An independent high-level assessment of World Vision International’s Commitments to the UN Strategy ‘Every Woman, Every Child’

(This report was developed in response to the iERG request for World Vision to provide specific information. This report is not for external publishing but to inform the overall iERG report with World Vision’s contribution to EWEC. A final report will be published based on this submission in September 2013.)
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Preface

In 2012, recognising the importance of transparency and accountability, World Vision invited Crowe Clark Whitehill to undertake a high-level interim review of progress made with regard to its Commitments to the UN Strategy ‘Every Woman, Every Child’ (EWEC).

In particular, the terms of reference for this first external assessment required a focus on:

- validation of the strategic alignment of World Vision’s programming practice with its EWEC Commitment; and
- assessment of actual total expenditures made by World Vision which may be counted towards its EWEC Commitment (e.g. Maternal, Newborn and Child Health programmes).

This is an independent update on progress and this second review, which was carried out during April and May 2013, was based on interviews with World Vision staff, a number of external stakeholders, document review and independent research. In addition we also carried out, in March 2013, a survey of World Vision staff and where relevant the findings have been used as part of this report.

I would like to express my thanks to all those who participated in this assessment.

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May 2013

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Preface

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Executive Summary

Two of the eight Millennium Development Goals (MDGs) concerned with improving the health of women and children are the furthest from being achieved.\(^1\) In September 2010, in an effort to accelerate progress on MDGs 4 and 5, the UN Secretary-General launched the Global Strategy for Women’s and Children’s Health called ‘Every Woman, Every Child’ (EWEC). This multi-constituency process aims to accelerate momentum towards achieving MDGs 4 and 5, reducing child mortality and improving maternal health, respectively.

Every Woman, Every Child is a global plan to save the lives of 16 million women and children by 2015. Together, over 40 countries, corporations and charities have pledged support and a combined US$41 billion to support the work. The campaign was described as an unprecedented global movement to mobilise and intensify action of those working nationally and internationally to improve the lives of women and children around the world, including governments, multilaterals, the private sector and civil society.

The Global Strategy for Women’s and Children’s Health was developed with the support and facilitation of the Partnership for Maternal, Newborn and Child Health (PMNCH). The global strategy sets out the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery. These areas include:

- support for country-led health plans, supported by increased, predictable and sustainable investment;
- integrated delivery of health services and life-saving interventions – so that women and their children can access prevention, treatment and care when and where they need it;
- stronger health systems, with sufficient skilled health workers at their core;
- innovative approaches to financing, product development and the efficient delivery of health services; and
- improved monitoring and evaluation to ensure the accountability of all actors for results.

Civil society organisation (CSO) and non-governmental organisation (NGO) stakeholders were encouraged to:

- endorse EWEC; and
- make public commitments in support of EWEC by aligning resources and programmes in support of this global effort.

On 20 September 2010, World Vision International (World Vision) announced its EWEC Commitment of US$1.5 billion (\$500 million via grants and foundations) in support of women’s and children’s health using a ‘social determinants of health’ approach (EWEC Commitment).

\(^1\) [http://www.who.int/woman_child_accountability/COIA_Report_web_v2.pdf](http://www.who.int/woman_child_accountability/COIA_Report_web_v2.pdf)
5 April 2012 marked the 1,000 day countdown to the Millennium Development Goals deadline and there is concern that although mortality among children under five is reducing, with time being short a greater push is needed to ensure that commitments are met.

The overall assessment is that World Vision continues to make much progress on its EWEC Commitment and is strongly on track to meet its full Commitment. The findings of this high-level review concerning the five specific World Vision commitments are summarised below.

1. **Strategically align all World Vision Health/Nutrition/HIV/Water and Sanitation investment to contribute towards the UN Secretary-General’s Global Strategy for Women’s and Children’s Health**

   It is apparent that World Vision’s strategy, advocacy and programmes at global, national and grassroots levels are closely aligned to the UN strategy. National Regional Office plans demonstrate congruence with the EWEC strategy and Support Offices continue to align with them. The objectives are seen to be within World Vision’s long-standing, overarching goal to achieve the well-being of the world’s most vulnerable children. To strategically align field programming to strategy, World Vision implemented a Jump Start initiative, investing US$21 million specifically to ensure the strategic realignment of World Vision field programmes to EWEC results areas. In addition, in September 2011 World Vision committed to supporting at least 100,000 Community Health Workers to further enhance its work to improve women’s and children’s health.

   Much of the work is carried out in area development programmes (ADPs). World Vision should consider clustering ADPs’ health programmes to benefit from scale, achieve change and reach sufficient population coverage. In addition, the efforts of programmatic and campaigning work may be better integrated by aligning teams more closely. This could be done by cross secondments.

2. **Stay a leading CSO investor in women’s and children’s health by investing at least US$1.5 billion aligned to EWEC from 1 October 2010 to 30 September 2015**

   Projected figures based on conservative assumptions show that World Vision is on track with its financial commitment. However, NGOs are facing difficult resource constraints, and continued close monitoring of forecasts and actuals is important to ensure that all parts of the World Vision partnership are able to deliver on this important commitment. In particular, World Vision is encouraged to consider ways to better align financial resource allocations to countries that are off-track with MDGs 4 and 5.

3. **Significantly contribute to increase the evidence base of implementation research for women’s and children’s health by investing at least US$3 million in operations research**

   In 2012 World Vision launched its flagship research project, The Child Health Target Impact Study (chTIS), which is being coordinated by a newly formed Child

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Health Impact Study Advisory Group (chISAG). This is aimed at improving the evidence base and moving beyond anecdotal or narrative descriptions of World Vision’s work to an assessment of work in a scientifically rigorous manner that can withstand peer review. Working with the Johns Hopkins Bloomberg School of Public Health as the lead academic partner, this study is taking place in four countries over a five-year period at an overall cost of US$5.6 million. This impact study will assess the effectiveness of World Vision’s Maternal and Child Health Strategy and the attribution of World Vision’s work to enhance the health of women and children around the world.

4. **Advocate for Child Health Now** by investing at least US$10 million in advocacy for women’s and children’s health

Child Health Now is World Vision’s first global campaign focused on a single issue: reducing the preventable deaths of children under five. This campaign follows the spirit of MDG 4 and has been embraced at all levels within World Vision. Now in its third year, Child Health Now is currently being run in 30 National Offices and is funded by 10 Support Offices, providing World Vision with a real opportunity to influence national, regional and global agendas to bring about improved health outcomes for women and children around the world.

Much of the effort of World Vision offices during the period since our last report was focused on the Global Week of Action. The aim of the Global Week of Action was to show leaders that there is public support to accelerate action so that all children can survive to their fifth birthday, in line with the EWEC initiative.

The projected investment is forecast to exceed significantly the US$10 million investment. However, there were concerns that the sustainability of the advocacy agenda was at risk because of funding constraints. This coupled with the need to ensure strong Southern advocacy voices within World Vision are important aspects that will need to be monitored.

5. **Be a leader in social accountability** by tracking commitments and parliamentary engagement for women’s and children’s health

World Vision has engaged in many initiatives that demonstrate its commitment to social accountability. It has tried to take the best from different frameworks, and its reporting and accountability tools and reporting frameworks are seen to be of increasing value to its work with communities, governments, peer NGOs and donors. It has actively engaged in developing and maintaining frameworks to monitor global financial and policy commitments for maternal and child health and to ensure that resources are deployed effectively. It has developed its own monitoring of commitment, parliamentary engagement and actions at the national level.

It is important that the momentum on accountability is maintained and that resource constraints do not reduce delivery in this important area.
6. World Vision has achieved much through strong **advocacy and parliamentary engagement**. The engagement with parliamentarians aims to increase domestic resources for women's and children's health in an effort to sustain current efforts to achieve MDGs 4 and 5 beyond the 2015 deadline. For World Vision the primary purpose of advocacy is to influence the policies and practices of government and multilateral institutions on a specific issue that affects the lives of children. World Vision has partnered with the Inter-Parliamentary Union (IPU) to establish a maternal, newborn and child health (MNCH) project. The engagement and partnership with the IPU has proven to be a successful one and there are a number of examples of good practice. In addition much has been achieved through **Coalition Building and Strategic Alliances**.

7. The landscape has been changing fast and World Vision has made positive contributions to change through its campaigns such as the Global Week of Action, its harnessing of technology and the mobilisation of local communities.

The pages that follow provide additional information on these areas and commitments. There are cross references and footnotes with links to relevant documentation.
1. Strategic Alignment

World Vision has developed its Partnership Strategic Direction, a series of elements that help to focus the work of the whole Partnership, ensure that strategies and implementation plans are aligned across the organisation and can make the best possible impact on the well-being of children. As a child-focused organisation, child well-being is at the heart of World Vision’s vision and mission. The Partnership Strategic Direction highlights the goal to focus on the well-being of the world’s most vulnerable children. World Vision has defined a number of aspirations, indicators, targets and outcomes for Child Well-Being (see Section 3 of this report).

Many of the internal and external stakeholders that we communicated with expressed the view that almost everything that World Vision does contributes directly or indirectly to its EWEC Commitments.

World Vision’s high-profile global campaign Child Health Now (see Section 4) is an integral part of its advocacy work and the campaign goals and strategic intent are closely aligned with the EWEC. In February and March 2013 an internal survey of the World Vision offices that had implemented Child Health Now found that that over 65% of the respondents thought that Child Health Now has contributed significantly or quite a lot to the strategy of their office.

In considering the actual alignment of World Vision’s strategy with the EWEC, the strategic plans of key members of the World Vision partnership – Support Offices, National Offices and Regional Offices – and also the high-level partnership direction were reviewed.

National Office, Support Office and Regional Office plans showed strong congruence with this overarching goal, and many had a specific focus on EWEC objectives. For example:

- The World Vision UK Strategic Plan 2011–15 states: ‘By focusing more closely on children in the world’s poorest, most fragile places, we can help those who need it most. Ending poverty means addressing its causes, not just the symptoms: we need to devote more resources to influencing people whose decisions affect the lives of the most vulnerable through our advocacy work. In particular, we need to be at the forefront of any campaigns related to the Millennium Development Goals as the 2015 deadline approaches.’

- The World Vision India Strategic Directives 2011–14 highlight ‘the reduction of infant mortality’ as the first of its strategic directives ‘with a focus on improving maternal health (–9months to +24 months) and improving full immunisation among children aged between 0–23 months’. This is directly linked to the ‘7-11’ framework discussed below.

- The World Vision Zambia 2010–12 Strategy lists four key strategic objectives, one of which is ‘improved health and nutrition status of 600,000 children and 200,000 women in WVZ operational areas’. The cross-cutting themes in the other three strategic objectives also resonate with the EWEC objectives.
There were some plans that did not make direct references to the areas of the EWEC Commitment, but this appears to be a function of the phasing of the plans. Regional and National Offices are on a staggered, three-year strategic planning cycle (e.g. plans for East Asia and for Latin America and the Caribbean being completed this year, while Middle East and Europe plans will be updated later this year). The Support Offices’ strategic planning cycles vary and last three to five years. This notwithstanding, many of the plans that were prepared before the EWEC Commitment show that World Vision has for some time carried out work that fits in with the UN’s global strategy.

In particular, in 2007, with strong commitment from the World Vision International Board and senior leadership, World Vision adopted a Health and Nutrition strategy with a strong organisation-wide focus on maternal and child health and nutrition (MCHN) which would directly contribute to World Vision’s child well-being outcomes (CWBOs) and to the MDGs. This strategy advocated for organisation-wide adoption of a ‘7-11’ framework of MCHN issues (7 interventions for pregnant women and 11 for children aged 0 to 23 months). They reflect the most successful and cost-effective intervention areas and are designed to maximise impact through combining complementary interventions. The strategy included plans to rapidly build institutional capacity and to ‘jumpstart’ a replicable and scalable programmatic base. The Jumpstart Initiative (JSI), as it came to be called, had two major components:

- Optimise health staffing for leadership, strategic prioritisation and technical support
- Build National Office–level health capacity, including redesign of area development programmes (ADPs)

The 7-11 Field Guide published in 2010 was seen as being critical to help align programme strategies and designs with the Health and Nutrition and 7-11 start-up strategy. This comprehensive field guide, described as the foundational to all of World Vision’s health and nutrition work, provides an overview of World Vision’s strategic choices, principles, interventions and project models, summarising the evidence behind these choices.

World Vision’s health strategy focuses on home visitation-based community health approaches that are strengthening Community Health Workers. In September 2011 in New York during the UNGA side meetings CEO Kevin Jenkins committed World Vision International to supporting 100,000 Community Health Workers as part of World Vision’s strategy and investment to improve maternal and child health and nutrition. This recognises the vital role that Community Health Workers play in addressing household-level preventive and care-seeking practices, and connecting families to formal health services.

A number of reports (USAID 2012, UNGA2012, WHO 2010) have also recognised the importance of Community Health workers. World Vision with USAID and the University Research Corporations have come together to develop a Community Health Worker ‘logic model’ for informing policy, programming, and implementation research intended to enhance Community Health Worker performance in low and middle income countries.
Recognising that plans do not always lead to implementation, external stakeholders were consulted as part of this assessment and reports of actual activity and other assessments were also reviewed. These consultations and reviews confirmed that based on actual activity there was a strong alignment with the EWEC strategy at both the strategic and implementation levels. In addition, monitoring the activity of programmes showed that inputs, activities and outputs are aimed at delivering the outcomes and impact envisaged by the EWEC Commitment.

Many of the strategies showed a strong focus on grassroots work through ADPs. The focus on ADPs and the fact that they are often smaller than district or other administrative units can be seen to be limiting from a public health point of view. World Vision is encouraged to cluster ADPs’ health programmes to benefit from scale, achieve change and reach sufficient population coverage. A number of those consulted thought that this would lead to better achievement of strategic goals and greater programming impact.
2. Financial Investment

World Vision committed to invest US$1.5 billion over five years in women’s and children’s health. The commitment, made in 2010, was based on expenditure on health, HIV and AIDS, nutrition, and water and sanitation. The table below is based on actuals for 2011 and 2012 and estimates for the years to 30 September 2013, 2014 and 2015 based on a 3% per annum growth estimate.

The 2012 estimate, based on a nine months’ actual, was forecast to be US$421.626m; the actual number was US$411.896m. Although the 2012 forecast to actuals difference is 2%, this still shows an increase in expenditure of 6% from the prior year. The 3% growth estimate was corroborated by discussion with senior financial analysts within World Vision who believe that it is realistic. It is expected that as World Vision’s strategic intent (see previous section) on EWEC moves centre stage, the percentage of its overall spend that is invested in EWEC will increase even if difficult economic conditions mean that total income will not increase.

Based on the fact that these are estimates, a sensitivity analysis on the projections is included in the tables below. This shows the impact on projected expenditure over the five-year period to September 2015 if the growth projections were reduced to a 2% increase, no growth, or a decrease of 1–5%. World Vision would still be meeting the US$1.5 billion commitment for the five years ended 30 September 2015 even if growth decreased by 5% and therefore the projected figures below continue to show that World Vision is well positioned to exceed its committed investment.

However, there is no room for complacency; the world economic crisis and the Euro crisis in particular are threatening funding to and by NGOs. For example, World Vision US, which is the largest Support Office, reports that grants from the US government declined by US$24 million in 2012, reflecting a tight fiscal environment for federal agencies as well as the completion of several large, multi-year grants for World Vision US. Similarly, gifts-in-kind from corporations were down US$32 million. This led to an overall decline in total World Vision US revenues of 4%.

Regular monitoring and scenario planning is important to ensure that World Vision remains on track to meet this important commitment. In addition, foreign exchange fluctuations and inflation in the spend countries need to be factored in to ensure that US$ expenditure can finance the expected level of activity.
Table 1: World Vision actual, forecast and projected expenditure for EWEC* by sector (in US$ ’000)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Actuals year ended 30 September 2011 '000</th>
<th>Actuals year ended 30 September 2012 '000</th>
<th>Projected year ended 30 September 2013 '000</th>
<th>Projected year ended 30 September 2014 '000</th>
<th>Projected year ended 30 September 2015 '000</th>
<th>Projected for 5 years ended 30 September 2015 '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>184,860</td>
<td>191,247</td>
<td>196,984</td>
<td>202,894</td>
<td>208,981</td>
<td>984,966</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>83,715</td>
<td>80,526</td>
<td>82,942</td>
<td>85,430</td>
<td>87,993</td>
<td>420,606</td>
</tr>
<tr>
<td>Nutrition</td>
<td>36,891</td>
<td>31,796</td>
<td>32,750</td>
<td>33,732</td>
<td>34,744</td>
<td>169,913</td>
</tr>
<tr>
<td>Water and sanitation</td>
<td>84,630</td>
<td>108,327</td>
<td>111,577</td>
<td>114,924</td>
<td>118,372</td>
<td>537,830</td>
</tr>
<tr>
<td>Total</td>
<td>390,096</td>
<td>411,896</td>
<td>424,253</td>
<td>436,980</td>
<td>450,090</td>
<td>2,113,315</td>
</tr>
<tr>
<td>Percentage increase</td>
<td>6%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sensitivity Analysis

- Totals if increase is 2%  
  Actuals: 390,096, 411,896, 420,134, 432,738, 445,720

- Totals if increase is 1%  
  Actuals: 390,096, 421,626, 416,015, 428,495, 441,350

- Totals if no increase is achieved  
  Actuals: 390,096, 411,896, 411,896, 411,896, 411,896

- Totals if there is a 1% decrease  
  Actuals: 390,096, 411,896, 407,777, 403,699, 399,662

- Totals if there is a 2% decrease  
  Actuals: 390,096, 411,896, 403,658, 395,585, 387,673

- Totals if there is a 3% decrease  
  Actuals: 390,096, 411,896, 399,539, 387,553, 375,926

- Totals if there is a 4% decrease  
  Actuals: 390,096, 411,896, 395,420, 379,603, 364,419

- Totals if there is a 5% decrease  
  Actuals: 390,096, 411,896, 391,301, 371,736, 353,149

* This expenditure does not include expenditure on operational research (see Section 3), Child Health Now (see Section 4) and advocacy (see Section 4)

The work carried out for this assessment did not attempt to validate independently any of the financial figures used in this report. These figures are based on compilations by the World Vision finance teams. Actuals are extracted from the accounting records of the National Offices and the figures used for the Global Consolidated Accounts for the year ended 30 September 2012. Budgets and projected expenditures are based on the latest estimates from World Vision’s financial analysts.

The question was raised as to the appropriateness of including the total spend in these areas as part of the EWEC Commitment. Programme expenditure is integrated, and World Vision does not see that it is practical or necessary to try and isolate direct EWEC expenditure. It was explained that, as highlighted in the UN Global Strategy for Women’s and Children’s Health, integration with MDG 1C on nutrition and MDG 6 on infectious diseases (AIDS, tuberculosis and malaria), non-communicable diseases and other health, social and cross-cutting issues, is critical to achieving MDGs 4 and 5. This is seen to be in line with the World Health Organisation Commission on Social Determinants for Health recommendation. For the purposes of this review it is seen to be acceptable to use the figures as stated above on the basis that World Vision’s investment to EWEC, to match its commitment, adequately supports integration with determinants of health that are traditionally outside the domain of the health sector, such as safe drinking water, sanitation, hygiene and nutrition.

The analysis by region for the three years to 30 September 2013 is shown below in Table 2.
Table 2: World Vision actual and forecast EWEC expenditure by region (in US$’000)

<table>
<thead>
<tr>
<th>Region</th>
<th>Actuals year ended 30 September 2011 $’000</th>
<th>Actuals year ended 30 September 2012 $’000</th>
<th>Forecast year ended 30 September 2013 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Africa</td>
<td>108,138</td>
<td>127,057</td>
<td>130,869</td>
</tr>
<tr>
<td>East Asia</td>
<td>28,268</td>
<td>29,678</td>
<td>30,568</td>
</tr>
<tr>
<td>Latin America/Caribbean</td>
<td>60,213</td>
<td>45,870</td>
<td>47,246</td>
</tr>
<tr>
<td>Middle East/Eastern Europe</td>
<td>16,578</td>
<td>15,049</td>
<td>15,500</td>
</tr>
<tr>
<td>South Asia &amp; Pacific</td>
<td>46,339</td>
<td>45,256</td>
<td>46,614</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>92,336</td>
<td>108,813</td>
<td>112,077</td>
</tr>
<tr>
<td>West Africa</td>
<td>38,224</td>
<td>40,174</td>
<td>41,379</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>390,096</strong></td>
<td><strong>411,896</strong></td>
<td><strong>424,253</strong></td>
</tr>
</tbody>
</table>

It is recognised that the funding mechanisms make allocation of funding to different countries challenging. The reduction of spend in Latin America/Caribbean Region is a case in point. Socioeconomic and political conditions in some countries and regions are also impediments to greater change and the importance of scaling up activity in some regions means that more assistance is required by these offices. World Vision is encouraged to consider ways to better align financial resource allocations and capacity to use this funding to countries that are off-track with MDGs 4 and 5.

World Vision tries to foster a culture of empowerment with staff, partners and those it works with. True empowerment requires an enabling environment and this means that World Vision must ensure that those it is trying to empower have the aptitude, core competencies, values and skill base to properly use tools, methodologies and policies to support both accountability and devolved decision making. True empowerment is only possible when suitably experienced individuals take decisions within their competence and within an agreed framework. This means that World Vision may need to focus on capacity building and support as a means to true empowerment and as a way of going to scale in all relevant regions.

World Vision has also analysed these figures by source. This is done to identify the income from government and bilateral funding, because there is a concern that this investment may be doubly counted in the overall EWEC Commitment. It is important that CSOs, and other recipients of government and bilateral funding that is included in their expenditure statistics, recognise that these funders also include the amounts in their own expenditure numbers.
Table 3: World Vision actual and forecast EWEC expenditure by funding type (in US$’000)

<table>
<thead>
<tr>
<th>Funding type</th>
<th>Actuals year ended</th>
<th>Actual year ended</th>
<th>Forecast year ended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 September 2011</td>
<td>30 September 2012</td>
<td>30 September 2013</td>
</tr>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Government</td>
<td>102,290</td>
<td>93,073</td>
<td>95,865</td>
</tr>
<tr>
<td>Multilateral</td>
<td>20,303</td>
<td>36,694</td>
<td>37,795</td>
</tr>
<tr>
<td>Private Non-Sponsors</td>
<td>94,335</td>
<td>102,253</td>
<td>105,321</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>173,168</td>
<td>179,876</td>
<td>185,272</td>
</tr>
<tr>
<td>Total</td>
<td>390,096</td>
<td>411,896</td>
<td>424,253</td>
</tr>
</tbody>
</table>

The figures in Tables 1 to 3 above exclude gifts-in-kind. The figures also exclude research and advocacy activity (see the later sections of this report) that is also directly aimed at the EWEC Commitment.
3. Increasing the Evidence Base

In 2011 World Vision developed the Child Well-Being Targets – a set of four concrete, measurable targets that show if children are moving closer to realising those aspirations in the areas where the organisation is working. The targets are:

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

Recognising the need to assess its work in a scientifically rigorous manner, early in 2012 World Vision launched a flagship research project: the Child Health Targets Impact Study (chTIS).

World Vision President Kevin Jenkins wrote an article in the May 2012 issue of Global Health in which he stated: ‘Our work should not just be well meaning, but must be informed by evidence. A growing library of research now guides our approach to malnutrition and considerable global momentum is building.’

World Vision has an extensive list of the various pieces of its own research, many of which are publications that can be found on World Vision’s international and national websites. The many small operations research projects to evaluate health programming are limited and unable to provide information about the effectiveness of World Vision’s programming at a population level. chTIS will provide scientifically rigorous evidence of the impact of World Vision’s Health and Nutrition programming, contribution to achieving MDGs 4 and 5, and progress towards achieving two of the four Child Well-Being Targets.

This impact study will evaluate World Vision’s work to achieve Child Well-Being Targets 2 and 3. In particular it is aimed at assessing the effectiveness of World Vision’s Maternal and Child Health Strategy and the attribution of World Vision’s work to enhance health of women and children around the world.

Following a comprehensive tender-based selection exercise Johns Hopkins Bloomberg School of Public Health was selected to be the lead academic partner for chTIS.

The objective of the study is to understand the impact, relevance, effectiveness and efficiency of World Vision’s core programming strategy for maternal and child health. The aim is to evaluate the findings of the study and use them to refine World Vision’s strategy to ensure the best possible impact.

Three interventions will be examined during this study:

1. Community Care Coalitions (mobilising community-based engagement and support);
2. Timed and Targeted Counselling (using community health workers); and
3. Citizen Voice in Action (using a social accountability approach). One of the additional interventions to be studied through chTIS is community-based prevention of mother to child transmission of HIV.

Following a comprehensive tender-based selection exercise, Johns Hopkins Bloomberg School of Public Health (JHSPH) was selected to be the lead academic partner for chTIS. JHSPH was selected for their team’s technical ability and experience in conducting impact evaluations. JHSPH has partnered with four in-country academic research institutes – Moi University in Kenya, INCAP in Guatemala, National Institute of Public Health in Cambodia, and University of Zambia in Zambia to carry out the study activities.

The study will take place in four countries – Guatemala, Kenya, Cambodia and Zambia – over a five-year period at an overall cost of over US$5.6 million. The key expenditure categories are shown in Table 4.

Table 4: Child Health Target Impact Study budgeted expenditure by category (in US$’000)

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>5 years to 30 September 2016</th>
<th>$’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global-regional level shared costs</td>
<td>834</td>
<td></td>
</tr>
<tr>
<td>Regional office costs</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>National office costs for 4 countries</td>
<td>1,794</td>
<td></td>
</tr>
<tr>
<td>Lead Academic Partner costs for 4 countries</td>
<td>1,038</td>
<td></td>
</tr>
<tr>
<td>National level Academic Partner costs.</td>
<td>1,849</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,567</strong></td>
<td></td>
</tr>
</tbody>
</table>

The projected phasing of the expenditure is shown in Table 5.

Table 5: Child Health Target Impact Study annual projected expenditure (in US$’000)

<table>
<thead>
<tr>
<th>Phased projected expenditure</th>
<th>$’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year ended 30 September 2012</td>
<td>308</td>
</tr>
<tr>
<td>Year ended 30 September 2013</td>
<td>2,031</td>
</tr>
<tr>
<td>Year ended 30 September 2014</td>
<td>732</td>
</tr>
<tr>
<td>Year ended 30 September 2015</td>
<td>814</td>
</tr>
<tr>
<td><strong>Total projected to 30 September 2015</strong></td>
<td><strong>3,885</strong></td>
</tr>
<tr>
<td>Year ended 30 September 2016</td>
<td>1,682</td>
</tr>
<tr>
<td><strong>Total projected to 30 September 2016</strong></td>
<td><strong>5,567</strong></td>
</tr>
</tbody>
</table>

Global design workshops and country level design workshops have been held. chISAG members, Ministry of Health representatives of the four participating countries, and the JHSPH team attended the global workshop to discuss and refine the study design.
Following this workshop, the study design underwent considerable refinement and country visits were made by the JHSPH team members to explore possible collaborations with in-country research institutions and select study sites. World Vision conducted situational assessments in each study site, and held combined research design and programme implementation design workshops in each target country. These in-country workshops were attended by chISAG members, World Vision’s health and nutrition technical staff, World Vision national and field office staff, JHSPH and academic partners, and Ministry of Health representatives.

A final study design for chTIS and a multi-country protocol have been finalised and submitted for ethical review. Currently, work is underway to refine the multi-country protocol for each country and prepare for baseline data collection. Baseline data collection will take place in the four countries between April and August of 2013. Baseline reports will be released for Kenya, Zambia and Guatemala by late Fall of 2013.

This is an ambitious and innovative research programme which is aimed at assessing and estimating the impact of World Vision’s investment to achieve MDGs 4 and 5. It is directly relevant to and meets the EWEC Commitment to contribute significantly to the evidence base of implementation research for women’s and children’s health by investing at least US$3 million in operations research.
4. Advocate for Child Health Now

In 2010 World Vision launched Child Health Now, its first global campaign focused on a single issue: reducing the preventable deaths of children under five. This campaign follows the spirit of Millennium Development Goal (MDG) 4 and has been embraced at all levels within World Vision and is being rolled out to an increasing number of National Offices (NOs) and is being supported by a number of Support Offices (SOs). As of April 2013, Child Health Now is operational in 30 NO countries. In addition, 10 SOs are funding Child Health Now projects and almost all (18) took part in the Global Week of Action (see below), indicating that capacity and will to campaign directly on child health is an increasing priority for World Vision.

The campaign draws on the lessons learned in World Vision’s 1,600+ community programmes where the development strategies are linked to advocacy efforts with local and national government bodies. This campaign is aimed at supporting communities in raising their voices about their right to quality health care and will allow them and other stakeholders to hold national governments to account in meeting their responsibilities to children, mothers, families and communities throughout their countries.

Figure 1: Progression of Child Health Now presence and financial investment 2010–15

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3 www.childhealthnow.org
World Vision has been working with other NGO partners to urge wealthy nations to fulfil their promises made to the UN’s Millennium Development Goals to improve conditions in the developing world. World Vision’s Child Health Now campaign is aimed at calling on the international community to rededicate itself to these goals.

The Child Health Now campaign aims to contribute to the achievement of a significant reduction in child and maternal mortality rates by pressing governments and others to focus more on family and community health, in line with MDGs 1C, 4, 5 and 6, particularly in the poorest and most marginal countries and regions in the world. This strategy addresses the inaction or ineffective actions of governments and multinational institutions on the issue of child health. World Vision views health as a development issue and through the Child Health Now campaign calls for concrete action to address pressing needs.

There are many examples demonstrating how this is happening in practice.

**Global Week of Action**

Governments and leaders around the world have emphasised their commitment to Child and Maternal Health. Yet there is a concern from those involved in the sector that whilst steps have been taken in the fight against unnecessary child mortality, wealth in the world as a whole has not found a solution and there still remains much which needs to be done. With three years until the Millennium Development Goals deadline, the world remains 15 years off-track in improving rates of child survival to the target level. The vulnerable and disadvantaged also often have the additional burden of being isolated by prejudice and local instability. To ensure that these attitudes and priorities change and recognising that insufficient progress has been made, the campaign took the strategic decision that popular mobilisation was needed to show political leaders that there is significant global public support for action on child health. World Vision organised the Global Week of Action between 13 and 20 November 2012.

The aim of the Global Week of Action was to show world leaders that there is wide-ranging public support to accelerate action so that all children can survive to their fifth birthday, in line with the UN’s Every Woman, Every Child initiative.

The goals were to mobilise 200,000 citizens face-to-face in 40 countries and for individuals to take 500,000 actions. These goals were exceeded, with over 2 million citizens in more than 80 countries participating in face-to-face mobilisation activities, and taking a total of 2.55 million actions in support of the Child Health Now campaign. Media efforts resulted in a broadcast reach of 165 million, while social media activities achieved more than 8.3 million impressions. Celebrities, political leaders and other change makers worldwide were mobilised to show support.4

Online, participants in the Global Week of Action were invited to take action in five ways:

- To take a photo with their hands raised and post it to the online photo wall with the message ‘Count me in! I want all children to Survive 5!’
- To ‘like’ Child Health Now Facebook pages, or to follow Child Health Now Tweets
- To sign up to the Twitter and Facebook ‘Thunderclap’

4 [http://www.childhealthnow.org/GWA/change-makers](http://www.childhealthnow.org/GWA/change-makers)
- To sign the Child Health Now Pledge to help children Survive 5
- To share the resources on children’s health available on the website, including videos, articles, blogs and publications on child health.

Recognising the fact that different governments and other changemakers have different perspectives, roles and actions that they need to take, the Global Campaigns team coordinated global elements and provided an adaptable menu of options for offices to select and contextualise. In this way World Vision offices were encouraged to adapt the campaign to align with the national political and policy environment. The ground surge of participation in the Global Week of Action demonstrated the power of advocacy and popular mobilisation as well as the benefits it can bring to many others. The active participation of so many World Vision staff has been equally important, in both their professional and personal capacities. This will provide considerable opportunities for future planning and integration. Many of the respondents to a survey carried out by us commented on the tangible and intangible benefits and value gains from this initiative.

World Vision offices and partners worked to extend the reach of the campaign to involve people in both urban and rural settings. The Global Campaigns team also tracked the total number of overall actions taken to capture the global movement.

Table 6: Overall actions taken during the Global Week of Action

<table>
<thead>
<tr>
<th>Actions</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Events Held</td>
<td>5,609</td>
</tr>
<tr>
<td>Face to face actions</td>
<td>2,295,498</td>
</tr>
<tr>
<td>Photo wall actions</td>
<td>806,598</td>
</tr>
<tr>
<td>Online pledges</td>
<td>83,699</td>
</tr>
<tr>
<td>Celebrities / changemakers</td>
<td>75</td>
</tr>
<tr>
<td>Media Hits</td>
<td>608</td>
</tr>
<tr>
<td>Traditonal media reach</td>
<td>200,611,450</td>
</tr>
<tr>
<td>Social media actions</td>
<td>28,000</td>
</tr>
<tr>
<td>Social media reach</td>
<td>8,341,441</td>
</tr>
</tbody>
</table>

The Global Week of Action has clearly generated strong internal and external momentum for the Child Health Now campaign. It provides a strong platform from which to leverage future campaigning to achieve policy change. By harnessing this significant uptake, Child Health Now can capitalise on the lessons learnt for internal process and deliver impact over the long term.

World Vision used strong feedback and tracking mechanisms including surveys to capture learning and improvement opportunities and these have been compiled in an evaluation report for internal learning. There are however useful learning points for such mobilisation campaigns more generally and the key learning points and recommendations from the evaluation report are presented in Appendix 1 to this report. World Vision is encouraged to share the detailed approach, planning timelines and lessons learned more widely to assist other CSOs who may plan to mobilise such action.

It is important that the momentum is maintained and World Vision has plans to build capacity to effectively undertake mobilisation activities. Initial follow up with national governments, partners and influencers has already taken place, including handovers of the commemorative photo book and preparation of new collaborative partnerships.
Citizen Voice and Action

There has been much research on the benefits of community-based monitoring systems (CBMS). The centralisation of government has often meant that data and facts that are often better measured and understood within the specific socioeconomic and political contexts at household and community levels is missing. As a result, the lack of local information about communities in need impedes development and hinders efforts to measure and evaluate change. CBMS has been premised on the fact that data that is relevant, timely, accurate and granular is needed to ensure that effort and investment is properly targeted and monitored.

World Vision believes that community ownership and engagement are a crucial part of the accountability chain for health that must be strengthened, with particular attention paid to the links between local and national levels. World Vision has a focus on the role of citizens in accountability, supporting them to be able to monitor and influence government spending, both from domestic resources and overseas aid, on health, education and other services to which they are entitled.

Many World Vision programmes use ‘Citizen Voice and Action’ (CVA),\(^5\) which brings together citizens, service providers, local government and civil society partners in a collaborative, facilitated group process designed to improve the quality of health services at the local level. The programme empowers communities to advocate for themselves by holding community-level government service providers accountable for the quality and quantity of services they deliver. Evidence collected in this process can then be used as the basis for constituency-level engagement with local parliamentarians and for higher-level policy dialogue at state and national levels, to influence government policies and resource allocation.

CVA and other local-level advocacy approaches are making measurable progress. CVA is being implemented in over 210 Area Development Programmes in 29 National Offices.(to be updated).

Although CVA operates primarily at the local level, the methodology also can be used to identify patterns of government failure that are ripe advocacy targets for systemic reform at the provincial, national, or even global levels. It is expected that the CVA database will provide an excellent way to link CVA and other local-level advocacy approaches to national- and global-level campaigning.

This database will allow World Vision staff to aggregate the data collected at the ADP level related to the implementation of the EWEC Commitment. The aggregated data will allow World Vision to monitor at the national level the progress against the commitments made in favour of EWEC. It will show where more action is needed as community-level information on health services is uploaded and made available to campaign teams around the Partnership. Using this information will offer campaign teams a powerful means to demand change, channelling the voices of community members to decision-makers.

There are many other examples of how CVA is working at World Vision offices worldwide. Detailed case studies from Indonesia and Uganda have been presented separately to the iERG.

World Vision Nepal is using CVA to encourage community participation and strengthen civil society interest and social responsibility on health to ultimately equip communities to advocate to local government for improved access to health facilities at a local level.

This aligns with Nepal’s EWEC commitments to increase access to and utilisation of healthcare as outlined in the government’s commitments ‘to recruit, train and deploy 10,000 additional skilled birth attendants; fund free maternal health services among hard-to-reach populations; and ensure at least 70% of primary health care centres offer emergency obstetric care’.

Contextualising CVA resources has improved the uptake to ensure greater community participation in CVA as a mechanism to improve government health facilities.

At workshops and orientations for Child Health Now ambassadors and community members, a common discovery was that pictorial information was favoured as a way to explain and share messages. As a result the CVA team produced posters to build community knowledge of local level advocacy. The ambassadors can now distribute these posters at community level to help explain the significance of CVA for improving government health facilities. The CVA team also reworked the CVA guidelines to include new graphics on the CVA cycle that could be easily understood by local participants.

World Vision in Nepal has encouraged community participation to strengthen civil society interest and social responsibility on health. After forming ‘Maternal and Child Health Concern Groups’ at community level, these groups selected campaign ambassadors to become major frontline activists on community sensitisation and to bring increased pressure to bear on local government for improved access to health facilities. It is working well, with 36 Concern Groups now operating in Kailali and Doti districts in far west Nepal. From each of these groups, three volunteers were selected to represent their communities as Campaign Ambassadors. Pushpa Bhatta, one of the Campaign Ambassadors, said, “I was inspired to become one after I heard about it from my community people and World Vision staff that this campaign will help to reduce under-five child mortality. And for me, I feel that after being born healthy and being educated, I need to do something to contribute to help my community. I feel I can do it.”

There are concerns that the sustainability of the advocacy agenda was at risk because of funding constraints. This, coupled with the need to ensure strong Southern advocacy voices within World Vision, is an important aspect that will need to be monitored.
5. Social Accountability

Following the launch of the Global Strategy for Women’s and Children’s Health the UN Secretary-General tasked the World Health Organisation with establishing a new, time-limited Commission on Information and Accountability for Women’s and Children’s Health. This was intended to create a framework to monitor global financial and policy commitments for maternal and child health and to ensure that resources save as many lives as possible.

The framework was expected to track results and resource flows at global and country levels. In its 2011 report, *Keeping Promises, Measuring Results*, 6 10 recommendations were made to focus on improving information for better results, improving tracking of resources and stronger oversight of both results and resources at national and global levels.

World Vision President and CEO, Kevin Jenkins, was one of only 25 commissioners involved in this commission. This invitation stemmed from World Vision’s high level of engagement in the development of the global strategy, with input from a number of National, Regional and Support Offices, coordinated by the Child Health Now and Global Health teams.

In September 2012 World Vision staff from Thailand and Indonesia attended the Multi-country Workshop to develop country roadmaps to translate the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health. Following up on this the Government of Indonesia conducted an in-country workshop in February 2013 to gather all key stakeholders and partner communities to discuss and develop the Country Framework and Roadmap on Information and Accountability. There were seven working groups and the Campaign Director of World Vision Indonesia became the facilitator for Working Group 7 on Advocacy and Outreach. The Working Group included participants UNICEF, UNFPA, WHO, IFPPD, Ministry of Health (Health Promotion Centre and Public Information Centre), Office of Special Envoy for President on MDGs, Save the Children, and World Vision. At the end of the workshop, all institutions that actively engaged in the COIA’s process were asked to sign the commitment to support the implementation of the Road Map to 2015.

Subsequently in March, 2013, Dr. Martin Weber PhD (Head of Department of Child and Adolescent Health – WHO Indonesia) and Dr. Robin Nandy (Chief of Child Survival and Development – UNICEF Indonesia) visited World Vision Indonesia’s office to meet the World Vision National Director. They thanked World Vision Indonesia for its leadership for the CSO/NGO Coalition (Maternal and Child Health movement/Gerakan Kesehatan Ibu dan Anak) and the commitment to support the COIA’s process. WHO-UNICEF-WV Indonesia agreed to share the result of COIA’s workshop with the Minister of Health, and with other international NGO heads and CEOs in Indonesia.

The review of information and discussion confirms that accountability is deeply embedded in World Vision’s organisational character. It is one of the foundations of the World Vision Partnership and one of the Partnership Principles – alongside empowerment, twin citizenship and interdependence.

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World Vision’s Core Values emphasise responsibility for accountability to communities, staff, supporters, donors and the wider public.

World Vision has committed to a number of self-regulatory initiatives to assure standards of accountability in the sector, including:

- International NGO (INGO) Charter of Accountability (World Vision has been represented on the Board of the INGO Accountability Charter Company since 2009);
- International Federation of Red Cross and Red Crescent Societies Code of Conduct: Principles of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes;
- HAP International Humanitarian Accountability Principles (World Vision is represented on the Board of HAP);
- Sphere Humanitarian Charter and Minimum Standards in Disaster Response (World Vision is represented on the Sphere Board); and
- People In Aid Code of Good Practice.

As a member of the INGO Accountability Charter, World Vision is required to submit annual reports using the Global Reporting Initiative’s (GRI) NGO Sector Supplement. Reports are reviewed by an independent panel and its findings published.7

Extract from the feedback provided to World Vision in January 2012 by the independent review panel of the INGO Accountability Charter:

We believe that your report is very good. It is complete and provides a good level of evidence. We particularly appreciate the global view presented by your CEO in the introductory statement. It is obvious that you have strong and extensive systems in place. We also appreciate the way you report on the area of complaints, not only providing numbers but also an analysis and details on how you work within this area. Furthermore we would like to commend your attempt to merge several reporting frameworks into one report and reach several stakeholders with one report. We believe that the structure is user friendly and sets the context of what you aim to achieve. We appreciate that you mention your commitment to the overall process and believe that this is appropriate for an organisation of your size and range. With regards to institutional commitment to accountability we see the level of detail in the report and the leadership as signs of this.

The most recent World Vision Accountability Report relates to 2011.8

World Vision was appointed by the Partnership for Maternal, Newborn and Child Health as one of the three coordinating agencies together with the Government of Canada and the Government of Tanzania to coordinate the PMNCH Strategic Objective on Accountability for the period from 2011 to 2015.

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7 http://www.ingoaccountabilitycharter.org/list-of-signatories/signatories-annual-reports/world-vision-international/
This work involves the development of the annual accountability report that informs the work of the independent Expert Review Group that is tasked to report to the UN Secretary-General on progress made by all stakeholders on their commitment to EWEC.

To better measure health and nutrition, World Vision has been training its staff in the use of new software, Standardised Monitoring and Assessment of Relief and Transition (SMART). SMART enables World Vision staff to assess better the nutritional status, mortality rate, and food security of families. World Vision has also piloted and is scaling up the use of mobile technologies like cell phones to report health data.

To help provide focus on specific practices which enhance accountability to children and communities, World Vision developed a Programme Accountability Framework 2010. This framework outlines a set of minimum standards for accountability to children and communities in World Vision programmes, along with guidelines on how they can be implemented.

The document review and the various consultations show that World Vision has also actively embraced social accountability in its approach, although there were concerns expressed that resource constraints should not be allowed to have too heavy an impact on the accountability agenda. It is important that the momentum is maintained in social accountability especially for CVA, World Vision’s local-level social accountability programme which has been discussed earlier in this report, and we encourage World Vision to maintain its dedication to and support for this key aspect of its commitment to the UN strategy.
6. Advocacy and parliamentary engagement

For World Vision the primary purpose of advocacy is to influence the policies and practices of government and multilateral institutions on a specific issue that affects the lives of children.

Working with Parliamentarians

World Vision has partnered with the Inter-Parliamentary Union (IPU), to establish a maternal, newborn and child health (MNCH) project that aims to increase parliamentary leadership for MNCH in order to:

- encourage citizens’ representation in negotiations with governments on community and family health issues;
- ensure health-related donor harmonisation including parliamentary involvement in the development of one national health plan;
- analyse budgets and ensure increased budget allocation for MNCH;
- legislate to enhance MNCH outcomes; and
- hold governments to account for the delivery of commitments on MNCH.

The engagement and partnership with the IPU has proven to be a successful one and there are a number of examples of good practice.

- The Southern Africa Regional Office, as part of its CHN campaign strategy, partnered with the IPU and UNFPA regional office for East and Southern Africa to undertake consultations around the development of content for a MNCH handbook for use by members of parliament. World Vision helped to inform the minimum skills set and awareness required by MPs in order for them to successfully advocate for and engage in advocacy, policy making and implementation processes that promote children’s health.

- As 2012 IPU attendance from Sierra Leone was finalised, World Vision Sierra Leone organised meetings with delegates of the Ministry of Health & Sanitation and the Nutrition Department. In this meeting World Vision requested that IPU delegates hand over and support their calls to pass the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition. To exert further lobbying pressure, World Vision Sierra Leone wrote an opinion piece on child health challenges in Sierra Leone, which was subsequently published in three national newspapers.

- Prior to an IPU meeting in 2012, the global Child Health Now team produced an Action Circular containing a policy briefing and model letter for Child Health Now offices to use with their delegations. World Vision Tanzania was able to coordinate a full meeting to hand over their letters to the delegated MPs, where they also presented on Child Health Now campaigns and goals in Tanzania. This also provided a space for dialogue and a series of recommendations was returned to World Vision by MPs, including scaling up research and primary data to support action and results on child health and nutrition.

- A letter including a Policy Brief on in relation to the proposed resolution on Maternal, Infant and Young Child Nutrition was personally delivered by a
representative of World Vision Philippines to the Philippines delegates of the House of Representatives. World Vision then organised a meeting with aides of the MPs to present the policy calls, while raising greater awareness on the importance of the resolution.

Coalition Building and Strategic Alliances

On the 9 May 2013 the UN Secretary General Ban Ki-Moon spoke at a special event in New York where civil society, corporate and decisions makers had come together to discuss the importance of the Every Woman, Every Child campaign. His inspiring speech focused on the importance of innovation and partnership in tackling the challenges of our age:

“In the 21st century, no institution can solve global challenges on its own. There is no monopoly on good ideas. That is why I believe so deeply in partnerships – strategic partnerships. Our Every Woman, Every Child initiative is a pioneering example of this new way of tackling common global challenges.”

In World Vision’s terminology a coalition is a long-term formalised engagement with a number of organisations, which share a common cause and pursue a common set of objectives and have a common plan for addressing issues that are common concerns for all of them. All those we spoke to praised World Vision for its coalition building efforts. World Vision has recognised that within the context of a coalition World Vision may need to suppress its brand and operate under the collective label of the coalition and promote this to the public and the supporter base. As a result World Vision’s active engagement in many coalitions may not be apparent. The fact is that World Vision is working in partnerships, alliances and coalitions around the globe addressing many issues. Some examples are highlighted below:

- Responding to a proposed decrease in the Sierra Leone’s government health budget to 7.4% from 11% of the total national budget, World Vision worked with partners including Save the Children, Oxfam and local organisations to respond to the decrease and to track how healthcare money is being used. The coalition showed the government how other countries have helped to reduce child and maternal deaths by making sure that the right people with the right training are in the right places. As a result the government health budget is set to increase to 10.5% of the total national budget.

- Collaborative work between World Vision staff from Armenia and Thailand recently led a government delegation from Armenia to travel to Thailand to see first hand how the country uses alternative funding, a targeted allocation of tax surcharges to support health care projects. “Thailand had strong political will to use tobacco taxes for healthcare preventive projects, health promotion and scientific research,” declared Suren Krmoyan, the chief of staff of the Ministry of Health in Armenia, after the trip. “It was important to learn more about the project and evaluate the effectiveness of those projects”.

- Child Health Now in Kenya has a clear goal of integration with other health and nutrition programmes, internally and externally to the organisation. Representatives from World Vision Kenya, Save the Children UK and UNICEF have worked in partnership with the Ministry of Public Health Services) to finalise the National Nutrition Action Plan (NNAP 2013-2017) which was launched in
October 2012 at a nutrition symposium organised by the partners and presided over by the President of the Republic of Kenya. This significant event also saw Kenya declare itself a SUN (Scaling Up Nutrition) country.

To coincide with the end of the Global Week of Action, World Vision's South Asia and Pacific regional office in Singapore convened an event to explore and challenge approaches to nutrition in Asia through a first-time meeting of experts and representatives. The aim is to build an influential alliance of cross-sector organisations to tackle nutritional challenges in the region. In its role as moderator, World Vision took the opportunity to share the current landscape of maternal and child health in the region.

Panel participants included Accenture Development Programme who shared work undertaken in transformational public-private partnerships via the ‘Laserbeam’ initiative tackling under-nutrition in Indonesia and Bangladesh. Royal DSM (global science-based company) presented on the opportunities of rice fortification to tackle micro-nutrient deficiencies in populations and Professor Arul Chib (formerly of World Vision), Nanyang University spoke on the role of ICT in nutrition, warning of a scenario of many small positives in piloting ICT interventions in the field leading to a grand failure to go to scale. UBS bank focused on impact investment, citing that the case for investment in development solutions is strong and that more capital needs to be shifted to the ‘bottom of the pyramid’.
7. Contributions to Change

World Vision has made a number of contributions to significant change that will impact on the delivery of key EWEC objectives

World Health Assembly

On 25 May 2012 a resolution was passed on the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition at the World Health Assembly (WHA). This is widely recognised as a major step towards improving nutrition for millions of women and children.

The Plan sets out six priority global targets that Member States agree to achieve by 2025, including a reduction in the number of stunted children and maternal anaemia, a decrease in the number of babies with low birth weight and an increase in the rates of exclusive breastfeeding, among others.

These targets set the framework for follow-up action within countries at local and national level and are closely aligned with World Vision’s Child Health Now’s global impact objectives and World Vision’s 7-11 programming approach. The next step is for World Vision to partner with national governments to translate the Plan into action in-country and to turn policy into practice that will improve outcomes for children and mothers.

There were many organisations and individuals that played a part in securing the resolution which was at one stage under real threat because of US opposition. World Vision was widely acknowledged as having an important role in securing the resolution. For example:

- Dr. Flavia Bustreo, Assistant Director-General on Family, Women's and Children's Health at the World Health Organization mentioned World Vision twice in her 'highlights' of the WHA.
- A senior member of the Canadian delegation praised World Vision’s work as having made a significant contribution to the successful outcome.
- World Vision was mentioned as being a key partner in Mongolia’s progress in maternal and child nutrition after the Asian Development Bank and the World Bank. This took place during the statements made on nutrition by national governments. It was the only NGO mentioned in this way.
- A member of the Irish delegation confessed to 'loving everything that World Vision does'!

Human Rights Council

Article 24 of the CRC affirms the child’s right to health. In February 2013, the Committee on the Rights of the Child adopted a ‘General Comment’ on Article 24 which sets out in extensive detail what this right actually means in practice. The purpose of these General Comments is to give the States further guidance as to what the Committee expects of them in order to meet their obligations under this Article. World Vision as project manager, together with WHO, UNICEF and Save the Children, was leading a process that culminated in the adoption of this specific General Comment.

http://www.who.int/nutrition/topics/WHA65.6_annex2_en.pdf
World Vision played a leading role in the process that culminated in the adoption of this specific General Comment. World Vision was involved in the drafting process as well as in holding global and regional consultations to collect the views of all interested parties and stakeholders, including children, on the implementation of the child’s right to health.

The General Comment contains a specific framework for implementation and accountability of the child’s right to health, on which civil society actors can rely to advance child health at country level. The framework contains proposed activities in different spheres, such as governance and coordination, engagement of national parliaments, and planning, implementing, monitoring and evaluating child health policies and programmes.

For the first time in the history of the Human Rights Council, the child’s right to health was brought centre stage through the collaboration with concerned member states by World Vision and Save the Children. A debate organised by both organisations focussed on the child’s right to health through adequate nutrition and how it can be ensured in a fragile context. A full day of discussion was held on 7 March 2013 in Geneva, Switzerland, at which 15 year old Jonas from Bolivia and 14 year old Tama from Haiti addressed the Council. The two youths, whose visit was facilitated by World Vision, discussed the importance of enabling young people to make their views known.

At the end of the session, the Council adopted a landmark resolution recognising child mortality as a human rights concern, and invited WHO, with relevant partners, to prepare a study of child mortality within this context.

The Universal Periodic Review (UPR) is a unique process which involves a review of the human rights records of all UN Member States. The UPR is a State-driven process, under the auspices of the Human Rights Council, which provides the opportunity for each State to declare what actions they have taken to improve the human rights situations in their countries and to fulfil their human rights obligations. The UPR is one of the key elements of the Council which reminds States of their responsibility to fully respect and implement all human rights and fundamental freedoms. World Vision as an important stakeholder makes regular submissions based on information from its offices to the Universal Periodic Review.

**Leveraging mobile technology for health**

Under EWEC, the Commission for Information and Accountability for Women’s and Children’s health was set up and the Commission report made a number of recommendations on how to leverage mobile technology for health. World Vision recognises that contribution for change comes from more than advocacy and this report has highlighted examples of the innovative use of technology. Of particular relevance to the effective and efficient delivery of EWEC is World Vision’s focus on mHealth. The mission of World Vision’s mHealth programme is to empower the most vulnerable households and community health workers/volunteers through use of common, shared, multi-functional and collaboratively designed mobile health solutions to deliver community-based health interventions. These technologies are usually deployed in a partnership with the private sector and are making a difference in the dissemination of community and clinical health data, delivery of healthcare information and real-time monitoring. This is happening in many geographies. For example
In Afghanistan with funding from the USAID Child Survival Health programme, World Vision, in partnership with Dimagi, is conducting operations research to test if the use of CommCare, a mobile phone-based application, will increase uptake of healthy actions, improve knowledge of important information points, and improve communication and coordination between community health workers and higher-trained health workers. The project tries to address cross cutting issues of literacy and gender as many of the female health workers have never had a chance to go to school, and Dimagi is extending the CommCare platform to support audio and visual prompts which make it possible for illiterate and low-literate health workers to learn, share, and collect information.

While this tool helps health workers by making sure they cover all the relevant topics and recommends appropriate interventions, it is also collecting data about the community and the visits which can be relayed back to supervisors and managers.

The East Africa Maternal, Newborn, and Child Health and the Southern Africa MNCH projects will improve maternal, newborn, and child survival. This will be achieved through improved health system access, mobile health solutions, sustainable nutrition, and market diversity in selected communities in East Africa (Kenya, Rwanda, Tanzania, and Uganda) and southern Africa (Zambia, Mozambique, Malawi, and Zimbabwe).

This mHealth component will utilise select mHealth solutions to deliver World Vision’s Timed and Targeted Counseling programming model and all services related to ante- and post-natal care, including community-based prevention of mother-to-child transmission of HIV and AIDS.

The Kenyan integrated mobile Maternal and Newborn Child Health information platform (KimMNCHip), recently renamed ‘Jamii Smart’ for smart family, is a national-scale effort to provide affordable and accessible mobile health solutions to all pregnant women and mothers with children under five everywhere in Kenya. It is run by a cross-sector partnership between the Government of Kenya, Safaricom, World Vision, Care, AMREF and NetHope.

Kenya has had widespread success with many mobile technologies and KimMNCHip is designed to build on Safaricom’s Mpesa services. One of the key objectives is the strengthening of Kenya’s community health system/referral services by linking households, community health workers, and health facilities in a real-time health information system that tracks pregnancies, births, and maternal deaths and provides updates and reminders for timely interventions.

In Sri Lanka World Vision is piloting Child NutriNet (CNN), an innovative project that supports growth monitoring toward improvements in child nutrition status, which continues to be a major public health problem in Sri Lanka. The CNN pilot project has introduced mobile technology to track and monitor the nutrition status of children in World Vision’s area development programmes. This is a big innovation as until now most of this data has been gathered manually.
New times, New challenges

As World Vision continues to face a changing and challenging landscape it will face many challenges.

- How can World Vision remain nimble and receptive to the impacts of a new uncertain environment and funding landscape, identifying and responding to challenges and also new opportunities?

- How can World Vision manage change without losing momentum and clarity of purpose?

- How can World Vision build and sustain procedures and operating environments that will meet best practice principles, demonstrate stewardship over funds and comply with increasing requirements from funders and regulators yet not create unnecessary bureaucracies?

- What are the newer skill sets, procedures, methodologies and structures required to work in new areas and manage relationships with new supporters, regulators, partners and other stakeholders?

- How can World Vision best monitor and evaluate its impact and ensure that this is communicated effectively to supporters and other stakeholders?

It has become self-evident that plans for future strategic development will have to take into account not only all of these factors but also a very different environment from that of the early 2000s.
Appendix 1 – extract from World Visions Internal Evaluation of the Global Week of Action

What have we learnt?

1. A powerful constituency for popular mobilisation and advocacy can be built through broad engagement across the World Vision Partnership and through external partners, especially through a ‘network of networks’. This involvement can be deepened and widened through earlier planning and wider consultation, particularly in relation to scheduling to involve those offices and partners with pre-existing supporter bases and spheres of influence. Now that this process has been successfully executed, this can be replicated in future campaigns, which represents a major learning for the organisation.

2. World Vision can extend its reach to new and diverse audiences through the innovative use of social media and celebrity involvement in mobilisation as well as specific issues-based content for national media outlets. The Global Week of Action provided further opportunities for supporters to engage with World Vision and our mission, in addition to attracting many first-time supporters.

3. Guidance from regional and global leaders is vital to achieving shared goals. The high uptake of Global Week of Action is attributed mainly to the influence and encouragement of leaders including World Vision President Kevin Jenkins, regional leaders and national directors. As a result, many more offices joined the campaign than just those delivering Child Health Now projects, taking advantage of the timing, the materials and the global nature of the movement to raise interest in MNCH issues through integrated advocacy.

4. Rapid feedback following the conclusion of the campaign is important for both internal and external audiences, but it is difficult to meet expectations for assessing impact short term from public mobilisation. The task of real-time monitoring and reporting across more than 70 offices is also challenging even with pre-planning, especially with regard to tracking media activity across national offices.

Summary of key recommendations:

**Improve timing and consultation:**

- Actively involve internal implementers and stakeholders early in the planning process, including marketing and communications colleagues for creative and collaborative external engagement, ADP and field teams to ensure budget and human resource are available, and office leaders to maximise organisational will
- Externally, engage global-level external partners during planning process to partner from the beginning, to create broader ownership of approach as well as opportunities for local to global connections. Allow the longest possible lead time for celebrity and changemaker engagement to increase likelihood of in-person endorsement and action.
- Ensure media strategies are ready and endorsed by key internal partners (including communications teams) before moving to production of messaging and engagement materials.
- Include post-campaign followup and momentum in planning phase, to ensure ongoing opportunities for sharing, learning and collaborative campaigning with internal and external partners.

**Recognise roles:**

- Always engage leaders alongside their teams to drive popular mobilisation strategy and create the right space and energy for teams to deliver their best efforts.
- Dedicate appropriate human resources to preparation, implementation, monitoring (including of online community interactions) and evaluation. Where capacity is likely to be stretched, identify and secure consultant support early.

**Work with one voice:**

- As an organisation, continue to build momentum by connecting supporters together on key moments for maternal and child health policy. Reference external benchmarks for what is possible (for instance, UNICEF, Save the Children) to set goals for future online share of voice.
- Conduct further capacity building for communications teams on advocacy media and resource media monitoring.
- Greater coordination with C4D to capture and highlight field voice on social media; build systems and capacity for reporting ‘real-time’ to create more dynamic online content.

**Overcome obstacles to global reporting:**

- Continue to build SMS reporting into Child Health Now monitoring tools to simplify basic reporting requirements.
- Simplify advocacy evaluation materials and methodologies to increase interest in evaluating Global Week of Action and similar campaigns – and in particular, invest in baseline research or situation reporting for public mobilisation.
- Build expectations internally that assessing the impact of advocacy and policy change takes months if not years.

Further details on successes, challenges, and recommendations are available throughout the body of this report.