



LOCAL TO GLOBAL: WORKING FOR CHANGE



Save the Children

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The people pictured are not related to the content,
except those in the photographs by Maria Pihlgren. These
photographs are from Kapilamikwa, Lufwanyama district
in Zambia, which is a Local to Global programme area.

Photography

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Contents

Foreword	4
Introduction: Working for change through advocacy	6
What is the Local to Global approach?	8
Mobilisation and empowerment of communities	13
Local to Global's contribution to global commitments	17
How change happens at local level	20
Holding duty bearers to account	25
Children as powerful actors for change	29
Building a movement for social change	34
Lessons learned: How to achieve long-lasting change in children's lives	41

Foreword

Local to Global, funded by Sida and conceived by Save the Children Sweden, is both a programme and an advocacy approach. As an approach, Local to Global reflects three critical insights about how change for children happens, and the role of an organisation like Save the Children in contributing to change.

First, it recognises that change is complex and not linear, and that achieving impact at one level is connected to what happens at other levels. For example, preventing child marriage requires change to laws and policies, behaviours and attitudes, and to underlying social conditions. This demands action at the community and national level, and at the regional and international level.

Secondly, as a child rights organisation working at these different levels around the world, Save the Children is uniquely positioned to make a real contribution to this change. Through Local to Global, we are able to bring insights from the community level into international level debates and decision-making forums. Our work on the Every Newborn Action Plan in 2014, supported in part by the Local to Global grant, was a strong example of us doing this, and generated real impact for some of the world's most vulnerable children.

Finally, Local to Global recognises that we cannot achieve this impact alone, because we lack both the resources and the legitimacy to always be in the driving seat of campaigning and advocacy for children. Local to Global puts partnerships front and centre, both with local civil society organisations, and with children and youth as powerful change agents in their own right. I saw personally, at the national and international levels, the power of us working in concert with others to leverage change. When working on the Every Newborn Action Plan, we collaborated with Indian civil society, and during the UN General Assembly in 2015 I joined our youth ambassadors in meetings with government representatives.

The lessons from the first phase of Local to Global have played an important part in framing our current global campaign Every Last Child, and in shaping our broader influencing work. It has been a significant step in our organisational evolution as an advocate and campaigning force for children's rights.

A handwritten signature in black ink that reads "P. Watt". The signature is written in a cursive, slightly slanted style.

Patrick Watt

Advocacy, Campaigns and Communications Director
Save the Children International

Introduction: Working for change through advocacy

The overall goal of all the advocacy work Save the Children does is to create positive change for children. By working with advocacy on multiple levels, it is possible to influence decisions that affect children. In this way, Save the Children works to ensure that children are able to access and claim their rights as enshrined in the United Nations Convention on the Rights of the Child.

The Local to Global approach is a means of doing advocacy. It supports children and communities in standing up for their own rights, to approach local decision-makers with their claims and hold duty bearers to account, for example for improved health services. Save the Children ensures that grassroots advocates have access to national and global platforms in order to make children's and communities' voices heard at national and international level, and to achieve change. Working in partnership with local civil society organisations as well as partners at national and global level is also an essential part of Local to Global.



The beauty of Sida Local to Global is that it gives us a lot of opportunity, flexibility to showcase good work from community level at the highest levels, not just at the state and national level, but also at the international level in international forums. This helps to scale up best practices that have been tried, tested and documented. By using this small amount of money, we have mobilised investments in good interventions and are more able to influence policies.”

Manager, Save the Children State Office, Rajasthan, India

Local to Global, developed by Save the Children Sweden, is a Sida-funded programme that began in 2013 as part of the wider Save the Children EVERY ONE Campaign.¹ The campaign aimed to drastically reduce millions of child and maternal deaths from preventable causes, which was also the overall goal of the Local to Global contribution.²

This is a booklet for everyone who wants to work more with advocacy and understand why it is important in achieving real, long-lasting change for communities and children. The booklet is based on an external evaluation of the Local to Global programme 2013–2015. It contains a collection of examples from the countries involved during this period: India, Zambia, Afghanistan and Yemen. These examples show how Local to Global has contributed towards concrete improvements in communities and children’s lives.³ Our aim has been to include examples representative of the Local to Global approach from the different countries involved in the programme.

Our aim with this booklet is to share good examples of how to work on advocacy from local, national and global level to contribute to real impact for children and their communities and to strengthen civil society. We hope it can serve as inspiration for organisations and child rights professionals in their advocacy work.

1 Sida – the Swedish International Development Cooperation Agency.

2 Read more about the Every One campaign:
<https://www.savethechildren.net/what-we-do/every-one-campaign>

3 Claire O’Kane: Evaluation of the Local to Global Programme 2013-2015: (Save the Children: 2016) It covers Afghanistan, India, Zambia and Yemen in collaboration with Save the Children’s four Global Advocacy Offices that developed the Local to Global approach in 2011. These offices are located in Brussels (EU), New York (UN), Addis Ababa (AU), and Geneva (UN).

What is the Local to Global approach?

Advocacy is essential in order to contribute towards a sustainable change in policy, attitudes and behaviour at different levels in society. Local to Global (LtoG) is an advocacy approach and at its core, it is about empowering children to claim their own rights. LtoG is rights-based advocacy in which children and local communities are seen as rights-holders and key actors for change. By building their capacity and working with local partners, Save the Children aims to empower them to improve their own situation. This ensures sustained positive results for children and their communities.



[LtoG] aims to build the capacity of communities and empower communities to take action to improve their own health services. It's based on the rights of children and listening to children's and communities' voices. Then it's about thinking how we can take those voices and take the messages and issues most affecting communities and draw a thread from those communities to all the different levels of advocacy: from provincial level to national level and to international level."

Advocacy and Mobilisation Senior Manager, Afghanistan

One core element is the engagement of key stakeholders, such as local civil society organisations, media, children and traditional leaders, when working for change at local, national and global level. Partnering with and strengthening key stakeholders, makes it possible to speak with a stronger voice and influence decision-makers. Raising community awareness to change attitudes and behaviour is essential. In parallel, communities and children hold decision-makers to account to achieve policy changes. In order to ensure that we can exert influence where decisions are made that affect the lives of children, mobilisation at local level is coordinated with advocacy efforts at national and international level as all these levels are closely linked and interdependent.



What we have been doing through LtoG is showing how mobilisation and campaigning embedded in programming leads to a real shift in communities and enables influencing policy.”

Head of Advocacy, Campaigns and Communication, Save the Children India

In LtoG, knowledge and experiences from working with children at community level are used to influence the development of national plans and international resolutions affecting child rights, such as children’s right to health and survival. Save the Children also works to ensure that international resolutions are implemented and followed up at national level, and subsequently at the relevant local level. This has shown to be critical in terms of achieving a long-lasting impact.



The impact of our activities is conditioned to the constant local-to-global feedback loop. In the same way that it is important for decisions at the Geneva level to be founded on the realities of countries and communities, it is critical that we follow up on the implementation of resolutions that are passed in Geneva. The same is true for commitments that are announced at the UN level: disbursement of the commitments takes place at country level, which reinforces the point that Local to Global must be a cycle of multi-level engagement.”

LtoG Report 2016, Save the Children’s Advocacy Office, Geneva



Having the country-based evidence is the best asset of the project as it really strengthens our advocacy when we can show we have this expertise and insight on the ground.”

Staff member, Save the Children’s Advocacy Office, Brussels

By first supporting children at local level, they are better prepared for other opportunities at national and global level. Together with other children, they can develop key messages and the local network ensures follow-up and support after events. Advocacy based on experiences from working with children at community level creates credibility with decision makers, and improved accountability towards children themselves. This kind of evidence increases our opportunity to hold duty bearers to account for delivery on policy, legal and budget commitments such as increased investment in child and maternal health and improved access to quality services.

The examples in this booklet are mostly related to child and maternal health as that was the focus of Save the Children's EVERY ONE campaign and the first LtoG programme period. However, LtoG should be seen as an advocacy approach that can be applied to any thematic focus or used by any organisation that aims to achieve long-term changes in attitudes and behaviour, increased accountability as well as policy changes.

Regardless of the context and thematic focus, it is important to use flexible methodology when conducting advocacy, as contexts as well as challenges and opportunities change over time. Change takes time and therefore it is also crucial to ensure long-term engagement. To achieve change of behaviour and mobilise key stakeholders, it is important to first do a stakeholder analysis.

Recommendations: context and stakeholder analyses

- Analyse where decisions are made that affect children, and include mapping of relevant key actors at local, national and global level
- It is important to identify key actors in every specific context
- When identifying key actors on an issue, it is important to understand whether their resistance to change is grounded in a lack of knowledge or in opposition. What are their arguments and agendas? What is needed to turn them into our allies?
- Advocacy messages need to be adjusted to each target group in order to ensure relevance
- Make strategic choices on what actors to collaborate with





Mobilisation and empowerment of communities

Mobilisation and empowerment of local communities, including children, is a crucial foundation of the Local to Global approach and a prerequisite for creating sustainable change. It contributes to improved local governance, social accountability and strengthened civil society.

Capacity building is also an important element of the approach. In LtoG areas, children, communities, health workers, traditional leaders and local partners, among others, were able to strengthen their capacity within areas such as child rights, health, advocacy, budget tracking and social accountability tools. The programme supported them to make their voices and concerns heard in local to global processes and to hold duty bearers to account for improved investments in health and delivery of health services. Through LtoG, community and child-led advocacy initiatives have been supported in each country. Community leaders have been mentored in raising their demands with key duty bearers at different levels.

Involving religious and community leaders as advocates

Key actors can be formal or informal decision makers and are actors that hold the key to changes in – or no changes in – norms and behaviour. For example, in Rajasthan, India, religious leaders have been championing the cause of institutional deliveries, early and inclusive breastfeeding and immunisations et cetera, using their influence as local leaders. Other community leaders have also mobilised action and advocacy initiatives in their communities which have resulted in increased access to health services, school enrolment, birth registration, pensions and ration cards. Key actors in another country or local context could be different.

“

My role used to be limited to religious issues, but the Community Health Volunteer came to me and I realised I could serve the community in a better way.... I have helped people understand that it is better to go to the hospital for delivery as hospitals have all the necessary facilities... The rate of hospital delivery has increased. Our words matter a lot and the community has seen the results.... I have also encouraged early initiation of breastfeeding. When babies were born some parents would delay breastfeeding by 3 to 4 hours until the traditional elders gave “azan” (a call to prayer). We have shared the message that they do not need to wait and that any adult present can give azan. This allows the mother to breastfeed earlier so that the baby gets all the benefits of the milk.... We also share postnatal care messages and about immunisation. We share how the immunisation, such as polio, will work and how it keeps children safe.’⁹⁴

Religious leader in the Islamic community of Tonk, Rajasthan, India

Influential religious and community elders in LtoG areas have also been mobilised to raise awareness in their communities of the dangers of child marriage in order to end this harmful practice that is a violation of children’s rights. A reduction in child marriage will also reduce the levels of maternal and infant mortality since child marriage is strongly associated with unsafe pregnancies and deliveries. With the help of the stakeholder analysis (see previous chapter), it is possible to determine whether religious or community leaders could be turned into powerful allies. In many cases, opposition is grounded in a lack of knowledge.



Children and Chieftainess preventing child marriage in Zambia

Although marriage below the age of 21 is officially prohibited in Zambia, the country has some of the highest rates of child marriage in the world.⁵

In the Lufwanyama district of Zambia, there have been significant local efforts by children and adolescents who are members of child rights clubs to use theatre plays to help change negative traditional beliefs and practices and prevent early marriage.⁶



Children have been actively involved and they have been able to talk to their parents to intervene and address issues when parents wanted the child to get married and thus have been able to prevent some cases of child marriage....”

ZCEA staff member, Zambia

Traditional elders, including the Chieftainess Shimukumani, have also been actively involved in awareness raising. The Chieftainess, whose voice is influential within her community, has banned the practice and has helped to prevent and even dissolve many marriages in order to prevent early pregnancy and allow the girls to continue their education. In Zambia the chief system is a parallel system to the statutory legal system and traditional leaders are influential opinion-makers. Thus, in order to achieve results in this local context of Zambia, these key actors need to be involved.

The evaluation of LtoG showed that more efforts are needed to work with religious elders to also promote gender equality and sexual and reproductive health and rights and to gain permission to discuss these issues with children, adolescents and local communities.⁷

4 Religious leaders in Rajasthan have been involved as part of cooperation between Save the Children (LtoG) and COCOEDECON in India.

5 With parental consent, marriage at 16 is accepted in Zambia, and under customary law there is no minimum age.

6 There are similar initiatives in several countries to prevent child marriage, such as in India and Yemen.

7 Also see recommendations on how to work with religious communities to end corporal punishment of children: <https://resourcecentre.savethechildren.net/library/ending-corporal-punishment-children-handbook-working-religious-communities>



Local to Global's contribution to global commitments

Through the LtoG programme, Save the Children has influenced and harnessed international commitments for newborn, child and maternal health and survival.

Newborn care has been increasingly highlighted in international fora such as the World Health Assembly and the UN General Assembly, which led to the development of the Every Newborn Action Plan (ENAP) in 2014. Commitments made at international fora create opportunities for change at national and local level, where most of the decisions that directly affect children are made. Thus, they strengthen our ability to have an impact on children's lives.

Another example of the linkages between the local, national and global levels is the development of the resolutions on child marriage.

Advocacy at global level to stop child marriage

On 21 November 2014, the UN Resolution on Child, Early and Forced Marriage was agreed on, supported by 116 Member States and led by Zambia and Canada. This was reinforced by a subsequent resolution passed by the UN Human Rights Council in 2015, which was unanimously adopted and co-sponsored by over 85 States. Using the Local to Global approach, knowledge and experiences from our local advocacy and programmes were used to shape and illustrate advocacy at global level. Save the Children's global advocacy offices also shared intelligence on which countries could be supportive or against the issue, contributing to the adoption of these resolutions. These processes thus provided an opportunity for advocacy messages developed at local and national level to ultimately shape critical global resolutions.

Development of the Every Newborn Action Plan – an example of how the global is linked to the national level

At the sixty-seventh World Health Assembly in 2014, 194 states endorsed the ENAP (Every Newborn Action Plan) in an effort to reduce neonatal mortality rates and still birth rates by 2035.⁸ The adoption of the ENAP marked a milestone in securing governments' support and commitments beyond the Millennium Development Goals framework and catalysed national action to improve newborn health.

Its adoption was the result of joint advocacy efforts at national, regional and global level by many agencies such as WHO and UNICEF, and a range of INGOs and NGOs, including Save the Children and partners. Over 25 Save the Children country offices were engaged in advocacy months before the World Health Assembly and contributed to this positive outcome. Through the LtoG approach, Save the Children shared knowledge and experiences from its local and national work on newborn care to advocate at national and global level for the adoption and implementation of the ENAP. This is an example of the link between the local, national and global levels in LtoG. Save the Children's advocacy office in Geneva coordinated the efforts and partners in India and Afghanistan, among others, contributed towards shaping ENAP through input in the drafting process and participation in consultation processes leading up to the adoption of the action plan. Save the Children also worked with governments in the process that led to the adoption of ENAP by the World Health Assembly and then, once it was adopted, to develop national action plans to implement the global one. For example, both the Indian and Afghani Governments developed and launched national action plans which were significantly influenced by advocacy and inputs from local civil society actors. Save the Children India was part of the core committee drafting the guidelines and policy framework for the national action plan INAP, which includes a clear commitment from the Government of India to reduce the newborn mortality rate.⁹

In Afghanistan, the Government developed the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy 2017 – 2021 which has a strong emphasis on community level interventions following the principles and standards included in the ENAP.¹⁰

8 <http://www.healthynewbornnetwork.org/resource/resolution-wha-67-10-newborn-health-action-plan/>

9 <http://nhm.gov.in/india-newborn-action-plan.html>

10 This outcome was the result of efforts from Save the Children and its partner YHDO (the Youth Health and Development Organisation).



How change happens at local level

Most advocacy connected to LtoG is done at the grassroots level, as often decisions made locally have direct effects on children and many of our partners are based at local level.

Increased knowledge and change of attitudes and behaviour at the local level has led to improved child and maternal health outcomes in Local to Global countries. However, in order to achieve a change in behaviour, it is essential to ensure that necessary facilities and infrastructure are in place. In both Zambia and India, a strategic combination of LtoG advocacy activities conducted by Save the Children and partners contributed to successful results. Access to health facilities improved as well as the quality of services: in the Tonk community in India, a hospital for women and children was constructed and in the Kapilamikwa community in Zambia, a maternity wing was constructed at the health centre. This, in combination with awareness raising campaigns to encourage women to use existing health services, led to an increase in institutional deliveries and antenatal and postnatal care visits. In addition, there were improvements in breastfeeding practices; an increase in immunisations of children under five years; improved water and sanitation services and fewer cases of malaria.

Communities demanding a local hospital for women and children in Rajasthan, India

In India, one of the most significant outcomes of the advocacy done by Save the Children India and partners was the construction of a 100-bed hospital for women and children in the Tonk community, Rajasthan in 2016. As a result of the new hospital, which was financed by the government, institutional delivery doubled in the community. The demand for the hospital came from the community members, health workers and community leaders who spread awareness about the issue in their communities.

In addition, frontline health workers, such as nurses and midwives working in remote areas, have improved capacities to provide care in the community as a result of LtoG activities. Home visits to pregnant women, mothers and newborns are now being provided more regularly in these areas. Frontline health workers have also received capacity building in for example newborn survival and care.¹¹

Change of behaviour and attitudes in Afghanistan

In Afghanistan, communities covered by the LtoG programme feel empowered to advocate for children's right to health and survival and for the improvement of the available health services in their communities. Due to capacity building, community mobilisation and advocacy efforts by Save the Children and partners, as well as community health workers, there have been considerable changes in attitudes and behaviours in local communities. For example, safe latrine facilities were established by these communities that contributed to preventing open defecation and waterborne diseases. Women of reproductive age have acquired healthier lifestyles, for example more women are using the health services such as family planning, antenatal and postnatal clinics. There has also been a 42% increase, on average, in institutional deliveries and maternal immunisation against tetanus compared to 2015.¹²

11 Two such examples are skills training in resuscitation and Kangaroo Mother Care (KMC), an effective way to help meet a premature baby's basic needs for warmth, nutrition, stimulation and protection from infection. Parents of preterm babies – are encouraged to use KMC which involves continuous skin-to-skin contact with the baby for at least 20 hours every day and exclusive breast-feeding.

12 On average, health care seeking behaviours of reproductive age women (antenatal care, delivery care, postnatal care, family planning and administration of TT 2+ vaccines) increased by 42 % in 2016 compared to 2015 in LtoG supported health facilities.



The LtoG approach has helped to enact policies and frameworks on newborn health – policies, action plans and guidance. (...) When we started, newborn care was not discussed by the government. Now it is raised as a government agenda and the government is allocating resources and a budget for this. We started with data from our work in the Lufwanyama district and now we have national level frameworks and newborn work is done in Zambia. Through the LtoG we are bringing local voices to the global level. This is a good platform for advocacy and engaging children in highlighting their issues at a global level... and communities in Lufwanyama district are more enlightened. They are able to hold the District Health Management Team to account and to demand health workers and medicines.”

Senior Manager, Save the Children Zambia

Expansion of health services and change of behaviour in Zambia

Lufwanyama district is rural, vast and difficult to access by road. Health facilities are few and inadequately resourced. Both women and newborns have died because of lack of transport, infrastructure and access to qualified midwives, health facilities and medical supplies. In 2011 Save the Children started a project on social accountability in this area with partners.¹³ The goal was to increase access to and improve maternal, neo-natal and child health services through community participation. In the Lumpuma community in Lufwanyama district, a bridge was built, which helped to increase access to maternal and child health services. At the Kapilamikwa health centre, a maternity wing was constructed. Since then, institutional deliveries increased in the community from 75 in 2012 to 314 in 2015. Before there was a lack of space for labour, newborn care and maternity wards in this location, and few women went to hospital for delivery.



Compared to before Save the Children came to our community, there is now a huge change in relation to infrastructure, mindset and general information on health which has helped communities to progress.”

Male community coalition member, Kapilamikwa, Zambia

In Zambia, home visits by health workers in combination with awareness raising campaigns, including discussions with fathers and prospective grandmothers, were identified as a particularly effective strategy to increase women’s use of antenatal and postnatal care services. Community members in Kapilamikwa have used theatre plays to raise awareness about the importance of male involvement in health issues affecting women and children. More men are now seeing the importance of their wives going to the health centres to give birth, and they are taking their children to the health centres for their immunisations.



Meetings with grandmothers on the importance of delivery at health centres have been organised as it is often their mothers and grandmothers who decide whether the young mother should give birth at home or at the centre. Grandmothers have traditionally used herbal medicine and have supported home deliveries. Now these practices have reduced.”

Female member of Safe Motherhood Action Group, Kapilamikwa, Zambia

¹³ In partnership with the District Medical Office, local Health Centres, the local communities and Save the Children’s partner the Zambia Civic Education Association (ZCEA), which then became part of LtoG.



Holding duty bearers to account

Within the development sector, social accountability usually refers to *the extent and capacity of citizens, including children to hold the state and service providers accountable and make them responsive to needs, and rights of children.*

The LtoG approach has been effective in holding duty bearers to account for delivery on strengthened policy, legal and budgetary commitments on children's right to survival and health. Most of the work connected to social accountability is done at local or national level. The LtoG approach has also supported ongoing coalition efforts to monitor and hold governments accountable for global commitments such as the realisation of the Millennium Development Goals.

Working with civil society organisations in marginalised communities leads to community empowerment and increased opportunity to hold government and duty bearers at local level to account. In the Local to Global countries, community representatives, including children, have received training in child rights, maternal and child health, advocacy, budget tracking and support in using a variety of social accountability tools. This has enabled them to hold duty bearers to account on delivering better health services. As a result, health, water and sanitation services have been upgraded and improved, especially in India and Zambia.

Some of the important social accountability tools include community score cards and social audits. Community score cards are a community-based monitoring tool that enables citizens to rank public services such as health centres, schools, public transport, water and so on. The score cards are used to inform community members about available services and give them an opportunity to voice their opinions about the accessibility and quality of these services. By providing a platform for direct dialogue between service providers and the community, the public is empowered to demand improved service delivery. In social audits, communities review official records and determine whether state reported expenditures reflect the actual money spent in reality. Government documents may include budgets and reported expenditures, tenders, invoices and receipts,

as well as reports and policy documents. Evidence collected during the audit is then reported to the responsible authorities at a public hearing or other platforms for dialogue with government duty bearers, councillors and parliamentarians.¹⁴ Based on the social audit findings, petitions are presented to concerned government duty bearers to address outstanding gaps or weaknesses in service delivery.

In Tonk, India, community score cards and social audits have been used to assess and improve health, nutrition and water, sanitation and hygiene services and child development services. In the Lufwanyama district in Zambia, community score cards have been developed by Save the Children, partner organisations, communities and service delivery personnel in order to monitor and address gaps in maternal child health services.¹⁵ Community representatives have also been trained in budget tracking of local health service budgets.

Other social accountability tools include budget tracking of health budgets and the use of the Indian Right to Information (RTI) Act from 2005 that was developed to bring information to citizens so as to prevent corruption and improve transparency.¹⁶

14 <http://www.civicus.org> and <http://socialaudits.org.za/about/>

15 ZCEA, Zambia Civic Education Association.

16 The basic objectives of the Indian Right to Information Act 2005 are to empower the citizens, improve democracy and promote transparency and accountability on the part of the Indian Government in order to prevent corruption.

Communities demanding improved health, water and sanitation services in India

More than 100 Right to Information applications have been filed by community representatives in LtoG communities in India during the programme period. In Rajasthan, community representatives shared the result with the media to increase public awareness.

In a marginalised slum area in Jahangapuri in northern Delhi, adolescents have formed their own groups and have received training from Save the Children's NGO partner on child rights, advocacy and how to make Right to Information applications. They have convinced the local authorities to improve access to water, sanitation, health services and early childhood development services, thus contributing to improvements in children's rights to survival, development, protection and participation. One application was about the absence of child development centres in the slum. The community submitted the application to the Ministry of Women and Child Development and as a result, a centre was set up.

In each of the LtoG countries, especially in India and Zambia, Save the Children and its civil society partners have been facilitating a number of different platforms at various levels where community members, community health workers, children and duty bearers have been able to interact with each other. This has enabled local voices and demands to be heard at district, state, and national levels.



Children as powerful actors for change



Children are the real champions taking their issues forward. They are able to mobilise small resources at community level in a streamlined and effective manner. There are positive changes in the health-seeking behaviour of parents and peers through the efforts of children and adolescents....”

Health Manager, Save the Children India

National, regional and global advocacy with children is most ethical and meaningful when children are first engaged and supported at local level. Local to Global embodies this knowledge and learning.

Children and adolescents have proven to be powerful advocates in local to global advocacy processes, especially when organised in their own groups, provided with platforms to communicate with key duty bearers and informed about their rights. Rights are meaningless unless children are aware that those rights exist, know why they are important, and know how to exercise them.

Children’s groups, clubs or forums have been supported in all four LtoG countries. Children have used songs, theatre plays, radio and photography to create awareness of child rights. Support to children’s participation and child groups has resulted in children making efforts to prevent and address child marriage, as seen in Chapter 5, as well as advocating for education, gender and child protection issues. Children have undertaken advocacy activities which have increased the enrolment and retention of children in schools; increased the protection of children from violence and abuse; and increased access to play areas.

Save the Children works to ensure that children and civil society actors are engaged as active citizens at each stage of decision-making and governance processes to influence decisions affecting them. This includes preparing and submitting alternative reports, sending representatives to participate in key international meetings to present the findings, ensuring feedback to constituencies at different levels, and ensuring follow up advocacy and monitoring. In each country, selected child champions have had opportunities to represent their peers in key platforms with duty bearers at local, national and global levels. Children have been empowered with knowledge, skills and confidence to assert their rights and hold duty bearers accountable.

Save the Children and its NGO partners have made efforts to work with children in marginalised communities where children face increased risks of rights violations or lack access to qualitative basic services. It is important to make further efforts to reach children with disabilities, children on the move, refugees, internally displaced children and stateless children as well as children from ethnic minorities. In addition, adults, including decision-makers, need to be made aware of the importance of children expressing themselves, and that children of different ages and abilities should have equal opportunities for participation. Little will change for children if adults who have power over them and responsibility for them either do not understand that children have a right to participation or do not respect that right.



Some parents and adults say ‘you are children, what can you do?’ People do not trust that we can do something. They ask ‘Where is your teacher? Why aren’t you studying?’... Adults say that they are busy and they don’t want to answer our questions. Adults don’t take us seriously.... But we make continuous efforts. Sometimes we have to go 4 or 5 times to convince someone.”

Boy, Child Club member, Delhi, India



Children's voices amplified to global levels through the Child Parliament in Yemen

Some achievements have been made in Yemen, especially in terms of children's participation, even despite the current violent conflict. The LtoG programme has supported close collaboration with the existing Child Parliament which is a very active voice for children's rights. The Child Parliament has child representatives elected in each governorate in the country. Save the Children contributed to strengthening their capacity to do advocacy towards decision makers at national and global events. Members of the Child Parliament have been trained and actively involved as advocates engaging with local and national duty bearers. They have also been participating in high level meetings in Brussels.

Raheel al Marzoqi, a 17 year-old girl and member of Yemen's Child Parliament, participated at a roundtable in Brussels. This was an opportunity for Save the Children to strengthen its advocacy and campaigning and to advocate for children's right to survival. She was actively involved in the discussions on early marriage. Raheel also participated in the National media campaign entitled 'Wasl', ('to connect'), which promotes the participation and engagement of adolescents in various media campaigns and skills building training.

In addition, Save the Children facilitated official field visits of the Child Parliament members, the Ministry of Health, the Ministry of Human Rights and other government offices to a particularly marginalised community in Hodeida Governorate where children and adults were able to raise their concerns regarding the lack of basic services. The Ministry officials and members of the Child Parliament brought their claims to a higher level.

The ongoing conflict in Yemen that escalated in 2015 has led to the near collapse of the country's already fragile health care system and, according to The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), 14.8 million people, more than half of Yemen's population, lack access to basic health care as of March 2017. This figure includes 8.1 million children.¹⁷

¹⁷ Monaghan, Christine: Every Day Things Are Getting Worse. The impact on children of attacks on health care in Yemen. (Watchlist/Save the Children: 2017).



Building a movement for social change

Save the Children believes that working in coalitions with other civil society organisations is crucial in achieving positive, long-lasting outcomes in terms of advocacy. Joint advocacy messages – speaking with a stronger voice – result in a greater impact on decision-makers and increase the chances of being heard and thus contribute to real changes to the political agenda.

One purpose of the LtoG was to strengthen the local perspective as well as partners in Save the Children's advocacy work at a national and international level. Establishing and strengthening diverse partnerships with various stakeholders, such as traditional and religious elders, community health workers, children, local councillors, local government representatives and members of parliament, as well as the media, has proven to be crucial. In each country, strategic efforts were made to identify and partner with civil society actors working with issues relating to children's rights, local accountability, and maternal and child health issues. Working with government officials and civil society coalitions has made it possible to link national policy frameworks to international platforms, including the World Health Assembly and the UN General Assembly. For smaller organisations, it is essential to be part of national or regional networks, to be able to influence decisions at other levels than the local.



Having more programmes like LtoG is absolutely essential, especially in this era when coalitions are becoming more and more important to achieve impact. Within coalitions we have been able to bring in children's voices and we have been able to take issues from the grassroots to the global level."

Head of Advocacy, Campaigns and Communication, Save the Children India

National coalitions working for an increased nutrition budget in Zambia

Save the Children is part of the national coalition SUN Alliance (Scale up Nutrition Alliance) in Zambia that has tracked government budgets and tried to ascertain how much budget is spent on nutrition.

Only 0.1% of the national budget was found to be spent on nutrition-related issues. This information was used in advocacy as this low amount did not address the magnitude of the nutrition problems. The coalition members were advocating for at least 3% of the budget to be spent on nutrition and they were pushing for a more responsive budget with more opportunities for citizens to influence government budgets before they are approved. Members of the Parliament received training on nutrition, pre-budget analysis, post-budget analysis and budget tracking and raised concerns about low investments in nutrition with the Ministry of Finance. In 2016, one of the most significant outcomes was the government of Zambia's commitment at the World Health Assembly, to increase nutritional budgets by 20% every year over a period of ten years.

Supporting children's own mobilisation in India

Through the LtoG programme, Save the Children supported and collaborated with the Nine is Mine child-led campaign (an offshoot of the organisation Wada Na Todo¹⁸). Save the Children played an important role in ensuring that children's issues were included in national planning. This included engagement in the political election process in 2014 to influence the political parties in the run-up to the general elections in India to ensure attention to child rights in their political manifestos. Children presented their own "Children's Political Manifesto" calling attention to several different issues such as right to health, education and protection and formulated their demands to the political leaders. To amplify their voices, advocacy was carried out through child-led delegations, face-to-face meetings with political parties, public events, engaging celebrities and a social media campaign. The strategy has proved to be efficient and was subsequently adopted by various states for the elections in 2016.

The collaboration between Save the Children India and the Nine is Mine campaign also contributed to increased investment in health by the government. In advance of the annual budget announcement in 2013, 5,000 children called for increased engagement in child survival and investments in health. The national health budget has since almost doubled.¹⁹ Collaborations with the government in India have made it possible to scale up these good practices and influence government policies and plans.

¹⁸ Wada Na Todo started in India in 2004 as a national campaign to hold the Indian government accountable to its promise to end poverty, social exclusion and discrimination and to increase realisation of the Millennium Development Goals.

¹⁹ The budget increased from 1,02% to 2,5% of GDP in the 2013–2017 period.



In India and in Zambia, government health officials described improved positive relations and attitudes relating to government – NGO collaborations:



Previously, the government and NGOs used to work separately and think they were each other's enemies. But here we work together and we work to make better use of the available resources..... NGOs and government used to highlight each other's weaknesses, now we realise it is better to come together."

Public Health Centre staff member, Jahangapuri, Delhi, India



When the government perceives NGOs to be anti-government, this can cause problems. But when NGOs work in partnership with the government, then the government realises that NGOs are there to work with the marginalised and to give them a voice and that they may also be speaking on behalf of government workers such as health workers who may face fear of retaliation. Through interactions as a government worker I know we are partners to help the betterment of people. We are not enemies, we are colleagues."

Champion, District Health Team, Lufwanyama, Zambia

Strategic partnerships with the media

Strengthening partnerships with various stakeholders, including the media, enhances the impact of advocacy. Efforts to use community radio in local languages can influence public opinion, and contribute to mobilisation and behaviour change.



When community members hear these health messages in their own language, they know that these messages were made for them and they are more receptive.... The radio programmes feature interviews with traditional leaders, the chieftainess, community health workers, mothers who have benefited from community case management, traditional birth attendants who have spoken about the dangers of delivering at home, local councillors who have talked about child rights and governance, and members of Child Rights Clubs who shared about their rights.”

Radio journalist, Lufwanyama district, Zambia

The LtoG programme has enabled significant opportunities for Save the Children offices to strategically engage with the media including TV, print, radio, short films, online media and social media to amplify child rights and maternal and child health advocacy messages. The involvement of national and international celebrities also enhanced media coverage and drew the attention of the public and decision-makers.



Through the celebrity visits and campaigns, we attained good media coverage, including articles in the New York Times, the Guardian, the BBC, as well as on national media. Such coverage has increased recognition of newborn survival at state and national level. It does not make so much difference at the community level as they don't recognise these celebrities, but it brings the issues into the limelight at national and global level.”

NGO staff member, Delhi, India

Innovative media networks in Yemen

In Yemen, a media network was created, entitled 'Wasl' ('To connect'). The network promotes the participation and engagement of adolescents in various media campaigns and skills building training provided by Save the Children. The Deputy Governor of Hodeida governorate participated in several large-scale media campaigns and press conferences as part of LtoG activities.

One of the major achievements of Wasl was that for the first time, two Yemeni TV channels changed their children's programmes that usually focus only on entertainment to instead integrate child rights issues into their shows and programmes in a creative way.

As part of Local to Global Save the Children also launched a series of radio shows called "Every One" on the Hodeida Radio Network. The shows were designed and implemented by children and Save the Children's partner Tawasal in Hodeida, in order to give children the space to express and share their experiences concerning the current situation in Yemen. The aim was to especially include those displaced by the violent conflict.

The children met every week in one of Save the Children's Child Friendly Spaces to listen to the radio episodes and then discussed what they had heard. Their ideas were then shared in the next episode. Each episode focused on a particular topic, such as awareness raising on key issues related to child protection, water, sanitation and hygiene services, education, health and nutrition. The radio show also sought to empower the children to be the voice for their own issues during this emergency.



Today is a special day for me. I was so happy to be selected by the other children to lead the girl listening group at the Child Friendly Space. I will do my best to create new and interesting activities. I like the idea of making a focus group of children to listen to the Radio Show. This way we can learn many new things like how children should be protected from harm, how to wash our hands, and the importance of education in emergencies."

Girl, 13 years old, elected by her peers to lead the female focus groups in the Local to Global project: 'The Every One Radio Show'



Lessons learned: How to achieve long-lasting change in children's lives

The LtoG approach focusing on strengthening the capacity of local partners combined with an emphasis on advocacy at all levels alongside community mobilisation has proven to be successful. It is also crucial to build alliances and networks with other organisations within civil society.

In parallel, it is important to build strategic relations with key government bodies and parliamentarians. Local to Global enables engagement with international decision-makers to influence policies, practices and budgets and to hold governments to account on international commitments. The approach thus makes the voices and concerns of children, communities and civil society organisations heard at local and higher levels. Finally, advocacy is a long-term commitment, and the effects of advocacy – changes in behaviour and attitudes as well as policy change – can mainly be seen in a longer perspective.



LtoG is like taking some of the best practices or burning issues that we want people at the higher level to know about and amplifying these messages or good practices to have a wider positive impact.”

Health Manager, Save the Children India

Below is a selection of lessons learned from the findings of the evaluation of the Local to Global programme in 2013–2015.

6 Key lessons learned when working with advocacy for children’s rights

- Working in partnership with civil society organisations at all levels and national coalitions is essential and leads to greater impact.
- Mobilisation and empowerment of local communities, including children, provides a crucial foundation for legitimate and successful advocacy. It contributes to improved local governance and social accountability.
- Establish and strengthen partnerships with religious and traditional elders, local councillors, members of parliament, local businesses and media.
- Working for changes in policy and practices, such as increased investments in children and changes in behaviour, takes time. Investment in longer programming periods is required.
- Include advocacy and strengthen child participation in all programmes.
- Collaboration with government increases opportunities to influence policies, practices and budgets, and enhances the scaling up and sustainability of good practices.

To read all the recommendations, see the full evaluation.²⁰

²⁰ Claire O’Kane: Evaluation of the Local to Global Programme 2013-2015: (Save the Children: 2016).

Why is advocacy important? How can it contribute to long-lasting change for local communities and children?

In the Local to Global advocacy programme, one of the main goals is empowering children and communities to become advocates and stand up for their own rights. It aims to amplify children's and communities' voices at the grassroots level to national and international levels.

This booklet is a collection of examples from Save the Children Sweden's Local to Global programme 2013–2015, showcasing best practices from India, Zambia, Afghanistan and Yemen. It is meant as a tool and inspiration on how to work with communities, children, civil society, media and governments to achieve sustainable change.



Change is complex and not linear, and achieving impact at one level is connected to what happens at other levels. For example, preventing child marriage requires change to laws and policies, behaviours and attitudes, and to underlying social conditions. This demands action at the community and national level, and at the regional and international level. The lessons from Local to Global have played an important part in shaping our broader influencing work, and has been a significant step in our organisational evolution as an advocate and campaigning force for children's rights.”

*Patrick Watt, Advocacy Campaigns and Communications Director,
Save the Children International*