Deliver Now for Women and Children, a collaborative effort of Partnership for Maternal Newborn and Child Health (PMNCH) and White Ribbon Alliance for Safe Motherhood, India (WRAD) is a global campaign to reduce maternal and child deaths and improve their health around the world. It aims to draw the world's attention to the more than 10 million deaths of women and children which occur each year, mainly in developing nations. In India too, it was launched on National Safe Motherhood Day 2006 with following objectives:

- Support for meeting MDG 4 and 5 is generated by launching the "Deliver Now for Women + Children" campaign in India
- Demand for action is created at all levels, especially among community stakeholders, opinion leaders and the news media for improved delivery of MNCH interventions at the state, district and block levels in the target state of Orissa
- Political will and accountability is built at the state level in Orissa for improved health services for maternal and child health as outlined in the national policies and programmes

WRAD advocated with the government and developed list of entitlement based on the programme and policies. The checklist were developed WRAI and used for the Civil Society and Electoral Representatives to regularly and systematically track the implementation of maternal and child health services and programs using the checklists developed. The findings revealed that:

- At National level, common advocacy agenda for maternal, newborn and child health were identified and messages were developed around them during the 12 public hearings organized with participation of more than 20,000 women who raised their voice against the gaps and non-arrival of their health rights.

The campaign focused on generating community demand and ensuring an accountable service delivery mechanism.

The baseline was followed by an endline evaluation to assess the impact which were seen in many fronts as there are increase in assistance services provided by grassroots health workers, people's awareness on entitlements, ANC and IMR visits by ASHAs and ANMs, demand for institutional delivery and quality services, PRI involvement in monitoring health services.

Knowledge among recently delivered women on benefits of cash incentive to consequent mother to deliver in the health institution, increased from 60% to 82%. Pneumonia Care was almost zero during baseline and has been increased to 94% in the guideline. In rural areas the need for three ANC check up was reported by 57% against 30% in the baseline. A significantly higher proportion of women (95-96%) in clinics were found aware that ANMs provide counseling on both preconception and importance of safe delivery as compared with baseline (33-44%). Encouragingly, deliveries at sub-centres have increased in line with indication of women's preference for institutional deliveries against home deliveries (5% to 12%). Knowledge on Vitamin and Nutrient (VNB) days among the recently delivered women in rural areas has gone up significantly from 30% to 75% in intervention period with an increased participation in VNB days from 57% to 64%.

Public hearing was one of the main component of the campaign, looking at its success in mobilizing community particularly women and generating demand at all level for quality maternal and child health services, media participation in public hearing is also an added advantage in empowering the local media through sensitization and updating information pertaining to MCH services and entitlements of women. The public hearing resulted in ensuring the women to take actions for the improvement of staff, provision of regular drug supplies and setting up of grievance cell to address the similar issues in future.

The media coverage included both print and electronic involvement of the media which included 5 TV and 34 electronic media coverage in the four districts since the launch of the campaign with financial output in terms of equivalent advertising value over 5 lakhs.