



World Vision®

FY2015

HEALTH AND
NUTRITION
GLOBAL PROGRAMME
ANNUAL REPORT

INTRODUCTION

Welcome to the World Vision FY15 Health and Nutrition Global Programme Annual Report. As one of World Vision's largest sectoral investments, Health and Nutrition addresses a broad scope of issues. From malnutrition to malaria, neglected tropical diseases to infectious diseases like Ebola and HIV/AIDS, from saving newborns' lives to the healthy timing and spacing of pregnancy, from strengthening healthcare systems to addressing health determinants like birth registration, our dedicated staff are saving lives and improving the well-being of children around the world.

Thanks to its great variety of programmes and services, the Health and Nutrition Global Programme team serves more than 26 million children in some 58 countries, not including advocacy initiatives which reach many millions more. Different factors have contributed to these impressive numbers. First, the vibrant Health and Nutrition Community of Practice of nearly 3,000 people contributes every year to improving our daily work. Second, in the last year alone, the public funding portfolio increased by 8 per cent, receiving 40 new grants. Partnerships have also contributed to this year's successes. From a global leadership relationship with the World Health Organisation, to technical partnership with Harvest Plus and private sector partnerships with Pfizer, Merck and Janssen Pharmaceuticals, health and nutrition partnerships are stronger than ever.

At the field level, implementation of key projects significantly increased. Channels of Hope was implemented in 36 countries, Community Management of Acute Malnutrition in 12, Positive Deviance/Hearth in 30 and Mobile Health in 16. A survey of Community Health Worker (CHW) engagement found WV supporting more than 220,000 CHWs in 48 countries. The Child Health Now campaign continued to impact the lives of the most vulnerable by influencing 230 national-level policies.

In FY15, Health and Nutrition achieved and exceeded its 2010 UN commitment to invest \$1.5B in maternal and child health and nutrition over five years by \$500M, and exceeded its FY14 Nutrition for Growth one-year target of \$142M by 29 per cent. World Vision continued to pro-

vide health and nutrition leadership on the global stage in initiatives such as Every Woman Every Child (EWEC), the Scaling Up Nutrition (SUN) Movement, the Every Newborn Action Plan (ENAP) and the Partnership for Maternal Newborn Child Health (PMNCH). World Vision President Kevin Jenkins was appointed by Ban Ki Moon to serve on the strategic advisory group of EWEC.

The level of initiative in the department was truly inspiring. During the Ebola crisis, the Channels of Hope team rapidly mobilised faith leaders to address community barriers to effectively manage the disease. A new five-year strategy was developed to re-invigorate WV's flagging Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) portfolio. A global BabyWASH initiative was launched to facilitate the integration of newborn care, nutrition, Water Sanitation and Hygiene (WASH) and early childhood development. Global Health Fellows took on 16 assignments in 10 countries, supporting cutting edge work from Lives Saved Tool (LiST) implementation to sexual reproductive health research. Our first Medical Service Volunteers landed in South Sudan, and immediately saved newborn lives through emergency obstetric care training.

This report merely emphasises a few highlights of this immense body of work. The scope and quality of the work is a testament to the passion and competence of more than 1,300 dedicated Health and Nutrition staff across the World Vision Partnership. Please read through this short summary and join us in celebrating their significant achievements.



Dan Irvine
Senior Director of Operations, Health and Nutrition



Dr. Mesfin Teklu
Partnership Leader, Health and Nutrition

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KEY APPROACHES

THE HEALTH AND NUTRITION DEPARTMENT HAS LONG ADVOCATED THE SCALE-UP OF EVIDENCE-BASED, HIGH IMPACT INTERVENTIONS.

Over the years, a number of key interventions have emerged as being effective and replicable in our field programmes, including Community Management of Acute Malnutrition, Positive Deviance/Hearth, Community Health Worker support, Channels of Hope, Healthy Timing and Spacing of Pregnancies, and Mobile Health and nutrition applications. Together, these approaches are saving children's lives by reducing malnutrition and disease, and strengthening health systems. This chapter shares inspiring highlights on the growing reach of these interventions.

WORLD VISION HEALTH AND NUTRITION CONNECTS COMMUNITIES WITH WHAT WORKS FOR MILLIONS OF CHILDREN TO SURVIVE AND THRIVE



There are many additional health and nutrition intervention areas that are equally important, and cannot be overlooked, such as our micronutrient supplementation and fortification programmes, growth monitoring and promotion, strengthening community health committees, the Graduation model, Citizen Voice and Action and prevention of mother to child transmission of HIV/AIDS.

Because of World Vision's deep investment in these interventions, the organisation is now recognised as a global leader in these areas, as well as in **Health and Nutrition broadly**.

COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM)

Where acute malnutrition is prevalent¹, WV implements the **Community-Based Management of Acute Malnutrition (CMAM)** treatment model, in collaboration with communities and the Ministry of Health (MOH). Acute malnutrition occurs not only during humanitarian emergencies, but also in situations of protracted food insecurity, or where access to health care is limited.

In FY15, WV continued to provide life-saving treatment for children suffering from moderate acute, acute and severe acute malnutrition both in emergencies and stable contexts. Data aggregated in the World Vision CMAM database demonstrates the following impact:

- › 56,659 children under five years old with acute malnutrition were treated in 16 countries².
- › 53,415 children with severe acute malnutrition in 12 countries were treated, keeping the vast majority from dying (91 per cent cure rate).
- › More than 59,000 pregnant and lactating women in seven countries received targeted supplementary feeding. WV programme outcomes surpassed Sphere standards.

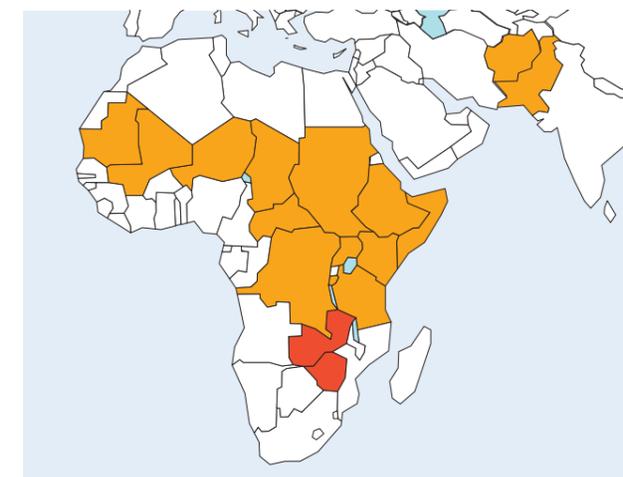


FIGURE 1: Countries implementing WV CMAM programmes. Orange indicates current implementation. Red indicates past implementation.

POSITIVE DEVIANCE/HEARTH (PD/H)

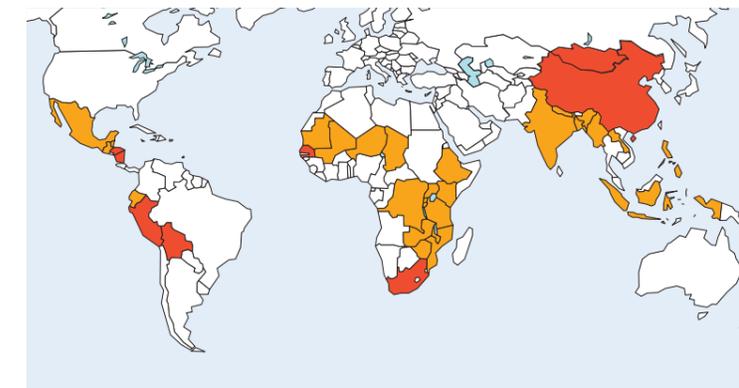


FIGURE 2: Countries implementing WV PD/H programmes³. Orange indicates current implementation. Red indicates past implementation.

Positive Deviance/Hearth (PD/H) is a community-based intervention for families with underweight preschool children. The approach is designed to sustainably reduce malnutrition in children through rehabilitating malnourished children and teaching families new cooking, feeding, hygiene, and caring behaviours, which will also reduce malnutrition among children born in the community in the future.

In FY15, 30 countries implemented this programme and seven of them, which are high burden countries, reported significant progress among the 37,950 children under the age of five enrolled in the programme. Data aggregated in the PD/H database demonstrates the following impact:

- › 17,358 children gained adequate weight (more than 900g) within the first three months.
- › 13,654 children were fully rehabilitated and graduated from PD/H.
- › Percentage of underweight children among participants dropped from 80 per cent to 34 per cent at six month follow-up.

These continued reductions in the proportion of children who are underweight over time indicate both successful rehabilitation of underweight children and a sustained behaviour change of primary caregivers to continue improvements and prevent malnutrition from recurring.

Summary of key survey findings

- CHW programming is a core model for health in 48 NOs.
- WV is currently supporting approximately 220,370 CHWs globally.
- 80 per cent of WV countries have a national CHW policy in place.
- 65 per cent of WV CHW programmes are fully harmonised with the national CHW policy.
- 25 per cent of programmes involve direct implementation, and 75 per cent work through partnership with MOH and local health authorities.
- 34 of 48 NOs are achieving scale of 50 per cent or higher across ADPs.

COMMUNITY HEALTH WORKERS (CHW)

CHW programming represents one of World Vision’s largest portfolios, with nearly 50 countries operating a wide diversity of **CHW initiatives** from WV’s **Timed and Targeted Counselling (TTC)** approach, to specialised models such as Integrated Community Case Management (iCCM). WV made global commitments to the Every Woman Every Child campaign, the Essential Newborn Action Plan and the Global Health Workforce Alliance to scale its support to CHW programmes from about 70,000 CHWs in 2011 to 100,000 CHWs in 40 countries by 2015. Since this time, WV has increasingly sought opportunities to work with governments and partners to scale up CHW programming. In previous years, this has meant the development of CHW principles, technical and reporting standards, and guidance for adapting WV project models to add value while aligning with national policies.

In FY15 WV undertook a survey in 66 National Offices (NO’s) to provide an accurate estimate of WV’s current investment in CHW programming. Among the 56 countries that responded (84.8 per cent response rate), 48 had significant CHW programming. The results demonstrated that World Vision currently supports 220,370 CHWs through its programmes.

TTC is currently being implemented in various forms in 24 countries. In FY15, TTC was updated to include current evidence for early childhood development⁴, perinatal mental health⁵, newborn care^{6,7}, care of the HIV-exposed infant, and Middle Upper Arm Circumference (MUAC) band screening for malnutrition. Integrating newborn care into TTC is part of WV’s commitment to Every Woman Every Child to scale up newborn care to 100,000 CHWs⁸. TTC 2.0 prioritises care for the most vulnerable cases such as people living with HIV/AIDS, adolescent mothers, single parent families and those living in

extreme poverty or with chronic health conditions. TTC 2.0 takes a ‘social-determinants’ approach to ensuring inclusion of the most marginalised. This approach has generated interest among partners including governments such as Ghana, which has adopted priority household targeting as policy, the World Health Organisation and United States Agency for International Development (USAID). TTC has been approved or adopted as part of the MoH national CHW programmes in Jerusalem West Bank and Gaza, Swaziland, Uganda, Kenya and Ghana.

In Latin America, the full TTC model is currently being implemented as a pilot in Guatemala, Honduras and Ecuador. However, elements of the TTC methodology have been used and adapted to blend with Early Childhood Development (ECD) approaches in Nicaragua, Bolivia and Peru as well. In West Africa, there has been expressed interest in adopting TTC in Senegal, Niger, Mali and Chad.

At the end of FY15, 13 countries were investing in **Integrated Community Case Management (iCCM)**, an approach that leverages CHWs to diagnose and treat priority diseases and malnutrition. The most notable of these programmes are supported by grants. One is a multi-stakeholder grant in Democratic Republic of Congo (DRC) led by International Medical Corp (IMC). Another is a 1,500 strong CHW cohort that is implementing iCCM in Niger with a grant from the World Health Organisation (WHO), and now with the help of a WV and Dimagi-developed “CommCare” application. Operations research on development of a supervision system which worked effectively for low literacy settings was undertaken by WV on the iCCM project in South Sudan and was published in early 2015. Zambia also successfully imple-

mented iCCM through a Global Affairs Canada (DFATD) grant coordinated by United Nations Children’s Emergency Fund (UNICEF) – Health for Poorest Populations.

MOBILE HEALTH AND NUTRITION (mHEALTH)

For more than eight years, WV has been advancing **mobile health (mHealth)** as a health and community systems strengthening tool with the intent to improve health and nutrition outcomes for pregnant women, mothers and children under five. In FY15, mHealth supported 21 evidence-based health and nutrition projects, benefitting CHWs⁹ and health facility staff in 16 different countries in Africa, South and Southeast Asia.

To support many of these 21 projects, WV has invested in the development of a common set of applications built within the mHealth solution, MoTECH Suite. This has been made possible through a partnership with solution providers Dimagi and Grameen Foundation, and supported by the Bill & Melinda Gates Foundation. The common platform offers an open-source software solution tailored to meet the needs of five different WV health and nutrition project models or approaches¹¹.

The common MoTECH Suite applications align with key elements of programme design, reduce ramp-up time and cost, and allow access to experienced and specialised technical support providers, who can help contextualise and launch mHealth projects in the most remote and disadvantaged WV Area Development Programme ADPs¹².

KEY

- 0–25% coverage
- 25–50% coverage
- 50–75% coverage
- 75–100% coverage
- No CHW coverage
- Did not respond

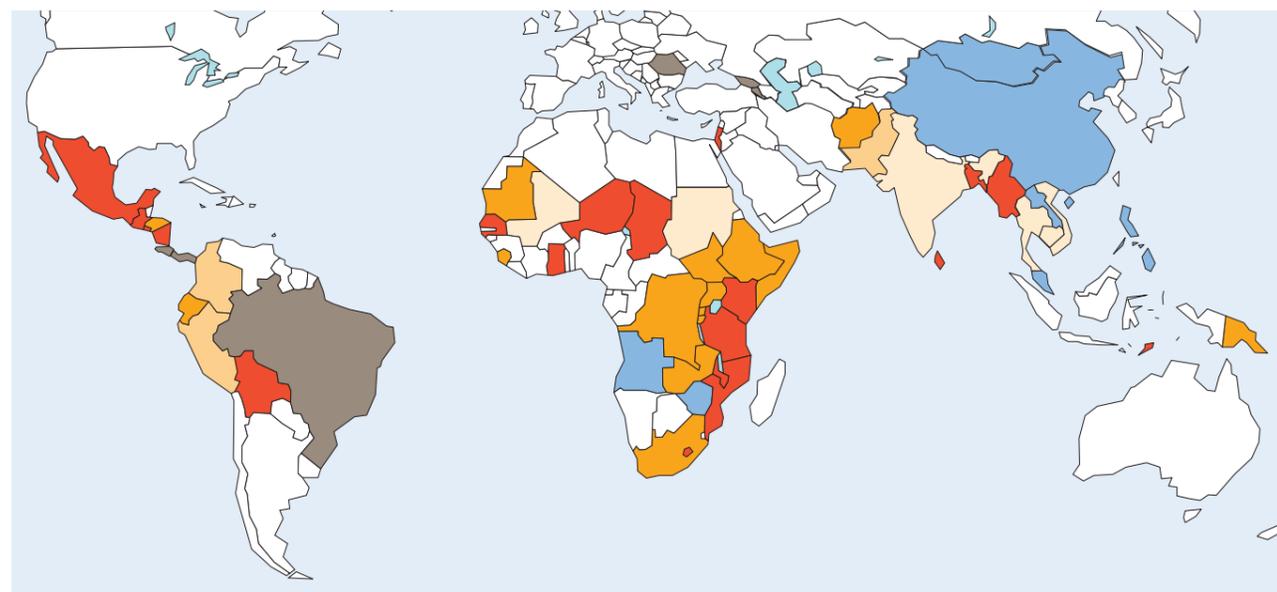


FIGURE 3: Coverage of CHW programming within WV operational areas in 48 countries. Coverage refers to percentage of WV operational areas effectively served by CHWs.

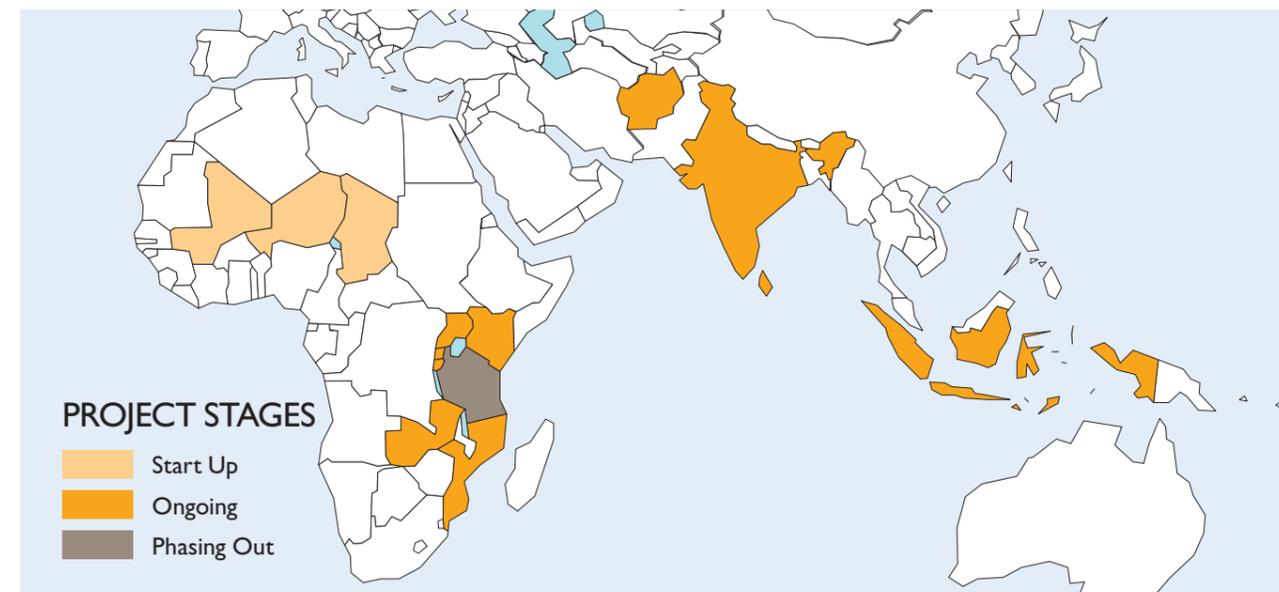


FIGURE 4: Current Status of WV mHealth projects.

World Visions global mHealth initiative at a glance

- 16 countries
- 21 projects
- 6,188 active CHW users
- 453,300 beneficiary community members reached

In FY15, three mobile nutrition applications were piloted in seven countries, including applications for Growth Monitoring and Promotion (GMP), GMP integrated with PD/H, and CMAM. The GMP application was piloted in Sri Lanka and India while the pilot of the GMP and PD/H application continued in Burundi. The CMAM application was developed and piloted in Niger, Chad, Mali and Kenya, supported by the US Office of Foreign Disaster Assistance (OFDA), and implemented through a consortium led by WV with International Medical Corps and Save the Children. All three applications were developed by the same technology partner, Dimagi, on the CommCare platform.



mHealth Case Study: India—Starting Strong

Starting Strong is a WV India project currently funded by WV Canada to address the nutritional needs of mothers and children under five. Specific focus is given to the 1,000-day period between the start of a woman’s pregnancy and a child’s second birthday. Starting Strong aims to contribute to solving the malnutrition problem in Narsinghpur, a city in India’s second largest state, where an estimated 21 per cent of children under five are stunted, 42 per cent are wasted, and 39 percent are underweight¹³. Starting Strong is implementing a bundle of three models: TTC, Growth Monitoring and Promotion (GMP), and PD/H.

The project utilises a TTC-based mobile application provided by the MoTECH Suite that allows CHWs to track pregnant women and children under two and increase personalised counselling with appropriate multimedia messages on caring and feeding practices, immunisation and health-seeking behaviours. The application further assists CHWs by automatically scheduling the next visit and by providing referrals to nearby health facilities if urgent care is needed based on the presence

of danger signs regarding pregnancy, newborns or infants. A GMP mobile application has been implemented to help CHWs register and collect anthropometric data. This allows CHWs to readily screen and enrol vulnerable children into PD/H services.

Use of the MoTECH application by CHWs has helped improve healthcare quality by ensuring protocol adherence. Mobile technology reduces errors that occur in manual data entry while also adding value to the routine CHW visit.

A cross-sectional baseline survey and a mid-term survey were conducted to monitor Starting Strong. Pre-publication results from the mid-term survey, conducted two years into the project implementation, showed positive results among programme beneficiaries for a few key indicators. The survey showed that the percentage of women with children aged between 0 and 23 months completing at least three post-natal care visits had increased from 12 to 30 per cent. There also was a dramatic 68 per cent increase in the proportion of women who reported having consumed iron folic acid (IFA) for at least 90 days during their most recent pregnancy (from four per cent to 71 per cent).

CHANNELS OF HOPE (CoH)

In a time when 84 per cent of people identify with a religious group¹⁴ and 74 per cent of people in Africa trust religious leaders the most¹⁵, working with faith leaders simply cannot be an add-on to traditional development. Faith leaders can serve as gatekeepers and be barriers to development, or they can be great champions and actors to address underlying beliefs that lead to attitudes and behaviours that have negative impact on child well-being. WV is uniquely equipped to leverage these communities for effective, holistic child well-being.

Working with faith communities is one of WV’s key distinguishing traits as a faith-based organisation, with Channels of Hope (CoH) as our most widely-used project model explicitly engaging faith communities. CoH is being implemented in every region: 36 NOs and more than 300 ADPs have some form of CoH work.

FY15 saw the development and implementation of new curricula in response to the Ebola crisis in West Africa. A full **CoH Ebola** content package was developed within a month. An existing network of CoH relationships and HIV facilitators in the community provided a platform for rapid scale-up. Faith leaders received accurate information and a framework for a faith response. Practical tools, such as pictorial flip files, enabled easy transfer of information to the community. Other faith-based Non-Governmental Organization (NGOs), including Catholic Relief Services (CRS) and Catholic Agency for Overseas Development (CAFOD), used the CoH Ebola content. More than 2,000 faith leaders—both Christian and Muslim—were trained in Ebola awareness and prevention through CoH for Ebola.

Dr. Alhaji Sanyi Turay, Bo District Medical Officer, said, “When faith leaders got involved in the fight against Ebola, it was a turning point. They convinced people in churches and mosques to stop touching and burying Ebola victims, who remain highly infectious.”

HEALTHY TIMING AND SPACING OF PREGNANCY (HTSP)/ FAMILY PLANNING (FP)

The fact that every office in East Africa includes **Healthy Timing and Spacing of Pregnancy/Family Planning (HTSP/FP)** in its technical approach is a significant indicator of the success of this intervention over recent years. HTSP/FP interventions include direct technical support on FP service promotion, such as capacity-building of healthcare workers on FP services and counselling, forecasting and ordering skills for FP commodities, and monitoring and evaluation of HTSP/FP programmes.

One of the many successes took place in East Africa with the training of religious leaders on Channels of Hope (CoH) for Maternal, Newborn and Child Health (MNCH). The trained religious leaders are now advocating for HTSP through community conversations and public forums. Local leaders were trained in Citizen Voice and Action (CVA) and together these two approaches have contributed to improved service provision at facilities in Kenya and Burundi Area Programmes. Local leaders and religious leaders regularly visit the health facilities to check on the availability of service providers and medical supplies including contraceptive commodities, and to check on the quality of services provided.

Channels of Hope in Sierra Leone

- 371,580 community members reached by faith leaders.
- 18,840 community focus groups conducted by faith leaders.
- 2,117 faith leaders trained (Christian, Muslim, traditional chiefs and healers) through CoH training workshops.
- 20 facilitators from partner organisations trained.

“WHEN FAITH LEADERS GOT INVOLVED IN THE FIGHT AGAINST EBOLA, IT WAS A TURNING POINT. THEY CONVINCED PEOPLE IN CHURCHES AND MOSQUES TO STOP TOUCHING AND BURYING EBOLA VICTIMS, WHO REMAIN HIGHLY INFECTIOUS.”

– DR ALHAJI SANYI TURAY



INITIATIVES

THE HEALTH AND NUTRITION GLOBAL PROGRAMME IS HIGHLY DYNAMIC, CONSTANTLY MEETING NEWLY-IDENTIFIED NEEDS, IMPROVING WV'S IMPACT ON CHILDREN'S HEALTH AND NUTRITION, INNOVATING, ENGAGING PARTNERS AND CHALLENGING THE STATUS QUO.

In FY15, bold new thought leadership areas such as Baby Water Sanitation and Hygiene (BabyWASH) emerged, new strategies for adolescent health and HIV were adopted, while initiatives like the Global Health Fellow Programme matured.

BABYWASH

The first 1,000 days of a child's life, beginning at conception and continuing through the first two years, is an incredibly vulnerable period, during which the impacts of poor health are the most detrimental, and beyond which the damage is difficult to reverse. Emerging research in environmental enteropathy (EE) suggests that child health and well-being are inextricably linked to water, sanitation and hygiene (WASH) early in life, and that the impact of EE is largely unaccounted for in current programming. This has been most clearly documented for WASH in Maternal Newborn and Child Health (MNCH) and Nutrition, and less so for WASH in early childhood development (ECD). World Vision's **BabyWASH** concept takes a systems approach to improving health outcomes, by fully integrating WASH into MNCH, nutrition and ECD programmatic areas, to achieve a more profound understanding of sustainable health for women and children in the first 1,000 days. In FY15, the Sustainable Health leadership team embraced BabyWASH as a key initiative for investment, and supported the BabyWASH working group to ramp it up, leading to the following outcomes:

- A Global Health Fellow was engaged to conduct initial BabyWASH research in East Africa and to start on development of tools and materials.
- A BabyWASH abstract was developed and presented to the Catholic Relief Services (CRS) nutrition integration conference in Nairobi.
- An external BabyWASH coalition idea emerged which enabled seed funding to start up the external engagement for a BabyWASH coalition.

ADOLESCENT HEALTH

An **adolescent health survey** and programme document review was conducted, along with a **literature review**, from June to September, resulting in a published report at the end of the year. The programme review highlighted the breadth of our current adolescent programming and the geographic differences across regions, provided best practice case studies, and gave WV health staff opportunity to make recommendations. Survey results of the 56 NOs currently programming adolescent health indicate:

- 27 NOs are including adolescents in their overall strategy (this includes multiple sectors such as education and health).
- 18 NOs are currently including adolescents in technical health approaches.
- 15 NOs report having adolescent programming experience in the past five years.

BIRTH REGISTRATION

In FY15, considerable progress was made across the WV Partnership in the area of birth registration, based on WV's public policy on birth registration and the discovery that 32 per cent of Registered Children globally did not have birth certificates. To rectify this situation, a Resource Guide on birth registration was produced for NOs, tailored to each region and sent to all regional leaders. A series of global webinars were organised jointly by the Sustainable Health, Global Justice Network, and Child Well-Being and Rights Communities of Practice (CoP) to raise awareness about birth registration and opportunities for staff to increase their focus on birth registration. A WV Birth Registration Policy Brief was produced and translated into four languages to complement the Public Policy that was also translated into four languages. A child-friendly brief is also being produced to encourage greater child participation in birth registration activities. Webinars were organised with staff in Southern Africa and West Africa to assist with the planning of their regional campaigns, and support was provided for the production of policy briefs on birth registration for each NO in West Africa.

EARLY CHILDHOOD DEVELOPMENT (ECD)

There has been increased interest in integrating ECD into health programming models, especially those where there is contact with parents and children in the first 1,000 days. The MNCH team integrated the WHO/UNICEF Care for Child Development (CCD) approach into the TTC 2.0. Messaging on early childhood activities was developed for both mothers and fathers. Within the Ghana national CHW programme, ECD was integrated in routine household care, including an assessment of the family home as a 'child safe' and 'child friendly' space, as well as within TTC. The MNCH team also further engaged the Education and Life Skills team in the development of "Go Baby Go Parenting Plus" curriculum. WV inputs included:

- More in-depth health and nutrition education for parents.
- An emphasis on male involvement and the role of the father.
- A focus on the most vulnerable cases such as single and adolescent parents and HIV.
- Recommendations regarding how the model could be strengthened and integrated with the TTC home visiting approach to ensure that it reaches the most vulnerable.

MULTI-SECTORAL APPROACHES TO REDUCING MALNUTRITION

The "Graduation Model" in Sri Lanka links nutrition to agriculture and economic development, an approach that empowers households to improve their living standards. In Vietnam, the "Nutrition Club Approach" links families to nutrition, health, agriculture and livelihood opportunities. WV has partnered with Vietnam's National Institute of Nutrition to scale up the approach through the government health system to more than 1,250 villages in rural and mountainous areas in 12 provinces.

HIV STRATEGY

FY15 saw the development of a new **WV HIV/AIDS Vision 2020 strategy**, building on lessons learned from review of the 2010-2015 strategy implementation and a global consultative process. The new strategy (2016-2020) will reflect the massive progress made by the global community over the last 10 years in managing the pandemic and the lessons that have been learned from the effective strategies and interventions. Globally, the strategy is based on clear learnings from the review:

- HIV and AIDS continues to negatively affect child well-being outcomes through impact on families and communities, causing preventable deaths of children and mothers.
- HIV and AIDS are both preventable and treatable if access to quality services is assured.
- The majority of new cases of HIV are among adolescents, especially adolescent girls.
- The prevalence of HIV is much greater among certain most-at-risk and key populations including men who have sex with men (MSM), transgender, intravenous drug users (IDU), commercial sex workers (CSW) and prisoners. These groups also suffer from social marginalisation and legal discrimination that prevent their access to basic human rights including health services.

The programme review demonstrated that a diverse range of HIV/AIDS-related interventions continue across WV programmes:

- Life skills training for children, adolescents and youth that include HIV prevention were the most utilised overall. Of 39 countries surveyed, 20 chose to implement this approach.
- The second most prevalent approach was Community Prevention of Mother to Child Transmission (c-PMTCT), implemented in 19 countries.
- Care and support of Orphans and Vulnerable Children (OVC) was implemented in 18 countries.
- The least common approaches were medical male circumcision and early infant diagnoses, each only used in Uganda; followed by Tuberculosis (TB)/HIV integration used in two countries.



WV's interventions in Sierra Leone to address the Ebola epidemic also significantly evoked our faith leadership:

- WV worked with the WHO team to develop safe and dignified burial protocols for Ebola, which was key to engaging faith communities for effective responses and combatting the spread of the disease associated with burials (approximately 25 per cent of exposures in West Africa).
- WV represented the global faith engagement in Ebola and HIV at the World Bank Religion and Sustainable Development Conference¹⁷.
- WV participated in the World Council of Churches 60-day follow-up consultation on: "A Collaborative Response to the Ebola Crisis" at Ecumenical Centre, Geneva, Switzerland.
- As a member of the HIV & MNCH and capacity-building working group of the Joint Learning Initiative on Faith and Local Communities, WV has the opportunity to share best practices and information and influence a global research and learning agenda for MNCH practices.
- WV presented on "Faith Matters, Crossing Boundaries Galore"¹⁸ at the Ahimsa Roundtable for Global Faith inspired Communities.

ENGAGING FAITH LEADERS FOR HEALTH

Throughout the 2015 Global Week of Action, WV offices engaged with over 40,000 faith leaders from different faith communities, and organised over 1,400 faith-related events to spread the important 'Getting to Zero' message and call people to action. The focus of the Getting to Zero message is on ending preventable child and maternal deaths through the SDGs.

As part of events planned around the UN General Assembly in September 2015, WV partnered with multiple civil society and faith-based organisations to lead a week of prayer around the unveiling of the Sustainable Development Goals (SDGs) in New York. Aligning with the efforts of "Action/2015" and "Project Everyone," "A Prayer for Everyone" aimed to help all 7 billion people on the planet know about the SDGs in seven days, and to engage faith communities in popularising the new goals by including the SDGs in their prayers. WV produced resources for churches¹⁶ that were widely shared.

WV led the creation of a consortium called the "Faith Alliance for Health" to support national networks of faith leaders to be equipped to address maternal, newborn, and child health and nutrition. The consortium made the first ever faith commitment to the EWEC launch at the UN General Assembly, and has helped to profile WV as a leading Faith in Development NGO.

GLOBAL HEALTH FELLOWS (GHF)

During FY15, the **Global Health Fellows Programme (GHFP)** expanded in scope in order to achieve its goal of accelerating WV's contribution to the global reduction of maternal and child morbidity and mortality. The number of fellowships grew considerably, reinforcing WV's foundational framework to enable practical field-level support for technical teams, professional development for future leaders in global health, as well as mutual exposure and organisational networking for all stakeholders involved.

Sixteen Global Health Fellowships took place in FY15, with notable application toward advancing evidence-based and integrated programming, quality assurance, and operational research priorities. Fellows provided substantive hands-on assistance to evolve these organisational objectives at global, regional and national levels across the WV Partnership.

A significant achievement of the GHFP has been the expansion of WV's collaborative partnerships with academia. By the end of FY15, the GHFP had formalised affiliations with 10 academic institutions specialising in global health and nutrition, with six additional strategic partnerships in stages of development and finalisation. These partners provide access to a wide array of technical expertise through their respective areas of scholastic concentration, and span across the USA, Canada, Taiwan, and the European Union. In FY15, the Johns Hopkins University (JHU) Center for Global Health awarded grant funding in support of four LiST-focused Fellowships, which were all implemented with technical supervision provided by JHU LiST faculty members. In addition, the GHFP has been represented at the Consortium of Universities for Global Health (CUGH) Annual Conference during each of its three operational years.



Global Health Fellow, Chulwoo "Charles" Park in Choma, Zambia with WV colleagues and local community members.

Lives Saved Tool (LiST)

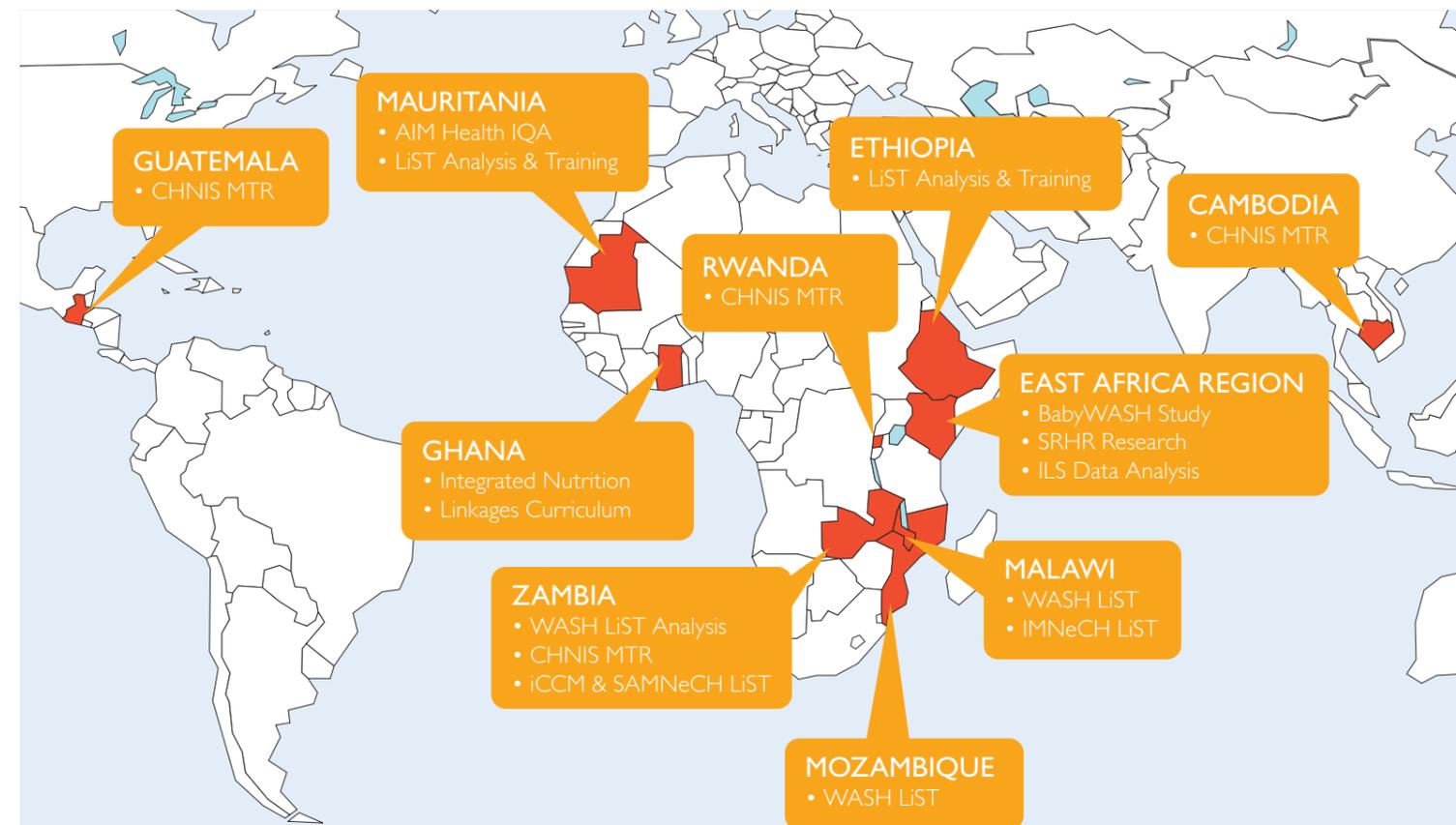
- Chulwoo "Charles" Park, MSPH, Johns Hopkins Bloomberg School of Public Health, Department of Global Disease & Epidemiology Control, was deployed as a Global Health Fellow from January through March, 2015.
- Chulwoo used LiST, an open-access modeling tool, to quantify the impact of WV's programming on child morbidity and mortality in Malawi, Mozambique and Zambia.
- Findings indicate that WV's WASH work effected a 33 per cent increase in percentage of under-five lives saved across countries between 2010 and 2014, alongside consistent improvement in under-five mortality rates (5 per cent reduction), and prevention of 13 per cent of life-threatening cases of diarrhoea for every child under five reached by this programming.

"I WOULD SAY THAT IT HAS BEEN THE IDEAL OPPORTUNITY TO MERGE THEORETICAL STUDIES WITH PRACTICAL APPLICATION, AND GAIN EXCELLENT HANDS-ON PROFESSIONAL EXPERIENCE TO COMPLEMENT MY SKILLS AND INTERESTS."

- GLOBAL HEALTH FELLOW, FY15

"SHE WAS A FOCUSED ACHIEVER. I LIKED THE WAY SHE COMMUNICATED, RESPECTED DEADLINES, AND WAS READY TO LEARN. WE ALSO LEARNED A LOT FROM HER, AND REALLY VALUED HER SUPPORT."

- WV SUPERVISOR, FY15





MEDICAL SERVICE VOLUNTEER PROGRAMME (MSV)

The focus of the **MSV programme** is to enhance NO programme delivery capacity at the health system level to improve the availability and quality of services for mothers, newborns and children. The collaborative partnership between WV and Medical Teams International¹⁹ (MTI), which has been developing since 2014, enables NOs to design and implement health service delivery improvement projects at the primary and secondary healthcare levels. These projects support NO health strategies, are aligned with national health sector strategic plans for MNCH, and are purposefully designed to contribute to MNCH programme outcomes.

In FY15, a considerable effort was invested in developing and validating the MSV guidelines, standards and business process, including field testing in two NOs, South Sudan and Zambia. A briefing package was also developed to promote MSV within the WV Partnership, which included the MSV Logic Model and rationale on how MSV serves to strengthen health systems through WV's 7-11 health interventions framework.

The notable highlight of the year was the successful field deployments of three highly specialised medical volunteers. Between March and October of 2015, a registered nurse, a paediatrician, and an obstetric gynaecologist were deployed to Warrap State Hospital in Kuajok, South Sudan to provide training and mentoring services for local healthcare staff in maternal and newborn health services. With support from MSVs, WV South Sudan was able to increase knowledge of 17 local healthcare providers in Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and 17 providers in Essential Newborn Care (ENC) services at the Warrap State Hospital.

ONE GOAL

As part of WV's partnership with One Goal, a campaign that aims to promote good nutrition and healthy lifestyles, and in celebration of Grassroots Football Day, over 350 sports-related events were held across more than 10 countries including Bangladesh, Cambodia, India, Japan, Jordan, Korea, Lebanon, Malaysia, Philippines and Sri Lanka. Some 200,000 people were mobilised to call for an end to preventable child deaths, malnutrition and poverty. Various social media activities to promote nutrition and a healthy lifestyle through sports and exercise were also conducted during this period, including support from footballers and freestylers who were participating in the "One Goal Challenge."

Degree of Change in Local Health Care Providers' Knowledge and Skills. Warrap State Hospital, South Sudan:

Helping Babies Breathe

- 12/17 had pretest scores <65%
- 13/17 finished with post test scores >80% and of those 7 were 100%

Essential Care for Every Baby

- 14/17 had pretest scores <65%
- 16/17 finished with post test scores >80% and of those 7 were 100%

EmONC

- 9/17 had pretest scores <75%
- 10/17 finished with post test scores >80% and of those 4 were 100%



A mother after healthy, safe delivery of twins at Warrap State Hospital, Kuajok, South Sudan



RESOURCE ACQUISITION

THE TOTAL HEALTH AND NUTRITION PROGRAMME EXPENDITURE IN FY15 WAS US \$275M, NON-INCLUSIVE OF THE VALUE OF HEALTH COMMODITIES, SUCH AS PHARMACEUTICAL PRODUCTS.

This represents a US \$25M decrease from FY14, due almost wholly to declines in HIV/AIDS investments from private-funded resources.

Middle-Major Donors In its research and development phase, the Community Health Worker private fundraising initiative immediately raised US \$100,000 in Taiwan.

Nutrition The Canadian government awarded World Vision US \$41M for a five country programme integrating crop biofortification and maternal, newborn and child health and nutrition.

Ebola The Integrated Medicines Initiative awarded World Vision US \$20M to support community mobilization for Ebola vaccine trials in Sierra Leone.

Healthy Timing and Spacing of Pregnancy Pfizer awarded World Vision US \$1M for HTSP work in Kenya, bringing East Africa HTSP grant resources to over US \$7M. Other awards have been from the European Union, Australian government, the Gates Foundation, USAID, John Templeton Foundation and Bristol Meyers Squibb.

Channels of Hope Seven new grants were awarded for CoH implementation, valued at over US \$23M.

Mobile Health and Nutrition Over US \$2.5M was awarded to World Vision for mHealth/Nutrition work in FY15, bringing the total lifetime portfolio allocation to over US \$26M.

Pharmaceuticals World Vision procured US \$120M worth of essential medicines through its Gifts in Kind (GIK) programme. Over US \$3M worth of essential medicines were procured with grant resources, and an additional US \$1.2M with private funds.

Medical Service Volunteers and Global Health Fellows The Medical Service Volunteer programme in South Sudan contributed US \$70,000 worth of expert technical assistance, representing a 7:1 return on investment. The Global Health Fellow programme contributed US \$256,000 worth of expert technical assistance, with a return on investment of 6:1.

Bilateral and multilateral grants represented 40 per cent of the Health and Nutrition spending, at a total of US \$109M. Private Non-Sponsorship resources represented 13 per cent, at a total of US \$35M. Bilateral grant expenditure increased by 9 per cent over the previous year; multilateral expenditure increased by 6 per cent. Private Non-Sponsorship decreased by 7 per cent. Sponsorship expenditure decreased by 19 per cent. Grant burn rate was 93 per cent.

In FY14 and the first half of FY15, 55 grant opportunities were pursued, with a total value of US \$410,738,000. More than 40 new grants were awarded, valued at over US \$60M, with another 15 new grant proposals pending worth US \$180M.

The following section highlights a few resource development areas, culminating in an overview of the WV Global Fund portfolio, which represented 36 per cent of the entire grant portfolio.

WV GLOBAL FUND PORTFOLIO

WV's current portfolio of grants from the **Global Fund to fight AIDS, TB and malaria** (The Global Fund) stands at 19 grants in 15 countries with a life of grant value of US \$101,233,192. WV Support Offices committed an additional US \$2,734,859 in match funds for the year. FY15 annual expenditures on this portfolio amounted to US \$38,707,331. During the year, WV signed nine new grants and/or renewals of existing grants, and six proposals were still outstanding at the end of FY15. East Africa has continued to dominate, mainly due to the large Somalia Tuberculosis (TB) grant, followed by Southern Africa with a large malaria grant in Mozambique. India and Papua New Guinea also have large TB grants. WV also successfully registered into the new Global Emergency Fund this year.

TABLE I: WV tracks 45 indicators across the Global Fund portfolio.

INDICATORS	RESULTS	
	2012 - 2015	2015
# of individuals from targeted population reached through community outreach with standardised HIV prevention interventions	292,544	246,738
# of women who were currently pregnant, who were offered and accepted counselling and testing for HIV, and who received their test results	61,005	31,724
Tuberculosis (TB)		
# of notified cases of all forms of TB (i.e. bacteriologically confirmed and clinically diagnosed)	131,367	61,202
# of people enrolled in Directly Observed Treatment (DOT)	63,353	16,643
Malaria		
# of children sleeping under Long Lasting Insecticidal Nets (LLIN)	31,359,132	14,421,726
# of pregnant women sleeping under LLIN	244,680	89,867
Confirmed and estimated malaria cases that received first-line antimalarial treatment according to national policy disaggregated by sex	2,051,501	822,220
# of women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria	184,968	78,464

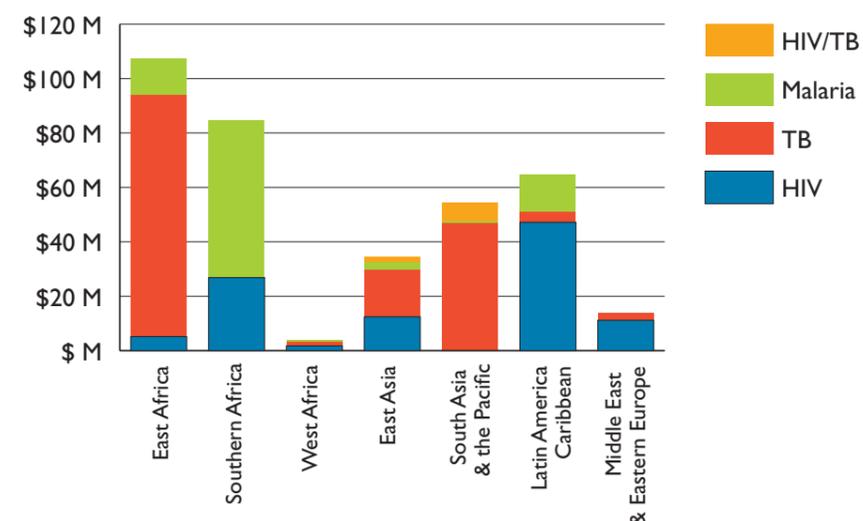


FIGURE 5: Cumulative Global Fund Portfolio by Region & Disease – December 2015



PARTNERSHIPS & ENGAGEMENT

AS A GLOBAL PROGRAMME, IMPROVING WV VISIBILITY WITH PRIORITY PARTNERS AND POTENTIAL DONORS IS IMPERATIVE.

In FY15, Health and Nutrition initiated its first Engagement Mapping with a quarterly survey to CoP leadership and NO health focal points. Engagements were defined as publications, presentations, working groups and conferences where WV demonstrated thought leadership. Seventy-two individuals from 30 WV offices provided details on a total of 222 engagements²⁰.

WORLD VISION PARTNERS WITH CHAMPIONS FOR CHILD HEALTH AND NUTRITION



Reported engagements included 36 publications, 6 interviews, 90 meetings or conferences (58 per cent where WV played a thought leadership role), and 90 external working groups.

Despite the success of this early mapping, many engagements were still unaccounted for. The following sections highlight some of the priority engagement areas pursued in FY15.

	MNCH	Nutrition	HIV & Infectious Diseases	Emergency	Mental Health & Psychosocial Support	Other	Totals
Publications	11	11	5	3	6		36
Interviews	2	1	3				6
Working Groups	28	15	20	13	2	12	90
Conferences	31	25	18	6	1	9	90
Totals	72	52	46	22	9	21	222

EVERY WOMAN EVERY CHILD (EWEC)

WV has received acclaim from key global health stakeholders for its ambitious commitments to child, adolescent and maternal health, announced during the 2015 UN General Assembly. Kevin Jenkins, WV's President, announced a **new five-year commitment** of US \$3B to improving women's, children's and adolescent's health, doubling WV's earlier financial commitment of US \$1.5B from 2010 to 2015 for health, nutrition, HIV and AIDS, water, sanitation and hygiene. That commitment was independently assessed, and was exceeded by US \$500M. WV's passion for this cause inspired 20 million people in 70 countries to join us in speaking up on behalf of women and children's health through the Child Health Now campaign. WV President Kevin Jenkins was also engaged in the Strategy and Coordination Group that provided the high-level oversight for the development of the new Global Strategy for Women's, Children's and Adolescents' Health, which runs from 2016 to 2030.



SCALING UP NUTRITION (SUN) MOVEMENT

The SUN Movement is providing WV with significant and exciting global and national opportunities to scale up nutrition by leveraging the five SUN networks (Civil Society, Government, UN, donors, and private sector) and at the same time, to profile WV's contributions. The SUN Movement was launched in September 2010 in New York, in response to the 2008 Lancet series on maternal and child nutrition, with a key focus on supporting countries to improve nutrition. To date, there are 55 countries engaged. Thirty of these 55 countries have Civil Society Alliances (CSA), and WV is engaged with 24 of these.



WV's high-level engagement with the SUN Movement increased with the successful nomination of a Sustainable Health partnership leader as one of three Civil Society members of the SUN executive committee. WV is also actively engaged at the global level:

- WV's Nutrition Director was voted as a member of the SUN Civil Society Network (CSN) steering group for a second term.
- The Senior Nutrition Policy and Partnership Advisor participated in the SUN social mobilisation, advocacy and communications working group.
- WV Malawi's Health Director is engaged as a member of the civil society network operations oversight committee.

WV provided significant input into the SUN Movement 2016–2020 strategy, through participation in the SUN CSN strategy and sustainability task force, and supported country-level SUN CSAs.

NUTRITION FOR GROWTH PLEDGE/ GLOBAL NUTRITION

In FY15, WV invested a total of US \$184,353,362 on a multi-sectoral approach to nutrition in 65 countries – 129 per cent of the FY14 pledge (US \$142,440,524). Of this total, US \$72,899,621 was spent on nutrition-specific interventions and US \$111,453,741 was spent on nutrition-sensitive interventions, representing 139 per cent and 123 per cent of amounts pledged, respectively.

CIVIL REGISTRATION AND VITAL STATISTICS (CRVS)

WV colleagues in the Asia Pacific region received an invitation from the United Nations (UN) Economic and Social Commission for Asia and the Pacific (ESCAP) to attend the ministerial conference on CRVS in Asia and the Pacific that was held in the Philippines in November 2014. Ministers from 45 countries attended this conference and agreed to implement the Regional Action Framework on CRVS to achieve universal civil registration of births, deaths and other vital life events. They also declared 2015-2024 to be the decade for CRVS. In the lead-up to the Ministerial Conference, WV co-organized a civil society forum in collaboration with Plan International and ESCAP. Some of the key achievements included the following:

- WV was appointed as the ministerial steering committee official representative of the regional working group, which has responsibility for implementing and monitoring the Asia/Pacific CRVS Regional Action Framework.
- WV Philippines was selected as convener of the Civil Society Network in CRVS and will lead in 2016.
- WV NOs from Bangladesh, Indonesia, Philippines, Pacific Timor Leste, Mongolia, Myanmar and Thailand are now linked with government and civil society in order to influence national policy.
- WV is well positioned with the regional World Bank Group to use its experience on social accountability approaches in the Asia and Pacific regions.

The Global Centre also received an invitation from the UN Economic Commission for Africa, via the WHO, to attend the Third Conference of African Ministers responsible for Civil Registration, held in Côte d'Ivoire in February. The ministers agreed to launch CRVS 2015-2024, a decade dedicated to the goal of "leaving no child out."

GLOBAL MATERNAL NEWBORN HEALTH CONFERENCE

In October 2015, leaders gathered in Mexico City for the Global Maternal Newborn Health Conference. WV submitted 22 abstracts at the end of April 2015. Eight were accepted, including the following:

- Presentations: Supervising and mentoring to improve clinical care in South Sudan; Preventing severe bleeding after childbirth through community volunteers in South Sudan; Supporting CHW systems to improve the care of mothers and newborns in 3 East African countries; Effectiveness of TTC on MNH and nutrition outcomes in Palestine.
- Posters: Sexuality talk amongst youth - Kenya; Healthy Timing and Spacing of Pregnancy messages reinvigorate Family Planning in Siaya County, Kenya.
- Marketplace of ideas: TTC – a community home visitor approach to MNH

This was an outstanding achievement as there were more than 3,000 abstracts submitted.



HARVESTPLUS PARTNERSHIP

FY15 was a year of scaling up biofortified crops together with HarvestPlus. HarvestPlus is part of the CGIAR Research Programme on Agriculture for Nutrition and Health, which enables agricultural development to deliver gender-equitable health and nutritional benefits to the poor²¹. HarvestPlus and its partners develop new, more nutritious varieties of staple food crops that provide higher amounts of vitamin A, iron, or zinc, the three micronutrients identified by the World Health Organisation as most lacking in diets globally. Progress was most significant in the East Africa Region, with the greatest uptake of biofortified crops (primarily orange sweet potato and high iron beans) within WV programmes in Uganda, Rwanda, Burundi and Kenya. HarvestPlus and WV jointly hosted a meeting for external agencies where the CEO of HarvestPlus and WV's Partnership leader for sustainable health presented on outcomes of the International Biofortification meetings in Kigali, and the value of partnering for increasing effectiveness.

HIV/AIDS

WV's HIV/AIDS advocacy and policy activities have involved working with many partners, including the following organisations, coalitions and networks:

- Prioritising children in the AIDS response: key partners are the Coalition for Children Affected by AIDS (CCABA), the Regional Inter Agency Task Team for Children Affected by AIDS (RIATT), the Ecumenical Advocacy Alliance (EAA), UNAIDS Advocacy Group, and the Civil Society Advocacy Group.
- HIV and child protection study: UNICEF-HQ HIV department.
- Care and support for children: the Inter Agency Task Team on HIV Social Protection, Care & Support, The Coalition for Children Affected by AIDS, RIATT, Help Age International, the International AIDS Alliance.
- Access to paediatric treatment: EAA and Paediatric Treatment Group (Geneva).
- UN HIV High-Level Meeting in June 2016: The UN announced, as a result of civil society pressure, that there would be a high-level meeting on HIV some time in 2016, to enable member state governments to review progress with the commitments made in the 2011 political declaration on HIV – the UNGASS. Several actions were taken by WV in FY15 in preparation for the meeting including: 1) leading the preparation of both a policy paper and advocacy brochure²² on children affected by AIDS, jointly produced by CCABA and RIATT for use in global and regional advocacy in the run-up, 2) becoming a member of UNAIDS Advocacy Group, 3) becoming chair of EAA's meeting working group, and 4) appointed by EAA as representative on the meeting civil society advisory group.
- WHO's global health sector strategy on HIV 2016-2021: WV provided comments directly and supported coalitions to request the WHO to prioritise various aspects of the prevention, testing, treatment, care and support needed by children affected by AIDS;
- Reference group on community-health facility linkages study²³.
- Reference group for the WHO working paper on strengthening community capacity and engagement for the global strategy 2.0²⁴.





HUMANITARIAN AND EMERGENCY AFFAIRS

In addition to supporting field-level responses, World Vision emergency health and nutrition staff were well engaged globally in the following:

- Joined a consortium of Health NGOs led by Save the Children and financially supported by the European Commission's Humanitarian Aid and Civil Protection department (ECHO) and the US Office of Foreign Disaster Assistance (OFDA) to support the Global Health Cluster surge capacity in health humanitarian response.
- Raised WV's profile through a presentation on lessons learned from faith-based organisations on reproductive health in emergencies during International Planned Parenthood Federation's (IPPF's) Frei Dissemination forum for the African region.
- Provided input to WV's Statement on Refugee Public Health including HIV/AIDS to be delivered to the 63rd United Nations High Commissioner for Refugees (UNHCR) Standing Committee.
- Presented and facilitated sessions at UNICEF Interagency symposium on Mental Health and Psychosocial Care and Children in Emergencies in The Hague.
- WV continues to be an active partner in the Global Nutrition Cluster. Through a standby partnership with UNICEF, WV hosts a Nutrition Information Management Officer (NIMO)²⁵ with the Rapid Response Team²⁶. WV's NIMO was deployed to four large-scale emergencies (South Sudan, Nepal, Somalia and Malawi) in FY15. In addition, NOs, Support Offices (SOs) and Global Centre were provided an orientation to the Cluster Approach and the nutrition cluster, with the goal of strengthening WV's cluster engagement at the national level.

WORLD HEALTH ORGANISATION (WHO)

WV participated in the WHO Maternal Newborn Child Adolescent department guidance review group leading to the publication of the "WHO recommendations on health promotion interventions for maternal and newborn health"²⁷ in June 2015. Through the year, WV continued its support begun in FY13 related to the "WHO recommendations on community mobilisation through facilitated participatory learning and action cycles with women's groups for maternal and newborn health"²⁸, published in late 2014. WV has agreed to support the development of modules and to field test them at one WV site. WV also collaborated with the WHO Every Newborn Action Plan (ENAP) coordinator responding to requests for mapping of country technical support, attending ENAP working group meetings, linking them to WV NOs with newborn programming and participating in advocacy calls.

Additional joint activities included:

- Support for the implementation of the comprehensive implementation plan on maternal, infant and young child nutrition (Resolution World Health Assembly (WHA) 65/6).
- Support for the implementation of the recommendations of the Commission on Information and Accountability (COIA) for Women's and Children's Health (Resolution WHA 65/7).
- Support for the implementation of the ENAP following Resolution 68 by WHA.
- Technical assistance on the development and testing of the Quality of Care in Health Facilities indicators for women, newborn and child health.
- Secondment of a technical specialist for the WHO neglected tropical disease programme.
- Co-chairing the Advocacy Working Group Steering Committee (Technical Resource Team) for the United Nations Commission on Life-Saving Commodities with PATH.

- Provision of a mental health expert in the WHO International Health Regulations expert roster.
- Collaboration on the Community Based Trial intervention research for women affected by violence in urban Kenya.
- Provision of an expert to serve on the WHO Western Pacific Region Collaborative Centre for Nursing and Midwifery at the University of Technology Sydney (UTS) advisory board.

CHILD HEALTH AND NUTRITION IMPACT STUDY (CHNIS)

CHNIS is building WV's reputation as an organisation committed to effective development work, transparency and quality. With the baseline measurements and the mid-term review, WV has started using findings to improve women's and children's health. WV has leveraged partnerships with four Ministries of Health and five academic institutions led by the primary research team based at Johns Hopkins University to carry out the research and disseminate findings, including through peer-review publications. Initial results include:

- Seven abstracts accepted for oral or poster presentations to date featuring baseline data or preliminary findings.
- Six presentations at five conferences.
- Multiple publications in process with three manuscripts drafted of which one is finalised and currently under peer-review.
- Two WHO consultations on the study conducted.
- National-level media event to share baseline findings in Guatemala, which resulted in more than 18 articles, radio presentation, news clips, and Internet articles.



World Health Organization





ADVOCACY

THE WV HEALTH AND NUTRITION DEPARTMENT HAS ALWAYS RECOGNISED THE INHERENT ROLE THAT ADVOCACY PLAYS IN DEVELOPMENT.

Local-level advocacy was established as the third rung of the core “7-11” strategy in 2008, and the department continues a tradition of global advocacy initiated in the days of the Hope Initiative. The advent of the Child Health Now Campaign in 2009 accelerated the work at the global level, and addressed the important opportunities at the national level. The Health and Nutrition department considers advocacy to be fundamental to WV’s role as civil society representatives, and critical to effect positive sustainable change.

THIRTY-TWO OFFICES ENGAGED WITH THEIR NATIONAL GOVERNMENTS BASED ON WV'S POST-2015 KEY MESSAGES AND CALLS, MANY OF THESE WORKING IN COALITIONS.

INFLUENCING POST-2015 DECISION-MAKING AT NATIONAL AND GLOBAL LEVELS

WV actively engaged in the post-2015 processes at global and national levels for over two years, particularly during FY15 as intergovernmental negotiations began. The wider post-2015 engagement encompassed and built on the strong engagement and advocacy efforts under the CHN campaign and from the outset sought to ensure the meaningful participation of children. Thirty-two offices engaged with their national governments based on WV's post-2015 key messages and calls, many of these working in coalitions. All post-2015 priority offices (nine offices in Africa and Asia) were leaders or acted as leading contributors on children's issues in their national coalitions on post-2015. Twenty-one offices were instrumental in raising the profile of the popular Action/2015 campaign, and 15 offices were responsible for national launch events in coalitions.

Globally, WV has been an active member of working groups focused on post-2015 advocacy within the Partnership for Maternal, Newborn and Child Health (PMNCH) and the International Coalition on Advocacy for Nutrition. WV's engagement in these groups has included drafting statements, reviewing proposed goals and targets, and organising side events during both the Open Working Group process and the current series of intergovernmental negotiations on post-2015. WV was also actively involved in the process to develop an updated Global Strategy for Women's, Children's and Adolescents' Health under the guidance of the UN Secretary-General's EWEC movement.

CHILD HEALTH NOW (CHN)

Marking the end of its fifth year, WV's Child Health Now (CHN) campaign has continued to address local policy and accountability gaps. At the same time, coordinated action has been reaching national and global governance levels. Building on the local-to-global connections of previous activities such as the Global Week of Action and September's UN General Assembly, CHN campaigners and partner advocates focused their attention on accountability, citizen engagement and child health and nutrition in the post-2015 development policy framework. A record-breaking mobilisation during the 2015 Global Week of Action saw 20.4 million actions across 70 countries and 36,000 events, and was also marked by an increase in the quality of engagement, especially with faith leaders and new partners. CHN NOs showed increasing maturity in contextualised advocacy campaigning, reaching a cumulative 230 examples of policy changes since the launch of CHN in 2009.

The following are examples of CHN successes at the national level in FY15:

Government of El Salvador targets neonatal risk at multiple levels:

The government of El Salvador has taken steps to reduce the incidence of prematurity and congenital malformation after CHN

A RECORD-BREAKING MOBILISATION DURING THE 2015 GLOBAL WEEK OF ACTION SAW 20.4 MILLION ACTIONS ACROSS 70 COUNTRIES AND 36,000 EVENTS, AND WAS ALSO MARKED BY AN INCREASE IN THE QUALITY OF ENGAGEMENT, ESPECIALLY WITH FAITH LEADERS AND NEW PARTNERS.



CHN NOs SHOWED INCREASING MATURITY IN CONTEXTUALISED ADVOCACY CAMPAIGNING, REACHING A CUMULATIVE 230 EXAMPLES OF POLICY CHANGES SINCE THE LAUNCH OF CHN IN 2009.

made the issue a primary campaign focus. WV's contribution to this renewed rigour on newborn survival began with the leadership and growth of national health networks along with a solid, evidence-based argument that high rates of prematurity and disability in babies were preventable.

CVA and the Community Health Fund scheme in Tanzanian ADPs:

CHN introduced an objective for increased use of free/affordable health care in Tanzanian villages through CVA. This has led to measurable increases in a number of areas: attendance at clinics, enrolment in the government's Community Health Fund Scheme (CHF), closer and more collaborative relationships with government, and an enhanced role for men in ensuring maternal and child health and nutrition.

Canadian government leadership on maternal and child survival at Francophonie Summit:

The Canadian government took a strong lead in drafting and passing a resolution from all member countries at the Francophonie Summit endorsing the current global framework for improving the health and nutrition of children and their mothers. Directly and through the 80-member Canadian Network for Maternal Newborn and Child Health (CAN-MNCH) coalition, WV Canada has monitored and reported on government commitments to health funding over the last three years, using the government's G8 commitment as a guide. The government has proven receptive to advice and to enhancing its international reputation as a leader on health development.

BIRTH REGISTRATION

WV, as member of the Geneva-based Universal Birth Registration Group, lobbied the Human Rights Council to agree to a Resolution on birth registration. The Resolution on birth registration included a strong reference to Child Registration and Vital Statistics systems, human rights and free birth registration²⁹.

HIV/AIDS

WV lobbied directly and in coalitions towards the UNAIDS Strategy³⁰ on three issues:

1. Greater prominence to be given to all aspects of the prevention, treatment, care and support for children and adolescents both living with and affected by HIV/AIDS.
2. Strong language on community engagement.
3. Greater prominence for the role of faith-based organisations.

The results of the lobbying were very successful with strong commitments to reach zero new infections in children by 2020, dramatically address testing and treatment of children, a 5-30 per cent increase in the role of community-based service delivery

by 2030, and a specific commitment that UNAIDS will deepen its partnerships with FBOs.

WV has taken a leading role with Global Network of People Living with HIV (GNP+) and UNICEF on the PMTCT IATT-Community Engagement Working Group that is designing and testing two indicators on community accountability, for approval by Joint United Nations Programme on HIV/AIDS (UNAIDS) and subsequent use by all governments implementing Prevention of Mother to Child Transmission (PMTCT) programmes. WV is supporting GNP+ and UNICEF to undertake a study to cost key components of community engagement in PMTCT programmes. The lack of data on these costs is increasing governments' reluctance to fund community engagement. In FY15, the methodology for the study and a funding proposal were produced. A field test will be undertaken in Zambia and one other country in FY16 with a focus on peer support and social accountability.

As a member of a group of Geneva-based organisations advocating to improve paediatric HIV prevention and treatment coverage, WV wrote to the UNAIDS strategy director to request that specific numeric targets be set for paediatric treatment coverage and that new drug

formulations for children should be developed for use in resource-poor settings. With strong language on the importance of care in the UNAIDS' Strategy, WV, along with partners in the Inter Agency Task Team on HIV Social Protection, Care & Support, has stepped up advocacy for UNAIDS to publish an Issues Brief on care and support that has been pending for a long time and which would help to re-prioritise these issues.

GLOBAL FUND CIVIL SOCIETY PRINCIPAL RECIPIENT NETWORK (CSPRN)

The Global Centre Global Fund Unit (GFU) continued its membership in the CSPRN and took on the co-chair role which has helped strengthen the network, bringing it into strategic relationship with the Global Fund. WV led two major tasks with the CSPRN including initiation of a joint civil society review of the new Global Fund Grant Agreement Structure, including the grant regulations, and co-developing the agenda and facilitating the full CSPRN meeting in March, which included 15 NGO members and two senior representatives from the Global Fund.



STRONG COMMITMENTS TO REACH ZERO NEW INFECTIONS IN CHILDREN BY 2020





RESEARCH & PUBLICATIONS

RESEARCH ON THE IMPACT OF OUR WORK FOLLOWED BY CLEAR COMMUNICATIONS TO SUMMARISE WHAT WV HAS LEARNED IS FUNDAMENTAL TO THE FUTURE OF THE ORGANISATION AND FOR DELIVERING ON THE PROMISE TO HELP CHILDREN TO SURVIVE AND THRIVE, ESPECIALLY THE MOST VULNERABLE.



High quality and programmatically relevant research, along with transparency regarding results are the cornerstone of building WV's technical brand – a reputation that will help leverage resource acquisition in the future. As a major international NGO, WV's applied research efforts are also relevant to demonstrating the effectiveness of development programming in the health and nutrition sphere globally.

In FY15 the Health and Nutrition Team supported over 13 high quality research projects. This body of work demonstrates a commitment to donor accountability by examining the impact of our work and using this understanding to refine our guidance and practices at the field level. The research portfolio also complements evidence built from routine monitoring and evaluation efforts to demonstrate progress towards achieving child well-being targets 2 and 3, and documents our contributions towards the new SDGs.

Thirteen research exercises were evaluated in FY15 in order to better understand the nature of this investment area. The thematic focus of the research portfolio is evenly distributed between nutrition and maternal, newborn and child health, with a 31 per cent of the projects encompassing both thematic areas.

It is encouraging to see that the research portfolio aligns well with the strategic programmatic focus for the Health and Nutrition team.

Figure 7 summarises these patterns. In this analysis, research that focuses on more than one model is counted once in each category. Not surprisingly, research pertaining to the TTC model is the most common and parallels our organisation's significant investment in this work. Important investment in ECD-related research appears to reflect its appeal as an innovative approach and a motivation to assess its effectiveness.

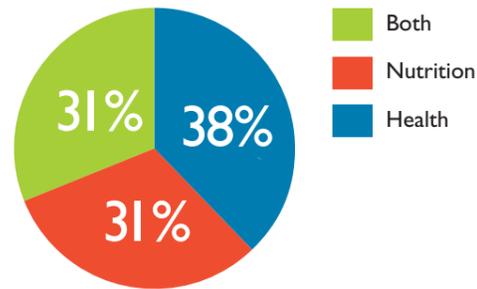


FIGURE 6: Thematic focus of FY15 research projects

Design Type	Number of Projects
Randomized Controlled Trial	3
Quasi-experimental	3
Panel data (cohort)	2
Meta-synthesis	1

TABLE 2: Number of FY15 research projects using more rigorous designs

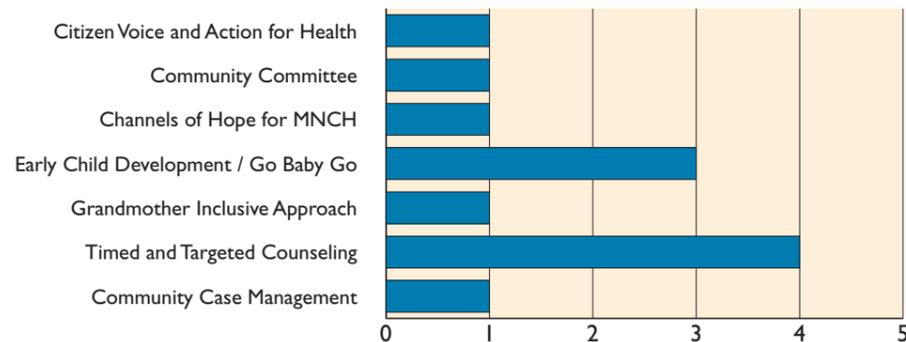


FIGURE 7: Number of FY15 research projects by project model

Project Title	Principle Investigator(s)	Start Date	End Date	Location
Global/Multi-Region				
Child Health and Nutrition Impact Study	Jane Chege (WVI) Anbrasi Edwards (Johns Hopkins)	1/1/2012	12/31/2017	Cambodia, Guatemala, Kenya, Zambia
West Africa Region				
SMART Survey	Judith Haase (WVI), Agoustou Gomis (WVI), Kristin Barredo (WVUS), and Melaku Begashaw (Consultant)	07/22/2015	08/06/2015	Sierra Leone
Effect of Grandmother Approach on IYCF and Maternal Nutrition: Mamaniva Project	Amy Girard Webb (Emory University)	06/01/2012	09/30/2016	Sierra Leone
Building capacity for sustainable livelihoods and health through public-private linkages in agriculture and health systems -Nutrition Links Project	Bridget Aidam (WVI) Grace Marquis (McGill)	04/09/2013	09/05/2018	Ghana
East Africa Region				
Assessment of agreement between non-invasive and invasive Hgb monitors for measurement of hemoglobin among adults in Katito	Asrat Dibaba (WVI)	08/01/2015	01/25/2016	Kenya
Testing Integrated Curriculum & Cross Functional Team approach	Asrat Dibaba (WVI)	04/01/2015	04/01/2016	Kenya
World Vision East Africa Region Bio-fortification Programme	Asrat Dibaba (WVI)	NA	09/30/2015	Kenya, Rwanda, Uganda, Burundi
Malnutrition Free Village Initiatives	Asrat Dibaba (WVI)	NA	09/30/2015	Rwanda
Templeton Foundation CoH MNCH (HTSP)	Devina Shah (WVUS)	10/01/2015	03/01/2017	Ghana, Kenya
Middle East and Eastern Europe Region				
Mapping and Evaluation of the Impact of Programming in Afghanistan with a special focus on Health	Jai Das & Rehana Salam (Agha Khan University)	09/15/2015	11/28/2015	Afghanistan
Go Baby Go - the Equalizer	Alfonso Rosales (WVUS)	01/12/2014	01/07/2016	Armenia
Enhanced TTC in Palestine	Alison Schafer (WVUS)	02/01/2016	01/31/2018	Jerusalem West Bank
Latin America and Caribbean Region				
Nutrición y Cuidado Infantil. Un modelo efectivo para reducir la anemia y violencia en un ambiente rural de Ayacucho, Peru Nutrition and Early Childhood Development. An effective model to reduce anemia and violence in a rural setting of Ayacucho, Peru	Robert Chuquimbalqui (WVI)	02/01/2013	07/31/2014	Peru

TABLE 3: Research projects active during FY15 and supported by members of the Health and Nutrition technical team

CHILD HEALTH AND NUTRITION IMPACT STUDY (CHNIS)

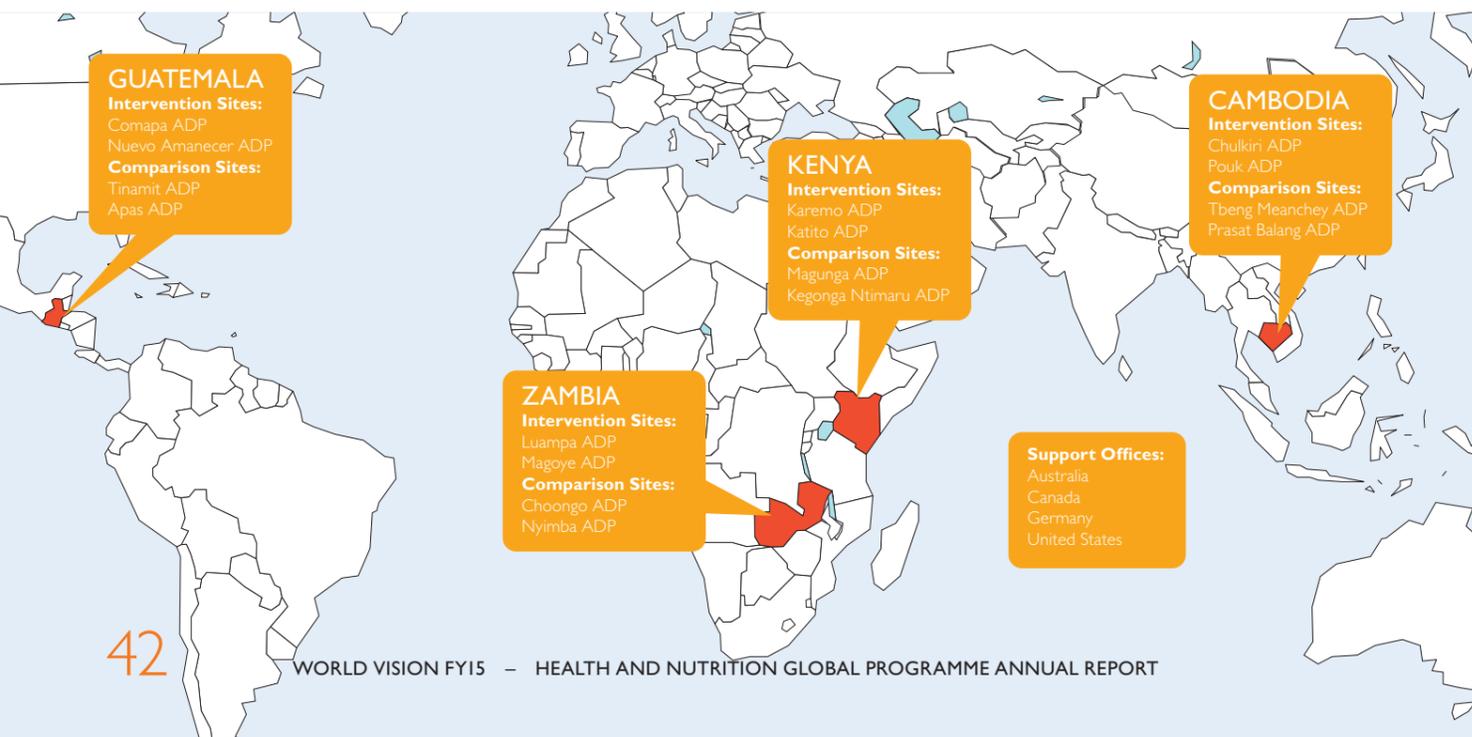


Child Health and Nutrition Impact Study (CHNIS) is a five-year research collaboration (2012-2017) between WV and the Johns Hopkins Bloomberg School of Public Health (JHSPH). The study is designed to measure the impact of WV's maternal, neonatal and child health and nutrition programmes on the health of mothers and children younger than five years in 16 study sites across four countries: Cambodia, Guatemala, Kenya and Zambia. CHNIS is designed to provide evidence of contribution to WV's two health-related child well-being targets: increase in children protected from infection and disease, and increase in children who are well-nourished. In addition, CHNIS will provide data on cost effectiveness and the effectiveness of WV operational structures. The project models under study are TTC, Community Health Committees and Citizens Voice and Action.

CHNIS had five major accomplishments in FY15:

1. The transition to new Johns Hopkins School of Public Health (JHSPH) leadership.
2. The completion of baseline data analysis, reporting and dissemination.
3. The completion of the midterm review.
4. The agreement on the one-year extension.
5. The creation and finalisation of a communication strategy, basic communication products and project name change.

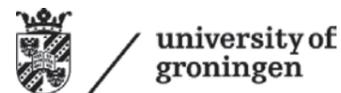
Child Health and Nutrition Impact Study Locations



The baseline report identified multiple key learnings that are already being discussed and used to improve the potential impact of programmes in the field. As the baseline summaries are being finalised, selected findings include:

- A high burden of child diarrhoea and incorrect treatment of diarrhoea were documented in Cambodia. On average, 23.3 per cent of children under five experienced diarrhoea in the two weeks prior to the survey and, of those, only 58 per cent reported using any type of oral rehydration therapy.
- High levels of key 7-11 behaviours were seen in the preliminary baseline data in Guatemala, spurring discussion on what should be included in the health models for Latin America Caribbean Regional Office (LACRO). However, 49.2 per cent of women surveyed did not deliver in a health facility and, among those, the leading reason given was that they “did not think it [birth in a facility] was necessary” (53.2 per cent).
- Findings in Kenya showing that the rate of full vaccination coverage for children under five in study sites is 39.3 per cent, well below the country's national average, which is 68 per cent Kenya Demographic and Health Survey 2014 (KDHS, 2014). In addition, four per cent of children 6-59 months in study sites have severe anaemia, while 32 per cent have moderate anaemia and 21.1 per cent have mild anaemia. Information on anaemia at the population level in Kenya is rare (most recent documentation is from 1999); these findings suggest stagnant progress around food security and nutrition-specific programming and persistence of a major maternal and child public health issue.
- Statistics showing that 70.2 per cent of Zambia's households in study sites lacked sufficient food diversity for adequate nutrition and four per cent of households reported severe household hunger.

CHANNELS OF HOPE (CoH) GRONINGEN STUDY



An evaluation was undertaken in Lupane ADP in Zimbabwe (2012 – 2015) to provide feedback to WV International on the strengthening and improvement of its CoH Health and HIV/AIDS models. The other purpose was to generate insights regarding the significance for religion and spirituality in addressing widespread societal problems, and encouraging attitudinal and behavioural change. This project's research partners were the Centre for Religion, Conflict and the Public Domain, University of Groningen, and the Knowledge Centre Religion and Development, Oikos (Netherlands).

There were a number of key findings from the project related specifically to HIV, including increased community knowledge about HIV and reduced stigmatisation of people living with HIV; increased access to medication and improved hygiene practices; increased unity in the communities, which interviewees stated was largely due to sensitisation through CoH; and increased community ownership of education activities to raise awareness about HIV. Key MNCH findings included:

- Greater awareness of the importance of men's roles in the birthing process.
- Increased knowledge of medical issues, including the importance of breastfeeding and postnatal care.
- Increased willingness among women to be tested for HIV.
- Greater openness to discussions about HIV and MNCH.

Findings related to key changes in faith communities included:

- Previously taboo subjects such as pregnancy and sexuality were discussed more openly after pastors were trained.
- There was an increase in awareness-raising activities on health in churches, an increase in support services and some discussion in sermons.
- There was a greater emphasis within the faith community on registering babies and conducting regular check-ups before and after birth, education on danger signs of health complications for mother and child, and free lectures on health and nutrition during pregnancy.

PUBLICATIONS

The Grandmother Guide – The Grandmother Guide (Involving grandmothers to promote child nutrition, health and development: A guide for programme planners and managers) was translated into French in FY15. Roll-out of both English and French publications took place through the Interest Group (IG) for Nutrition, the health and nutrition sections of wvi.org, a face-to-face session at the Health, Nutrition and HIV CoP meeting and a CoP Webex call. Dissemination to Regional and SO staff included the joint WV Canada/NCoE “Culturally-sensitive approaches to behaviour change and multi-sectoral programming to improve nutrition and food security” event.

Ebola – WV published a psychosocial support children's book – “**I'm Just Like You**” – for Sierra Leone Ebola response, as well as the Children's Ebola Rapid Assessment report in collaboration with Save the Children, Plan International and UNICEF. WV contributed to “**Religion and Ebola: learning from experience**” in the Lancet³¹.

HIV – FY15 saw the publication of “**Prevent and protect: Linking the HIV and child protection response to keep children safe, healthy & resilient – promising practices: building on experience from Nigeria, Zambia and Zimbabwe**”³², which was published by UNICEF and WV. The paper was presented at the Psychosocial Support Forum 2015, held in Zimbabwe and also a two-part webinar on OVC support net.

WV also published “**Time to Step-Up: Prioritize Children, Adolescents, Families and Carers Affected by AIDS in Eastern and Southern Africa**”, which has both a policy paper and a short advocacy brochure jointly published by CCABA and RIATT.

Timed and Targeted Counselling – TTC 2.0 has now been published externally on the mPowering Frontline Health Workers Coalition platform, “Orb”. French and Spanish versions of the TTC 1st edition, including the fabulous artwork developed in Guatemala and now being used throughout Latin America and Caribbean Region Offices (LACRO)³³, have been externally published.

WV published a cost-effectiveness paper based on analysis using the Lives Saved Tool³⁴ in Jerusalem, West Bank and Gaza. This study demonstrated TTC to be highly cost-effective.





LEARNING & DEVELOPMENT

THE HEALTH AND NUTRITION DEPARTMENT FORMALISED ITS LEARNING AND DEVELOPMENT STRATEGY IN 2013 WITH THE RECOGNITION THAT CAPACITY-BUILDING INVESTMENTS NEEDED TO BE STRATEGIC, EFFECTIVE AND EFFICIENT.

With literally thousands of health and nutrition stakeholders across the organisation, and a fast-changing development environment, these activities are important to assuring quality work, managed by competent staff. It is also an important investment towards staff well-being. FY15 was a seminal year for this strategy, with many of its objectives being realised.

PROJECT MODEL EVENTS

Far fewer events were recorded in FY15 than previous years. This is partly a reflection of a levelling-off of capacity-building needs, perhaps partly as a result of offering events only as needed, and perhaps partly a reflection of reduced funding levels.

Model	Trainings FY11-15	Historic and Current Champions
PD-Hearth	57	Miriam Yiannakis, Diane Baik
CoH: HIV	37	Daleen Raubenheimer
CMAM	32	Sarah Carr, Colleen Emary
CoH: MNCH	30	Robyn Cawker, Daleen Raubenheimer
Timed and Targeted Counseling	29	Michele Gaudrault, Polly Walker
Infant and Young Child Feeding	21	Sisay Sinamo, Carmen Tse

TABLE 4: Top six capacity-building events per model

STANDARDISATION OF REGIONAL AND NATIONAL JOB DESCRIPTIONS

Following a broad process of collective input from staff across the Partnership, standardised job descriptions for four key health positions (two at regional level and two at national) were developed and submitted to People & Culture (P&C) for grading. Sample competency profiles have also been drafted for these positions. In addition, P&C approved a Technical Director III job level in the job families catalogue.

INDIVIDUAL LEARNING AND DEVELOPMENT (IL&D)

An Individual Learning and Development (IL&D) protocol and measurement framework was finalised and reviewed with project model champions, including status of tools required for compliance to IL&D protocols and measurement mandates. The IL&D framework is expected to significantly improve the quality of capacity-building events and processes through refinement of target participants, event preparation, monitoring and evaluation, and adoption of continuous learning processes.

HEALTH AND NUTRITION COMPETENCY FRAMEWORK

Four workshops were held in four NOs for health competency framework development, in addition to a face-to-face workshop held in Bangkok for competency writers. As a result, a Health and Nutrition technical competency framework has been defined, with a total of 34 technical competencies drafted.

GLOBAL TECHNICAL RESOURCE NETWORK (GTRN)

Health and Nutrition has activated 30 health sub-sector models on the WV Global Technical Resource Network. A total of 260 health and nutrition sector subject matter experts have been validated. An additional 369 subject matter expert applications have been nominated.

BIRTH REGISTRATION

A question and answer guide on birth registration for community workers and community groups, which is being used by NOs in several regions, was produced by Sustainable Health. Language about birth registration was also strengthened in materials for CHW training. These and other materials on birth registration are available on a dedicated page on WV Central³⁵.

COMMUNITY HEALTH COMMITTEES

World Vision engaged the CORE Group to co-develop the Community Health Management Committee Assessment and Improvement Matrix (CHMC-AIM). The tool is similar in format and intent to the Community Health Worker Assessment and Improvement Matrix (CHW-AIM) previously published by the Healthcare Improvement Project. The tool assists practitioners in assessing and designing community health committees, since the support of these committees has been identified as a significant gap in community health systems strengthening.

CHANNELS OF HOPE (CoH)

CoH held 28 “Train the Facilitator” events for 817 facilitators in FY15. The CoH team has been building Global Technical Resource Network (GTRN) profiles and building training teams, with increasing ability to mobilise experts and recoup costs for training events. Twenty-one experts were validated in HIV, four in Ebola, and 14 in MNCH.

NUTRITION E-LEARNING

Three nutrition e-Learning courses were offered in FY15: Reducing Childhood Anaemia, Reducing Childhood Stunting, and Reducing Maternal Anaemia. This was the first year with the fully tested versions of the nutrition courses as well as the first time applying a course fee of US \$150 for both internal and external participants. Application numbers were relatively high at around 20 applicants per course. Due to the overwhelming demand (over 50 applicants) for the Reducing Childhood Stunting course, two concurrent sessions were run. The total number of graduates from the FY15 courses was 37, with a third of participants from WV and the remainder from various external agencies such as International Medical Corps, Save the Children, Concern, UNICEF and government ministries of health. This brings the total number of nutrition e-Learning graduates to 85, coming from 37 different countries. The average completion rate was also remarkable at 82 per cent, as a result of dedicated facilitators for the e-Learning courses.

In addition, TTC and Community Health Committees (COMM) blended learning programmes were developed and made available on E-Campus.

HEA

The HEA team updated training and reference materials for the Health and HIV in Emergencies Interest Group, provided Health & Nutrition orientation to HEA Operations Management trainees and participated in a training opportunity on the professional Humanitarian Training for Health and Nutrition Manager provided by Save the Children. They developed a guidance document for Mobile Medical Units, and an Ebola Virus Disease preparedness and response strategy for the Health sector for WV NOs. WV evaluated the Chinese Academy of Sciences as a potential mental health and psychosocial partner.

MEDICAL SERVICE VOLUNTEERS (MSV) AS A MODEL FOR WV STAFF CAPACITY-BUILDING

The MSV model helped build WV staff capacity in designing health facility-based programming including assessment tool adaptation, utilisation, and design. In the case of Zambia, a collaborative project with Medical Teams International (MTI) resulted in a newly adapted tool for maternal and newborn health service assessment. The tool that was adapted by MTI's senior monitoring and evaluation advisor with input from WV was first tested and then applied in 15 health centres in Pemba District. The assessment results were then used to design a maternal and newborn health improvement project in collaboration with Southern Zambia Provincial Health Office, Pemba District Health Office, WV Southern Africa Regional Office (SARO), WVI and WVUS.

POSITIVE DEVIANCE/ HEARTH (PD/H)

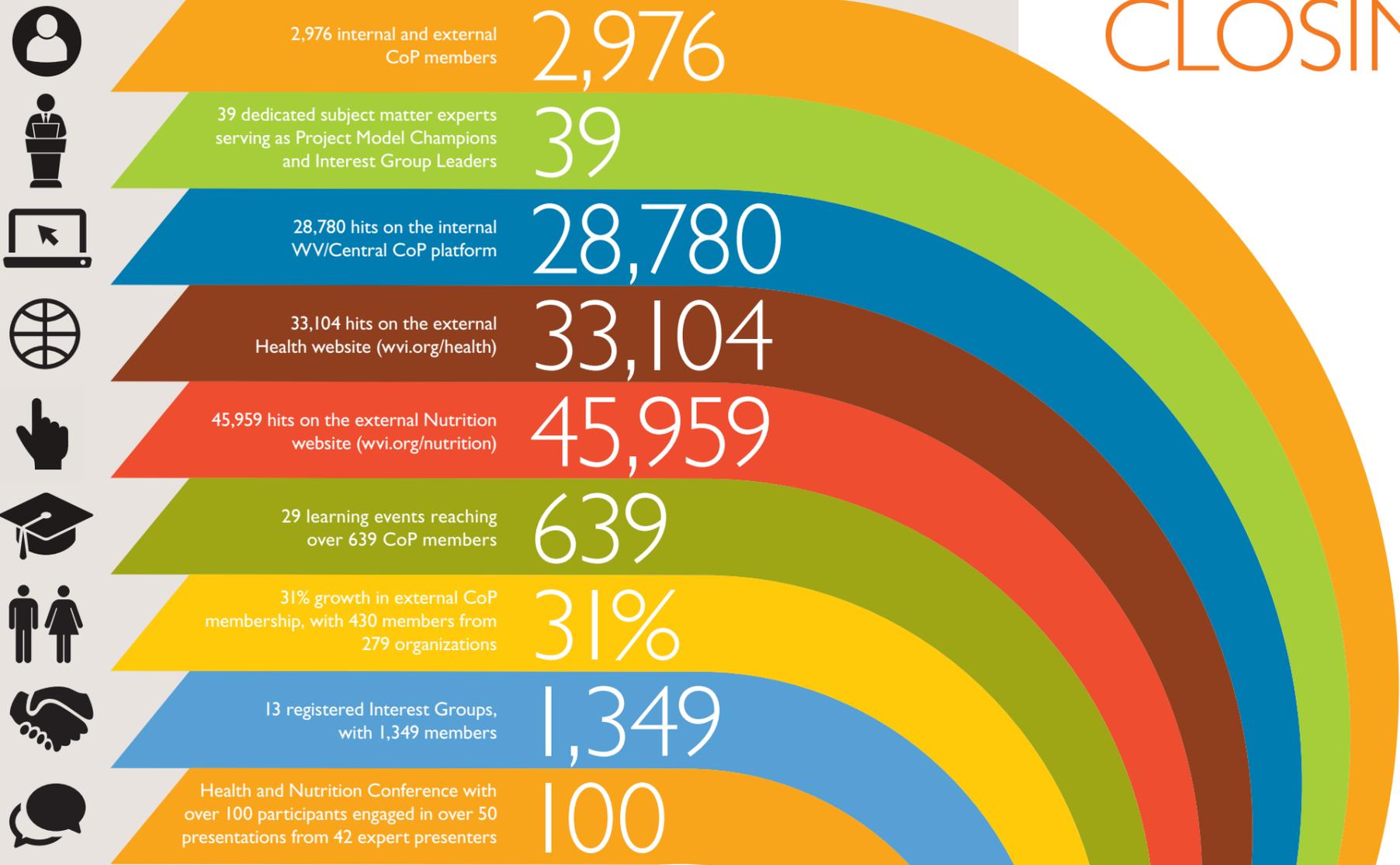
Eight countries conducted Training of Facilitators (ToF) from the TOF curriculum that was developed in 2015 in response to requests from the field³⁶. The PD/H master training curriculum was revised and version two was released. Eight new master trainers were certified, bringing the total to 33 certified master trainers.

TIMED AND TARGETED COUNSELLING (TTC)

Capacity Building events in FY15 included: TTC 2.0 training in Kampala, and TTC Training of Facilitators in Ecuador.



CLOSING THOUGHTS



The World Vision International Health and Nutrition department is not required to develop an annual report, and in most years has focused instead on sub-sector reports, and targeted internal and external reports. This has been a favourable arrangement in terms of mitigating the time and cost required to develop a departmental/sectoral report that comprehensively narrates the investments and achievements of a global half billion dollar operation.

The content for this report has been differentiated from other reports typically developed. Whereas a more common emphasis is on programmatic output and outcomes, this report has chosen to reflect the functionality of the department – the inputs that result in our outcomes. **This focus has been prioritised in light of two primary objectives for this report: 1) to honour and affirm the over 1,300 Health and Nutrition staff in World Vision who work tirelessly and passionately to improve the well-being of millions of children across the world; and 2) to educate World Vision leaders around our work, increasing their awareness of the scope, diversity and complexity of this monumental effort.** These are the actions and investments that make Health and Nutrition a true Global Programme for World Vision, and increase our global impact, influence, and income.

We would especially like to thank the 16 staff members who submitted thematic reports for this effort. And we would like to thank all readers who have dedicated a little time to read through this report, reflect, and appreciate. It is our hope that you will all be champions for Child Health and Nutrition.

WORLD VISION HEALTH AND NUTRITION COMMUNITY OF PRACTICE





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- 2 Africa: Angola, Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Kenya, Mali, Mauritania, Niger, Somalia, South Sudan, Sudan, Tanzania, Uganda. MEER: Afghanistan, Pakistan.
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- 10 For the purposes of this report, community health worker is used to describe a broad range of frontline health workers or health extension workers. In all cases this is taken to mean personnel who have a primary focus on delivering promotive, preventive and sometimes curative health services outside of the health facility, in the homes or gathering places that exist in the communities where they work.
- 11 <http://www.wvi.org/health/global-mhealth-report>
- 12 World Vision operates in Area Development Programmes (ADPs) for its project implementation. An ADP is a distinct geographical area where we partner with local stakeholders and communities to improve the health and well-being of children and caretakers through multiple-sector projects aimed at root causes of issues that negatively affect children. These geographic areas where beneficiaries live and work can vary in size, context and population structure. Each ADP has its own staff and design, but they all seek to support families and communities to address child well-being.
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ANNUAL REPORT ACRONYMS

- ADP – Area Development Programme
- B – Billion
- BabyWASH – Baby Water Sanitation and Hygiene
- CAFOD – Catholic Agency for Overseas Development
- CAN-MNCH – Canadian Network for Maternal Newborn and Child Health
- CCABA – Coalition for Children Affected by AIDS
- CCD – Care for Child Development
- CEmONC – Comprehensive Emergency Obstetric and Newborn Care
- CEO – Chief Executive Officer
- CGIAR – CGIAR is a worldwide partnership addressing agricultural research for development, whose work contributes to the global effort to tackle poverty, hunger and major nutrition imbalances, and environmental degradation. They collaborate with research and development partners to solve development problems.
- CHF – Community Health Fund
- CHMC-AIM – Community Health Management Committee Assessment and Improvement Matrix
- CHN – Child Health Now
- CHNIS – Child Health and Nutrition Impact Study
- CHW – Community Health Workers
- CHW-AIM – Community Health Worker Assessment and Improvement Matrix
- CIDA – Canadian International Development Agency
- CMAM – Community-Based Management of Acute Malnutrition
- COIA – Commission on Information and Accountability
- CoH – Channels of Hope
- COMM – Community Health Committees
- CoP – Communities of Practice
- CORE – CORE Group helps NGOs and governments effectively reach the community level, integrate community strategies into the national health plan, and respond to new and emerging health issues that arise so that preventable deaths from diseases can be reduced.
- c-PMTCT – Community Prevention of Mother to Child Transmission
- CRS – Catholic Relief Services
- CRVS – Civil Registration and Vital Statistics
- CSA – Civil Society Alliances
- CSN – Civil Society Network
- CSPRN – The Civil Society Principal Recipients Network
- CSW – Commercial sex workers
- CUGH – Consortium of Universities for Global Health
- CVA – Citizen Voice and Action
- DFATD – Canadian Ministry of Foreign Affairs, Trade and Development. As of November 2015, this ministry is titled, "Global Affairs Canada".
- DOT – Directly Observed Treatment
- DRC – Democratic Republic of Congo
- EAA – Ecumenical Advocacy Alliance
- ECD – Early Childhood Development
- ECHO – European Commission's Humanitarian Aid and Civil Protection department
- EE – Environmental enteropathy
- E&L – Evidence and Learning
- EmONC – Emergency Obstetric and Newborn Care
- ENC – Essential Newborn Care
- ENAP – WHO Every Newborn Action Plan
- ESCAP – U.N. Economic and Social Commission for Asia and the Pacific
- EWEC – U.N. Every Woman Every Child
- FBO – Faith Based Organization
- FP – Family Planning
- FY – Fiscal Year
- GFU – Global Fund Unit
- GH – Global Health
- GHFP – Global Health Fellows Programme
- GIK – Gifts in Kind
- GMP – Growth Monitoring and Promotion
- GNP+ – Global Network of People Living with HIV
- GTRN – Global Technical Resource Network
- G8 – The Group of Eight refers to the group of eight highly industrialised nations - France, Germany, Italy, the United Kingdom, Japan, the United States, Canada, and Russia - that hold an annual meeting to foster consensus on global issues like economic growth and crisis management, global security, energy, and terrorism.
- HEA – Humanitarian Emergency Affairs
- Hgb – Hemoglobin
- HIV/AIDS – Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
- HTSP – Healthy Timing and Spacing of Pregnancy
- iCCM – Integrated Community Case Management
- IDU – Intravenous drug users
- IATT – Inter-Agency Task Team
- IFA – Iron Folic Acid
- IG – Interest Group
- IHR – International Health Regulations
- IL&D – Individual Learning & Development
- ILS – Integrated Learning Site
- IMC – International Medical Corp
- IMNeCH – Integrated Maternal Newborn and Child Health
- IPPF – International Planned Parenthood Federation
- IQA – Implementation Quality Assurance
- IYCF – Infant and Young Child Feeding
- JD – Job description
- JHSPH – Johns Hopkins Bloomberg School of Public Health
- JHU – Johns Hopkins University
- JWBG – Jerusalem, West Bank and Gaza
- KDHS 2014 – Kenya Demographic and Health Survey 2014
- LACRO – Latin America Caribbean Regional Office
- LC – Learning Centre
- LiST – Lives Saved Tool
- LLIN – Long Lasting Insecticidal Nets
- M – Million
- M&E – Monitoring & Evaluation
- mHealth – Mobile Health
- MNCH – Maternal, Newborn and Child Health
- MOH – Ministry of Health
- mPowering – Mobile Powering
- MSM – Men who have sex with men
- MSPH – Master of Science in Public Health
- MSV – Medical Service Volunteer
- MTI – Medical Teams International
- MTR – Mid-Term Review
- MUAC – Middle Upper Arm Circumference
- NCoE – Nutrition Centre of Expertise
- NGO – Non-Governmental Organization
- NIMO – Nutrition Information Management Officer
- NO – National Office
- OFDA – Office of U.S. Foreign Disaster Assistance
- OVC – Orphans and Vulnerable Children
- P&C – WV's People and Culture department
- PD/H or PD/Hearth – Positive Deviance/Hearth
- PMNCH – Partnership for Maternal, Newborn and Child Health
- PMTCT – Prevention of Mother to Child Transmission
- PNG – Papua New Guinea
- RIATT – Regional Inter Agency Task Team on Children and AIDS
- SAMNeCH – Southern Africa MNCH
- SAR or SARO – Southern Africa Region or Southern Africa Regional Office
- SD – Standard Deviation
- SDG – Sustainable Development Goal
- SO – Support Office
- SRHR – Sexual and Reproductive Health Rights
- SUN – Scaling Up Nutrition
- TB – Tuberculosis
- ToF – Training of Facilitators
- TTC – Timed and Targeted Counselling approach
- UTS – University of Technology Sydney
- WASH – Water Sanitation and Hygiene
- WAZ – Weight-for-Age Z-Score
- WHA – World Health Assembly
- WHO – World Health Organization
- WV – World Vision
- WVCentral – World Vision Central is World Vision's Intranet.
- WVI – World Vision International
- WVSS – World Vision South Sudan
- WVUS – World Vision United States
- U5 – Under age 5
- UN – United Nations
- UNAIDS – Joint United Nations Programme on HIV/AIDS
- UNGASS – United Nations General Assembly Special Session
- UNHCR – United Nations High Commissioner for Refugees
- UNICEF – United Nations Children's Emergency Fund
- USAID – United States Agency for International Development
- VCNC – Village-based Child Nutrition Centers



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