

## 2.4 Nongovernmental supporters: progress on implementation

To track progress on the implementation of nongovernmental commitments since the launch of the EWEC *Global Strategy*, commitment-makers were invited to complete a questionnaire. In total, 134 nongovernmental commitment-makers received the questionnaire, of which 96 (72%) completed it between 2 March 2017 and 16 June 2017.<sup>152</sup>

The self-reported survey results show that nongovernmental commitments have already resulted in the provision of services to at least 273 million women, children, newborns and adolescents. Given that not all supporters reported on progress to EWEC, this is almost certainly an underestimate.<sup>153</sup>

Survey respondents also provided descriptive statistics and responses on implementation to date. Table 1 shows examples of services provided to different age groups, with the estimated numbers of people reached.

**Table 1.** Services provided under selected areas covered in the online survey of nongovernmental commitment-makers

Focus area	Examples of services provided
<b>Women's health priorities/interventions, including SRHR</b>	<ul style="list-style-type: none"><li>• 28 million reached with contraceptives</li><li>• 3.4 million reached with safe abortion and care services</li><li>• 1 million reached with family planning counselling</li><li>• 6000 reached with training for self-detection of breast cancer</li></ul>

Focus area	Examples of services provided
<b>Maternal health priorities/interventions</b>	<ul style="list-style-type: none"> <li>• 5.5 million mothers reached with hand-washing training</li> <li>• 5 million women reached with activities or products concerning obstetric services</li> <li>• 1.3 million women reached with access to high-quality maternal health care</li> <li>• 29 000 women reached with prenatal services</li> </ul>
<b>Adolescents' health priorities/interventions</b>	<ul style="list-style-type: none"> <li>• 75 million reached with SRHR services</li> <li>• 35 000 reached with sustainable sanitation in schools</li> </ul>
<b>Children's health priorities/interventions</b>	<ul style="list-style-type: none"> <li>• 52 million reached with vaccines, including pneumonia, measles, rubella</li> <li>• 15 million reached with oral rehydration salts and zinc treatment for diarrhoea</li> <li>• 11 million reached with hand-washing training</li> </ul>
<b>Newborns' health priorities/interventions</b>	<ul style="list-style-type: none"> <li>• 1.7 million reached with improved care through training of nurses and midwives</li> <li>• 0.8 million reached with postnatal care efforts, including the use of chlorhexidine for umbilical cord care, neonatal intensive care unit admissions and home visits</li> </ul>

The following are a few examples of the services that have been provided by stakeholders to achieve the results summarized in Table 1. Through multiple initiatives, the UN Foundation worked with partners to vaccinate 12 million children. As part of the for "Zinc Alliance for Child Health" partnership, Teck, a Canadian mining company, provided zinc and oral rehydration salts to treat children with diarrhoea. Over one million neonates were reached by Johnson & Johnson through their efforts to train 7000 nurses and midwives in five countries. Restless Development and Bayer collectively reached 0.5 million adolescents with SRHR activities. Pathfinder reached one million women with family planning counselling. PATH and partners reached 4 million pregnant women with improved technologies for the provision of child-birth services. Unilever reached 5.5 million mothers with hand-washing training.

Private-sector commitment-makers often focus on innovations, education and training, and scaling up programming (see Boxes 8 and 9 for two examples).

***The private sector has an important role to play in improving women's, children's and adolescents' health and well-being. We are ready to meet the challenge and boost action in support of Every Woman Every Child.***

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 Member of the High-Level Steering Group for Every Woman Every Child





**Box 8.**

### **Kenya's Private Sector Health Partnership**

In Kenya the Private Sector Health Partnership (PSHP) was launched in September 2015 to contribute to the EWEC *Global Strategy*. Its partners have committed approximately US\$ 2.5 million. PSHP aims to drive improvements in maternal health in the six counties that account for close to 50% of all maternal deaths in Kenya but have only 10% of the population: Mandera, Wajir, Marsabit, Isiolo, Lamu and Migori. Its partners, notably Huawei, MSD (Merck), Royal Philips, Safaricom and the Kenya Private Sector Healthcare Federation, work in close collaboration with local authorities, UN agencies (with leadership from UNFPA), the Beyond Zero Campaign of the First Lady of Kenya, the GFF and nongovernmental partners.

PSHP has launched several new initiatives, including the development and testing of telemedicine solutions by Huawei and Safaricom. A Community Life Center will be opened by Philips in collaboration with the Mandera County Government and the local community in July 2017 to serve the catchment area of 30 000 people around Dandu. A comprehensive system of electronic medical records for health facilities, to improve data tracking, patient information and commodity supply, is also being tested in Lamu County with support from Huawei. Around 37 000 patients have been registered. PSHP is also exploring resource pooling, social franchising for midwives, and improved civil registration and vital statistics collection methods. Further, it has supported the IAM innovation accelerator, which helps young Kenyans access sexual and reproductive health information. This initiative has reached 830 000 young people through social media, and 139 469 people have used the innovative solutions.

Over 100 high-level decision-makers and influencers from government, the private sector and other constituencies have been engaged through advocacy and policy dialogue to mobilize support for PSHP's efforts.



**Box 9.**

### **South Africa: Saving children's lives through a safer road environment**

In 2015, Discovery, an insurance provider based in South Africa, made a multifaceted commitment to the EWEC *Global Strategy*. Its Safe Travel to School programme set out to improve safety for schoolchildren, countering South Africa's shockingly high rate of traffic accidents by using Discovery's telematics systems to monitor the driving behaviour of school bus and mini-bus drivers, and encouraging safer practices and greater accountability and ownership across local communities.

The programme was initiated in the greater Cape Town area and recruited 310 school transport drivers working on high-risk traffic routes. All vehicles are checked for roadworthiness, and equipped with devices which record driving behaviour. Drivers receive monthly feedback and gain rewards for driving safely. Safe Travel to School also provides first aid training and wellness checks for drivers, arranges driving training, refers all drivers for eye tests and arranges spectacles as required, thus improving both their personal health and driving techniques. The programme nurtures community ownership by maintaining strong relationships with partners and other stakeholders, including school principals, the Department of Transport and law enforcement representatives. Programme managers reward the safest driver each year. This has contributed to a decrease in unsafe driving, and reached 3720 children and adolescents.



Survey respondents, including those from the business community and academia, also provided examples of progress through innovation. Innovation and research are essential aspects of the work being undertaken to achieve the objectives and targets of the EWEC *Global Strategy*. Two thirds of respondents (60) reported progress on a wide range of innovations. New health technologies, including 18 eHealth and mHealth technologies, were the most frequently reported innovations. Others included advances in education curricula, service delivery approaches, advocacy and policy, and clean energy/climate, water and sanitation.

For example, Plan International is collaborating on the introduction of a cost-saving stainless steel telescopic rod for use in the long bones of children with *osteogenesis imperfecta*, and a smartphone application for skilled birth attendants that provides direct access to evidence-based and updated clinical guidelines on basic emergency obstetric and neonatal care.

Commitments from CSOs and NGOs focus particularly on service delivery, education and training, research, and health system strengthening. Overall, survey respondents reported substantial efforts in the training of health-care personnel: according to the information provided, 0.7 million family planning counsellors, 0.5 million community health-care workers, 11 000 nurses and midwives and 1000 doctors have been trained.

Box 10 highlights the progress made by international NGOs in implementing their commitments, and their impacts. Box 11 describes a partnership between a Nepalese youth-led organization and a local NGO to address identified reproductive health needs through education and advocacy.

## Engaging citizens is what will take us from setting goals to actually meeting them.

**Dr Aparajita Gogoi**  
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### Box 10. Examples of international NGOs' commitments: progress and impact

Save the Children committed to invest US\$ 250 million in its global health and nutrition portfolio in 2015, but actually spent US\$ 338 million, exceeding its commitment by more than 50%. These investments directly reached 36 168 706 children and adolescents (aged 0–18 years) and 18 623 873 women with life-saving interventions across seven primary areas: maternal, newborn and reproductive health; child health; maternal, infant and young child nutrition; water, sanitation and hygiene; HIV; adolescent sexual and reproductive health; and clinical services in crisis settings. In 2016, Save the Children committed to investing US\$ 2.25 billion in global health and nutrition work, in both development and humanitarian settings, in the period 2017–2021.

In 2015, Marie Stopes International (MSI) committed to strengthen health systems, remove unnecessary restrictions on access to lifesaving services, and advocate for evidence-based resource allocation and

policy formulation. Since 2012, MSI has enabled 3.6 million additional people to use contraceptives in the 69 FP2020-designated focus countries,<sup>154</sup> around 30% of their total pledge of 12 million additional users. MSI also provided 3.4 million women with safe abortion and post-abortion care in 2015.

Women Deliver fulfilled its commitment to the EWEC *Global Strategy* for 2015 to 2016, meeting or exceeding all its targets, by: holding the Women Deliver Conference in 2016; creating a Young Leaders' Programme; running a communications and advocacy campaign, Deliver for Good, that provides a gender lens for the SDGs; and undertaking general advocacy work relating to girls' and women's health, including sexual and reproductive health and rights. The provision of these services was valued at US\$ 12.6 million and contributed to significant improvements in the lives of women and girls.

### Box 11. Community-led efforts to improve menstrual hygiene management in Nepal

Menstrual hygiene management remains a major health and social issue in Nepal, where women are ostracized during their periods, and girls drop out of education due to limited access to proper hygiene facilities at school. To address the need for culturally specific interventions that would remove barriers to adequate menstrual hygiene management in their community, Kalyani, a youth-led organization, partnered with KIRDARC, a local NGO working in Surkhet, Nepal. Through a 6-month seed grant project, funded by the Women Deliver Young Leaders programme in 2016, the Kalyani team developed a baseline, and conducted advocacy, awareness and skills training sessions on menstrual hygiene. The baseline showed that only 28% of adolescent girls were aware of menstruation as a normal physiological process, and that 79% of respondents were practising traditional Chhaupadi, whereby women and girls move into sheds during their periods. They conducted 73 menstrual hygiene management awareness sessions for over 1680 people, among target groups including: school-going adolescents, adolescent groups, youth committees, women's and mothers' groups, female community health volunteers, community leaders and other community members. Finally, 22 training sessions taught 311 women and girls to make reusable sanitary cloth pads for use in place of less hygienic practices. The impact of these activities will be assessed in 2017. Importantly, Kalyani's collaboration with KIRDARC has facilitated new partnerships which will continue this work at the community level, including with district health and gender officials.<sup>155</sup>

Health-care professionals play an essential role in providing high-quality care to all women, children and adolescents, and training and educating health workers (see Box 12). However, they have only made 1% of the commitments to the EWEC *Global Strategy*.



**Box 12.**

**Health-care professionals: at the forefront of operationalizing human rights for health**

At the request of the UN Human Rights Council, the Office of the High Commissioner for Human Rights and partners prepared two technical guidance documents on how to address preventable maternal mortality and morbidity and under-five mortality and morbidity in all aspects of planning and programming, in accordance with human rights standards. Professional associations have a critical role to play in integrating human rights standards and principles into the design and delivery of health services and interventions and into training and education. For example, as part of its capacity building efforts, the Society of Midwives of South Africa is using the technical guidance to apply a human rights-based approach in the training and regulation of midwives. Based on that guidance, the Society developed a trainers' handbook on applying human rights-based approaches to midwifery, conducted workshops with its executive members and educators to support the introduction of human rights standards and principles into their respective training institutions, and advocated for midwifery. Thus far, the handbook has been piloted with 30 midwives by trained educators. These activities strengthened the Society's collaboration with the National Department of Health and the Ministry of Health, and led to explicit recognition of midwives in the South African Nursing and Midwifery Act 2015.<sup>156</sup>

