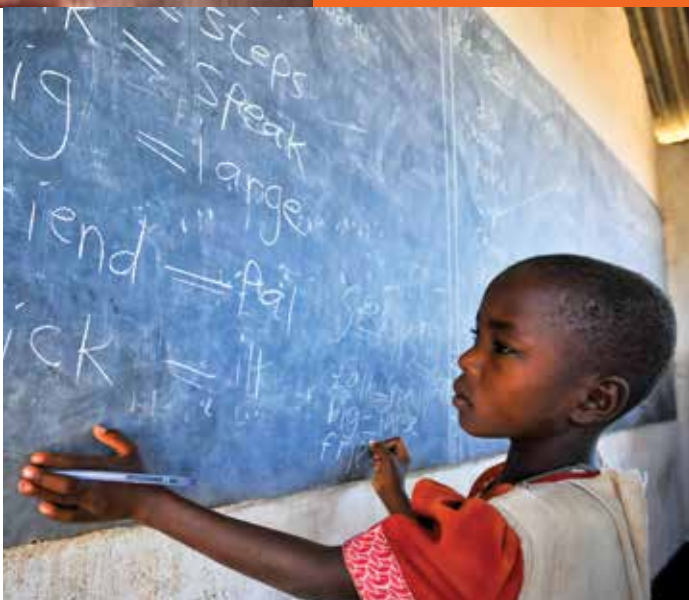




CHILD WELL-BEING  
SUMMARY REPORT

2014

# Building a Better World for Children



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# Contents

Introduction	2
About the data	4
Where are we progressing?	4
Where must we do more?	5
Target 1: Children report an increased level of well-being (ages 12–18)	7
Target 2: Increase in children protected from infection and disease (ages 0–5)	10
Target 3: Increase in children who are well nourished (ages 0–5)	14
Target 4: Increase in children who can read (by age 11)	17
Child well-being targets and disaster management	20
Reflections on progress in monitoring and evaluation systems	21

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# Introduction

**B**UILDING a better world for children begins with the foundations. From its very beginnings World Vision has defined itself as a Christian organisation working for the sustained well-being of children. World Vision currently operates more than 1,660 programmes in nearly 70 countries. Each of these country offices designs and implements a unique combination of programmatic approaches in development, advocacy and disaster management. Understanding and reporting the results of these efforts to improve child well-being is central to World Vision's accountability and legitimacy.

In 2010, World Vision clarified its definition of child well-being. This provided greater strategic focus and direction for its work globally and helped to establish evidence-based benchmarks for measuring progress across the organisation. The definition included a framework of broad child well-being aspirations,<sup>1</sup> each with a set of outcomes, and four targets.

World Vision now measures the success of its work against these targets:

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

Annual child well-being reports from each World Vision country office arrange and analyse results from programmes working across many different sectors to realise these targets, using evidence generated from standard indicators so that progress can be collated and summarised. The focus on measuring change for children in these reports provides World Vision leaders and decision makers with crucial information and key data on what is working, where and in what way.

The 2014 national child well-being reports reflect an increased commitment and ability from offices to report in this way, including, in some cases, comparison of indicators from year to year. As a result, World Vision is for the first time able to speak as an organisation on the many paths taken by its programmers, partners and community participants towards increased child well-being.

This promising start is only the first step in designing and introducing evidence-based benchmarks for World Vision's programming. The contextual complexities for World Vision working across widely different settings call for other forms of data aggregation in the future to support reporting at a global level.

This report merges the results from individual country reports to provide a simple summary account of organisational progress towards the four child well-being targets. It offers insight into some of World Vision's successful programme models for achieving results in each target and reflects on challenges and priorities for meeting goals of protection, health, nutrition and education in the future.

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

## COUNTRIES REPORTING ON CHILD WELL-BEING AND KEY SUCCESS STORIES

**(TARGET)**  
**1** **Children report an increased level of well-being**  
(12-18 YEARS)  
**Albania & Kosovo**

World Vision's innovative youth groups programme has strengthened young people's sense of well-being through life skills and vocational training, while youth-led advocacy for change has reached more than 6,000 young people, including 1,000 of the most vulnerable children.

**(TARGET)**  
**2** **Increase in children protected from disease and infection**  
(0-5 YEARS)  
**Pacific and Timor-Leste (PTL)**

An integrated approach to child health, nutrition and sanitation has decreased diarrhoea rates in children under 5 across all five programme areas evaluated. In one programme diarrhoea decreased dramatically over two years, from 42% of children to 25%. In an area where almost no parents knew how to treat diarrhoea in their children, 86% are now able to do this.

**(TARGET)**  
**3** **Increase in children who are well nourished**  
(0-5 YEARS)  
**Sri Lanka**

World Vision's programme encourages mothers to use locally available nutritious food to feed young children and addresses the root causes of malnutrition through economic development. Across six programmes, the number of children underweight has decreased by 9% since programme baseline, a statistically significant reduction.

**(TARGET)**  
**4** **Increase in children who can read**  
(BY THE END OF PRIMARY SCHOOL OR AGE 11)  
**South Africa**

By working together with schools and local government to train teachers on literacy techniques and to support school libraries and after-school reading clubs, two World Vision programmes have together reported an increase in reading rates by as much as 41%. Enrolment rates and school exam pass rates have also increased. The programmes provided bicycles to vulnerable children to help them get to school and advocated with government to ensure it delivered on its promises for better education.



### DISASTER MANAGEMENT

**TARGET 1:**  
**In China**

Child Friendly Spaces improved the physical, social and psychological health of children after the 2013 Sichuan earthquake.

**TARGET 2:**

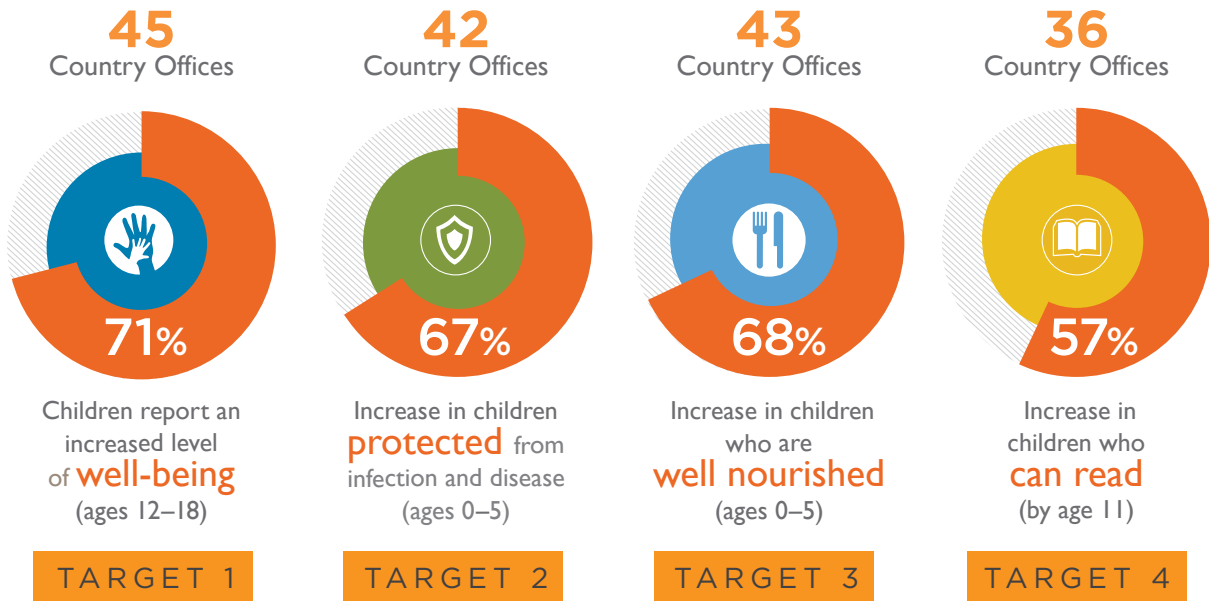
During the 2014 flood in **Solomon Islands**, 14,287 people in 30 communities were provided with clean drinking water.

**TARGET 3:**

Following floods in **Indonesia** in 2013, World Vision helped form village-based disaster management committees. When flooding hit again in 2014, community members managed warnings, evacuations and food relief, contributing to the support of 5,376 children with nutritious feeding and hygiene kits.

**TARGET 4:**

Among host communities for the Syria crisis in **Jordan**, a remedial education project has enabled 70% of children in the programme to successfully integrate into the Jordanian school system.

**Figure 1. OFFICES REPORTING ON CWBT'S STANDARD INDICATORS**

## ABOUT THE DATA

Sixty-three country offices contributed to this summary child well-being report. Not all offices reported on every indicator. In some cases the indicator was not relevant to the setting; in others, programming in the sector was not sufficiently advanced for the office to form any valuable conclusions.

For the first three targets a small subset of offices were able to report change over time by using baseline information collected at the commencement of relevant programmes. It is worth noting that the year of baseline varies from programme to programme, so these figures do not represent a direct comparison between any particular year and the current state.

For the final target, as the indicator is new to World Vision, change over time was inconclusive. Next year will bring a greater opportunity to report in this way for education programmes.

The graphs in each section summarise changes over time (or, in the case of Target 4, current state) using international thresholds that identify whether a result falls within the range of critical, requiring action or acceptable.

## WHERE ARE WE PROGRESSING?

### In youth life skills and empowerment (Target 1)

World Vision is showing an emerging shift in focus to incorporate the special development needs of the

adolescent age group. While acknowledging that results in this aspect of World Vision's strategy are limited compared to more established sectors, the framework for results is in place. More than 90 per cent of offices are now programming for child and adolescent protection, and 60 per cent are working with adolescents through youth clubs. Using an external tool designed to measure the well-being of adolescents in particular, the World Vision Albania and Kosovo office reported positive change over the past year in the critical dimensions of young people's 'constructive use of time'. This signifies that young people now have more opportunities to learn new skills and nurture positive peer and adult relationships outside of the classroom. In future years more offices will be in a position to contribute comparison data and broaden the understanding of the impact of youth-focused practices.

### In child health (Target 2)

Most child health indicators among offices reporting are consistently improved from baseline measurements. Results from 2014 show that most child health indicators are consistently improved in comparison to baseline or previous year measurements. Of programmes reporting, 15 per cent have upgraded from lower levels to acceptable levels in vaccination coverage, and 27 per cent have moved into acceptable levels of diarrhoea management. In **Chad** the proportion of parents who sought appropriate medical care for children with suspected pneumonia, averaged across five programmes, rose from 31 per cent to 55 per cent.

**In disaster management (across all targets)**

In 2014, World Vision served more than 10 million people through emergency and resilience programming. Representing one third of total programming taking place, disaster management aligns closely with all four child well-being targets. From remedial programmes to help children return to school during the **Syria crisis response in Jordan**, through to successful Child Friendly Spaces for earthquake survivors in **China**, the organisation's focus on children in emergencies has contributed to protection, health, nutrition and education in some of the world's most complex and challenging emergency situations.

**In sustainability (across all targets)**

World Vision received a motivating reminder of the importance of sustainability principles in programmes this year when an independent research report affirmed the effectiveness of local ownership for water points in **Ghana** over a 25-year period. (See 'Research finds enhanced sustainability in World Vision programmes' text box, below.) Moving to enhance sustainability principles still further, World Vision has launched a framework outlining the five most important drivers of sustainability for its community-based programmes: local ownership, partnering, local and national advocacy, transformed relationships, and household and family resilience. As offices start to use this framework in 2015, it will become possible to plan, measure and report on progress towards sustainability as an explicit goal within all programmes.

**WHERE MUST WE DO MORE?****In HIV prevention, particularly in mother-to-child transmission (Target 2)**

World Vision's health measure for HIV prevention examines the proportion of pregnant mothers who take up the offer of voluntary testing and counselling (VCT). While increases are evident in programmes where this is an issue, the overall rate of take-up remains unacceptably low. By the end of 2014, only 30 per cent of programmes reporting could show acceptable levels among vulnerable mothers, with the remainder critical (22 per cent) or requiring action (48 per cent). It is worth noting that the threshold for acceptable is set high, at 91 per cent or higher. Many programmes came close to this benchmark, including a strong approach in **Lesotho**, which mobilised existing support networks, including health workers and church leaders, and saw testing levels increase from 75 per cent to 90 per cent. In general, though, more investigation is needed to understand barriers to achieving acceptable levels in this indicator.

**In improving nutrition (Target 3)**

World Vision's reach into communities bearing the burden of under-nutrition is helping with treatment and prevention of associated conditions. But the alarmingly high starting point for stunting, wasting and underweight in most programme areas compels the organisation to push for more. Under-nutrition remains a fundamental obstacle to children's well-being, embedded in issues of food security,

**RESEARCH FINDS ENHANCED SUSTAINABILITY IN WORLD VISION PROGRAMMES**

Water, sanitation and hygiene (WASH) have been a part of World Vision's work for more than 50 years. During this time World Vision's WASH strategy has included the establishment of water, sanitation and hygiene committees to manage every new water point. The committees, made up of local residents, receive toolkits and training on maintaining and repairing the facilities, and collect a small fee from community members for usage.

In 2014, the University of North Carolina and the pan-African humanitarian organisation Water & Sanitation for Africa partnered on a large-scale evaluation of World Vision's provision of wells in the Greater Afram Plains of Ghana. The study considered 1,470 wells in the region, 898 of which had been drilled by World Vision between 1973 and 2010 and the remainder by other agencies. Overall, the research found that 45 per cent of the wells had broken down in the previous 12

months, and the functionality of the wells drilled by other agencies decreased with age. However, nearly 80 per cent of wells provided through World Vision programmes remained operational and did not have decreasing functionality over time. The research concluded that wells were twice as likely to be functional over years or even decades if an identifiable, accountable water-source committee was in place.

The study affirms World Vision's local-ownership

approach and provides motivation for the organisation to continue to strengthen the drivers of sustainability in our work. WASH programming continues today using the same principles to sustain gains made in Child Well-being Target 2 (increase in children protected from infection and disease [0–5 years]). Since 2010, targeted investment in WASH interventions has reached more than 5.8 million children and adults in 12 priority countries,<sup>2</sup> with plans to expand to 24 countries in 2015. ●

<sup>2</sup> Ethiopia, Ghana, Kenya, Malawi, Mali, Mozambique, Niger, Rwanda, Uganda, Zambia, Honduras and India.

poverty, resilience, inequity, gender, water and sanitation. More investment is needed in multi-sector solutions. To our advantage, we know what works, with two models in particular delivering consistent results: In 2014, community-based management of acute malnutrition (CMAM) identified and treated at least 180,000 acutely malnourished children in 11 countries, while the Positive Deviance Hearth model has delivered results by helping parents care for underweight children in 28 countries.

**In literacy levels among primary-school learners (Target 4)**

In the education sector World Vision is also learning as it gradually shifts its focus to favour initiatives that improve the quality of education and children's learning, as well

as interventions to increase equitable access to education. One proven model implemented alongside Save the Children is Literacy Boost,<sup>3</sup> which builds better learning environments not only at school but also at home and in community interaction. Literacy Boost is showing promising results; for instance, in Burundi, 48.7 per cent of girls in the programme learned to read, compared to 32.2 per cent in a comparable school that did not use this model. However, this result is still significantly lower than acceptable, and more is needed. In 2014, more than 4 million children took part in World Vision education programmes. The scale up of Literacy Boost will not only increase this number in future years but also help World Vision to specialise in the model for strengthened results in every context.

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



## CHILD WELL-BEING



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

**P**REPARING adolescents for their transition into adulthood protects them from negative influences, gives them life skills and encourages them to develop the talents and competencies required to take their place in the new global economy.<sup>4</sup> Key to this is strengthening their relationships, values and self-esteem. World Vision's data reveals acute challenges to safety, stability and development for this age group.

For instance:

- **In Cambodia**, only 30 per cent of children interviewed said that they felt safe in their communities.
- **In Brazil**, only 7 per cent of children reported a life free from abuse, neglect and exploitation.
- **In Nepal**, half of the children interviewed said that they did not feel equipped to protect themselves.

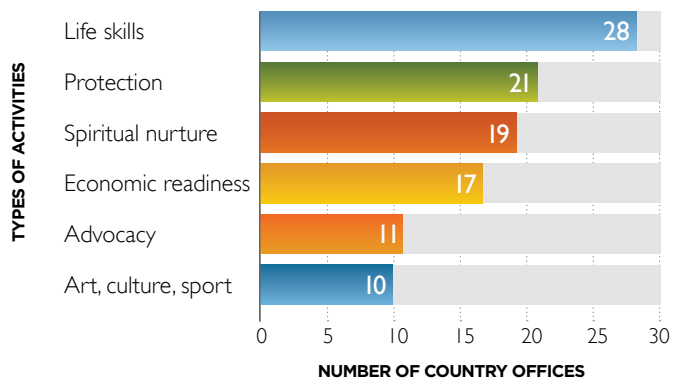
## Top child protection issues reported

1. child labour
2. violence against children
3. sexual abuse
4. child marriage
5. birth registration

## RESPONSE: COMMON PROGRAMME APPROACHES

More than 90 per cent of offices are now delivering child protection programming. Through specific guidance on

**Figure 2. TYPES OF YOUTH CLUBS OR ACTIVITIES SUPPORTED BY WORLD VISION IN 2014**



adolescent and youth programming, World Vision has significantly scaled up life skills and youth protection programmes within this sector. Most programmes use a mix of approaches to address the range of issues young people face, including community-based child protection committees and child protection advocacy. Young people also learn to participate in their own protection, with 60 per cent of offices working to establish or strengthen youth groups on a variety of relevant themes (Figure 2).

## MEASURE

Many offices used the Development Assets Profile (DAP) to gather information from children taking part in child protection or youth empowerment programming. Created by the Search Institute, USA, the DAP considers an

<sup>4</sup> UNICEF (2011). *State of the World's Children: Adolescence – The Age of Opportunity*.

**TARGET 1**


FACTS ABOUT ADOLESCENT WELL-BEING




**47 MILLION** adolescents ages 15–17 are involved in child labour and hazardous work<sup>5</sup>




**NEARLY 1 IN 4** adolescent girls aged 15–19 worldwide is married or in union; these girls are at risk of school dropout, domestic violence and HIV<sup>6</sup>




Complications from pregnancy and childbirth are the **LEADING CAUSES OF DEATH** for girls aged 15–19 years in developing countries<sup>7</sup>



High levels of **SEXUAL VIOLENCE AGAINST GIRLS,** and bullying or **PHYSICAL VIOLENCE AGAINST BOYS & GIRLS** worldwide; boys in Latin America are especially at risk of homicide<sup>8</sup>



WORLD VISION'S RESPONSE




**1.25 MILLION** adolescents have directly benefitted from World Vision programming

**62%** of country offices have set up adolescent clubs for skills building, peacebuilding, spiritual nurture or local- to national-level advocacy




**94%** of World Vision country offices have significant programming in child protection, including the use of the Child Protection Advocacy project model as of 2014

**198,222** young people were trained to strengthen skills in resilience, protecting themselves and others



OUR APPROACHES



Include life skills, child protection, economic readiness, advocacy, spiritual nurture and child participation

<sup>5</sup> ILO (2013). 'Global child labour trends 2008 to 2012'. <[http://www.ilo.org/ipecc/informationresources/WCMS\\_IPEC\\_PUB\\_23015/lang-en/index.htm](http://www.ilo.org/ipecc/informationresources/WCMS_IPEC_PUB_23015/lang-en/index.htm)>  
<sup>6</sup> UNICEF (2012). *Progress for Children: A report card on adolescents*. <[http://www.unicef.org/publications/files/Progress\\_for\\_Children\\_-\\_No.\\_10\\_EN\\_04232012.pdf](http://www.unicef.org/publications/files/Progress_for_Children_-_No._10_EN_04232012.pdf)>; UNICEF (2013). 'Child Marriages: 39,000 Every Day'. <[http://www.unicef.org/media/media\\_68114.html](http://www.unicef.org/media/media_68114.html)>  
<sup>7</sup> World Health Organization (2014). *Adolescent Pregnancy: Factsheet*. <[http://apps.who.int/iris/bitstream/10665/112320/1/WHO\\_RHR\\_14.08\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/112320/1/WHO_RHR_14.08_eng.pdf?ua=1)>  
<sup>8</sup> UNICEF (2012).

**Figure 3. DEVELOPMENTAL ASSETS®<sup>9</sup>**

adolescent's self-perception of eight developmental assets. Assets include positive experiences, attitudes, relationships, values and skills across different environments (personal, social, family, school and community). The DAP produces an overall average asset score comparable across contexts. Out of a possible score of 60, 30–41 is considered vulnerable, 42–51 adequate.

## RESULTS

Using the DAP to measure results is relatively new to World Vision. Only 16 offices presented data. Within this data young people reported DAP scores ranging from 37 to 45, signifying that there are positive influences in every context but that programmes are not always taking place in an environment that nurtures this age group.

The lowest score reported by young people in many country offices was the Community Context score, which indicates young people's perceptions of feeling safe, cared for and having opportunities to participate. Their responses make it clear that there is a need for projects that develop positive relationships and opportunities around them, in particular strengthening values, skills and positive identity.

**World Vision Albania and Kosovo** conducted DAP in two consecutive years. While the overall DAP scores did not see significant change (44.28 to 45.48, both within the adequate range), scores for the 'constructive use of time' category had risen by around 20 per cent. Young people said lack of opportunity for sports, creative projects and religious activities had led to wasted free time. Now, they confirmed, World Vision programmes were addressing this through youth groups and other activities that contributed positively to their own well-being and that of others.

## EVERY CHILD INCLUDED AND PROTECTED

An independent multi-country evaluation of the inclusion and impact on the most vulnerable children in child protection programmes noted, 'Most vulnerable children involved in World Vision child protection projects are less vulnerable, more able

to protect themselves and avoid risky situations... World Vision's systems approach to child protection has enabled a range of local actors, including children themselves, to work individually and together to reduce the vulnerability of these children.'<sup>10</sup> ●

<sup>9</sup> Developmental Assets® is a registered trademark of Search Institute and is used with permission. Graphics provided courtesy of Search Institute, [www.search-institute.org](http://www.search-institute.org).

<sup>10</sup> Philip Cook and Mike Wessels, World Vision International (2014). *Every Child Included and Protected*, 3.

## CHILD WELL-BEING



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

**P**ROTECTING young children from infection and disease is essential for child well-being. An estimated 6.6 million children die before their fifth birthday from causes that are largely preventable with the right balance of vaccination, home-based care and medical referrals.

## RESPONSE: COMMON PROGRAMME APPROACHES

World Vision implements proven approaches such as:

- **ttC/CHW:** Timed and targeted counselling conducted by community health workers to provide support at the individual household level
- **COMM:** Community health committee to support community health workers, encourage behaviour change and address community health barriers
- **CVA:** Citizen Voice and Action for local-level advocacy to monitor whether governments deliver on their promises for equitable access to essential health services and facilities
- **c-PMTCT:** Community-based prevention of mother-to-child HIV transmission, through community sensitisation and individual follow-up for HIV testing, care and support
- **CoH:** Channels of Hope, working with faith leaders to address faith-related barriers and to promote positive health messages.

## MEASURES

The target is measured by tracking improvements in the following five critical areas of child health, which together could prevent one third of deaths of children under 5.<sup>11</sup> For each area, benchmarks indicate whether the situation

for children in programmes is acceptable (green), requires action (light grey), or is critical (dark grey) and requires immediate action. (See Figures 4 through 8, as well as Figures 9 and 11.)

- **Vaccination coverage:** Age-appropriate immunisation is one of the most effective ways to boost child health. The measure looks for the percentage of children aged 1 to 5 who have completed all three rounds of DPT<sup>12</sup> plus measles vaccination.
- **Diarrhoea treatment:** Correct home-based care can save children's lives. Based on the number of children who suffered diarrhoea in the previous two weeks, the measure reports what proportion received oral rehydration treatment and increased fluids and food.
- **Acute Respiratory Infection (ARI) referral:** Parents and caregivers know the signs and seek medical help quickly. By asking parents or primary caregivers about symptoms in their under-5 children, the measure considers what proportion of suspected pneumonia cases in the previous two weeks were treated by an appropriate health provider.
- **Malaria prevention:** Use of long-lasting insecticide-treated nets (LLIN) for children under 5 is a fundamental malaria prevention method. The measure counts the proportion of households where every child under 5 slept under a net the night before.
- **HIV and AIDS prevention:** Voluntary counselling and testing (VCT) services for pregnant women help prevent mother-to-child transmission of HIV. The measure looks at the proportion of women who took up the offer of VCT while pregnant in the previous two years.

<sup>11</sup> World Health Organization, 'Global Health Observatory (GHO) Data', [http://www.who.int/gho/child\\_health/mortality/causes/en/](http://www.who.int/gho/child_health/mortality/causes/en/).

<sup>12</sup> This globally available vaccine protects children from diphtheria, tetanus and whooping cough.

## TARGET 2

FACTS ABOUT CHILD HEALTH<sup>13</sup>

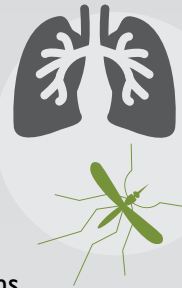
**6.3 MILLION CHILDREN**  
under 5 died last year

nearly **17,000** every day;  
more than half of these children were born in Africa



**35% OF DEATHS**

in children under 5 are caused by infectious diseases such as diarrhoea, malaria and respiratory infections



**748 MILLION**  
people still rely on unsafe drinking water sources



**LESS THAN HALF**  
of public health facilities in low- and middle-income countries had essential medicines available at all times



## WORLD VISION'S RESPONSE

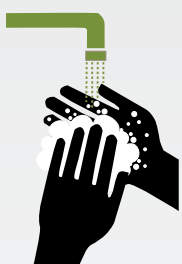
**US\$562.6 MILLION**  
invested in health, HIV and WASH in 2014



**7,752**  
health, HIV and WASH projects



**2,713,370 PEOPLE**  
now accessing clean water from an improved water source



**MORE THAN 3 MILLION**  
long-lasting insecticide-treated nets have been distributed with support from the Global Fund for AIDS, Tuberculosis and Malaria



## OUR APPROACHES



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

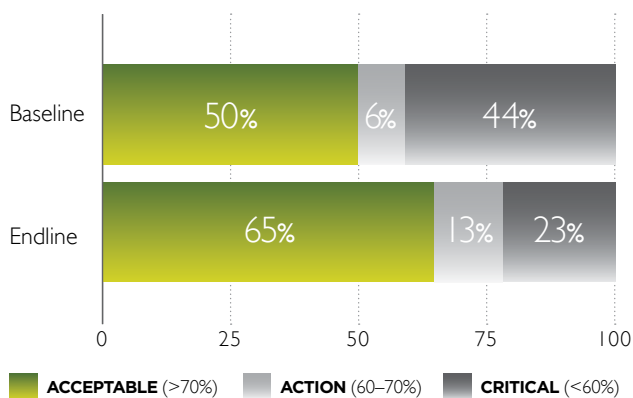
<sup>13</sup> World Health Organization Global Health Observatory (GHO). <<http://www.who.int/gho/en/>>

## RESULTS

A number of positive changes in key health indicators have been tracked over time, but health risks remain at a critical level in several programme areas, indicating a need for continued focus.

**Vaccination coverage:** This measure shows a positive trend overall. Of the 80 programmes able to measure change over time, 21 per cent had moved out of the critical range and 15 per cent had moved to acceptable (Figure 4). Concerted efforts on vaccination in **Pakistan** saw coverage in one grant programme increase from 66 per cent to 90 per cent. Six programmes in **Kenya** showed percentage increases of between 2 and 10 points. This is attributed in part to successful Channels of Hope influence, as faith leaders urged their congregations to take children for immunisation. The case of **Guatemala** shows the value of reporting by programme rather than office, as significant increases in some programmes were counterbalanced by slow progress and even decreased vaccination rates in others. This gives World Vision data for reflection and better understanding of contextually applied programming.

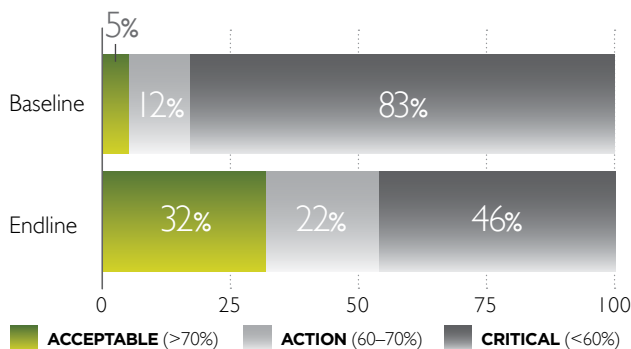
**Figure 4. VACCINATION COVERAGE: 80 PROGRAMMES FROM 10 COUNTRY OFFICES**



Through the Global Fund for AIDS, Tuberculosis and Malaria, World Vision distributed more than 3 million bednets in 2014.

**Diarrhoea management:** In this measure 11 offices provided programme-level data while a further 5 provided aggregated national results. The results show that the number of programmes in the critical range has almost halved from baseline to current, while the number in the acceptable range has significantly multiplied (Figure 5). Some offices starting with critically low baselines remain within the critical range but have moved positively within that range; for instance, **Mongolia**, whose national average for programmes has shifted from 44 per cent to 51 per cent, and **India**, moving from 7 per cent to 19 per cent.

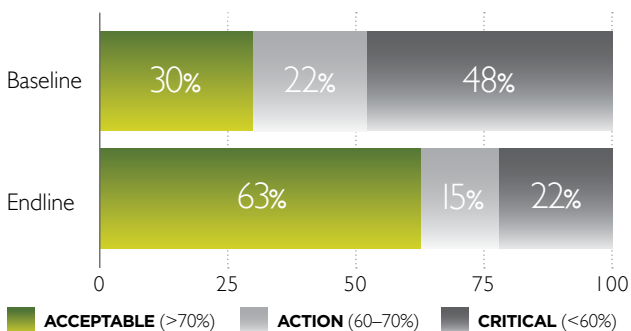
**Figure 5. DIARRHOEA MANAGEMENT: 41 PROGRAMMES FROM 11 COUNTRY OFFICES**



**Long-lasting insecticide-treated nets (LLIN) usage:**

This is a relevant indicator only for countries where malaria is endemic.<sup>14</sup> Of 11 offices reporting on usage of nets, 5 were able to offer data on change over time. Overall, there was improvement with 33 per cent of programmes moving into the acceptable level, though not all countries saw this success (Figure 6). **Zambia, Democratic Republic of Congo and Uganda** showed strong increases in net usage, while in **Tanzania** and **South Sudan** there was little or no change and most programmes remained in the critical range. The Stop Malaria Project operating in four regions of **Zambia** reported positive change of between 44 and 71 percentage points against baseline. In **Uganda**, with malaria a focus of ttC and CVA, seven programmes moved upwards from critical or action to acceptable, meaning that 11 of the 12 programmes measured were now in the acceptable range.

**Figure 6. LLIN USAGE: 30 PROGRAMMES FROM 5 COUNTRY OFFICES**



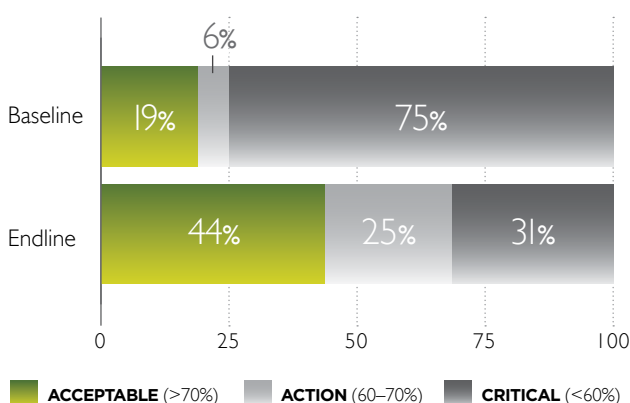
<sup>14</sup>World Health Organization, 'Malaria – Country Profiles 2014', <http://www.who.int/malaria/publications/country-profiles/en/>.

### Acute Respiratory Infection (ARI) care:

Six offices measured change over time at the programme level, with 25 per cent of programmes moving into the acceptable range and 44 per cent moving out of critical (Figure 7). An additional five offices provided aggregated national results. Many positive shifts emerged across offices, including,

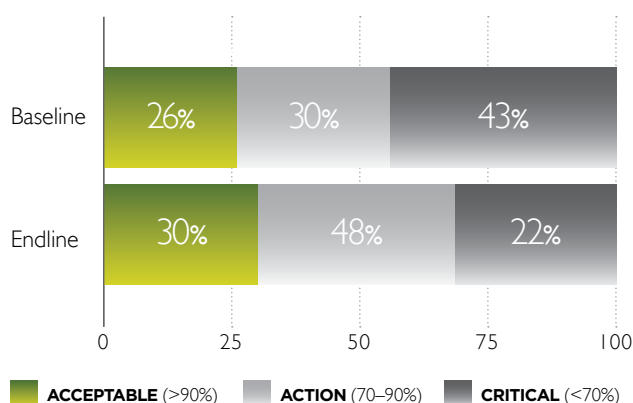
- **Jerusalem West Bank Gaza:** Average from seven programmes showed an increase from 65 per cent (action level) to 77 per cent (acceptable level)
- **Bolivia:** Average from 48 programmes showed an increase from 75 per cent to 83 per cent
- **India:** Starting with a low baseline of 8.16 per cent, the average from 93 programmes showed an increase to 17 per cent
- **Chad:** Average from five programmes showed an increase from 31.4 per cent to 55 per cent.

**Figure 7. ARI CARE: 16 PROGRAMMES FROM 6 COUNTRY OFFICES**



**HIV testing for pregnant women:** This remains an area of concern. Nine offices reported, including five that could measure change over time. While the number of programmes in the critical range has nearly halved, the shift to acceptable levels of testing is slow (Figure 8). More investigation is needed to understand why, despite progress, many offices have yet to reach acceptable levels for this indicator. At the same time, dedicated programmes are leading to stable results in some contexts. For instance, five programmes in Kenya reported consistently positive change using an approach called Prevention with Positives as well as mobile and home-testing approaches. In **Lesotho**, training with community health workers, church leaders and community coalitions led to an increase from 76 per cent to 90 per cent across 10 programmes. While still falling within the action threshold, these results indicate that the approach is working.

**Figure 8. HIV TESTING FOR PREGNANT WOMEN: 23 PROGRAMMES FROM 5 COUNTRY OFFICES**



## LOCAL TO NATIONAL ADVOCACY HAS BEEN AN IMPORTANT STRATEGY TO PROMOTE HEALTH SERVICE IMPROVEMENTS.

• In one district in Ethiopia, WorldVision coordinated a forum for more than 180 health workers on *EveryWoman Every Child*, the UN movement for maternal and newborn health. Afterwards, these health workers started registering the

names and expected delivery dates of pregnant women to facilitate follow-up and prepare the local ambulance to transport mothers in labour.

• In South Africa, with the support of the Department

of Health and the Department of Social Development, WorldVision introduced a standardised child and maternal health referral form. This form is now used by local networks of community organisations, health institutions

and social workers to track individual cases; it is also building a record of maternal and child health indicators which can be used to lobby for increased health funding, better equipment and more health centres. ●

## CHILD WELL-BEING



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

**P**OOOR NUTRITION in children under 5 can have irreversible consequences for a child's physical and cognitive development. This knowledge drives the urgency of World Vision's nutrition-specific programming. At the same time, interventions in WASH, resilience, livelihoods and food programming are also key to addressing root causes of malnutrition.

## RESPONSE: COMMON PROGRAMME APPROACHES

World Vision implements proven approaches such as:

- Positive Deviance Hearth (PD Hearth),<sup>15</sup> an inexpensive community-based rehabilitation and behaviour-change intervention for families with underweight children. PD Hearth currently takes place in 28 countries.
- Community-based management of acute malnutrition (CMAM),<sup>16</sup> which enables community volunteers to identify and initiate treatment for children with acute malnutrition before they become seriously ill. CMAM is implemented in 22 countries, 9 of which are among the 20 worst countries for acute malnutrition.<sup>17</sup>

## MEASURES

The three indicators used to measure child nutrition are stunting, wasting and underweight. Thresholds have been set for acceptable (green), requiring action (light grey), or critical (dark grey) and requires immediate action.

### Stunting

Stunting, when children are too short for their age, is a measure of long-term or chronic malnutrition. Direct causes

of stunting include inadequate dietary intake, frequent infections and inappropriate feeding practices. Stunting provides an important measure of poverty levels and future productivity but is hard to change. Rates of stunting can be decreased by only a few percentage points, even after three to five years of programming to address root causes of poverty.

### Wasting

Wasting is an indicator of acute malnutrition in children under 5, identified by measuring their weight against their height. It occurs as a result of recent rapid weight loss or a failure to gain weight, most often caused by insufficient food intake and/or disease.

### Underweight

Underweight children are below average weight for their age. Unlike stunting, significant change in the number of children underweight is considered highly achievable with focused programming.

## RESULTS

### Underweight

Results from offices reporting change indicated that 13 per cent of programmes had moved out of the critical range and a further 4 per cent had entered the acceptable range, yet 40 per cent of programmes remained critical in terms of underweight children. As with wasting, regional trends are relevant, with **East Africa, West Africa and South Asia** bearing much of the burden of underweight globally. Where underweight prevalence has been reduced, it is often linked to household prevention models such as PD Hearth, which equips families to

<sup>15</sup> For more information, see <http://www.wvi.org/nutrition/project-models/positive-deviancehearth>.

<sup>16</sup> For more information, see <http://www.wvi.org/nutrition/project-models/cmam>.

<sup>17</sup> Afghanistan, Chad, DRC, Ethiopia, Kenya, Niger, Pakistan, Sudan and South Sudan.



## TARGET 3

FACTS ABOUT HUNGER<sup>18</sup>

**1 IN 4 CHILDREN**  
under 5 are stunted;



three-quarters of these live in  
**Sub-Saharan Africa**  
and **South Asia**



**52**  
**MILLION CHILDREN**  
under 5 are acutely malnourished



**NEARLY  
HALF**  
of all deaths in children under 5 are linked  
to **under-nutrition**



**1 BILLION  
PEOPLE**  
live on less than **US\$1.25 per day**

## WORLD VISION'S RESPONSE

**US\$49.6**  
**MILLION INVESTED**



in supporting  
**community-based nutrition  
programming**



**181,455**  
**ACUTELY  
MALNOURISHED**  
children under 5 were rehabilitated in World Vision  
**community-based programmes**

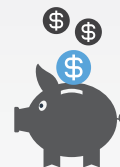


**91%**  
of World Vision field offices  
**focus on child nutrition**



**92,268**  
mothers of children  
under 5 received advice and support on  
**nutrition and treating infectious diseases**

## OUR APPROACHES



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

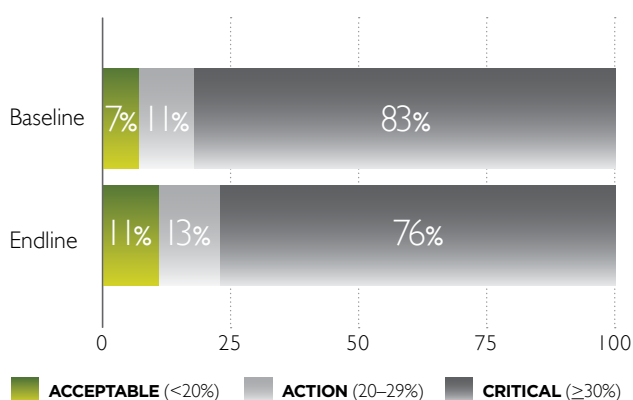
<sup>18</sup> R.E. Black, et. al (2013). 'Maternal and child under nutrition and overweight in low-income and middle-income countries', *The Lancet*, Maternal and Child Nutrition Series. Volume 382, No. 9890, p427-451, 3 August 2013. <[http://dx.doi.org/10.1016/S0140-6736\(13\)60937-X](http://dx.doi.org/10.1016/S0140-6736(13)60937-X)>; Bjorn Lomborg (28 November 2014). 'Every dollar spent on childhood nutrition can save up to \$166', *The Guardian*. <<http://www.theguardian.com/global-development-professionals-network/2014/nov/28/every-dollar-spent-on-childhood-nutrition-can-save-up-to-166>>

monitor and sustain the healthy weight of their child. For instance, in **Mozambique** 17 programmes servicing more than 3,600 underweight children used PD Hearth as the primary nutrition intervention. These programmes saw prevalence of underweight children reduced from 71.6 per cent to 42 per cent within three months, and to 33 per cent within 12 months. The programmes will continue to strive to bring underweight rates within the acceptable threshold.

### Stunting

Stunting remains a critical issue. World Vision works in some of the world’s poorest communities, where stunting causes lasting damage to children’s healthy development. Data from 31 offices reveal that just 11 per cent of programmes reporting have stunting

**Figure 9. STUNTING RATES: 75 PROGRAMMES FROM 13 COUNTRY OFFICES**



under control at an acceptable level. Thirteen of these offices provided data on change over time. In these programmes the percentage within the critical range has been reduced from 83 per cent to 76 per cent, while those in the acceptable range have increased from 7 per cent to 11 per cent (Figure 9).

### Wasting

Wasting is an area of intervention where World Vision could show significant reach and impact. Eleven offices tracked the number of children being treated through CMAM programmes and the outcomes of this treatment in a global database. In order to determine programme effectiveness, the treatment outcomes are compared against global standards (i.e. Sphere Standards). The results show that World Vision’s CMAM programmes are effectively rehabilitating children with wasting – as we are exceeding Sphere Standards for all key indicators (Table 1). Collectively in these countries 181,455 acutely malnourished children received treatment through World Vision; 90 per cent made a full recovery.

**Table 1. WORLD VISION AND SPHERE BENCHMARKS**

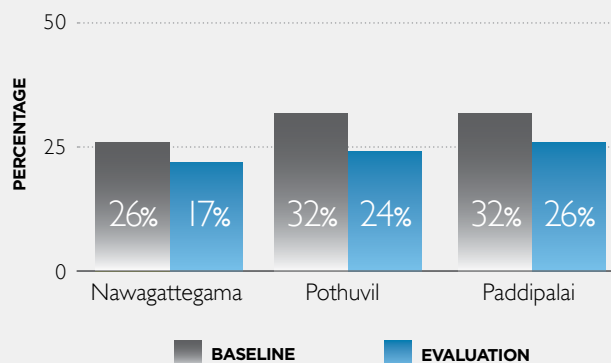
Outcome	World Vision success rate	SPHERE standard
Cured	90%	≥75%
Death rates	< 1%	<10% for severely and <3% for moderately acutely malnourished
Default rates	< 6%	≤15%

## REDUCTION OF STUNTING

Although reduction of stunting is complex, it can be done. Sri Lanka is implementing a modified version of the Graduation Model, which integrates nutrition, health, agriculture and economic development. It recognises the economic and nutrition context of each family, then tailors interventions, enabling them to graduate from one level of living standard to the

next over time. In addition to economic opportunities that focused on increasing diet diversity and livelihoods, families with undernourished children took part in PD Hearth. An evaluation of three graduation model programmes in 2014 showed statistically significant reductions in stunting, with an average decrease of nearly 8 percentage points. ●

**Figure 10. DECREASING PREVALENCE OF STUNTING IN CHILDREN UNDER 5 IN SRI LANKA**



## CHILD WELL-BEING



# Increase in children who can read (BY AGE 11)

**W**ORLD VISION believes that all children should learn to read, so that they can read to learn. While significant progress has been made towards universal primary education, there remains a learning crisis. Many children do not learn basic literacy skills by the time they complete primary school. This creates a lifetime of inequitable opportunity.

## RESPONSE: COMMON PROGRAMME APPROACHES

During the past three years World Vision has shifted much of its focus to improving the quality of education, ensuring that education programmes help children, including the most vulnerable, to learn to read. An approach reaping rewards in many offices is Literacy Boost in partnership with Save the Children.<sup>19</sup> Literacy Boost is World Vision's recommended approach for learning outcomes, supporting children as they learn to read through reading assessments, teacher training, and the involvement of parents and communities. Consistent results are leading to a rapid scale up of the model; for instance, in **Malawi** Literacy Boost is now part of 18 programmes; in **Ethiopia**, 38.

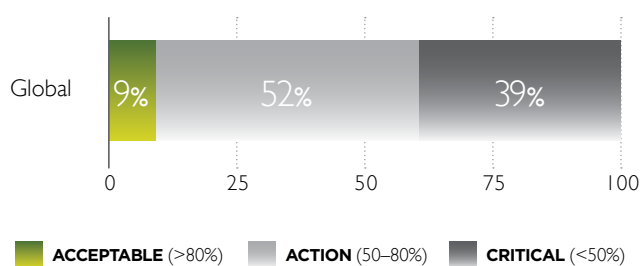
## MEASURE

Target 4 assesses literacy using a simple reading with comprehension test for children nearing completion of a primary education.<sup>20</sup> It focuses on children currently enrolled in and attending a structured learning environment, which includes formal and non-formal schools. 'By age 11' is illustrative, since ages for primary school completion vary widely between countries.

## RESULTS

Of 33 offices reporting current status of reading and comprehension, just three had acceptable levels, while 13 measured in the critically low range and 17 in the mid range requiring action (Figure 11).

**Figure 11. READERS WITH COMPREHENSION: 33 COUNTRY OFFICES**



A smaller number of offices could report change over time in certain programmes where education initiatives including Literacy Boost had been operating for longer than one to two years. For instance:

In **South Africa**, four programmes reported increased scores in reading with comprehension. Two of these programmes had increases of more than 40 per cent. Programmes used innovative strategies in teacher training and partnering to improve school governance. To encourage attendance, 6,000 vulnerable children in 58 schools received bicycles from World Vision's Bicycle Education Empowerment Programme (BEEP).

<sup>19</sup> For more information, see <http://www.wvi.org/literacy-boost>.

<sup>20</sup> World Vision (August 2014). *Functional Literacy Assessment Tool (FLAT) Field Guide*, available for download at <http://www.wvi.org/development/publication/functional-literacy-assessment-tool-flat>.

**TARGET 4**

FACTS ABOUT READING

OF THE **650 MILLION** PRIMARY SCHOOL AGED CHILDREN,



**57** MILLION  
children are still  
out of school<sup>21</sup>



**250**  
MILLION CHILDREN  
are in school but  
**CAN'T READ**

WORLD VISION'S RESPONSE

**4,327,942**  
CHILDREN  
reached through education programming



**515**  
PROJECTS  
focusing on reading improvement



**41,018**  
TEACHERS  
trained in new methodologies



**129,610**  
CHILDREN  
attending after school reading clubs

OUR APPROACHES



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

<sup>21</sup> UNESCO (2014). *Teaching and Learning: Achieving quality for all*. <<http://unesdoc.unesco.org/images/0022/002256/225660e.pdf>>

In **Burundi**, girls taking part in a pilot of Literacy Boost made significant gains in reading skills, with 48.7 per cent becoming readers with comprehension, while only 32.2 per cent of girls in comparison schools reached the same skill level. The Ministry of Education is now in the process of adopting the model throughout the Burundi education system.

In **Vietnam**, a Village Child Reading Club model contributed to positive changes in functional literacy results, from 71 per cent in 2013 to 74 per cent in 2014. Measurements showed differences in literacy between genders, ethnicities, ability/disability and sponsored/unsponsored, giving valuable data for refocusing efforts on the most vulnerable children.

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# Child well-being targets and disaster management

**U**NDERSTANDING the impact of disaster management programmes is essential to understanding the full picture of World Vision's contribution to child well-being.

## RATIONALE

Whether small or large scale, disasters can undermine and even eliminate hard-earned gains in all World Vision's child well-being targets. Knowing this, the need for disaster response and impact reduction underscores World Vision's community presence, operating alongside and within our long-term development programmes, including those in some of the world's toughest settings. Disaster management represents one third of World Vision's investments, with US\$635 million spent in the sector in 2014.

## RESULTS

A wide variety of proven child-focused models are used in fragile states and emergency responses, including PD Hearth, CMAM, CVA, CoH and Peace Road. In 2014, 94 per cent of offices conducted disaster preparedness or disaster risk reduction activities, and 76 per cent of offices deployed at least one emergency response. In total, more than 10 million people benefited from these types of emergency programming in 2014, always strongly linked to child well-being.

### Target 1

Child Friendly Spaces in 15 countries provided children affected by war or disaster with special protection and care. An evaluation of Child Friendly Spaces set

up for children after the 2013 Sichuan quake in **China** found that the strategy had contributed to improving the physical, social and psychological health of children post-disaster and recommended its continuation throughout the recovery phase.

### Target 2

**Solomon Island** staff collected rapid assessment data on mobile phones during the 2014 flood and used it to influence the government to expand flood recovery beyond the capital city to vulnerable rural communities. As a result, 14,287 people in 30 communities received clean drinking water, and 609 households received hygiene kits.

### Target 3

Following village floods in **Indonesia** in 2013, World Vision helped village-based disaster management committees to form. When flooding hit again in 2014, community members managed warnings, evacuations and food relief directly. Damage in many communities was lessened, while in areas badly affected by the floods, a focus on children under 5 in relief response brought nutritious food and hygiene kits to over 30,000 people.

### Target 4

Through disaster management programming in conflict-ridden **Sudan and South Sudan**, World Vision has established 11 education projects, benefiting an estimated 75,000 children. A remedial education project among host communities for Syrian refugees in **Jordan** saw success rates of 70 per cent in integrating out-of-school children into the Jordanian school system.

# Reflections on progress in monitoring and evaluation systems

**M**ONITORING AND EVALUATION (M&E) is a core competency for effective programming. Working within the vast network of local and international development programmes globally, there is an expectation, given World Vision's size and focus, that the organisation can account for its progress in terms of improvements for children. Evaluating this progress gives us the 'how' and 'why' behind what happened – vital information for understanding models, practices and tactics, where they are working, and where they may be falling short of what is required.

World Vision has chosen to measure four of the most difficult targets in the relief and development industry. Despite the difficulty, World Vision deliberately chose these targets due to our conviction that even minor positive changes have significant impact on the well-being of the world's most vulnerable children. We recognise that the challenges are immense. Even in sectors of our work with significant positive change over time, we see many programmes still falling within the critical or needing action ranges. Measuring and reporting this helps the organisation in two ways: first, to meet accountability to communities, donors and supporters and second, to galvanise strategic thinking, sharpen focus and mobilise resources where there are gaps.

The contribution of data from 63 offices and more than 1,600 programmes has been a good starting point, and the first-time ability to analyse and draw conclusions is a satisfying moment for World Vision. At the same time, the reporting highlights current limitations of M&E practices for World Vision and possibly for the development



sector more generally. To report and reflect accurately from programme level through to national level call for stronger and more standardised indicators of the change we seek. The child well-being targets have helped to focus and simplify outcome definitions but not always the measurements used. Innovative measurement tools such as the Developments Assets Profile or the reading with comprehension test are not familiar to the majority of staff, who need time and clear guidance to adopt new ways of measuring.

Future reporting also needs to include pathways to analyse and demonstrate less quantitative results, for instance, whether and how programmes are equitably benefiting relevant social groups including the most vulnerable children, or the common causal mechanisms within a project or programme that consistently convert an activity into an outcome.

## FOUR BASIC MONITORING AND EVALUATION CHALLENGES FOR WORLD VISION

- **Limited standardisation of monitoring indicators:** Having too many diverse indicators reduces our ability to aggregate data on programme quality or to produce national/global evidence that satisfies accountability questions of how many children were reached, when and with what.
- **New measurements:** Sufficient time and careful guidance and resources are needed when introducing new measurement tools. They must also be included in programme M&E plans to streamline data collection and reduce duplication of efforts.
- **Confident and accurate analysis:** Reports are dependent on the quality of data and analysis at the programme level, which in turn is dependent on the skills of those collecting and analysing the data. Naturally, this varies from programme to programme, leading to inconsistencies in sampling methods, aggregation/disaggregation, qualitative data and statistical tests.
- **Measurement schedule:** Programme baselines and evaluations occur at different times across a country office. Therefore, taking an annual reporting approach to present change in outcomes across all programmes in a country cannot match the schedules and practicalities of traditional programme management and measurement.

## WORLD VISION STRATEGY TO STRENGTHEN MONITORING AND EVALUATION

- **National programmes:** World Vision is beginning to centralise the practice of designing programmes in country offices. The intention is to focus objectives and indicators with better clarity on each programme's individual contribution to the national strategy and, in turn, to the global targets for child well-being. Offices will use the global M&E framework, including a subset of core indicators standardised at the global level.
  - **Global M&E system:** To facilitate tracking of results, including these core indicators, World Vision has developed an end-to-end programme information management system linked to the database of standard indicators and programme logframes. The system was released in 2015, and lessons learned are forthcoming.
  - **Strategic capacity building:** To improve understanding, measurement and use of M&E data, including the core indicators, World Vision is developing a competency framework and corresponding learning assets for M&E staff.
  - **Outcome monitoring:** By measuring changes in outcomes more regularly, programmes can adjust implementation plans, track progress and stay relevant as external factors change. World Vision is currently piloting Lot Quality Assurance Sampling for this purpose and consolidating recommendations for next phases as a result of offices' experiences with the methodology.
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**World Vision** is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.