

CHILD WELL-BEING
SUMMARY REPORT

2015



Building a Better World for Children



WorldVision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.

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Introduction

WORLD VISION has made a commitment to every child the organisation serves: that they may experience life in all its fullness. This vision is more than aspirational. Every day, World Vision programmes and teams around the world deliver their best strategies and solutions to assist and protect children of all ages, as partners in the difficult journey from birth to adulthood. The work we do is motivated by our belief that change is possible, but it must also be guided by knowledge, ideas and evidence that holistic well-being for children is an achievable goal. To succeed requires critical reflection on the achievements and challenges of World Vision programmes globally.

‘You must serve faithfully and wholeheartedly.’

2 Chronicles 19:9b (NIVUK)

This report brings together World Vision’s results from 2015 in a way that helps us achieve our knowledge and evidence imperative. It represents 60 country offices and draws on monitoring and evaluation data from more than 1,600 programmes implementing change for children globally: in child participation and protection, health and nutrition, early childhood development and literacy, and in other key areas of World Vision’s development, relief and advocacy work.

Since 2010, World Vision has applied a measurement framework of broad child well-being aspirations,¹ each with a set of outcomes, and with four global child well-being targets that reflect priorities from both our national and regional strategies. Specifically, the targets are

- **Target 1:** Children report an increased level of well-being (12–18 years)
- **Target 2:** Increase in children protected from infection and disease (0–5 years)
- **Target 3:** Increase in children who are well nourished (0–5 years)
- **Target 4:** Increase in children who can read (by age 11 or end of primary schooling).

Country offices implement programmes to address other priorities based on local needs. At the same time, setting these simple and desirable targets has helped World Vision to focus, align and evaluate the effectiveness of our strategies, programmes and investment of resources on a global scale. They enable the organisation to measure and report our contribution to children’s well-being to ensure we are accountable to the children, communities and donors we serve.

These targets are highly relevant to the current global development agenda. More than half of the 2016–2030 Sustainable Development Goals (SDGs) address the situation of children and young people. World Vision’s child well-being outcome indicators link naturally and directly to the SDGs, meaning that our experiences and evidence have a wider significance for the humanitarian and development sector as a whole.

¹ The aspirations, outcomes and targets can be seen in full in World Vision’s ‘Child Well-being Aspirations and Outcomes,’ <http://www.wvi.org/development/publication/child-well-being-outcomes-and-aspirations>.

Ethiopia

Ethiopia has scaled up Literacy Boost to 1,000 schools, trained 45,181 teachers and established 2,400 reading camps to improve literacy in early grades. A total of 901,081 children have benefited, half of them girls, and reading with comprehension is 27.7% in WV intervention schools, compared to only 11% in other schools.

Georgia*

265 Georgian and Armenian youth participated in a project to develop effective conflict-management and peace-building skills. Their development asset score increased from 34 to 48 (out of 60), which measures skills, experiences, relationships and behaviours that enable young people to become successful and contributing adults.

*The program is in Abkhazia, an unrecognized breakaway republic of Georgia.

WORLD VISION'S CONTRIBUTION TO THE SDGs



Vietnam

Vietnam has scaled up 895 Nutrition Clubs (NCs), a multi-sectoral approach to address stunting, in 37 Area Programmes. From 2014 to 2015, the rate of reduction in stunting was an average of 1.9 percentage points from 34 Area Programmes.

Tanzania

Tanzania reported improvement in all five Target 2 indicators. More caregivers treated diarrhoea correctly in nine of ten programmes, with three reaching acceptable levels. Five of six programmes reported an increase in seeking health care for pneumonia, with four moving out of the critical range and one maintaining an acceptable level. These changes are linked to strong community health worker structures supported by World Vision.

DISASTER MANAGEMENT

TARGET 1:

During the flood response in **Bosnia-Herzegovina**, psychologists assessed children attending child friendly spaces (CFSs) and found improvements in children's behaviour, school performance, creativity, concentration and communication skills. The CFSs helped children cope with the crisis.

TARGET 2:

None of the 57,174 children supported through **Sierra Leone's** sponsorship programme contracted Ebola. WV contributed to this by training 460 faith leaders about safe burials and helping frontline workers get personal protective gear.

DISASTER MANAGEMENT RELATES TO SDG:

13–Climate Action

TARGET 3:

Following a cyclone-induced flood, **Myanmar** provided food assistance to community members: blended food to 950 children under 2, take-home rations to 12,936 students and various food commodities to 619 pregnant and lactating mothers

TARGET 4:

Somalia's education projects reached 7,034 children and helped increase enrolment in 10 schools by providing new classrooms, sanitation facilities, learning and teaching materials and support for 50 teachers.

WHERE DO WORLD VISION'S STRENGTHS LIE?

Considering our results at a global level allows us to draw conclusions – and renewed inspiration – from programmatic areas delivering consistent outcomes for children.

TARGET 1: Adolescent programming

In 2015, 95 per cent of offices were programming with adolescents intentionally in mind. Sixty-eight per cent of offices are supporting children's clubs as platforms for bringing young people together. Wherever they take place, adolescent programmes are combining life skills with health, child protection, education, peacebuilding and economic readiness.

In El Salvador, more than 10,000 young people participated in 569 clubs that World Vision established; qualitative evaluation data revealed increases in self-confidence, decision making and goal setting.

TARGET 2: Vaccination uptake for child survival

Comparative data from 61 programmes on vaccination uptake over time showed that 75 per cent of programmes were seeing 'acceptable' levels² of coverage for children under age 5, compared to aggregated baseline levels of 39 per cent. Timed and targeted counselling (ttC) has been influencing mothers to follow immunisation schedules, while government campaigns supported by World Vision have helped families to understand and locate the free services available to them.

In Swaziland, the average immunisation coverage across three programmes in 2010 was slightly lower than the national average at 75 per cent. Measured again in 2015, between 91 per cent and 100 per cent of children had been fully vaccinated against DPT and measles. All three programmes were implementing ttC, including child health worker encouragement to attend community immunisation services.

TARGET 3: Networked community-based management of acute malnutrition (CMAM)

World Vision's CMAM programmes helped 31,212 children to recover from acute malnutrition across 12 countries in 2015. These programmes achieved a 91 per cent recovery rate, exceeding Sphere standards of 75 per cent for the third year in a row. The three-year tally of case management since CMAM priority countries began to pool data is over 550,000. Our CMAM programmes are saving children's lives.

In Burundi, malnutrition and its effects were greatly reduced using an approach that integrated nutrition and cash transfer programming with food security, particularly agriculture and livestock. Year-round access to food rose from 8 per cent in 2012 to 24 per cent; underweight rates

declined from 52 per cent to 37 per cent; and stunting was reduced from 41 per cent to 27 per cent.

TARGET 4: Increased use of evidence-based education programming

Country offices are increasingly taking up literacy-focused initiatives, with 59 of the 60 offices including quality education in their strategic objectives and 47 offices measuring literacy rates of primary students in supported programmes. The results are further consolidating the evidence base for Save the Children's Literacy Boost³ model (see p. 5), which helps and motivates children to prepare for the challenge of learning to read.

In Ethiopia, literacy assessments showed that 27.7 per cent of Year 6 students in World Vision projects could read with comprehension, compared to only 11 per cent of children in schools where World Vision had not yet started programming. Ethiopia has scaled up Literacy Boost to 1,000 schools, benefitting a total of 901,081 children.

Local and national advocacy

World Vision is influencing policy change in countries around the world, addressing root causes of vulnerability for children. Since the Partnership began to record advocacy results centrally through the Partnership Strategic Measures in 2012, offices have registered nearly 600 changes to policy or improved implementation of policy to which World Vision's advocacy contributed. All of these changes positively affect the context in which children are living.

World Vision's global Child Health Now campaign has coordinated and connected efforts to reduce preventable deaths of mothers and young children through mobilisation and policy action. More than 30 countries have registered impact in maternal and child health policy over the campaign's lifetime, addressing issues for at least 427 million of the world's most vulnerable children.

Fragile states

World Vision works in eight of the world's 10 most fragile states,⁴ where children are exposed to recurring disasters in addition to significant political and economic instability. Despite highly complex environments, World Vision has shown encouraging results in many areas of child well-being. Children are attending school regularly; small businesses are stable; and parents are able to provide for and protect their children.

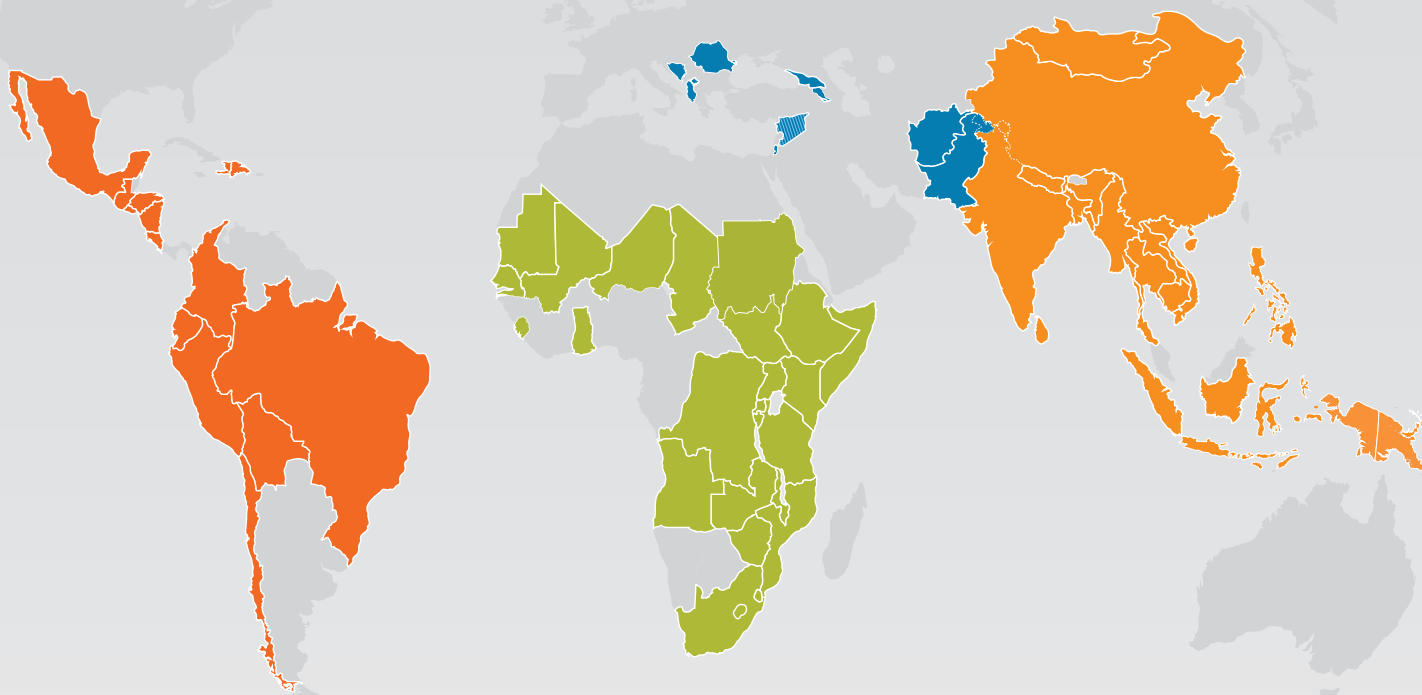
In Afghanistan, World Vision assisted 198 women to become beekeepers. Of these women, many of whom had not worked before, 82 per cent were able to cover children's school costs with their increased household income, and 92 per cent were able to cover child health costs.

² In order to focus learning and analysis on outcomes rather than activities, change over time is measured against international 'thresholds' that identify whether a programme result falls within the range of 'acceptable', requires 'action' or is 'critical'.

³ Literacy Boost is a copyrighted tool designed, developed and owned by Save the Children.

⁴ The top 10 fragile states for 2015 as designated by the Fragile State Index (Fund for Peace) were South Sudan, Somalia, Central African Republic, Sudan, DRC, Chad, Yemen, Syria, Afghanistan, Guinea. This index is based on 12 indicators that cover social, economic, political and military dimensions of fragility.

COUNTRIES REPORTING ON CHILD WELL-BEING



LACR

Bolivia
Brazil
Chile
Colombia
Costa Rica
Dominican Republic
Ecuador
El Salvador
Guatemala
Haiti
Honduras
Mexico
Nicaragua
Peru

AFRICA

EAST AFRICA

Burundi
Ethiopia
Kenya
Rwanda
Somalia
South Sudan
Sudan
Tanzania
Uganda

SOUTHERN AFRICA

Angola
DRC
Lesotho
Malawi
Mozambique
South Africa
Swaziland
Zambia
Zimbabwe

WEST AFRICA

Chad
Ghana
Mali
Mauritania
Niger
Senegal
Sierra Leone

MEER⁵

Afghanistan
Albania and Kosovo
Armenia and Georgia
Bosnia and Herzegovina
JWG – Jerusalem West Bank Gaza
Pakistan
Romania

ASIA

EAST ASIA

Cambodia
China
Laos
Mongolia
Myanmar
Vietnam
Thailand

SOUTH ASIA AND PACIFIC

Bangladesh
India
Indonesia
Nepal
Pacific Timor Leste (Papua New Guinea, Timor Leste, Vanuatu, Solomon Islands)
Philippines
Sri Lanka

⁵ Syria did not submit a report but some of their data was used in the Disaster Management section.

WHERE MUST WORLD VISION DO MORE?

TARGET 1: Listening to young people

There are critical findings from the indicator measuring adolescents' overall life satisfaction, with 52 out of 76 programmes finding that less than 50 per cent of survey participants felt they were thriving. Of particular concern is the lack of understanding of the underlying cause of adolescents' dissatisfaction. Further investigation with the young people themselves is required to validate, interpret and address the findings.

TARGET 2: Care-seeking behaviours

There is no evidence of change in programmes reporting care seeking for acute respiratory infection (ARI) and minimal change for diarrhoea management. This is in contrast to 2014, when a significant percentage of reporting programmes measured an increase to acceptable levels of both behaviours. Care-seeking and home-based responses are known to address many of the leading causes of death in newborns and children under 5. Greater consistency of results is needed, particularly in effective mobilisation of ttC through community health workers.

TARGET 3: Reduction in stunting and wasting

In 2015, 62 per cent of programmes reported critical levels of stunting and over one-third reported critical wasting. World Vision needs to continue investing and increasing integrated, multi-sectoral programming. Individual examples of remarkable positive change emerged from our programmes in 2015. To contribute to the World Health Assembly global targets to bring stunting and wasting to negligible levels by 2025, substantially more of these programmes are needed.

TARGET 4: Increase in the use of evidence-based education programming

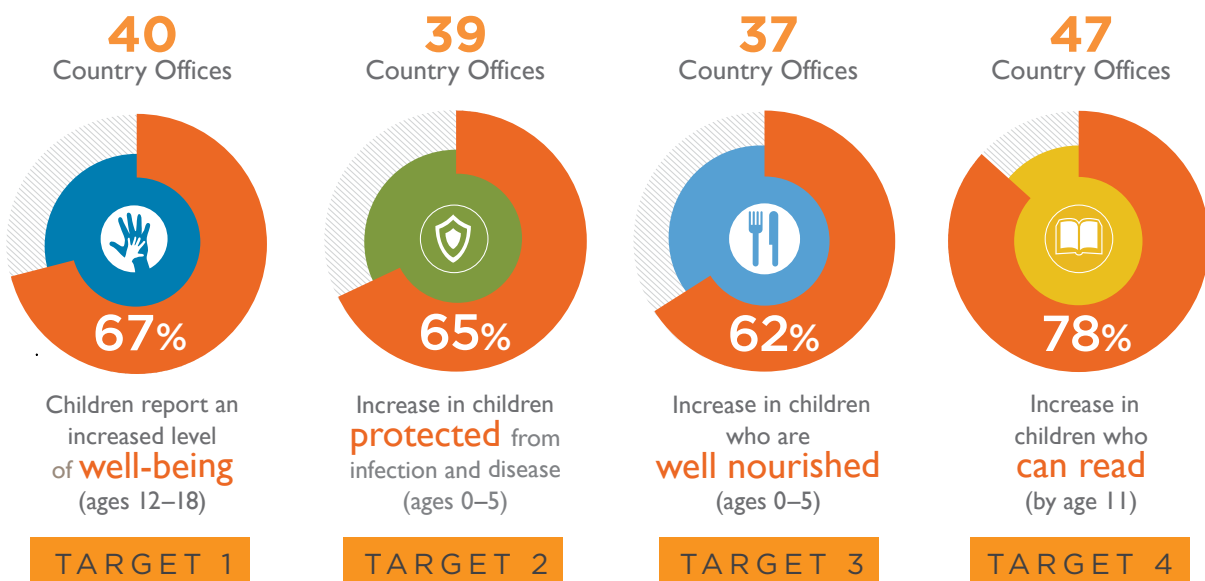
As more and more countries prioritise education programming, it will be important to support and encourage country offices to adopt evidence-based project models such as Literacy Boost. Though 14 offices are using Literacy Boost, 39 are implementing local initiatives with limited evidence of effectiveness. While promoting local innovation is important, these initiatives require comprehensive and consistent monitoring and evaluation of learning outcomes to build better evidence and acquire funding for their scale-up.

ABOUT THIS REPORT

This summary child well-being report draws on information from 60 World Vision country office reports of ongoing programme monitoring and evaluations. The data represents a subset of our work that we believe is indicative of broader improvements in child well-being. While not every office or programme is expected to report on each target due to relevance to local context and measurement schedules (see Figure 1), we have seen significant gains in the scale of reporting since World Vision first produced the child well-being reports.

The majority of the data presented is from programmes reporting change over time. This helps to focus learning and analysis on outcomes rather than activities. The graphs in each of the target sections summarise this change over time against international thresholds that identify whether a programme result falls within the range of 'acceptable' (green), requires 'action'

Figure 1. OFFICES REPORTING ON CWBT'S STANDARD INDICATORS



(light grey) or 'critical' (dark grey). World Vision uses this information as triggers for action to inform strategies and identify priority areas.

Terminology:

- The report refers to 2015 results. For World Vision, this means the period between 1 October 2014 and 30 September 2015, which is the financial year.

- Measures are reported by thresholds, which are largely based on international standards for prevalence of a particular issue affecting children. Thresholds differ among indicators; for instance, acceptable levels of functional literacy are considered to be over 80 per cent, while acceptable levels of testing for HIV in pregnancy are set at 90 per cent and acceptable levels of treated mosquito net usage at 70 per cent.

CHILD SPONSORSHIP RESEARCH PROJECT UPDATE

Child sponsorship is an aid modality that allows sponsors to engage actively with the development process. Through personalised connections among sponsors, children and community programmes, sponsorship not only enables long-term development but also seeks to be transformational for the supporter. Sponsors' support of World Vision's community-based development forms the foundation of the results in this child well-being report.

In 2013, World Vision commissioned research to investigate World Vision's programming model and the way it is supported through child sponsorship, including ways that sector-specific approaches (e.g. in education or health) are integrated within a community-based programme for a holistic approach to improve the well-being of children. As a first step, World Vision researchers evaluated eight World Vision programmes (two in Sri Lanka, two in Bolivia, two in Uganda, one in Armenia and one in Cambodia), and explored the experiences of just under 4,000 sponsors in five countries (UK, Australia, US, Germany and Canada). Findings highlight the following:

- Many positive changes in child well-being in all communities served by the eight programmes. Community feedback sheds light on important ways in which the World Vision programmes contributed to these outcomes. Findings also indicate scope for further progress in some areas where acceptable levels of child well-being have not yet been achieved.
- Diversity of programmes in terms of the contextual issues they sought to address, yet substantial consistency in the types of activities: empowering communities by mobilising children, families, local organisations and service providers; improving their awareness, knowledge and skills; changing social norms; providing resourcing; and strengthening their networks and relationships to deal with challenges to child well-being.
- Scope for improvement in child and community participation, and for more consistent application of local partnering approaches to improve sustainability of observed improvements.
- Diverse faith environments and context-specific expressions of World Vision's Christian identity within the eight programmes. Despite this diversity, consistent themes emerged.

Many community members reported they believe World Vision is inclusive, unbiased and respectful. World Vision's expression of Christian faith is enabled through its grass-roots presence alongside the poor and most vulnerable.

- Both sponsored and non-sponsored children and their families participate equitably in the programmes. However, findings suggest special gifts to individuals were linked to jealousy. A global review of gifts has been initiated as a result of this conclusion.
- Children who experience a strong relationship with their sponsors report feeling cared for and loved, and connected to the wider world. Many children yearn for a stronger connection with their sponsors.
- A large majority of sponsors report they are inspired to share about sponsorship with family or friends, take a more active interest in issues of global poverty and injustice, and pray for their sponsored child.

The majority of World Vision's funding continues to come from individual sponsors motivated by the values, compassion and effective solutions of our programmes.

In 2015, donors in 31 countries sponsored 3.3 million children, contributing significantly to World Vision's child well-being efforts.

In 2016, World Vision engaged a consortium of researchers (from RMIT University, Deakin University, University of London and Stellenbosch University) with specialisations in community development, sponsorship and faith and development. This consortium will build on the internal findings of the sponsorship research project by implementing a one-year, mixed-methods study in five sites across Africa, Asia, Latin America and Eastern Europe. It will investigate the effects of mechanisms triggered by World Vision programme activities, taking into account the substantial diversity and contextual differences across World Vision programming portfolio. Findings from this study are due early in 2017.

Children report an increased level of well-being (AGES 12–18)

CHILD WELL-BEING



ALMOST 90 per cent of the world's 1.2 billion adolescents live in developing countries, accounting for nearly one-fifth of the world's population.⁶ These young people are the next generation of decision makers and must be equipped with the skills and capacities to address global challenges.⁷ There is broad consensus that investing in adolescents leads to wide-scale social and economic advancement in developing countries, a core emphasis of the 2016–2030 SDGs. Consequently, World Vision has increased its focus and programming to nurture and empower adolescents to engage in their own development and that of their communities.

1.9 million (47 per cent) of all World Vision registered children are 11 years of age or older.

COMMON PROGRAMMING APPROACHES

Adolescent programming seeks outcomes relating to child protection, education, health and economic well-being. World Vision uses a range of programmes to address individual communities' needs and promote young people's cognitive, social, emotional and spiritual development. Work is under way to consolidate learnings into five new programme approaches that are based on the tenets of positive youth development and foster essential life skills:

- **IMPACT and SKYE clubs** prepare young people to obtain sustainable livelihoods and become active citizens.
- **Peace Road** nurtures adolescents' capacities to protect themselves, care for others and lead community change efforts.
- **Young People as Agents of Change** empowers and equips adolescents to be advocates for their communities.
- **Youth Ready** provides second-chance literacy learning and livelihood preparation for out-of-school youth.

MEASURES

Target 1 measures adolescents' perception of their own well-being using two quantitative methods:

- **Developmental Assets Profile (DAP)⁸:** The DAP measures four internal and four external asset categories (see Figure 2). The assets include positive experiences, attitudes, relationships, values and skills across different environments (personal, social, family, school and community). Evidence shows that the stronger the assets in adolescents' lives, the better their well-being.⁹
- **Youth Healthy Behaviour Survey (YHBS):** The YHBS measures four indicators that are analysed together to serve as a proxy for assessing adolescent well-being: birth registration, sufficient access to food, positive connection to caregiver and overall life satisfaction using the Cantril 'Ladder of Life'.¹⁰ For this last indicator, participants are asked to assume that the ladder is a way of picturing their life and indicate where on the ladder they feel they personally stand right now. At the bottom of the ladder, respondents are likely to be suffering; in the middle, struggling; and towards the top, thriving.

⁶ UNICEF (2012), Progress for Children: A report card on adolescents., http://www.unicef.org/publications/index_62280.html.

⁷ UNICEF (2011), State of the World's Children: Adolescence: The Age of Opportunity., <http://www.unicef.org/sowc2011/fullreport.php>.

⁸ Search Institute, The Developmental Assets Profile (DAP), <http://www.search-institute.org/surveys/DAP>.

⁹ <http://www.search-institute.org/research/developmental-assets>.

¹⁰ <http://www.gallup.com/poll/122453/understanding-gallup-uses-cantril-scale.aspx>.

TARGET 1

CHILDREN REPORT AN INCREASED LEVEL OF WELL-BEING (AGES 12–18)

FACTS ABOUT ADOLESCENT WELL-BEING



Over half of all children –

1 BILLION
CHILDREN

– experienced violence in the past year¹¹



More than

1 IN 3 GIRLS

in developing countries are
**married before the
age of 15¹²**

WORLD VISION'S RESPONSE

1.48 MILLION

adolescents have benefited
from World Vision programming



68%

of country offices
have set up adolescent clubs
for skills building, peacebuilding,
spiritual nurture or local- to
national-level advocacy



95%
of country offices
are implementing child
protection activities, including
the Child Protection
Advocacy project model

409,525

young people
were trained to strengthen
skills in resilience,
protecting
themselves and others



OUR APPROACHES



Life skills, child protection, economic readiness, advocacy, spiritual nurture and child participation

TARGET 1 RELATES TO SDGS:

3 – Good Health and Well-Being • **4** – Gender Equality
5 – Decent Work and Economic Growth • **8** – Reduced Inequalities
16 – Peace, Justice and Strong Institutions

¹¹ UNICEF (2014a), 'Ending Child Marriage: Progress and Prospects' New York, NY: UNICEF. Available at: http://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf

¹² Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016), 'Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates', *Pediatrics*, January, 2016. Retrieved from <http://pediatrics.aappublications.org/content/early/2016/01/25/peds.2015-4079.abstract>

Figure 2. DEVELOPMENTAL ASSETS®¹³



Qualitative research methods are recommended with both the DAP as well as the YHBS to gain insight into young people’s perspectives and validate the quantitative measures.

RESULTS

In 2015, 40 country offices reported contribution to the well-being of 1.48 million adolescents across the globe; programming for, and measurement of, this important phase in life has increased in scope from World Vision’s 2014 records. In total, 95 per cent of country offices reported intentional programming for adolescents, up from 90 per cent last year. Sixty-eight per cent of offices are supporting children’s clubs as platforms for bringing young people together, compared to 60 per cent in 2014.

Developmental Assets Profile (DAP)

Figure 3 shows the range of external asset scores across programmes from nine country offices in 2015 reflecting the status of structures (e.g. school, community), relationships (e.g. family, adult role models) and activities (e.g. clubs, art class) that can create a positive environment for young people. Of the 94 programmes, 70 reported an ‘adequate’ level of external assets. While this is encouraging, there is room for improvement because at the other end of the scale, 23 programmes reported a ‘vulnerable’ level, meaning that many assets are weak or infrequent and adolescents’ well-being could suffer because of it. Fortunately, no country offices or programmes reported averages of ‘very vulnerable’ DAP scores. Internal assets looked at values (e.g. integrity), skills (e.g. conflict resolution)

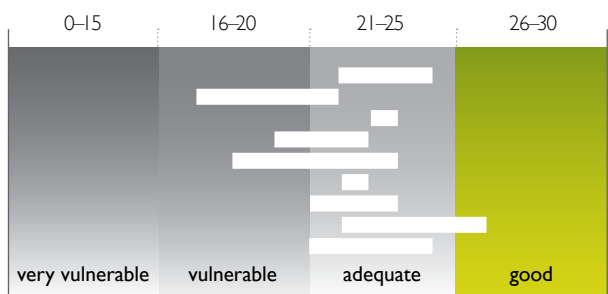
and beliefs (e.g. self-worth) that young people need to fully engage with and function in the world around them. Findings on internal assets were similar to external, with the majority of programmes reporting ‘adequate’ levels. Due to the lack of qualitative follow-up, further investigation is needed to better understand the vulnerability factors of adolescent participants in order to inform appropriate strategies to strengthen these developmental assets and improve their well-being.

In Abkhazia, a break-away province of Georgia, a mixed method evaluation of a 10-month conflict and peacebuilding project revealed significant changes for 265 young people from Georgian and Armenian families. The results show substantial increases across all of the developmental asset categories, with the total score increasing from 34 to 48 (out of 60). The asset category, Positive Values, saw an eight-point increase from 17 to 25 (out of 30). Positive Values is partly about caring for others and accepting those who are different. Qualitative follow-up with young people revealed similar findings. They noted major improvements in the level of mutual trust among the different ethnic groups, as well as diminished negative stereotypes and prejudices.

Youth Healthy Behaviour Survey (YHBS): Ladder of Life

Results from one of the four YHBS indicators (overall life satisfaction) are highlighted in Figure 4 to give an overview of adolescent well-being. Of the programmes that

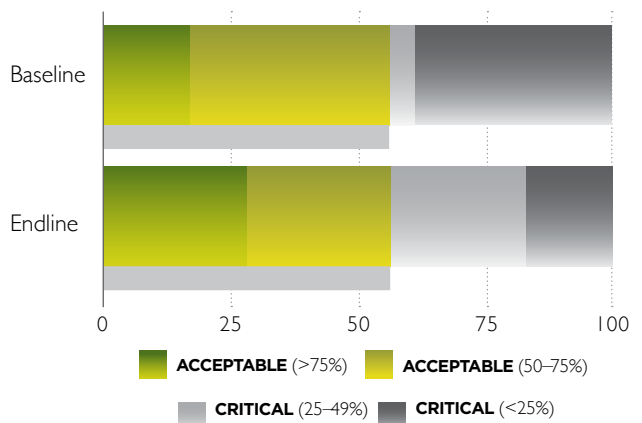
Figure 3. DAP EXTERNAL ASSETS SCORE: 94 PROGRAMMES FROM 9 COUNTRY OFFICES*



Average range of external DAP scores across programmes per country

*Cross-sectional data from direct project participants

Figure 4. LADDER OF LIFE: 18 PROGRAMMES FROM 5 COUNTRY OFFICES*



¹³ Developmental Assets® is a registered trademark of Search Institute and is used with permission. Graphics provided courtesy of Search Institute, www.search-institute.org.

reported on this indicator, 73 per cent found that fewer than half the adolescent respondents were 'thriving'. Due to the lack of qualitative follow-up, it is difficult to interpret the low scores. Data on change over time was limited to 18 programmes; of these, 10 reported acceptable levels at both baseline and endline. A closer examination of actual levels shows an increase in 12 programmes, with four programmes (23 per cent) moving from the very critical range into critical. This suggests positive changes for young people participating in adolescent programmes, but it is obvious that more is needed.

Learnings from qualitative studies

Qualitative evaluations also provide key insights into how our programming fosters adolescents' well-being.

In El Salvador, more than 10,000 young people participated in 569 clubs World Vision established in area programmes; while no quantitative measures were taken, a qualitative evaluation of programme value for participants revealed increases in self-confidence, decision making and goal setting.

'Before, we were just saying that there are problems but now when we see a problem we try to resolve it, we [look] for solutions.'

– Adolescent Participant
from Armenia

In Armenia, World Vision's urban programme strengthened young people's developmental assets through a new approach involving mentoring relationships. Evaluation results showed significant changes in participants' communication skills and an increased sense of citizenship that was directly channelled towards making changes in their community.

CHILD PROTECTION

Everywhere that World Vision works, violence against children remains a critical concern. Recognising that addressing violence in all its forms is crucial for children's well-being, all country offices reported child protection activities during the past year. As a result, many offices reported new or updated policies and by-laws, strengthened policy implementation, engaged communities responding to child protection issues, faith leaders promoting community dialogue, children reunited with their families in emergency responses and increased confidence in children to make safe choices and avoid risky behaviours. Early in 2017, World Vision will launch a

new global campaign to end violence against children.

This endeavour necessitates further effort to ensure the capacity to measure sensitive child-protection indicators accurately, with serious consideration for the ethical concerns and risks.

In Nepal, child marriage in one district dropped from 23 per cent in 2013 to 1 per cent in 2015. The programme worked with local government, schools and faith leaders to achieve this remarkable reduction in a harmful traditional practice. The results parallel similar findings in two other districts in Nepal that showed a 60 to 80 per cent reduction in child marriage risk over the past three years. ●

Increase in children protected from infection and disease (AGES 0–5)

CHILD WELL-BEING



HEALTHY development in children under 5, and particularly in the first 1,000 days of life from early gestation through to their second birthday, is fundamentally important for their well-being. In 2015, an estimated 5.9 million children died before their fifth birthday,¹⁴ due largely to preventable causes. World Vision's global health strategy aims to protect young children from disease (Target 2) and ensure they have adequate, age-appropriate nutrition (see Target 3). Working with health partners from government and NGOs, World Vision programmes aim for skilled antenatal, neo-natal and post-natal care; safe delivery options; childhood vaccinations; home-based care for childhood illnesses; timely medical referrals; and access to safe water, sanitation and hygiene (WASH) facilities.

COMMON PROGRAMME APPROACHES

World Vision's holistic health strategy centres around the following evidence-based approaches:

- **Timed and targeted counselling (ttC)** mobilises community health workers (CHWs) to encourage mothers towards household-level behaviour change and prompt use of local health services, focusing on the period from early pregnancy to a child's second birthday,
- **Community health committees (COMM)** equip community members to address health-related barriers in the community, endorse key behaviour-change messages and support the work of CHWs.
- **Citizen Voice and Action (CVA)** uses local-level advocacy to monitor whether governments are

delivering on policies and intentions to provide equitable access to essential health and WASH services.

- **Community-based prevention of mother-to-child HIV transmission (c-PMTCT)** uses community sensitisation and individual follow-up to promote HIV testing for pregnant women, coupled with care and support of HIV-infected and -affected members of the community.
- **Channels of Hope (CoH)** prepares faith leaders to address faith-related barriers to healthy practices and promotes positive health messages.
- **Water, sanitation and hygiene (WASH)** approaches are used to improve water sources and enhance sanitation and hygiene infrastructure, mobilise communities and change behaviour using methods such as Community Led Total Sanitation (CLTS).

The UN **Every Woman Every Child (EWEC)** campaign is an unprecedented global movement that mobilises and intensifies international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women and children around the world. World Vision exceeded its US\$1.5 billion financial commitment for 2011–15 by US\$700 million and has made a new EWEC commitment of US\$3 billion by 2020.

MEASURES

This target is measured by tracking improvements in five critical areas of child health, which together could prevent one-third of deaths of children under 5.¹⁵ These

¹⁴ <http://www.who.int/mediacentre/factsheets/fs178/en/>.

¹⁵ Ibid.

TARGET 2

INCREASE IN CHILDREN PROTECTED FROM INFECTION AND DISEASE (AGES 0-5)

FACTS ABOUT CHILD HEALTH

5.9 MILLION CHILDREN

under age 5 died in 2015

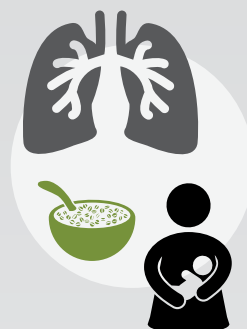
R.I.P

nearly **16,000** every day

despite remarkable declines in under 5 mortality since 2000

83% OF DEATHS

in children under age 5 are caused by infectious, neonatal or nutritional conditions¹⁶



WORLD VISION'S RESPONSE

US\$225 MILLION invested in health and HIV and a further **US\$109** MILLION in WASH¹⁷

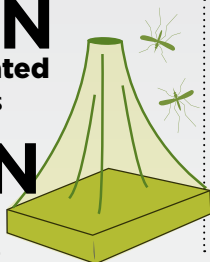
8,124

health, HIV and WASH projects



3.95 MILLION long-lasting insecticide-treated nets distributed with partners

14.4 MILLION children protected from malaria by sleeping under a net



2.37 MILLION PEOPLE

with access to clean water from an improved water source



OUR APPROACHES



training and support for community health workers, local-level advocacy, care and support for orphans and vulnerable children, equipping faith leaders, access to clean water, access to sanitation, healthy hygiene behaviours

TARGET 2 RELATES TO SDGS:

3 – Good Health and Well-Being • **6** – Clean Water and Sanitation

¹⁶ http://www.who.int/gho/child_health/en/; http://www.childmortality.org/files_v20/download/IGME%20Report%202015_9_3%20LR%20Web.pdf.

¹⁷ Cash expenditure only. An additional overall investment during FY15 in the form of Gifts in Kind was 120 million USD.

measures align well with **SDG 3**, ‘Good Health’, and **SDG 6**, ‘Clean Water and Sanitation.’

- **vaccination coverage**
- **diarrhoea management**
- **care-seeking for acute respiratory infection (ARI)**
- **use of long-lasting, insecticide-treated nets (LLIN)**
- **HIV counselling and testing (HCT) services for pregnant women.**

Two additional WASH-related measures are also included in this target. **Household access to (1) an improved drinking water source** and **(2) improved sanitation facilities** are both recognised as key to preventing diarrhoea, one of the top five causes of death in children under 5 and are strongly related to children’s nutritional status.

RESULTS

Overall, 39 country offices reported on the five prioritised measures for this child well-being target; 33 offices reported WASH-related information. In FY15, offices reported an encouraging positive trend across several of the measures prioritised for this target, as shown in Figures 5 and 6.

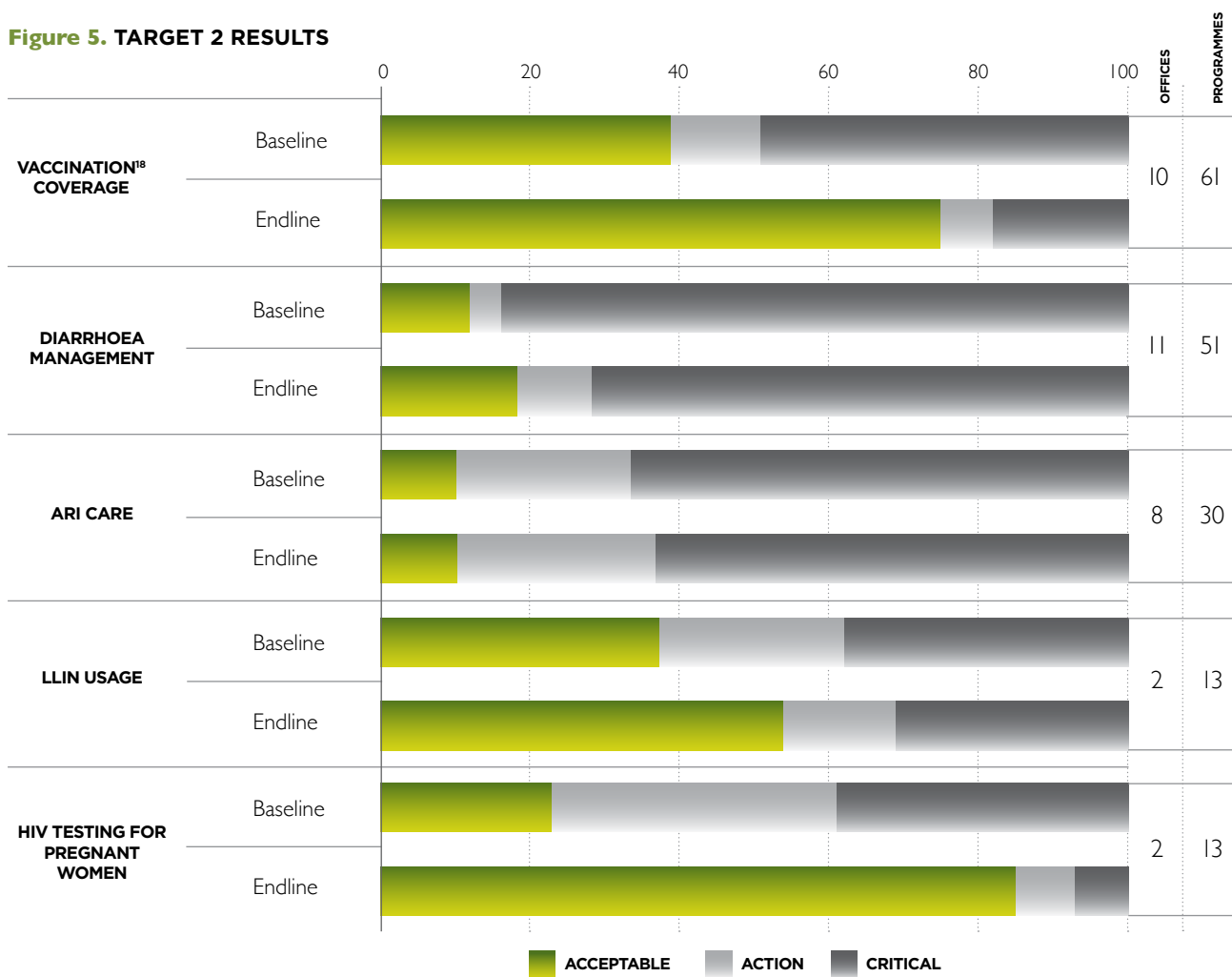
Measure: Vaccination coverage

Figure 5 shows strong results for vaccination coverage. The proportion of programmes in the acceptable range rose from 39 per cent across all programmes at baseline to 75 per cent at endline, with a corresponding shift out of the critical range (49 per cent to 18 per cent of all programmes). These changes are likely to result from a variety of influences including but not limited to World Vision’s inputs. Vaccination is a government accountability. World Vision’s contribution is usually to increase demand through support to public health campaigns or to CHWs encouraging mothers to follow child immunisation schedules; however, CVA has also been shown to increase supply by revealing and acting on supply chain blockage, poor clinic services or other factors affecting the availability of vaccines.

Measure: Diarrhoea management

Diarrhoea management is measured through the proportion of caregivers using oral rehydration salts as a response to diarrhoea in their children. Though there are modest improvements, with the number of programmes in the critical range falling from 84 per cent to 73 per cent, these results remain alarmingly high. To place these

Figure 5. TARGET 2 RESULTS



¹⁸ For vaccination coverage, acceptable thresholds were >80 per cent, thresholds requiring action were 75–80 per cent and those requiring critical action were <75 per cent. For diarrhoea management, ARI care and LLIN usage, acceptable thresholds were >70 per cent, thresholds requiring action were 60–70 per cent and those requiring critical action were <60 per cent. For HIV Testing for pregnant women, acceptable thresholds were >90 per cent, thresholds requiring action were 70–90 per cent, and those requiring critical action were <70 per cent.

results in perspective, it is worth noting that progress against the indicator is usually achieved through household-level behaviour change. This has dependencies on CHW training that can take some time to see results.

In **Nepal**, World Vision reported on a programme working with mothers on nutrition and childcare for children under 2. Comparison data over three years of programming showed not only that the proportion of children being treated with oral rehydration salts had doubled (from 37.2 per cent to 74.5 per cent) but also that the prevalence of diarrhoea in children (in the four weeks prior to the survey) had decreased from 15.6 per cent to 10.4 per cent.

Measure: Care seeking for acute respiratory Infection (ARI)

Comparative change data shows that overall the proportion of caregivers who seek medical care for ARI has remained largely unaltered over time. There has been a slight decrease in the proportion of programmes falling into the 'critical' area, from 67 per cent to 63 per cent, but a high proportion of programmes remained at the 'critical' coverage level. The proportion of programmes in the acceptable range was unchanged. The lack of change is cause for concern and indicates a need for population-wide approaches, including linkages with local primary health care systems, in order to reach caregivers outside our programmes with greater speed.

Measure: Use of long-lasting, insecticide-treated nets (LLINs)

Reporting on this measure was limited, but in the case of both country offices, countries showed an overall positive trend, linked to World Vision's implementation of the ttC model in Tanzania and to the use of village health volunteers and Mother's Club approaches in Pacific and Timor-Leste.

With support of the Global Fund, World Vision has distributed 8,823,731 LLINs over the past three years.

Measure: HIV counselling and testing (HCT) services for pregnant women

Two country offices provide change data for this measure: Tanzania and Swaziland. They demonstrate a strong swing of 54 percentage points away from 'action' or 'critical' into 'acceptable'. Offices have most commonly achieved

these results through the c-PMTCT approach, as well as support to government maternal child health/antenatal care programmes.

WASH

Although water, sanitation and hygiene (WASH) has been a part of World Vision's work for more than 50 years, in 2010 the organisation made a strategic decision to scale up WASH programming and is now operating in 19 priority countries.¹⁹ Since that time, more than eight million children and adults have benefited from WASH interventions, with significant scale-up in the past three years (Figure 6). Data on change over time was limited to a few programmes representing a small subset of the global WASH portfolio but gives us insight into the potential impact of WASH programming.

World Vision has helped communities build or rehabilitate 21,224 water points since 2013

Table 1. WASH PROGRESS

WASH progress	2013	2014	2015
New or rehabilitated water points	4,017	8,162	9,045
Sanitation facilities built	85,456	149,569	219,921
Hand-washing facilities built	43,683	42,075	53,276
WASH committees formed	2,354	3,528	3,910
Global water beneficiaries	1,345,913	2,713,370	2,372,931
Global sanitation beneficiaries	1,596,741	2,037,935	2,416,803
Global hygiene beneficiaries	1,639,706	2,350,493	2,868,836

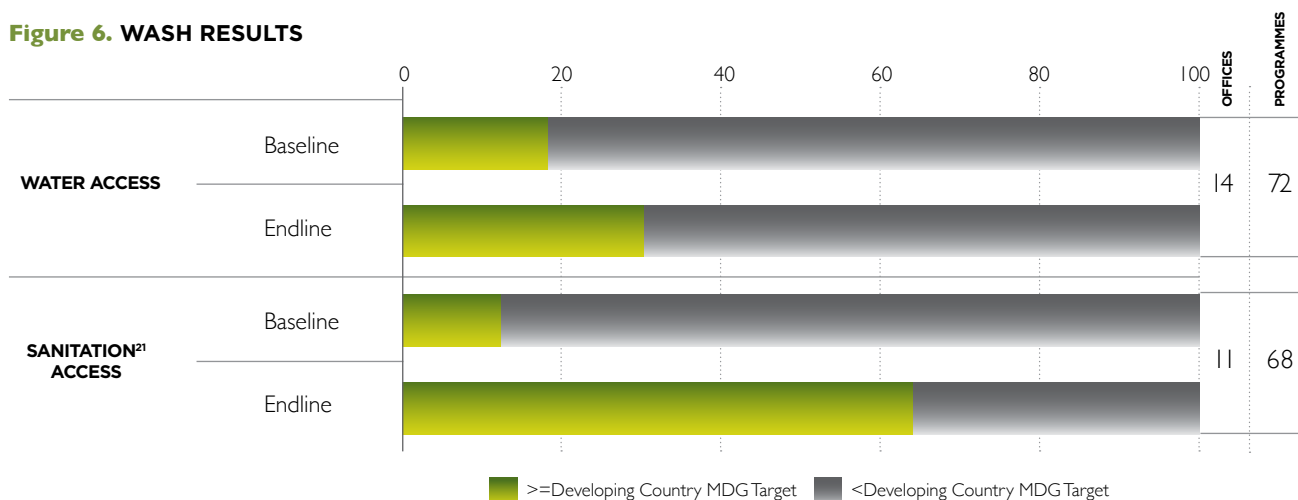
Measure: Household access to an improved drinking water source.

Although water access is still a concern for many programmes, the overall improvement of 21 percentage points more than triples the locations where more than 85 per cent of children can access clean drinking water – the MDG target for this indicator.²⁰

Rigorous testing on this measure across eight programmes in Bangladesh reveals an average increase in excess of

¹⁹ Burundi, Somalia, South Sudan, Sudan, Tanzania, Chad, Mauritania, Senegal, Sierra Leone, Angola, DRC, Lesotho, South Africa, Swaziland, Zimbabwe, Bolivia, Haiti, Mexico and Nicaragua.

²⁰ The MDG target for access to improved drinking water for developing countries (85%) has been used rather than the Global MDG target (88%).

Figure 6. WASH RESULTS

16 percentage points, linked to tube well installation and community mobilisation.

Measure: Household access to improved sanitation facilities

Of the 72 programmes able to report change, the proportion that could demonstrate results consistent with the MDG target rose from 12 per cent at baseline to 54 per cent at endline. While a large number of programmes are still falling short – a pattern consistent with the global MDG landscape by the end of 2015²² – this progress shows the potential for further improvements for children. Some offices attributed their results to scale-up of new approaches like the Sanitation Advocacy Model²³ in Sri Lanka and follow-up activities post-CLTS in Vietnam.

STRENGTHENING THE SUSTAINABILITY OF HEALTH OUTCOMES THROUGH ADVOCACY

Local and national advocacy has become a key component of World Vision's strategy to sustain, enhance and multiply programming outcomes and to resolve conclusively the root causes of vulnerability for children. Since the Partnership began to centrally record advocacy results through the Partnership Strategic Measures in 2012, offices have registered nearly 600 changes to policy or improved implementation of policy to which World Vision's advocacy contributed.

In the sectors of health, nutrition and WASH, World Vision's global Child Health Now campaign has coordinated and connected efforts to reduce preventable deaths of mothers and young children through mobilisation and policy action. Over the campaign's lifetime, policy improvements have addressed child survival issues for at

least 427 million of the world's most vulnerable children. The 2015 evaluation of Child Health Now found that an additional legacy of the campaign was the strengthened capacity, will and presence of World Vision in advocacy over the past five years at all levels from local to global.

Locally, Citizen Voice and Action (CVA), an evidence-based²⁴ social accountability approach, has helped communities to engage in constructive dialogue with local service providers to resolve accountability issues. It has proven to be extremely effective in improving the quality of frontline health services. In 2014, CVA leveraged and strengthened the sustainability of health outcomes at the local level in 200 World Vision programmes across 35 countries; in 2015, 240 programmes were using CVA. Increased local government accountability and strengthened health systems mean that positive health outcomes for children and families in both policy and programmes are more likely to be sustained.

In Bangladesh, 290,000 children now have access to higher-quality local health services in the 26 programmes where social accountability actions, including CVA, are included in the health strategy.

In DRC, communities have used CVA and other social accountability actions to establish a birth registration centre in Menkao and to increase the number of qualified health personnel at local health facilities in Kisunka.

In Guatemala, Child Health Now joined legislative committees contributing policy advice and advocacy to Congress, resulting in amendments to the Law of Food and Nutrition Security Systems and several other laws.

²¹ For sanitation access, the graph measures those offices and programmes that meet or exceed the Developing Country MDG Target of ≥ 71 per cent or those that fall short of it, at less than 71 per cent. For water access, the graph measures those offices and programmes that meet or exceed the Developing Country MDG Target of ≥ 85 per cent or those that do not meet it, at < 85 per cent.

²² The global MDG target for sanitation was missed by almost 700 million people, with the vast majority of people in Southern Asia or sub-Saharan Africa still without access. (UNICEF & WHO, Progress on Drinking Water and Sanitation, 2015).

²³ The Sanitation Advocacy Model mobilises community members to create demand for improved sanitation facilities in collaboration with local stakeholders and government, resulting in improvement of sanitation facilities at the household level.

²⁴ Research demonstrating CVA effectiveness includes <http://documents.worldbank.org/curated/en/2014/08/20144947/information-power-experimental-evidence-long-run-impact-community-based-monitoring>; <http://www.iig.ox.ac.uk/output/reports/pdfs/iig-D10-UgandaPrimarySchoolsImpactReportFinal.pdf>.

Increase in children who are well nourished (AGES 0–5)

CHILD WELL-BEING



UNDERNUTRITION is caused by inadequate quality and/or quantity of foods, rooted in issues of food insecurity, cultural beliefs, poverty, poor health, water and sanitation. It remains a fundamental obstacle to children's survival and well-being. It increases a child's risk of dying in the first few years of life and is estimated to contribute to 45 per cent of all deaths of children under 5, or 2.65 million children. Undernutrition is a factor in increased frequency, severity and duration of infectious disease (e.g. diarrhoeal diseases, respiratory infections and malaria). For children who survive, childhood stunting (an indicator of chronic undernutrition) has adverse consequences on education, income and productivity (according to the WHO, between 2 per cent and 11 per cent losses in GDP each year)²⁵ as well as resulting in higher levels of obesity and associated diseases as an adult.

COMMON PROGRAMME APPROACHES

World Vision's health and nutrition programming uses evidenced-based interventions delivered through proven nutrition-specific approaches to address undernutrition, such as

- promoting breastfeeding and improving infant and young child feeding (IYCF)
- timed and targeted counselling (ttC) – see also p. 11
- nutrition clubs (NC)
- positive deviance hearth (PD/Hearth)²⁶
- Community-based management of acute malnutrition (CMAM)²⁷
- integrated management of childhood illness (IMCI).

Nutrition-sensitive interventions include programmes that address the underlying causes of malnutrition, such as agriculture, food security, water and sanitation, resilience and livelihood. These form key components of World Vision's integrated programmes, leading to an increase in children who are well nourished. Cross-sector project models addressing nutrition-sensitive issues include

- community led total sanitation (CLTS) and participatory hygiene and sanitation transformation, which aim to improve sanitation and hygiene.
- diversifying diet through home gardens, crop diversification and savings groups to generate income.
- food programming: In communities facing disasters and other severe food insecurity conditions, World Vision implements food-assistance programming that targets the most vulnerable adults and children.

Nutrition for Growth (N4G) is a global compact that aims to make good nutrition a top political and economic priority in order to accelerate progress toward achieving the World Health Assembly nutrition targets by 2025. In 2015, World Vision pledged to spend approximately US\$1.2 billion over eight years toward achieving this goal.

From March to December 2015, a total of US\$106.2 million was spent, exceeding the US\$99 million target for that period – US\$41.9 million for nutrition-specific interventions and US\$64.3 million for nutrition-sensitive interventions. World Vision is on course to meet its overall commitments.

²⁵ de Onis, M., Dewey, K.G., Borghi, E., et al. (2013), 'The World Health Organisation's Global Target for Reducing Childhood Stunting by 2025: Rational and Proposed Actions,' *Matern. Child Nutr.* (18 September 2013): 9 Supplement 2:6–26.

²⁶ An internationally proven community-based approach for rehabilitating moderately underweight children. Despite limited resources, some caregivers find ways to raise well-nourished children; these are referred to as positive deviants.

²⁷ An internationally recognised approach used to rehabilitate severe acutely malnourished children without complication, at home, using ready-to-use therapeutic foods; children with medical complications receive stabilisation care through health centres. A complete CMAM programme also includes supplementary feeding and community mobilisation.

TARGET 3

**INCREASE IN CHILDREN WHO ARE WELL NOURISHED
(AGES 0-5)**

FACTS ABOUT HUNGER

 **159** 
MILLION CHILDREN
under 5 **are stunted**

 **50**
MILLION CHILDREN
under 5 **are acutely malnourished**

WORLD VISION'S RESPONSE

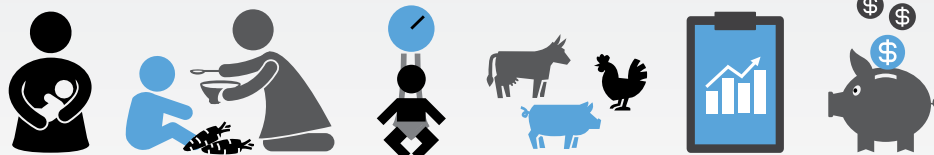
 **160,342** 
ACUTELY
MALNOURISHED
children under 5 were rehabilitated in
World Vision programmes

US\$50
MILLION INVESTED
 in **community-based
nutrition
programming**²⁸ 

 **85%**
of World Vision field offices
focus on child nutrition

US\$235.6 
MILLION INVESTED
in **all resilience and
livelihood programming**²⁹ for 2015

OUR APPROACHES



improved breastfeeding practices; improved nutrition behaviours through individual counselling and group sessions; growth monitoring and promotion; community management of severe acute malnutrition; more secure access to food quantity, quality and diversity for household; improved crop and animal production; access to savings and loans

**TARGET 3 RELATES TO SDG:
2 – Zero Hunger**

²⁸Cash expenditure only. An additional overall investment during FY15 in the form of gifts in kind was US\$120 million.
²⁹agriculture and food security, economic development, disaster mitigation, and natural environment and climate issues.

MEASURES

To ensure that child undernutrition is placed in the context of related health and food security issues, World Vision uses three main anthropometric indicators to measure child undernutrition, plus two additional indicators to measure nutrition opportunities for children. These measures align appropriately with **SDG 2: 'No Hunger.'**

- **stunting:** low length/height for age; a measure of chronic malnutrition
- **wasting:** low weight for height; an indicator of acute malnutrition representing rapid weight loss or a failure to gain weight, most often caused by insufficient food intake or disease.
- **underweight:** low weight for age; a composite indicator for both long-term (stunting) and short-term (wasting) measures of growth deficits.
- **CMAM cure rate:** admitted children who reach discharge criteria; a measure of the effectiveness of severe acute malnutrition treatment programmes.
- **household diet diversity:** reflects changes in household food consumption and caloric availability, both measures of household food access, a component of food security.

RESULTS

Measure: stunting

Aggregated results of comparison baseline/endline data in Figure 7 show very limited change; the proportion of programmes in the critical level remained at 62 per cent, with a marginal decrease of 0.5 percentage points on average. This will not be enough to meet the WHO target of a 40 per cent reduction in global stunting rates by 2025. However, 43 of the 63 programmes reported impact in stunting rates, with 13 declining by three percentage points or more, including four in Guatemala and two in both Peru and Burundi.

In **Vietnam**, World Vision supports 895 nutrition clubs in 37 area programmes. Nutrition club is a multi-sectoral approach to address stunting in children, including contextual combinations of health, nutrition, early childhood development (ECD), WASH, food security and livelihood interventions, as well as the nutrition model PD/Hearth. From 2014 to 2015, the rate of reduction in stunting measured across 34 of the 37 area programmes was 1.9 percentage points on average. Vietnam's nutrition clubs are sustainable because they call on existing community structures, partnership with government ministries and community savings groups for administrative costs.

Measure: underweight

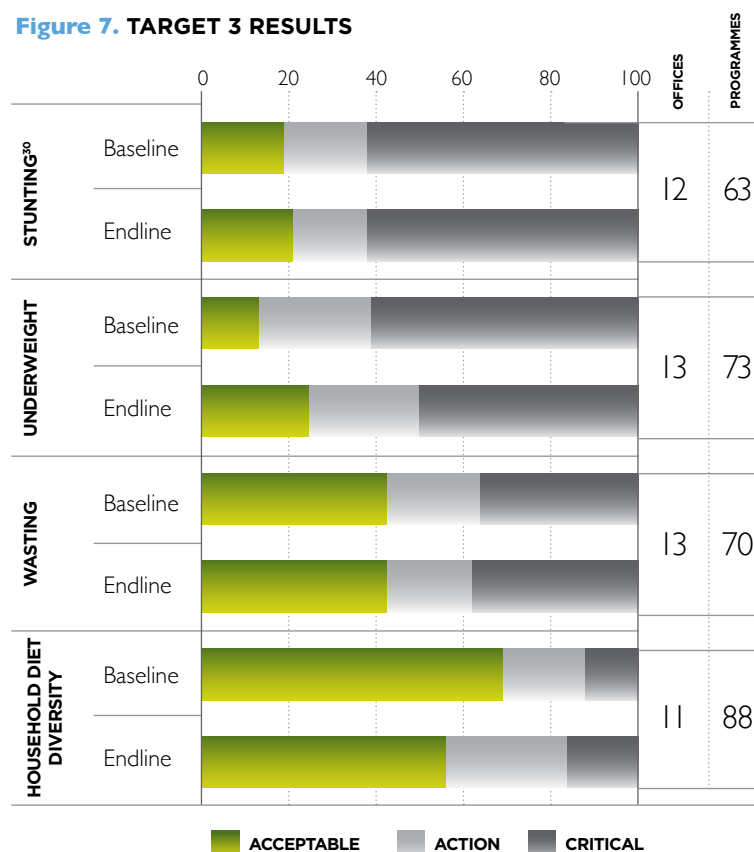
Despite the fact that levels of underweight remain elevated globally, there is progress where World Vision programmes are implementing evidence-based approaches. The number of programmes in the critical category decreased from 61.6 per cent to 50.7 per cent. Importantly, there is an increase in the number of programmes in the acceptable category (13.7 per cent compared to 24.7 per cent). Reductions in underweight were linked mainly to three programmatic models: PD/Hearth, IYCF, and ttC.

In **Tanzania**, World Vision achieved notable progress in reducing underweight in programmes that implemented both nutrition-sensitive agriculture approaches and nutrition-specific IYCF. On average, the prevalence of underweight significantly decreased in 11 programmes over a five-year period from a baseline of 17.5 per cent to 13.6 per cent in FY15 – a reduction of nearly 4 percentage points.

Measure: wasting

In total, 13 country offices, representing 70 programmes, reported comparative data on the change in wasting. As an indicator, wasting is difficult to interpret due to the 'rapid onset' or seasonal nature of wasting; while measures should be taken at the same time of the year in order to be comparable, often they are not. With this caveat, the reports show no increase in the proportion

Figure 7. TARGET 3 RESULTS



³⁰For stunting, acceptable thresholds were < 20 per cent, those that required action ranged from 20–29 per cent, and those that were critical were ≥ 30 per cent. For underweight, those thresholds that were acceptable were < 10 per cent, those that required action ranged from 10–19 per cent, and those that were critical were ≥ 20 per cent. For wasting, acceptable thresholds were < 5 per cent, those that required action ranged from 5–9 per cent, and those that were critical were ≥ 10 per cent. For household diet diversity, acceptable thresholds were > 80 per cent, those that required action ranged from 60–80 per cent, and those that were critical were < 60 per cent.

of programmes in the 'acceptable' threshold, but a slight increase in the percentage of programmes with 'critical' levels of wasting. Individual programmes saw mixed results. In South Sudan, an increasing prevalence of wasting was reported across three programmes, reflecting the growing severity of the humanitarian crisis there and prompting urgent action to provide access to treatment and save lives. In contrast, during a three-year period, five Indonesian programmes reported reductions in wasting prevalence ranging from 2 to 9 percentage points. All of these programmes moved up the scale from 'critical' to 'action'. These five were part of an integrated programme to improve IYCF practices and household dietary diversity, which included growth monitoring, nutrition promotion and PD/Hearth.

Measure: CMAM cure rate

Pooled monitoring results from 12 offices, all of which face crisis levels of malnutrition nationally,³¹ provide a global picture of the number of children being treated through World Vision's CMAM programmes and the outcomes of this treatment. In 2015, a total of 54,924 children were admitted for treatment for severe acute malnutrition; 53,715 received outpatient therapeutic care; and 1,209 received inpatient care for severe acute malnutrition with medical complications at stabilisation centres. A total of 31,212 children (91 per cent) recovered fully. In addition, 105,418 moderate acutely malnourished children and 61,050 pregnant and breastfeeding women received care through supplementary food programmes in seven countries. Recovery rates for children suffering acute malnutrition exceed Sphere standards for all key indicators. Table 2 shows that, over the past three years, 553,425 children have been treated through World Vision CMAM programmes. CMAM programmes have maintained high recovery rates, indicating consistent effectiveness. Reports suggest that success factors include high-calibre capacity building and support from World Vision technical staff and effective, accurate monitoring through a shared online database for CMAM priority offices.

Table 2. WORLD VISION CMAM PROGRAMME PERFORMANCE

Outcome	World Vision CMAM success rate			SPHERE standard
	FY13	FY14	FY15	
Cured	92.1%	90%	91%	≥75%
Death rates	0.8%	0.4%	0.5%	≤10%
Default rates	5.9%	5.4%	5.9%	≤15%
# Children treated	211,628	181,455	160,342	TOTAL: 553,425

Over the past three years, 553,425 children have been treated through World Vision CMAM programmes.

Measure: Household diet diversity

Comparative data on household diet diversity in 2015 came from 88 programmes in 11 country offices. The results are mixed. Of the 88 programmes, 58 showed improvement over time, 25 declined and six showed no change. When data are aggregated for all the 88 programmes there is a trend towards improvement, with an increase in the proportion of programs with acceptable levels of dietary diversity and a decrease in the proportion with critical levels. Burundi, Sri Lanka and Malawi, together representing 32 programmes, reported consistently positive results in all but a few programmes, but Mali and Uganda saw diet diversity measures fall in the majority of cases, a result that merits further investigation and attention.

The outcome of diet diversity is attained through a number of multi-sector approaches often linked to livelihoods and food security, but also to household decisions, markets and local availability of diverse foodstuffs. Thus, diet diversity results are vulnerable to external changes such as drought or other natural disaster, conflict, reduced trade or bottlenecks of supply.

Cross-sector support to improve nutrition

The 2015 results highlight three associated sectors which contribute significantly to diet diversity and therefore to nutrition outcomes for children.

- **Resilience and Livelihood programming:** Poverty, lack of investment in agriculture, unstable markets, climate change and weather crises all contribute to the reality that 795 million people globally do not have enough food to lead a healthy active life.³² World Vision's resilience and livelihood programming aims to improve families' access to assistance, income, savings and loans so that children's food, medical, education and other basic needs can be covered. In 2015, 52 country offices reported a strategic objective or activities contributing to resilience and livelihoods for communities suffering seasonal or permanent food insecurity. An estimated 821 programmes implemented household resilience and livelihood approaches encompassing economic development, agriculture, natural-resources management and disaster risk reduction, reaching over 12 million people, including four million boys and girls

³¹ Afghanistan, Chad, DRC, Ethiopia, Kenya, Niger, Sudan, South Sudan, Somalia, Central African Republic, Mali and Mauritania.

³² http://www.wfp.org/hunger/stats?gclid=CL792_K4mM0CFQF_vQod4CcAUQ.

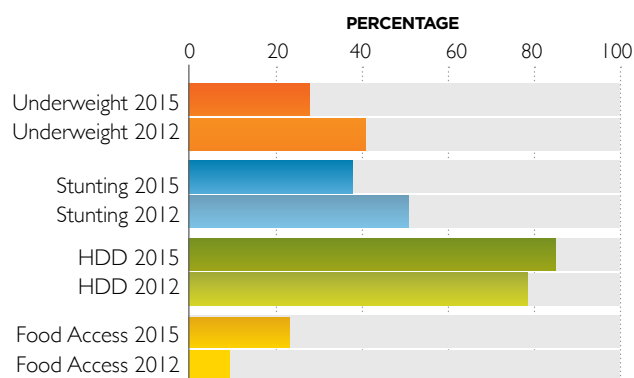
and approximately one million of the world's most vulnerable children.

- **Food assistance supporting resilient livelihoods³³:** Using food rations and cash delivery approaches, World Vision Food Assistance Programme operated in 33 countries in 2015 and reached 8.8 million people; approximately 4.8 million were children, and 1.7 million were children under 5. Pregnant and lactating women also received food rations to support nutritional intake for mother and child. World Vision's cash programming is on the increase, with 30 per cent of global food assistance delivered as cash in 2015.
- **VisionFund³⁴:** VisionFund plays an integral role in World Vision's livelihoods programming as a community bank enabling small businesses to start and grow. In 2015, VisionFund made loans totalling US\$772 million to 1.1 million clients, including over 800,000 women. While 54 per cent of clients were part of World Vision programmes, VisionFund also lends to the broader community. Funding of business and community ventures has benefited an estimated 3.9 million children in 30 countries. Clients report that the top three benefits of strengthened livelihoods through VisionFund loans have been more food for the household, affordable schooling for their children and the provision of clothes, especially shoes, as their children grow.

An integrated approach to reducing malnutrition in Burundi

At 58 per cent, the rate of stunting in **Burundi** is among the world's highest. Poor feeding practices for children due to lack of caregiver knowledge and lack of access to adequate nutritious food are the primary causes. In Mushikamo, Burundi, World Vision integrated nutrition and food security approaches including Chickens for Economic Development and improved access to productive farmland. Substantial improvements in children's nutrition status were achieved within just three years. (See Figure 8.) In a 2015 evaluation of the programme, communities cited increased crop production, increased household revenue and improvements in children's health as the major outcomes of the programme.

Figure 8. MUSHIKAMO PROGRAMME - BURUNDI



³³For the full report, see <http://www.wvi.org/food-assistance/publication/accountability-affected-populations-hunger-free-world>.

³⁴VisionFund is World Vision's microfinance subsidiary. For more information about VisionFund, see 'The 2015 Social Performance Annual Report' at vflink.it/15-SPR.

Increase in children who can read (BY AGE 11)

CHILD WELL-BEING



DESPITE the recent global education agenda for learning outcomes and equity, the statistics on literacy rates are still alarming. Four years ago, World Vision made the decision to shift programmes from school infrastructure and supplies towards support to quality education and literacy outcomes. This aligns with the SDG 4 focus: *‘Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.’* Increasingly, country offices are adopting and implementing evidence-based literacy interventions, with the potential to yield major learning outcomes in the near future.

COMMON PROGRAMME APPROACHES

World Vision programmes increase access to education, school retention and vocational skills. In addition, World Vision advocates for the take-up of evidence-based approaches such as **Learning Roots** and Save the Children’s **Literacy Boost** to improve the quality of education and increase learning outcomes.

- **Learning Roots** is an early childhood development (ECD) programming approach helping children (3–6 years) form cognitive and relational skills to succeed in school. It targets children, teachers and the communities. A total of 27 country offices reported doing work in ECD.
- The **Literacy Boost** approach promotes reading skills for children in primary school by developing other core skills in preparation for the challenge of literacy.

Fourteen countries are using the recommended evidence-based Literacy Boost approach, with 10 of these reporting promising improvements in learning outcomes. An additional 39 countries are using other local approaches to address quality of education across a child’s learning cycle.

MEASURES

The desired outcome for Target 4 is to improve children’s ability to read with comprehension. Offices measure this with a simple test for children nearing completion of primary education. While the majority of offices use the Functional Literacy Assessment Tool (FLAT) a small percentage use other tools such as Early Grade Reading Assessment (EGRA), Literacy Boost, or one designed by their respective Ministry of Education.

RESULTS

Acknowledging limitations and assumptions that come with meta-analysis, the country reports contain crucial data that contribute to the overall picture of World Vision’s work in education development. They illustrate a greater focus on programming contributing to quality education, as well as increased effort to measure learning outcomes, compared to previous years

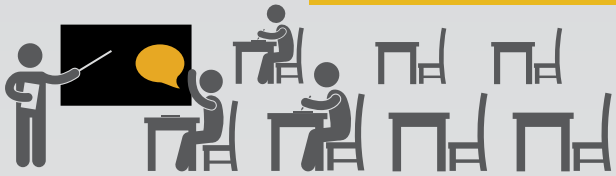
Of the **60** country offices that reported on child well-being, **59** have prioritised quality education in their strategy. About **8,983,197** child beneficiaries³⁵ were reached directly by 1,243 education-focused programmes. **Forty-seven** countries measured and reported on outcome-level data for child well-being Target 4, compared to 36 in 2014 and 28 in 2013.

³⁵ Some of these children may have been reached through interventions in other sectors too, such as Child Protection, hence there is a possibility of double counting.

TARGET 4

INCREASE IN CHILDREN WHO CAN READ (BY AGE 11)

FACTS ABOUT READING



61 AND **60**
MILLION CHILDREN ADOLESCENTS
are out of school

AT LEAST

250
MILLION

primary-school-aged children,
more than 50% of whom have spent at least
four years in school, cannot read,
write or count well enough
to meet minimum learning standards³⁶

WORLD VISION'S RESPONSE



91,802
TEACHERS
trained across 31 countries



949,017
CHILDREN
attend reading clubs in 11 countries

1,243³⁷
PROJECTS

are focused on education and life skills,
of these 580 measure reading outcomes

Education programmes are reaching
8,983,197
CHILDREN
in 55 countries

OUR APPROACHES



learning materials, teacher training, peer support, community engagement and participation,
education in emergencies, access to school

TARGET 4 RELATES TO SDG:
4 – Quality Education

³⁶ Education For All Global Monitoring Report 2015.

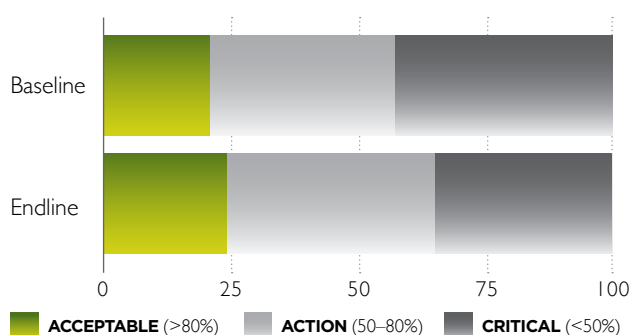
³⁷ Number of programmes with EDLS, not necessarily with reading improvement programmes. Includes those doing any form of education and life skills programming at school level.

Measure: reading with comprehension

In 2015, 24 country offices, representing 276 programmes, measured and reported change over time (Figure 9). The proportion of programmes falling into 'critical' has declined from 47 per cent to 35 per cent, a positive sign for better literacy outcomes. There is a slight positive shift of three percentage points in the proportion of 'acceptable' programmes.

The high proportion of programmes remaining in 'action' or 'critical' warrants urgent attention and demonstrates the need for World Vision to continue emphasising literacy programming to afford all children, especially the most vulnerable, equitable opportunities to learn and thrive.

Figure 9. READERS WITH COMPREHENSION: 276 PROGRAMMES FROM 24 COUNTRY OFFICES



Over the past three years, World Vision **Ethiopia** scaled up Literacy Boost to 1,000 schools, trained 45,181 teachers and established 2,400 reading camps supported by 9,410 youth volunteers. This helped a total of 901,081 children (448,929 girls and 452,152 boys). In May 2015, literacy assessments showed that 27.7 per cent of Literacy Boost students could read with comprehension, compared to only 11 per cent of children in schools where World Vision had not yet started programming. While this result remains in the 'critical' range, it also shows the need and potential for Literacy Boost in all schools where quality education is lacking.

Measure: early childhood development

Eight offices included outcome-level data on ECD milestones, and three reported on school readiness. *In Armenia*, World Vision implemented integrated nutrition, ECD and child protection projects focusing on positive

parenting alongside quality sustainable ECD services as well as nutrition. Using the Early Child Development Index tool in a survey of approximately 1,200 pre-school children showed that 59.5 per cent were meeting age-appropriate milestones. World Vision Armenia staff were able to identify background factors that contributed to these achievements, including the mother's level of education, socioeconomic status and the children's attendance at quality early-childhood-education programmes.

Education in Emergencies

Eight countries reported having Education in Emergencies and/or Child Friendly Space (CFS) programming with education components. *In South Sudan*, World Vision supported 21,945 children to access education, an increase of 89 per cent over previous years. In the host and internally displaced persons (IDP) communities of Darfur, Sudan, more than 90,000 children benefited from World Food Programme/World Vision's Food for Education programme, with the proportion of children enrolled and attending a structured learning environment increasing from 22 per cent in 2014 to 39 per cent in 2015. Fewer children (27 per cent) dropped out of school in host and IDP communities compared to FY14 (33 per cent) and FY13 (39 per cent), and vastly fewer than the South Darfur State Ministry of Education's dropout rate of 77 per cent. *In Somalia*, World Vision's education projects reached 7,034 children. Increased enrolment in 10 schools is attributed to World Vision interventions, which included new classrooms, sanitation facilities, learning and teaching materials and support for 50 teachers.

STRENGTHENING THE SUSTAINABILITY OF EDUCATION OUTCOMES

Local ownership of education programmes and outcomes was a strong theme, with 31 country offices reporting specific actions towards this goal and 11 offices giving examples of tangible results. Efforts to strengthen school management committees (SMCs) are resulting in better accountability and more effective management of school resources. Capacity building of local or district government education departments is resulting in improvements in the quality of education provision. Mobilising and sensitising parents on the importance of education is increasing parents' and community commitment to and investment in education.

In Ghana, World Vision measured community participation in education, as well as the performance of SMCs, as part of its annual outcome monitoring. The office noted improvements in 20 programmes, due in part to World Vision's capacity building.

Table 3. HIGHLIGHTS OF LITERACY BOOST PROGRESS IN ETHIOPIA SINCE 2013

Year	Programmes	Reading Camps	Reading camp children	Youth Volunteers	Parental participants	Trained teachers	Book copies
2013	2	91	8,350	174	2,803	200	17,470
2014	38	895	136,500	3,580	20,000	287	404,251
2015	57	1,419	756,231	5,656	50,666	44,694	608,606

Faith and Development

WORLD VISION'S Christian faith is central to its work in child-focused transformational community development. A growing body of external evidence points towards the effective, unique and wide-reaching contribution that faith-based organisations (FBOs) make towards community development. FBOs are uniquely placed to address harmful cultural practices and beliefs through the practical application of their particular beliefs and their critical role in providing outreach, resources and service delivery.³⁸

In 2015, close to two million children took part in 6,472 World Vision-sponsored clubs, camps and vacation Bible schools globally. The activities supported children's spiritual nurture and personal development in areas such as child protection, gender awareness, interfaith relations, health and education.

'My child was very shy before, but now with Kids Club it changed his life. It was he himself who pushed me to register him for school.'

– Mother of Kids Club participant, Senegal

Research shows that mobilising faith leaders is an effective way to promote positive values that are conducive to improving child well-being.³⁹ World Vision offices have integrated Christ-centred approaches such as Channels of Hope and Celebrating Families into their strategies and programme designs. In 2015, 24 offices reported using Channels of Hope, and 19 used Celebrating Families. Both approaches address deeply entrenched cultural beliefs and practices in families and communities that negatively affect the well-being of children.

In 2015, 11,699 people participated in Channels of Hope trainings across 24 country offices in all seven regions.

'In the beginning I used to just sit and eat; my wife had to cook and fetch firewood even if she was not well. After the trainings on gender, we could see men helping their wives get firewood.'

– CoH for Gender participant, Umzimkhulu Programme, South Africa

World Vision joined with diverse groups and faith leaders from different religions to discuss and identify shared solutions to child well-being issues. For example,

- In **Sierra Leone**, as part of the Ebola response, 460 Christian and Muslim faith leaders were trained in Channels of Hope and used it to raise awareness in communities regarding safe and dignified burials. Their collective efforts, together with training response teams and providing essential personal protective gear for front-line workers, helped prevent the transmission of the Ebola virus. While World Vision programme areas were less affected, none of the 57,174 children registered under World Vision's sponsorship programme contracted Ebola.
- In the **Solomon Islands** and **South Africa**, the use of Channels of Hope for Gender led to a reduction of traditions fuelling gender-based violence. An evaluation conducted by the Australian National University published in October 2015 revealed an increase by 13 per cent in men who believe a woman can accuse her husband of rape and a 17 per cent decrease in men who believe that the Bible says the 'man is the boss'. The study also showed a 30 per cent increase in women believing they are entitled to make decisions.

³⁸ UNFPA (United Nations Population Fund)(2009), 'Guidelines for Engaging Faith-based Organisations as Agents of Change.' http://www.unfpa.org/culture/docs/fbo_engagement.pdf.

³⁹ Child Sponsorship Research (2005) 'Critical Insight into Faith-based Development: World Vision's Christian Identity and the Way It Informs Programming.'

Disaster Management

IN 2015 approximately eight million children benefited from World Vision's disaster management programming, helping to address the negative effects of disasters on their social, cognitive, emotional and physical development. These programmes contributed to child well-being before, during and after disasters.

BEFORE DISASTER STRIKES: PREPAREDNESS, RISK REDUCTION AND RESILIENCE

World Vision's offices reported high levels of pre-disaster programming, with 83 per cent describing efforts towards disaster preparedness and disaster risk reduction and 90 per cent reporting resilience activities. Globally, World Vision trained and mobilised more than 250,000 adults and 330,000 children on disaster risk reduction. Communities drafted or updated disaster plans in over 340 programmes, including 575 school disaster plans.

Investments in disaster risk reduction pay off. Offices provided evidence that the work done in this area helped to mitigate emerging threats, improved capacity and speed of response from communities and World Vision alike, built perceptions of safety among children and contributed to sustainable environmental and resilience improvements. For instance, in Somalia, communities' early warning data on food insecurity alerted donors to an evolving crisis, resulting in US\$500,000 funding for early action. Non-food item prepositioning and staff training enabled World Vision to respond within 48 hours to two rapid onset disasters in **Kenya**. Children in disaster risk reduction clubs in **Malawi** planted 55,000 trees in 2015 to aid reforestation efforts.

Resilience activities also demonstrated evidence of effectiveness. Country offices show that resilience activities

that link family food security, livelihoods and economics before disasters can increase capacity to recover from disasters and improve child nutrition (see also CMAM summary, p. 19). For instance, increased resilience in **Tanzania** was shown during two rapid-onset emergencies. On both occasions families did not require external assistance to respond and recover.

Recognising the current and impending effects of the El Niño phenomenon, more than half the reporting offices cited drought as an issue, and **Angola, Chad, El Salvador, Guatemala, Honduras, Lesotho, Mauritania, Mozambique, Senegal, Uganda, and Zimbabwe** all observed negative effects of drought on child nutrition and family livelihoods. Early efforts to mitigate the effects of the drought are illustrated in **Ethiopia's** response to over 310,000 people out of an expected 10 million affected people with food, livelihood, WASH, education, health and nutrition assistance.

DURING A DISASTER: EMERGENCY RESPONSE FOR CHILDREN

The year 2015 will be remembered for devastating disasters such as the protracted conflict in Syria, the Ebola epidemic in West Africa, Nepal's massive earthquake, and episodic violence and other crises in a number of fragile states, including South Sudan and Somalia. As well as responding to scale in these crises, World Vision supported relief and recovery for 61 lesser-publicised disasters. The **Syria**⁴⁰ response assisted more than 630,000 children in FY15 with diverse, country-specific programmes in education, health, WASH, child protection, food, cash and non-food items. In **Sierra Leone**, alongside work with faith leaders regarding safe and dignified burials, World Vision distributed 30,000 radios to support a teaching programme when schools were closed due to

⁴⁰ World Vision International (2015), '2015 Syria Crisis Response Report.' All results from the Syria response (Lebanon, Jordan, Syria, Iraq) were obtained from this report.

the Ebola epidemic and partnered with the World Food Programme to organise 19,550 volunteers to decontaminate 1,955 schools. WV **Nepal** reached over 200,000 people across 10 districts with emergency assistance and established 35 CFS and 21 women friendly spaces. In **Pakistan**, 2,502 girls and 1,905 boys attended 58 transitional learning centres. Children received learning kits and psychosocial support to overcome fears and trauma. During the flood response in **Bosnia-Herzegovina** (BiH), psychologists assessed children attending CFSs and found an improvement in their behaviour, school performance, creativity, concentration and communication skills. The evaluation results showed that CFSs were one of the most important factors to help children cope with the crisis. When the transitional learning centres were closed, 2,781 children (57 per cent girls) were mainstreamed into government schools. Safe drinking water was provided to 1,452 families affected by floods in **Afghanistan** through the rehabilitation of infrastructure and life-saving primary health services for 1,435 IDP children. Following a cyclone-induced flood, **Myanmar** provided much needed food assistance to community members, distributing blended food to 950 children under 2, take-home rations to 12,936 students and various food commodities to 619 pregnant and lactating mothers.

ASSISTING CHILDREN WITH LONGER-TERM RECOVERY EFFORTS

Once the immediate crisis is over, World Vision disaster management activities continue to support the well-being of children. In **BiH**, community members wanted the CFS activities to extend beyond the 2014 flood response. World Vision **BiH** shifted the focus from protecting children in emergencies to education and life skills, and it worked with communities on funding models.

FRAGILE STATES

World Vision works in eight out of the top 10 fragile states globally. In these states children are exposed to recurring disasters in addition to significant political and economic instability. Six of these offices completed child well-being reports in 2015, showing significant results for children in many components of their work, particularly livelihoods and education.

- In **Afghanistan**, World Vision assisted 198 women to become beekeepers. Of these women, many of whom had not worked before, 82 per cent were able to cover school costs with their increased household income and 92 per cent were able to cover child health costs. Also in **Afghanistan**, the Ladder of Life reporting tool indicated that the proportion of young people reporting that they were thriving tripled to 5.1 per cent after they completed vocational and life-skills training, though it should be noted that the starting point of just 1.9 per cent of survey participants reporting that they 'thrived' was tragically low.
- In **Somalia**, livelihood project participants consumed more diverse diets, had lower household debt and had higher average incomes than nonparticipants.
- Achievements and significant ongoing challenges remained for project participants in **Sudan** and **South Sudan**. In South Sudan, World Vision distributed over 21,000 tonnes of commodities to 281,038 people and supported 95,007 people through other food-security and livelihoods interventions. Despite this support, the food consumption measure worsened due to many factors, including protracted conflict and subsequent population movements, increased food prices, loss of livestock through looting and disease, limited humanitarian access, irregular food distributions and sharing of the food between IDPs and host communities. In Sudan, conflict from March 2015 disrupted most household livelihoods programmes, and the proportion of households showing increased income dropped in FY15 compared to FY14.

Reflections on Progress in Monitoring and Evaluation

THIS REPORT is made possible through three primary factors reflecting how World Vision currently works: first, the child well-being framework, which sets global targets and uses evidence and standardised tools for their measurement; second, the Evidence and Learning Unit and its analytical function in collating and aggregating data on a global scale; and third, and most important, country office leadership and desire to learn from results how best to reach the world's most vulnerable children. At the same time, aggregating data on a global scale is new to World Vision. Gaps in this report show that World Vision is still in early stages of the ambitious organisational goal to demonstrate significant global contribution towards child well-being.

Two current initiatives hold promise for more effective collection, management and analyses of data in the near future: national level programmes (LEAP 3)⁴¹ and a global online monitoring and evaluation project management system (Horizon). While waiting for desired benefits of LEAP 3 and Horizon to take effect, it is worth reflecting on current limitations, for two reasons: to improve the accuracy and scope of future analyses and reporting, and to find the best ways to use analysis results to enhance programme innovation and effectiveness, now and in the future.

MEASURING CHANGE OVER TIME

Measuring and analysing change over time, and specifically outcomes and impact, are the backbone for the learning that comes out of this report. It is never a straightforward formula because it involves several complex factors. One of these is comparability of sampling methodologies.

Only 31 out of the 60 country reports included a clear description of the sampling approach for the quantitative measures provided. Where the information was provided, the methods described were not always appropriate, suggesting a gap in understanding of certain research concepts.

For this reason, some reported results in each target have been excluded, which limits the scope of the analysis.

Related to this is the use of Lot Quality Assurance Sampling (LQAS). While the methodology has proven useful as a 'light touch' approach for annual outcome monitoring to identify low performing areas throughout implementation, there are differing opinions about its robustness to measure change over time, especially for evaluations, and to make conclusions and comparisons at the regional and global levels.

World Vision needs to come to a consensus regarding old and new research and evaluation approaches. There is also a need to better equip frontline monitoring and evaluation staff to develop and apply rigorous research methodologies in order to expand and improve global analysis of outcome measures.

FIDELITY OF IMPLEMENTATION

A key objective of developing and implementing evidence-based approaches is to capitalise on vast organisational experience and external research with a model that consistently yields expected results. However, this is guaranteed only when these approaches are implemented to their predefined minimum standards.

⁴¹Learning through evaluation with accountability and planning.

Given the global diversity of World Vision's operating landscape, adaptation of evidence-based approaches to the local context is sometimes required for practical reasons. Such adaptation needs to be carried out in a way that does not jeopardise the core functionality and effectiveness of the models. Critical components such as staffing levels, training protocols, participation numbers, and frequency and duration of activities have been widely tested and are known to be essential for success.

Organisational experience shows that failure to maintain an acceptable degree of adherence to the stipulated designs and implementation protocols have rendered proven approaches ineffective and in some cases returned negative results. There is need for quality-assurance mechanisms to ensure implementation fidelity⁴² on critical components. Without this, it will be difficult to explain why results vary across contexts.

REPORT QUALITY

As with last year, the majority (over 70 per cent) of national-level child well-being reports were validated by leadership as a summary report of the year's achievements. This suggests that national-level reporting is valued and taken seriously, with decision makers wanting to understand and transparently share their programming outcomes. However, many reports continue to lack a sufficient level of rigorous analysis, including statistical significance tests, disaggregation and triangulation with qualitative data. Reports often oversimplified the conclusions drawn from the evidence. As well as detracting from in-depth analysis at the global level, this has affected the usefulness of reports to improve programming nationally and locally. Building capacity in both basic and sophisticated statistical analyses at key levels of the organisation is paramount for understanding the full picture of World Vision's impact.

⁴² 'Implementation fidelity' is defined as the degree to which an intervention was implemented as prescribed by the original protocol or programme developers. Specifically, it looks at adherence to the core programme components or elements without which the intervention will not have its intended effect.

Conclusions and Recommendations

WORLD VISION'S journey continues, gradually but steadily, to bring into reality the Christian motivation to provide opportunity 'for every child, life in all its fullness'. World Vision's current phase of organisational change is inspired by this vision, as a culture of learning and reflection slowly emerges, with the desire to do better each day.

As the quality of reports continues to improve, an inspiring story is building of World Vision's globally linked priorities and practices: in Abkhazia, empowering and uniting adolescents; in Vietnam, addressing stunting in children through nutrition clubs; in Ethiopia, working with teachers to equip children with reading skills; in Nepal, collaborating with local government, schools and faith leaders to end child marriage. On some days the challenges seem endless; on others, the opportunities seem to outweigh the challenges.

The country office reports illuminate areas where World Vision must rise to a higher standard of excellence, including improved development of strong theories of change and evidence-based project models. To do so requires more: more data, more analysis and more understanding of programmes and their significance for children around the world.

As we look to the next phase of World Vision's work, guided by a new partnership strategy, the following set of recommendations highlights priorities that will help World Vision and its partners deliver on promises to children and bring lasting positive change wherever it is

needed, until the organisation's vision is finally met. Critical in this process is aligning the scope and objectives of World Vision's strategy with the Sustainable Development Goals to ensure contribution to the new 2016–30 global development landscape.

Informed by learning and reflections from technical specialists and programme practitioners, the Evidence and Learning unit makes the following recommendations to inform future programming, monitoring and evaluation.

PROGRAMMING RECOMMENDATIONS

- **Faith and programming:** Strategic partnerships with faith leaders and faith communities are critical for addressing faith-based barriers and increasing community mobilisation around child well-being issues. These faith actors provide a unique and significant contribution to sustainable, scalable and holistic solutions focused on the most vulnerable through the practical application of their particular beliefs. More programmes should use the faith community as a foundation to designs.
- **Integrated approaches:** Findings related to nutrition, resilience and livelihoods confirm multi-sectoral, integrated approaches can maximise impact. World Vision should provide support to country offices to use thorough root-cause analyses to develop programmes that address issues in an integrated way.
- **Fidelity of implementation:** As programmes are scaled, designed and implemented, including World Vision's preferred evidence-based approaches and models,

certain factors remain critical to success. Context may call for some innovation, but standard, evidence-based approaches must be supported with adequate human resources, funding and capacity building, or the expected results may not materialise. It is also important that strong quality-assurance mechanisms, including minimum standards, be put in place, or it will be difficult to monitor adherence to standard protocols and subsequently explain any variance in results across contexts.

- **Local approaches:** Where local initiatives are yielding promising outcomes, it is recommended that a comprehensive and rigorous monitoring and evaluation plan be put in place. This will help us build better evidence of the impact of such initiatives and be better equipped to source funding for their scale-up.

MONITORING AND EVALUATION RECOMMENDATIONS

- **Sampling:** World Vision must ensure that sampling methodologies and other research concepts like levels of confidence are well understood and used correctly across the organisation, so that any claims of impact can be validated and interventions can be assessed appropriately. Specifically, expert guidance on the appropriate use of LQAS is needed. Until such guidance is available, World Vision should limit LQAS to annual outcome monitoring and not use it as a substitute for more rigorous baseline and evaluation methods.
 - **Monitoring systems:** Offices at all levels of the organisation must improve monitoring systems and practices in order to synthesise data more effectively at different levels and from different sources. Only then can World Vision confidently tell the 'bigger story' and substantiate its contribution to observed change. This includes embracing Horizon, the new global online monitoring and evaluation project management system that will provide access to information for every programme.
 - **Analytical capacity:** There is need for improved analytical capability at key levels of the organisation. More meaningful deductions and inferences will not only provide needed insights, but also turn data into narratives that tell cohesive stories of transformation in the CWB reports and accurately identify skills, inputs and contextual links that have led to each outcome.
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