

For almost five years now, the Middle East and Eastern European region has been building evidence on what improves the well-being of vulnerable children and their families. Through our evidence-based practices we have discovered, confirmed and explored findings that can be taken forward in multiple locations to positively impact the lives of children.

MEERx is a collection of 12 talks that share this evidence with you through a series of three, one-hour events held daily over the course of three days from March 21 to 23, 2017. Each day offers four new talks, so come each day to hear all 12. We hope you will gather, ideally together in your offices, and join us to learn more about this 'evidence worth spreading' and see how it can benefit you in your work.

21-23 March 2017
JOIN US!

Please email meer_dli@wvi.org
if you would like to join



GO BABY GO



Everyone wants healthy babies and every culture has assumptions as to what makes them so. But do we know for sure the best combination of recommendations to include in our programmes to set the best possible foundation for them to thrive, even once they are adults?

More than 270 million children in developing countries fail to reach their developmental potential due to poverty, malnutrition, inadequate learning and social interaction opportunities, family violence, or being in a war or disaster zone. Go Baby Go is an evidence-based model that empowers caregivers of children under 3 by equipping them with competencies to build strong foundations for child growth and development.

As a result, 71 per cent of the children scored higher in total composite score – including cognitive, motor and language subscales - compared to only 59 per cent of the control group. Poorer children were almost four times more likely to show better results in the composite score than their peers in the control group.

PARTICIPATORY BUDGETING



Did you know that influencing government to change a policy or adopt a service isn't always enough if the local government doesn't actually allocate budget to the service? What can we do? Make local budgeting participatory!

The main idea: if the services are for the citizens, they ought to have some say in, some participation, as to what those services look like. Once the government accepts this different way of making financial decisions, what we get in return is: more active citizens, greater accountability, greater transparency and in short, a better form of democracy, a better society.

As a result of this project 77.8 per cent of citizens reported noticing an improvement in service delivery compared to only 14.8 per cent in non-intervention areas.

98.2 per cent felt better able to influence planning and budgeting compared to 50.0 per cent in non-intervention areas.

Y-EMPOWER



We love to work with youth, but did you know that if there is an active inclusion of and partnership with adults in the process, it actually enhances youth's empowerment and can lead to more active youth contributing to healthy, stable societies?

Y-Empower is a practice that not only builds the capacity of local youth for civic activism, more importantly it contributes to the transformation of adults' perception of youth.

90 per cent of the Y-Empower youth believe they have skills/capacity to advocate for community change.

Over 80 per cent of Y-Empower youth reported the transformation in adults' perception of youth, emphasising the increase of appreciation of youth ideas and opinions.

Around 94 per cent of young boys and girls engaged in the model stressed their commitment to the continuation of civic activism, even after the finalisation of the programme.

PARTNER UP ↑

What happens when we partner with international governments and organisations with a stake in what happens in the countries where we work? The necessary influence and force for dramatic change in child protection policies.

Partner UP ↑ is about partnering with international organisations like EU and UN to bring about the much-needed child protection reforms in Eastern European countries.

Over the course of four years, we have been able to verify that World Vision, in partnership with other civil society organisations, contributed to 81 new or changed policies and implementation measures across 5 countries to benefit children.

More than 2.3 million boys and girls received new rights or access to services, of which more than 450,000 boys and girls were directly impacted by new policies or changes in policies.



CHILD PROTECTION INDEX

What do you find when you actually measure a government's commitments against their signature on the UN Convention on the Rights of the Child? Unfortunately, not enough. But there is hope.

Without rigorous measurements everybody can pretend that a system works well. There are myths about how well the child protection systems work and these myths have a very high cost: the lives of a large number of boys and girls. The Index was created to start measuring the systems, according to a set of common standards.

Information alone is useless. Only people in power who become aware of this information and decide to act on it can bring improvements. And this is why the Index is first and foremost an advocacy tool. With the Index we help the decision makers to address dysfunctionalities. The Index provides evidence that leads to action.



CHOOSE SCHOOL!

What happens when you bring together the geographic scope of the Romanian Orthodox church with the technical skills of World Vision to confront school drop out? Marginalised children all over Romania choosing to stay in school because of a significant change in their attitudes toward it.

Influencing children's attitudes toward school such as their perception of its usefulness, their motivation for it or its relevance for their future, their self-confidence and their association of it with a sense of security prevents them from dropping out.

Choose School significantly demonstrated that the child with stronger connections in school is more likely to finish his/her studies than the child who is academically brighter. The most vulnerable benefit most from the Choose School programme. The results were even greater for them, bringing them up to the same level as their more advantaged peers.



INVISIBLE NO MORE



We want to reach the most vulnerable children, but even within this group, there are some so marginalised they can be invisible to their own societies. Is there a practice that can make the invisible visible? Yes, but to do so, we have to broaden our scope of local level advocacy.

To make the invisible more visible and to better reach the unreachable, we piloted a new approach to local level advocacy called, Invisible No More.

Our objectives were to reach the previously unreachable and to empower them to influence the systems and the allocation of resources. In a little over two and a half years, the results of the process were amazing such as: increased services and government funded support to vulnerable groups, more transparent social protection criteria developed and managed by civil society, 40 more Roma children enrolled in primary school, budget re-allocated to most vulnerable children priorities and much more.

SAVING LIVES



What can we learn from almost a decade of interventions in a fragile state? Did anything make a difference? And more importantly, what can it tell us about the most effective health interventions as World Vision looks to broaden its presence in the fragile states?

We asked Aga Khan University to conduct a meta-analysis of ten World Vision projects implemented between 2007 and 2015 to research and evaluate any impact we had and the sustainability of our programmes. These projects had reached almost 250,000 direct beneficiaries. The results were amazing:

For example the Community Midwifery Education programme, which was a collection of 3 projects and focused on midwives, decreased mortality rates by 13 per cent for infants, 17.5 per cent for newborns and nearly 7 per cent for maternal mortality. For these midwifery programmes, there was a total of 6,550 lives saved from 2010 to 2015. (5,946 newborns and 604 mothers).

FRAMEWORK FOR DISABILITY



Children with disabilities are some of the most vulnerable children. We try to help, but are we engaging in the right type of programming and approaches to make a sustainable difference in their lives? What can we learn from the experience of those who are making progress?

In 2013, we conducted an extensive review of our programmes in the region that work with children with disabilities. Through it we saw that three evaluations of World Vision Romania's area development programmes showed a marked difference compared to the status quo for most children with disabilities in Romania. In a country where only 20 per cent of children with disability attend a mainstream school, 45 per cent of children in these area development programmes were attending school.

Further, 53 per cent of parents considered that their children are treated equally as other children in the community and 58 per cent consider that their children's rights are respected and protected. Analysis of their programming taught us a particular framework that led to this sustainable programming.

TIMED, TARGETED COUNSELLING

What's the impact of giving the right information at the right time to young women giving birth in a fragile context? Can you make a difference to child health and overcome superstitious practices that have held deep roots for longer than World Vision has even existed?

Every year more than six and a half million children die before they reach their fifth birthday. Around half of those deaths happen in the first twenty eight days of the baby's life. Parents are subjecting their infants to harmful practices believing that those practices are good for them. ttC is an innovative and adaptive practice that specifically builds the capacity of families, communities and governments to make necessary health interventions to reduce the morbidity and mortality rates of newborns and mothers. Some of the results were:

42 per cent more households in Bethlehem are exclusively breast-feeding than in the control group
27 per cent more are breast-feeding above one year and 33.2 per cent more mothers are able to recognise danger signs in their babies' health, 28.8 per cent more others are managing diarrhoea appropriately.



CITIZEN VOICE AND ACTION

What happens when a priest walks into a barbers shop or when you cross an average citizen with a government employee? Changed people and better services and outcomes in health and education!

We evaluated the impact of Citizen Voice and Action (CVA) across five countries. A survey of participants and non-participants revealed that participants in CVA had a greater knowledge of their rights and public services. They were also confident and capable of learning about governmental plans and more confident in communicating their needs and regulating government.

Services changed too as a result. For example, 10 new medical officers were hired in a district in Pakistan, leading the Health department to report a 54 per cent increase in safe deliveries of babies, a 30 per cent increase in antenatal care and 45 per cent increase in postnatal care. 20 communities in Romania and 13 in a region of Armenia received improved school conditions. The Government of Armenia adopted CVA across all communities and so much more.



CVA WITH CHILDREN FOR CHILD PROTECTION

We like CVA. We believe in CVA. But what happens when you include children in the process alongside adults? Does it make a difference? And can CVA, which we most use for health and education, make a difference for child protection?

Our research asked two main questions: is CVA an effective approach for influencing child protection policy and implementation? Does the participation of children in CVA lead to a greater inclusion of children's needs in government policy than when only adults participate?

It was fascinating to find out that when children got involved in CVA, the adults become more willing to get involved in activities to help protect children. Hearing children describe the difficulties that they were facing in their lives made it more likely that government officials would also take this information seriously.



WHEN?

21 to 23 March 2017

Three day event, one hour each day.
Select the showing each day for your time zone.
Come all 3 days to see all 12 talks.



	Day 1 First Four Talks 21 Mar 2017	Day 2 Next Four Talks 22 Mar 2017	Day 3 Last Four Talks 23 Mar 2017
1st Showing that day for Eastern Hemisphere	7 am - Cyprus	7 am - Cyprus	7 am - Cyprus
	9:30 am - Afghanistan	9:30 am - Afghanistan	9:30 am - Afghanistan
	2 pm - Seoul	2 pm - Seoul	2 pm - Seoul
	4 pm - Australia	4 pm - Australia	4 pm - Australia
	6 pm - New Zealand	6 pm - New Zealand	6 pm - New Zealand
2nd Showing that day for Europe, Middle East & Africa	12 pm - UK	12 pm - UK	12 pm - UK
	1 pm - Balkans/Germany	1 pm - Balkans/Germany	1 pm - Balkans/Germany
	2 pm - Cyprus	2 pm - Cyprus	2 pm - Cyprus
	4 pm - Caucasus	4 pm - Caucasus	4 pm - Caucasus
	4:30 pm - Afghanistan	4:30 pm - Afghanistan	4:30 pm - Afghanistan
3rd Showing that day for Western Hemisphere	9 am - DST - US West	9 am - DST - US West	9 am - DST - US West
	12 pm - DST - US East & Canada	12 pm - DST - US East & Canada	12 pm - DST - US East & Canada
	4 pm - UK	4 pm - UK	4 pm - UK
	5 pm - Balkans/Germany	5 pm - Balkans/Germany	5 pm - Balkans/Germany
	6 pm - Cyprus	6 pm - Cyprus	6 pm - Cyprus

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