Impact Report 2016

World Vision UK
Prepared by the Evidence and Accountability Unit

World Vision®

EVERY CHILD FREE FROM FEAR

Contents

MAIN PHOTO: Ann Penina, 35, now feels well enough to play with her children thanks to the advice of our healthy pregnancies programme. Spacing pregnancies and timing them when a woman is healthiest saves lives. © 2016 World Vision **COVER PHOTO:** Augusto, 6, has now recovered from malnutrition. His area of Southern Angola has been hit by drought and food is scarce. Our programmes make sure that parents know how to keep their children healthy and provide specialist feeding for malnourished children like Augusto. © 2017 Stefanie Glinski / World Vision

Executive summary

In 2016, World Vision UK supported a total of 310 projects across 39 different countries. These projects helped just over 7.5 million people, of whom 4.4 million were children. An increasing number of these children are in fragile states. This report looks in depth at the three areas we chose to focus on as an organisation. We have deepened our efforts to draw lessons from the findings and these are highlighted at the end of each section. We are proud of the contribution of all our staff and colleagues, pleased with progress, and committed to continued learning from our findings.

Child protection

It is exciting to see the increase in the proportion of children able to recognise and respond to abuse, children who believe their community is a safe place, and children with birth certificates. Alongside this is the decrease in harmful practices, such as child marriage, across five countries in the qualitative evaluation undertaken for the DFID PPA grant. From the evidence, what made a difference were high quality child participation activities, and ensuring that all parts of a community are working together to solve child protection problems; adults, children, schools, the police and other relevant bodies. The evidence, especially the case study from the DRC also affirms the importance of a systems approach (explained on page 10) to ensure that child protection incidents, when identified and reported, are properly dealt with by the law.

Child health

The most outstanding achievements identified this year in our quantitative evidence have been in working with local government to improve access to health services. This is most clearly demonstrated by the increase in women giving birth with skilled birth attendants. Here we have closed the gap between community members and government health services by empowering community health workers and strengthening the health service providers. These are truly lifesaving changes.

Humanitarian response and resilience

Our impact in humanitarian response situations has been significant – our size and presence in communities around the world has enabled us to have relevant and timely responses as far and wide as Nepal, Ecuador, South Sudan and Mali. Life saving actions included: food supplies, winter kits, child friendly spaces, livelihoods recovery, safe and dignified burials, health screenings, and other actions in 23 countries across four continents. Responses this year were found to be highly relevant regardless of the type of emergency that included conflict, earthquake, flooding, drought and Ebola prevention. The evidence this year also showed the particular challenge of extra procedures and increased bureaucracy surrounding a multi-country response. It also highlighted the need for ongoing efforts to allow people to give feedback so we can improve the quality of our service. To this effect, we have completed a successful pilot project in beneficiary feedback mechanisms (page 38) and will use our learning from this in future programming.

Evidence across all three strategic areas showed the importance of embedding resilience, including disaster prevention, into all our programming, both short and long-term. For child protection, the evidence supports the need for programmes in which families become resilient and better able to educate children, making them less vulnerable to abuse and neglect. Evidence from our health evaluations also affirms resilience programming in particular to protect access to nutritious food. Incorporating resilience more comprehensively will result in greater change in outcomes for all children, especially the most vulnerable.

Our UK advocacy work (pages 36 to 37) has focussed its influence to support our strategy. Two examples of this are advocating for victims of sexual violence in conflict using the No Shame In Justice report (page 36) to enhance child protection, and the creation of a context analysis tool for emergencies that has improved responses in Democratic Republic of Congo (DRC) and Mali.

As always, we have sought to be transparent about the quality of evidence we use to make claims about our impact. We're pleased that all evaluations met minimum standards for evidence quality this year, and more evaluations than ever before were rated "good". Work to strengthen our evidence will continue.

In **2016** our emergency response helped

3,089,656 people in 23 countries

1,737,845 of them were children

SERBIA
We provided more than 49,600 Syrian refugees with food, clothes, medicine, and a warm, safe place to rest. Our child-friendly spaces offered an oasis of happiness and support for 10,677 young refugees.

ECUADOR
We responded immediately to an earthquake in Ecuador, providing safe water, tents and psychological support.

SIERRA LEONE
We continued to respond to the Ebola crisis by building new classrooms in Sierra Leone to benefit 30,940 children and helping 29,400 small traders to rebuild their businesses with grants and loans.

Our long-term programmes recorded the following progress*

27% increase
in children and young people who are aware of how to recognise and respond to abuse
across **4 programmes**
over an average of **4.25 years**

3.8% average increase
of children exclusively breastfed up to six months old
across **8 programmes**
over an average of **4.1 years**

2% average decrease
in children who are underweight
across **11 programmes**
over an average of **3.7 years****

19.1% average increase
of births attended by skilled assistants
across **10 programmes**
over an average of **5.5 years**

21.6% increase
of children whose births were registered
across **3 programmes**
over an average of **3.6 years**

6% increase
of children and young people who believe their community to be a safe place
across **3 programmes**
over an average of **3 years**

*Drawn from programme evaluations conducted in 2016.
**Of the 11 programmes that have data showing the change in number of children underweight, 3 programmes showed a small increase in those underweight due to specific pressures, particularly drought in Niger affecting access to nutritious food. Without these negative outliers, the change seen across 8 programmes would be a decrease of 3.8 percentage points over 4 years, which is within the expected range.

Introduction

World Vision UK works hard to help bring about God's vision for life in all its fullness for every child. Having strong evidence of the contribution we make is at the heart of the fight to achieve better protection, better health, and better humanitarian responses to ensure the well-being of children. We remain committed therefore to evidencing what is working and what isn't in order to support better understanding and to develop better programmes for the world's poor.

This is the seventh *Impact Report* we have prepared. As 'Evidence of real change for children' is one of our Strategic Priorities, this report helps us demonstrate not only the impact we are having but also progress in improving our evidence. Producing the report allows us time to analyse, read, reflect, discuss and share the impact being made through World Vision UK funded humanitarian, development and advocacy work. Our aim is to be honest about the scale of our successes and failures in order to encourage, learn and continue to improve our evidence of child well-being.

This year we have focused our *Impact Report* on further evidencing progress towards our strategy; child health, child protection, resilience and humanitarian response. As our current strategy period comes to an end, our new strategy will need to take into account the many changes going on around us (be those political, social, environmental or technological), as well as the Sustainable Development Goals which seek to build on the excellent achievements made towards the Millennium Development Goals. We intend to increase our overall investment in the most fragile states over the next five years, and seek to strengthen our focus on the most vulnerable children. Therefore, the analysis in this report is even more valuable in helping us play our part to make sure that no one is left behind.

We hope you find the 2016 *Impact Report* both enjoyable and informative.

BELOW: Rahaff, aged 5 (in purple) and her friends at an informal tented settlement for Syrian refugees in Bekaa, Lebanon. Many of the children here attend a World Vision Child Friendly Space and Early Education Centre. © 2016 Jon Warren / World Vision

Methodology – How have we used data to report impact?

World Vision UK's working definition of impact is "significant or sustainable change in people's lives brought about by a given action or series of actions."[1] Wherever possible this report seeks to highlight evidence of progress (or lack of progress) and key learning.

Overview of beneficiary numbers

The best available data for capturing the coverage of our programming still remains the total number of direct beneficiaries of World Vision UK-supported programmes. This section analyses the numbers by sector, geography and theme. The beneficiary totals include only those directly supported through service delivery, community empowerment, training and awareness raising work, either funded by World Vision UK in 2016 or which we'd funded in previous years that sustained activities into 2016.

Assessing progress towards child well-being in our programmes

The evidence used this year involves programme evaluations, end of project reports and annual management reports from 2016. The first step taken was to assess the quality of this body of evidence using the 'BOND evidence principles' tool (page 34). We then analysed the evidence as it relates to the main themes of our organisational strategy. To assess impact within humanitarian emergency responses, we have used the criteria of coverage, timeliness, relevance, accountability, management effectiveness and sustainability; recognising the shorter timescales over which change is measured compared to long-term development programmes.

A Theory of Change is included where possible to explain how we believe change happens, from needs, to activities, to outcomes, to impact. It describes the change we want to make and the steps involved in making that change happen.

Conclusions and reflections have been drawn from the aggregated data in order to identify patterns of progress. Quotes and case studies have also been included to illustrate how we believe change happens.

Limitations

- One of the main challenges in preparing an *Impact Report* is the aggregation of data from different programmes in different contexts; the data has sometimes been collected using different sampling methodologies and approaches to data analysis, making the ability to tell a single story challenging.
- Some evaluation reports analyse data well with strong and convincing conclusions; other reports less so, resulting in the full picture being less easy to see.
- There are many indicators, particularly in the health sector which aggregate easily as there are standardised methods for measuring the numbers of children who have been vaccinated or who are suffering from malnutrition. Conversely, in child protection there are fewer standard indicators, making aggregation more of a challenge.
- World Vision works through integrated programmes, recognising the importance of multiple approaches to solve an identified problem; reporting against a more sector-based strategy can mean that the importance of a multi-faceted approach to poverty is less clearly demonstrated. This has been mitigated to some extent by reporting against a Theory of Change in order to highlight that improving child well-being needs a combined approach of interventions.

Impact video

A video highlighting overall findings from this report and short stories from beneficiaries themselves can be seen here: www.worldvision.org.uk/our-work/impact

[1] Roche (1999) Impact Assessment for Development Agencies, Oxford: Oxfam.

How do we work?

World Vision works to impact the lives of children in three ways:

Long-term development

Our basic model is the Area Development Programme (ADP) in which we work for 12-15 years, funded by child sponsorship. Development projects funded by donors complement this. We work to ensure that we meet our global goal of "sustained well-being of children within families and communities, especially the most vulnerable".

The World Vision Partnership is tracking progress globally towards the following:

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).

Long-term programmes are normally evaluated every 3-5 years to track the progress made towards improved child well-being. During evaluation we measure our standard child well-being indicators and others, according to the context and programme. We have sought to include these in our *Impact Report* as far as possible.

Humanitarian and emergency affairs and resilience

This includes both the immediate response to disasters (providing food, water and shelter, creating 'safe zones' for vulnerable children), and also work with communities to help them recover, and become more resilient and better prepared to respond to shocks and disasters in the future.

Advocacy

Increasingly we're working in partnership with communities to influence decision makers at the local, national and international levels. World Vision UK supports advocacy programming in partnership with our partnership national offices, but also conducts advocacy with the UK Government and multilateral institutions.

Global overview of beneficiaries

In 2016, World Vision UK supported a total of **310 projects across 39 countries**, funded by a combination of institutional and individual donors.

Total number of beneficiaries: 7,550,772
Of these, children made up: 4,383,448

Child beneficiaries per sector and context

In 2016, the largest proportion of children we helped were part of an emergency response. This includes the continuing large scale recovery response to Ebola in Sierra Leone, which sits under the health sector.

Child protection activity occurs across sectors, most commonly community empowerment and education in addition to child protection-specific projects.

Because of the commitment made in our global goal (see page opposite), our UK strategy prioritises the most vulnerable children, many of whom live in what are referred to as 'fragile states'. These are countries failing to provide basic services to poor people because they are unwilling or unable to do so and, in 2016, 89 per cent of the children we worked with were in fragile states (up from 88 per cent in 2015 and 87 per cent in 2014). We also measure how many were living in the 10 most fragile states in which the World Vision partnership operates, and this was 16 per cent[2].

TOP LEFT: A young mother brings her baby for immunisations at a clinic in Somaliland that we support. © 2015 World Vision
MIDDLE LEFT: Urji, 12, no longer has to travel long distances to fetch water since we installed water points in her village, as part of the El Niño drought crisis response in Ethiopia. © 2016 Kebede Gizachew / World Vision **BOTTOM LEFT:** Luvsa, a sponsored child from Mongolia (second from left) with Ban Ki Moon, the UN Secretary General, at the World Conference for Disaster Risk Reduction (DRR). He and other children called for a commitment to child-centred policies on DRR. © 2015 Henry Makiwa / World Vision

Figure 1: Child beneficiaries by sector in 2016

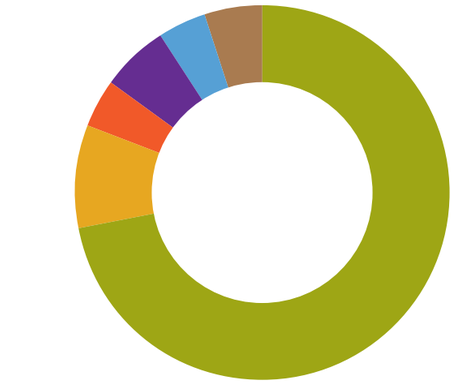
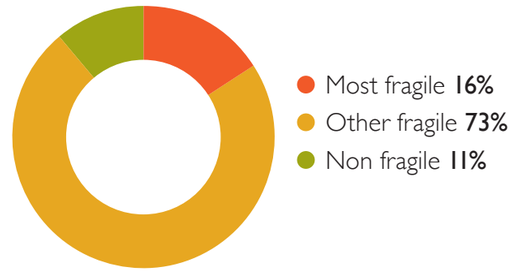


Figure 2: Child beneficiaries by context in 2016



[2]Most fragile states are (in alphabetical order): Afghanistan, Chad, Central African Republic, DRC, Mali, Pakistan, Somalia, South Sudan, Sudan and Syria. In 2016, we funded programmes in all of these countries except Afghanistan and Chad. 'Other fragile' according to the OECD list of 50 most fragile states where we worked included countries such as: Bangladesh, Bosnia-Herzegovina, Ethiopia, Kenya, Malawi, Myanmar, Sierra Leone and Zimbabwe.

Child protection

Evidence of real change for children

Children living in the poorest and most fragile countries enjoy good health, are **protected**, and are resilient to disasters.

MAIN PHOTO: "World Vision convinced my father to send me to classes. Now I hope I have an opportunity to find a real job when I'm grown-up. I am so much happier." Bulbul, 8, Afghan refugee in Pakistan.

We recognise that child protection is critical, not only for our aspiration that children 'are cared for, protected and participating', but for all child well-being aspirations and outcomes. We know from research and evidence that, when a child experiences violence, this can impact on all areas of their life and well-being, preventing them from living life in all its fullness.

Our approach to protecting children seeks to empower children, families, communities, governments and other partners to prevent – and respond to – exploitation, neglect, abuse and other forms of violence affecting children, especially the most vulnerable. However, this is not possible on our own, but in partnership with many others. Recognising this, we've adopted a systems approach to child protection to inform and connect its many programming efforts and interventions. A systems approach addresses child protection holistically, brings greater focus on prevention and strengthens the critical roles and assets of key actors responsible for child protection.

It is important to reaffirm, when we discuss our child protection work, that we remember we're working with the most vulnerable children. We say a child is most vulnerable when they experience two or more of the following criteria; severe deprivation, abusive or exploitative relationships, severe rights violations or they're vulnerable to disaster. While our detailed Theory of Change has been presented in our 2014 *Impact Report*, Figure 3 summarises and reinforces our Theory of Change for Child Protection.

Figure 3: World Vision's systems approach to the protection of girls and boys

ABOVE: Partnering with communities: Pastor Joseph Kayemba shares stories of children saved by the Voice of Lugomba, part of our programme against child sacrifice. If a child disappears, four large megaphones broadcast Amber Alerts, with descriptions of the child and how to take action. Daily information is broadcast about child sacrifice to all within hearing range. © 2016 Jon Warren / World Vision

Since our last *Impact Report*, the global emphasis on ending violence against children, and how this is measured, has changed dramatically. For the first time under the new Sustainable Development Goals, there are goals and targets across child protection, specifically goal 5.

Nine out of 12 long-term programme (ADPs) measured progress in child protection but the indicators used varied. Even with this limitation, there are key noteworthy trends that can be observed.

Child protection activity in our long-term programmes has been boosted by a strategic five-year PPA grant from DFID[3] which has built capacity and enabled a scaled up response in this sector. The coverage of this grant includes fragile states where we don't have long-term programmes, for example Somalia and DRC. It is due for final evaluation in 2017. Other qualitative interim data is presented[4] along with data from the ADPs.

A 2016 qualitative evaluation of the DFID grant, implemented in Cambodia, Sierra Leone, DRC, Nepal, India and Somaliland, showed that, after five years of child protection programming, fewer children experienced harmful traditional practices. The qualitative evidence was gathered through focus group discussion with children and community members in all of these countries and referred to issues including child marriage, female genital mutilation/cutting (FGM/C) and child labour.

"Child Marriage and FGM have been two major issues that have been affecting children for a long time. Our cry has finally been heard by stakeholders to stop the practice for which we are proud to have influenced."

17-year-old boy in Mattru, Sierra Leone

[3]DFID PPA www.gov.uk/international-development-funding/programme-partnership-arrangements

[4]Please see case studies from the programme. Joining hands: Strengthening the circle of protection for the world's most vulnerable children. http://cdn.worldvision.org.uk/files/1114/8597/3559/CP_Case_Studies_-_Web.pdf

Empowering girls and boys

Percentage of children and young people who know the child protection mechanisms to receive and respond to abuse

This indicator measures how well children can access help from the child protection system set up to provide it. For example from appointed community members, child helplines and the police.

Koh Krolor, Cambodia, has reported the highest rate at 98 per cent and the highest change (50 per cent increase in awareness). Loul has also seen a dramatic increase in awareness of child protection mechanisms with an increase to 74.6 per cent.

In the case of Koh Krolor, the 50 per cent increase in children and young people who know about child protection mechanisms is partially due to efforts to ensure that all local school teachers have received training supported by World Vision on child-friendly teaching, child rights and child protection. Community involvement has also made a positive difference, for example:

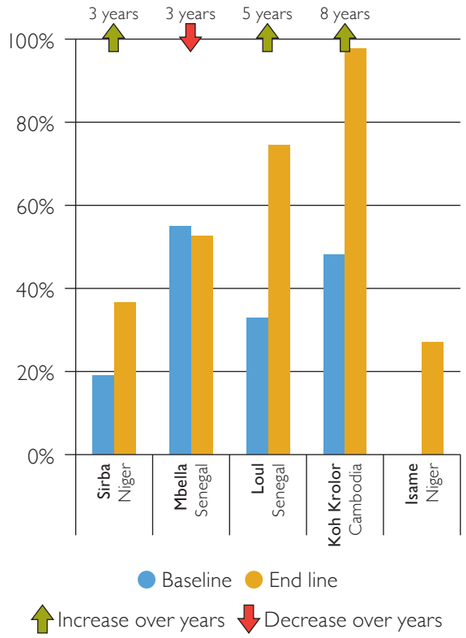
"Local School Support Groups [which include parents] now more commonly follow up students who drop out of school directly at their homes to find out the reason for their absence and encourage parents to send their children back to school." (Koh Krolor evaluation report 2016. World Vision Cambodia)

In Loul, Senegal, the report describes positive sharing of information between students and teachers, in particular by improving awareness, expression and listening through participation in school governments and in kids' clubs (including Scouts, Guides and Education for Family Life clubs).

Across all of our long-term programmes there are children's clubs of one type or another, which usually impart knowledge on personal safety and well-being and are a valuable asset in sharing information on child rights and child protection. In Sirba (Niger) and Mbella (Senegal), children's participation in clubs was mentioned as being high. This suggests a positive link between improving the quality of education (including child participation in school and village-based clubs) and the confidence of children to know and respond to abuse in their communities, which was also a positive finding. The case study on page 17 is a good example of how this change happens. Additionally, Nepal, under the DFID PPA had a baseline of zero reported child protection incidences in 2011; by 2016 this had increased to 421 which indicates an improvement in willingness to report abuse.

However, in Mbella which saw a slight decline, the evaluation report discusses the fact that children know that they should report issues of child protection violation, but that they often do not know about the child protection structures beyond the local mayor and World Vision, which suggests that this knowledge or the system in place can still be weak despite good participation. Likewise in Ntwetwe, Uganda which also reported high levels of participation in children's clubs, the report also talks about the fact that, while child protection committees are in place, some cases remain unresolved because the authorities are unwilling to proceed with prosecution.

Figure 4: Percentage of children and young people who know the child protection mechanisms to receive and respond to abuse



Percentage of children and youth who believe their community to be a safe place

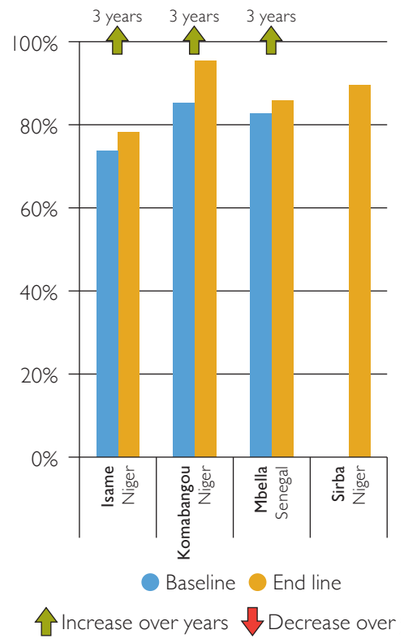
There are four long-term community development programmes that have measured this indicator, and three with baseline and endline data. Komabangou, has the highest rate and the most change with an increase of 10 per cent (from 85.4 per cent at baseline to 95.5 per cent at endline).

The Kombangou evaluation concludes that the primary factor influencing change in this area remains the education of children and that this contributes to the development of their life skills. The second factor is the accessibility of basic services such as health. The report asserts that improved access to basic social services has brought added value to the development of young people who feel increasingly secure in their community.

"We feel protected in our community: the care and education."

(focus group in Komabangou evaluation)

Figure 5: Percentage of children and youth who believe their community to be a safe place



BELOW: Due to family hardship, Sievmey from Cambodia decided to leave school and get work. She was identified by her village's child protection committee as a "most vulnerable" child. They worked to help her family economically and in addition to continuing her education, Sievmey now supports other children with theirs. She says, "I want to be a teacher. I really want to see all the most vulnerable children included and protected." © 2016 World Vision

Partnering with communities

Proportion of children with a birth certificate

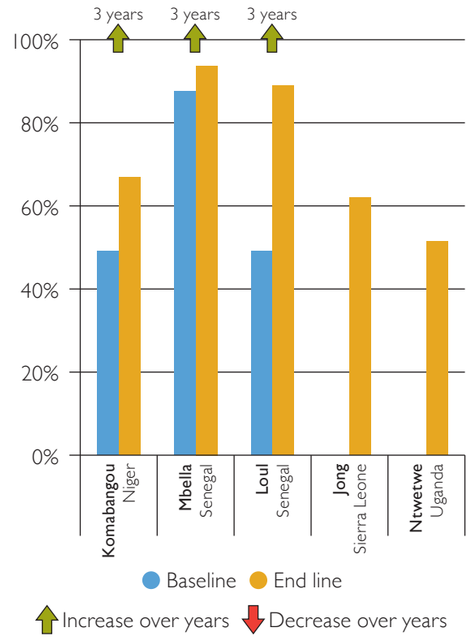
The biggest improvement in regard to the number of children having a birth certificate has been seen in Komabangou (Niger), Mbella and Loul, which have seen increases of 20 per cent, 6 per cent and 40 per cent respectively. Of these three, Mbella has the highest rate at 94 per cent, however Loul has seen the most dramatic improvement from just under 50 per cent of birth registration to just above 90 per cent. This dramatic change has been attributed to a high respect for the process of birth registration in the community as a result of World Vision supported awareness campaigns about registration and accountability.

"During the first half of 2016, for example, there are already 500 children registered to get a birth certificate. This is due to the fact that the parents through multiple awareness (activities), have understood that the establishment of an act of birth is part of the rights of the child."

(Loul evaluation report)

Koh Krolor reports a "sense of solidarity" coming from having successful community-based organisations, whether they're educational, agricultural or savings groups, and at the same time a positive change in child protection. Typically we will facilitate these CBOs if they're not in existence already. Their importance in sustaining child well-being changes is immense and their role is described in our 2015 *Impact Report* (pp22-26)[5]. In short, both adults and children need to be working on the issues and it takes all parts of the community. The success is exciting where there has been an increase because, with birth certificates, children are legally able to prove their right to access services, including health and education.

Figure 6: Proportion of children with a birth certificate



ABOVE: "I was very shy and never talked much in public…But after I became part of the child protection unit, I see a drastic change in my personality,"says Hina, 14, India. Here, she is training other children in her community, about their rights and how they can protect themselves from danger and harm. © 2016 Annila Harris / World Vision

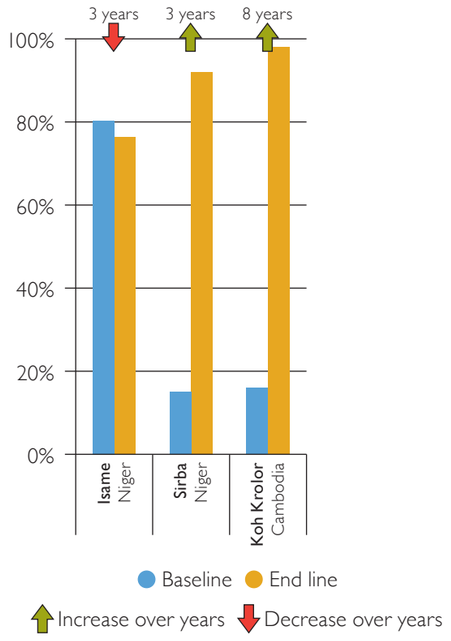
[5]2015 World Vision UK *Impact Report* www.worldvision.org.uk/our-work/impact/

ABOVE: Children are now back to learning at the child centre in Ratan Lal, India. © 2016 World Vision

Proportion of parents or caregivers who feel that their community is a secure environment for children

Only three ADPs have measured this indicator at both baseline and endline. Of these, there have been two similar dramatic changes through Sirba and Koh Krolor of 77 per cent and 83 per cent respectively.

Figure 7: Proportion of parents or caregivers who feel that their community is a secure environment for children



When probed for an understanding of this dramatic increase, the Sirba evaluation cited a better understanding of child protection among community members, the establishment of community committees to directly support the cases of child abuse, and finally that children have appropriate channels that they can report to in the event of a problem. In Koh Krolor, the evaluation concludes that the programme has been effective in improving education by involving local community groups in all aspects, which in turn increases children's confidence.

Even in programmes that meet targets in child protection indicators, there are children who are not progressing in life. In Sirba, evidence suggested that, despite child protection work, there continued to be a persistently high drop out rate among secondary school students. In Komabangou (which also measured a similar indicator, but relating to youth), the sponsorship committee reported the persistence of child labour and early marriage. While there was a rise in education enrolment, the drop out rate was still high when considering the minimum years of education that need to be completed. Komabangou evaluation report 2016 puts the problem like this:

"Vulnerability of families, that some parents have difficulties to take charge of all the needs of their children." (focus group respondent)

Likewise, in Koh Krolor, despite evidence that suggests levels of literacy are improving steadily, completing basic education remains a pressing challenge due in part to the increasing pull of migration of parents for work. In short, evidence shows that ongoing economic pressures affect the ability of some children to access basic education which contributes to their safety.

What did we learn in child protection?

What made a positive difference?

- Activities which brought together adults and children to discuss issues, for example school support committees in Koh Krolor – raising the quality of education to include child protection.
- Community-based organisations which build solidarity and take the role of following up children in their community.
- High participation of children in clubs which boost their confidence to respond to child protection issues.
- Child protection committees at the community level, better able to respond to child protection incidents, including linking up with police. The DFID PPA evidence shows that, where this was the case, there were more significant improvements in the reduction of harmful practices such as child labour.
- When all parts of a community are working together on awareness and ensuring that gaps are solved – for example the work on birth certificates in Loul – by the coming together of community members and their leaders.

How will we improve?

- The design of programmes must recognise that progress in child protection, despite excellent work is also linked to the resilience of families. Economic choices can mean that children drop out of education or are prevented from reaching their full potential, by being forced into marriage or child labour.
- Significant challenges to progress remain if authorities are unwilling to proceed with prosecution. Our systems approach must continue to be followed as progress is needed at different levels of society to bring about structural change.

TOP LEFT: Hem, leader of her district's child club network in Nepal, discusses a poster on the harmful effects of child, early and forced marriage with a village child protection committee member. © 2016 World Vision **MIDDLE LEFT:** Child participation India. "After World Vision started here we felt better, getting knowledge. People are praising us. As World Vision is helping, we also want to help. One day people should recognise us." – Laxmi, 12. © 2016 Celia Donald / World Vision **BOTTOM LEFT:** Kevin Jenkins, President of World Vision International, plays scrabble with some of the members of children's clubs and parliaments in Beni, DRC. Tiles at the end of the game read: energy, love, health, education and freedom. © 2016 World Vision

SEXUAL VIOLENCE AGAINST CHILDREN IN THE DEMOCRATIC REPUBLIC OF CONGO: A CHILD-LED COMPLAINT MECHANISM

THE CHALLENGE – SEXUAL VIOLENCE AGAINST CHILDREN

According to the Gender Ministry report, in 2013, 6,898 cases of sexual violence were reported in North Kivu, with 846 cases in Beni and an average age of survivors between 13 and 15 years. From long experience, World Vision knows these figures merely hint at the reality, with the majority of cases unreported and unpunished. Although DRC law requires everyone to report all forms of child abuse, and sets fines for failing to do so, this is rarely applied in practice.[6]

THE APPROACH – A CHILD-LED COMPLAINT MECHANISM

Within its child protection project in Beni Town, World Vision DRC supported a range of stakeholders to strengthen their knowledge of child protection and sexual violence laws. We worked with Child Protection Committees (CPCs) and networks, children's clubs, child protection police, health workers, teachers, traditional and faith leaders, girls and women centred institutions and the national child parliament. The children's clubs designed and led a project that established a complaint mechanism in four schools. We supplemented this by helping stakeholders strengthen their skills in monitoring and referring child abuse cases. Doing this helped them to connect with the police for investigations and with lawyers to bring offenders to trial.

THE IMPACT – CASES OF CHILD ABUSE AND SEXUAL VIOLENCE SUCCESSFULLY BROUGHT TO TRIAL

Child survivors can now bring their abusers to justice, while accessing care, thanks to better links between child protection systems, including the community, civil society and mandated state institutions. As a result, 26 cases of child abuse have been brought to court. Seven of these cases were for sexual violence, and three of them have resulted in a successful ruling against perpetrators. Punishments have included a minimum sentence of five years in prison, as well as reparation fines.

KEY LEARNING – WHY IS THIS APPROACH EFFECTIVE?

The child-led complaint mechanism started a culture of children speaking up against child abuse. It fostered a culture of reporting in the community, which led it to take action on the reporting and legal resolution of cases of sexual violence against children. Children have demonstrated their capacity to lead a monitoring process, and influence leaders in their communities. Equipped with the skills and connections, children survivors become the main agents of change in their villages.

A SURVIVOR'S STORY

"I was sexually abused by a boy from the village I knew. After the rape, I denounced him to the neighbourhood chief who linked me with the child parliament. The child parliament filed an accusation with the police. When the boy knew the police were looking for him, he ran away. Fortunately, he was arrested after three months and brought to trial where he was convicted. Even if he is not able to compensate me for this act, I'm glad he is punished, for me it is already a solace," Natasha[7], a sexual abuse child survivor.

ABOVE: As leader of the Child Parliament, Nicole is committed to sustaining child protection across communities in Beni. © 2016 World Vision

[6] Article 192 of the Child Protection legislation in the DRC

[7] Name has been changed to preserve the dignity and ensure the safety of the child survivor.

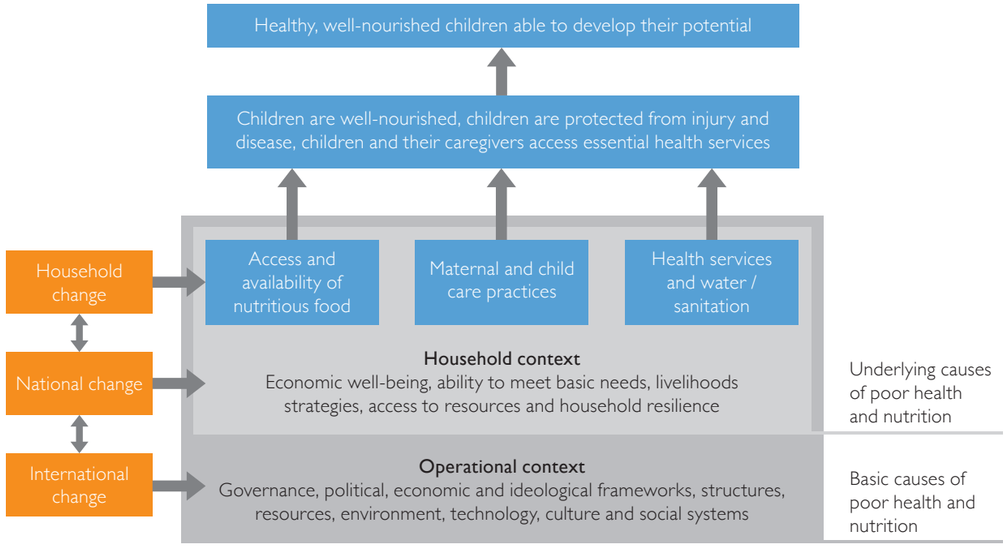
Health and nutrition

Evidence of real change for children

Children living in the poorest and most fragile countries enjoy good **health**, are protected, and are resilient to disasters.

MAIN PHOTO: Ratana, from Cambodia, is enjoying having green beans. Ratana's mother Sen has attended World Vision training in rearing chickens and growing vegetables. Through the new technique, she is able to increase her income and continue to rear chickens. Her yield of beans is three times higher than before the training. © 2015 Ratana Lay / World Vision

Figure 8: World Vision UK's working child health Theory of Change



The goal of all our health and nutrition programmes is for children to be healthy, well-nourished and able to develop to their full God-given potential. The Theory of Change for achieving this goal is outlined in Figure 8 and involves influencing change at household, national and international levels.

This report uses data from the evaluations listed on page 34 and also from evaluations under the DFID PPA programme.

Access to and availability of nutritious foods

A family's ability to access and use food effectively is an important part of the road to better nutrition. We work through programmes that link key sectors to agriculture and nutrition interventions to address the challenges of poor access, availability and use of diverse nutritious foods by households.

The number of children who are underweight can indicate how well multi-sectoral programmes contributed to the well-being of children. As shown in Figure 9, of the 11 programmes that were evaluated in 2016, fewer children are underweight in seven programme areas. However, some country programmes remain at the level of 'attention required' and most of the evaluations highlighted a need for more intensive nutrition programming, see learning section.

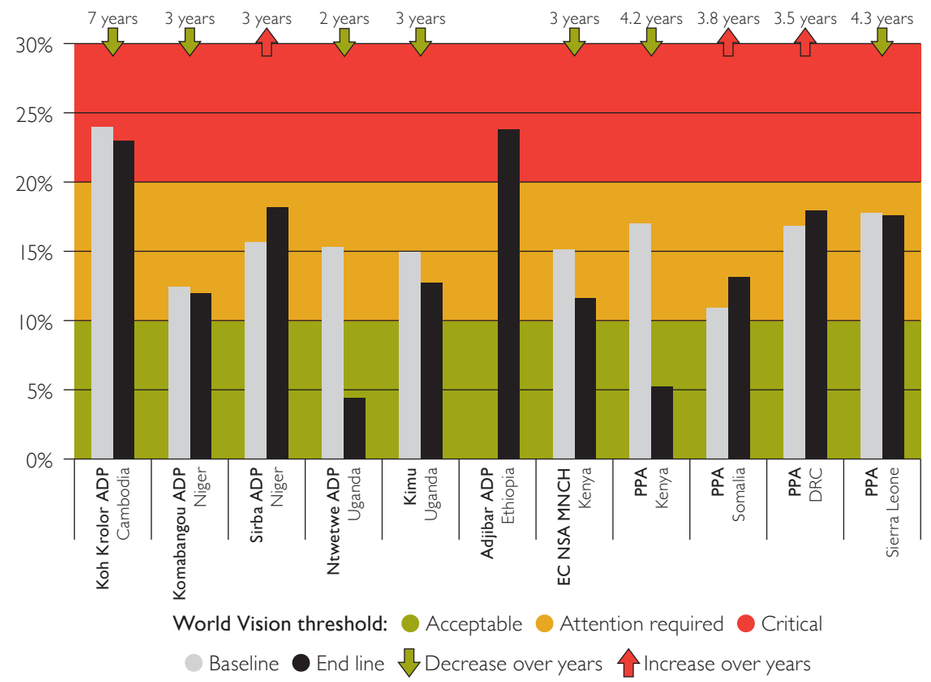
The DFID PPA project in Kenya saw the number of underweight children reduce by 11.9 per cent. The report states that "health talks during community meetings – and especially with breastfeeding mothers – have increased knowledge on nutrition. The World Vision trained community health workers have also scaled up health promotion in the community targeting mothers of children under-five with nutritional messages." Kenya PPA Maternal, Newborn and Child Health (MNCH) Evaluation report.

However increases in numbers of underweight children along with worsening food security situations were seen in Somalia, DRC and Niger. The Sirba programme manager, in recent correspondence, describes a chronic and constant food deficit for some years across Niger.

Positively, the Sirba report also notes the increase of World Vision-supported vegetable gardens but recommends strengthening the management committees of community-based organisations who manage the World Vision built grain stores. There is also an emphasis in the report on prioritising the most vulnerable in the community, and ensuring the continuation of work that supports savings groups and income generation.

In Koh Krolor ADP in Cambodia, the report notes that increased migration to Thailand causes young children to be cared for by grandparents who are less able to feed and care for the children effectively. Water shortages also have the potential to affect children's nutrition.

Figure 9: (Global) underweight children under 5 years old



These negative examples emphasise the importance of linking disaster risk reduction, resilience and social protection work to nutrition interventions.

Maternal and child care practices

Analysis of maternal and child health was included in 11 programme evaluations. Among these evaluations, the commonly cited reasons for success were our interventions, the active role undertaken by the Government and the community, and the collaboration between all three (specifically that there is agreement and teamwork between these three actors). Our most visible role is in helping people to access care through the work of community health workers, as demonstrated in the Somalia case study which is on page 25.

Positive changes in practices were seen in many reports. For example, in the Somalia PPA project, carried out in four districts, the proportion of pregnant women attending four antenatal clinic (ANC) visits increased from 58.2 per cent at baseline to 98.1 per cent at the final evaluation. A focus group participant from Somalia said: "…These days, a lot of women in this area are attending clinic, but this was not the case before World Vision started this project. Many of the women did not really understand the importance of going to the hospital when we are pregnant. When the community health promoters visit us in the households, they educate us on the benefits of attending clinic for mother and baby."

In Koh Krolor ADP in Cambodia, the results were rather more mixed. Great improvements like the attendance of pregnant mothers at four or more antenatal checks (as advised by the World Health Organisation) increased from 76 per cent in 2008 to 94 per cent in 2016, but the proportion of children fully vaccinated decreased from 96 per cent to 77 per cent. In future programming, the ADP intends to deliberately include fathers and grandparents in maternal and child care too. We hope that this will address problems (explained on page 20) regarding the impact on childcare of parents to migrating for work.

Results for a further three of the key health and nutrition indicators are seen in Figures 10-12 overleaf, reflecting data collected for nine of the evaluations in eight countries.

Exclusive breastfeeding

Improvements were seen in some programmes but rates of exclusive breastfeeding remain in the 'critical' threshold in four of the nine programming areas at the time of the evaluations. Koh Krolor recorded the biggest decline, the reason for the lack of parental care given in the section on underweight.

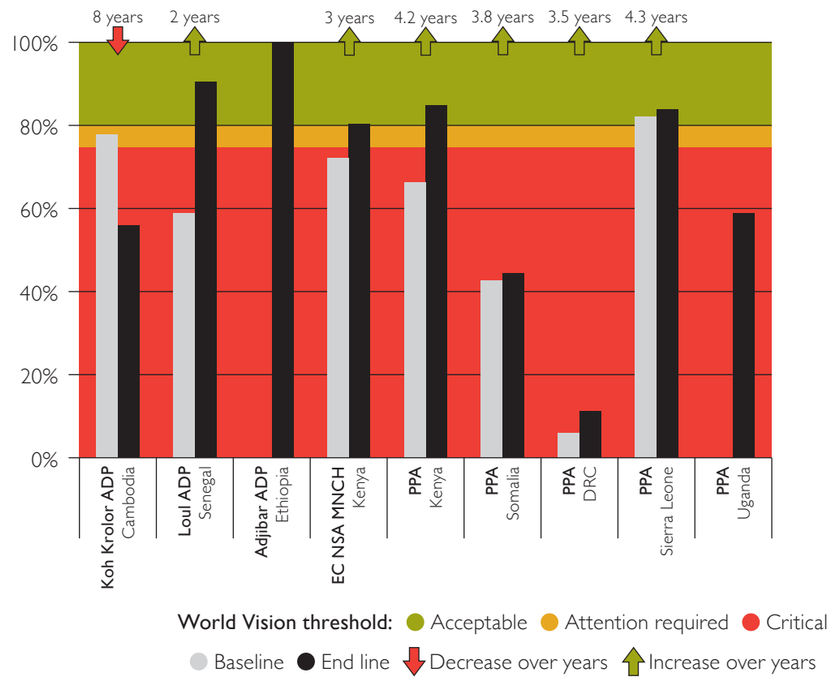
Skilled birth attendance

The most remarkable change has been in the proportion of women giving birth with a skilled health worker in attendance, which increased across all programmes. Rates remain in the 'attention required' threshold in the Ethiopia ADPs but all other programmes had moved into an 'acceptable' threshold. Our contribution to this is in the training of health workers, and communicating messages to the community that mothers are a high priority for care. Village leaders and all community groups play their part in making this change.

Essential immunisations

Evaluation results show some inconsistencies in immunisation coverage. The PPA project noted dramatic improvements in immunisation rates in DRC, Somalia and Kenya (see Figure 12). Our teams in Somalia have practiced Timed and Targeted Counselling (TTC)[8] as explained in the case study on page 25 and point to this as a reason for change. A decline in coverage in Sierra Leone was in part attributed to the Ebola Virus Disease which restricted movements and, therefore, access to routine immunisation services. Despite the change achieved, DRC remains in the 'critical' threshold with many children still susceptible to preventable diseases. The low vaccination coverage highlights a need for increased awareness and sensitisation campaigns and to ensure that vaccination services are offered routinely at health facilities, and in hard to reach areas.

Figure 10: Percentage of infants under 6 months old who are exclusively breastfed



[8]Timed and Targeted Counselling (TTC) www.wvi.org/health/timed-and-targeted-counseling-ttc

Figure 11: Births attended by skilled personnel

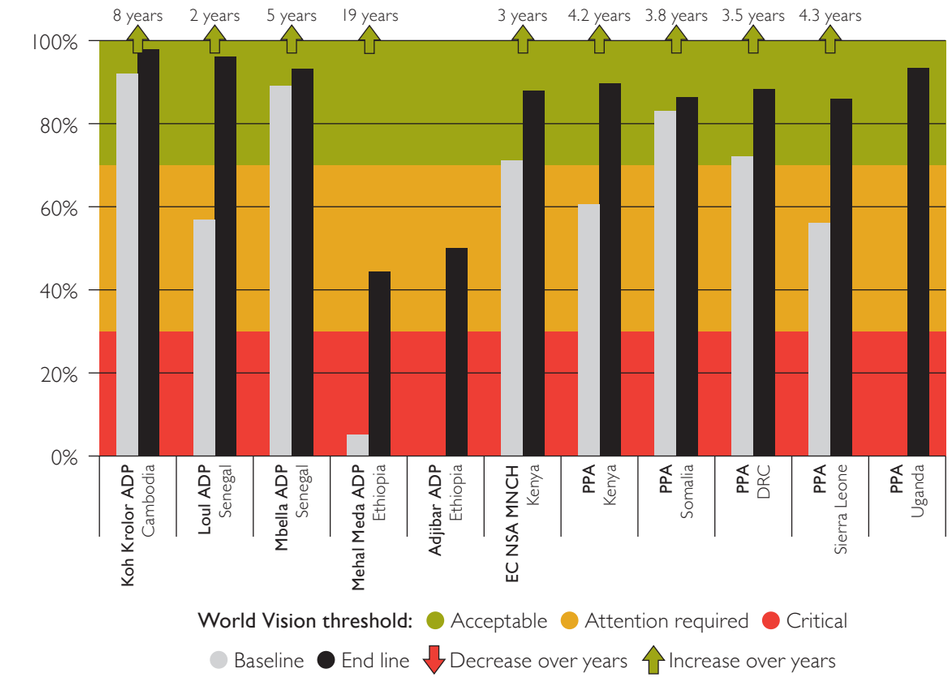
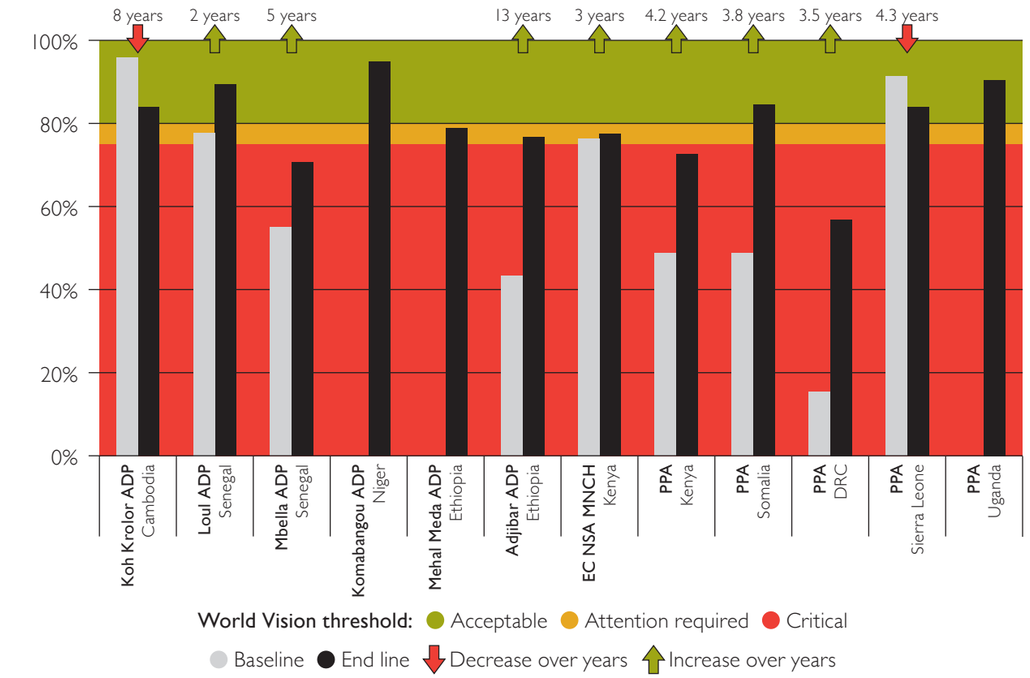


Figure 12: Immunisation coverage in children under 2 years old



Health services and access to water, sanitation and hygiene

Nine evaluations mentioned access to health services through our work. One example is Kimu ADP in Uganda, where the proportion of people living with HIV and AIDS have increased access (from 30 per cent to 63 per cent) to health services. The proportion of orphans and vulnerable children with access increased from 40 per cent to 74 per cent in the same programme. As in other aspects of health programming, collaboration with the Government was again found to be of fundamental importance. In a Kenya case study[9], the evaluation of the project revealed how our Citizens Voice and Action[10] approach was used to influence the sustainability and quality of maternal and child health services. The successes from CVA included:

- The county government has budgeted to construct and equip a paediatric ward at Kandiege level 4 Hospital, which is the only hospital in the sub-county.
- Social audits were conducted on 24 out of 33 health facilities and the reports were shared with key stakeholders, leading to key improvements in those facilities.

Of the ten evaluations which reported changes relating to access to water and sanitation and the performance of good hygiene practices, almost all showed improvement. For example, in Adjibar ADP in Ethiopia, water supply coverage increased from 7.5 per cent to 83 per cent, and sanitation coverage increased from 1.5 per cent to 64 per cent. Over 67 per cent of the households practiced hand washing before food preparation, before meals and after using the toilet.

However, whilst the changes as a result of water and sanitation programming were almost all positive, several recurring themes did emerge around the manner in which the projects were implemented, as well as their sustainability. One issue is the maintenance of water points that we constructed. Three evaluations recorded that, despite training and support of community groups who are then given responsibility for upkeep, water and sanitation facilities were not being maintained. Inadequate access to safe water was referred to in four programmes, where some water points have dried up due to a lowering of the water table. Another recurring theme to emerge in the sector of water and sanitation was open defecation, still widely practiced despite the increase in latrine coverage. This illustrates that sanitation provision alone is not adequate to ensure latrine usage.

What did we learn in health and nutrition?

Successes have resulted from instances where we have worked well in partnership with governments at community level to improve access to quality health services, through education awareness and demand from community members. The Somalia case study is representative of our work in communities, where health workers bring services and community members closer together.

How will we improve?

- Our programme in Sirba highlighted that drought was disruptive to healthcare and nutrition and in Cambodia we saw that migration of parents had a negative impact on child health. Therefore, in these situations particularly, there should be a focus on resilience programming to strengthen households, prevent disaster and protect food supplies.
- Analysis pointed to a need for more intensive nutrition programming in areas with health indicators at the level of 'critical' or 'attention required'. In practical terms this requires, despite limited resources, that the issues be fully dealt with using a comprehensive range of activities across all areas of the Theory of Change.
- We need to scale up partnership with governments at national level to ensure that interventions have the support and backing of those at the highest level.
- In water and sanitation, evaluations highlighted the need for more interventions using the Community Led Total Sanitation approach. This works on the basis of complete ownership of the issue by communities and greater chance of sustainable change.

[9]PPA MNCH Case studies. Being the change…Communities leading health transformation for mothers and children.

[10]For an outline description of CVA please see www.wvi.org/article/citizen-voice-and-action

SOMALILAND (SOMALIA) MATERNAL AND CHILD HEALTH (MNCH) PROJECT

Somaliland is a semi-desert state in a conflict-affected region of Africa. It is regarded as a fragile state. Effective strengthening of health systems in fragile contexts requires adapting programming approaches, as barriers to health services are numerous. Poor staffing, lack of supplies and limited health infrastructure can contribute to poor access to health facilities for antenatal care (ANC) and deliveries. Before the project started in four districts of Somaliland, baseline surveys showed that only 58.2 per cent of women attended at least four ANC visits, and only 48.5 per cent of children had received their third dose of the Diptheria, Pertussis (or Whooping Cough) and Tetanus (DPT) vaccination. Some mothers held the belief that vaccination is harmful. Other concerns included medical charges and situations where women were further deterred from accessing services by the need to travel long distances to a health facility.

THE APPROACH: TIMED AND TARGETED COUNSELLING (TTC) MODEL

The TTC model is our core model for Maternal, Newborn and Child Health (MNCH) programming. It's designed to promote health behaviour change at individual and household level through home visits, storytelling, negotiation and counselling methods which go beyond a health promotion approach. It attempts to identify and explore with household members the multiple social, economic, and gender-related barriers that prevent individuals from adopting healthy practices. Evidence shows consistently high impact even in very different country settings. Through a five-year MNCH project, we've partnered with the Ministry of Health to address the barriers to existing health services through:

- Capacity building of Community Health Promoters (CHPs) – One of the most important tasks a CHP has to do is to visit families in their homes, so she needs to develop good relationships with the family.
- Ensuring culturally acceptable modes of working – For example by providing male counterparts to accompany female CHPs for a greater effectiveness in targeting husbands as decision makers.
- Provision of allowances for CHPs – While more sustainable sources need to be established, it was strongly evident that motivation levels of CHPs and consistency of their visits to households were higher in this project, for this reason.

Table 1: Results from 2016 project evaluation

Health indicator	Baseline (2011)	End term evaluation (2016)
Percentage of women who attended at least four ANC visits during pregnancy	58.2%	98.1%
Percentage of children who have completed third dose of DPT immunisation	48.5%	84.6%
Percentage of caregivers of children aged 0-59 months who sought treatment for diarrhoea in the past two weeks	24.8%	76.2%

"The counselling method of health promotion has been effective in my community as it increases trust. One mother who did not breastfeed her first two children decided to breastfeed her third, following my visits to the household. She saw the benefits and is now convinced."

Community Health Promoter from Arabsiyo

ABOVE: A mother in Baki, Somaliland is visited by her Community Health Promoter following the birth of her healthy twins.

Humanitarian emergencies and resilience

Evidence of real change for children

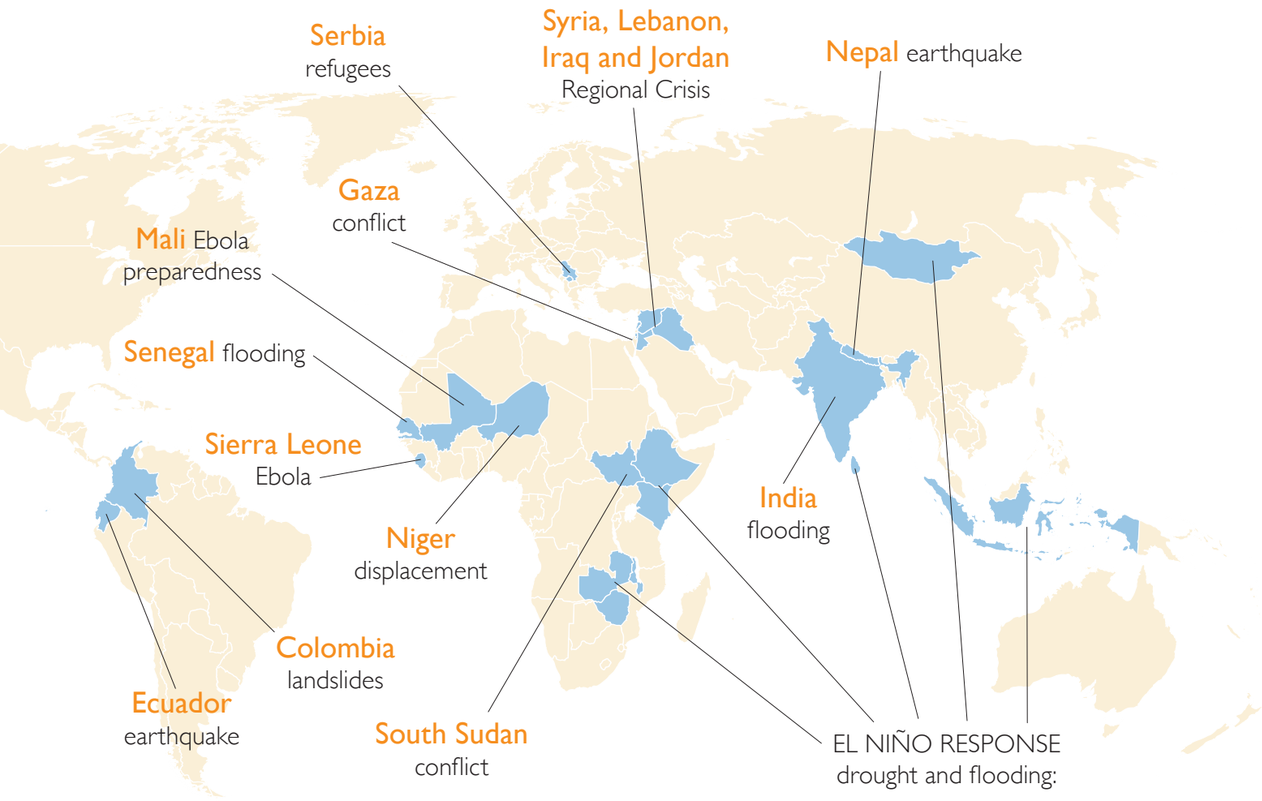
Children living in the poorest and most fragile countries enjoy good health, are protected, and are **resilient to disasters**.

MAIN PHOTO: Maamad, one and a half years old, waiting patiently with his parent in no man's land, in the corridor that unites Serbia with Croatia. World Vision is responding here as part of the Syrian refugee crisis.

In **2016** our emergency response helped

3,089,656
people in 23 countries

1,737,845
of them were children



In addition to the people we have supported through the above emergency responses, we have also helped families in The Central African Republic, Sudan, Democratic Republic of Congo, Uganda, Somalia, Iraq, Kenya, Malawi, Niger, South Sudan, Zimbabwe and Lebanon with food assistance with funding received from the World Food Programme.

Figure 13: Emergency responses funded by World Vision UK in 2016

In 2016, we responded in 23 countries to support children and families. As with all our programmes, evaluations are carried out on emergency interventions so that we can measure our impact and learn to improve our work. The six criteria of relevance, coverage, timeliness, connectedness and sustainability, management effectiveness and accountability reflect what we believe to be the most important components of a successful relief effort. We've used these to highlight the most significant findings from the evaluations conducted in 2016.

Resilience also addresses the underlying vulnerability of households. For example, if incomes and food supply are insufficient, families may migrate, disrupting children's lives, well-being, health and education. Households also need the ability to withstand future shocks such as drought, in order not to become vulnerable to loss of basic needs and food supply. This is continued on page 32.

Humanitarian emergencies

Relevance – How well did our response meet the needs of the affected people, especially children?

All responses (reviewed independently) this year were found to be highly relevant regardless of the type of emergency. We responded to disasters due to earthquakes and flooding such as those in Nepal, Ecuador, Senegal and India with support in the form of shelter, food and non-food items (NFI). In Nepal, 85 per cent of interviewed respondents agreed that the immediate shelter and food support we provided made it easier for them to cope with the after-effects of the earthquake. Children's needs were also a primary focus in Nepal with the provision of 'winterisation kits' which included blankets and warm baby clothes.

Our responses to other emergencies caused by conflict were also seen as relevant by the reviewer. In Serbia for example, we provided psychosocial support alongside material assistance. Children's psychosocial needs were mainly served through the Child Friendly Spaces (CFS) where they were given the chance to deal with their fears and understand what they have been through. This was particularly relevant for the refugee children passing through Serbia.

Coverage: Who and how many people are we reaching?

Please see Figure 13 opposite.

Timeliness: How timely and responsive were we in meeting the needs of the affected people, especially children?

World Vision globally have a presence in nearly 100 countries and so we're often one of the first on the scene in an emergency. For example, in Ecuador, our response started on the night of the earthquake and we were the only NGO to reach some of the more remote rural communities. During the Nepal earthquake response however, the Indian border blockade and fuel shortages caused some delays. Despite this, 80 per cent of families reported that they received their winter kits in time for the cold season.

BELOW: Children playing in the Child Friendly Space set up by World Vision in Gorkha District. Gorkha was the epicentre of the Nepal earthquake.

ABOVE LEFT: Fatuma Sheka, 40 (mother of eight children) and one of her children, Challa Ibrahim, 12 (grade five student) are among the beneficiaries of World Vision's seed distribution in Jarso District of the Oromia Region, Ethiopia, part of the El Niño drought crisis response. © 2016 World Vision **ABOVE RIGHT:** Ayen is eight and during the South Sudan conflict, was separated from her family. World Vision helped reunite the family in one of the IDP camps. © 2016 Stefanie Glinski / World Vision

ABOVE LEFT: Each day more displaced families arrive at this camp outside Mosul, Iraq. Often they've walked through the freezing night with only the clothes on their backs. In the camps surrounding Mosul, we're setting up Child Friendly Spaces, with teams of social workers and psychologists to help children. And we're giving families heaters and fuel for the winter. © 2016 World Vision **ABOVE RIGHT:** Yunaida, 5, at the shelter enabled by the Municipality at the former Portoviejo airport, Ecuador. World Vision provided support with tents as part of the response to the earthquake. © 2016 World Vision

Connectedness and sustainability: Does the response link to longer-term programmes and Disaster Risk Reduction, and is it coordinated with others?

All emergency responses independently reviewed were shown to have been carried out with long-term impact in mind. This often means working together with community organisations to capitalise on their local knowledge and build up their skills so that they can better manage future relief efforts. For example, in South Sudan, we conducted on-the-job training for staff at the health facilities which were hosting malnutrition treatment sites. These staff are now more able to identify cases of malnutrition and will continue supporting the intervention, beyond the life of the project.

Emergency responses give us the chance to 'build back better' and this was especially seen in the post-Ebola programmes in Sierra Leone and Mali this year. Hygiene promotion projects have been implemented to reduce the risk of a re-emergence of Ebola and, now that more people are aware of the importance of hand-washing, we expect to see a long-term reduction in incidences of diarrhoea in children. Other important links to long-term programmes were noted in Nepal, where the Child Friendly Spaces were opened in coordination with schools.

Management effectiveness: Are we achieving what we planned and working in the right way?

Emergencies, by their very nature, stretch organisational capacity to the limit and no two situations are the same. The Nepalese earthquake and the Tamil Nadu flooding required quicker responses than slow onset situations such as El Niño and conflict responses like Gaza or South Sudan required a different approach again.

Projects reviewed were found, on the whole, to have been managed well this year including the response to the flooding in Senegal, the conflict situation in South Sudan and the safe and dignified burial project in Sierra Leone. New ways of distributing cash transfers in Senegal and the selection of beneficiaries according to strict criteria in Gaza ensured fairness throughout. Also, in South Sudan, an efficient system was set up to mark children's fingers with indelible ink so that they could only be screened once. In Sierra Leone, the smooth coordination of the safe and dignified burials project was reported to have significantly contributed to the eradication of the Ebola virus.

However, in the evaluation of the El Niño response, most respondents agreed that we struggled with the multi-country slow onset context. Those interviewed said that we would be more effective if we reduced some of our bureaucratic procedures and became less risk adverse. Another point for consideration was noted in Ecuador and Serbia where many of those interviewed expressed concern that staff were being overloaded at work.

Accountability: How accountable are we to the people we're serving in this response?

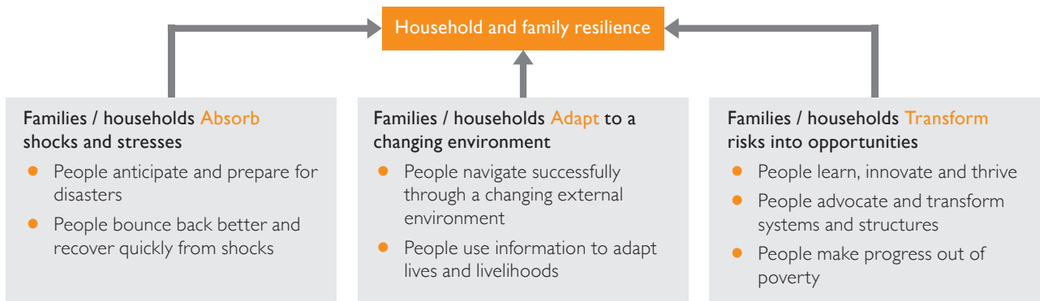
In Gaza, all information about our activities was made publically available in a number of formats and a system where beneficiaries could give feedback and voice complaints was reported to be very effective. Likewise in South Sudan, beneficiaries were given opportunities to give their feedback, complaints and suggestions and children could also suggest topics and activities in the CFS. In Tamil Nadu, India, the involvement of youth and women from affected communities in distributing relief items went a long way to ensure transparency. There were even on-site help desks to answer communities' questions and provide information about the quantity and quality of relief items.

However, following the earthquake in Ecuador and the response to the refugee crisis in Serbia, respondents said that more information and feedback would have increased accountability. Also, in Nepal, only 27 per cent of beneficiaries said they were consulted during the programme design and implementation phases. They also added that, although complaint mechanisms were in place, feedback from staff was not always forthcoming.

Resilience

Resilience programming is widespread in our long-term programmes. Two thirds of reports have indicators which sit under one or more of the three areas of the resilience Theory of Change: Absorb, Adapt and Transform.

Figure 14: Simplified Resilience Theory of Change



Key examples of supporting families to absorb shocks and stresses, from our 2015-16 programming, emerge from work in disaster risk reduction (DRR). Examples of DRR interventions included: early warning systems in Turkana, Kenya; updating Disaster Preparedness plans in Ntwetwe, Mehal Meda, Ethiopia and Turkana; and contributing to government preparedness plans and training children in DRR in Karonga, Malawi. Village savings and loans have shown to be effective at building families' capacity to cope in disasters. This has been seen in Karonga and Turkana. In Sirba, Niger the evaluation suggests that savings groups were very effective at increasing household income.

World Vision Ethiopia promoted positive adaptive strategies through sustainable land management and use of natural resources. In Mehal Meda, the report states that 87 per cent of farmers have seen soil and water conservation improve productivity. Productivity of major crops (wheat and barley) increased from 1.4 quintals per hectare in 1997 to over 14 quintals per hectare in 2016. Analysis of households showed that 89.2 per cent have good consumption. However, in Ntwetwe, Uganda, the intervention evaluation found only 23 per cent of farmers practicing sustainable environment management practices and that better uptake would be needed in future phases of the programme.

By improving families' access to information about climate and weather from radio and TV or messages given by agricultural extension workers in Adjibar Ethiopia, now 36.8 per cent of farmers were able to make adjustments to the crop calendar or to quickly harvest or prepare for pest control. In Mehal Meda 68.7 per cent say they get advance information on disasters and 97.7 per cent believe the quality of information is improving with time.

Evidence of transforming households by progressing out of poverty was seen in evaluations from Adjibar, Ethiopia and Turkana, Kenya which recorded increases in family income. In Mehal Meda, the greatest positive change is seen in the poor and most vulnerable households. In 1997, 20.8 per cent of households identified themselves as extremely poor, compared to 7.3 per cent today.

This success however has not been found across all of our programmes. In Sirba and Komabangou (Niger), which we know were subject to drought, (see page 20) 70 per cent and 67 per cent of families respectively say their income has decreased. This correlated with information on poor food security for both of these programmes.

ABOVE LEFT: Carla Lewis (pictured right), from World Vision UK, meets a women's savings and loans group in Niger. Loans are given to help families in critical need or to invest in a small business. This is an example of how families can better prepare for times of stress. © 2016 World Vision
ABOVE RIGHT: Through our microfinance arm, Vision Fund International, we've provided recovery loans to help restore the livelihoods of families affected by El Niño in Malawi, Kenya and Zambia. The project, funded by DFID, has helped families such as Alice Mkumbadzala's in Malawi. "As small scale farmers, I believe that we will continue capitalising on the loans so that we can become a strong force to improve food security in our village," said Alice. © 2016 World Vision

What did we learn in humanitarian emergencies and resilience?

- Despite well-managed responses, findings reveal that there can be particular challenges with procedure and bureaucracy in multi-country responses, affecting speed of response.
- Better beneficiary feedback could have strengthened responses and remains important for effectiveness and accountability.
- Building true resilience into all our emergency responses remains an ongoing challenge.
- In long-term programmes, continued commitment is needed to ensure that natural and social hazards, such as conflict or drought, are taken into consideration and plans are adjusted accordingly.
- A picture of impact from our long-term resilience work in communities is harder to see because of a lack of standardised indicators.

How will we improve?

- World Vision UK will support the wider World Vision partnership in considering how the lessons from the El Niño response can be applied to future responses.
- We will roll out a standardised approach to accountability. This will include emergency responses, drawing on learning from the work on beneficiary feedback mechanisms, see page 38.
- We are also working with partnership colleagues to support the roll out of the Core Humanitarian Standards[11] and a self assessment process which leads to an action plan for improvement in this area.
- We will contribute to the partnership's efforts to streamline livelihoods project models and indicators. This will enable us to see a clearer picture of progress across programmes.
- We will continue to campaign for multi-year humanitarian aid and we're investing more time into preparedness measures such as early warning systems. We continue to support community-based Disaster Risk Reduction and champion the role of children and youth in DRR through engagement in the Sendai Framework for DRR[12].

[11]The Core Humanitarian Standard on Quality and Accountability (CHS) sets out Nine Commitments that organisations and individuals involved in humanitarian response can use to improve the assistance they provide. https://corehumanitarianstandard.org/the-standard

[12]The Sendai Framework for Disaster Risk Reduction 2015-2030 has seven targets and four priorities for action. It was endorsed by the UN General Assembly following the 2015 Third UN World Conference on Disaster Risk Reduction (WCDRR). www.unisdr.org/we/coordinate/sendai-framework

Quality of evidence

For a fourth year, we applied the 'BOND evidence principles' and checklist[13] (which we helped to develop and pilot). This supports our understanding of evidence quality and our aim to improve our approach. Evidence is assessed against these five principles: voice and inclusion, appropriateness, triangulation, contribution and transparency. 82 evaluation reports have now been assessed against the evidence principles (16 in 2012, 18 in 2013, 16 in 2014, 18 in 2015 and 14 in 2016).

In order to reduce bias from the reviews, an external consultant rated all 14 reports; these scores were validated by colleagues from World Vision Germany who reviewed two of the reports (selected at random) in order to check that the review tool has been applied fairly and consistently. The two reviews by German colleagues were two points higher in respect to one report and three lower in the case of another. It is common that BOND tool scores are not exactly the same when reviews of the same report are conducted by two different people. However, this result indicates reasonable fairness and consistency in how the tool has been used to assess our evidence.

Table 2: 2016 Evaluation BOND Scores

	Country	Project	TOTAL
1	Angola	WASH	38
2	Cambodia	Koh Krolor	67
3	Ethiopia	Adjibar ADP	61
4	Ethiopia	Mehal Meda ADP	50
5	Kenya	IMNCH & FP	62
6	Malawi	Emergency Preparedness	56
7	Niger	Isame ADP	58
8	Niger	Komabongou	58
9	Niger	Sirba ADP	59
10	Senegal	Loul ADP	52
11	Senegal	Mbella ADP	52
12	Sierra Leone	Jong ADP	57
13	Uganda	Kimu ADP	42
14	Uganda	Ntwetwe ADP	40

0-34	Weak
35-54	Minimum
55-74	Good
75-80	Gold

BELOW: Data collectors are trained in how to take accurate notes from the community meetings in an evaluation. Sierra Leone.

[13] www.bond.org.uk/effectiveness/principles

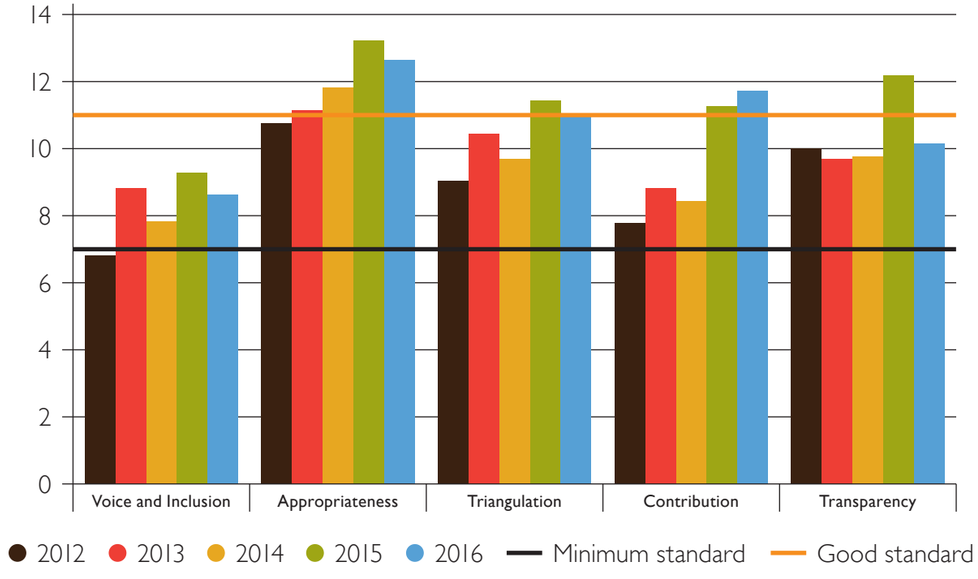
57 per cent of the evaluations were rated as 'Good' compared to 35 per cent last year. All reports are above the minimum standard meaning that they can be trusted as sources of evidence, as can the conclusions drawn from the results.

This is an encouraging sign and shows the effectiveness of the monitoring and evaluation support given. Of the 14 evaluations listed, eight were intentionally supported by us through a visit to the respective country or through closely working with the programme team to design the evaluation approach.

The strongest ratings observed in 2016 are within the 'Appropriateness', and 'Contribution' categories. This is due to the focussed support given to the evaluation Terms of Reference. In particular we made sure that the same methodology that was used at baseline was applied during the evaluation. We also supported the analysis of qualitative data to assess who is most responsible for the change.

The patterns show that minimum standards for each of the five BOND tool components have been met again this year. This is good news; however, our learning must be that we need to improve the results for 'Voice and Inclusion', which was lower overall than the other sections. This requires the beneficiaries of our programmes – especially the most vulnerable – to be included in the evaluation process, beyond simply responding to surveys. For example, involvement in designing the surveys or ensuring that their voices are heard and recorded when the results are validated. The action for us is to ensure this is increasingly well understood by evaluators.

Figure 15: Evaluation report ratings across the five BOND principles



Overview: UK advocacy

We believe that influencing donor policy and awareness through advocacy has an impact on our work to serve the most vulnerable. It is hard to measure child well-being directly as a result of these actions, however the case studies on these pages show positive impact on the levels of understanding of policy makers and the way we work as a humanitarian agency.

In 2016, we successfully prioritised growing our access and influence within the Department for International Development including hosting a DFID Minister in our Milton Keynes office in April; inputting significantly into the Civil Society Partnership Review especially on Beneficiary Feedback Mechanisms; and having regular engagement on key priorities including post-Ebola Sierra Leone, child protection, health, nutrition, social accountability, resilience and humanitarian engagement.

Our policy work continued to focus on child protection and most notably led to significant impact on the Foreign and Commonwealth Office's (FCO) Preventing Sexual Violence in Conflict Initiative. We also laid the foundation for an increased focus on child labour in 2017.

Along with successful implementation and advocacy using the Good Enough Context Analysis for Rapid Response tool, we continued our influencing work on major humanitarian crises globally including the Syrian conflict, instability in DRC, Central African Republic and South Sudan, and the global refugee crisis.

PUTTING SHAME AND STIGMA ON THE FOREIGN OFFICE AGENDA

We have been advocating with the UK Government on including children and taking a survivor-centred approach to the Preventing Sexual Violence Initiative (PSVI) since its inception in 2013. In December 2015, we launched a report on the impact of stigma on survivors and children born of rape, *No Shame in Justice*.[14] Throughout 2016, we contributed significantly to the development of the Foreign and Commonwealth Office's campaign and programme of work to help end the stigmatisation of survivors of sexual violence in conflict and children born of rape. Our work has been extensively referenced in internal FCO discussion papers and been directly recognised by the responsible minister. It has also helped us to win a grant to work with communities in South Sudan, DRC and Uganda to address the stigma faced by survivors of sexual violence and children born of rape.

"World Vision has provided invaluable advice to the Government on the Preventing Sexual Violence in Conflict Initiative (PSVI) since its launch in 2012. Most recently, their support to our work to tackle survivor stigma has ensured we develop an initiative that is evidence-based, credible, coherent with wider approaches and – above all – survivor-centred. As a key member of the PSVI external advisory committee, they routinely challenge FCO officials to think ambitiously while making sure we never forget who our policy is designed to serve." Rt Hon Baroness Anelay of St Johns DBE, Minister of State for the Commonwealth and the UN, and Prime Minister's Special Representative for Preventing Sexual Violence in Conflict.

LEFT: No Shame in Justice report launch in Parliament. Left to right: General Messenger (MoD), Baroness Nicholson, Stephen Twigg MP (IDC Chair), Rt Hon Baroness Anelay (FCO Minister), Charlotte Watt (DFID), Erica Hall (World Vision UK), Tim Pilkington (World Vision UK). © 2016 Siân Merrylees / World Vision

[14] *No Shame in Justice* http://cdn.worldvision.org.uk/files/7214/5806/4579/Stigma_Summary_Report.pdf

PREPARING FOR HUMANITARIAN EMERGENCIES

GECARR
Good Enough Context Analysis for Rapid Response

GECARR is a context-analysis tool that we developed to provide a macro-level analysis of a country during, or in anticipation of, a crisis. During 2016, it was deployed in Democratic Republic of Congo (DRC) and Mali. It has shaped humanitarian operations and advocacy messages and evidenced the value of rapid context analysis to the UK Government, other donors and NGOs, START Network, and UN agencies.

The DRC and Mali reports were shared with key donors and partners during advocacy and positioning meetings. This was critical in catalysing the UN to use inter-agency analysis in their own contingency planning around the DRC elections, as well as clarifying roles and responsibilities. Through sharing GECARR, the UN shared their analysis with the wider humanitarian community to receive feedback and encourage NGOs to analyse the potential impact of elections on their operations in case of urban violence. In Mali, NGOs and UN agencies together created response plans through GECARR and used the joint analysis to advocate with donor countries.

TOP LEFT: Meeting with a community organisation in the Central African Republic, consisting of Christian and Muslim peace builders, who were able to tell us about the situation in the country.
TOP RIGHT: This is the Congo River, seen from the small plane our team used to get from Gemena to Kinshasa, via a stop in Mbandaka to refuel. The river is one of the largest in Africa. **BOTTOM:** After our evacuation across the river into DRC we had to drive 24 hours. This particular bridge was a challenge to cross and included rebuilding part of it so that the car could eventually cross.
© 2015 Johan Eldebo / World Vision

Accountability

As our humanitarian emergency section demonstrates, there's a continuing need to improve accountability to beneficiaries and this has been part of our strategy.

Community Feedback and Response Systems (CFRS) are a method for strengthening our accountability to communities. They provide a channel for children, community members and partners to easily raise questions, suggestions and concerns about our activities, and for action to be taken in response.

Learning how CFRS can best be established in development programmes is one of our priorities. With DFID funding, from 2013 to 2016, we led a consortium that supported seven partner organisations in six countries to establish Beneficiary Feedback Mechanisms. In parallel it supported pilots in four of our programmes. Lessons have been captured through independent research and documentation, with key findings relating to:

- The importance of familiarising communities with their right to provide feedback, and providing appropriate channels through which vulnerable groups can share their feedback.
- The importance of not just receiving feedback, but having agreed systems and a supportive organisational culture for referral and response to feedback.
- The impact of responding to feedback, which led to improvements in projects and also contributed to feelings of empowerment among community members.

The pilots have generated guidance to support those resourcing, designing and implementing CFRS. These have been shared extensively in the aid industry and are informing our plans to roll out CFRS more widely in our development programmes and are available online.[15]

LEFT: AMREF Community Feedback Officer, asks for feedback through an interview with a health worker. **TOP RIGHT:** Health Poverty Action's Billboard in Somaliland, raising awareness of feedback mechanisms. **MIDDLE TOP RIGHT:** A painting by women in Uttarpadesh to promote the suggestion box. **MIDDLE BOTTOM RIGHT:** A women in Uttarpradesh India providing feedback against indicators of quality in health services. **BOTTOM RIGHT:** Health Poverty Actions' Community Feedback Officer in Somaliland enters feedback into the register. © 2016 World Vision

[15]Beneficiary Feedback Mechanisms Lessons from a multi-country pilot http://feedbackmechanisms.org/

Conclusions

In 2016, World Vision UK had a wide breadth of programming; working in 39 countries impacting 4.4 million children. Our focus of working with the most vulnerable resulted in 89% of child beneficiaries coming from 'fragile states'; with 16% of these coming from the 10 most fragile.

Encouraging levels of change have been seen in child protection and health. World Vision UK continues to respond to emergencies and build resilience into programming to ensure gains in child well-being are sustained. Valuable work has been piloted in accountability and World Vision UK continues to influence policy in support of most vulnerable children in its UK advocacy work. In the three programming areas of the last strategy period, successes, challenges and learning were identified.

Child protection

Evidence indicates activities which brought together adults and children; participation of children in activities which boost their confidence and strengthening community structures such as child protection committees make a difference. Change seen when different actors in communities worked together, as demonstrated by the case study from DRC (page 17).

Key learnings

The design of programmes must recognise that progress in child protection, despite excellent work is also linked to the resilience of families to avoid economic choices which endanger children such as dropping out from school. The World Vision systems approach must continue to be followed as progress is needed at different levels of society to bring about justice.

Child health

Successes have resulted from instances where World Vision has worked well in partnership with local government to improve access to quality health services. The Somalia case study (page 25) is representative of World Vision's work in communities, where health workers bring government services and community members closer together.

The evidence however, also showed that shocks such as drought are disruptive to healthcare and nutrition because of their impact on food security.

Key learnings

Resilience programming to prevent disaster and protect food supplies is particularly important. Programming also needs to use a range of activities which are comprehensive enough to be working in all areas of the Theory of Change. Scaling up partnership with governments at national level is required to ensure that interventions have the support and backing of those at the highest level. Finally, sanitation approaches which work on the basis of ownership of the issue by communities should be encouraged.

BELOW: "It is snowing often, I like snow, we play outside a lot, but I wish it was not very cold when it snows." Nelly, 8, from Armenia, whose family has been supported by World Vision after fleeing fighting in their home village. © 2017 Ani Chitemyan / World Vision

Humanitarian emergencies and resilience

World Vision's impact in humanitarian response situations is significant – our size and presence in communities around the world has enabled us to have relevant and timely responses as far and wide as Nepal, Ecuador, South Sudan, Ecuador and Mali. Responses this year were found to be highly relevant regardless of the type of emergency. World Vision has a presence in over 100 countries and therefore is often one of the first on the scene in an emergency. However, despite well managed responses, findings reveal that there can be particular challenges with procedure and bureaucracy in multi-country responses, affecting speed of response.

Key learnings

We will support colleagues in considering how the lessons can be applied to future responses. We have been piloting beneficiary feedback mechanisms in six countries and these will be developed for use in the design of emergency responses to improve accountability to those we are serving. We will also continue to show leadership in achieving agreed global standards for humanitarian emergencies.

World Vision UK will continue to campaign for multi-year humanitarian aid and is investing more time into preparedness measures such as early warning systems.

In long-term resilience programmes (non emergency) World Vision UK will continue to help families and communities cope with shocks such as failed harvests and reduce the risks of disaster, and will support work to streamline project models and indicators to enable us to see a clearer picture of progress across resilience programming. The importance of this can be seen by the conclusions above in child protection and health, that resilience is vital to sustaining gains in other sectors.

Quality of evidence

The quality of our conclusions rests on the quality of the evidence we use. World Vision UK evaluation reports show an improvement overall in evidence quality, with more reports rated 'good' than ever before. We recognise the need to continue to make progress in weaker areas especially in 'Voice and Inclusion' which seeks to ensure reports are strongly grounded in the voices of those we seek to help.

Key learnings

We will continue working with our colleagues to ensure all evaluators realise the need to achieve minimum standard in ensuring that evaluations are grounded in the voices of the beneficiaries.

Evidence in this report was reviewed as in previous years by Oxford Policy Management (OPM) who have made the following statement in their report:

"We observe continued improvement in the quality of World Vision UK's reporting and find the claims within this year's report to be reasonable."

OPM have made a set of recommendations which include the following:

- Further progress of using disaggregated data, especially by gender, for impact analysis and reporting needs to be prioritised.
- Understanding of how and why change happens as a result of World Vision's interventions can be strengthened.
- Consider a more systematic approach to how World Vision's Theories of Change are used to guide evaluation and learning.

World Vision UK will continue to learn about best practice and include these issues in our support of national office evaluation colleagues when approving evaluation designs.

RIGHT: Jennifer Nyirmbe, 22, prays outside of the Catholic church she faithfully attends each Sunday in Uganda. She began to worship outside the church because of the incontinence and odor caused by her fistula problem. Jennifer had successful fistula repair surgery last year but her case highlights the importance of skilled birth attendants to ensure mothers are cared for during labour in a way which promotes their health. © 2016 Jon Warren / World Vision **BACK COVER PHOTO:** 10-year-old Rubi in Bangladesh is happiest when playing with her school friends. Rubi lives with her great-grandmother who begs for food – providing two meals on a good day. Thanks to our Ghoroghat ADP she is in school. "I'm in class three now. I'll try my best to continue my education at any cost," Rubi adds. © 2016 World Vision

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World Vision is the world's largest international children's charity. Every day we bring real hope to millions of children in the world's hardest places as a sign of God's unconditional love.