WORLD VISION UK

Impact Report

An analysis of our contribution towards transforming the lives of the world's poorest children in a selection of WVUK funded projects October 2009-September 2010

JUNE 2011

A Bolivian child with his new national identity card received through the Citizenship Building and Strengthening the Rights of Indigenous Peoples of Bolivia Project

DISCLAIMER: This is WVUK's first externally distributed impact report looking at available reports of projects which were evaluated or assessed in FY10. This was with a view to identifying key issues in WVUK's ability to report on and document impact, and the contents are not necessarily representative of real results on the ground since no primary data collection took place. The results are being used to facilitate discussions on how WVUK can better support National Offices and work effectively within the World Vision Partnership to ensure that programmes are increasingly focused on achieving and reporting impact, and thus positively contributing to improved well being of the most vulnerable children.

1

Contents

Glossary

ADP: Area Development Programme
AAC: Area Advisory Councils
CAHW: Animal health workers
CBOs: Community Based Organisation
CDC: Community Development Corporation
CFS: child friendly spaces
CFW: Cash for Work
CLTS: Community Led Total Sanitation
CP: Child Protection CPU: Child Protection Unit
CWB: Child Well Being
DfID: Department for International Development (UK)
FSC: Food Security Score
GTC: Guardianship Trustee Committee
HH: Household
ITT: Indicator Tracking Table
LEAP: Learning through Evaluation with Accountability & Planning
MDG: Millennium Development Goal
MP: Member of Parliament
NAP: National Action Plan
NFI: Non food items
NGO: Non Governmental Organisation
NO: National Office
OVC: Orphans and Vulnerable Children
PARIS: Project and Resource Information System
PM: Prime Minister
RA: Regional Authority
RC registered children
RN registered Nurse
UN: United Nations
WHO: World Health Organisation
WVA: World Vision Armenia
WVB: World Vision Bolivia:
WVH: World Vision Honduras
WVK: World Vision Kenya
WVM: World Vision Myanmar
WVUK: World Vision United Kingdom
WVS: World Vision Senegal
WVSL: World Vision Sierra Leone
WVZ: World Vision Zimbabwe

Executive Summary

World Vision UK (WVUK) is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Motivated by our faith, we serve alongside the poor and oppressed, regardless of religion, race, ethnicity or gender. WVUK is part of the international World Vision Partnership, which works in nearly 100 countries, serving more than 100 million people. Together, we are the world's largest local charity, combining grassroots presence in thousands of communities with international reach.

WVUK's mission statement is: *To inspire the UK to take action that transforms the lives of the world's poorest children*. Identifying exactly what transformation has taken place and what our contribution has been is very challenging. But WVUK is committed to increasing its accountability and this entails transparency to donors, supporters, peer agencies and, vitally, the people from the communities in which we work with.

This report is another step in WVUK's journey towards greater accountability and transparency for the impact of WVUK supported activities. Its objectives are to:

1. Publicly disclose the impact our work (particularly activities in our three thematic areas of child health, child protection and humanitarian action) is having on the world's poorest children and thus enhance our accountability to key stakeholders
2. Enhance our own learning to improve the quality of our programming so that in future our programmes and policy/advocacy work can contribute to even greater change for the world's poorest children. In particular for this first public impact report we look to develop learning about how to measure and report impact.

Oxford Policy Management Ltd was contracted to review the data collection and analysis methodology and to ensure third party verification of the findings of the report.

The impact that we were able to assess
Beneficiary numbers show that World Vision UK has contributed towards change in the lives of over 5 million people, of which 3.3 million are children. This demonstrates the breadth of our impact, and ten randomly case studies of projects illustrate some of the depth. For example:

- In Bolivia, over 100,000 women and children from indigenous groups have been able to access birth certificates and identity cards which has reduced their propensity to exploitation and human rights abuses and enabled them to access public services. The positive impact of possessing a birth certificate and identity card will continue for years to come.

- In Zimbabwe, through World Vision's partnership with the World Food Programme, 138,280 beneficiaries were assisted with food assistance which prevented starvation and severe malnutrition during the food crisis. Instead of being passive recipients of assistance, beneficiaries were actively involved in the project and encouraged to submit feedback and complaints.

However we found that in many of the selected cases the quality of reporting did not allow for drawing conclusions on project impact (as opposed to the completion of project activities or outputs). This is in part related to weaknesses in project reporting, and also a factor of the strict definition of evidence that we applied. As such key lessons from this impact report include measures to strengthen our ability to measure impact, as well as adapting our approach to reporting on it. Overall the report represents a significant step forward in not only communicating the impact we have had, but identifying ways in which we can do this more successfully in the future.

1. Introduction

1.1. Who we are and what we do

World Vision UK (WVUK) is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Motivated by our faith, we serve alongside the poor and oppressed, regardless of religion, race, ethnicity or gender. WVUK is part of the international World Vision Partnership, which works in nearly 100 countries, serving more than 100 million people. Together, we are the world's largest local charity, combining grassroots presence in thousands of communities with international reach. In the UK, we raise funds and awareness and work with other World Vision offices to support development and relief programmes around the world. As part of our strategic plan (2011-2015) WVUK has three priority themes: child health, child rights to care and protection, and humanitarian action.

1.2. Being accountable for the change we make

WVUK's mission statement is: *To inspire the UK to take action that transforms the lives of the world's poorest children*. But we face the challenge, shared by all development agencies, of identifying exactly what transformation has taken place and what our contribution has been. The transformation of lives is a complex process with many contributory factors. However reporting openly on progress towards this goal is part of our commitment in the new strategy to "live out a culture of accountability".

Accountability involves transparency to donors, supporters, peer agencies and, vitally, the people from the communities in which we work with. We have a responsibility to be open about how funds have been spent, and the difference that these funds have (or haven't) made to both the targeted beneficiaries and wider communities. We also have a responsibility to these people and communities to constantly improve the way we design, implement and monitor programmes.

1.3. What we understand by impact

The word 'impact' is used in a number of different ways. For the purpose of this report, we take the definition of impact as "a significant or sustainable change in people's lives brought about by a given action or a series of actions" (Roche, 1999). As such it is different from the activities or their immediate outputs. It refers to the broader and longer term outcomes or changes that are, in combination with other factors, caused by these activities. Impacts can be positive or negative, intended or unintended.

1.4. Why an impact report?

The scale and complexity of reporting on impact means that existing accountability mechanisms such as annual reports need to be supplemented by a greater breadth of information and depth of analysis. So in 2010 an open information policy was introduced that will result in more transparent information about our activities being published on the WVUK website from 2011. Publishing impact reports is another approach, and in 2010 two internal quarterly impact reports were trialled. This impact report represents the next step in this learning process. Its objectives are to:
1. Publicly disclose the impact our work (particularly activities in our three thematic areas of child health, child rights and humanitarian action) is having on the world's poorest children and thus enhance our accountability to key stakeholders
2. Enhance our own learning to improve the quality of our programming so that in future our programmes and policy work can contribute to even greater change for the world's poorest children.

1.5. Our approach to this impact report

WVUK has been contributing to a World Vision partnership initiative to systematically measure indicators of child well being across its programmes[1]. However this is only beginning to be rolled out and as such systematic data across projects was not available. World Vision has not always funded baseline surveys and evaluations in all of its projects (particularly sponsorship projects). This creates a temporary deficit in quantifiable and standardised evidence of change or impact.

As aggregating change in all WVUK sponsored projects was not feasible, our methodology was to examine our programming from two angles: firstly to explore the 'breadth' of our impact during the financial year 2010[2] through a description of the number of beneficiaries, sectors of support and funding committed[3]. Secondly we explore the 'depth of our impact' through more in-depth desk reviews of a random sample of WVUK supported projects. We have adopted strict criteria of what counts as evidence of impact. Reporting on activities and outputs is not considered to be evidence of impact, even if there is an explicit project log frame that would predict that these outputs would result in impact. Neither was anecdotal evidence from programme staff, including the impressions of UK staff, taken as systematic evidence of impact. We were looking for impact that was both formally measured and documented and that had occurred up to and including the financial year 2010.

Case selection
A sampling frame was compiled using a list of all WVUK supported projects[4] that were:
   a) aligned to WVUK priority themes;
   b) of a scale of over $50,000;
   c) active for at least one year.

The total number of projects recorded was 456, of which 38 met the criteria above to be included in the sampling frame, and 10 were randomly selected – three in the area of child health, four in child rights to care and protection, and three in humanitarian action. They are drawn from all our six geographical regions[5]. To these we have added the largest UK based advocacy project, one of five that we conducted that year. This is not a large sample and does not allow us to generalise, but it does allow us to identify common themes and draw out learning points.

The methodology of random case selection was as follows. One project per region per theme was selected using an online random number generator to make up the selection of case studies. Some regions did not have any projects which met the criteria and in a couple of instances there was none or very little project documentation on the internal database for a particular project so it was taken out of the sample. This was done to reduce the number of case studies to a manageable quantity and to ensure that there was a certain level of information on each project to be able to reach at least basic conclusions about outcomes and impact without primary data collection or going back to each National Office for additional information

---

[1] The Compendium of Indicators can be found at http://tinyurl.com/3f9h972 (April 2011)
[2] World Vision follows the US accounting year, so financial year 2010 ran from September 2009 to October 2010.
[3] We are aware that this describes coverage rather than impact per se, but represents the best available proxy.
[4] WVUK has a database which contains all data on WVUK supported projects, though it is important to note that WVUK may not have been the sole funder of each programme within which the particular projects were implemented. WVUK is one of thirteen 'Support Offices' that support World Vision 'National Offices', which in turn may also raise some of their own funds.
[5] These regions are 1) Middle East and Eastern Europe, 2) Latin America and the Caribbean, 3) East Africa, 4) West Africa, 5) Southern Africa and 6) Asia Pacific.

Analysis

Initial analysis of the available project documents and wider literature was shared with the respective WVUK programme officers, giving them an opportunity to identify further data as well as challenge our assumptions[6]. An independent consultant reviewed the report and validated the analysis[7].

---

[6] However their role was not to interpret the data, which remained the prerogative of the report authors.

[7] Oxford Policy Management was contracted to undertake a rapid external validation and verification of the case study impact analyses and conclusions drawn in World Vision's 2010 Impact Report.

# 2. World Vision UK's impact

2.1. Breadth of our impact

This section describes beneficiary numbers[8] in order to give an indication of the breadth of our impact across over 400 WVUK supported projects[9] in 39 countries during the 2010 financial year (FY10)[10]. We included steps to avoid double counting of beneficiaries and where WVUK funding was only a proportion of the overall project budget we only included the relevant proportion of beneficiaries[11].

2.1.1. What are we supporting?

We first look at these projects through the lens of **sectors**.

Table 1: Number of projects, funding and beneficiaries by sector

Sectors	No. of Projects	WVUK Funding	Beneficiaries
Child rights	20	$2,009,566	85,203
Community empowerment	29	$2,538,486	247,167
Education	65	$4,386,605	492,961
Emergencies	74	$18,577,561	2,038,760
Health	86	$6,274,707	949,747
Livelihoods	76	$6,119,375	655,636
Other	102	$15,787,379	716,351
Total	**452**	**$55,693,679[12]**	**5,185,825**
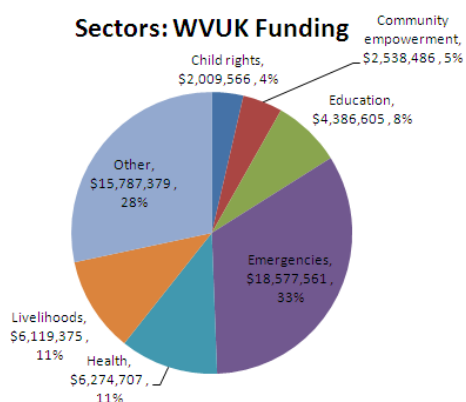
Figure 1: WVUK funding by sector
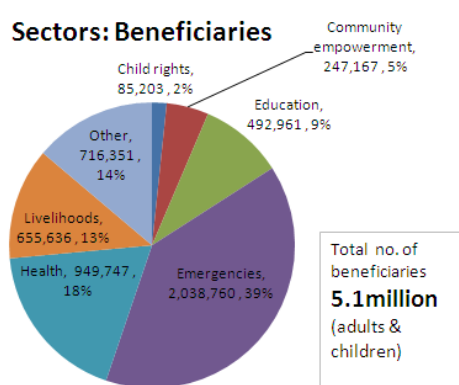
Figure 2: Beneficiaries by sector

---

[8] Beneficiaries are defined as those who have directly benefited in some way from the project including through service delivery, training and awareness raising.

[9] Projects often exist within larger programmes including Area Development Programmes.

[10] FY10 ran from October 2009 to September 2010. This figure includes projects funded in FY10 (and having directly supported beneficiaries) as well as projects not funded in FY10 but with ongoing activity from previous funding. Excluded are projects in assessment or design phases where there is no evidence of direct impact on beneficiaries in FY10. Due to this definition of projects the overall number of projects and beneficiaries differ marginally to those counted within the WVUK FY10 Annual Report which is looking purely at funding.

[11] This is particularly relevant in food distribution programmes.

[12] This total of $55m is lower than the total of $57m from the WVUK FY10 Annual report – see footnote 10.

2.1.2. How many children benefitted?

3.3 million children benefited from WVUK supported programming in FY10. From this baseline figure, yearly targets have been set for the strategic WVUK goal of transforming the lives of 8million children by 2015.[13]
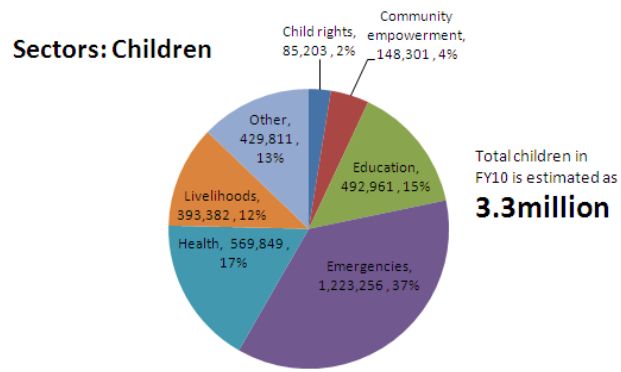
Figure 3: Children beneficiaries by sector

2.1.3. Where do we work?

In FY10, WVUK worked across all of our regions in addition to 'Global' (multi-region) projects.

Table 3: Project supported by Region

Regions	No. of Projects	WVUK Funding	Beneficiaries
Global	11	$ 1,040,411	21,233
Asia	126	$ 10,191,021	776,157
East Africa	105	$ 18,070,987	2,196,273
West Africa	71	$ 5,397,481	484,844
Southern Africa	58	$ 8,864,311	559,342
Latin America/Caribbean	38	$ 7,002,205	1,026,401
Middle East/Eastern Europe	43	$ 5,127,262	121,575
Grand Total	**452**	**$ 55,693,679**	**5,185,825**

Figure 4: Beneficiaries by region

---
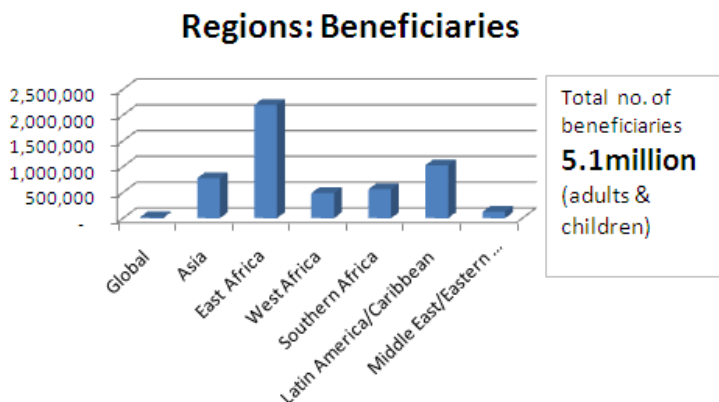
[13] We make the assumption that projects in the Child Rights and Education sectors benefit children only and when a project benefits adults and children we assume that three fifths of these are children, since this is the average number of children per household, based on an average household size of 5.

2.2. The depth of our impact

In this section we use ten randomly selected case studies to explore in more depth our impact.

2.2.1. Child health cases

2.2.1.1. Winam Urban Area Development Program: Water and Sanitation Project

Country: Kenya
Budget: $344,933
Period of Implementation: 2007-2011
Beneficiaries: 20,000

Of Kenya's 39 million residents, 16.8 million do not have access to clean water and 22.6 million lack adequate sanitation (WVKenya, 2007). Winam Urban Area Development Program is based in Western Kenya and covers a population of 504,359, of which 58% are estimated to live in poverty (ibid). The project objective was to reduce the prevalence of waterborne diseases within the community. Project activities included clearing storm drains through cash for work programs, fogging to reduce malaria breeding, community training to reduce cholera and dysentery, and the installation of water harvesting tanks at schools to provide clean water. There is insufficient detail in the project reports to rigorously assess achievement of impact. For most of the outputs, the reports simply state "achieved" or "partially achieved" (WVK, 2007). The programme's annual report includes one anecdotal story of change, however no quantitative data or systematic qualitative data is available to indicate whether awareness-raising activities on hand washing reduced the incidence of typhoid, cholera and dysentery; whether fogging reduced the incidence of malaria; and whether the installation of water tanks improved school attendance and reduced water borne diseases in students.

2.2.1.2. Amarapura Area Development Programme

Country: Myanmar
Budget: $307,322
Period of Implementation: 2008-2012 (Period of Reporting Apr-Sept 2010)
Beneficiaries: 54,224

Malnutrition, malaria and poor maternal health-care are significant causes of disease and death in Myanmar, along with limited access to safe water, inadequate sanitation services, and poor hygiene practices. Many villages get their water from open wells, unprotected springs, rivers or ponds - often some distance from the village and usually contaminated. The project objective is improving the health status of people living in Amarapura Township, located in south of Mandalay in Myanmar. Project activities include construction of latrines and two health facilities and training on sanitation and hygiene to 495 community households. 1,020 pregnant mothers and infants received support, and 182 people living with HIV were provided with food parcels. It is difficult to infer actual impact from the activities undertaken during the project period, because an evaluation has not yet taken place as the programme is ongoing. Staff reported a positive impact on health in the community, particularly mothers and children. based on qualitative stories of change (WV Myanmar, 2010). Pre- and post-test questionnaires enabled the project team to understand the level of awareness retained from targeted health messages and where improvements needed to be made.

2.2.1.3. East Kaolack ADP Jersey Water Project Extension of Water Supply Project

Country: Senegal
Budget: $73,966
Period of Implementation: 01/01/09 – 28/5/10
Beneficiaries: 2,876 inhabitants in 5 villages

In East Kaolack ADP, access to quality water has been identified by local communities as a priority need. A baseline survey (WV TDI, 2006) showed that only 25.3% of the population had access to the WHO standard quantity of quality water. The rest of the population had to drink water from an unprotected source, which can lead to increased prevalence of water born disease. The project provided potable water to the 2,867 inhabitants in the five villages of East Kaolack ADP by extending the water supply network from an existing community borehole to distribution points in these villages. The capacity of the local community water management organisation is reported to have been built to enable them to oversee the extension of the water supply into an additional five new villages. Project reports note that diarrhea and other waterborne diseases have reduced and the personal hygiene of women and children has also improved. However, while it is likely that increased access to clean water has reduced the spread of water borne diseases like cholera and diarrhea, it was difficult to establish causation. In one village (Thiaraguéne), the availability of water enabled the production of vegetables and the village generated over £1,000 of additional funds from market gardening. They plan to use part of this money to purchase additional seeds and fertilisers which will lead to improvements in health, food security and income

Villages accessing a project water point. Communities installing water pipes

2.2.2. Child Protection Cases

2.2.2.1. Citizenship Building Project and Strengthening the Rights of Indigenous Peoples

Country: Bolivia
Period of Implementation: 2007-2010
Budget: $497, 525
Target Population: 101,241

Lack of birth certificates, coupled with poverty and social exclusion, has made Bolivian children more vulnerable to the worst forms of human rights abuses such as harassment and exploitation (Foley, 2007). Birth registration is recognised as a critical step toward children's protection.

In Bolivia, a birth certificate means one has the right to apply for and obtain a national identity card which then enables them to access public services. However birth registration rates in Bolivia are estimated to be as low as 50 percent in some indigenous rural communities (ibid.). The citizenship building project was one of the first projects of its kind in Bolivia. The project objective was to register and provide birth certificates and ID cards to women, children (boys and girls) across four native and indigenous groups.

Mobile registration teams provided 18,384 children adolescents and women with birth certificates and identity cards. 31,391 children, adolescent women and children from indigenous groups received training on how to exercise their rights as well as the importance and benefits of obtaining the birth certificates and identity cards (Galarza & Ovando, 2010). Given the problems caused by a lack of birth certificate or identity card, it is very likely that the targeted beneficiaries will be better protected from exploitation and better able to access public services as a result

Figure 5. Bolivian children with their new identity cards

2.2.2.2. Reducing Violence against Children

Country: Armenia
Budget: $937,465
Period of Implementation: 2009-2012
Beneficiaries: 700 children in residential care facilities and19, 000 children at risk of abuse in their homes

In a World Vision study on children subject to violence in public (state) schools and residential care facilities, 28 children (41.1% of 68 sampled) mentioned that they were punished at school. 45.6% of pupils were beaten, 25% were offended in front of others, and 64.7% were forced to stand in the corner. 10.2% of respondents asked for help but were ignored. The number of children at risk of violence in residential care facilities was also significant. 79.7% children mentioned that their friends were punished in these facilities (World Vision Armenia, 2010).

This European Commission funded project aims to reduce violence and the risk of violence against children in the child care institutions of Armenia. This consisted of a wide range of activities including a coalition of 12 agencies reporting on the State of Child Protection in

Figure 6. Children at an awareness and education campaign

Armenia, leading to changes in legislation to align with international child rights laws. Training material and resources were developed, institutions received coaching on implementing better child care, and schools were engaged as part of wider public awareness and education campaigns on the rights of children in institutions. Although the national office team is unable to report any statistics in relation to a reduction in violence and risk of violence towards children in Armenia's care structures,

Case Study: A single mother of 3 children (2 girls and 1 boy) was previously engaged in commercial sex. Through the training received from the project, local social welfare agencies were able to do a family assessment of her current living situation. Risk management strategies were able to be put in place and agencies are now providing support to the family.

13

other examples of impact were available (WV Armenia, 2010). The training led to improved quality of service delivery for children in several residential centers. In Kapan, the girl's residence was completely renovated and heating installed to bring it up to minimum standards. In Nubarashen a residential centre initiated 5 vocational training courses for 93 children. Activity rooms were renovated and turned into vocational spaces (providing training in catering, hair dressing, and sewing handicrafts). Training evaluations showed that these trainings had a positive impact and increased their knowledge of child protection legislation and minimum standards of care for children. Staff also report *changed attitudes* through the trainings and events but specific data on how this translated into impact was not available.

2.2.2.3. Kolda Equal Ability Project

Country: Senegal
Budget: $470, 980
Period of Implementation: 2006-2010
Beneficiaries: 7,000

World Vision Senegal (WVS) assessment reports show that less than 2% of children with disabilities receive some form of education. Children and adults with disabilities also do not have access to health care or health insurance. The objective of this project was the inclusion and empowerment of people with special needs in the Kolda region of Senegal. The large numbers of people with special needs who can now access healthcare and education all testify to the impact of this project. 6,000 people with special needs were provided access to health insurance and 3,068 children with special needs were enrolled in 150 schools around the region. Inclusive education module's were developed and disseminated at these schools and 33 ramps were constructed at both schools and health centers to improve access. 155 people were enabled to access microfinance (Moll, 2010).

An independent evaluation found that the number of children with special needs that now have access to education has increased almost five fold from 529 at the start of the project to 3068. WVS staff are now advocating that the initiative becomes national policy. The project also appears to have had a significant positive impact on health care access for people with disabilities who because of the project were able to secure access to basic health insurance and subsidised healthcare for the first time. This activity also appears to be sustainable as the evaluation report findings found that the initial 1,000 members whose membership was subsidised by WVS continued to retain and renew their membership once subsidized membership ended. This presence of that first intake also allayed initial fears from other members that people with special needs would make greater demands on collective funds and in so doing, open the door for more people with special needs to join. With a further 2,000 people becoming members, the project has had an impact on not only changing negative attitudes towards people with disabilities and securing access to mainstream health care institutions, but also in convincing people with disabilities to invest in their own healthcare (Moll, 2010).

2.2.2.4. Enhancing Community Capacity for Care and Support of Orphans and Vulnerable Children

Country: Zimbabwe
Budget: $2,308,211 [UNICEF funded project]
Period of Implementation: 2007-2011
Beneficiaries: 11,500 Orphans and Vulnerable Children (OVCs)

The humanitarian situation in Zimbabwe has been a complex, overlapping and often worsening set of economic and social factors leading to poor health and social outcomes for women and children (UNICEF, 2008). Zimbabwe is one of the countries hardest hit by the HIV pandemic, with an adult HIV prevalence rate estimated at 15.6 per cent in and an estimated1.3 million people living with HIV/AIDS in 2007 (ibid.). The number of orphans and vulnerable children (OVCs), who are affected by HIV&AIDS and live within the pandemic's shadow, is not well established. However some reports estimate that of the 1.3 million orphans in Zimbabwe in 2007, over three-quarters have been orphaned by AIDS.

The OVC Care and Support Project is a three-year program designed to equip CBOs with skills and knowledge to enable them to support OVCs in 9 districts with educational, health and food assistance (WVZ, 2007). The AIDS epidemic puts children at risk physically, emotionally and economically. 13,019 OVC received educational support assistance including school fees. Children can be subject to stigma and discrimination because of their association with a person living with HIV. 63 schools received block grants to support OVC school enrolment, 1,257 general school staff and 720 teachers received training on child rights, OVC care and support. 6,766 OVC households were provided with agricultural supplies to set up home gardens and annual school based health check up and scheduled immunisation for 11,855 children were completed and 2,364 children (including OVCs) provided with medical care. 176 child headed households received medical support and follow up from these screenings and the 20 children identified as HIV+ linked to clinics and received standard antiretroviral therapy (ART).

The quality of reporting for this project was high but WVZ was required to report to UNICEF on activities and outputs only which made the review of impact difficult. Staff report that sub granting to a small CBO had a major impact on strengthening household economic support. However, there was no documented evidence of how this activity acted as a social safety net or provided a stable source of income for children and families (WVZ, 2011). Parents, teachers and other community based institutions were reported to have benefited from child rights training, but no data was available to assess what impact the training had. WVZ is to be congratulated for its achievement of enrolling 4237 children in school but once again data was not available to assess retention or quality of education. Data was also not available to specifically assess how activities improved long term food security.

2.2.3. Humanitarian Action Cases

2.2.3.1. Blue Nile Food Security Recovery Project

Country: Northern Sudan
Budget: 1,221,149 EURO (European Union grant)
Period of Implementation: 2007-2010
Beneficiaries: 7,000 returnee and vulnerable households (38,500 indirect beneficiaries)

Although the Blue Nile state in Northern Sudan has a rich agricultural potential, in 2007 12% of the population was classified as being severely food insecure and 18% moderately food insecure (Odedo & Wandera, 2010).

The objective of the project is to enhance food security of vulnerable populations in Blue Nile State. 72 farmers received basic training in vegetable cultivation, fruit production techniques and served as peer educators by passing on their learning to fellow farmers. 861 goats were distributed to 287 female households and 30 community animal health workers (CAHW) were trained in basic veterinary medicine to keep the goats healthy and productive. 43,000 vine cuttings were produced and distributed

to 2,875 households in 14 communities. 12,623 tree seedlings were also grown and distributed benefiting 2,292 HHs and 750 people were trained in fuel efficient stoves construction to mitigate against the challenge of increasingly scarce firewood availability for cooking caused by deforestation.

From the independent evaluation of the project in 2010, it is clear that the project's interventions contributed to the increased food availability and access to food for beneficiary households of returnees and vulnerable host communities in Baw and Geissan Localities of Blue Nile State. Tables four and five are a summary of the key indicators from this evaluation. There was a reduction in the hunger gap experienced by households in the target area and 14% of households reported an increase in crop yields. Where previously only 35.5% of households had access to clean water within 30 minutes from their home, this increased to 74% by the end of the project. Women reported that goats were a vital source of milk for the households and particularly children. While few had accrued an income from the goats, they had boosted their household asset base and the goats will provide income in the future.

Table 4: Summary of Indicator Improvement 2007-2010 (**Odedo et.al, 2010**)
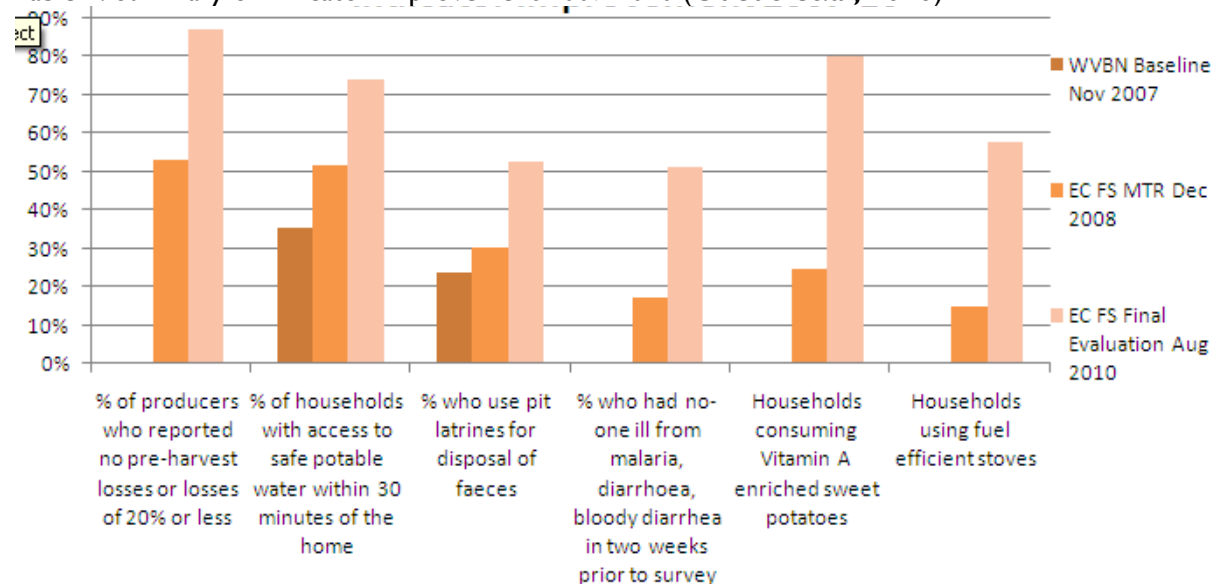
During the project period, communities also adopted new technologies such as vitamin A enriched potatoes and vet services that improved the health of livestock and fuel efficient stoves. Farmers adopted improved farming methods, as such being able to minimise pre-harvest losses. 87% of farmers reported 20% or less pre-harvest losses at the end of the project evaluation compared to a 52.9% reporting similar losses in 2008. It can also been seen that households over the last two years of the project have progressively opened up more land for cultivation: 40.8% of households cultivated more than three quarters of the land in 2008 going up to 62% in 2009. This had a direct impact on the size of the harvest at the household level which can be attributed to the activities of the project.

In 2008, only 17% of households had not had anyone ill from malaria, diarrhoea and/or bloody diarrhoea. By 2010 this figure had increased 34% to 51% which can at least be partially attributed to the construction and use of water earth dams. In 2007, only 23.8% used latrines and by the end of the grant period, over half of all 19,250 beneficiaries used pit latrines. This can be partially attributed to the project and reduced the risk of water borne diseases such as typhoid. 80% of households had adopted and were planting and eating Vitamin A potatoes introduced by the project compared to 24.5% of beneficiaries in 2008 which is expected to result in improved food security and nutritional status.

2.2.3.2. Haiti Disasters and Emergencies Committee (DEC) Emergency Response

Country: Haiti
Budget: $895,961(Phase 1)
Period of Implementation: Phase 1: 12 January -31 July 2010;
Beneficiaries: 13,500 HH

On the 12th of January 2010 a magnitude 7.0 earthquake struck Haiti. An estimated three million people were affected by the quake: 316,000 people died, 300,000 were injured and 1,000,000 made homeless. It is estimated that between 25,000 residencies and 30,000 commercial buildings had collapsed or were severely damaged. Tens of thousands of people now live in temporary camps. Through the project 13,500 HH were provided with clean water per day. Camp residents are offered cash for work and through this activity, drains were built in14 camps along with 203 latrines, 35 showers and 9 sump pits. 20,000 individuals are being served by WV latrines and 5,376 HH received hygiene kits were districted to reduce disease and improve sanitation. Camp residents cut down trees for wood stove deforestation are a major environmental concern. A total of 36,000 forestry tree seedlings were planted by 380 camp workers and 100 ecological stoves distributed and training provided as a sustainable alternative. 2000 lamps installed and 11,450 solar lamps distributed and charging stations were under construction. 47 child friendly spaces (CFS) provide 3,950 affected children education and recreation activities each week.

2,457,000 people received access to clean water through the project and while this is likely to have had a significant impact in reducing the spread of water borne diseases like cholera, no data was available to support this hypothesis. However, water provision is assumed to also positively contribute to communities being able to recover effectively, care for families, seek employment and so on. Cash for work activities provided financial resources to beneficiaries to allow them to rebuild their lives, seek livelihood opportunities, and increase food security (through being able to purchase food). The ecological tree planting will help mitigate landslides and further suffering and humanitarian accountability work allows beneficiaries to engage with dignity and in a way that's empowering and thus helping them to get back on their feet psychologically.A project evaluation is due to be carried out to measure more accurately the impact of these activities in the near future.

2.2.3.3. Zimbabwe Vulnerable Group Feeding Programme

Country: Zimbabwe
Budget: $487,494 World Food Program
Period of Implementation: 2009-2010
Beneficiaries: 138,280

In Zimbabwe food production has been devastated by ongoing economic and political crises as well as natural disasters. Food security is defined as including both physical and economic access to food that meets people's dietary needs as well as their food preferences (WHO, 2011). For people that do not get enough regular, healthy food, ill health and a shorter life expectancy are real risks. Children, and especially very young children, who suffer food insecurity, will be less developed than children of the same age who have had sufficient food. In

2009, an estimated 1.6 million Zimbabweans, about 18 percent of the rural population, were estimated to be food insecure (ZimVac, 2009). Hyperinflation compounded this food insecurity and led to the collapse of the economy. Food production was severely disrupted as a result and lead to shortages of food and agricultural commodities (Hanke, 2009). During this time Zimbabwe was also hit by recurrent drought and a series of poor harvests, high unemployment (estimated at more than 80%), a high HIV/AIDS prevalence rate (13.7%) that have all contributed to increasing levels of vulnerability and acute food insecurity (WFP, 2010). This required a large scale humanitarian response.

The program's aim was to improve the availability, accessibility and utilization of food among vulnerable households in Bubi, Lupane, Mt Darwin, Centenary and Shamva districts during the lean season. To improve accountability to beneficiaries, help desks and suggestion boxes were used extensively in all districts and managed by the Humanitarian Accountability Team. 9613.96 MT food was distributed and 1330 beneficiary queries were managed by the Humanitarian Accountability Team.

To assess the project's impact, staff explored through surveys how many beneficiaries relied on food aid and it found that in October 2009, 21% of beneficiaries surveyed relied on food aid to meet their daily subsistence. By April 2010 this number had jumped to 58% of beneficiaries surveyed. This demonstrates that in the final months of the programme, food aid was the main source of food for most households, and without it many of the 138,280 beneficiaries would have been unlikely to have had enough food to meet their daily needs. However, this data cannot state whether this is due to over-dependence on food aid or if the food security situation further deteriorated during the project period. Both Help desks and suggestion boxes were useful for picking up inclusion and exclusion errors, with the Help Desk showing the macro-level irregularities such as beneficiaries being forced to share their ration sizes, while individual level inclusions of non-deserving beneficiaries were reported through suggestion boxes. The HAT team also conducted beneficiary satisfaction surveys that assessed the quantity and quality of the food. These scores were consistently high as tabled below.

Table 5: Summary Beneficiary Satisfaction (WVZ, 2010).
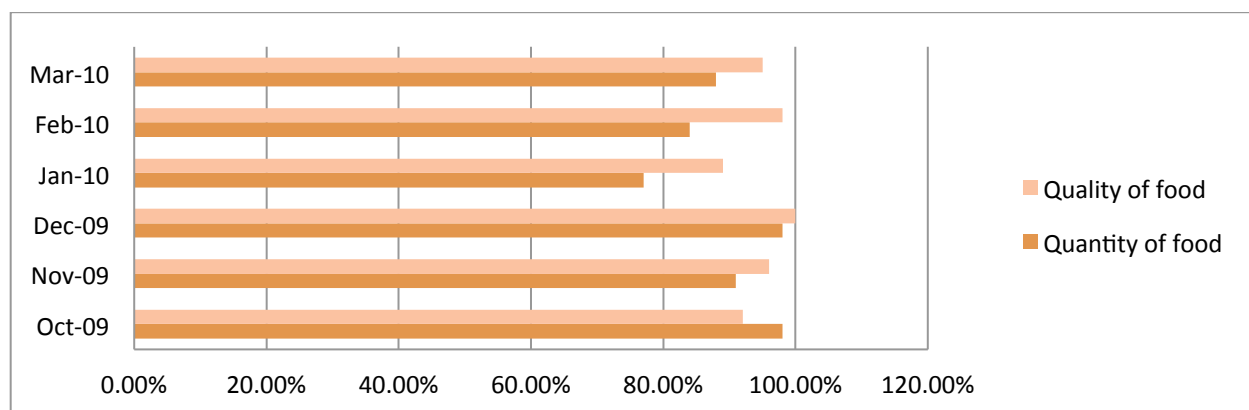
2.2.4. Policy, Advocacy and Campaigns

In addition to the programme work of World Vision UK in developing countries, there are also staff in the UK dedicated to bringing about change in the UK and beyond through policy, advocacy and campaigns work. This is directed at policy makers and decision makers, and draws in thousands of members of the public in who share a passion for World Vision's work, and a desire to bring about change for those living in poverty in the developing world to engage.

Measuring the impact of policy, advocacy and campaigns is, unfortunately, even more difficult to measure than programme work. This is because World Vision often works as part of a coalition or network in campaigning for a change, or is one of many organisations at play and so when a policy change does take place, it cannot be attributed to World Vision, and even gauging levels of *contribution* is problematic. Furthermore, the impact of campaigns can take many years to come to the fore due to the length of time policy changes enacted take to trickle down to those who they will benefit. What we have done is outlined the expected vs. actual response of one of the five campaigns ran in FY10 and presented an overview of some of our policy work.

2.2.4.1. Stop the Child Killers:

Concept of the campaign:
Launched in September 2009, this campaign led World Vision UK supporters up to the launch of the Child Health Now campaign, educating and engaging them on vital child health issues. The focus was on the five preventable causes that account for the majority of under five deaths; pneumonia, diarrhoea, malaria, HIV and AIDS and measles. The strong message was designed to engage supporters on an emotional level and add their name to the campaign calling on the Prime Minster to champion child health and launch a strategy saying how the government plans to do this.

Expected response:
WVUK wanted to reach 10,000 campaign sign ups by the day of the Child Health Now launch (16th Nov 2009) when the campaign would be handed in at No. 10. In response from the government, the aim was for a statement of their position on global child health, how they would endeavour to tackle the problem and keep former promises.

Mechanisms:
To do this, WVUK engaged supporters through the campaigns newsletter, and Insight magazine (which is mailed to WVUK supporters), led a push online and at events, while engaging the most committed youth and church supporters, encouraged peer to peer recruitment by our campaigns and did a final push on Westminster Bridge.

This campaign was coupled with a variety of activities on the day including; Westminster tube station advertising with Stop the Child Killers 'wanted' posters; a targeted blog and social media campaign aimed at those working in Parliament and DfID; and a full page advert in the Times.

Impact / results / feedback:
In total we received 10,020 responses to the campaign, thus (slightly) exceeding the target, and making it WVUK's most successful campaign to date. One third of the responses came from current supporters, the rest from events and networks. The campaign also gained a response from DfID outlining their commitments, their current work on child health and plans for the future; thus meeting the initial expectations. Assessing impact is more challenging, and in particular the question of attribution is difficult when assessing changes in policy, given the complex array of inputs that shape policy decisions.

3. Conclusions and learning points

As described in the introduction, the objectives of this impact report were to:

1. Publicly disclose the impact our work (particularly activities in our three thematic areas of child health, child rights and humanitarian action) is having on the world's poorest children and thus enhance our accountability to key stakeholders.

2. Enhance our own learning to improve the quality of our programming so that in future our programmes and policy work can contribute to even greater change for the world's poorest children.

In addition we sought to draw lessons from this experience to inform our future approach to impact reporting.

This is the first third party verified public document which analyses the impact of a random selection of projects that World Vision UK supports. We are aware that analysing only ten projects and one campaign means we cannot generalise across all 456 projects that we supported and the five campaigns that we ran in the financial year 2010. And the gaps in data mean we have not been able to report on all impact, let alone fully explore attribution. However, this frank discussion of what we can and cannot conclude from each of the projects as an important step in enhancing our accountability to our stakeholders and identifying gaps which will enable us to improve not only our own systems for capturing evidence of impact in the programmes which we support but to help National Offices improve quality programming in order that our support will have a greater impact on those with whom we work.

3.1. The impact we have had

Beneficiary numbers show that World Vision UK has contributed towards change in over five million people, of which over 3.3 million are children. Over half of these children have benefitted from projects related to World Vision UK's new three priority themes. This demonstrates the breadth of our impact, and the case studies illustrate some of the depth. For example:

- In Bolivia, over 100,000 women and children from indigenous groups have been able to access birth certificates and identity cards which has reduced their propensity to exploitation and human rights abuses, enabled them to access public services and the positive impact of possessing a birth certificate and identity card will continue for years to come.

- In Zimbabwe, through World Vision's partnership with the World Food Programme, 138,280 beneficiaries were assisted with food assistance which prevented starvation and severe malnutrition during the food crisis. Instead of being passive recipients of assistance, beneficiaries were actively involved in the project and encouraged to submit feedback and complaints through community helpdesks and suggestion boxes.

- In Armenia, training followed up by coaching on Minimal Social Standards of the Care and Protection of Children led to renovations in Kaplan and Nubarashen bringing these centres up to a better standard of care for children.

- In Senegal, the number of children accessing education increased fivefold from 529 at the start of the project to over 3,068 while 3,000 people with disabilities gained access to health insurance for the first time.

- In Northern Sudan, data showed that there were increases in crop yields from 7% to 14% because of the food security project and a reduction in pre-harvest losses through better agricultural knowledge. 74% of beneficiaries now have access to safe drinking water compared with 51.3% at the start of the project and this resulted in a reduction in water borne diseases.

In these and other cases there may have been a wider impact, as suggested by anecdotal evidence from both World Vision UK and national staff. The outputs were often achieved that all other things being equal would normally lead to certain outcomes and impact. However, often there was a lack of systematic, documented evidence to confirm this. Until recently, methods of reporting within World Vision have rarely captured evidence of impact but rather compare project progress with planned *activities or outputs* as per the proposal or log frame. This is changing, however, with an increased focus on monitoring child-wellbeing outcomes.

3.2. Learning points on measuring impact

In addition to the learning generated about the need for better data collection processes (measuring impact), the current limitations of how impact is documented, attributed and shared have also been key learning points (reporting on impact) to be taken forward. The overall lesson from the case studies is that the reliability of our conclusions about impact depends on the quality of reporting. Often this reporting is not yet fit for the purpose of impact reporting with annual reports and evaluation reports often marked by poor data collection techniques and/or data that was not always missing or not sufficiently reliable (particularly baseline data which was often not collected or documented). However, an independent review of our case studies noted that '[w]hilst demonstrating impact is often difficult in many development interventions, the particularly stringent definition of evidence adopted could make this task even harder'. This suggests two sets of learning points – one around building up our capacity to document evidence, and the other is a reflection on our definition of impact and how we report on it.

3.2.1. Addressing gaps in our evidence base

Documenting impact is a very challenging exercise, particularly in more fragile contexts in which data collection becomes de-prioritised in the face of immediate need, or when it is politicized and so difficult and risky to carry out. However without a baseline and consistent monitoring against suitable indicators, it is very difficult to assess the change achieved. And this exercise highlighted ways in which our ability to document change can be strengthened, ranging from the need for clearer and more logical project design to the need for more rigorous evaluations. For those case studies which included an external evaluation, the standard was generally higher. In the cases in Zimbabwe and Northern Sudan evidence of impact was supported by both quantitative and qualitative data. However, some project evaluations read more like general reviews and reports on activities, and often even this was not clearly presented. This was especially the case in the context of some sponsorship-funded projects (ADPs). Where impact was noted it was largely only backed up by anecdotal stories and staff observations.

Greater investment needs to be made in human resources, research, monitoring/evaluation and reporting capacity at national office level (including project management and reporting) if the desire to focus more on results is to be realised. However, there have been positive developments in recent years. From the perspective of some WVUK Programme Officers working with World Vision National Offices across the globe, over the past seven years there have been vast improvements in the quality and consistency of reporting, particularly as a result of a comprehensive design, monitoring and evaluation system (LEAP) being rolled out across the organisation. LEAP is currently undergoing its third revision since it was introduced. It must be recognised however that in such a large organisation as World Vision with over 40,000 staff working in over 100 countries, change cannot be introduced nor

mainstreamed quickly. In line with LEAP, a minimum set of assessment, evaluation and reporting standards could be introduced and continued funding made conditional on achievement of these standards. However, this would need greater exploration due to many factors involved.

The following steps have been enacted or are being planned in order to address some of the gaps:
- An Evidence and Accountability Unit was established in WVUK in late 2010 to enhance internal capacity in quality and accountability, and increase support to National Offices in the field.
- World Vision International (WVI) has increased the capacity of its International Programme Effectiveness and Global Knowledge Management Teams
- WVUK and WVI systems improvements are planned in 2011 through updates to the internal project databases PARIS and PMIS which will ensure better documentation of evidence
- The roll out of Child Well Being Targets across the World Vision Partnership will lead to greater standardisation, alignment and quality of monitoring and evaluation, including measurement and aggregation of outcome indicators. (Outcomes will be measured annually by 2014 and by 2012 in some offices with higher capacity). The requirement to have impact evaluations have been built into the planning of a proportion of new projects.
- WVUK's Evaluation Policy will be updated in 2011 to increase the number and scope of evaluations (particularly in sponsorship and long term development programmes).

Whereas the quality of reporting and documentation of impact was found to be higher in grant funded programmes compared to some child sponsorship programmes, on an optimistic note, this shows that the National Offices through which World Vision UK works *do* have the capacity at national level to meet stringent compliance requirements. What is necessary for WVUK is to now look more critically at ensuring that sponsorship programming achieves similar levels of quality of reporting, monitoring and evaluation. With the increasing emphasis on demands (and desires) for greater transparency and accountability, there is a need to explore how WVUK can leverage the success of grant funded projects and extend this to all areas of programming.

3.2.2. Third Party Verification

WVUK obtained third-party verification of this impact report's findings through Oxford Policy Management Ltd (OPML)[14] to ensure the credibility of data reported and facilitate the ongoing improvement of its corporate reporting. This was deemed critical to ensure transparency. In future reports, WVUK plans to build on this report and verify field report findings through field interviews with stakeholders and communities, and include some primary data collection using impact assessment methodologies.

Some of the comments received from OPML included the following:

"The report acknowledges that the sample is small and does not allow for generalisation of conclusions across all WV-UK projects, but does permit the identification of common themes and learning experiences."

"The depth of impact is said to be measured through qualitative analysis of a number of projects. However, much of the data used as evidence of impact in the report is quantitative, and qualitative evidence (even when it showed impact) appears to be deemed less important. In some cases qualitative evidence was available but not used as much as it could have been, either alone or in combination with quantitative data…... Only considering "systematic and documented evidence" and explicitly excluding anecdoctal evidence based on stories of change, observation and assumptions in the causal chain does not enable a full assessment of impact that World Vision is having."

---

[14] http://www.opml.co.uk

"Overall the Impact Report is frank and open regarding the availability and assessment of evidence of impact. Issues and challenges faced in reporting on World Vision's impact are discussed well (e.g. from a lack of data to potential for double counting beneficiaries) … In the three project case studies selected for review in this validation report, the evidence of impact was discussed where available and the conclusions drawn based on this data seem valid and do not appear exaggerated or tenuous on the evidence available...... If anything, impact is perhaps understated in some cases". (Brook and Hansford, 2011)

3.2.3 Fine-tuning our approach to impact reporting

To ensure that this stronger evidence base is best communicated to the stakeholders to which WVUK is accountable, there is a need for us to identify how best to report on impact.

For this report, our definition of impact was systematic and based on documented evidence rather than a reliance on anecdotal observations or assumptions that outputs will necessarily lead to outcomes and impact. This strict definition was appropriate to highlight the gaps in our evidence of impact. However from the perspective of those involved in the projects, it is clear that a conclusion of 'no evidence of impact' can be verified does not do justice to the impact that those involved may have witnessed in the respective projects. As noted in the consultant's report, 'in an effort to be fully transparent, accountable and rigorous, some types of data which could validly help show impacts (or likely impacts) appear excluded. It notes that 'for each type of project there is a need to choose 'an appropriate combination of types of evidence' which might include proxy indicators 'where causal links are already well-established and/or where undertaking baseline and end line data collection would not be cost-effective'.

If our impact reporting is about learning lessons from programming, then there is a need to value qualitative data as well as quantitative data. Quantitative data may help us understand *whether* impact has taken place in cases, but qualitative data is better placed in other cases and is better able to help us understand *why* a project did or did not result in impact. As noted in the consultant's report, 'impact assessments that combine qualitative and quantitative methods can generate both a statistically reliable measure of the magnitude of the impact as well as a greater depth of understanding to identify who benefits from projects and why, how and why a programme was or was not effective and how it might be adapted in future to make it more effective'.

3.3 Recommendations (from OPML)

- Ensure that projects are well designed and that log frames accurately and realistically reflect the logic and causal chains; indicators are appropriate and measurable (including both proxy and qualitative indicators, where appropriate); and that regular monitoring occurs throughout the project implementation.

- Consider the timeframe in which impact is being assessed. Impacts are often seen in the longer term and a focus on completed projects or projects at a mid-way stage in implementation (as opposed to those operational for over a year only) would enable more intermediary outputs and outcomes to be seen as well as a more meaningful assessment of impacts in some cases.

- Make use of different kinds of evidence to assess impact, choosing an appropriate combination of types of evidence for each individual project.

- Statistically rigorous quantitative data is very useful and important, but so also is evidence that might be more qualitative or even considered more anecdotal.

- Explore the use of recognised and validated methods and tools to collect data and assess project impact with communities, such as Most Significant Change Stories and Peer Ethnographic Evaluation and Research (PEER) (see http://www.options.co.uk/peer).

References

Aggleton, P., Parker, R., & Maluwa,M (2003) *Stigma, Discrimination and HIV/AIDS in Latin America and the Caribbean,* Inter-American Development Bank, Sustainable Development Department Technical Paper Series, http://www.cbmphiv.org/activities/workshops/montegobay/Stigma,%20Discrimination%20and%20HIVAIDS%20in%20Latin%20America%20and%20the%20Caribbe.pdf (accessed 3.5.2011).

Amnesty International, (2011) *Afterschocks: Women Speak Out Against Sexual Violence In Haiti's Camps,* Amnesty International, http://www.amnesty.org/en/library/asset/AMR36/001/2011/en/57237fad-f97b-45ce-8fdb-68cb457a304c/amr360012011en.pdf (accessed 29.4.2011).

Andrews, S., (2011) *Transmission dynamics and control of cholera in Haiti: an epidemic model,* The Lancet, Volume 377, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2811%2960273-0/fulltext#article_upsell (accessed 29.4.2011).

AVERT (2011) *HIV and AIDS in Kenya;* AVERT International, http://www.avert.org/hiv-aids-kenya.htm (accessed 3.5.2011).

Brook, S. and Hansford, F (2011) External Validation of World Vision UK FY10 Impact Report

Derose, K., Kanouse, D., Kennedy, D., Patel, K., Taylor, A., Leuschner, K., & Martinez, H., (2010). *The Role of Faith-Based Organizations in HIV Prevention and Care in Central America,* RAND Health.

Department of Labor (2006) Findings of the Worst Forms of Child Labor: Bureau of International Labor Affairs, http://www.dol.gov/ilab/media/reports/iclp/tda2005/tda2005.pdf *(accessed 21.4.2011).*

Foley, M., Francis, K., Johnson, A., & Schmidt, E., (2010) Policy Implication Gaps in Bolivian Birth Registration: Final Capstone Report, http://elliott.gwu.edu/assets/docs/acad/ids/capstone/bolivia07.pdf (accessed 18.4.2011).

Galarza, C., & Ovando, F., (2010) *World Vision Bolivia Citizenship Building Project and Strengthening the Rights of Indigenous Peoples of Bolivia Final Evaluation Report,* World Vision Bolivia, (accessed 28.4.2011).

Hanke, S., (2009) *R.I.P. Zimbabwe Dollar,* The Cato Institute**,** http://www.cato.org/zimbabwe, (accessed 16.5.2011).

Hallam, A., (1998) *Evaluating Humanitarian Assistance Programmes in Complex Emergencies,* Good Practice Review 7. London: ODI, http://www.odihpn.org/report.asp?id=2109 (accessed 17.6.2011).

Hoffman,C., Roberts, J., Shoham & Harvey, P., (2004) *Measuring the impact of humanitarian aid,* ODI, http://www.odi.org.uk/resources/download/237.pdf (accessed 13.5.2011).

Moll, K., (2010) World Vision Senegal: *Kolda Equal Ability Project (KEAP),* World Vision Senegal

Mu, S., (2011) *Evaluation Report Prevention of trafficking in youth and women in Myanmar and support for the return and reintegration of trafficked victims,* World Vision Myanmar, 28.5.2011).

Odedo, R., & Wandera, J., (2010) World Vision Northern Sudan Programme: Blue Nile Food Security Recovery Project End of Project Evaluation, World Vision.

Policy Notes, (2011) Chronic Poverty in *Senegal, Chronic Poverty Research Center,* *http://www.chronicpoverty.org/uploads/publication_files/Senegal%20policynote.pdf (accessed 21.4.2011).*

Red Cross (2010) *Red Cross: 3M Haitians Affected by Quake,* CBS News. 13 January 2010. http://www.cbsnews.com/stories/2010/01/13/world/main6090601.shtml?tag=cbsnewsSectionContent.4. (accessed 28.4.2011).

Roche, (1999) Impact Assessment for Development Agencies, Oxfam cited in Impact-What Does WVUK Means by Impact? World Vision United Kingdom.

UNHCR, (2010) Trafficking in Persons Report 2010 Burma– United Nations High Commission for Refugees, http://www.unhcr.org/refworld/topic,45a5fb512,45a5fb5b2,4c18840337,0.html(accessed 20.4.2011).

UNICEF (2006) background paper for Global Partners Forum on Children Affected by HIV/AIDS: Legal Protection for Children Affected by HIV/AIDS, *http://www.unicef.org/aids/files/GPF_backgrounder_Legal_Protection.pdf* (accessed 3.5.2011).

UNECF (2007), Water Supply and Sanitation Policy for Sierra Leone, *http://www.uneca.org/awich/Reports/Sierra%20Leone%20%20Water%20and%20Sanitation%20Policy-Final.pdf* (accessed 20.4.2011).

UNICEF (2008) UNICEF Humanitarian Action Zimbabwe in 2008, http://www.unicef.org/har08/files/har08_Zimbabwe_countrychapter.pdf (accessed 16.5.2011).

UNICEF (2011) *UNICEF Humanitarian Action and Recovery: Mid-Year Review of 2010 Humanitarian Action Report, http://reliefweb.int/sites/reliefweb.int/files/resources/A1E78476BAE252D68525773C0064B6D5-Full_Report.pdf (accessed 29.4.2011).*

UNDP, (2009) Country Sector Assessments: UNDP GoAL WaSH Programme: Governance, Advocacy and Leadership for Water, Sanitation and Hygiene, http://www.watergovernance.org/documents/WGF/Reports/CSA_GoALWaSH/SierraLeone_en.pdf (accessed 9.6.2011).

USAID (2010) *Orphans and Vulnerable Children (OVC) Programming In Global Fund HIV/AIDS Grants in Kenya, http://www.healthpolicyinitiative.com/Publications/Documents/1347_1_OVC_Global_Fund_Kenya_FINAL_Sept_2010_acc.pdf (accessed 3.5.2011).*

 USAID (2010) Honduras *HIV/AIDS Health Profile, http://www.usaid.gov/our_work/global_health/aids/Countries/lac/honduras.pdf* (accessed 3.5.2011).

World Bank, (2010) *World Bank Development Indicators: Senegal,* http://www.google.com/publicdata?ds=wb-wdi&met=sp_dyn_imrt_in&idim=country:SEN&dl=en&hl=en&q=senegal+infant+mortality (accessed 20.4.2011).

World Food Program (2006) Sudan: Comprehensive Food Security and Vulnerability Analysis, *http://documents.wfp.org/stellent/groups/public/documents/ena/wfp154537.pdf* (accessed 28.4.2011).

World Health Organisation (2010) Joint Monitoring Programme for Water Supply and Sanitation,

http://www.wssinfo.org/documents-links/documents/?tx_displaycontroller[type]=country_files (accessed 9.6.2011)

World Vision Armenia (2010) *Reduced violence and risk of violence towards children in Armenia's care structures project Baseline Evaluation Report,* World Vision Bolivia, (accessed 3.5.2011).

World Vision Armenia, (2010) *Interim Report: Reducing Violence Against Children in Armenia EC Funded Project November 9, 2009-October 21, 2010*, World Vision Armenia.

World Vision Kenya (2007) Winam Urban Area Development Programme: Winam Water & Sanitation Project Design, Kenya (accessed 3.5.2011).

World Vision Kenya (2008), *Legal Protection for OVC Project: Design Document*, Kenya (accessed 9.6.2011).

World Vision Honduras (2010) Channels of Hope-II Phase ADP Comunidades Solidarias, Ocotepeque, Copán and Gracias (accessed 3.5.2011).

World Vision Myanmar, (2010) *Amarapura Area Development Programme: Annual Report FY10,* Myanmar, World Vision Myanmar, (accessed 9.6.2011).

World Vision Senegal (2010) *Evaluation Report of East Kaolack ADP: FY 1996 – 2010,* World Vision Senegal, (accessed 2.6.2011).

World Vision Senegal (2009) *Evaluation Report of East Kaolack ADP: FY 2007-2010: End of Cycle,* World Vision Senegal, (accessed 2.6.2011).

WVZ (2007) *Enhancing Community Capacity for OVC Care and Support Detailed Implementation Plan for Year 1,* World Vision Zimbabwe (accessed 16.5.2011).

WVZ (2011) *Enhancing Community Capacity for OVC Care and Support: End of Project Report,* World Vision Zimbabwe (accessed 16.5.2011).

World Vision Zimbabwe (2010) Vulnerable Group Feeding: Final Narrative Report, Zimbabwe (accessed 16.5.2011).

FAO (2010) Special Report: FAO/WFP Crop and Food Security Assessment Mission to Zimbabwe, http://www.fao.org/docrep/012/ak352e/ak352e00.htm#2 (accessed 16.5.2011).

WVM, (2010) Evaluation Report Prevention of trafficking in youth and women in Myanmar and support for the return and reintegration of trafficked victims, (accessed 16.5.2011).

WHO (2011) Food Security, World Health Organisation, http://www.who.int/trade/glossary/story028/en/ (accessed 16.5.2011).

ZimVac (2009) *ZimVac Rutal Household Livelihoods Survey: Harare Report 11,* http://www.sadc.int/fanr/aims/rvaa/Documents/Zimbabwe/ZimVac%20Rural%20Household%20Livelihoods%20Survey%20-%20October%202009%20Report.pdf (accessed 16.5.2011).