countries need to procure and supply essential medical products and technologies:** These include all seven essential medical products and technologies in the National Essential Medicines List. To adequately support newborn health, the items should include the following: misoprostol, antenatal corticosteroids, chlorhexidine, and newborn resuscitation devices, and injectable antibiotics of the right formulation. In addition, countries need robust management-information systems to anticipate and prevent stock-out of essential medical products.
- **Improving breastfeeding practices could save many young lives.** Breastfeeding is a powerful survival intervention benefitting early childhood development and brain development, giving all children the healthiest start in life. Breastmilk acts as a baby's first vaccine, supports healthy growth and protects against life-threatening and chronic illnesses, while protecting women's health. Breastfeeding also leads to lower health care costs, healthier families and a smarter workforce. When mothers breastfeed, everyone benefits.



10m² campaign advocating for better workplace environment for breastfeeding mothers in China

²³ Africa Progress Panel policy brief 2010: "Maternal health: investing in the lifeline of healthy societies and economies?" Geneva: Africa Progress Panel, 2010. http://www.who.int/pmnch/topics/maternal/app_maternal_health_english.pdf (accessed April 15, 2014).

For policymakers: Improving breastfeeding practices could save the lives of over 800,000 children each year. Never in the history of science have we understood so much about the importance of breastfeeding in nurturing resilient families, economies and nations. Countries that support breastfeeding through meaningful investments, policies and programmes (e.g., paid maternity leave), positively impact their bottom lines and the health and well-being of women and children.

For parents: Men and families play an essential role in supporting women to breastfeed. They can take on household or childcare tasks to give mothers additional time. They can sensitize their peers and community to the importance of breastfeeding. And they can advocate for a woman's right to breastfeed in public places.

For health care providers: Health care providers play an essential role in supporting mothers in early initiation of breastfeeding and exclusive breastfeeding. In particular, they can create an enabling environment and help to overcome challenges that may arise.



Neonatal nurses have been one of the strongest voices for sick newborns

Robust, disaggregated data are essential to supporting maternal and newborn care.

They are crucial to identifying gaps in equity and quality of services, and to targeting efforts to save the most lives. Capturing coverage and quality of care data on key newborn-care interventions can help to understand these gaps and drive coverage. Countries can significantly increase accountability in newborn health by strengthening National Health Monitoring Information Systems, including their capacity to collect, analyse and use data for decision-making at all levels of health care management and

delivery. In addition to capturing data on newborn care, data systems need to prioritize death surveillance and reviews. This involves increasing coverage of birth and death registration, establishing a maternal-death surveillance and review mechanism, as well as perinatal death reviews. These are steps required to increase accountability, understand the causes of deaths, and improve prevention efforts.

One way to improve quality and equity is through the ENAP Measurement Improvement Roadmap,²⁴ which seeks to address these issues through strengthened metrics. It is a five-year plan to improve, institutionalize and use ENAP metrics in programmes by the year 2020, to track and drive reduction in neonatal mortality and stillbirths to 12 or fewer deaths per 1,000 live births by 2030. The plan stresses the importance of robust metrics in national data collection platforms and in the global metrics architecture to improve measurement of coverage, quality and equity indicators. Strong data is essential to influence policy, and to improve quality and delivery of equitable services.

For policymakers: Better data on the number and causes of maternal and newborn deaths, and stillbirths, are needed to understand the true burden of mortality and prevent future deaths. Adopting policies on the notification of death within 24 hours is an essential step. Countries further need to establish a functional mechanism to systematically identify, report, review and respond to maternal and newborn deaths, as well as stillbirths.

For health managers: Mortality audits and reviews help health system managers understand the causes of death and the contributing factors, so they can take corrective actions to improve the quality of care. For each birth and death, it is essential to collect information on maternal age, place of delivery, mode of delivery, birthweight, gestational age, birth outcome, as well as data on service-readiness and quality of care. Such data can also help advocacy for increased investments in infrastructure, equipment, medicines and human resources, among other areas.

24 "Count every newborn: a measurement improvement roadmap for coverage data". Moxon S.G. et al. BMC Pregnancy and Childbirth 15(Suppl 2): S8 (2015). <https://doi.org/10.1186/1471-2393-15-S2-S8>.

- **Quality care can prevent most deaths of mothers and newborns, and most stillbirths.** Provided they are properly staffed and equipped, health facilities can provide high-quality care during the crucial moments surrounding labour and delivery, for both the mother and baby. In fact, 75% of newborn deaths can be prevented with high-quality care, as can the majority of maternal deaths and stillbirths.²⁵ Encouraging women to seek care and continuing to emphasize quality of care in facilities are critical to advancing maternal and newborn health.²⁶

Inequity in quality care reveals large differences in death rates of mothers and their newborn infants between rich and poor countries, and between rich and poor families within each country. The lifetime risk of maternal death in high-income countries is 1 in 3,300, compared to 1 in 41 in low-income countries.²⁷ Please see maternal and health disparities, the country profiles for 25 countries by UNICEF to take country specific examples.

In addition, a growing body of research on women's experiences around the world paints a disturbing picture of disrespectful, abusive or neglectful treatment during childbirth in some facilities.²⁸ When a woman gives birth in a respectful, supportive environment, where her rights are protected and her dignity preserved, she receives the treatment she deserves. This helps to create a positive childbearing experience, which in turn impacts on her health and future care-seeking behaviour.²⁹ It also empowers her to take care of herself and her baby, including by successfully breastfeeding,³⁰ with positive impact on child development.

25 Ending Preventable Newborn Deaths and Stillbirths, WHO and UNICEF. http://www.who.int/maternal_child_adolescent/newborns/every-newborn/newborns-stillbirths-75percent-preventable.jpg

26 "Newborn health: a revolution in waiting." Gates M., Binagwaho A. *The Lancet*, volume 384, July 12, 2014.

27 WHO (2015), Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.

28 Bohren M.A., Vogel J.P., Hunter E.C., Lutsiv O., Makh S.K., Souza J.P., Aguiar C., Saraiva Coneglian F., Diniz A.L., Tunçalp Ö, Javadi D., Oladapo O.T., Khosla R., Hindin M.J., Gülmezoglu A.M. "The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review." *PLoS Med.* 2015 Jun 30; 12 (6): e1001847.

29 Guide for advocating for respectful maternity care. USAID, White Ribbon Alliance, Health Policy, Project, 2013. http://whiteribbonalliance.org/wp-content/uploads/2013/09/RMC-Guide_FINAL.pdf

30 "Respectful Maternity Care Can Lead to Successful Breastfeeding: A Win for Mother and Baby." White Ribbon Alliance, May 2017. <http://womendeliver.org/2017/respectful-maternity-care-can-lead-successful-breastfeeding-win-mother-baby/>

For policymakers: Where quality is poor, demand for health services often falls, and mothers may choose to deliver their babies at home, possibly with an untrained birth attendant. Countries should aim to achieve equitable coverage and high-quality care for women and newborns by taking specific actions and developing policies to improve access to, and quality of, health care for women and newborns within the continuum of care.

Investing in women's and children's health, particularly care at birth, is a smart choice. Focusing on high coverage of care around the time of birth and the care of the small and sick newborn could save nearly 3 million lives each year at an additional cost of only \$1.15 per person in 75 high-burden countries.³¹ Quality care around birth yields a triple impact on the return from investments: saving women, saving newborns and preventing stillbirths.

For parents: Giving birth in a health facility with a skilled attendant is essential to ensure the mother and baby receive quality care for a safe delivery. Every woman has the right to give birth in a respectful and supportive environment, and after giving birth to receive adequate support and time to establish breastfeeding.

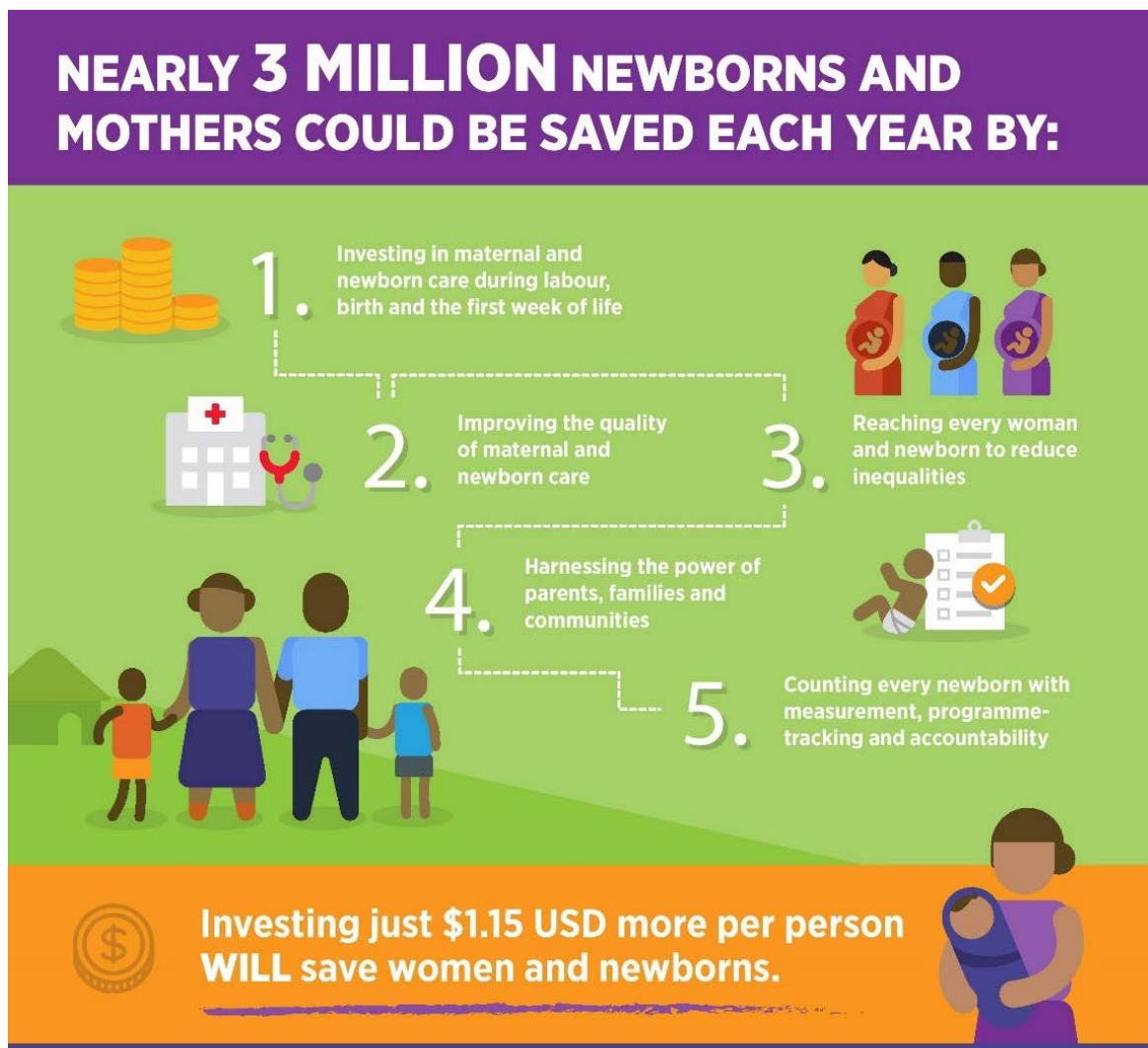
- **Parents and communities are potent agents of change.** Countries can harness the power of parents, families and communities to implement change at the local and national levels by rolling out a national communication strategy on newborn survival, care and development, as well as a community empowerment or social mobilization strategy for maternal and newborn health.

For policymakers: Community health workers play an essential role in providing accessible and quality postnatal care, especially to reach vulnerable and hard-to-reach populations. Scaling up mothers' groups, and supporting initiatives focusing on social and behavioral change can help promote and engage communities in newborn survival, care and development.

31 Bhutta Z.A., et al., "What will it take to avert preventable newborn deaths and stillbirths and at what cost?" *The Lancet* 2014; doi:10.1016/S0140-6736(14)60792-3.

For parents, families and health care

workers: It is not acceptable for babies to die needlessly, just as it is unacceptable for women to die giving birth. All mothers and families are encouraged to demand access to essential maternal and newborn care.



Access and use this infographic at: http://www.who.int/maternal_child_adolescent/newborns/every-newborn/en/



“Genius cannot simply float in the clouds, it must also operate down on earth.”

Irène Némirovsky, Suite Française

IV. Planning advocacy and communication activities for maternal and newborn health in countries

This section provides guidance for conducting advocacy activities in countries. It introduces key communication strategies to adopt in change initiatives, and steps to consider when planning activities to advocate for increased attention, action and investments for improved newborn health.



A. Introduction to main communication approaches

Communication for Development (C4D) is a systematic, planned and evidence-based approach to promote positive and measurable social and behavioural change. It is both a strategy and an approach to engage communities, service providers and decision makers in dialogue at local, national and regional levels, towards promoting, developing, and implementing policies and programmes that enhance the quality of life for all.³² UNICEF's *Communication for Development Strategy Guide* outlines four key approaches to communicate and promote maternal and newborn health, adapted to different target audiences: advocacy, social mobilization, social change communication, and behavior change communication. Features of each approach and corresponding target audiences are described in the table on the next page.

³² From *A Global Communication for Development Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programmes*. UNICEF, 2015. https://www.unicef.org/cbsc/index_65738.html.

Table 1: Summary of Key Features and Participant Groups for the C4D Approaches

C4D APPROACH	KEY FEATURES	PARTICIPANT GROUPS
Advocacy	<ul style="list-style-type: none"> • Focuses on policy environment and seeks to develop or change laws, policies, and administrative practices • Works through coalition-building, community mobilization and communication of evidence-based justifications for programmes 	<ul style="list-style-type: none"> • Policymakers/decision makers • Programme planners • Programme implementers • Community leaders
Social Mobilization	<ul style="list-style-type: none"> • Focuses on uniting partners at the national and community levels for a common purpose • Emphasizes collective efficacy and empowerment to create an enabling environment • Works through dialogue, coalition-building, group/organizational activities 	<ul style="list-style-type: none"> • National/community leaders • Community groups/organizations • Public and private partners
Social Change Communication	<ul style="list-style-type: none"> • Focuses on enabling groups of individuals to engage in a participatory process to define their needs, demand their rights, and collaborate to transform their social system • Emphasizes public and private dialogue to change behaviour on a large scale, including norms and structural inequalities • Works through interpersonal communication, community dialogue, and mass and digital social media 	<ul style="list-style-type: none"> • Groups of individuals in communities
Behaviour Change Communication	<ul style="list-style-type: none"> • Focuses on individual knowledge, attitudes, motivations, self-efficacy, skills-building and behaviour change • Works through interpersonal communication, and mass and digital social media 	<ul style="list-style-type: none"> • Individuals • Families/households • Small groups (e.g., mothers' support groups)

1. Advocacy is a strategy used to create an enabling environment at the level of policies, legislation, and administrative practices to achieve health objectives. It helps to inform and motivate leadership to create such a favourable environment, for example through creation of new laws or change to existing policies. It works through coalition-building, community mobilization and communication of evidence-based justification of programmes. Common types of advocacy include:

- Policy advocacy, to influence policymakers and decision-makers to change legislative, social, or infrastructural elements of the environment, including the development of equity-focused programmes and corresponding budget allocations
- Community advocacy, to empower communities to demand policy, social, or infrastructural change in their environment

- Media advocacy, to enlist the mass media to push policymakers and decision makers towards changing the environment

Advocacy efforts can help to:

- Promote development of new policies, change existing laws, policies, and /or ensure adequate implementation of existing policies
- Redefine public perceptions, social norms and procedures
- Support protocols that benefit specific populations
- Influence funding decisions and equitable allocation of resources for specific initiatives

An added benefit of advocacy and outreach activities is that they can transform the relationship between stakeholders, for example between civil society and government representatives, towards greater cooperation.

When the voices of advocates are heard in an open and transparent manner by decision makers, there is an opportunity for dialogue and for decision-making processes to be better informed by the concerns of communities. This can lead to greater partnership and trust between different stakeholder groups.



The leaders from ESAR region signal that we should aim high to make ending preventable deaths a reality

Steps for Advocacy strategy development:

- Prioritize your advocacy issues
- Establish a working group to develop your advocacy strategy.
- Collect data and information on the advocacy issue (e.g., review current practices and policies, inventory of current programmes/ activities, and understand the context in which programmes and policies are implemented). You should write a justification for why your issue is important and how addressing it fills a practical need.
- Identify your primary and secondary participant groups (i.e., make a list of key individuals, stakeholders and decision makers that can help you move your issue forward; and a list of the opponents, and identify each person's or group's current position, perceptions and concerns about the issue).
- Identify the information sources that each individual or group relies on and trusts the most.
- Define your advocacy objectives and develop an implementation plan for advocacy activities (including team and partner responsibilities, timeline and monitoring tools).
- Identify the resources needed for advocacy activities (e.g., human resources, time and financial requirements) and create a budget.

The audience you intend to reach — for example, policymakers and decision makers — may have limited time to consider your issue, so it helps to develop clear, concise and compelling messages (i.e., what you are proposing, why it is important, the benefits of addressing the issue, and your

specific request for action), and to deliver them effectively (i.e., make them easy to understand and stand out from competing messages).

Key questions to consider in developing a communication and advocacy strategy or plan:

- What is the issue that needs to be addressed, and what is the advocacy/ communication goal?
- Who is your audience, and what are their interests? Who are key decision-makers, and are all partners fully invested and integrated into the process and implementation of the strategic plan?
- What is your key message, and the call to action?
- What barriers or opposition might you face, and what strategies could you use to overcome these?
- What is your unique strength, and how can you best position yourself and advocacy efforts to leverage this capacity?
- Who could you partner with to strengthen your efforts and achieve the objectives of the advocacy initiative?
- Do the communication activities fit well with other programme functions, including service delivery, policies and available resources? (e.g., healthcare providers to deliver messages and services)
- Are the communication messages consistent with the availability of/access to the service(s)?
- Are the communication channels and tools the most appropriate (not just the most convenient) for reaching various intended populations?
- What is your timeline, and how will you monitor progress and evaluate results?

A list of key things to consider when developing an advocacy strategy can be found at:

www.unicef.org/cbsc/files/Key-Elements-to-Consider.docx.

Further resources to support advocacy efforts:

- Straight to the Point - Advocacy Tools. Pathfinder International, 2011. <https://www.k4health.org/toolkits/family-planning-advocacy/straight-point-advocacy>
- Strengthening World Vision Policy Advocacy: A guide to developing advocacy strategies. UK Aid, World Vision, Overseas Development Institute, 2011. <https://www.k4health.org/toolkits/family-planning-advocacy/strengthening-world-vision-policy-advocacy-guide-developing>

WRA Tanzania Efforts Result in 50% Budget Increase for Maternal & Newborn Health Pregnant women, policy makers and midwives come together for this historic achievement

Out of the 700 health centers in Tanzania, only 117 – roughly 16% – provide emergency maternity services. On a mission to improve maternal and child health in Tanzania, White Ribbon Alliance Tanzania (WRA Tanzania), together with its partners and champions, launched a campaign to bolster the budget for maternal health with the slogans, “Zero Tolerance to Maternal Death: BE ACCOUNTABLE,” and “Social Accountability for Reproductive, Maternal, Newborn, Child and Adolescent Health.”

The goals included the allocation of more financial resources for Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and to put in place measures to protect the budget once allocated, also called ring fencing. Additionally, the idea of social accountability for maternal, newborn, child and adolescent health was embedded in all the discussions around the campaign. Fifteen months later, WRA Tanzania and partners had cause to celebrate.

With the campaign formally launched in March of 2016, WRA Tanzania and partners were overjoyed when the FY2017/2018 budget was released in June 2017 with a 52.6% increase in the budget for maternal and newborn health from the previous year. This historic increase specifically targeted areas vital to the survival of women and their newborns during pregnancy and childbirth, including the availability of oxytocin, magnesium sulphate, and safe blood services including blood banks and satellite locations for blood donation. Additionally, the Minister of Health, Hon. Ummu Mwalimu, says there are plans to combine government and World Bank resources to upgrade 150 health centers so that they have the capacity to provide emergency services. If the Minister’s plan is implemented this year, the percentage of health centers providing these services will increase from 16.7% to 38%. The goal is to make that number 50% by 2020.

Multi-Pronged strategy was employed. To arrive at this historic budget increase, WRA Tanzania used various strategies to influence different decision makers crucial to the budget allocation process. One strategy was to put a human face on the issue by arranging to have 12 pregnant women attend a parliamentary session as special visitors just as the Ministers presented their budgets. Because these budgets were about resources for women’s, children’s and adolescents’ health, the presence of women conveyed the stark message that while they were alive and present that day with parliament, without resources they could die, just like the thousands of women and their newborns who die every year in Tanzania.

For details:

http://whiteribbonalliance.org/wp-content/uploads/2013/05/WRA-Tanzania-Secures-50-Historic-Budget-Increase_June-2017.pdf



2.Social mobilization focuses on people and communities as agents of their own change. It emphasizes community empowerment and building the capacity of key groups so they can mobilize resources and plan, implement and monitor activities within the community. Social mobilization recognizes that sustainable social and behaviour change requires collaboration at multiple levels, from individual to community to policy and legislative action, and that partnerships and coordination yield stronger impacts than isolated efforts. Key strategies of social mobilization include using advocacy to mobilize resources and change inhibiting policies, media and special events to raise public awareness and create public spheres for debate, building and strengthening partnership and networks, and motivating community participation.



Women champions for newborns meet in New Delhi for promoting newborn survival and breastfeeding

3.Social change communication, in turn, is intended to bring change of behaviours on a large scale, eliminate harmful social and cultural practices, and change social norms and structural inequalities. The emphasis is on creating empowered communities that know and claim their rights and become their own agents for changing social norms, policies, culture and environment.

Prevalent negative social norms may have evolved from fatalism and coping with very high levels of stillbirths and newborn deaths in the past but these need to be changed for positive action. Advocacy can lead the journey from apathy to empathy to action only by understanding the popular beliefs.

Newborn champions in UER Ghana explore harmful cultural beliefs and practices

https://www.unicef.org/ghana/media_9395.html

Champions for newborn care in the Upper East Region are joining health authorities and UNICEF. These champions include village chiefs, health workers, women group leaders and

media men/women to promote newborn care issues in the region. There was also commitment from stakeholders to reduce newborn deaths using their respective roles in the region. They have to tackle the common beliefs saying

X “If the water (newborn) in the pot (Mother) is spilt but the pot does not break, its not so bad, because you can always go back to fetch more water.”

X “The death of the newborns should not be mourned”



4.Behaviour change communication involves development of tailored messages and approaches to motivate sustained individual- and community-level changes in knowledge, attitudes and behaviours towards a desired outcome. Behaviour change communication can help to stimulate community dialogue and raise awareness about an issue, promote attitude change and reduce stigma, create demand for information and services, strengthen knowledge and skills, but can also help to advocate with policymakers about the importance of available solutions, such as proven newborn health interventions.



The *USAID Behavior Change Framework*³³ contains examples of interventions for maternal and newborn health that seek to address barriers in accessing relevant health services, and change behaviours to overcome such barriers. For example, the publication illustrates the success of interventions in enabling the use of facilities for birth, referrals for complications, and reduction of maternal morbidity, stillbirths and perinatal mortality.

Available at: <https://www.usaid.gov/sites/default/files/documents/1864/The-Behavior-Change-Framework.pdf>

The four approaches described above are interrelated and are most effective when strategically combined, as is most appropriate for the specific context and issue.



This occasional social media messaging going viral can be turned into a good message on the need for resuscitation facilities for babies who fail to breathe spontaneously

B. Key steps in developing advocacy and communication strategies

The analysis of strengths, weaknesses, opportunities and threats (SWOT) is a tool that can help you understand the social and ecological landscape prior to developing a strategic communication plan. Applying this tool can highlight internal organizational strengths, internal weaknesses, external opportunities, and external threats or barriers to achieving your programme's goal and objectives. It can therefore help determine high-priority vulnerable populations and opportunities for

³³ *The Behavior Change Framework: A template for accelerating the impact of behavior change in USAID-supported MCH programs in 24 priority countries.* USAID, Draft May 2015. <https://www.usaid.gov/sites/default/files/documents/1864/The-Behavior-Change-Framework.pdf>.

change. A SWOT Analysis Template is available at: www.unicef.org/cbsc/files/SWOT-Analysis-Template.docx

Here is a five-step approach to developing programmes for behaviour-change and social-change, strategic communication or advocacy plans:³⁴

Step 1

Data collection and analysis: involves collecting data as part of a situation analysis, to understand the priority health issues affecting key population groups, as well as contextual factors impacting their health and decisions on health behaviour. Such baseline research can highlight: challenges facing the potential recipients of a programme; inhibiting and facilitating factors; and knowledge, perceptions, beliefs, motivations and behaviours. This phase can be used to understand the target population's main concerns regarding health issues, and identify the most effective communication channels to convey information (e.g., media, internet, community events). This initial phase can also involve a review of existing country programmes and policies for newborn and maternal health, and to identify potential collaborating partners to advance the change initiative as a joint effort. All of this information can help to tailor subsequent messaging and interventions to the specific context.

Helpful resources include the following:

- A checklist for data collection and analysis can be found at: www.unicef.org/cbsc/files/1-Data_Collection_Checklist.docx
- Examples of questions and sources of information for a situation analysis can be found in A Global Communication for Development Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programmes (https://www.unicef.org/cbsc/index_65738.html).
- The Healthy Newborn Network platform provides up-to-date country data on maternal and newborn health, available at: <http://www.healthynewbornnetwork.org/numbers/>.

³⁴ More details can be found in Chapter 2 of the publication: *A Global Communication for Development Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programmes.* UNICEF, 2015. https://www.unicef.org/cbsc/index_65738.html.

Step 2

Strategic design: involves translating the information collected in step 1 into SMART objectives (specific, measurable, achievable, realistic, time-bound), ensuring that the appropriate communication approaches and channels are chosen, and that an implementation and monitoring and evaluation plans are selected. Following the establishment of an overarching programme goal, SMART objectives should be developed. Further, each objective should include information about:

- A = AUDIENCE (the group or population whose behaviour you are aiming to change)
- B = BEHAVIOUR or social change (the intended performance outcome)
- C = CONDITIONS (the place and time frame for change)
- D = DEGREE or criteria of success (how much change you expect to see within a specific time frame)

The best channels for conveying messages should be chosen in line with the findings from the data collection exercise. In turn, the implementation plan should include a work schedule for activities with benchmarks to monitor progress, and with roles and responsibilities outlined for partners involved.

Step 3

Development and testing of messages and materials: involves developing the communication activities, including materials to be used to engage with the target population. Reviewing existing materials that could be used or adapted is a helpful starting point. For example, this toolkit includes examples and templates that can be used for advocacy and communication purposes (these can be found in chapters IV and V). It is helpful to assess whether the materials are appealing to the intended audiences, relevant, easy to understand, acceptable to the cultural and social context, persuasive and easy to remember. These criteria are ideally tested with samples of the population before dissemination, and adapted based on the feedback.

Step 4

Implementation and monitoring: involves a robust advocacy implementation plan describing the activities, messages and materials to be developed, necessary training,

roles and responsibilities of the partners involved, a realistic timeline, a realistic budget, and a description of monitoring tasks. For example, community meetings and events will require careful planning and a schedule for each activity. Monitoring communication and advocacy programmes enables tracking of progress in the implementation of activities in relation to the planned schedule. This helps to ensure resources are optimally used, but also strengthens accountability towards the programme. Importantly, it can help to assess responses to the communication efforts, and adjust messages according to changed scenarios.

A Checklist for Programme Monitoring Activities is available at www.unicef.org/cbsc/files/4-Monitoring_Plan_Checklist.docx.

Step 5

Evaluation and re-planning: involves assessing the outcomes and impacts of the communications programme, and taking stock of which activities produced or failed to produce intended results. This evaluation can inform future programme interventions, to ensure they better address the local context in achieving the desired outcomes. The evaluation should look at various aspects: short-term outcomes (changes in awareness, knowledge, attitudes, beliefs, self- and collective-efficacy, skills, intentions and motivations of the intended population members); medium-term outcomes (changes in the behaviours, practices, decision-making processes, power relations, policies and social norms as a result of programme activities); and long-term outcomes (change in the social, economic, policy and environmental conditions).

In summary, the advocacy strategy document should include a background section with a statement of the issue, and evidence and justification for why and how the programme will address it. It should include SMART objectives, an outline of activities to achieve them, and a monitoring and evaluation plan to gauge progress. UNICEF's *Communication for Development Guide* includes a comprehensive template that can guide development of all the steps described above (see table 9 of the guide, page 46).

C. Examples of advocacy and communication activities

- Advocating for policy change to address inequity and social determinants of health in underserved, under-resourced areas or districts
- Implementing multimedia campaigns combining mHealth (mobile health) and traditional media to promote positive social norms around childbirth and childcare
- Community outreach through mothers' groups to promote skilled attendance at delivery
- Mobilizing communities for child immunization/health days including mass media
- Developing a framework for Maternal Newborn Child Health and Nutrition (MNCHN) services at the district or community level
- Strengthening the capacity of healthcare providers to deliver quality postpartum care through evidence-based training
- Strengthening systems for monitoring and evaluation of MNCHN interventions and outcomes through training
- Working with champions: See the Saving Newborn Lives Champions Toolkit. Save the Children, 2016. <http://www.healthynewbornnetwork.org/hnn-content/uploads/SNL-Champions-Toolkit-Final-May16.pdf>. Includes case studies and country examples
- Engaging individuals to take the "Kangaroo Mother Care challenge": <http://www.healthynewbornnetwork.org/hnn-content/uploads/kangaroo-mother-care-challenge-design-final.pdf>
- Using theatre to raise sensitive issues and help audiences to reflect on traumatic events. See example of parents taking to the stage to speak out on newborn survival "There is Nothing More to Discuss" <http://www.who.int/pmnch/media/news/2013/20130416/en/>
- Working with local media (music, radio, TV) to incorporate key messages in songs, radio programmes, soap operas and other media
- Using innovative technologies (e.g., mobile phone apps and initiatives) to communicate with target audiences. See for example the Mobile Alliance for Maternal Action: <http://www.unfoundation.org/what-we-do/issues/global-health/mobile-health-for-development/mama.html>; and "In Nigeria, a message for maternal and child health": https://www.unicef.org/infobycountry/nigeria_74808.html
- Organizing the launch of a significant publication (e.g., newborn health publication, strategy or plan) at relevant a forum. As an example, the Lancet Every Newborn Series Launch Toolkit (http://www.healthynewbornnetwork.org/hnn-content/uploads/THE_LANCET_Every_Newborn_Launch_Toolkit-October2014-3.docx) offers materials to hold a launch event for the Lancet Every Newborn Series, to communicate key findings and calls for action to decision makers, key country advocates and the media
- Creating momentum and organizing events around key dates and conferences, such as World Prematurity Day, 17 November, and International Breastfeeding Week, 1–7 August (<http://worldbreastfeedingweek.org>)



A mother in Bangladesh with her pre-term baby

World Prematurity Day: Amplifying parents' voices

World Prematurity Day, which takes place every year on 17 November, is a global movement to raise awareness about prematurity, highlighting the burden of preterm birth, informing on simple, proven cost-effective solutions, and invoking compassion for families who have experienced preterm birth. It has become a key day in the global health calendar in order to focus global attention on complications from preterm birth, the leading cause of child deaths under age 5. Over 1 million children die each year from complications of preterm birth. Many survivors face a lifetime of disability, including learning disabilities and visual and hearing problems.³⁵

Every year, government officials, associations, societies, professionals, private sector organizations and other groups around the world come together to mark the advocacy day with events and activities, bringing needed attention to this urgent issue, and each year more countries join in and more events take place. Efforts for this advocacy day support the Every Woman Every Child movement. Each year, global partners work together to agree on a key theme and develop an advocacy toolkit. Access the latest toolkit, materials and resources at www.facebook.com/WorldPrematurityDay.

Celebrations for the sixth annual World Prematurity Day, on 17 November 2016, were held in more than 120 countries, with support from parent groups, researchers, governments, civil society and others. More than 200 special events worldwide were recorded. Colombia, Egypt, Ethiopia, Saudi Arabia and Thailand were among the countries to hold major national events. Nigeria and Nepal held high-level events to launch their national Every Newborn Action Plans. In Washington, D.C., international health-care professional associations issued the Kangaroo Mother Care Joint Statement.

Social media and related events played a key role in increasing awareness and driving online conversations. More people than ever participated in a Thunderclap on Twitter and Instagram. The World Prematurity Day Facebook page alone reached about 5.4 million people. Celebrity champions also helped raise awareness through social and other media. Some 225 buildings were lit purple as a symbolic gesture of support.

The groundswell of support for World Prematurity Day is due to the dedication and work of parent groups and other partners who aim to ensure that prevention of preterm birth and care for preterm infants remain a global health priority.

³⁵ WHO, *Born Too Soon — The Global Action Report on Preterm Birth*, 2012.

Table 2: Options for Advocacy and Communication Approaches and Examples of Maternal and Newborn Health Messages by Target Audience³⁶

Target group	Advocacy /communication channel or approach	Examples of newborn health messages and calls for action by target audience
Policymakers	Letters, face-to-face meetings, advocacy materials (e.g., briefs, press releases); events and roundtables to encourage policy change	<ul style="list-style-type: none"> • Request increased leadership and investment for quality newborn care, and investments in demand-generation campaigns for newborn health supplies • Request establishment of clear, data-driven methods to track progress and hold countries accountable • Request paid maternity leave to support establishment of breastfeeding, a powerful intervention benefiting early childhood development
Professional associations	Letters, face-to-face meetings, advocacy materials (e.g., briefs, press releases); events to promote adherence to and dissemination of quality standards (for example, annual conferences of professional associations)	<ul style="list-style-type: none"> • Host/sponsor events on proper umbilical cord care and the use of chlorhexidine with women's groups, media, and community members • Coaching and mentoring is an effective method for strengthening skills, for example for early essential newborn care (<i>see Box below on example from WHO Western Pacific Region</i>) • Breastfeeding-friendly health and maternity services, including skilled lactation counselling, are key to support new mothers to establish breastfeeding practices • Disseminating the International Code of Marketing of Breast-milk Substitutes can inform health workers of their obligations and prevent promotion of products made by the breast milk-substitute industry • Prepare national, district and facility guidance and standards on the quality of care for small and sick newborns • Implementing a standard training package for care of small and sick newborns is essential to address the need for increased attention to vulnerable newborns
Parents and caregivers	Briefs, infographics, radio, TV, events, parent support groups, social media campaigns, champions (e.g., celebrity endorsements)	<ul style="list-style-type: none"> • You have a right to high quality and dignified maternal and newborn care • To minimize the risk to mother and baby, it is essential to give birth in the presence of skilled birth attendants, such as in a health care facility • Breastfeeding is a powerful intervention benefiting your baby's early development, and brain development, and providing immunity against diseases • Men can play a significant role to support women during pregnancy and after birth, for example by taking on household and childcare tasks, or advocating for a woman's right to breastfeed in public.

³⁶ A Global Communication for Development Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programmes. UNICEF, 2015. https://www.unicef.org/cbsc/index_65738.html.

Target group	Advocacy /communication channel or approach	Examples of newborn health messages and calls for action by target audience
Health workers	Briefs, infographics, social media, champions	<ul style="list-style-type: none"> • Ensure awareness and understanding of all key newborn interventions and early signs of danger to the child’s health or life, and complete available training to take prompt action if required • Promote education about the leading risk factors for spontaneous preterm birth.
Community and religious leaders	Letters, face-to-face meetings, advocacy materials (e.g., briefs, infographics)	<ul style="list-style-type: none"> • Promote care-seeking behaviour and access to skilled health care in the period before, during and after birth to reduce the health risks faced by mothers and newborns at these crucial times • Help reconcile religious practices and beliefs with accessing skilled attendants during pregnancy, birth and the post-natal period.
NGOs	Briefs, infographics, policy discussions, community events, social media	<ul style="list-style-type: none"> • Help bring parent voices to the fore; advocate on behalf of vulnerable communities to decision-makers; • Help form parent support groups, and help them to engage with policymakers; • Advocate for increased attention to quality antenatal care, skilled care at birth, and post-natal care for mothers and newborns • Advocate for increased investments for health care providers to conduct home visits for post-natal care, and newborn care interventions in the home • Help educate parents, families and communities about the signs of newborn illness, and the importance of seeking care early to address symptoms • Support rigorous monitoring and evaluation of progress on newborn health, based on well-established data-collection methods (often required by donors)
Donors	Letters, advocacy materials	<ul style="list-style-type: none"> • Request improved coordination between donors and funding platforms to maximize resources • Make the case for integrated maternal and newborn health funding to ensure implementation does not separate the mother and the baby, and to ensure the “triple return” on investment.

The First Embrace Campaign

In May 2014, the WHO Region for the Western Pacific and UNICEF issued the **Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)**. The plan highlights early essential newborn care (EENC), a package of actions and interventions that address the most common causes of newborn death or disease, such as prematurity (being born too soon), low birthweight and severe infection. The plan calls for improved political and social support to secure an enabling environment for EENC and mobilization of families and communities to increase demand for these approaches.

To mobilize public and political support, in 2015 WHO and UNICEF launched the First Embrace in a campaign highlighting simple steps that will save more than 50,000 newborn lives and prevent hundreds of thousands of complications each year from unsafe practices in newborn care in the region. The First Embrace campaign seeks to engage the general public, health workers, policymakers and civil society to champion EENC.

The First Embrace campaign has been launched in eight priority countries with the highest burden of newborn deaths in the region: Cambodia, China, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam. Within four years, EENC has been introduced in 17 countries, benefiting 4 million newborns annually with improved care and helping over 30,000 health workers improve the quality of the care they provide. In 2017, First Embrace began expanding to countries outside the region.

For more information, the website <http://thefirstembrace.org> offers many resources, including The First Embrace, a short film on the importance of child-mother bonding after birth.

Source: *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020): First Biennial Progress Report. World Health Organization Western Pacific Region.*

Table 3: Examples of Population Groups and Matched Communication Channels³⁷

Population group	Channel
Pregnant women	Women's support groups, posters, radio, mobile theatre, text messages, presentations at worksites, tea-stall sessions in markets, home visits by community health workers, religious sites/ events
Husbands	Billboards, presentations at worksites, tea-stall sessions in markets, magazine advertising, text messages, religious sites/ events
Pregnant women's mothers and mothers-in-law	Sites for social engagements (e.g., community centres, religious sites/events), radio, TV, presentations at worksites, tea-stall sessions in markets, and information shared during engagement with the health system on the woman's own health
Community leaders	Leaflets; talking points; text messages; billboards; religious ceremonies.

³⁷ *A Global Communication for Development Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programmes.* UNICEF, 2015. https://www.unicef.org/cbsc/index_65738.html

Table 4: C4D-Related Evidence-Based Strategies to Prevent Maternal, Newborn, and Child Mortality and Morbidity and Undernutrition

Interpersonal or group strategies (family, neighbours, social network)	Community-based strategies	Strategic communication
<ul style="list-style-type: none"> • Involvement of male partner and family members • Home visits • Counselling by community health workers/health care providers • Peer counselling by mother support groups • Social networks • Mobile clinics 	<ul style="list-style-type: none"> • Community mobilization • Mothers • Adolescents clubs • School-based • Faith-based • Community engagement • Community outreach • Community media 	<ul style="list-style-type: none"> • Advocacy (policy, media, agenda-setting) • Social mobilization of allies, partners, private sector, civil society organizations (CSOs), media • Mass media • Digital social media • Social marketing • Positive deviants (those who live in the same situation as others but have behaviours and practices that are positive)

Voices of parents

The voices of parents are often under-represented in discussions on maternal and newborn health. However, parents have direct experience of the impact of medical care and should become a clear voice in advocacy efforts aimed at improving the quality and experience of care. For example, in the event of a traumatic loss such as a stillbirth, parents are best placed to explain the emotional and personal repercussions and to guide health care professionals on the best way to meet the needs of families facing such difficult circumstances. As a powerful advocacy voice, they can facilitate the training of health professionals and improve the quality of care.

The experiences of parents should therefore be central to advocacy efforts and messages directed at policymakers, health planners and health professionals. It is critical that the medical system sensitively engage with parents who experience a trauma, whether it be the loss of a baby or of a mother and spouse during the time surrounding pregnancy or birth. Interactions with parents call for utmost consideration and respect for grieving processes and an understanding of the best way to provide support (e.g., use of appropriate language, in line with cultural contexts). To ensure that parents receive adequate care, health care staff need to be professionally trained to handle such sensitive situations.

In fact, a United Kingdom study³⁸ on key elements in the care provided to parents who had a stillborn baby or whose baby died in the neonatal period found that close family and friends played a central support role but that health professionals, such as counsellors and bereavement midwives, were also a key source of support. Measures in place for fathers or partners, such as paternity or compassionate leave, were also important. The study further found that poor mental health, such as depression and anxiety, was reported by a significant proportion of mothers and fathers in the period following the adverse event.

However, many parents suffer the devastating loss of stillbirth in silence due to stigma and taboo, and many health providers report not feeling adequately equipped to support grieving parents.³⁹ There is a need to align policy and practice to provide high-quality care to parents in these difficult situations. Responding to this need, key decision-makers should focus on the voices of parents to ensure that health services and systems address their physical and mental as well as emotional needs. For example, adequate policies and programmes can ensure that parents are given the option to work with a counsellor to receive support in the grieving process. They can also

38 *Listening to parents after stillbirth or the death of their baby after birth. National Perinatal Epidemiology Unit, University of Oxford, 2014.* <https://www.npeu.ox.ac.uk/listeningtoparents>

39 Kelley MC, Trinidad SB. Silent loss and the clinical encounter: Parents' and physicians' experiences of stillbirth—a qualitative analysis. *BMC Pregnancy and Childbirth.* 2012; 12:137. doi:10.1186/1471-2393-12-137. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3533522/>

ensure that staff at health facilities undergo training or coaching to better interact with bereaved parents and families.



A mothers support group for breastfeeding in Ghana

Advocates and communication specialists can therefore work with parent groups to draw attention to the experiences of grieving parents/spouses. One such group is Citizens' Hearing (<http://www.citizens-post.org/global-citizens-hearing-report/>). Another possible step is to highlight the urgent need to support parents and provide dedicated professional assistance to help manage highly sensitive situations. For example, the White Ribbon Alliance (www.whiteribbonalliance.org) and March of Dimes (www.marchofdimes.org/) have led efforts to intentionally include the voices of parents in efforts to shape policy agendas that better reflect their needs. Parent voices can also highlight positive experiences in support of health services and interventions, such as successful results after a difficult birth, or with a sick or preterm baby. For example, parent groups or support programmes are formed in the context of Kangaroo Mother Care, preterm births or other events, and partner with health services for improving quality of care or quality of life. Examples include the NICU Family Support program by March of Dimes: www.marchofdimes.org/complications/the-nicu-family-support-program.aspx#). Other positive examples of parent groups and experiences can be found in the report *Born Too Soon: The Global Action Report on Preterm Birth*.⁴⁰

Another avenue to make parents' stories heard is theatre. *There is Nothing More to Discuss*⁴¹ is an example of a theatre piece highlighting the voices of parents whose babies were either stillborn or died in the first few weeks of life. This initiative provides an opportunity for audiences to engage with a difficult topic, and to better understand the difference that health care workers can make when providing care. Health professionals viewing this piece might as a result be better equipped to care for and speak to bereaved families.

⁴⁰ March of Dimes, PMNCH, Save the Children, WHO. *Born Too Soon: The Global Action Report on Preterm Birth*. Eds CP Howson, MV Kinney, JE Lawn. World Health Organization. Geneva, 2012. http://www.who.int/pmnch/media/news/2012/201204_borntoosoon-report.pdf

⁴¹ *There is Nothing More to Discuss*: <http://www.who.int/pmnch/media/news/2013/20130416/en/>

V. Country examples of strategies and communication initiatives for maternal, newborn and child health

- Strengthening National Advocacy Coalitions for Improved Women’s and Children’s Health. The Partnership for Maternal, Newborn and Child Health. http://www.who.int/pmnch/knowledge/publications/cso_report.pdf
- Innovative Approaches to Maternal and Newborn Health: Compendium of Case Studies. UNICEF, 2013. https://www.unicef.org/health/files/Innovative_Approaches_MNH_CaseStudies-2013.pdf
- National newborn Behaviour Change Communication/Advocacy Strategy 2014–2018, Uganda. <http://www.healthynewbornnetwork.org/hnn-content/uploads/BCC.pdf>
- Designing a Behavior Change Communication Strategy to Improve Family Health Outcomes in Rural Uttar Pradesh (India). Population Council, 2012. <http://www.popcouncil.org/research/designing-a-behavior-change-communication-strategy-to-improve-family-h>
- Communication and advocacy strategy for reproductive health, maternal, newborn, child health and nutrition (2014–2016). Republic of Zambia Ministry of Community Development, Mother and Child Health. http://pdf.usaid.gov/pdf_docs/PA00KB5Z.pdf
- National Communication Strategy for Maternal, Newborn and Child Health 2011-16 Nepal. http://dohs.gov.np/wp-content/uploads/chd/SafeMotherhood/National_Communication_Strategy_for_MNCH_2011_2016_EN.pdf

Country case studies

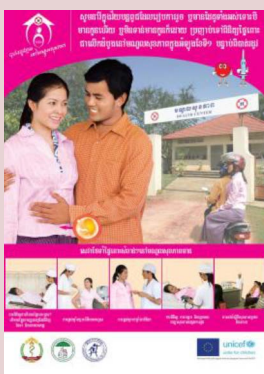
Successful advocacy: four approaches

These case studies show how change was effected by four very different approaches: the behaviour-change communication campaign in Cambodia; the advocacy initiative to guarantee insurance for newborns in China; the C4D model for community action and empowerment in Timor-Leste; and civil society advocacy for improved newborn health in Peru.

Cambodia:

Communication for behavioural impact to promote early antenatal care (ANC)

A 2008 baseline assessment in Cambodia revealed low ANC coverage. With the aim to provide ANC for all pregnant women and improve child and maternal survival, the National Maternal and Child Health Centre and the National Centre for Health Promotion of the Ministry of Health jointly launched a Behaviour Change Communication campaign on 'Antenatal Care'.



The campaign was developed using the Communication for Behavioural Impact approach. Its methodology integrates health education, information, education, communication, community mobilization, consumer communication techniques and market research, targeting precise behavioural outcomes for improved ANC. The campaign included a national media component and interpersonal communication, social mobilization and outdoor promotion focused on seven provinces, where health centre staff and village support-group volunteers were trained to promote ANC.

After the campaign, the proportion of pregnant women completing the recommended ANC visits almost doubled in targeted provinces. Between 2005 and 2010 the campaign, along with other key factors, contributed to a significant increase in ANC visits (from 69% to 89%), delivery by skilled birth attendants (44% to 71%), and delivery in health facilities (22% to 53%).

Cambodia's experience shows that a targeted approach to behavioural change can increase demand for a number of essential maternal and newborn health interventions.

China: Ensuring every newborn's financial access to health services

China faced high neonatal mortality in rural areas, with about half of these deaths occurring in the home or en route to or from the health facility. The majority of cases were caused by birth asphyxia and preterm births. Yet, because of high costs, women were not accessing the care they needed. Over half of women surveyed reported that the high cost of transport and treatment was the major reason they did not seek care for newborn complications.

To address these barriers and support families in accessing the required health services, China adopted a strategy for ensuring every newborn's financial access to health services. To this end, the Ministry of Health and UNICEF China examined the coverage of the New Cooperative Medical Scheme (NCMS), a social health-insurance scheme covering rural populations. The study showed that 92.5% of newborns who died in four poor and rural counties in western China were not covered by the scheme.

The study also pointed to policy gaps leading to low newborn enrolment in NCMS, and projected the total funding needed to cover all newborns in rural areas in western China. Based on these findings, the Government put in place a national policy implemented by all provinces, which requires newborns to be automatically enrolled in NCMS if the newborn's mother was enrolled.

China's experience provides key insights for effectively advocating for policy changes. It shows that it is critical to gather robust evidence on gaps in policy affecting health outcomes for newborns. In China, the lack of connection between mothers' and newborns' insurance coverage was associated with negative health outcomes. This advocacy approach can be applied in countries seeking to lower out-of-pocket expenses for institutional deliveries.



Timor-Leste: Involving communities in addressing inequalities in maternal and newborn health

Timor-Leste presented great variations in the utilization of maternal and newborn health services, with notable inequalities between the richer and poorer populations regarding institutional deliveries, among other aspects. To address this situation, the country implemented an innovative model for community action to overcome barriers in accessing health services by the most vulnerable populations.

The model, implemented by the Ministry of Health and UNICEF in partnership with NGOs and UNFPA, involved five stages: vision (sharing of aspirations for the future); assessment (awareness and realization of the existing situation and its implications); analysis (using the problem tree for causality analysis); design (arriving at innovative solutions, agreeing on the best alternative and development of the action plan); and action (implementation with oversight).

To start, community representatives, including pregnant women and key influencers, examined the drivers for inequities in institutional deliveries among women and the barriers to their accessing health care, from the richest to the poorest quintiles. The analysis revealed underlying reasons for poor utilization of health facilities. These included, among other factors, lack of money or/and transport and doubts about the quality and availability of services. This exercise also helped to identify 26 mothers most likely to need support to access health facilities for delivery services, and possible actions to support them.

Overall, this participatory strategy helped to identify hard-to-reach and deprived women, and led to the development of community action plans, with strategies such as facilitating transport, financial incentives, micro-credits, to increase equitable access and use of maternal and newborn health services by women in the community. Preliminary reports showed a significant increase in deliveries at the community health facility in selected subdistricts in the months after the intervention began.

With a focus on community empowerment, this approach shows how inequalities in maternal health can be reduced by targeting people in the poorest quintile for service delivery.



Peru: Societal advocacy for improvements in newborn health

Peru witnessed a significant reduction —51%— in neonatal mortality rates in 2000–2013.* A study showed that the reduction was higher in the rural and poorest segments (52% and 58%), and that coverage of family planning, antenatal care and skilled birth attendance increased more in rural areas and among the poorest quintile. Such progress was achieved in a context of economic growth and poverty reduction, through a combination of strong societal advocacy and political will. In particular, CSOs played a key role in pushing forward maternal and neonatal health as a goal that should be viewed as an equity issue. Together with other factors, such as improvements of social determinants and political commitment and leadership, strong civil society advocacy in Peru influenced political priorities to place greater emphasis on newborn health. Civil society played a key role to facilitate multi-stakeholder dialogues and strengthen citizen participation in policy design and programme implementation and evaluation. At the same time, they emphasized a rights-based approach to pregnancy and delivery that took into account respect for cultural diversity. This, combined with increased use of scientific evidence and the introduction of results-based budgeting, helped to drive momentum towards equitable implementation of integrated maternal and neonatal interventions, the strengthening of obstetric and neonatal services capacity of health facilities, and sustained reduction in neonatal mortality rates.

*Examining National and District-Level Trends in Neonatal Health in Peru Through an Equity Lens: A Success Story Driven by Political Will and Societal Advocacy. L Huicho et al. BMC Public Health 16 Suppl. 2, 796. 2016 Sep 12. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5025833/>



**Ghana:
Moved by a documentary on MNH, First Lady leverages resources for new
hospital unit**

In Ghana, as in many other countries with poor and vulnerable populations, maternal and newborn health care is a crucial issue. In the Ashanti region, policymakers and the private sector were galvanized to take action after viewing a compelling documentary, “Next to Die,” part of an advocacy effort to raise awareness and support. The 2017 documentary was made by a public physician who worked with UNICEF and the local media to produce the video (view at <https://www.youtube.com/watch?v=S278i3IHURA>). The documentary was widely distributed, reaching the highest levels of government. After watching it, First Lady Rebecca Akufo-Addo leveraged nearly GH10 million in cash and in-kind donations to upgrade the mother and baby unit at the Komfo Anokye Teaching Hospital. The project that had been languishing since 1974. The new unit will allow the hospital to take in four times the current number of infants, mothers and women giving birth and to reduce preventable deaths by 60% to 80%. Once this unit is finished, more health facilities in Ghana will be improved, according to plans.

See also:

<http://www.myjoyonline.com/news/2017/May-4th/i-was-horrified-by-joy-news-kath-documentary-first-lady.php>

<http://citifmonline.com/2017/05/06/mrs-akufo-addo-raises-funds-to-construct-maternity-block-at-kath/>



Regional case study: South Asia

Newborn deaths and under-immunization are two priority health challenges in South Asia. The region has the highest number of newborn deaths in the world and a high proportion (about 5 million) of under-immunized children.

In order to galvanize discussions and generate momentum to save the lives of newborns and children in the region, UNICEF South Asia organized a regional health advocacy event on 24 November 2016. The event:

- launched a new **South Asia Health Atlas** to highlight the importance of tackling newborn deaths and working towards full immunization of children in the region
- launched the Nepal Every Newborn Action Plan – a stellar example of Nepal's progress and efforts to tackle newborn deaths occurring every year, with support to the Government provided by UNICEF

The event included a panel discussion, livestreamed through the **UNICEF South Asia Facebook page** and a photo/maps exhibit. In addition, important informational/advocacy content was prepared and uploaded to the regional office Dropbox folder, titled 'Reaching Every Child in South Asia': <http://bit.ly/2gaZ5Np>. This information is regularly updated. In addition to a press release describing the event and related issues, the initiative disseminated the following materials, which illustrate the wide variety of advocacy/advocacy approaches that can be taken for MNH-related campaigns:

- **Videographic for public viewing:** Reaching Every Newborn in South Asia



Regional For a as African Union , ASEAN and SAARC are good platforms for advocacy

Annex.1

Every Newborn advocacy within the ENAP Results Framework for 2017–2018⁴² (see Annex.1 for details)

Accountability in post–2015 workplans
Ensure that the post-2015 development framework includes specific targets for newborn mortality reduction and stillbirth reduction.

Activities in 2017 and 2018	Outputs by December 2018	Lead/s
<ol style="list-style-type: none"> 1. Ensure that Newborn and Stillbirth Targets are included in national plans 2. Advocate to the High-Level Advisory Group for Every Woman Every Child to ensure that newborns and stillbirths are high on the United Nations agenda 3. Ensure effective mobilization and use of resources in countries by advocacy at the domestic level and by engaging with global financing mechanisms and actors including the Global Financing Facility, Gavi – the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and African and Asian Development Banks <ol style="list-style-type: none"> A. Advocate for further commitments particularly support programmatic coverage of essential newborn interventions, increased ANC and quality of care improvements B. Advocate at donor meetings for adequate financing for the implementation of key lifesaving interventions for maternal and newborn health 	<ol style="list-style-type: none"> 1. Evidence of increased financial investment in maternal and newborn health and the reduction of stillbirth in National Account Tracking by WHO 2. Evidence of increased marked allocation for newborn care being tracked in Global Financing Facility investment plans and other funding mechanisms such as the Global Fund and African and Asian Development Banks' planning processes 	WHO Partnership for Maternal, Newborn and Child Health (PMNCH), QED Advocacy

Investment
Ensure that investment in maternal and newborn health is sustained in the post-2015 development era

Activities in 2017 and 2018	Outputs by December 2018	Lead/s
<ol style="list-style-type: none"> 1. Tracking and accountability of Maternal and Newborn Health (MNH)-related commitments to Every Woman Every Child <ul style="list-style-type: none"> • Country-based efforts to track funding for MNH used as a basis for targeted advocacy for improved financing • Efforts to promote aligned investment in QED from partners interested in MNH 2. Global Health Partnership H6 pursues additional country commitments 	<ol style="list-style-type: none"> 1. A 2018 report published by World Health Assembly mapping accountability of these commitments. It will show increased investment but also hold partners accountable for their commitments 2. A tool or guidance published for national tracking of Maternal and Newborn Health expenditure and how to use this data for accountability 	PMNCH/Every Woman Every Child (TBD) for annual reporting

⁴² *Implementing the Every Newborn Action Plan Results Framework for 2017 and 2018 toward reaching the Every Newborn 2020 Milestones*: <http://www.healthynewbornnetwork.org/hnn-content/uploads/Final-Results-Framework-Every-Newborn-Action-Plan-2017-to-2018-Public-facing.pdf>.

Global Milestone: Innovation and research

Develop, adapt, and promote access to devices and commodities to improve care for mothers and newborn babies around the time of birth, and agree on, disseminate and invest in a prioritized and coordinated research agenda for improving preterm and newborn health outcomes. Particular focus is required for stillbirth babies, who have been left out and left behind.

Outcomes by 2020

3. Prioritized Research Agenda is drawn up to improve care for mothers and babies in the time around birth, and including preterm and stillbirth, and implementation research is determined and funded
4. Research is disseminated and informing improved quality of care outcomes

Activities in 2017 and 2018	Outputs by December 2018	Lead/s
Develop and implement a strategy for the effective communication of research	A strong dissemination and communication platform is established for maternal and newborn health research and for devices and commodities in development and in use	Saving Newborn Lives and PMNCH (Strategic Objective 3)

Quality of Care

Develop standards of quality of care and a core set of indicators for accessing quality of maternal and newborn care at all levels of health facilities

Outcomes by 2020:

Accelerated country implementation of newborn-specific interventions in all settings within the overall Maternal and Newborn Health Quality of Care Framework

Every Newborn Action Plan 2020 Coverage Targets:

5. 90% of women giving birth and babies born in facilities will receive effective high-quality and respectful care that includes essential care during pregnancy, labour and following birth, with preventive care and appropriate management of complications for the mother and newborn
6. At least half of babies who do not breathe spontaneously at birth after thorough drying and stimulation will be resuscitated with bag and mask ventilation
7. At least half of stable preterm newborns or babies weighing less than 2000g will receive kangaroo mother care and other supportive care
8. At least half of newborns with possible serious bacterial infection will receive antibiotic therapy

Activities in 2017 and 2018	Outputs by December 2018	Lead/s
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<ol style="list-style-type: none"> 1. Establish and strengthen a Global Network and National Networks on Quality of Care for Mothers and Newborns to: <ol style="list-style-type: none"> A. Build and strengthen national institutions and mechanisms for improving quality of care in the health sector in X countries B. Accelerate and sustain implementation of quality of care improvements for mothers and newborns C. Facilitate learning, share knowledge and generate evidence on quality of care D. Develop, strengthen and sustain institutions and mechanisms for accountability for quality of care 2. Support country-level ministries of health and partners with guidance uptake, implementation and financing 3. Support QED Advocacy uptake, underpinned by voice and participation <ol style="list-style-type: none"> A. Quality, Equity, Dignity national networks to be established and Strategy is prepared and implemented in X countries B. Stakeholder consultations undertaken with parents, communities and civil society in x countries to inform national advocacy and mobilization plans C. Advocacy undertaken at all regional and country meetings on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) for newborn health to ensure that the voice of parents and communities are part of national and subnational planning processes 	<ol style="list-style-type: none"> 1. Global and National mechanisms to share knowledge and support a learning network are developed including: <ol style="list-style-type: none"> A. Data systems for quality of care improvement are developed B. Data and practice are being analysed and synthesized to generate an evidence base on quality of care improvement 2. Implementation of WHO Quality of Care Standards and Framework in X countries: <ol style="list-style-type: none"> A. National and district governance structures for Quality of Care are strengthened (or established) and functioning B. National operational plan for improving quality of care in MNH services is developed and funded C. National advocacy and mobilization agenda for quality of care is developed D. National framework and mechanisms for accountability for Quality of Care are established and functioning 3. Advocacy plans as a component of the National Quality of Care plans, are prepared by X countries and include country voices and the voices of health workers 4. Citizens systematically engaged in advocacy for improved quality, equity and dignity in X countries 5. A report is published and disseminated on the progress of the WHO Network on MNH quality of care 	<p>WHO Quality of Care Secretariat with UNICEF, United Nations Population Fund (UNFPA) and QED Advocacy</p>
<p>ARTICULATE AND PROMOTE SMALL AND SICK NEWBORN CARE</p> <ol style="list-style-type: none"> 1. Disseminate the results from the Situation Analysis and survey on service readiness 2. Provide support to the conceptualization and dissemination of information on a joint Respectful Maternal and Newborn Care 3. Support X number of countries to implement guidance on care of sick newborn, kangaroo mother care, newborn resuscitation, infection management, and antenatal corticosteroids 		<ol style="list-style-type: none"> 1. State of the World's Small and Sick Newborn Care report is published and disseminated for World Prematurity Day 2018

Parents' Voices and Champions

Expand the number newborn champions for RMNCAH to integrate messaging on newborns — indicators:

4. **X** number of champions being mentored in **X** countries with the highest burden of newborn mortality
4. Evidence of increased voice by parents and community and civil society groups in national plans of **X** countries
5. Postnatal care indicator: at least a 20% increase (or an increase to 90% if the baseline is above 70%) of early postnatal care for women and newborns within two days of birth to promote breastfeeding, counselling, screening and care-seeking for maternal and newborn complications and postpartum family planning

Activities in 2017 and 2018	Outputs by December 2018	Lead/s
<ol style="list-style-type: none"> 1. Quality, Equity, Dignity Advocacy Strategy is prepared and implemented in X countries 2. Stakeholder consultations undertaken with parents, communities and civil society in x countries to inform national advocacy and mobilization plans 3. Advocacy undertaken at all regional and country meetings on RMNCAH for newborn health to ensure the voice of parents and communities are part of national and subnational planning processes 4. Provide key messages on maternal and newborn health on optimal behaviours and care-seeking for complications, to parent's groups, and community and civil society partners, including an inter-faith campaign to reach out to parent community and civil society groups 5. Develop strategic links to the global and national adolescent health strategies on maternal and newborn health 6. Establish a Champion Award System for actors in all constituencies (parents and communities, health facilities, health workers and health professionals at subnational and national government levels) 7. Actively engage Healthcare Professional Associations and strengthen coordination and partnership with them (e.g., Independent Practice Organization (IPA), International Federation of Gynecology and Obstetrics (FIGO), International Confederation of Midwives (ICM), International Council of Nurses (ICN) and the Council of International Neonatal Nurses (COINN)) to support advocacy, training and mentoring 8. Support key events and their follow-up: <ul style="list-style-type: none"> • World Breastfeeding Week • Acting on the Call Summit (August 2017) in Ethiopia • East Africa Maternal and Newborn Health Forum (September 2017) • World Prematurity Day 2017 – release of new data on low birthweight and causes of newborn mortality • World Prematurity Day 2018 – launch of report and State of the World's Small and Sick Newborn Care • Disseminate findings from WHO Policy Survey on Maternal, Newborn and Child Health in 2018 • Raise profile on national-level equity gaps in maternal and newborn health 	<ol style="list-style-type: none"> 1. Advocacy Plans as a component of the National Quality of Care plans are prepared by X countries, and include country voices and the voices of health workers 2. X events with voices of mothers and health workers held 3. X media coverage on newborn health and stillbirth 4. Mechanism for appreciated Maternal and Newborn Champions established <ul style="list-style-type: none"> • Award for QED Champions in X countries for Midwives, QED Champions, etc. • Identifying, nurturing and documenting activities of at least 5 global champions for newborn health and/or stillbirth and/or QED • Interfaith initiative to change social norms launched at the Acting on the Call meeting, 2017 • Social and behaviour-change communication efforts undertaken in XX countries identifying, nurturing and documenting activities of at least 5 national champions for newborn health and/or stillbirth and/or QED (MNH) • Mobilization around national and global advocacy days (International Day of the Midwife, World Prematurity Day, World Breastfeeding Week) 	PMNCH and Saving Newborn Lives (QED Advocacy)

Coordination

Ensure coordinated support among UN partners, donors, academics, NGOs and the private sector, and intensify effort in the 20 countries that account for 80% of all newborn deaths

Activities in 2017 and 2018	Outputs by December 2018	Lead/s
<ol style="list-style-type: none"> 1. Every Newborn/Ending Preventable Maternal Mortality (EPMM) alignment and coordination 2. Align work with Monthly Call of the ENAP and EPMM metrics groups 3. Align work with Biweekly Calls of Quality, Equity, Dignity Advocacy 4. Alignment with Country Implementation Group 5. Build public/private sector partnerships 6. Strengthen coordination and partnership with Health Professional Associations (IPA, FIGO, ICM, ICN and COINN) to support advocacy, training, and mentoring 7. Support maternal, newborn and stillbirth positioning Annual reporting to the World Health Assembly, Global Strategy reporting and Interacademy Partnership (IAP) reporting 8. Healthy Newborn Network serves as the central online hub for Every Newborn-related activities and is regularly updated with coverage of activity 	<ol style="list-style-type: none"> 1. Regular updates on the Healthy Newborn Network 2. Strong linkages and information-sharing with all maternal and newborn partners 3. Joint statements and technical briefs and research disseminated and promoted by global and national partners 4. State of the World's Small and Sick Newborns report includes guidance prepared with health-care professional associations (IPA, ICM, ICN, COINN and FIGO) and the private sector 	All

Annex 2: Resources for Advocacy and Outreach

I. Basic advocacy tools

General:

- Report of the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents.
- https://www.everywomaneverychild.org/wp-content/uploads/2017/05/High-Level-Working-Group-15_05_2017-low-res.pdf
- WHO statement on the prevention and elimination of disrespect and abuse during facility-based childbirth.
- http://www.who.int/reproductivehealth/topics/maternal_perinatal/statement-childbirth/en/
- Save the Children and Partnership for Maternal Newborn and Child Health (PMNCH) report “Common Cause”
- http://www.savethechildren.org.uk/sites/default/files/images/A_Common_Cause.pdf

Sample letters: for policy-makers, professional associations, and religious leaders see annex 2 of this user guide.

Guidance for writing letters directed at policy-makers, parliamentarians is available at:

- <https://www.efa.org.au/Campaigns/lobby.html>
- <https://cpj.ca/writing-letter-your-mp>

Briefs: examples of policy briefs related to newborn and maternal health

- *Policy Brief: Improve Maternal and Newborn Health and Nutrition.* Women Deliver, 2016. http://womendeliver.org/wp-content/uploads/2016/04/Good_Campaign_Brief_1_092016.pdf
- *Policy Brief: Meet the Demand for Modern Contraception and Reproductive Health.* Women Deliver, 2016. http://womendeliver.org/wp-content/uploads/2016/04/Good_Campaign_Brief_2_092016.pdf
- *Every Newborn Brief: WHO, UNICEF, Every Woman Every Child, 2014.* <http://www.healthynewbornnetwork.org/hnn-content/uploads/Every-Newborn-brief-20140623.pdf>
- *Policy Brief: Placing Healthy Women and Children at the Heart of the Post-2015 Sustainable Development Framework.* Partnership for Maternal Newborn & Child Health Policy Brief. http://who.int/pmnch/post2015_policybrief.pdf?ua=1
- *Series of strategy briefs by the Partnership for Maternal, Newborn & Child Health available at:* <http://www.who.int/pmnch/knowledge/publications/strategybriefs/series/en/>
- *G8 Background Policy Brief: Maternal, Newborn and Child Health.* InterAction, 2012. http://www.who.int/pmnch/media/news/2012/20120305_g8_backgroundpolicybrief_mnch.pdf
- *Newborn and Child Survival: Policy Brief.* Save the Children, 2009. http://www.savethechildren.org.uk/sites/default/files/docs/Briefing_Newborn_and_Child_Survival_%282009%29_1.pdf
- *Policy Brief: WASH and Maternal and Newborn Health.* London School of Hygiene & Tropical Medicine, Sanitation and Hygiene Applied Research for Equity, 2015. <http://www.issuelab.org/resources/23879/23879.pdf>
- *Policy Brief: Pulling Back the Curtain on Disrespect and Abuse.* White Ribbon Alliance, 2015. <http://whiteribbonalliance.org/wp-content/uploads/2016/03/Policy-Brief-Pulling-Back-the-Curtain-on-DR.pdf>

- *A White Ribbon Alliance Policy Brief: Self-care — A Cost-Effective Solution for Maternal, Newborn & Child Health for All*. White Ribbon Alliance. <http://www.projecthope.org/assets/documents/White-Ribbon-Alliance-Self-care-Policy-Brief.pdf>
- *Policy Brief: Clean Birth Kits — Potential to Deliver? Evidence, experience, estimated lives saved and cost*. Save the Children, 2010. http://www.healthynewbornnetwork.org/hnn-content/uploads/CBK_brief-LOW-RES.pdf
- *Post-natal Care for Mothers and Newborns: Highlights from the World Health Organization 2013 Guidelines*. WHO, USAID, MCHIP, Maternal and Child Survival Program, 2015. http://www.who.int/maternal_child_adolescent/publications/WHO-MCA-PNC-2014-Briefer_A4.pdf?ua=1
- *Affordable Care for Pregnant Women and Infants*. March of Dimes, 2017. http://www.marchofdimes.org/March-of-Dimes-Affordable-Care-for-Pregnant-Women-and-Infants_Feb2017.pdf
- *Health Care for Mothers and Newborns*. March of Dimes, 2017. http://www.marchofdimes.org/March-of-Dimes-Health-Care-for-Mothers-and-Newborns_Feb2017.pdf
- *Policy Brief: Social and Behaviour Change Interventions for Promoting Newborn Care (India)*. Population Council, USAID, UNICEF, 2017. <http://www.unicefiec.org/document/social-and-behaviour-change-interventions-for-promoting-newborn-care>
- *Safe and Effective Oxygen Use for Inpatient Care of Newborns*. Every Preemie Scale, USAID, PCI, Global Alliance to Prevent Prematurity and Stillbirth, American College of Nurse-Midwives. http://www.everypreemie.org/wp-content/uploads/2017/07/Oxygen_7.6.17.pdf
- *Safe and Effective Infection Prevention for Inpatient Newborn Care*. Every Preemie Scale, USAID, Project Concern International (PCI), Global Alliance to Prevent Prematurity and Stillbirth, American College of Nurse-Midwives, 2017. http://www.everypreemie.org/wp-content/uploads/2017/07/InfectionPrevention_7.6.17.pdf
- *Safe and Effective Thermal Protection for Inpatient Care of Newborns*. Every Preemie Scale, USAID, PCI, Global Alliance to Prevent Prematurity and Stillbirth, American College of Nurse-Midwives, 2017. http://www.everypreemie.org/wp-content/uploads/2017/07/ThermalProtection_7.6.17.pdf
- *Safe and Effective Human Milk Feeding for Inpatient Care of Newborns*. Every Preemie Scale, USAID, PCI, Global Alliance to Prevent Prematurity and Stillbirth, American College of Nurse-Midwives, 2017. http://www.everypreemie.org/wp-content/uploads/2017/07/HBM_7.2.17.pdf

Finally, to help draft policy briefs for scaling up life-saving commodities to advance reproductive, maternal, newborn, and child health: *Scaling Up Life-Saving Commodities for Women, Children, and Newborns - An Advocacy Toolkit*, PATH (2015) (template included on page 24) http://www.path.org/publications/files/APP_advocacy_toolkit.pdf

Press releases — some examples:

- World Prematurity Day 2016 press release: “Global Health Community Releases New Resources for Leading Cause of Death for Young Children”. Save the Children and other global health and advocacy organizations. http://www.who.int/pmnch/media/events/2016/wpd_pressrelease.pdf?ua=1;
- World Prematurity Day 2014 press release: “Preterm Birth Now Leading Global Killer of Young Children. More than 3,000 Children Die Daily from Preterm Birth Complications”. Every Woman Every Child, Global Alliance to Prevent Prematurity and Stillbirth (GAPPS), London School of hygiene & Tropical Medicine, March of Dimes, PMNCH, Save the Children and UNICEF. http://www.who.int/pmnch/media/events/2014/wpd_release.pdf?ua=1
- World Prematurity Day 2013 press release: “Baby boys at higher risk of death and disability due to preterm birth”. Every Woman Every Child, GAPPS, London School of hygiene & Tropical Medicine, March of Dimes, PMNCH, Save the Children and UNICEF. http://www.who.int/pmnch/media/events/2013/wpd_release.pdf?ua=1

- To help draft a press release to address the leading causes of maternal, newborn, and child mortality through life-saving drugs and health supplies, please consult: *Scaling Up Life-Saving Commodities for Women, Children, and Newborns — An Advocacy Toolkit*, PATH (2015) (template included on page 27) http://www.path.org/publications/files/APP_advocacy_toolkit.pdf

Infographics:

- *Stillbirths: A Neglected Tragedy*. World Health Organization. http://www.who.int/maternal_child_adolescent/news_events/better-data-stillbirth-maternal-death/stillbirths-data.jpg?ua=1
- *Ending Preventable Newborn Deaths and Stillbirths*. World Health Organization, UNICEF. http://www.who.int/maternal_child_adolescent/newborns/every-newborn/newborns-stillbirths-75percent-preventable.jpg
- *Better Data to Save Mothers' and Babies' Lives*. World Health Organization. http://www.who.int/maternal_child_adolescent/news_events/better-data-stillbirth-maternal-death/infographics/en/
- *Improve Maternal and Newborn Health and Nutrition*. Women Deliver, 2016. <http://womendeliver.org/wp-content/uploads/2016/05/Deliver-for-Good-Card-1.pdf>
- *Invest in Maternal and Newborn Health*. Women Deliver, 2016. http://womendeliver.org/wp-content/uploads/2016/05/Invest_in_Maternal_and_Newborn_Health_2.pdf
- *Invest in Family Planning and Reproductive Health*. Women Deliver, 2016. http://womendeliver.org/wp-content/uploads/2016/05/Invest_in_Family_Planning_and_Reproductive_Health_2.pdf
- *Changed Landscape for Newborns (Every Newborn Action Plan Poster)*. Every Woman Every Child. https://www.unicef.org/health/files/Every_Newborn_Poster_v_10-PRINT.PDF
- *Antenatal care infographics*. World Health Organization. http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/ANC_infographics/en/
- *Saving mothers' lives infographics*. World Health Organization. <http://www.who.int/reproductivehealth/publications/monitoring/infographic/en/>
- *Respectful Maternity Care Poster*. White Ribbon Alliance. http://whiteribbonalliance.org/wp-content/uploads/2013/10/RMC_Poster.pdf

Social media:

- Every Newborn report on county progress (2017) social media toolkit (included in chapter V)
- Every Woman Every Child Resource Hub: <https://www.ewechub.org/>, and social media relay (for United Nations General Assembly 71, 2016): http://www.everywomaneverychild.org/wp-content/uploads/2017/02/bf3f4e_b6e34ac714274ca580f3179bba29b2c3.pdf
- Social Media Guide available in The Lancet Every Newborn Series Launch Toolkit (page 14). http://www.healthynewbornnetwork.org/hnn-content/uploads/THE_LANCET_Every_Newborn_Launch_Toolkit-October2014-3.docx
- Facebook:
 - World Prematurity Day page: <https://www.facebook.com/WorldPrematurityDay/>
 - Partnership for Maternal, Newborn, Child Health: <https://www.facebook.com/PMNCH/>
 - Healthy Newborn Network: <https://www.facebook.com/healthynewbornnetwork/>
- Twitter:
 - Quality of Care Network: <https://twitter.com/qualitycareNet>
 - Further examples for social media toolkits included in Annex 2.
 - #endstillbirth

- Videos:
 - Early Essential Newborn Care. WHO Regional Office for the Western Pacific, 2016. https://www.youtube.com/watch?v=D43jG_a9pqU
 - The difference a midwife makes (UNICEF): <https://www.youtube.com/watch?v=7Kf35XuF70o&list=PL9CDF996F01D831D8&index=2>
 - In Kenya, maternal shelters save lives (UNICEF): <https://www.youtube.com/watch?v=OxgbxKbJEd4&list=PL9CDF996F01D831D8&index=68>
 - Respectful Maternity Care (White Ribbon Alliance) <https://www.youtube.com/playlist?list=PLlpvwXkLP8h5LZWSsNQkCtpsK2CQn6kl0>
- Campaigns:
 - - Early Moments Matter Campaign: <http://weshare.unicef.org/Package/2AMZIFLXB1P4>

Online courses and training:

- Save the Children's Advocacy and Campaigning course is available online at: <http://www.open.edu/openlearncreate/course/view.php?id=1690>
- Advocacy toolkit and training modules by the American Academy of Pediatrics. <https://www.aap.org/en-us/International/Pages/Advocacy-Toolkit.aspx> <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/CPTI/Pages/Advocacy-Training-Modules.aspx>

II. Examples and resources

Featured advocacy toolkits:

- *A Global Communication for Development Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programmes*. UNICEF, 2015. https://www.unicef.org/cbsc/index_65738.html
- *Map Your Advocacy Impact Strategy*, PATH. http://www.path.org/publications/files/APP_10-part_info.pdf
- *Midwives Delivering UHC: An Advocacy Toolkit for Midwives*. Save the Children UK, 2017. www.healthynewbornnetwork.org/hnn-content/uploads/Advocacy_Toolkit_for_Midwives.pdf.
- *Building Alliances for Newborn Health*. Latin American Neonatal Alliance, PATH, USAID, 2013. <https://www.k4health.org/toolkits/neonatal-alliances>.
- *Guide for advocating for respectful maternity care*. USAID, White Ribbon Alliance, Health Policy Project, 2013. http://whiteribbonalliance.org/wp-content/uploads/2013/09/RMC-Guide_FINAL.pdf.
- *Saving Newborn Lives Champions Toolkit*. Save the Children, 2016. <http://www.healthynewbornnetwork.org/hnn-content/uploads/SNL-Champions-Toolkit-Final-May16.pdf>. Includes case studies and country examples.
- *Citizens' Hearings toolkit* <http://www.citizens-post.org/global-citizens-hearing-report/>
- *Every Newborn Toolkit, which includes communication resources* <https://www.healthynewbornnetwork.org/resource/every-newborn-toolkit-outline>.

Featured webpages and newsletters to access:

- Healthy Newborn Network: healthynewbornnetwork.org
- Quality, Equity, Dignity: The Network for Improving Quality of Care for Maternal, Newborn and Child Health: qualityofcarenetwork.org
- WHO South East Asia Regional Office Newsletter: <http://www.searo.who.int/mediacentre/en/>, <http://us8.campaign-archive2.com/home/?u=ad442cae2e78e192e9ab2b4e2&id=eaab78f77a>
- WHO Western Pacific Regional Office newborn health page: <http://thefirstembrace.org/>; http://www.wpro.who.int/reproductive_maternal_newborn_child_adolescent/en/
A Global Communication for Development Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programmes. UNICEF, 2015. https://www.unicef.org/cbsc/index_65738.html
 - *Map Your Advocacy Impact Strategy*, PATH. http://www.path.org/publications/files/APP_10-part_info.pdf
 - *An Advocacy Toolkit for Midwives*. Save the Children, 2017. http://www.healthynewbornnetwork.org/hnn-content/uploads/Advocacy_Toolkit_for_Midwives.pdf
 - *Building Alliances for Newborn Health, Latin American Neonatal Alliance*, PATH, USAID, 2013. <https://www.k4health.org/toolkits/neonatal-alliances>
 - *National Neonatology Forum, India*: <http://www.nnfi.org/>; *National Newborn Executive Forum and National Newborn Stakeholders Meeting, Ghana*: <https://www.ghanahealthservice.org/downloads/Newborn%20stakeholders%20meeting%20report%20%20October%202015%20Final%20.pdf> ; International Neonatology Association: <http://www.worldneonatology.org>
 - *Guide for advocating for respectful maternity care*. USAID, White Ribbon Alliance, Health Policy, Project, 2013. http://whiteribbonalliance.org/wp-content/uploads/2013/09/RMC-Guide_FINAL.pdf
 - *Saving newborn lives champions toolkit*. Save the Children, 2016. <http://www.healthynewbornnetwork.org/hnn-content/uploads/SNL-Champions-Toolkit-Final-May16.pdf>. Includes case studies and country examples.
 - *Citizens Hearings toolkit* <http://www.citizens-post.org/global-citizens-hearing-report/>

Other helpful websites:

- *March of Dimes*: www.marchofdimes.org/advocacy/advocacy.aspx
- *Born on Time*: www.bornontime.org
- WHO South East Asia Regional Office Newsletter, available at: <http://www.searo.who.int/mediacentre/en/>, <http://us8.campaign-archive2.com/home/?u=ad442cae2e78e192e9ab2b4e2&id=eaab78f77a>
- WHO Western Pacific Regional Office newborn health page: <http://thefirstembrace.org/>; http://www.wpro.who.int/reproductive_maternal_newborn_child_adolescent/en/

Relevant links for associated issues

- *Advocating for Change for Adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being.* The Partnership for Maternal, Newborn and Child Health; Women Deliver (2017). http://www.who.int/pmnch/knowledge/publications/advocacy_toolkit.pdf
- Designing an advocacy strategy (family planning): <https://www.k4health.org/toolkits/family-planning-advocacy/strategy>
- *AFP Smart: A Guide to Quick Wins-- Build Consensus, Focus Efforts, Achieve Change.* Advance Family Planning, Johns Hopkins Bloomberg School of Public Health, 2013. <https://www.k4health.org/toolkits/family-planning-advocacy/afp-smart-guide-quick-wins-build-consensus-focus-efforts-achieve>
- *Post-2015 Toolkit: make ending child, early and forced marriage a global priority.* Girls Not Brides, 2016. <http://www.girlsnotbrides.org/post-2015-toolkit-make-ending-child-early-forced-marriage-global-priority/>
- The role of parliamentarians in ending child marriage: Girls Not Brides, 2016. <http://www.girlsnotbrides.org/resource-centre/the-role-of-parliamentarians-in-ending-child-marriage/>

Annex 3: Templates, toolkits and guides for advocacy and communications

I. Sample letters for: policy-makers, professional associations, religious leaders⁴³

Sample letter: policymakers

Your name, constituency
Address

Date

Name and title of recipient
Address of recipient – Line 1
Address of recipient – Line 2
Address of recipient – Line 3

Subject: Action needed for newborn health in [country]

To the Honourable [Title and Name],

On behalf of [organization name], I am writing to seek your support for the newborn health activities currently rolled out in [country] as part of commitments made in the Every Newborn Action Plan [or insert name of country plan].

Despite encouraging trends in reduction of maternal and child deaths in [country name], mortality rates for newborn babies have remained stubbornly high. Each year, [insert country-specific statistics about maternal, newborn deaths]. In addition, an estimated [insert country-specific statistics about stillbirths] stillbirths occur every year, half of which take place during labour. Many could be prevented with quality care.

These babies are not dying because we lack the knowledge to save them; they are dying for a lack of attention and investment. But there is reason to be optimistic. In fact, many of these deaths could be averted with better access to proven interventions, saving many lives.

Evidence shows that women’s and children’s health is a smart investment, particularly care at birth. Focusing on high coverage of care around the time of birth and the care of the small and sick newborn could save nearly 3 million lives each year at an additional cost of only \$1.15 per person in 75 high-burden countries. Quality care around birth yields a triple impact on the return from investments: saving women, saving newborns and preventing stillbirths.

⁴³ Sample letters based on modified version of sample letters available in *Scaling up life-saving commodities for Women, Children, and Newborns – An Advocacy Toolkit*. PATH, Global Health Visions, 2015. http://www.path.org/publications/files/APP_advocacy_toolkit.pdf

[Organization name] welcomes and endorses the recommendations set out in the Every Newborn Action Plan⁴⁴ as a powerful means to address preventable maternal and newborn deaths, and stillbirths. We [applaud you for supporting the /urge you to support the development of the] newborn action plan for [country name] to accelerate scale-up of life-saving interventions for mothers and newborns. [Note: text should be adapted depending on progress made on plan in country.]

However, the impact on the health of newborns, mothers, families and communities depends on implementation and financial support of this plan. Intensified efforts are needed to reach the country targets with respect to newborn health interventions. We believe you can help to make these targets a reality in [country name]. For this reason, we are writing to request your kind assistance to:

- Support development of policy [on x and y]
- Implement existing policy [on x and y] by mobilizing stakeholders to [describe activities]
- Help fund the initiative [insert description of activity in newborn plan/name of initiative]

You can find further information on the situation of maternal and newborn health in [country name], and the activities for which we are requesting your support, here: [include link to country ENAP or relevant brief/ documentation on activities requiring support; optional to enclose a brief with the letter].

Given [your organization name]'s experience in [provide more details on engagement with newborn health activities, unique position to address or take leadership in certain aspects], we believe we are well placed to collaborate with you on [specify activities intend to collaborate on].

I would be delighted to meet with you or your staff, or to help organize a meeting to discuss next steps. I would request kind confirmation of this letter, and look forward to hearing your thoughts on this matter.

Sincerely,

Your name and title

Organization

Telephone number and email address
Website address or hashtag, if applicable

⁴⁴ Every Newborn Action Plan available at: http://www.healthynewbornnetwork.org/hnn-content/uploads/Every_Newborn_Action_Plan-ENGLISH_updated_July2014.pdf.

Sample letter: professional associations

Your name, constituency
Address

Date

Name and title of recipient
Address of recipient – Line 1
Address of recipient – Line 2
Address of recipient – Line 3

Subject: Your support for newborn health in [country]

To the [Title and name of Head of Professional Association],

On behalf of [organization name], I am writing to seek your support for the newborn health activities currently rolled out in [country] as part of commitments made in the Every Newborn Action Plan [or insert name of plan].

Despite encouraging trends in reduction of maternal and child deaths in [country name], mortality rates for newborn babies have remained stubbornly high. Each year, [insert country-specific statistics about maternal, newborn deaths]. In addition, an estimated [insert country-specific statistics about stillbirths] stillbirths occur every year, half of which take place during labour. Many could be prevented with quality care.

These babies are not dying because we lack the knowledge to save them; they are dying for a lack of attention and investment. But there is reason to be optimistic. In fact, many of these deaths could be averted with better access to proven interventions, saving many lives. Quality care around birth yields a triple impact on the return from investments: saving women, saving newborns and preventing stillbirths.

[Organization name] welcomes and endorses the recommendations set out in the Every Newborn Action Plan⁴⁵ as a powerful means to address preventable maternal and newborn deaths, and stillbirths. We applaud [country name]'s efforts to develop the [insert name of relevant plan] to accelerate scale-up of life-saving interventions for mothers and newborns. *[Note: text should be adapted depending on progress made in country.]*

However, intensified efforts are needed to reach the country targets with respect to newborn health interventions, and we believe you are in a unique position to influence health care practices for mothers and newborns in [insert country name]. For this reason, we hope to partner with you to make these targets a reality in [country name], and are writing to request your kind assistance to:

- Promote the goals and strategic objectives set out in the Every Newborn Action Plan [or insert name of country ENAP]
- Raise awareness on the key newborn health interventions at relevant fora
- Discuss the latest scientific evidence on prevention of maternal and newborn deaths at key stakeholder's meetings
- Help advocate for the diverse needs of mothers and newborns in accessing health services, considering the barriers faced by different groups as well as issues of equity, quality and dignity in the provision of care

⁴⁵ Every Newborn Action Plan available at: http://www.healthynewbornnetwork.org/hnn-content/uploads/Every_Newborn_Action_Plan-ENGLISH_updated_July2014.pdf.

You can find further information on the situation of maternal and newborn health in [country name], and the activities we would like to collaborate on, here: [include link to country ENAP or relevant brief/documentation on activities requiring advocacy; optional to enclose a brief with the letter].

Given [organization name]'s experience in [provide more details on engagement with newborn health activities, unique position to address or take leadership in certain aspects], we believe we are well placed to collaborate with you on [specify activities intend to collaborate on].

I would be delighted to meet with you or your staff, or to help organize a meeting to discuss next steps. I would request kind confirmation of this letter, and look forward to hearing your thoughts on this matter.

Sincerely,

Name and title

Organization

Telephone number and email address

Website address or hashtag, where applicable

Sample letter: religious leaders

Your name, constituency
Address

Date

Name and title of recipient
Address of recipient – Line 1
Address of recipient – Line 2
Address of recipient – Line 3

Subject: Action needed for newborn health in [country]

To the Honourable [Title of Religious Leader],

On behalf of [organization name], I am writing to seek your support in addressing the urgent issue of maternal and newborn deaths in [country].

Despite encouraging trends in reduction of maternal and child deaths in [country name], mortality rates for newborn babies have remained stubbornly high. Each year, [insert country-specific statistics about maternal, newborn deaths]. In addition, an estimated [insert country-specific statistics about stillbirths] stillbirths occur every year, half of which take place during labour. Many could be prevented with quality care.

However, there is reason to be optimistic. In fact, many of these deaths could be averted with better access to proven interventions, saving many lives. [Country name] has made considerable efforts to improve newborn health, for example through the development of [insert name of relevant plan] to help scale-up life-saving interventions for mothers and newborns. *[Note: text should be adapted depending on progress made in country.]* Nevertheless, health improvements can only be achieved when parents and families seek and use the available health services. Unfortunately, many women choose to deliver their babies in the home, without a skilled birth attendant. They face dangers that could be averted in the presence of quality health services.

We believe you can play a key role in reducing suffering and preventable deaths. Specifically, you are in a unique position to educate your congregation and community about the importance of health care for women during pregnancy and care for the mother and baby in the period just after birth.

With access to the right interventions, it is possible to save the lives of many mothers and newborns in [country name], and sharing in the belief of the value of every human life, we propose to work together to make this goal a reality. We also know that you understand the concerns and needs of your community best, and hope that through our combined efforts we can reduce preventable deaths among its members. For example, we can learn from you about the best approach to inform the community on the dangers faced by mothers, and on safe health practices during and after pregnancy — while embedding these messages in the context of the community's faith and spiritual life.

You can find further information on the situation of maternal and newborn health in [country name], and the activities we would like to collaborate on, here: [include link to country ENAP or relevant brief/documentation on activities requiring support; optional to enclose a brief with the letter].

Given [organization name]'s experience in [provide more details on engagement with newborn health activities, unique position to address or take leadership in certain aspects], we believe we are well placed to work with you on [specify activities intend to collaborate on].

I would be delighted to meet with you or your staff, or to help organize a meeting to discuss next steps. I would request kind confirmation of this letter, and look forward to hearing your thoughts on this matter.

Sincerely,

Name and title

Organization

Telephone number and email address

Website address or hashtag, if applicable

II. Examples of social media messages

Social Media Toolkit

Reaching the Every Newborn National Milestones by 2020

Organizations to Follow

@WHO	@HRPresearch
@UNICEF	@FIGOHQ
@EWEC	@HealthyNewborns
@UNFPA	
@USAIDGH	@worldbank
@PMNCH	@MCSPglobal
@world_midwives	
@UHC2030	
@UHC_Day	

Hashtags to Use

#EWECisME
#EveryLastChild
#EveryNewborn
#Commit2Deliver
#GlobalMNH
#SDGs
#midwives

#UHC2030
#endstillbirth

Twitter messages:

- 19 of 20 countries w/ highest burdens of newborn mortality have taken concrete action to advance #newbornhealth (2/2) since the passage of #EveryNewborn at 2014 WHA. See our 2017 progress report: bit.ly/2rC3bk4 #GlobalMNH
- 48 countries & territories have strengthened maternal and newborn components of their RMNCAH bit.ly/2rC3bk4
- 40 countries have set Newborn Mortality Reduction target but only 10 have set a Stillbirth Reduction target bit.ly/2rC3bk4
- Half of global stillbirths occur after labour has begun – quality care in childbirth is essential! #EveryNewborn bit.ly/2rC3bk4
- Quality of care a driving force to realize the #EveryNewborn WHA Resolution (2014) - see our 2017 progress report bit.ly/2rC3bk4
- Quality care around birth yields a 3x return saving mothers, newborns & preventing stillbirths! 2017 #EveryNewborn Report bit.ly/2rC3bk4
- The #EveryNewborn Action Plan resolution was passed 3 years ago — read & share the new 2017 report to see the progress bit.ly/2rC3bk4

III. Advocacy toolkits and guides

Advocacy toolkits and resources:

- *A Global Communication for Development Strategy Guide for Maternal, Newborn, Child Health and Nutrition Programmes*. UNICEF, 2015. https://www.unicef.org/cbsc/index_65738.html#tabs-1
- *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*. UNICEF, 2010 https://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf
- *Saving Newborn Lives: Champions Toolkit*. Save the Children, 2016. <http://www.healthynewbornnetwork.org/hnn-content/uploads/SNL-Champions-Toolkit-Final-May16.pdf>
- *An Advocacy Toolkit for Midwives*. Save the Children, 2017. http://www.healthynewbornnetwork.org/hnn-content/uploads/Advocacy_Toolkit_for_Midwives.pdf
- *World Prematurity Day Advocacy Toolkit*. Every Woman Every Child, 2016. <http://www.everywomaneverychild.org/wp-content/uploads/2017/02/WPD-2016-Advocacy-Toolkit.pdf>
- *Scaling up life-saving commodities for Women, Children, and Newborns – An Advocacy Toolkit*. PATH, Global Health Visions, 2015. http://www.path.org/publications/files/APP_advocacy_toolkit.pdf
- *The Lancet Every Newborn Launch Toolkit: resources and materials to assist planning an event featuring The Lancet Every Newborn Series*. The Lancet Every Newborn Series, 2014. <http://>

www.healthynewbornnetwork.org/hnn-content/uploads/THE_LANCET_Every_Newborn_Launch_Toolkit-October2014-3.docx

- *Every Newborn Action Plan: Communications Pack*. UNICEF, WHO, A Promise Renewed: Committing to Child Survival. http://www.healthynewbornnetwork.org/hnn-content/uploads/COMMUNICATION_PACK_6-19-14.pdf
- *Guide for advocating for respectful maternity care*. USAID, White Ribbon Alliance, Health Policy, Project, 2013. http://whiteribbonalliance.org/wp-content/uploads/2013/09/RMC-Guide_FINAL.pdf
- *Knowledge4Health Advocacy page on Respectful Maternity Care*: <https://www.k4health.org/toolkits/rmc/advocacy>
- *Knowledge4Health Toolkit for designing an advocacy strategy (Family Planning)* <https://www.k4health.org/toolkits/family-planning-advocacy/strategy>
- *Advocating for Change for Adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-Being*. PMNCH; Women Deliver, 2017. http://www.who.int/pmnch/knowledge/publications/advocacy_toolkit.pdf
- Girls Not Brides website: www.girlsnotbrides.org

Social mobilization guides and resources:

- *WHO recommendations on health promotion interventions for maternal and newborn health*. WHO, 2015. http://www.who.int/maternal_child_adolescent/documents/health-promotion-interventions/en/
- *Working with individuals, families and communities to improve maternal and newborn health*. WHO, 2010. http://www.who.int/maternal_child_adolescent/documents/who_fch_rhr_0311/en/
- *WHO recommendation on community mobilization through facilitated participatory learning and action cycles with women's groups for maternal and newborn health*. World Health Organization, 2014. http://www.who.int/maternal_child_adolescent/documents/community-mobilization-maternal-newborn/en/

Guides for religious leaders:

- *Christian Sermon Guide to Save the Lives of Mothers and Newborns - A Toolkit for Religious Leaders*. USAID, ACCESS, 2009. https://imaworldhealth.org/wp-content/uploads/2014/06/Christian_Sermon_Guide.pdf
- *Muslim Khutbah Guide to Save the Lives of Mothers and Newborns*. USAID, ACCESS, 2009. http://www.mchip.net/sites/default/files/Muslim%20Khutbah%20Sermon%20Guide_English.pdf

