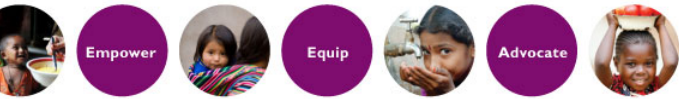




# Global Health & Nutrition Annual Report 2009

## Executive Summary

Empower • Equip • Advocate



## Introduction



The Global Health and Nutrition team continued to prioritise and improve the health and nutrition needs of mothers and young children in FY09 through the implementation of its global strategy.

With an investment of US\$8 million, 23 national offices targeted 356 area development programmes to strengthen health and nutrition programming. The Global Health and Nutrition team conducted training in critical capacities and skills related to implementing the core health and nutrition strategy with 3,424 staff and 2,987 partners. We created programming guidance and tools, including a Nutrition Marketplace manual on nutrition-related best practices and a draft 7-11 Field Guide. We also developed health and nutrition monitoring and evaluation indicators and an assessment tool to guide staff in determining critical health, nutrition and HIV needs, and measuring results.

The Global Health and Nutrition team also increased its portfolio of Community-based Management of Acute Malnutrition (CMAM) programmes to US\$14.6 million in 12 countries, as levels of severe malnutrition rose in communities impacted by the global financial and food crises. This led World Vision to become one of the largest agencies to implement CMAM programmes in the world.

We also worked closely with our advocacy colleagues to successfully launch World Vision's first global advocacy campaign, Child Health Now, which aims to reduce child mortality by two-thirds by 2015. We also led the revision of health components of the Sphere Handbook, the pre-eminent source of humanitarian assistance standards, and helped to test new mobile data collection technologies that will result in improved reporting of health and nutrition outcomes.

As we review our achievements in health and nutrition over the last year, we thank God for His abundant blessings and look forward to continuing to improve the well-being of children in the journey ahead.

*Martha Newsome*  
*Partnership Leader, Health, Nutrition, HIV and AIDS, and WASH*



## Refining strategies

The Global Health and Nutrition team continued to improve its strategic guidance for maternal and child health in FY09 by refining its operational recommendations. The '7-11 Start-up Strategy' builds upon the previous year's work on the sector core focus and Do/Assure/Don't Do (DADD) approach, and also includes outcome statements from the Child Well-being Outcomes framework.

The 7-11 framework consists of seven prioritised preventive practices for pregnant women and 11 for children under the age of two. Both the target groups and recommended interventions have proved to be widely accessible and to resonate throughout World Vision.

The operational strategy strongly emphasises individual/community empowerment, partnership and advocacy, which complements World Vision's Ministry Framework. The model calls for standardised practices in empowering families and changing behaviour, community systems strengthening to monitor and respond to health needs, advocacy and health systems reinforcement.

Community-based advocacy for health outcomes is a fundamental operational component to improving environments, service delivery and equitable access. Emphasis on advocacy as an operational activity supports World Vision's first global advocacy campaign on child and maternal health – 'Child Health Now'.

## Strengthening programming

### Enhancing programming

#### Improving products

In 2009, more than 2,300 pallets of health-related Gifts-in-Kind (GIK) products were shipped internationally, with revenue in excess of US\$250 million. Some of the other achievements of the GIK support programme were:

- The production of a Global Health and Nutrition GIK Products List detailing preferred GIK products that can be integrated into and will support the 7-11 interventions. This will guide negotiations with donors.
- The initial development, laboratory and field 'Taste and Tolerance' testing in Niger of a new Ready to Use Therapeutic Food, which could be rolled out in 2010 to all World Vision's Community-based Management of Acute Malnutrition (CMAM) programmes.
- A new three-year programme of GIK medical supplies and pharmaceuticals shipped to all of World Vision's African CMAM programmes to treat severely and acutely malnourished children with complications.
- The design of a new process for sorting mixed health supply donations into products that can be used safely in households by rural health centres and by district hospitals.
- The expansion of the de-worming and micronutrient donation programme with more countries (19) receiving a wider range of products (7) than ever before.



### Case study: How WV Indonesia is building capacity

Indonesia's health and nutrition situation is very poor. In 2007, 531 children under five were dying every day while 310 mothers out of each 100,000 were not surviving childbirth.

In response to the crisis, WV Indonesia adopted the global health and nutrition strategy and is now implementing a contextualised '3+6' sub-set of the 7-11 recommended interventions targeting pregnant women and children under the age of two.

At the household level, WV Indonesia is scaling-up Positive Deviance (PD)/Hearth and Mother Support Groups. At the community level, it is building the capacity of the existing integrated health services' posts called 'Posyandu' as part of the *Posyandu Revitalisation* initiative. To date, WV Indonesia's ADPs have trained 2,700 Posyandu cadres in 200 posts in 37 districts.

At the national level, WV Indonesia's ADPs are targeting the Posyandus, District Health Offices and other stakeholders with organisational capacity building and health system strengthening interventions to train their staff. The trainings focus on strategic planning, organisational structure and procedures, lobbying and budgeting. WV Indonesia has already:

- collaborated with District Health Offices in six districts to train 135 health workers to be breastfeeding counsellors;
- collaborated with the Centre for Diseases Control and Ministry of Health to support implementation of a new diarrhoea management protocol that integrated Zinc and Oral Rehydration System in diarrhoea treatment; and
- trained 80 health workers in new health management protocols.

The WV Indonesia health and nutrition programme currently covers 570 villages in 40 districts and nine provinces. It has positioned six health and nutrition technical staff in the national office and an additional 14 sub-nationally to support this work. The programme has designated US\$2.1 million to continue this initiative in FY10.

## Guidance for improved programming

### Field guide and nutrition tools

The Global Health and Nutrition team developed and disseminated the first draft of a comprehensive 7-11 Field Guide to the Global Health and Nutrition Community of Practice. The field guide details the strategic fundamentals of the 7-11 approach, defines the primary interventions and operational approaches and provides recommendations on operational design areas such as monitoring and evaluation and staffing. The team also began working on a standardised curriculum for training community health workers.

The Nutrition Community of Expertise (NCoE) developed a first draft of the Nutrition Marketplace, which profiles World Vision's best programming practices, as an online resource for advocacy and programming



stakeholders. The NCoE also developed templates for the 7-11 training tools, nutrition guidelines and the Nutritional Anthropometric Training Tool for Community Health Workers. In August 2009, the tool was completed, translated into the Indonesian language and field tested in Indonesia with staff from the Ministry of Health. Results of the field test were then incorporated into the next draft.

## Performance reporting

### Monitoring and evaluation tools and indicators

To strengthen monitoring and evaluation systems and assessment tools that support programme design efforts, the Design Monitoring and Evaluation (DME) team, with technical advisor and NCoE input, developed and disseminated the 'Triggers for Action' tool. Offices can use the tool to help them make decisions when considering comprehensive health and nutrition programmes and selecting suitable components from the 7-11 package. This innovative tool integrates needs around designing both HIV and AIDS and health and nutrition programmes.

Building on the work of the global public health community's standards for measuring the outcome and impact of 7-11 interventions, the DME team facilitated the development of a set of evaluation indicators that is aligned with World Vision's global health and nutrition strategy.

The team also continued its work in developing a set of monitoring indicators for health and nutrition programming that carefully considers the front-line field reality of World Vision's programmes. In Asia, countries with enhanced health and nutrition programmes began implementing monitoring indicators. In Africa, a working draft monitoring indicator set was prepared and readied for field testing in early 2010.

The DME team also partnered with the Learning for Evaluation with Accountability and Planning (LEAP) team to refine the health and nutrition aspects of various assessment tools.

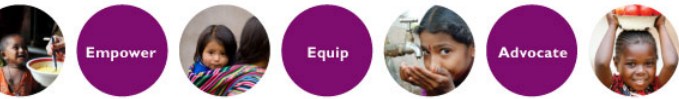
### Mobile technology for data collection

The Global Health and Nutrition team partnered with various World Vision teams, including Information Technology, to develop and field test mobile data collection platforms for monitoring and evaluation purposes. Mobile technologies, including smart and simple cell phones and netbooks, have the potential to transform World Vision's monitoring and evaluation work by improving the speed and quality of information made available to decision makers, programme planners and communities. Furthermore, the technologies allow for automatic alerts to facilitate urgent responses to critical situations encountered in the community.

A few of the achievements of Information and Communications Technology for Data Capture (ICT4D) were:

- Conducting several field test activities, including an assessment in Zambia of the use of a simple cell phone application for routine collections of Core HIV and AIDS Response Monitoring System (CHARMS) data.
- Developing a smart phone application for collecting evaluation information, spearheaded by WV Australia and field tested by WV Cambodia and WV Malawi.

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- Collaborating with NetHope, an independent non-profit consortium of 28 leading international non-governmental organisations (NGOs), to develop a mobile data capture solution as a shared resource between organisations working in the health and development sector.

## Emergency response improvement

### Community-based Management of Acute Malnutrition (CMAM) expansion

The continued health and nutrition response to the food crisis has focused on both short- and long-term interventions by scaling up CMAM programming, due to its direct impact in the rehabilitation of severely and acutely malnourished children under the age of five. This is significantly impacting child well-being and survival.

The Global Health and Nutrition team successfully expanded CMAM operation from 4 to 11 countries. All 11 countries were either trained or are currently being trained in the CMAM model.

Other CMAM accomplishments were:

- Coordinating and tracking funding and gaps.
- Raising US\$14.6 million of the total US\$18.4 million needed for CMAM programming in 12 national offices severely impacted by the food crisis.
- Developing a technical assistance matrix to fill capacity gaps with technical support from WVI entities and Valid International, World Vision's partner agency.
- Providing technical support in assessment, project start-up, coverage survey, and monitoring and evaluation to countries implementing CMAM.

### Sphere initiative

In leading the revision of the health technical chapter of the 2004 edition of the Sphere handbook, one of the most widely recognised resources for standards in humanitarian assistance, the Global Health and Nutrition team accomplished the following:

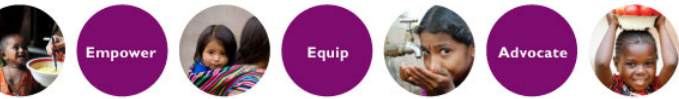
- Created a working group of 12 experts representing NGOs, United Nations agencies, the Red Cross movement and technical/normative agencies such as the U.S. Centre for Diseases Control (CDC) and the Inter-Agency Standing Committee's Health and Nutrition Tracking Services (HNTS).
- Facilitated consensus building meetings and conference calls with working and peer review groups.
- Completed consultation meetings at regional hubs and countries.
- Completed a literature review on the 96 standards included under health services.
- Participated in focal point meetings in Geneva and Oxford.

### Influenza pandemic response

Following reports of the previously undetected Influenza A (H1N1) virus of swine origin in the United States and Mexico, World Vision formed the Swine Influenza Partnership Monitoring Group (SIPMG) to monitor the spread and severity of the pandemic and gauge its impact on World Vision's ministry. In addition to advising senior leadership on preparedness and management of the response, the SIPMG also:

- Reviewed, updated and disseminated the Pandemic Preparedness guidelines of 2006 following outbreaks of H1N1 in poultry.
- Developed guidelines for business continuity planning and operational response in the workplace.

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- Developed and disseminated education material on personal and workplace hygiene.
- Issued travel advisories at several stages of the pandemic response.

While continuing to monitor the spread of H1N1, the SIPMG began working with Veratect Enterprise in tracking the global spread of the virus.

### Infectious diseases

The Global Health and Nutrition team achieved the following with respect to malaria, pneumonia and tuberculosis (TB):

- Participated in the Malaria Community Competence meeting with the International Federation of Red Cross, Roll Back Malaria, United Nations Children's Fund (UNICEF), Global Fund and others. The consultation led to the creation of 'Malaria control, community system strengthening and community-owned response' – a guideline for malaria proposal development that will be submitted to Global Fund Round 9.
- Collaborated with the Global Pneumonia Coalition to commemorate the first ever World Pneumonia Day on 2 November, 2009. This was a major effort to focus attention on pneumonia.
- Contributed to the development of a report on World Vision's experiences in implementing TB programmes, which will be shared with the World Health Organisation and other partners in order to raise awareness of childhood TB.

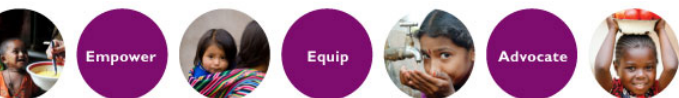
## Partnerships and publications

### Partnerships

The Global Health and Nutrition team established a number of strategic vital partnerships across the globe, especially in the global health capital of Geneva, to enhance field ministry quality and support World Vision's advocacy efforts.

### Global Fund

- Raised World Vision's total portfolio of grants from the Global Fund to US\$167 million, including more than US\$3.6 million in matching funds from World Vision support offices.
- Submitted, approved or negotiated by the end of the year six new grants worth US\$51 million.
- Signed an institutional Letter of Agreement with the Global Fund that authorised the co-signing of World Vision grants by support offices.
- Accepted the invitation for three World Vision regional health and HIV and AIDS advisors to join the Developing Countries Delegation to the Global Fund Board.
- Arranged for a Global Fund Secretariat staff member to be an external advisor to a World Vision research activity on aid effectiveness.
- Significantly contributed to implementation issues in Global Fund Board Committee documents and a new Global Fund Implementer's Manual through the Principal Recipients Working Group.



### World Health Organisation (WHO)

- Adapted existing WHO curricula to World Vision's programme context and developed web platforms for computerised training adaptation of curricula by national offices.
- Planned joint operations research of large field trials of family and community Maternal Newborn Child Health (MNCH) approaches via auxiliary or volunteer non-facility based health promoters.
- Jointly developed a generic non-Western Psychosocial First Aid guide. Draft was completed in FY09; expert review and publishing will commence in FY10.
- Supported WHO's global efforts in de-worming as one of the largest contributors of de-worming tablets.
- Actively engaged with WHO in a health cluster for health in emergencies responses.
- Participated in WHO's faith-based organisation mapping process with a focus on non-facility based community health service mapping.

### Partnership for Maternal, Newborn and Child Health (PMNCH)

- Participated in a task team to draft a global framework on MNCH that will be ready to launch during the World Health Assembly in May 2010.
- Supported the PMNCH working group on MNCH commodities and supply chain issues.
- Participated in various Pacific Health Summit Secretariat brainstorming sessions, including planning for staff in Vietnam and Indonesia to be invited to the February 2010 session. This is in preparation for the sixth summit in London 2010 focusing on maternal and newborn health.

### Nutrition Partnerships and more

- Led a working group for the NGO Forum for Health that is assessing NGOs' engagement in mental health and psychosocial care and support issues.
- Implemented and evaluated a successful institutional Partnership review with A2Z/AED (USAID Micronutrient and Child Blindness Project) on increasing the scope and capacity of nutrition programming. The partnership was designed to support complementary resources for addressing micronutrient deficiencies in developing countries.
- Partnered with Valid International on Community-based Management of Acute Malnutrition (CMAM) capacity building.
- Developed partnerships with the Emergency Nutrition Network, Centre for Research on the Epidemiology of Disease and Complex Emergency Database, UNICEF and universities (McGill, Montreal, Illinois, Emory and Otago).

### Events

The Global Health and Nutrition team represented World Vision's health work on a number of important occasions:

- A meeting with UNICEF to review its 'Facts for Life' document.
- A meeting with UNICEF technical and programming leaders to share World Vision's experience in health and other areas.
- The Global Health Conference where World Vision presented posters on malaria prevention in Zambia and online capacity building for nutrition workers globally. World Vision also served as an abstract reviewer for new investigators in global health for the second year.



- The International Micronutrient Forum where World Vision presented a poster on sustainability of anaemia control programmes in Ghana and Malawi.

## Publications

The NCoE contributed to global resources in health and nutrition through the following publications:

- 'Small animal revolving funds: An innovative programming model to increase access to and consumption of animal source foods by rural households in Malawi' in *Food Based Approaches for Combating Micronutrient Deficiencies*.
- 'The impact of an integrated community-based micronutrient and health programme on anaemia in non-pregnant Malawian women' in *Public Health Nutrition*.
- 'The impact of an integrated community-based micronutrient and health programme on stunting in Malawian preschool children' in *Public Health Nutrition*.

## Advocacy

### Child Health Now

The Global Health and Nutrition team supported World Vision in the launch of its first global advocacy campaign called Child Health Now on 16 November. This five-year campaign aims to reduce child mortality by two-thirds by 2015, in line with Millennium Development Goal 4, by pressing governments to prioritise addressing the basic health needs of women and children.

World Vision held three global launches in New York, Nairobi and Geneva to inform the global media and key decision-makers in the United Nations, World Bank and more. World Vision also launched a campaign website and petition to urge world leaders to keep their promises to save six million children a year by 2015.

The Global Health and Nutrition team specifically contributed to the campaign in these ways:

- Developed the nutrition technical brief and provided input and extensive reviews to the Maternal Health and Infectious Disease Prevention technical briefs.
- Contributed to pre-campaign meetings and briefings.
- Provided input and reviewed the Child Health Now launch paper.
- Gave the technical speech at the Nairobi launch of the campaign and carried out media interviews related to the launch.
- Developed a first draft of the Nutrition Marketplace, profiling World Vision's best programming practices, as an online resource for advocacy and programming stakeholders.