



HEALTH AND NUTRITION SECTOR APPROACH 2020 – 2030

IT'S TIME TO THRIVE

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World Vision is a Christian Humanitarian Organisation dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. Motivated by our faith in Jesus Christ, we serve alongside the poor and oppressed as demonstration of God’s unconditional love for all people. World vision serves all people, regardless of religion, race, ethnicity or gender.

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Introduction

Much has changed in the world since World Vision (World Vision) rolled out its first health and nutrition strategic approach in 2007, known as “7-11”. 7-11 was based on global evidence for programming approaches and interventions that focused on maternal and child survival, delivering seven lifesaving behaviours for mothers and 11 for children under two years, also known as the “1,000 days” framework. That strategy, with its accompanying guidance and supporting project models, was successfully scaled up by World Vision National Offices, with 50 countries implementing health and nutrition projects by 2018.

The Sustainable Development Goal framework for 2016-2030 has strategic priorities each for health (SDG 3) and nutrition (SDG 2), and recommendations not only on eliminating preventable maternal and child mortality, but ensuring that children thrive. The *UN Global Strategy for Women’s, Children’s and Adolescent’s Health: Survive, Thrive and Transform*¹, and the *Nurturing Care Framework for Early Child Development*² provide a roadmap to this broader vision of health, nutrition, and well-being. The time has never been better for World Vision to adopt a health and nutrition approach that aligns with this broader vision and the thrive agenda.



Underlying this approach is our belief in the coming fulfilment of God’s promise in Isaiah 65:19-20: “I will rejoice over Jerusalem and take delight in my people; the sound of weeping and of crying will be heard in it no more. Never again will there be in it an infant who lives but a few days, or an old man who does not live out his years; the one who dies at a hundred will be thought a mere child...”

Psalm 115:14 shares this blessing with us: May the Lord cause you to flourish, both you and your children. Our faith tells us that, one day, child death will be eliminated, and children will thrive. Our new Health and Nutrition Sector Approach (HNSA) is designed to refresh and align our health and nutrition goals with this vision: life in all its fullness for all children. The current World Vision Our Promise strategy leads us to take this vision to the most vulnerable children.

The purpose of this new sector approach is to provide our staff with a flexible framework that describes how World Vision can best improve the health, nutrition and well-being of children in all contexts³. The intent is to allow space for innovation in addressing emerging global health concerns (e.g., caregiver mental health, responsive caregiving, child marriage, COVID-19), contextualization to local priorities and government strategies, and multiple funding streams, while recommending evidence-based project models that fit a given field office's situation, funding and target groups.

This sector approach seeks to advance health and nutrition initiatives beyond survival, promoting child development and overall well-being, and integration of multi-sector interventions. We believe that this approach will prevent child deaths, reduce illness (especially infectious diseases and mental disorders), and improve the nutritional status and holistic well-being of children. It will achieve this by promoting life-saving behaviours, healthy and equitable social norms, social capital and social accountability, and by improving sustained access to comprehensive quality health and nutrition services at the community level, the health system and the policy environment. It will also do this by working back further in the chain of causation, working with adolescents, men, and women of reproductive age to prevent the conditions and diseases that drive under-five mortality.

Goals and Intended Program Outcomes of the HNSA

The high-level goal of the sector approach is in alignment with SDG 3:

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL CHILDREN.

This is in harmony with the two health-related goals stated in World Vision's Global Impact Framework:

- By 2030, all forms of child malnutrition are eliminated (related to SDG 2).
- By 2030, end the epidemics of AIDS, tuberculosis and malaria, and end preventable child deaths from pneumonia, diarrhea, and other communicable diseases (related to SDG 3).

By 2030, through mobilizing \$7 billion in resources⁴, and in partnership with governments, NGOs, donors, community and faith leaders, and additional partners, World Vision will contribute to the following global SDG targets:

1. Reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
2. End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortalities to at least as low as 25 per 1,000 live births.

3. End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
4. Promote mental health and well-being.
5. Strengthen the prevention and treatment of substance abuse (in adolescents), including narcotic drug abuse and harmful use of alcohol.
6. Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
7. End all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, and pregnant and lactating women. (SDG 2)

This sector approach will also contribute to the realization of the program outcomes stated in World Vision's Global Impact Framework, but especially the following:

1. Children, caregivers, local partners and service providers develop knowledge, skills, tools, and resources and adopt practices to improve the well-being of children.
2. Communities create safe, nurturing environments for all children.
3. Children have positive and peaceful relationships in their families and communities.
4. Community social norms and values promote respect for diversity, gender equality, disability inclusion, non-violence, and recognise the rights of children.
5. Improved collaboration, networks, trust and social cohesion within communities.
6. Access to quality shelter, food, healthcare, education, water and sanitation, and child protection services.
7. Faith leaders are mobilised to promote positive social norms, interfaith relations, and behaviours and practices that improve the well-being of children.
8. Governments commit to child well-being and the SDG's through policy frameworks and national action plans.

This revised sector approach encompasses an intervention framework suitable for multiple, integrated streams of funding, including mass funding through child sponsorship, private non-sponsorship donors and grants from public and multilateral institutions. World Vision's core project models (CPMs), additional project models, and other prioritized interventions are being modified to align with this broader approach and to address the different programming levels of family, community and environment in the 360-degree programming approach, working together for greater impact on child well-being. COVID-19 specific modifications are also being developed for each of the core project models.

While these interventions address most of the issues of child health and nutrition, World Vision National Offices should prioritize among them based on local needs assessment and situation analysis, and interventions

may be implemented sequentially over time within Technical Programs as resources allow. As per World Vision's Our Promise strategic plan, at least 80% of private funding will be allocated to the core project models, while 20% of private funding plus any additional funding from grants is available for additional project models, systems strengthening approaches and advocacy, as well as other prioritized and evidence-based interventions to further progression toward health and nutrition goals.

Global Health and Nutrition Landscape

Preventable mortality has decreased significantly in the last 30 years for children under five years (58%), newborns (51%), adolescents (20% since 2000), and pregnant women (44% since 2000).^{5,6} This is cause for celebration. However, children in the poorest households globally are twice as likely to die before their fifth birthday as those in the richest households⁷, indicating that the most vulnerable children continue to face a similar burden of health and nutrition challenges to those faced decades ago⁸. Added to this is the new threat of COVID-19, which – while not having much direct impact on children – is expected to have major secondary impacts that will affect tens of millions of children⁹.

Today, one in four children live in countries affected by conflict or disaster. In humanitarian settings and fragile contexts, the burden of health and nutrition is increased as newborns, children, and mothers are unable to access basic and essential care, and their risk of disease and malnutrition soars. Children and adolescents in these settings are more vulnerable to violence in their homes and schools and to sexual violence¹⁰.

Whereas the MDG era successfully emphasized child survival, leading to global assimilation of a “1,000 day” (conception through two years) priority, the SDG era is expanding its predecessor’s “survival” concept, and promoting a more holistic health and well-being paradigm. The child survival focus remains, but is accompanied by a framework of well-being objectives that requires working with adolescents, as well – a frame within which we can more clearly address cyclic inter-generational health impacts such as the effects of adolescent malnutrition on low birth weight and premature newborns, and the effects of child marriage on maternal and under-five mortality: Children of girls who marry before 18 are 1.5 times more likely to die in the first month after birth than those born to women 20 to 29 years old.¹¹ This new approach also takes into account the need for Community Health Workers to be a point of integration of not only health and nutrition but also child protection and early child development work during the COVID-19 pandemic when many other non-health development workers are unable to do outreach.



Two-hundred and fifty million children in LMICs – over 40% – risk missing critical development milestones due to inadequate nurturing caregiving.

In 2018, World Vision proudly contributed to the development and launch of the Nurturing Care Framework (NCF) for Early Child Development, alongside the World Health Organization, UNICEF and other partners,¹² and continues today serving on the WHO's NCF Implementation and Advocacy Working Groups.

The NCF neatly integrates a multi-sector approach towards ensuring healthy physical and mental development for children with special focus on conception through age three, and with considerations to age eight. It calls for interventions in health, nutrition, water, hygiene and sanitation, responsive caregiving, opportunities for early learning, safety, caregiver mental health, and child protection. This approach is ideal for World Vision, given the organization's existing investments across multiple sectors, and focus on the most vulnerable children. For healthy brain development in the early years, children require a safe, secure and loving environment, with appropriate nutrition and stimulation from caregivers. World Vision's integrated Go Baby Go intervention is a great example of the work needed –in World Vision/ Armenia's Go Baby Go programme, children in the intervention arm were 83% more likely to achieve a high ECD score than children in the control group (aOR=1.83, $p<0.025$), and also had better dietary diversity.¹³



Exclusive breastfeeding, one of the single highest impact health interventions available, has seen no global increase and has less than 50% coverage.

Globally, the world is off-track to achieve nutrition targets such as those established in the UN Decade of Action for Nutrition (2016 – 2025). In fact, a third of the world's population suffers one or more forms of malnutrition. Decreases have been seen in stunting (though 22% of children remain stunted), while wasting continues unabated (only 20% of young children with severe malnutrition receive assistance), and obesity and micronutrient deficiencies such as anaemia are increasing. In a grand irony, we now see a triple burden of malnutrition in many countries: undernourishment in young ages leading to overweight and micronutrient deficiencies later in life. And



It is estimated that elimination of maternal depression may reduce stunting by up to 27%.

whereas significant efforts have been invested to address young child malnutrition, it is now clear that undernourishment of adolescent girls and women of reproductive age is leading to low birth weight and premature babies – the leading cause of newborn mortality.¹⁴ Malnutrition remains an underlying cause of 45% of all under-five mortality, as well as 20% of maternal mortality, with many of the deaths occurring in areas of conflict and protracted disasters due to climate change and fragility. More recently, malnutrition is expected to increase as a result of the COVID-19 pandemic and its effect on both livelihoods and nutrition services, erasing some previous gains.

Significant progress has been made in protecting children from infectious diseases, and especially those that are vaccine preventable, like measles. Under-five child mortality due to acute lower respiratory infections has decreased 40%, from diarrhoea 43%, and from malaria 52%.¹⁵ However, the most vulnerable children are

If all women had access to a modern contraceptive method, there would be a 70% reduction in unintended pregnancy, 67% reduction in abortions, 67% drop in maternal mortality, 77% drop in newborn mortality, and transmission of HIV from mothers to newborns would be nearly eliminated.

still exposed, and as a result these diseases remain responsible for over 43% of under-five mortality, with pneumonia leading at 16%.¹⁶ Pneumonia and diarrhoea are also the leading causes of mortality for young children five to nine years, and are amongst the top causes of death for adolescents.¹⁷ While suicide occurs throughout life, it is the second leading cause of death among 15-19 year-olds in the South-East Asia Region, and among the top five causes of mortality for both boys and girls 15-19 years in most regions of the world.¹⁸ Seventy-nine percent of suicides happen in low- and middle-income countries.

Historically, tuberculosis was not thought to have affected young children significantly, but this was wrong. Today, 1.3 million children under five years have tuberculosis, and only 23% are treated – 15% of all tuberculosis deaths are amongst children under 15 years.¹⁹ HIV/AIDS is the second highest cause of death among adolescent girls and young women worldwide, and is the main cause of death for adolescent girls in Sub-Saharan Africa.²⁰



A 10% reduction in child marriage can contribute to a 70% reduction in a country's maternal mortality rate, and a 3% mortality reduction for infants.

World Vision's global campaign to end violence against children has presented a wonderful opportunity to focus on a range of violence issues that are major determinants of children's health. This includes addressing physical and or sexual partner violence, which affects one-third of all women worldwide.²¹ Violence against children affects an estimated 1.7 billion children every year, and roughly half of all children have experienced some form of emotional, physical or sexual abuse during their childhood.²² This violence has strong, long-lasting effects on health. Other forms of violence surface as a child ages: 12 million girls per year are married as children, with dire effect on maternal and newborn mortality and morbidity.²³ Frontline health workers, including CHWs, currently offer the best opportunity for both preventing and responding to most forms of violence against children.²⁴

Lowering rates of adolescent pregnancy and overall fertility²⁵ is central to decreasing maternal and child mortality, yet has received too little attention to date: over 25 percent of women in low development contexts become pregnant before the age of 18,²⁶ and 214 million women of reproductive age in LMICs who want to avoid pregnancy do not have access to a modern contraceptive method.²⁷ World Vision has demonstrated that one path towards improving access to modern contraceptives is through our Channels of Hope (COH) intervention – in Kenya we’ve seen a 30% increase in contraceptive use where we have engaged faith leaders.²⁸

Climate influences many of the key determinants of disease and multiple health impacts, including the emergence of new and resurgent diseases. As changes in climate expand and accelerate, we can expect to see more vector-borne, water-borne, and water-washed diseases.²⁹ The WHO predicts that climate change will result in 250,000 additional deaths per year between 2030 and 2050 with 95,000 more related to malnutrition, 60,000 due to malaria, and 48,000 due to diarrheal disease.³⁰



The simple practice of handwashing with soap can decrease diarrhoea by 40% and respiratory infections by 25%.

Remembering that the WHO’s definition of health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, it is time to equally address children’s – and their caregivers’ – mental health and social well-being, as we care for their physical health. Globally, 10 to 20 percent of children suffer mental health disorders – one in five for adolescents.³¹ One in five women in LMICs suffer perinatal depression, and 17% of adolescents in LMICs attempted suicide over the past year.³² In LMICs, maternal depression is associated with diarrhoeal diseases, infectious illnesses, hospital admissions, lower birth weight and reduced completion of immunization schedules among infants.³³

A recent study by World Vision and other partners found that non-depressed women had on average 39 percentage points better adoption of 12 important health, nutrition and WaSH behaviours than depressed women, women treated for three months for depression had better adoption of these behaviours overall, and participation in neighbourhood-level caregiver groups (that are part of World Vision’s Nurturing Care Group CPM) led to further declines in depression.³⁴

In 2019, the UN ratified a high-level declaration on Universal Health Coverage, which would emphasises that all people, everywhere, should have equitable access to quality essential health services. This declaration intersects nicely with the 30-year anniversary of the Child Rights Convention, which calls for recognition of “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.” Now is the time for all stakeholders to rally on behalf of children. To achieve the health SDG, the current rate of mortality decreases must more than double. Achieving this would be a wise investment: the return on every dollar invested in childhood immunization is \$48³⁵, \$17 on nutrition, and \$13 on early child development³⁶. At a cost of \$5/person/year, health system strengthening investments in high-burden countries can return nine times that value in economic and social benefits, while preventing 32 million stillbirths, and the deaths of 147 million children and five million women by 2035.³⁷

World Vision's Opportunities

This new sector approach builds on the assets developed over World Vision's 7-11 era and leverages opportunities presented by the changing global landscape. World Vision's distinctive: being Child Focused, Community Empowering and Christian - remain unique and foundational strengths upon which to build our health and nutrition sector approach. In addition, World Vision has developed incredible experience and reputation for quality in many of the project models and strategic interventions scaled up during the 7-11 era. Grant funding for health and nutrition represents a superb opportunity that we have consistently utilized to expand the scale and impact of our work to more than 34 million people per year. World Vision's reach and logistical capacity to operate in challenging and fragile contexts – one of the greatest areas of strength in our health and nutrition programming - is also a tremendous asset that is recognized globally.

Channels of Hope has elevated World Vision's reputation globally as a Faith-Based Organisation that truly lives out its mission in programming, with evidence of the strong impact faith engagement should have on critical health outcomes.



Child Focused - In this approach, we account for changing trends in child illnesses and preventable deaths, use the best available evidence to address these causes, and promote working further back in the chain of causation (e.g. with adolescents) to eliminate them. The 7-11 survival agenda remains relevant for highly vulnerable young children, but must be complimented with interventions addressing early child development, violence and mental health challenges. This sector approach will better enable field staff to prevent vulnerability in children and to reach more "most vulnerable children" (MVCs). This will be accomplished by continuing our focus on malnourished children, those with the least access to basic services and facilities, and those living in areas prone to serious disaster or conflict (World Vision vulnerability markers ED.1, ED.3, CD.2, and CD.1), but also by promoting additional focus on adolescents at risk of early sexual debut, teenage pregnancy (AR.6), or child marriage (AR.5), as well as the prevention of physical and sexual abuse of children and reporting of abuses via CHWs (AR.3, AR.2). Improved methods for targeting, inclusion and participation of the most vulnerable families and children (including disabled children) through the core project models are also under development.

Community Empowering - World Vision has unique access to families and communities through our local structures, where we empower communities to implement household behaviour change through CHWs, monitor and advocate for quality health services in the community, and link households and community structures with the health system. World Vision should continue to leverage its relationship with over 220,000 community health workers (CHW) already mobilized in served communities; build partnerships with community health committees, CBOs, other NGOs, churches, and local governments to strengthen the health system; and build social cohesion, and social capital.



A growing body of research is finding that the presence of social capital through social networks and communities can have a protective effect on health.³⁸ World Vision's health and nutrition models promote bonding, bridging and linking social capital and the trust, reciprocity, information and cooperation associated with improved social networks. For example, the small neighborhood groups formed as part of World Vision's Positive Deviance / Hearth (PDH), Care Groups (CG), and Nurturing Care Group (NCG) models help improve the ties between similar people that is part of bonding social capital. World Vision's COMM and CVA project models help to both pull dissimilar people from different parts of a community together (improving bridging social capital) while connecting them with stakeholders (e.g., government officials) who have power over them, building linking social capital.

Such linkages, together with increased collaboration with government health authorities during design and implementation also contribute to the strengthening and resilience of the health system, a new emphasis in this sector approach. World Vision has a catalytic role to play in linking communities with the health system, through intentional dialogue, supervision arrangements, two-way referrals and data sharing and management, thus ensuring sustainability, relevance and scale of World Vision's community-based work.

Christian - Our commitment to Christ should be visible in the compassionate way in which our staff equitably, inclusively and lovingly engage with children, their families, and their communities; in our understanding of how mind-set and worldview affect behaviour; and through the bold way in which we take on issues that have been historically neglected in the past by duty bearers (including violence, mental illness, gender issues, disability, and human rights). Our relationships with faith leaders, congregations, and other faith-based organizations help to accelerate transformation of social norms, household behaviours and government policy. As a health and nutrition-concerned FBO, World Vision bears a responsibility to build an effective bridge between faith and public health communities.

Project Model Assets - From eliminating polio in India to building a national TB service in Somalia, World Vision has scaled strategic program interventions that will be further improved and leveraged. Our current health and nutrition core project models (CPM), including Community Health Workers (CHW, which includes TTC), Community Health Committees (COMM), Positive Deviance/Hearth (PDH) and Community Management of Acute Malnutrition (CMAM) have been adopted in at least 850 projects in 50 countries, brought measurable benefits to children, developed cutting edge innovations, and in some cases been adopted by national Ministries of Health and other partners. Our Enabling and cross-sectoral CPMs such as Channels of Hope, Citizen Voice and Action and Nurturing Care Groups (a new CPM as of May 2020) allow for even more health and nutrition impact. Nevertheless, our current programming is more expansive than the CPMs, and includes diverse high-impact interventions that respond to children's needs by context, such as providing mosquito bed-nets for children in Mozambique or increasing availability of nutritious eggs for children in Indonesia. This new sector approach recognizes that World Vision programmes have been innovating and pushing the boundaries of existing project models to adapt to the local context and provides a framework that allows for such flexibility and agility.

Grants - Many of World Vision's greatest achievements in child health and nutrition have been funded by grants. For instance, World Vision has facilitated access to primary health care, malaria, TB and HIV, polio, Ebola and Zika prevention and treatment services at national scale in partnership with the Global Fund and bilateral donors. World Vision's reach and competency attract grant funding that has allowed our investments

in health and nutrition to grow even as other sources of private funding have declined. In 2018, World Vision implemented 92 grants in the health and nutrition sector. In that year, World Vision Health and nutrition programs assisted 34 million direct beneficiaries of which two-thirds were assisted through grant-funded programs. Grants have contributed greatly to the scale up of World Vision's 7-11 sector approach, health programming in fragile contexts (including Somalia, PNG, DRC, South Sudan, Chad, CAR, and Afghanistan), and urban contexts such as in Manila and Nairobi.

Fragile contexts and disaster management - World

Vision has a rich and successful history of health and nutrition programming in fragile contexts, from bravely managing the sole pediatric hospital in Phnom Penh during the Khmer Rouge period, to providing HIV/AIDS services in DRC and managing health facilities in South Sudan today. Our approach of collaborating with technically qualified and clinically focused organizations, and with other faith actors, coupled with training and supporting volunteers, allows World Vision to be agile and adaptive as conditions change. Donors have appreciated World Vision's reach, logistical capacity and willingness to go the last mile to ensure health care for



the most vulnerable populations and have funded on-going health promotion and rehabilitation in Eastern DRC, Somalia, Northern Uganda, Western Chad, South Sudan, Afghanistan and other contexts. World Vision's core project models for health and nutrition are being adapted to World Vision's fragile context programming approach to permit greater agility in utilization across the humanitarian nexus from surviving to adapting to thriving, and to improve disaster preparedness and community resilience across all programming settings to better equip communities to face global health security and climate change challenges to come.

World Vision's Health and Nutrition Emergency Response Framework and its strategic objective, "To reduce mortality and morbidity in vulnerable populations affected by humanitarian emergencies and restore access to curative and preventative health and nutrition services," remains fully relevant and aligned with this sector approach. Core project models such as CMAM have been successfully implemented in post-conflict, slow and rapid on-set emergencies to ensure continued or renewed access to health and nutrition services for the most vulnerable.

Digital innovation – World Vision expects to accelerate the use of digital platforms and tools globally as part of Phase 2 of World Vision's Our Promise strategic plan. In Health and Nutrition, World Vision technical staff can build on over a decade of successful use of Dimagi's CommCare app and other apps to empower CHWs to better serve their communities. Partnering with World Vision's three COVID-19 technology partners – Dimagi, Viamo and Last Mile Mobile Solutions – should be considered as a means to better communicate with caregivers, CHWs, faith leaders, and other partners during the COVID-19 pandemic (when face-to-face communication will be more difficult and risky). Field Offices should build on these experiences with digital to leverage these digital tools beyond the pandemic, as well.



Advocacy for national impact - The current World Vision global campaign, Ending Violence Against Children (EVAC), together with the predecessor campaign Child Health Now have laid a solid foundation for health and nutrition policy and advocacy work at all levels, local to global. Policy improvements to ensure child protection and rights, violence reduction, and access to quality health care supports and reinforces our local programming efforts. The new health and nutrition sector approach will continue to promote strong collaboration with EVAC and other national advocacy initiatives especially in the area of preventing child marriage and all forms of gender based violence, while continuing to promote World Vision's social accountability interventions more broadly for health and nutrition outcomes, already successfully ongoing in 48 countries. The dividends are large – in Uganda, for example, World Vision's partnership in advocacy has led to \$19.5 million in additional national health sector allocation to support 6,000 additional health workers nation-wide.³⁹

Health and Nutrition Target Impact Groups

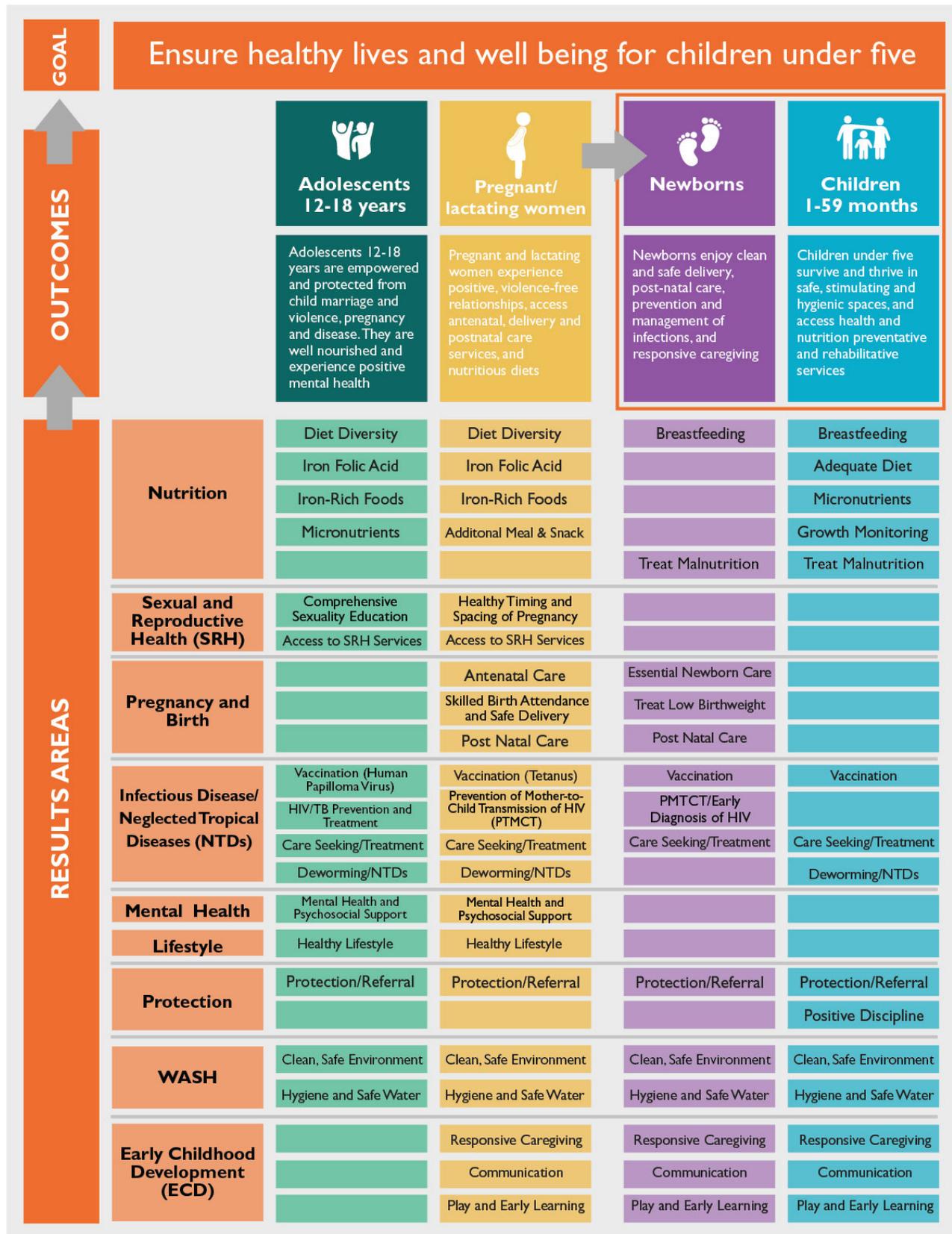
The most vulnerable children, from conception to 5 years, are the clear priority target group of World Vision's health and nutrition approach. Additionally, in order to effectively address the determinants of their health, we must impact the health of women of reproductive age including adolescents and pregnant and lactating women, with emphasis on the mother-infant dyad. Equally, we recognize the importance of reaching and empowering all caregivers and influencers, including men, to promote their important contribution to improving survival and thriving of children under five years, family health and social norms.

Whereas the 7-11 strategy opted to prioritize the “1,000 day” window of opportunity with key interventions for pregnant women and children under five years, we are now better prepared to address young child requirements affected by intra-lifecycle and inter-generational determinants.

This impact group recommendation is well aligned with the World Vision Partnership strategy, as well as the SDGs for health and nutrition, and contemporary global health strategy. The new approach provides greater opportunity to address the significant health and nutrition needs of young children, while more comprehensively assuring impact. Externally, it allows the organization to engage with donors and partners **on priority initiatives such as adolescent health, early child development, inter-personal violence, mental health, sexual and reproductive health, and nutrition**, all of which affect the health, nutrition and wellbeing of children under five years. As a multi-sector, child-focused organization, World Vision is well positioned to address these issues.



A healthy adolescent has a better chance of becoming a healthy parent in later life, who in turn has a better chance of having a healthy baby.



Health and Nutrition Core Developmental Approach

World Vision believes in a “360 degree” approach to development meaning that children’s health is protected, nurtured and promoted through mutually reinforcing communication channels and influences from multiple angles and at various levels of their world - starting with household-level family behaviours, and peers, adults, organizations and institutions in the community, as well as the intrinsic social and cultural norms, and local to national health system and governance. Our long-term reach into communities and households provides us with a unique opportunity to impact health and nutrition related behaviours, and the social norms that influence them. Our consistent investment in technical expertise makes World Vision a valuable partner in community systems and health system strengthening. Our impartial identity as a civil society organization compels us to amplify citizen voice and evidence for improved governance. And our faith identity also compels us in each of these objectives, while providing unique opportunities to work with people of all faiths in communities.

Engaging Families - Because of our reach to the household level, often through the CHWs that we support,⁴⁰ World Vision has a privileged opportunity and ministry to assess household-level vulnerability as it pertains to diverse health issues, and to work amongst the most vulnerable populations. This reach also allows health workers to monitor children’s health and nutrition over time, triggering service and making referrals when needed. Through strategic behaviour change efforts, especially focused on care-givers, parents, grandmothers and other influencers in the family, World Vision has seen impressive results across its programmes in both fragile and non-fragile settings.

Embracing Communities - The health and nutrition of children is greatly impacted by social norms and structures, and the ability of communities to assume ownership of their own health and nutrition outcomes. In World Vision’s experience, communities want to improve their children’s health and nutrition, but benefit from mobilization support. Forming and strengthening community health committees provides a forum in which they can learn about the local health situation and identify priorities for actions that are within their community’s control. The Channels of Hope (COH) project model provides an effective way to work with faith leaders and community members to positively transform strategic social communication, beliefs and values. And in addition to direct investments per the WHO’s six health system strengthening building blocks,⁴¹ World Vision impacts these objectives through our core social accountability approach, Citizen Voice and Action (CVA). Community Health Volunteers who are part of the Nurturing Care Group CPM have been also shown to increase care seeking and use of health and nutrition services, and to strengthen ties between communities and the health centres that serve them.



World Vision takes a gender and family-inclusive approach, supporting fathers to promote child wellbeing.

Strengthening Health Systems - No community is complete without equitable access to quality essential primary health care services. Every mother should have access to antenatal care, mental health services, and skilled birth attendance; every newborn to post-natal care; every infant to immunization and infant and young child feeding counselling for their caregivers; every adolescent to nutrition and life skills counselling; and every woman planning motherhood to sexual and reproductive services.

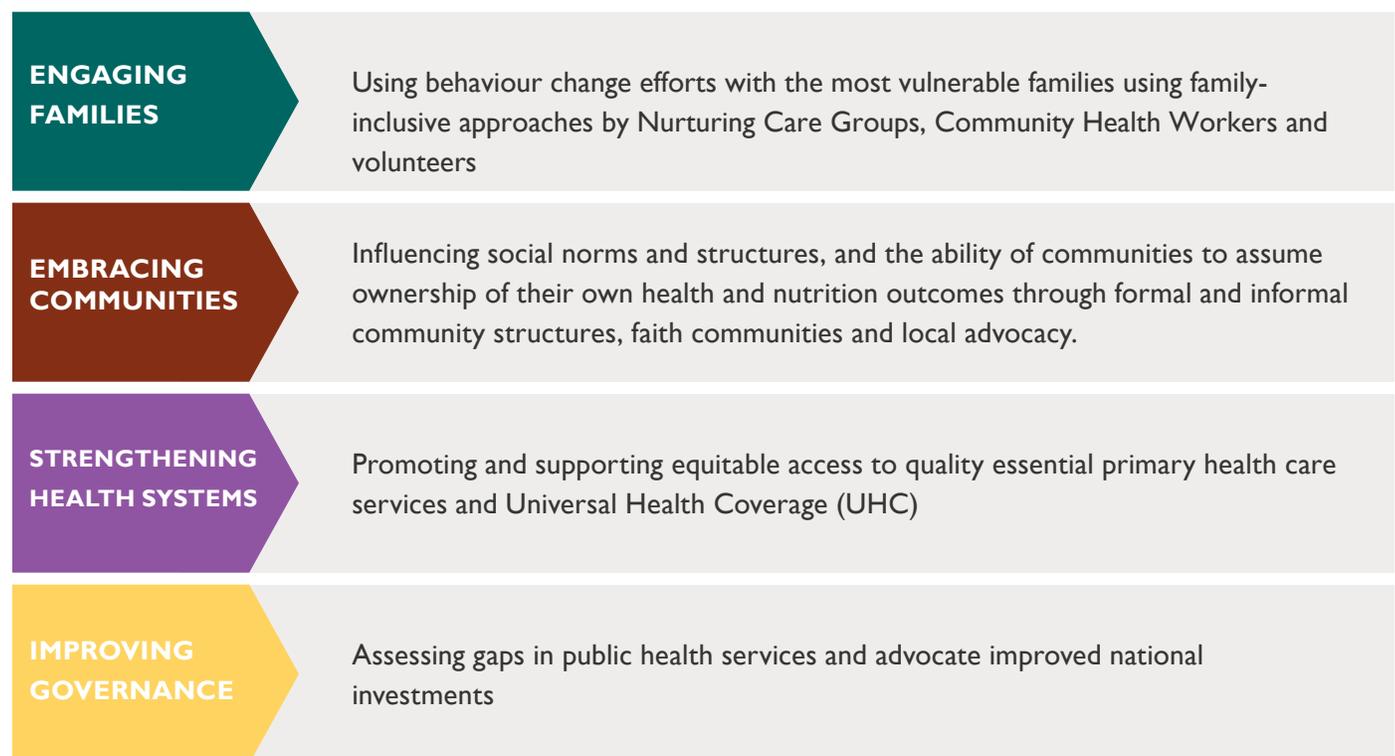


Figure 1. The “360 Degrees” Approach

The CHWs that World Vision supports are limited in the impact they can have without supportive, quality supervision from formal health services and high-quality health services to which to refer children and their mothers. These services are the responsibility of government duty-bearers, but World Vision has an impressive capacity and history of strengthening the quality and reach of the clinical services, from our highly successful midwives training in Afghanistan to our management of national coverage of TB services in Somalia and Papua New Guinea, and scaling up of community case management for children under five in Malawi, Angola and Niger.

Health systems strengthening begins with intentional dialogue and coordination with national and district level government partners to jointly plan World Vision’s health and nutrition sector activities, and to align them with national priorities. Then each project model under the new HNSA will have specific interventions that link community activities to the health system, such as strengthening of CHWs and their systems of training, supervision, referrals and support. Strengthening health systems means that we increase access for vulnerable children to essential health and nutrition services while building health system capacity and quality, contributing to sustainability and impact.

Improving Governance - If a government’s policies are not effective, or their implementation under-funded, the most vulnerable children will not be reached with essential primary health care services. It is perhaps World Vision’s greatest responsibility, as a civil society representative, to assess gaps in public health services and advocate improved national investments. World Vision has proven itself effective in this objective, for example our technical guidance development in Mexico which led to national adoption of Clinical Practice Guidelines for Care Monitoring and Management of Labor Practice of the existing National Health System. Governments around the world have welcomed World Vision’s partnership, enabling us to reach millions more children. Conducting policy landscape analysis and influencing government policy is a prerequisite for much of the change that is needed at community level in reducing violence against children and gender-based violence, and increasing women’s empowerment and access to reproductive health education and services.



Project Models, Interventions, and Integration

Health and Nutrition Core Project Models (CPM)

The health and nutrition core project models have been adapted over time and will continue to adapt to address diverse issues, include innovations and highlight potential for multi-sector integration. In their current configuration they represent strong platforms for engagement at household (CHW, PDH, NCG), community (health committees, PDH, CMAM), and health services levels (CHW, health committees, CMAM). Each of these CPMs is best taken as a starting point platform on which to build the diverse and integrated interventions required per context, and on which to cultivate innovation.

Community Health Workers (CHW) - In addition to more traditional roles of behaviour promotion, CHWs can also be trained to provide rapid diagnosis and treatment for disease and acute malnutrition (Integrated Community Case Management - iCCM) when permitted and supervised by the health ministry. World Vision is also promoting the use of CHWs and volunteers to address issues like early child development, adolescent and caregiver mental health, child protection and WASH within the CHW platform. New WHO guidelines endorse professionalisation of CHWs roles within a health systems strengthening approach,⁴² which matches our own principles of practice of harmonization of CHW systems.⁴³ To align to these international standards, in the new sector approach, the earlier Core Project Model “Timed and Targeted Counselling” (TTC) is now part of an expanded “CHW” core project model, allowing for additional evidence-based health interventions to be leveraged by this platform, and to improve scope for partnering with government and multi-stakeholder initiatives in strengthening sustainable community health systems. Additional content and tools are provided to support the adaptation of existing TTC programmes to align with this new sector approach and engage expanded target groups.

Community Health Committees (COMM) - Like Citizen, Voice and Action (CVA) with which they are often integrated, the COMMs continue as an open-ended empowerment platform capable of identifying and prioritizing health and nutrition issues locally. When strongly linking communities to health facilities and district health management, COMMs are a key element of health system strengthening and partnering.

Positive Deviance Hearth (PDH) - Founded on a strong food security assessment approach, PDH programmes typically recommend broad health and nutrition interventions to effectively reduce child under-nutrition. The updated PDH core project model will present the potential for integration with optional evidence-based food security and nutrition interventions such as growth monitoring and promotion (GMP), kitchen gardens, bio-fortification, micronutrient powders and small scale fortification in order to ensure children and families’ access to safe and nutritious food all year around.

Community Management of Acute Malnutrition (CMAM) - The latest iterations of CMAM pro-actively include elements of integrated management of childhood illness (IMCI) and will incorporate recent innovations such as inclusion of infants as well as family measurement of upper arm circumference (MUAC). The table below describes our four approved Health and Nutrition Core Project Models, their foundational objectives, the evidence base for each model, and planned modifications to bring the CPM into alignment with HNSA.

Table 1. Health & Nutrition Core Project Models

HEALTH AND NUTRITION CORE PROJECT MODELS

Core Project Model (CPM)	Objective	Selected Evidence Ratings	Planned modifications for HNSA
Community Health Workers (including TTC, ICCM, Care Groups)	Reduced infections and other child health problems through holistic household health and nutrition vulnerability assessment, monitoring, behaviour change, referral, diagnosis / classification, and treatment.	AIM Health Evaluation Relevance: 100% Effectiveness: 83% Internal validity: 56% External validity: 78% Average score: 79%	The TTC v.3 CPM will be updated to a comprehensive Community Health Worker (CHW) CPM, providing flexible modular options to include household health, nutrition, WASH, ECD/nurturing care, food security, and community-based care (iCCM, CMAM, HIV/TB) and child and adolescent health and Child Protection.
Community Health Committees (COMM)	Empower communities to both assume responsibility for their own health outcomes, while creating formal linkage to health care providers.	Systematic Review on Health Committees Relevance: 100% Effectiveness: 66% Internal validity: 68% External validity: 92% Average score: 81 %	The updated model includes guidance on integration with CVA and incorporates optional "plug and play" sessions to expand the COMM's possible areas of focus from the 1,000 days to the full range of health and nutrition considerations.
Positive Deviance Hearth (PDH)	Reduction in under-five child undernutrition; growth monitoring and promotion	Report of the Pos Gizi assessment Relevance: 100% Effectiveness: 66% Internal validity: 49% External validity: 23% Average: 77%	CPM update to be known as PDH-Plus will include optional integrated food security interventions including kitchen gardens, bio-fortification, micronutrient powders, small scale fortification, and growth monitoring and promotion/IYCF.
Community Management of Acute Malnutrition (CMAM)	Rehabilitation of under-five severe-acute malnutrition	Management of Severe Acute Malnutrition in children 12 countries (2015) Relevance: 66% Effectiveness: 100% Internal validity: 48% External validity: 73% Average : 72%	Update will include 1. Management of acute malnutrition in infants under 6 months of age (C-MAMI), 2. Inclusion of Family MUAC for community-case finding of acute malnutrition 3. Simplified approaches for management of acute malnutrition including using CHWs for uncomplicated MAM.

Additional World Vision Core Project Models Recommended for Health and Nutrition Outcomes

It is important and encouraging to note that many of World Vision’s non-health and nutrition core project models have potential to positively impact health and nutrition outcomes for children, and in fact address key determinants.⁴⁴ Go Baby Go, for instance, which is promoted in our Education Sector, is often integrated with TTC and reflects the holistic nurturing care approach strongly advocated in this sector approach. CVA has led to well documented health service delivery improvements that respond to the care seeking outcomes of other World Vision health interventions. COH-MCH has documented significant gains in contraceptive uptake. Improved health and nutrition is best achieved through multi-sectoral means, where education, child protection, WASH and livelihoods all play important roles. In May 2020, World Vision launched a new multi-sectoral enabling core project model, Nurturing Care Groups, that promotes health, nutrition, WASH, education, and child protection behaviours by way of a neighbourhood group platform. To the extent that World Vision programmes can integrate complementary project models and interventions, or individual project models can include multi-sectoral components, child well-being can be addressed more holistically.

Table 2. Non-Health & Nutrition Core Project models for Integration

CPM (and sector)	Objective	Selected Evidence Ratings
Go Baby Go (education)	Improves parenting practices to promote early stimulation and nurturing care for early child development, including health, nutrition, cognitive development and psychosocial	<u>Grand Challenges Explorations Phase I Financial and Scientific Report</u> Relevance: 66% Effectiveness: 67% Internal Validity: 82% External Validity: 45% Average: 65%
Channels of Hope (faith and development)	Targets faith leaders, their spouses and faith community members to become active participants in child well-being through science-based information and insight from sacred scriptures and faith traditions on HIV (stigma), Health, CP, Ebola, and Gender modules	<u>Effectiveness of Community Based Ebola Virus Disease Prevention and Management</u> Relevance: 50% Effectiveness: 67% Internal Validity: 53% External Validity: 48% Average: 54%
Citizen Voice and Action (Enabling)	To increase dialogue between ordinary citizens and organisations that provide services to the public and improve accountability from duty bearers in order to improve the delivery of public services.	<u>Enhancing community accountability, empowerment and education outcomes in low- and middle-income countries: A Realist Review</u> Relevance: 100% Effectiveness: 67% Internal Validity: 45% External Validity: 98% Average: 77%

CPM (and sector)	Objective	Selected Evidence Ratings
Nurturing Care Groups (Enabling)	Promotes integrated behaviour change that are part of the WHO/UNICEF Nurturing Care Framework using neighbourhood-level volunteers who are trained by CHWs or World Vision Promoters.	<u>World Vision CPM review (April 2020):</u> Project Model was found to have strong design and evidence base and is ready for immediate scale up. Scores are from three reviewers. Lower ratings based on having less evidence for effects in Education and Child Protection. Strategic Relevance & Alignment: 100% Effectiveness: 75-100% Internal validity: 61-100% External validity: 38-100%
Integrated WASH (WASH)	Ensuring improved water access and water quality at point of use, as well as sanitation and food and hand hygiene behaviours (along with promotion of other multisectoral behaviours); Lifesaving water and sanitation improvements in health facilities and schools.	<u>WASH for the prevention of diarrhoea</u> Relevance: 83% Effectiveness: 83% Internal Validity: 94% External Validity: 100% Average: 90%
		<u>Water and Sanitation in Schools: A Systematic Review of the Health and Educational Outcomes</u> Relevance: 50% Effectiveness: 100% Internal Validity: 83% External Validity: 93% Average: 81%
Impact Plus (Child Protection)	Adolescent life skills including gender-sensitive health, nutrition and violence prevention	<u>Key Soft Skills for Cross Sectoral Youth Outcomes</u> Relevance: 100% Effectiveness: 100% Internal Validity: 53% External Validity: 63% Average: 79%
Savings for Transformation (Resilience & Livelihood)	S4T contributes to child well-being by enabling community members to plan ahead, cope with household emergencies, develop their livelihoods and invest in the health and education of their children.	<u>Evaluation of the Saving for Change Programme in Mali</u> Relevance: 100% Effectiveness: 100% Internal Validity: 79% External validity: 63% Average: 86%

CPM (and sector)	Objective	Selected Evidence Ratings
Ultra Poor Graduation (Resilience & Livelihood)	identifies individuals living in extreme poverty and provides them with basic resources, financial education, technical training, life skill coaching, and social support so that they can “graduate” from the program with sustainable sources of income and be food secure.	The PM review panel gave the project model the evidence rating of 80% noting that “there is emerging interest in this approach from multiple countries and contexts and covering nearly all aspects of the Pathways of Change. However, evidence of long-term impact was very poor.” Evidence of the long term impact of the model was field tested in the FY 18 and FY 19.

*Ratings in most cases are the highest on average of three evidence sources reviewed in the project model document.⁴⁵

Additional Recommended Project Models

No agenda of project models can comprehensively respond to child health and nutrition requirements, and subsequently a broad array of models prove important to address these issues by context and priority. On a case by case basis, World Vision has both adopted and pioneered cutting edge models which are responsive to unique contexts. Noting the frequent mental trauma experienced by both children and caregivers, World Vision co-developed Psychosocial First Aid guidance with the WHO for frontline humanitarian workers. Realizing that important health decisions at the household level are dominated in many cultures by grandmothers, World Vision piloted successful research on working with them to leverage their influence positively. Understanding the need to ensure safe, nurturing environments for children and women, especially in humanitarian and fragile context nexus, World Vision developed the Women, Adolescent and Young Child Spaces approach.

These models, all evidence based, already play an important role in World Vision programming, usually with grant funding, providing the flexibility to apply proven approaches to specific needs, and to accurately respond to both local and donor interests. Over time, based on evolving need and experience, these and other emerging innovations may be developed as “core” project models with accompanying guidance and toolkits.

Table 3. Additional Evidence–Based Project Models

Model	Objective
Interpersonal Therapy for Groups (MHPSS) ⁴⁶	Share problem solving and develop interpersonal skills to improve functioning, self-manage, and overcome depression. (This may also improve overall H/ N/WaSH/CP behavioural adoption.)
Problem Management Plus (MHPSS) ⁴⁷	Low-intensity psychological intervention for non-professionals (including CHWs) that uses problem-solving counselling and selected behavioural strategies for adults impaired by distress in communities who are exposed to adversity.
Thinking Healthy (MHPSS) ⁴⁸	Prenatal depression reduction through CHW intervention
Psychological First Aid (MHPSS) ⁴⁹	Recommended immediate psychosocial response during crises

Model	Objective
Women and Young Child Friendly Spaces (DM/FC health) ⁵⁰	Protection and support in humanitarian spaces
Grandmother Approach (Nutrition) ⁵¹	Behaviour change approach targeting grandmothers as household-level influencers
Growth Monitoring and Promotion (Nutrition)	Prevention activity that uses growth monitoring (i.e., measuring and interpreting growth) to facilitate communication and interaction with caregiver and to generate adequate action to promote child growth through increased caregiver's awareness about child growth, improved caring practices, and increased demand for other services, as needed ⁵²

Additional Health and Nutrition Interventions

Whereas project models are an effective standardizing approach to health and nutrition work, they do not encompass the broad interventions required for delivering primary health care. Given World Vision's global footprint and its capacity to deliver targeted interventions that effectively leverage existing core programming, country programs are encouraged to appropriately identify and integrate multiple funding streams including gifts in kind (GIK), grants and private non-sponsorship funding (PNS), and diverse partnerships, aligned to need, opportunity and partner expectation. High quality, prioritized interventions that World Vision implements in a variety of grant-funded programs globally include the distribution of life saving insecticide-treated bed-nets; tuberculosis and HIV/AIDS prevention and control; deworming treatment and neglected tropical disease prevention and control; injury prevention; targeted health commodity distribution, bespoke health workforce training, such as in emergency obstetric care or training for midwives. A prescribed project model for Health Systems Strengthening (HSS) will not be specified, as interventions should be determined based on health systems and policy assessment by each field office, and those supported by partners, donors and Ministries of Health. Nevertheless, we will continue our focus on improving quality and accessibility of health services, adoption of innovations and technologies that enhance data driven decision making, and the coverage of life-saving interventions for sexual, reproductive, maternal, newborn and child health and nutrition.

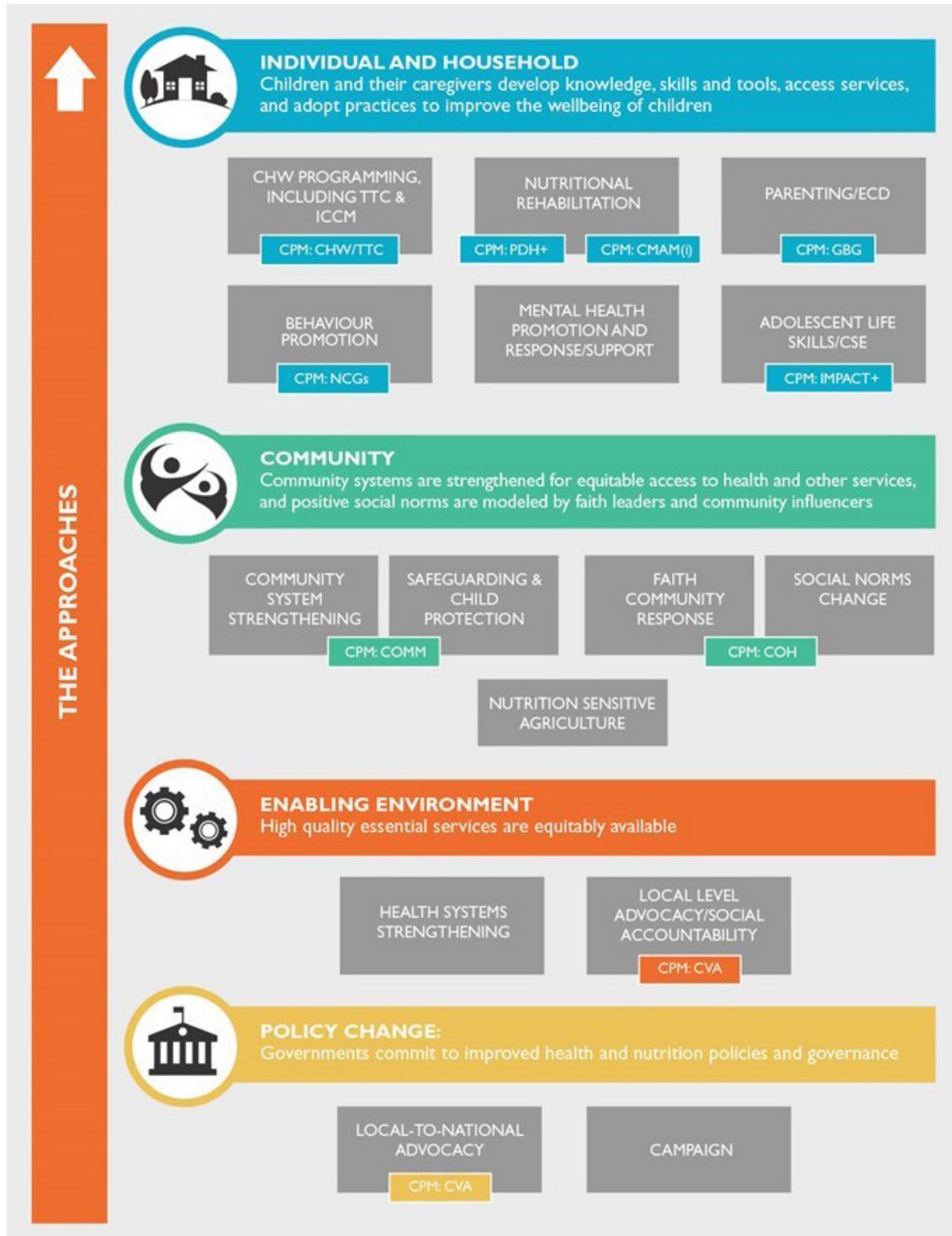
Prohibited Interventions

World Vision continues to discourage the following services and interventions: annual health check-ups for sponsored children; direct provision of tertiary health care, surgery and other clinical and specialty care; most infrastructure construction (outside of some grants); and pharmaceutical procurement except in grant-funded projects where in-country quality assurance mechanisms are in place and World Vision has a pharmacist on staff.

In Closing

We hope that this new Health and Nutrition Sector Approach will be helpful to World Vision’s Field, Support, and Regional Offices, and World Vision’s Global Centre staff, proving them with a flexible framework that describes how World Vision can continue to improve the health, nutrition and well-being of children under five in all contexts. We give God the glory for this work.

The Health & Nutrition Approaches and Integration with other sectors



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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.

We believe a world without violence against children is possible, and World Vision's global campaign It takes a world to end violence against children is igniting movements of people committed to making this happen. No one person, group or organisation can solve this problem alone, it will take the world to end violence against children.