

Save the Children

EVERY  
 ONE

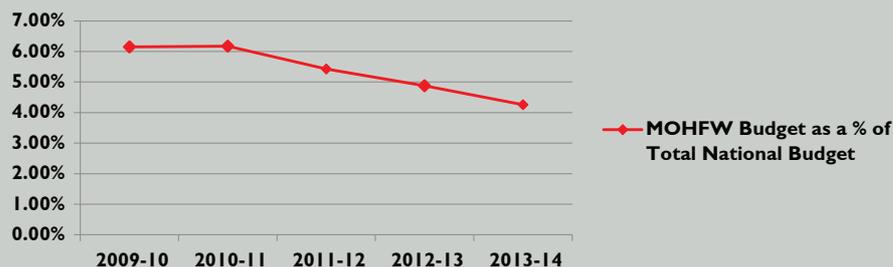
AS IT HAS BEEN

# EVERY ONE: As it has been

Bangladesh has made remarkable progress in reducing poverty and child mortality. Much of the success for achieving the MDG4 can be attributed towards the increased coverage of immunization, especially neonatal tetanus protection; the provision of vitamin A supplements and oral rehydration therapy; and through support for family planning (WFP, 2015). It is a unique example of government and NGO collaboration. Child mortality has reduced from 133/1000 in 1990 to 46/1000 in 2014 (BDHS 2014) and improvement in nutrition with stunting rates dropping to 33% in 2014 from 51% in 2004. Bangladesh has also made huge gains in education and health. The most dramatic period of improvement in human health in history is often taken to be that of late-19th-century Japan, during the remarkable modernization of the Meiji transition. Bangladesh's record on child and maternal mortality has been comparable in scale (The Economist, 2012).

Indeed, there has been tremendous progress in Bangladesh, yet there is still a long way to go. The proportion of newborn deaths in Bangladesh rose from 39% in the 90s to 60% in the post 2000s. The facility delivery to home delivery ratio was 70:30, and more than 21% of the children in Bangladesh were dying directly from pneumonia (BDHS, 2014). Malnutrition was the underlying cause of a third of these deaths and stunting rates were above the WHO recommended threshold level. At the same time, proportion of health budget against national budget was on the decline.

## MOHFW Budget as a % of Total National Budget



EVERY ONE campaign started working with key issues that could create multiplier effects. EVERY ONE prioritized its work on the issues below:

- Health Workers
- Newborn
- Malnutrition
- Pneumonia
- Health Budget



# Chronological achievements of EVERY ONE

## 2010

In Bangladesh around 5,000 people, including many celebrities, braved heavy rain and floods to show their support at the first ever EVERY ONE Campaign event - 'I care, I walk', which ended with a spectacular concert by some of Bangladesh's finest musicians. This led to various media coverages on health workers for health. The solidarity from top celebrities and various other advocacy work did put Human Resources for Health (HRH) as a Government priority.



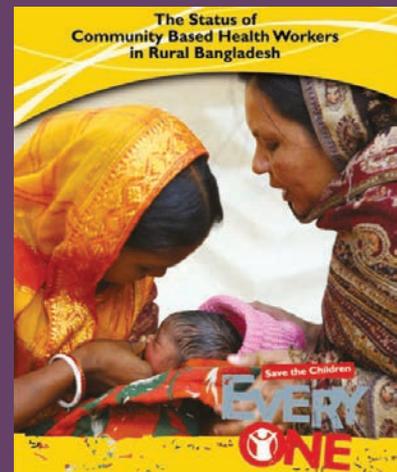
The same year, World Pneumonia Day was observed to initiate the prevention and management of the leading killer of children under five.

Prime Minister of Bangladesh commits to build midwife cadres in Bangladesh with a target of 3000 by 2015.



## 2011

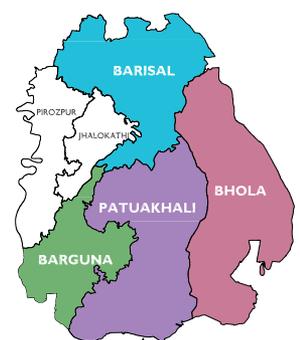
The Status of Community Based Health Workers in Rural Bangladesh provides, for the first time, comprehensive, research-based evidence about the state of community health workers in Bangladesh. It shows the areas which need more community health workers generally and demonstrates the need for more health care workers who are trained in essential newborn care (ENC). This was the first time that the inequity in distribution of health workers was highlighted. The call to deploy, train and equip more health workers is a key component of the Saving Newborn Lives program and for the EVERY ONE campaign in both Bangladesh and globally.



## 2012

In the run-up to the World Pneumonia Day in Bangladesh, we joined forces with 19 medical colleges and 25 schools to draw attention to the dangers of pneumonia and the need for remedies.

Community Case Management project started which was focusing on low cost solutions to management of pneumonia and diarrhea in the rural areas of Bangladesh.



## 2013

In Bangladesh, the launch of State of World Mothers - Surviving the First Day – went on to contribute positively in the momentum of the series of activities geared to influence government and development partners in adopting low-cost priority interventions to immediately and effectively address avoidable newborn deaths. – led to the government’s ‘A Promise Renewed’ declaration to tackle newborn deaths.

Commitment on inclusion of pneumonia vaccine in routine EPI and national Community Management of Acute Malnutrition (CMAM) training module approval by Ministry of Health and Family Welfare (MOHFW) were some of the other key successes of the campaign and programs in Bangladesh.

## 2014

On nutrition, Save the Children were able to include nutrition indicators in the Government’s Health Management Information System (HMIS) system for more effective monitoring of nutrition in the country. Basic nutrition package guidelines were also developed and trained trainers to support national nutrition services in Bangladesh.

A costed action plan was presented to the honorable Minister of Health, MOHFW to upgrade 4000+ Union Health and Family Welfare Center (UHFWC)

Government agrees to scale up 24/7 delivery service by deploying skilled birth attendants at union level facilities across Bangladesh.



**Aziza Begum**, a paramedic from Shibpasha Union Health and Family Welfare was awarded for her contribution to maternal and child health in her community alongside Tony Blair and Ben Affleck in New York.





EVERYONE Campaign successfully set up a coalition with civil society actors in Bangladesh to advocate for the provision of the pneumococcal vaccine, working in unison to coordinate pneumonia advocacy work with the government and MoHFW. Over the past 6 years, the coalition members encompassed Save the Children to develop a Community Case Management (CCM) approach as well. The Pneumococcal vaccine is to be integrated in routine EPI and CCM approach will be integrated into the next national Child Health Strategy. The coalition has been successful by working with the government and public mobilisation efforts.



photo: Save the Children/ Farzana Tabassum



photo: Save the Children/ Tahrim Chaudhury

**Moni Begum** – a youth leader from Bangladesh attended the United Nations General Assembly (UNGA) to advocate for ending child marriage with her slogan #LetHerGrow which urges the society to let girls grow in education and reach their full potential with equal opportunities. At the UNGA Moni presented her case of ending child marriage in Bangladesh to worldwide delegates including Ban Ki Moon, David Cameron and Malala Yousafzai. Her strong social media campaign was covered in electronic and print media over 90 times in less than a month and reached close to 300 000 people via Facebook, Twitter, Instagram. The response to the social media campaign were successful and constructive. Her tweets with her quotes and videos have been successful in creating further dissemination of information amongst others.



## Key Challenges:

- The campaign was launched at the time when Save the Children leadership was concentrating on global unification. Bangladesh had 5 different Save the Children members' offices that was integrating and hence the campaign wasn't prioritized in the country
- The campaign was initiated as a parallel advocacy and campaign forum that was not built into programs. This meant that the programs/projects weren't comfortable in sharing the evidence that was generated by the programs for disseminating under the campaign banner
- A third of the campaign period was lost in the process of prioritizing it within sector and finding overarching issues
- Globally, there were different wedges every year that the campaign was focusing on but in Bangladesh, advocacy and campaigns on specific issues takes time and hence there was a disconnect on outbound messaging from, essentially the same campaign
- Global reports had very little country information and national level launches were not effective on many occasions as it had little national information
- Having a long term campaign plan was a challenge as it didn't have a committed fund for the entire period
- Save the Children UK's breakthrough budgets dried out after unification

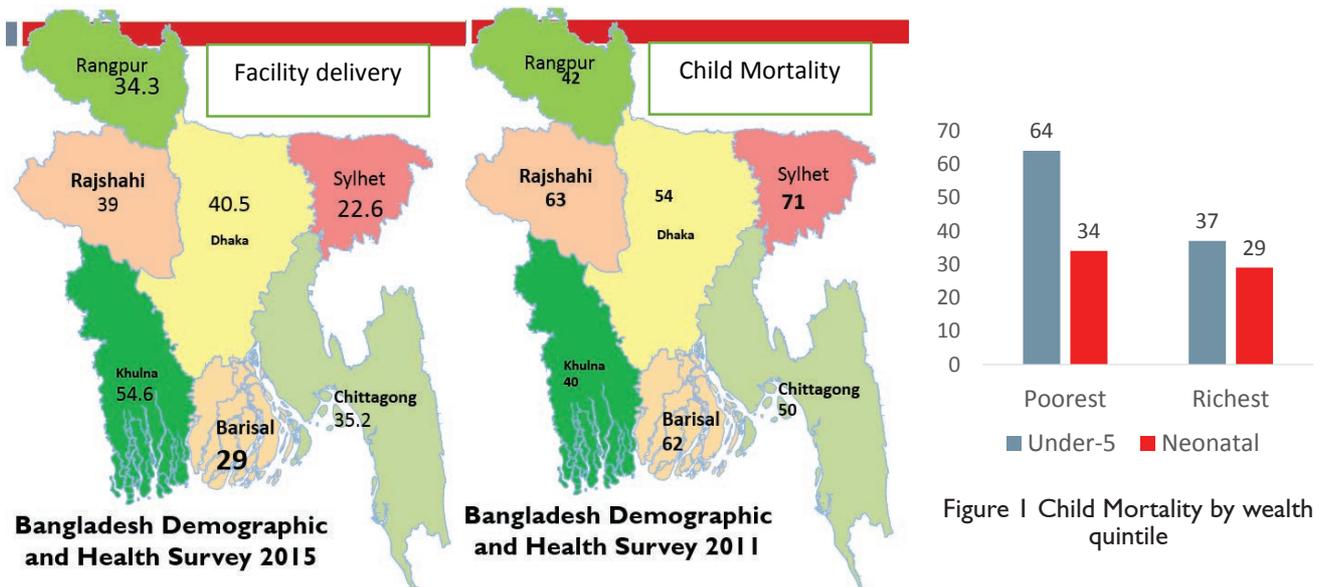
## Lessons Learnt:

- EVERY ONE campaign in Bangladesh was able to build and galvanize the pneumonia coalition and set exemplary standards for partnership led, evidence based, child participatory campaign
- In a large sector, EVERY ONE campaign was able to break the silos and bridge the gaps between issues and programs to have a more combined effort
- From popular mobilization to targeting key change makers, EVERY ONE along with programs were able to converge the approaches for ensuring better probability of making the change happen
- The advocacy asks must be well integrated into the programs for evidence based advocacy and funding opportunities.
- EVERY ONE campaign adopted a 360 degree communication approach through which social, traditional and interpersonal engagement has been exercised.
- Facilitate research studies in order to promote the interest of multi stakeholders' health related issues
- Adapted the global plan into a context based national campaign plan directed towards advocacy asks and generated evidence from the programs.

# Going forward: Addressing the MDG left over and beyond

In spite of overall progress made in the maternal and child health sector, evidence suggests that there are pronounced social gradients in utilization of key maternal and child care services in Bangladesh. There are, in fact, huge geographic and socioeconomic inequalities in access to maternal and child health services across the country.

The wealth, care and social inequalities are represented by the diagrams below:



The campaign and advocacy would look forward to addressing these through:

- Differential programs to address socioeconomic and geographic differential
- Addressing financial barriers to accessing health care through ensuring Universal Healthcare
- Ensuring stronger quality, supervision and monitoring
- Ensuring better governance and accountability

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