World Vision

CHILD HEALTH NOW
Together we can end preventable deaths

AN UPDATE ON WORLD VISION'S COMMITMENTS TO THE UN SECRETARY-GENERAL'S GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH 'EVERY WOMAN EVERY CHILD'

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Foreword

World Vision (WV) recognises that 2014 is a critical time to leverage the unprecedented global momentum around women's and children's health and nutrition. Significant progress has been made in relation to the Millennium Development Goals (MDGs) with governments, citizens, UN agencies, companies and NGOs alike striving for the attainment of these targets. But as we approach the 2015 deadline of the MDGs, and as the next set of development goals is formulated through the Post-2015 development framework, we must accelerate this momentum so that we can collectively 'finish the job' of the MDGs and go beyond.

We believe that healthy children are essential for a healthy world and that no mother, baby or child should die because of easily preventable or treatable causes, such as complications during childbirth and the postnatal period, infections, poor nutrition, diarrhoea or pneumonia. It is the right of every mother, every newborn baby and every child to be counted and to count, for the most vulnerable and marginalised to have access to essential health and nutrition services.

Governments must live up to the promises they have already made, and, as they negotiate the Post-2015 development agenda, we must make sure that the voices of children and mothers are clearly heard and their health and nutrition prioritised in any new agreement. This can be achieved through the development of strong accountability mechanisms that span local to global levels and include effective participation from communities, civil society and all relevant stakeholders. A review of the work of the Commission on Information and Accountability for Women's and Children's Health and its proposed framework for global reporting, oversight and accountability will be critical to inform the development of accountability mechanisms for the Post-2015 framework. World Vision, having participated in the commission, remains committed to this effort.

While early results of the commission's work are promising, including the iERG (independent Expert Review Group) being established and progress being reported on a number of the other recommendations, a more concerted effort is needed by all stakeholders to ensure full implementation of commitments to improved child

and maternal health and nutrition. World Vision's own commitment to women's and children's health is aligned to its ultimate goal – accountability to the poorest and most marginalised children, families and communities – and there is still much work to do in order to ensure that this is achieved. Recognising the importance of transparency and accountability, World Vision has commissioned a review of progress against its commitments to *Every Woman Every Child* each year. In 2012, World Vision commissioned a high-level external review of progress made with regards to its commitment, and in 2013 it provided an in-depth independent assessment of progress covering the additional areas in which World Vision is contributing to the objectives of *Every Woman Every Child*.

In 2014, we are pleased to provide this brief update on our commitments to *Every Woman Every Child* to inform the iERG's 2014 report. This update shows that World Vision is on track to exceed its stated commitments. In 2015, we will again commission a full external review of our commitment to mark its final deadline. We look forward to the iERG's report and to continuing our work alongside other champions for women's and children's health to help ensure that every woman, every newborn and every child survives and thrives.

Martha Newsome
Vice President, Sustainable Health
World Vision International

World Vision's strategic commitments to *Every Woman Every Child*

The six strategic commitments that World Vision has made to *Every Woman Every Child* (EWEC) ensure a combined and compound investment of resources to address maternal and child morbidity (including malnutrition) and mortality.

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

World Vision's mission to give all children the same opportunity for life 'in all its fullness' compels the organisation to focus on the health and nutritional status of children as a priority. Connecting this mission with the Global Strategy has gathered together many technical branches of the organisation and enabled expertise to be pooled towards common goals. Strategies for programme design begin with a Theory of Change, describing the ideal shifts and outcomes from household-level change through to national level.

In 2013, World Vision began to implement an operational planning process known as the 'Technical Approach'. This is facilitating a scale up of best practice and evidence-based interventions across WV's programmes. Benefits of the Technical Approach planning process include an increased emphasis on external partnerships, multi-sector integration and advocacy. It is anticipated that the process will lead to increased alignment with context-specific priority actions to improve women's and children's health as well as an improved ability to report on progress against prioritised indicators, improved technical support and implementation.

There are currently 63 World Vision national offices working in health, nutrition, HIV and water, sanitation and hygiene (WASH).

Mauritania scales up growth monitoring and promotion

As a result of its Technical Approach process to development planning, World Vision Mauritania prioritised the national scale up of growth monitoring and promotion (GMP). Partnering with the Ministry of Health, UNICEF and Counterpart International, it has now re-established the GMP policy in the country, revised the training curriculum regarding GMP (using World Vision's manual) and growth cards, and established partners to be on point for scale up across the region. UNICEF recently awarded World Vision US$400,000 to assist in moving this work forward.

Chad prioritises support for community health workers

Using the Technical Approach process to development planning, World Vision Chad prioritised support for community health workers (CHWs) using World Vision's Timed and Targeted Counselling (ttC) curriculum. After meeting with the Ministry of Health, it was determined that programmatic support for CHWs is required in Chad. World Vision facilitated a Ministry of Health delegation to travel to Swaziland to meet with ministry counterparts there and to learn how they have scaled up their CHW programme. The Swaziland Ministry of Health has adopted World Vision's ttC approach and has received support from the World Bank to implement this approach at scale.

World Vision's mHealth portfolio

World Vision's mHealth programming, which spans 18 countries in Africa, the Middle East, South and Southeast Asia,[1] aims to empower the most-vulnerable households and community health workers/volunteers through the use of common, multi-functional and collaboratively designed mobile health solutions to deliver community-based health interventions. World Vision's mHealth work is designed to strengthen government partners' health management information systems (HMIS), while considering data governance and security; to establish sustainable costing and scalable technology; and to meet the self-described needs of the community.

As of 2014 World Vision's MOTECH Suite solution[2] is actively deployed in 11 countries and expanding to an additional four during the calendar year. Government deployments in Kenya, Rwanda and Cambodia are also supported by World Vision. A contextualised set of mHealth solutions has been built to support the delivery of health and nutrition project models. Approximately 1,750 frontline CHWs trained on at least one model and equipped with a mobile phone handset are reaching approximately 70,000 community members. By 2016, it is expected that 10,000 CHWs will be trained and equipped, serving up to 1 million people.

1 World Vision's mHealth portfolio is implemented by a unique and diverse consortium of Ministries of Health, technology providers, mobile network operators, NGOs and donors, such as USAID, DFID, IrishAid, AusAid, CIDA, WHO, African Development Bank and the Bill and Melinda Gates Foundation.

2 The MOTECH Suite – an open source software system built by a development collaborative consisting of the Grameen Foundation, Dimagi and InSTEDD (collectively referred to as MOTECH Suite Team or MST) – may serve as the common software system used to implement mobile health projects across multiple countries.

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

On 20 September 2010, World Vision International announced its commitment of US$1.5 billion in support of the UN Secretary-General's Global Strategy for Women's and Children's Health (*Every Woman Every Child*). This financial commitment represents WV's global priority to maternal and child health and its investment in health; HIV and AIDS; nutrition; and water, sanitation and hygiene programming.

Table 1 presents an overview of actual, forecast and projected expenditure for EWEC by sector from the financial year ended 30 September 2011 through the financial year ended 30 September 2015.

Table 1: World Vision actual, forecast and projected expenditure for EWEC by sector (in US$'000)

Sector	Actuals year ended 30 September 2011 $'000	Actuals year ended 30 September 2012 $'000	Actuals year ended 30 September 2013 $'000	Forecast year ended 30 September 2014 $'000	Projected year ended 30 September 2015 $'000	Projected for 5 years ended 30 September 2015 $'000
Health	181,920	196,244	194,962	198,071	205,499	976,696
HIV and AIDS	83,624	80,369	61,477	50,955	52,866	329,291
Nutrition	28,260	31,605	39,592	48,781	50,610	198,848
WASH	84,291	107,357	89,657	102,332	106,169	489,806
Total	**378,095**	**415,575**	**385,688**	**400,139**	**415,144**	**1,994,641**
Percentage Increase		9.91%	-7.1%	3.75%	3.75%	

From the time of World Vision's commitment through projected expenditure for the year ending 30 September 2015, it will have invested a total of approximately $1.99 billion in support of EWEC, representing an expected 33 per cent over its targeted financial investment of $1.5 billion.

The projected expenditure for the financial year ending 30 September 2014 is $400 million, based on the latest available forecast as of March 2014. This projected expenditure represents a 3.75 per cent increase on expenditure compared to the previous financial year. Based upon current information, World Vision expects to achieve similar levels of expenditure in the financial year ending 30 September 2015.

A breakdown of actual and forecast expenditure by region is provided in Table 2. The comparison in expenditure by region against the forecast for the year ended 30 September 2014 illustrates that significant additional resources have been provided to the East Asia, Middle East and Eastern Europe, and South Asia and Pacific regions.

Table 2: World Vision actual and forecast EWEC expenditure by region (in US$'000)

Region	Actuals year ended 30 September 2013 $'000	Forecast year ended 30 September 2014 $'000
East Africa	116,354	117,743
East Asia	28,445	47,096
Latin America/Caribbean	39,040	37,549
Middle East/Eastern Europe	12,083	24,913
South Asia & Pacific	53,016	72,519
Southern Africa	95,587	52,837
West Africa	41,162	47,482
Total	**385,687**	**400,139**

The actual and forecast expenditure by funding type, shown in Table 3, illustrates an increase to government and multilateral funding streams as well as private non-sponsors funding, while sponsorship funding remains constant.

Table 3: World Vision actual and forecast EWEC expenditure by funding type (in US$'000)

Funding type	Actuals year ended 30 September 2013 $'000	Forecast year ended 30 September 2014 $'000
Government	77,317	84,295
Multilateral	36,933	41,106
Private Non-Sponsors	86,758	90,185
Sponsorship	184,679	184,553
Total	**385,687**	**400,139**

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

World Vision's flagship research project, Child Health Targets Impact Study (chTIS), is a five-year research collaboration (2012–17) between World Vision and the Johns Hopkins Bloomberg School of Public Health.[3] The chTIS was born out of the need to measure the impact of World Vision's package of maternal, neonatal and child health and nutrition programmes on the health of mothers, babies and children.

The programmes to be evaluated in the study include:

- Timed and Targeted Counselling (ttC): community health workers visit families at home, encouraging them to improve their understanding of issues related to maternal, neonatal and child health. Visits are targeted to times in pregnancy and early childhood when these health messages are most relevant to enable the family to make the best possible choices.
- Citizen Voice and Action (CVA): a programme that empowers people in communities to monitor health services and build relationships with government service providers to enhance the quality of services offered.
- Community Care Coalitions: a programme mobilising community-based engagement and support.

The study covers four countries: Cambodia, Guatemala, Kenya and Zambia. Four World Vision Area Development Programmes (ADPs) from each country are included in the research. World Vision's ttC and CVA programmes are being rolled out in two of these sites in each country, while the two remaining ADPs serve as comparison sites where World Vision continues to strengthen basic community health systems.

The overall investment in this study is approximately $5.6 million; this initiative alone exceeds World Vision's commitment of investing at least $3 million in operations research. The key categories of expenditure for this study are outlined in Table 4. The bulk of chTIS costs, 66 per cent, are at the WV national office operations level and national academic partner level.

Table 4: Estimated child health targets impact study budgeted expenditure by category

Expenditure Category	5-year expenditure (in US$'000)
Global-level shared costs	814.3
Regional-level costs	52.0
National-level costs (for four countries)	1,813.9
International academic partner costs	1,038.0
National-level academic partner costs	1,849.0
Total	**5,567.2**

The phasing of the investment is outlined in Table 5 below, based on actual expenditure and projected expenditure through until 30 September 2016, representing the end of the five-year study. The table illustrates that the bulk of the study investment,

3 For more information on chTIS see http://www.wvi.org/health/chtis.

69 per cent, is projected to be expended by the end of fiscal year 2015 (FY15). The study will continue through FY16.

Table 5: Annual project expenditure of the CHTIS (fiscal year runs 1 October to 30 September of the following year)

Fiscal year	Projected expenditure (in US$'000)
2012	(actual) 308.0
2013	(actual) 1,696.5
2014	935.0
2015	928.0
Projected expenditure through 30 September 2015	**3,885.5**
2016	1,681.7
Total projected study cost	**5,567.2**

Progress to date of chTIS

Currently, chTIS teams are working on an analysis of data in order to produce baseline reports, whilst field staff are implementing the interventions that are the focus of the study. The status of these objectives is outlined below:

- Baseline data collection for the study includes four components with status as follows:
    1. Household-based MNCH (maternal, newborn and child health) survey – completed in all four countries
    2. Anaemia testing – completed in Kenya and Cambodia, where this component was included
    3. Health facility assessment – in process in Zambia and Kenya and completed in Cambodia and Guatemala
    4. Qualitative assessment of intervention components – scheduled for implementation during June–August 2014 pending review and approval of the Johns Hopkins ethical committee.
- Ministry of Health partnering discussions and contextualisation of all three interventions for CHW programming have progressed in all four countries.
- Discussions for Community Care Coalition and CVA programming have been initiated and are in progress in all four countries.
- Capacity building to prepare to deploy all interventions is on-going in all four countries.
- The initiation of interventions, together with monitoring and feedback systems at the community level, has also begun in all four countries.

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

Child Health Now (CHN), World Vision's first global advocacy campaign, takes as its core motivation MDGs 4 and 5 and has been embraced at all levels within the World Vision Partnership.[4] The campaign launched globally in 2009 and is now being implemented in 33 national offices, funded by 10 support offices. This campaign provides World Vision with a significant opportunity to influence district, national, regional and global policy agendas to deliver improved health outcomes for women and children around the world.

Total investment

Between the launch of the campaign in October 2009 and the year ended 30 September 2013, World Vision committed in excess of $11.76 million to national- and local-level advocacy initiatives through Child Health Now in 33 developing (see Table 6).[5] As a result World Vision has exceeded its commitment to invest at least $10 million in advocacy in support of women's and children's health.

In the year ended 30 September 2013, World Vision invested more than $4.2 million in 33 national offices in support of the Child Health Now campaign. Projections demonstrate that World Vision will invest $3.95 million for the year ended 30 September 2014, and $3.8 million in the year ended 30 September 2015. It is anticipated that World Vision will invest more than $19.5 million in support of Child Health Now by 30 September 2015.

Table 6: Actual and projected expenditures for the Child Health Now campaign

Year	FY10	FY11	FY12	FY13	FY14 (estimated)	FY15 (projected)	Total
Investment US$ (in millions)	$1.32	$2.2	$4.02	$4.22	$3.96	$3.8	$19.52

The Child Health Now campaign continues to build on prior successes in influencing government policy relating to maternal, newborn and child health. The campaign invests in monitoring and evaluation of its efforts using a variety of tracking tools and opinion surveys to ensure that activities are targeted and effective to support change at all levels of governance. Data indicate that since its launch in 2009 – and in partnership with CSOs, NGOs, community groups and government ministries – the CHN campaign has contributed to more than 120 policy shifts. The most common outcome of these contributions has been the strengthening of health systems, followed by strengthened accountability for commitments to maternal, newborn and child health.

The increased influence on accountability that the campaign is delivering is attributed to the alignment between the campaign and World Vision's CVA local-level advocacy

4 For more information on the CHN campaign see http://www.wvi.org/sites/default/files/brochure%20long%20version.pdf.

5 This reported level of investment does not include CHN campaign activity implemented in 10 World Vision support offices or CHN national office activities undertaken in support of global moments or popular mobilisation initiatives. For example, the CHN Global Week of Action was implemented in 20 national offices that are not a formal part of the campaign. It does not include investment in CHN activities at the global level, including engagement at the World Health Assembly or advocacy activities taken in Global Capitals such as Brussels, Geneva and New York. It also does not reflect investment in activities undertaken to support implementation of the Child Health Now campaign, including training and capacity building.

methodology, in addition to the increased emphasis on holding governments to account for international and national health commitments. All Child Health Now national office strategies include key objectives related to the implementation of global maternal, newborn and child health frameworks – particularly in the context of commitments to EWEC, Scaling up Nutrition (SUN) and the Abuja Declaration on health financing.

Contextual campaigns focus on areas of greatest need in each country. The following are examples:

Afghanistan: The first 1,000 days, through direct government engagement

In December 2013 World Vision Afghanistan was invited by the Ministry of Public Health to review Afghanistan's first-ever nutrition policy for children during the first 1,000 days from pregnancy through the age of 2 and to support its implementation. As part of this process, the Child Health Now campaign in Afghanistan submitted a 10-page policy brief highlighting the most effective and efficient nutrition interventions for children and mothers during the first 1,000 days of a child's life, and the importance of focusing on proven, community-based solutions to deliver critical nutrition interventions to the mothers and children that are most marginalised and most likely to be malnourished. The report was welcomed by the Ministry, and World Vision Afghanistan was invited to participate in the Infant and Young Child Feeding Task Force committee to share the report more widely with key nutrition stakeholders.

Brazil: Adolescent reproductive and maternal health, through youth participation and media

Adolescent health is a critical theme for the Child Health Now campaign in the Latin America region as a major determinant of maternal and child mortality and morbidity across the continent. World Vision Brazil, through the CHN campaign, has been a champion for the prevention of adolescent pregnancies in Brazil. In November 2013, World Vision Brazil took leadership in organising an unprecedented landmark event with 230 participants from various sectors to discuss adolescent pregnancy. The event produced three concrete outcomes: (1) a technical document with recommendations to the Brazilian Ministry of Health; (2) a project for capacity building through a telemedicine platform across Brazilian universities; and (3) educational materials to reach out to municipalities, radio stations and other communications avenues. The importance of the event was widely recognised, and it was covered on the biggest commercial TV network in Brazil and supported by the Pan American Health Organization, which demonstrated interest in joining the project.

Mali: Prioritising mothers, through popular mobilisation and faith-based engagement

The Child Health Now campaign in Mali has invested significant effort in engagement with faith-based organisations to raise awareness of maternal, newborn and child health issues. CHN has supported the National Interreligious Network for the Welfare of the Child in its aims to develop tools for advocacy and awareness-raising tailored for use by Islamic faith leaders, who have influential status in their communities. WV Mali hosted a workshop for members of women's organisations of different faiths to build their capacity to act as champions for maternal, newborn and child health as well as a capacity-building session for religious leaders on issues of malnutrition and other common underlying factors for child and maternal mortality and morbidity. This equipped faith leaders with the skills and information they need to promote

sound health practices and beliefs in their communities. During the 'Close the Gap' mobilisation ahead of the 2013 UN General Assembly, World Vision Mali mobilised religious leaders and youth for urgent action to address continued high maternal and child mortality. Sixty religious leaders showed their commitment by signing a petition and taking pictures commemorating the event.

Uncounted and unreached – closing the killer gap in health inequality with better data

The Child Health Now campaign produced a number of briefings and reports in 2013 and 2014 to draw attention to overlooked and underserved groups of children. This focus was prompted by WV's experience of the realities faced by the most vulnerable children and mothers, as seen through our community reach and presence in so many low- and middle-income countries and the desire for a wider definition of inequality to be used than the often-used 'gap between rich and poor'.

In August 2013, World Vision released the policy briefing 'The Killer Gap: A Global Index of Health Inequality for Children', which ranked 176 countries according to the size of the gap between those with the greatest access to health education, awareness, prevention and treatment and those who faced the most barriers to these. The index showed that a country's wealth alone does not necessarily guarantee a small health gap and that health systems fail to reach those in vulnerable populations – including children unregistered at birth, children with disabilities, orphaned and homeless children, child labourers and trafficked children, indigenous children and ethnic minorities, and refugee, stateless or internally displaced children.

In February 2014, World Vision released 'More Than Numbers: Why Better Data Adds Up to Saving the Lives of Women and Children' to draw further attention to these groups of invisible and unreached children. This CHN policy briefing was targeted at the Member States represented in the Open Working Group and the growing interest in a 'data revolution' and included a clear statement on the 'right of every mother and child, everywhere, to be counted', to be included in health information and civil registration systems and to be reached with essential services. This was accompanied by a call for increased investment in civil registration and vital statistics systems to ensure universal and effective coverage. The briefing highlights examples of how the reach of current information systems can and should be expanded to include communities, using both technology-based approaches such as mobile phones to support community health workers and often overlooked low- or no-technology–based approaches such as listening to people in community groups and dialogues.

In May 2014, World Vision released 'Uncounted and Unreached: The Unseen Children Who Could Be Saved with Better Data' to draw the attention of policymakers, public and media to the unknown and unseen children within the most vulnerable groups and the power of data in driving decisions that can save lives. Released to mark World Vision's Global Week of Action for Child Health Now, the report includes responses from children and young people from eight

countries across the world who were asked about who in their community was unable to access health services. These voices include Joyce, a teenage mother in Brazil, who expresses her sadness and anger that adolescents get less attention from health workers than do older mothers, and Ibrahim, a young refugee in Lebanon forced to leave behind critical identity papers when fleeing Syria. The report calls for people to be placed firmly at the centre of information systems, with community-driven information to be used to complement formal monitoring, planning, and implementation and review processes.

Global Week of Action 2014 sees more than 3.5 million people* in 70 countries mobilised for women's and children's health

World Vision's Child Health Now campaign and partners took part in the Global Week of Action from 1–8 May 2014 in support of the *Every Woman Every Child* movement. This Global Week of Action sought to build on the success of the inaugural Global Week of Action held in 2012, in which more than two million people were mobilised in more than 5,600 public events across more than 70 countries in support of maternal, newborn and child health. The primary objective of the 2014 mobilisation was to call for accelerated action to finish the job on MDGs 4 and 5, highlighting the particular need to reach the hundreds of millions of unseen, uncounted and invisible children living life on the margins. A secondary objective was to show public support behind the call for maternal, newborn and child health and nutrition to feature prominently in the Post-2015 development framework. Activities from local to national levels encompassed more than 75 separate community events in Bangladesh, a concert in Mali, visits to health facilities for parliamentarians in Uganda and the launch of a new report on social accountability at the European Union. More than 30 external organisations supported the mobilisation in order to show a concerted demonstration of support for action on maternal, newborn and child health and nutrition.

For the Global Week of Action, national campaign plans were aligned with specific policy demands relevant to national campaigns. Child Health Now national offices were asked to support their mobilisation through the development of a short, context-specific position paper to communicate clearly the purpose of the mobilisation and the changes sought. During the Global Week of Action community members were empowered to speak out through individual action as well as to take part in community surveys; religious leaders were mobilised to lead their congregations in action and prayer; partner organisations, celebrities and supporters were called upon to champion the messages of the campaign; and traditional and social media audiences were mobilised through new and innovative tools.

Leveraging the power of football in support of child health and nutrition

In November 2013, World Vision, in conjunction with partners, launched a collaborative and innovative campaign in Asia known as One Goal – nutrition for every child. This is a joint effort between the Asian Football Confederation (AFC), World Vision, the Global Alliance for Improved Nutrition (GAIN), Royal DSM and the Asian Football

*At the time of writing.

Development Project (AFDP). The aim of this 10–year campaign effort, initially in Asia but later expanded to Africa, is to leverage the power of football in support of improving child health and nutrition. With over 1.4 billion football fans in Asia, One Goal aims to ignite, grow and sustain a movement of millions of people in support for children to survive and thrive.

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

Supporting national advocates for enhanced accountability for commitments

Global health initiatives and frameworks for maternal, newborn and child health, including the UN Secretary-General's *Every Woman Every Child* initiative, provide important platforms for civil society to hold national governments to account. World Vision recognises that these global frameworks have the potential to deliver significant outcomes relating to the health of women and children, particularly in low-income countries. Partnerships, alliances and coalitions – coming together with joint objectives and with a combined voice – are key to delivering this. During 2013, the Child Health Now campaign developed a guidance document for in-country advocates in order to guide their engagement in relation to key maternal, newborn and child health frameworks. This was originally intended as an internal resource for CHN national offices, but partners also expressed an interest in using the document, so an external version of the document was developed titled 'Using Global Frameworks for National Impact'. This document outlines activities that in-country civil society advocates can take to strengthen and monitor the implementation of key global frameworks, including EWEC, SUN and the Abuja Declaration on health financing. The guidance document seeks to develop and strengthen the capacities of national-level coalitions with regards to the implementation, monitoring and review of these initiatives.

Strengthening Scaling up Nutrition (SUN) Civil Society Alliances

Since its launch in 2009, the Child Health Now campaign has had a strong focus on nutrition, particularly during a child's first 1,000 days of life. World Vision has been a strong supporter of the Scaling up Nutrition movement since its inception, having endorsed the original SUN Framework for Action in 2010. The SUN civil society network (CSN) was officially launched during the Nutrition for Growth event in June 2013, with the goal to create and support civil society alliances (CSAs) in SUN countries. Since then, CSN membership has expanded to 29 of the now-50 SUN countries, and World Vision programming and policy representatives have been engaging in many of these. Many World Vision offices are closely involved in SUN implementation, including Kenya, Uganda, Mali and Indonesia. In 2013, World Vision Kenya was selected as the lead NGO for the SUN civil society alliance, which includes managing the grant for the work of the alliance. World Vision is also represented on the Global SUN Civil Society Network Steering Committee and so is able to leverage the national to global linkages.

Leveraging experience and influence for World Health Assembly outcomes

The World Health Assembly (WHA) is a critical influencing platform for the Child Health Now campaign and the global World Vision Partnership more broadly. Through the CHN campaign World Vision has been instrumental in influencing the successful adoption of resolutions in both the 2012 and 2013 WHA meetings. In 2012, 28 World

Vision offices were involved in government engagement and influence at multiple levels – with national ministries and Geneva missions, key UN agencies and other NGO – increasing World Vision's influence, strengthening relationships and helping ensure the unanimous adoption of the Comprehensive Implementation Plan on Maternal, Infant and Child Nutrition. In 2013, 32 World Vision offices again took action at multiple levels, lobbying delegations in-country, lobbying in missions in Geneva as well as bringing together key stakeholders and organising a high-level side event during the WHA to galvanise support among member states for the resolution on the Implementation of Recommendations of the UN Commission on Life-Saving Commodities for Women and Children.

Meanwhile, the forthcoming 2014 WHA will see the tabling of a resolution to endorse the Every Newborn Action Plan (ENAP), which is critical to the work of the Child Health Now campaign, given that the ENAP's recommendations and proposed targets offer a framework for saving the lives of millions of newborns. WHA governments will also review the first progress report on the implementation of the Comprehensive Implementation Plan on Maternal, Infant and Child Nutrition and the six global nutrition targets that were endorsed at the 2012 WHA. World Vision's approach involves coordinated lobbying at multiple levels and in recent years (as outlined above) has helped position World Vision as a key partner and influence around child health and nutrition.

Innovative approaches to tracking government progress on implementation of *Every Woman Every Child* commitments

Through the CHN campaign an innovative approach has been developed that seeks to highlight national government progress against commitments to EWEC (see Appendix). This approach illustrates national government progress on commitments in a 'traffic light' style – proving to be an accessible communication style for both media and policymakers. The traffic-light rating illustrates progress towards reaching each individual national commitment, highlighting both progress and remaining implementation gaps, as well as listing key recommendations on action needed in order for government to implement fully all EWEC commitments by 2015 based on the information available to civil society. The traffic-light approach was successfully used in the launch of the CHN campaign in Ghana in January 2014 – as part of a series of CHN policy documents developed and disseminated to more than 200 participants who attended the campaign launch. Similar assessments have now been completed for all CHN countries in the West Africa region.

Multi-country seminar on parliaments and accountability for women's and children's health

In 2013, World Vision Bangladesh and World Vision Nepal participated in the multi-country seminar hosted by the Inter-Parliamentary Union, the Parliament of the People's Republic of Bangladesh and the World Health Organization (WHO). The purpose of the event was to follow up on 2012 decisions on the role of parliamentarians in maternal and child health. World Vision Nepal presented a case study on its use of the CVA social accountability methodology that successfully resulted in an increase to the national health budget.

Launch of the *Every Woman Every Child* Innovation Working Group

In May 2013, World Vision joined with the Partnership for Maternal, Newborn and Child Health (PMNCH) and the global EWEC Working Group to launch the Asian Innovation Working Group during the Women Deliver Conference in Malaysia. The Asian Innovation Working Group aims to identify innovations for women and children's health in Asia and seeks to scale up these innovations. Through the CHN campaign, World Vision also works in support of EWEC.

Citizen Voice and Action

World Vision continues to implement and engage in initiatives that support its approach to social accountability by engaging communities in their own transformational development processes. Many World Vision programmes use the CVA approach presented in 'Citizen Voice and Action: An Effective Local Level Advocacy Approach to increase Local Government Accountability', which brings together citizens, service providers, local government and civil society partners in a collaborative and facilitated group process designed to improve the quality of health services at the local level. CVA empowers communities to advocate for themselves by holding community-level government service providers accountable for the quality and quantity of services they deliver. Evidence collected in this process is also used as the basis for constituency-level engagement with local parliamentarians and for higher-level policy dialogue at state and national levels to influence government policies and resource allocation.

World Vision's CVA and other local-level advocacy approaches are making measurable progress. CVA is now being implemented in more than 370 Area Development Programmes across 42 countries (see Figure 1), and more than half of these projects are tracking health and nutrition outcomes through CVA.

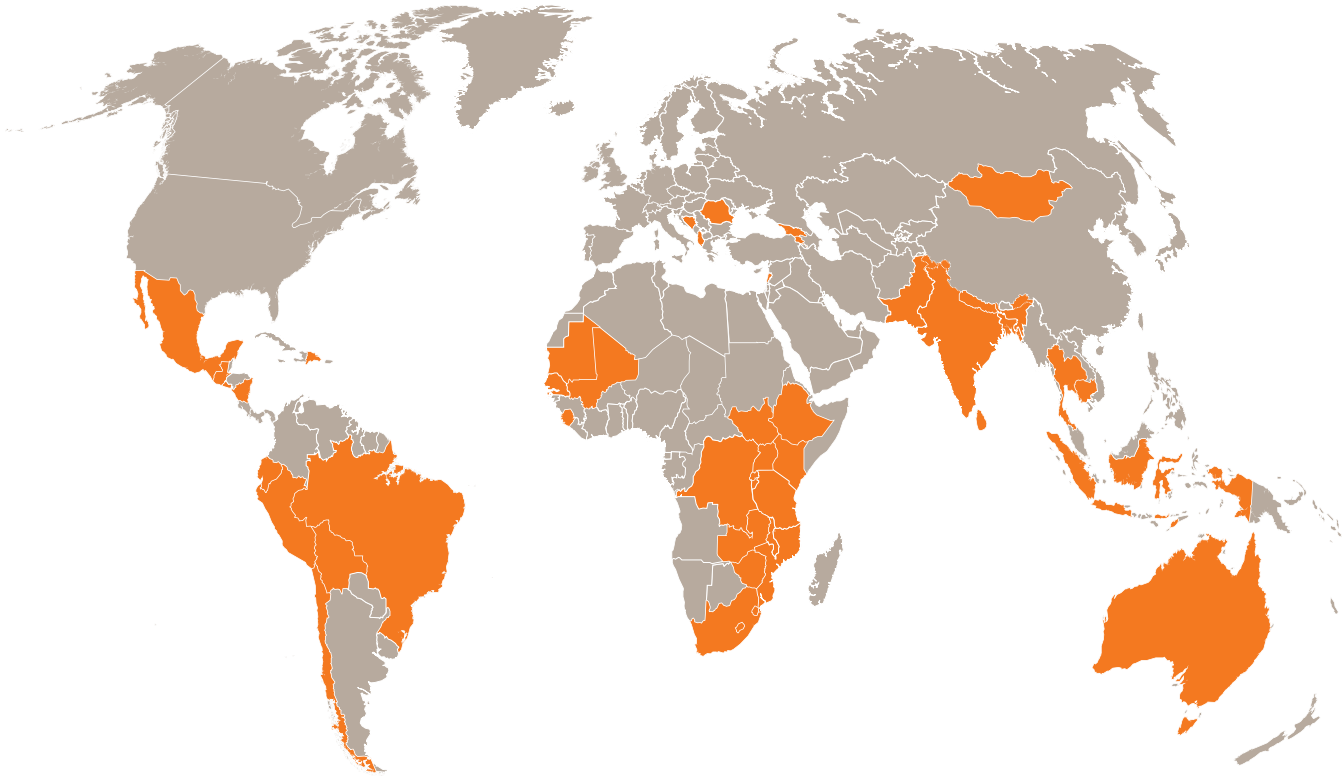

Figure 1: Citizen Voice and Action activity in FY14

Helping mothers access health services in Pakistan

In Pakistan, one in every 110 women dies due to causes related to childbirth. After his aunt became one of these statistics, Ahmad promised to work for the improvement of maternal health. For more than a decade he worked, but he felt his efforts were fruitless. Finally, in 2013, he began to see results. In Ahmad's community, World Vision started a project to raise awareness about child and maternal health issues, focusing especially on prenatal and postnatal care, safe deliveries, birth spacing and danger signs in pregnancy, as well as infant and childhood diseases. Staff implemented CVA to mobilise and encourage people to improve government accountability. As part of the CVA process, 25 community members attended a meeting with the district health officer, asking the government to establish a labour-and-delivery room at a local basic health unit. Lack of budget meant the district health officer initially denied the request. During a second meeting people presented evidence from the CVA process about their village and explained to the government officials why the labour-and-delivery room was necessary. After multiple meetings health officials agreed. 'When government officials announced good news of the labour room at the basic health unit, tears of happiness came in my eyes. My dream of safe deliveries at a hospital came true', says Ahmad. The government has since provided basic equipment, including delivery kits and surgical instruments at a labour-and-delivery room at the basic health unit, which is now properly functional. Between 20 and 25 babies are delivered each month; 80 women benefit from prenatal check-ups; and more than 1,000 patients have been registered.

Citizen Voice and Action and child participation

World Vision's ministry goal is the 'sustained well-being of children within their families and communities, especially the most vulnerable'. A key component to achieving this vision is empowering boys and girls to be active participants in processes that contribute to their well-being at the local, national and international levels, and holding governments accountable for their commitments. Child Health Now campaigns implementing CVA offer a platform for children to participate actively in the decisions that affect their lives. Social accountability does more than boost a child's personal development; it also improves development effectiveness by shining light on problems that adults might not recognise. By equipping children and youth confidently to raise these issues, service providers and policymakers obtain a fuller picture upon which to base their decisions, and this sets the foundation for children to monitor progress in government services to which they are entitled.

Armenia's schoolchildren act on health gaps

In the rural Lori region of northern Armenia the number of children living in extreme poverty is double (9 per cent) the national average. World Vision has been using CVA since 2008 to equip communities to monitor and improve health services. In Alaverdi, teenage schoolchildren conducted a survey that revealed that health officials carried out fewer than 40 per cent of free check-ups to which schoolchildren were entitled. With World Vision's support, six students arranged a meeting with officials at both local and regional levels to remind them about their obligations. The evidence-based dialogue with the Ministry of Health defined the debate and empowered the children and their community to be persuasive in this forum. The meetings resulted in significantly more health check-ups and in an increased knowledge amongst the community of its right to health. In 2013, 86.9 per cent of children surveyed in World Vision's Alaverdi Area Development Programme knew at least three or more of their rights, and 71.5 per cent could name more than two places to turn if their rights were violated, compared to respectively 24 per cent and 53 per cent in 2008 according to the baseline survey. The CVA process has also provided children, previously left on the side lines, with a platform to raise their concerns and be an active part in the decision-making process.[6]

6 World Vision International, 'Europe Can Make the Difference: How Social Accountability Improves the Lives of Children' Brussels, 6 May 2014.

Conclusion

On 20 September 2010, World Vision International announced its commitment of US$1.5 billon ($500 million through grants and foundations) in support of women's and children's health, using a 'social determinants of health' approach as outlined below:

1. Strategically align all World Vision Health; Nutrition; HIV; and Water, Sanitation and Hygiene investment to contribute towards the UN Secretary-General's Global Strategy for Women's and Children's Health.
2. Stay a leading CSO investor in women's and children's health by investing at least US$1.5 billion aligned to EWEC from 1 October 2010 to 30 September 2015.
3. Significantly contribute to increase the evidence base of implementation research for women's and children's health by investing at least US$3 million in operations research.
4. Advocate for Child Health Now by investing at least US$10 million in advocacy for women's and children's health.
5. Be a leader in social accountability by tracking commitments and parliamentary engagement for women's and children's health.

This internal assessment of World Vision's commitments to *Every Woman Every Child* has been undertaken in an endeavour to demonstrate the importance that the organisation places upon transparency and accountability with its own commitments in support of women's and children's health. World Vision has commissioned or produced a review of progress against its commitments to EWEC every year since declaring those commitments. This report builds on the high-level external review of progress undertaken in 2012 and Crowe Clark Whitehill's follow-up in-depth 'Independent Assessment of World Vision's Commitments to "Every Woman Every Child"' published in July 2013, which found that 'World Vision continues to make much progress on its EWEC commitment and is firmly on track to meet its full commitment.' This report demonstrates that World Vision is well on track to exceeding each of its commitments to *Every Woman Every Child,* based upon current projections, and to playing its part in improving women's and children's health.

Appendix

Measuring Ghana's progress towards reaching its *Every Woman Every Child* commitments

The Global Strategy for Women's and Children's Health - Every Woman Every Child - *was initiated by the Secretary General of the United Nations in 2010 with the aim to save 16 million lives globally by 2015 through joint action. This document gauges Ghana's progress to date towards reaching its 2010 and 2012 national commitments.*

Commitment	Achievements	Gaps	Recommendations for action
Increase the proportion of fully immunized children to 85%.	In 2011, 84% of children aged 12-23 months were fully vaccinated.	Vaccination rates needs to be increased to reach 85% by 2015 and maintained at this level.	Sustain investment in immunization programs and expand door-to-door immunization services, especially to remote areas.
Strengthen the free maternal health care policy.	The free maternal care policy has led to more facility-based deliveries and 3.000 maternal lives saved between 2008 and 2011. Utilisation rate of the free health care was around 66% in 2011. Efforts are now being made to further strengthen the free maternal care policy including coping with a growing number of patients at facilities, improving quality of services and reforming the National Health Insurance Scheme (NHIS) claim reimbursement processes and tariffs.	- Persistent regional and social disparities in access to care - Large human resource costs resulting in increased workloads of existing staff - Delay in claim reimbursement to facilities resulting in women having to pay for supplies which should have been free - The provision of free care is dependent on a functioning and financially sustainable National Health Insurance Scheme which is currently challenged and in need of reform	Further strengthen the free maternal healthcare policy to ensure equal access for all to free care with particular focus on: - Addressing regional and social access disparities and challenges relating to increasing human resources costs and workloads - Reducing financial barriers by addressing delays in claim reimbursement to facilities - Reform the National Health Insurance Scheme to ensure the long-term financial sustainability of the system and to eliminate remaining financial barriers for the poor
Make family planning free in the public sector and support the private sector to provide services	In December 2013 the government announced that family planning will be incorporated into the free maternal care provided under the National Health Insurance Scheme. USAID funds current initiatives to support licensed chemical sellers to provide family planning.	- Geographical, financial and cultural barriers hinder family planning use - Since free family planning will be provided through the free maternal care policy, it is vulnerable to the same challenges regarding human resources costs, efficiency and financial sustainability of the NHIS	- Fully implement the free family planning as announced and ensure that it reaches all, also those living in remote areas - Take action to address financial, human resources and efficiency challenges related to the free maternal care policy and the NHIS to ensure full implementation of the new initiative
Increase health funding to 15% of the national budget by 2015	The health spending trend has been positive with spending increasing from 11.9% in 2011 to 12.5% in 2012.	The health spending needs to increase by 2.5% of total government expenditure to reach the target.	- Increase the health budget with 2.5% to reach 15% of total government expenditure by 2015. - Improve mechanisms for effective and transparent disbursement of funds and for health spending monitor and evaluation.

Ensure 95% of pregnant women are reached with comprehensive services to prevent mother-to-child transmission of HIV (PMTCT)	75% of HIV+ pregnant women were reached with PMTCT services in 2011. The national HIV/AIDS strategic plan, which includes testing and prevention of mother-to-child transmission of HIV, has been implemented in all regions.	- The prevention of mother-to-child transmission of HIV (PMTCT) coverage needs to increase by 20% - The PMTCT coverage is linked to the functioning of the free maternal care policy and the National Health Insurance Scheme	Complete implementation of the national HIV/AIDS strategic plan in all regions to reach 95% coverage of prevention of mother-to-child transmission services for pregnant women.
Ensure security for family planning commodities	Since 2012 the Government and Ghana Health Service have led development of supply plans and coordination of partners for sound procurement of contraceptives leading to better data management and sharing, ensuring better availability of contraceptives and increased ability to respond to emergencies. SMS alerts are being tested to prevent local stock-outs.	- There are frequent stock-outs of family planning commodities in Community-based Health Planning and Services (CHPS) compounds, managing supply logistics is a challenge and supplies are late - Recent reforms of the CHPS system present opportunities to reach more clients and a challenge if adequate logistics are not mobilised for effective outreach	- Increase resources for family planning - Further improve contraceptive supply chain management at all levels - Ensure effective Government regulation of private sector family planning providers - Invest in logistics capacity building and equipment to overcome bottlenecks preventing access to family planning, particularly at District and community level
Improve family planning for youth through promoters and adolescent friendly services	The adolescent health strategic plan to improve youth friendly services was disseminated to all stakeholders during 2012.	- There is currently no evidence of implementation of the strategic plan - There are barriers to contraceptive use among young people. Adolescent birth rate is at 70 per 1.000 women.	Fully implement the adolescent strategic plan in all districts, including through youth promoters and adolescent friendly services, to address both demand and supply barriers to family planning utilisation.
Increase the proportion of children under five and pregnant women sleeping under insecticide-treated bednets to 85%	Between 2010 and 2012, Ghana Health Service provided free insecticide-treated bednets in all ten regions, through door-to-door outreach, distributing around 14 million nets over two years with the goal of achieving universal coverage.	- When data for MICS 2011 was collected, only 39% of children and 32.6% of pregnant women were sleeping under insecticide-treated bednets, which is less than half of what is needed to reach the target - Demand factors, such as social or cultural beliefs, are likely to limit the use of bednets	- Sustain the free mass distribution of insecticide-treated bednets - Take action to address barriers to use of bednets through comprehensive education campaigns on the need for and the correct use of bednets, particularly for women and children

 Sources: *HERA- HPG 2013; Ghana Health Service 2013; Ghana Ministry of Health 2013; International Conference on Family Planning 2013, session abstract; Ntsua et al 2012; The Population Council and Ghana Statistical Service 2012; Modern Ghana 2 December 2013; SHOPS project 2013; FHI 360 2013.*

World Vision

CHILD HEALTH NOW
Together we can end preventable deaths

WORLD VISION IS A CHRISTIAN RELIEF, DEVELOPMENT AND ADVOCACY ORGANISATION DEDICATED TO WORKING WITH CHILDREN, FAMILIES AND COMMUNITIES WORLD-WIDE TO REACH THEIR FULL POTENTIAL BY TACKLING THE CAUSES OF POVERTY AND INJUSTICE. WORLD VISION IS DEDICATED TO WORKING WITH THE WORLD'S MOST VULNERABLE PEOPLE. WORLD VISION SERVES ALL PEOPLE REGARDLESS OF RELIGION, RACE, ETHNICITY OR GENDER.

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