

World Vision Southern Africa Region

HEALTH & NUTRITION

CAPACITY STATEMENT

Executive Summary

When a child in rural Democratic Republic of Congo (DRC) needs treatment for severe acute malnutrition, or a family in remote Zambia needs a malaria diagnosis at midnight, World Vision is there. Across Southern Africa, World Vision supports and strengthens a network of nearly 50,000 frontline community health workers (CHWs), working in partnership with governments and communities to deliver lifesaving services and extend the reach of national health systems.

As Principal Recipient for Malawi's national HIV and tuberculosis (TB) programme and Mozambique's malaria programme, and as a Sub-Recipient supporting Global Fund programmes in Angola, World Vision Southern Africa Region (SAR) is a trusted partner of governments and major global health institutions, including the Global Fund, UNICEF, the World Food Programme (WFP), and the Gates Foundation. We manage complex, multi-million-dollar programmes that consistently exceed performance benchmarks.

2025 impact at a glance:



3.6 million people reached
with health and nutrition services



48,900 community health workers
supported



95–97% recovery rates for severe
acute malnutrition



35 million bed nets distributed,
protecting **10 million** households



4+ million children reached with
immunisation

Southern Africa faces a complex and growing health burden. Several countries, including Malawi, Zambia, and Mozambique, have historically recorded child stunting prevalence above 40%.¹ Adult HIV prevalence reaches as high as 18.5%² in parts of the region, while recurring climate shocks are intensifying food insecurity and vulnerability. These interconnected crises demand partners with genuine operational depth – not only presence, but measurable performance.

As financing landscapes evolve, World Vision offers governments and donors a proven partner capable of sustaining and scaling impact at population level, across eight countries, delivering measurable results without interruption, even in fragile and hard-to-reach contexts.

Introduction

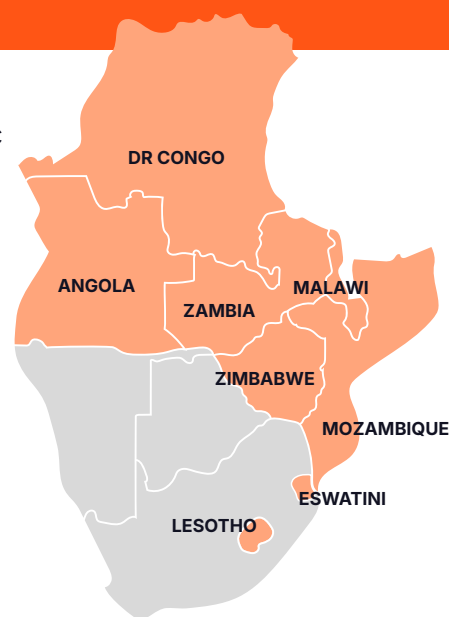
Southern Africa is one of the world's most demanding implementation environments. The region carries the highest HIV burden globally and faces endemic malaria transmission, persistent child undernutrition, and health systems stretched thin by decades of underinvestment. Climate shocks, including the 2024 El Niño-induced drought and subsequent flooding, have pushed 12.2 million³ people into acute food insecurity, compounding existing vulnerabilities and increasing demand for community-level health services precisely when supply chains and facility access are most disrupted.

World Vision has operated continuously in this environment for 75 years. That continuity is not incidental – it reflects deep institutional relationships with Ministries of Health across eight countries: Angola, DRC, Eswatini, Lesotho, Malawi, Mozambique, Zambia, and Zimbabwe, alongside community trust built across generations of sustained engagement.

World Vision SAR does not operate parallel systems, but strengthens government health systems. Community health workers are trained according to national standards, programme data feeds into government health information systems, and World Vision technical experts actively participate in Ministry of Health working groups and national coordination mechanisms across the region.

World Vision SAR's programming aligns with continental and global frameworks, including the African Union's Agenda 2063, the Africa Centres for Disease Control and Prevention (CDC) New Public Health Order, Southern Africa Development Community health strategies, Gavi, the Vaccine Alliance (Gavi) 6.0 community delivery framework, UNICEF's Maternal, Newborn, Child, and Adolescent Health integrated service delivery model, and the Sustainable Development Goals.

As the bilateral funding landscape shifts, Southern Africa requires partners with the operational infrastructure, trusted government relationships, and proven technical credibility to sustain essential health services without interruption. World Vision SAR is that partner.



Technical Focus Areas

World Vision SAR delivers integrated programming across five interconnected technical domains. Programmes are intentionally designed to reinforce one another: a child identified with malnutrition through community case management is also assessed for malaria and referred for vaccination; a pregnant woman enrolled in antenatal nutrition counselling is simultaneously reached with HIV prevention services and malaria protection.



¹ World Bank. (2017). *An investment framework for nutrition: Reaching the global targets for stunting, anemia, breastfeeding, and wasting*. World Bank Group.

² UNAIDS. (2024). *Global AIDS update 2024: Eastern and Southern Africa regional profile – The urgency of now: AIDS at a crossroads*. Joint United Nations Programme on HIV/AIDS.

³ UN Office for the Coordination of Humanitarian Affairs (OCHA). (2025). *Southern Africa humanitarian snapshot (as of December 2025)*. ReliefWeb.

Maternal and child health

World Vision supports antenatal and postnatal care access, skilled birth attendance linkages, and community-based mother and newborn care delivered through CHW home visit protocols.

In Zambia and DRC, community health workers conduct structured postnatal home visits during the first 28 days of life – the highest-risk period for neonatal mortality – identifying danger signs and supporting early care-seeking. Programming integrates infant and young child feeding counselling, growth monitoring, and caregiver support for optimal early childhood development.

Community health volunteers transforming maternal health in Zambia

World Vision strengthened maternal and child health in Zambia by training and supporting Safe Motherhood Action Group volunteers, such as Annie Bwalya Kapasa, to provide community-based education, follow-up, and referrals for pregnant women.



By bridging the gap between households and health facilities, these volunteers have increased antenatal attendance, promoted facility-based deliveries, and improved postnatal care, reaching hundreds of women in remote areas.

This community-driven approach has reduced risks associated with home deliveries and strengthened local health systems to deliver safer maternal and newborn care.

Scan to learn more or click [here](#).

Nutrition

Community-based nutrition programming spans the full continuum from prevention to treatment to rehabilitation. World Vision SAR implements Community Management of Acute Malnutrition (CMAM) and Integrated Management of Acute Malnutrition (IMAM) protocols, Positive Deviance/Hearth (PD/Hearth) community nutrition models, and infant and young child feeding in emergencies (IYCF-E) programming.

In 2025, 776,000 children under five and 455,000 pregnant and breastfeeding women received nutrition services. Severe acute malnutrition (SAM) recovery rates of 95–97% were sustained across multiple country contexts, consistently exceeding the SPHERE standard of 75%.

Community-based nutrition programmes achieving 93% recovery rate in DRC

Using Positive Deviance/Hearth and care group models, World Vision treated over 1,600 malnourished children in DRC – achieving recovery rates exceeding 93% through community volunteers who identified malnutrition early, educated caregivers, and supported improved feeding practices. This community-driven approach is delivering sustainable improvements in child survival while strengthening the national nutrition system.



Scan to learn more or click [here](#).

Infectious disease and immunisation

World Vision supports national malaria control, HIV prevention and treatment, TB community detection and adherence, and immunisation systems strengthening. Programming includes integrated community case management (iCCM) of malaria, pneumonia, and diarrhoea; large-scale insecticide-treated bed net distribution; and zero-dose child identification and tracking to close immunisation coverage gaps.

In 2025, over 53,000 children were treated for life-threatening illness through iCCM platforms, and 4 million children were reached through immunisation outreach in partnership with Ministries of Health.

Digital innovation strengthening malaria prevention in Mozambique

World Vision digitalised Mozambique's national mosquito net distribution programme using over 10,000 mobile devices, enabling real-time tracking and accountability to ensure millions of households received life-saving malaria prevention services.



This technology-enabled approach has strengthened national disease surveillance and enhanced Mozambique's long-term capacity to control malaria at scale.

Scan to learn more or click [here](#).

Outbreak preparedness and response

World Vision SAR maintains active outbreak response capacity across the region, with CHW networks serving as the primary early warning system for disease surges at community level.

In DRC, World Vision has supported cholera, mpox, and measles outbreak responses. In Mozambique and Zimbabwe, cyclone-linked outbreak response has been integrated into longer-term health and nutrition programme platforms. In-country technical teams allow rapid adaptation and close coordination with Ministries of Health, the World Health Organization (WHO), UNICEF, and national emergency operations centres.

Faith leaders strengthening polio surveillance in DR Congo

World Vision strengthened community-based disease surveillance in the Democratic Republic of Congo by training over 250 community actors – including faith leaders, traditional healers, and health workers – to detect and report polio cases.

By equipping trusted community influencers with skills in social behaviour change, case identification, and early reporting, this approach has improved early detection of vaccine-preventable diseases and strengthened collaboration between communities and health systems.



This integrated model builds local capacity for rapid response and supports long-term efforts toward polio eradication and broader health security.

Scan to learn more or click [here](#).

Primary health care access

Where communities are most remote or facility access most constrained, World Vision extends the reach of national health systems through CHW outreach, mobile clinic deployment, and facility support.

In Zambia, World Vision supports more than 150 health facilities; in DRC, 68 facilities receive direct technical and commodity support. Mobile clinics in Malawi and Lesotho close geographic gaps for populations living beyond safe walking distance from fixed facilities. This integrated facility-community platform is designed not to replace government systems but to strengthen and extend them, ensuring continuity of essential services even in fragile, climate-affected, and hard-to-reach settings.

Citizen Voice and Action improving maternal health services in Zambia

World Vision empowered communities in Zambia through its Citizen Voice and Action (CVA) approach, enabling local groups to advocate for improved health services at Katoba Rural Health Post.

Through structured community engagement and dialogue with government authorities, the community successfully mobilised resources from the Constituency Development Fund to construct a maternity annex and expand staff housing.



This community-led accountability approach has strengthened health service delivery, improved access to safe maternal care, and enhanced long-term sustainability by placing communities at the centre of local health system improvements.

Scan to learn more or click [here](#).



Demonstrated Implementation Experience at Scale

World Vision SAR delivers large-scale, integrated health and nutrition programmes that strengthen national health systems, empower community health workers, and improve outcomes for vulnerable populations. The following examples illustrate World Vision's operational scale, technical excellence, and proven ability to deliver measurable impact in complex, fragile, and resource-constrained environments.

Strengthening community health systems and reducing child mortality in DRC

Donors: Gates Foundation, Rotary International

Budget: USD 8.5 million

Duration: 2024–2027

World Vision is implementing the Rotary Healthy Communities Challenge across 14 health zones serving over 690,000 people. The programme strengthens integrated community case management (iCCM) platforms to reduce under-five child mortality from malaria, pneumonia, and diarrhoea.

More than 500 community health workers and 80 nurses have been trained and equipped to deliver standardised case management in alignment with Ministry of Health protocols, improving timely diagnosis and treatment in hard-to-reach communities.

By establishing over 680 community care sites and strengthening Ministry of Health coordination at provincial and district levels, the programme demonstrates World Vision's capacity to deliver integrated, scalable solutions that increase child survival while strengthening sustainable national health systems.

Principal recipient for national HIV and TB control in Malawi

Donors: Global Fund

Budget: USD 18.7 million

Duration: 2024–2027

World Vision serves as Principal Recipient for Malawi's national HIV and tuberculosis control programme, delivering prevention, treatment, and community systems strengthening interventions across all districts nationwide.

The programme strengthens access to HIV prevention services for high-risk populations, expands community-based TB detection, and supports national epidemic control efforts. Through integrated community outreach, digital monitoring systems, and strong Ministry of Health partnerships, World Vision has exceeded prevention targets and significantly expanded access to life-saving HIV and TB services.

This grant demonstrates World Vision SAR's capacity to manage complex, large-scale national health awards while strengthening government-led health systems.



Large-scale malaria prevention and health systems strengthening in Angola

Donors: Global Fund

Budget: USD 9.9 million

Duration: 2024–2027

World Vision supports malaria prevention and control interventions across three provinces, reaching more than 7.4 million people. Interventions include mass distribution of insecticide-treated bed nets, integrated community case management of malaria, and strengthening entomological surveillance systems.

This programme demonstrates World Vision's capacity to implement large-scale malaria prevention campaigns while strengthening national disease surveillance and community health delivery systems.

Emergency nutrition and CMAM programming at scale in DRC

Donors: UNICEF, World Food Programme, Korean International Cooperation Agency (KOICA)

Budget: USD 3.5+ million combined

World Vision has delivered large-scale CMAM programming across multiple provinces, treating over 36,000 children and 13,000 pregnant and breastfeeding women experiencing acute malnutrition.

Through mass community screening, nutrition commodity distribution, and health facility capacity strengthening, the programme achieved high recovery rates and strengthened national nutrition service delivery systems. This portfolio demonstrates World Vision SAR's expertise in implementing both emergency and development nutrition interventions at scale, even in fragile and conflict-affected contexts.

Immunisation strengthening and community health systems support in Lesotho

Donors: Multiple partners

Budget: USD 476,000 combined

Beneficiaries: 85,000+

World Vision strengthened immunisation delivery systems, community health structures, and nutrition programming across multiple districts in Lesotho. Interventions included identification and tracking of zero-dose children, supporting immunisation campaigns, and strengthening community-based nutrition services.

By strengthening referral systems, supporting health facility capacity, and mobilising communities, the programme improved immunisation uptake while building long-term health system resilience.

Disease surveillance and immunisation strengthening in fragile contexts in DRC

Donors: United States Government

World Vision strengthened national disease surveillance and immunisation systems by training over 695 community volunteers, supporting routine immunisation services, and screening over 196,000 children.

These interventions strengthened early detection of disease outbreaks and improved vaccination coverage, demonstrating World Vision's ability to operate effectively in fragile and conflict-affected settings while supporting national health system strengthening.



World Vision SAR Health and Nutrition Approach



Our approach is built on **eight strategic pillars** that ensure sustainable, community-driven impact:

- 1 Impact-driven programming and monitoring, evaluation, and learning (MEL):** Rigorous data collection, analysis, and adaptive management
- 2 Community engagement and local partnerships:** Mobilising communities and faith leaders as agents of change
- 3 Door-to-door enrolment and continuum of care:** Proactive household outreach ensuring no child or vulnerable individual is left behind
- 4 Evidence-based and data-driven programming:** Interventions grounded in research, proven effectiveness, and World Vision's established programme models including iCCM, PD/Hearth, CMAM, and Citizen Voice and Action (CVA) for health advocacy.
- 5 Gender equality, safeguarding, and case management:** Protection-sensitive programming with strong referral pathways.
- 6 Social and behaviour change communication (SBCC):** Culturally appropriate messaging that shifts norms and practices, supported by World Vision's cutting-edge SBCC strategy and tools including Photovoice methodology, people-centred approaches, and participatory research with adolescent girls.
- 7 Strong referral networks to health facilities:** Seamless linkages between community and facility-based care ensure timely diagnosis, treatment, and follow-up.
- 8 Climate and health resilience:** Integrating climate adaptation into health and nutrition programming to protect vulnerable populations from climate-sensitive health risks, strengthen community preparedness, and ensure continuity of essential services during climate shocks, including droughts, floods, and disease outbreaks.

Why Partner with World Vision SAR?

Many organisations implement health programmes in Southern Africa. Fewer do so at scale. Fewer still sustain that scale consistently across eight countries, including fragile and conflict-affected settings, while maintaining 95–97% SAM recovery rates and exceeding Global Fund performance benchmarks. World Vision SAR does.

This section is not a summary of what we do. The evidence of what we deliver is outlined above. This is an answer to the question that matters most to any prospective partner: *Why World Vision SAR, specifically?*

Scale that delivers results

World Vision SAR supports 48,900 community health workers, representing 25% of World Vision's global CHW network and roughly equivalent to the total formal health workforce of several African nations. This is not a roster; these are trained, supervised, and salaried or incentivised frontline workers conducting structured household visits, submitting routine data, delivering integrated services, and reaching 3.6 million people annually.

Scale at this level does not emerge from a project cycle, but is built over decades and maintained through sustained government partnership and community trust.

Proven performance in real-world settings

World Vision SAR consistently achieves 95–97% SAM recovery rates – not in controlled research settings, but in community-led programmes operating across diverse geographies, with locally available resources, in some of the world's most difficult implementation environments.

When Mozambique's national malaria programme required the distribution of 35 million insecticide-treated bed nets, World Vision SAR supported delivery at scale, using digitised tracking across more than 10,000 mobile devices to ensure real-time accountability.

This is implementation capacity that functions at population level, not programme level.

Field-led technical excellence

World Vision SAR's senior technical leadership is embedded in-country, not remotely managed from regional capitals or global headquarters. When cholera emergence in Zambia required rapid programme adaptation, or when mpox containment in DRC demanded real-time coordination with WHO and national authorities, decisions were made by leaders who were already present – with established relationships, contextual knowledge, and the authority to act.

This is the difference between field presence and field leadership.

Deep integration with government systems

World Vision SAR strengthens existing national systems rather than operating parallel structures. Community health workers are trained to national Ministry of Health standards and supervised through government structures. Programme data feeds directly into national health information systems. Technical staff participate in national Ministry of Health working groups and programme reviews across all eight countries.

When a programme ends, the systems capacity it has built does not leave with it, but remains embedded within government structures.

Global infrastructure, applied locally

Behind World Vision SAR's regional platform stands World Vision International, operating in nearly 100 countries with institutional relationships at the highest levels of global health governance, including the Global Fund Board, UNICEF Executive Committee, WHO technical advisory groups, and World Bank health financing mechanisms.

For partners, this means more than credibility. It provides access to globally validated programme models, surge capacity during emergencies, and procurement frameworks that take years to build independently.

You are not partnering with a standalone regional implementer. You are accessing a global system with deep local roots, capable of delivering at scale, with accountability, in the world's most demanding environments.



Partnerships and Donor Engagement

World Vision SAR's impact is built on partnerships – with governments, communities, multilateral institutions, and global donors. These relationships are not transactional; they are long-term, technically integrated, and mutually accountable. They are also what makes World Vision SAR's scale sustainable and its results credible.

Government partners

World Vision SAR maintains active technical partnerships with Ministries of Health across all eight countries in the region.

These partnerships extend beyond project implementation. World Vision SAR technical staff participate in national health technical working groups, joint programme reviews, and data systems integration, ensuring that World Vision SAR's work strengthens rather than duplicates existing systems. When a programme ends, the capacity it has built remains embedded within national structures.

Multilateral and bilateral partners

Global Fund: Malaria, HIV, TB, and health systems strengthening across Angola, Malawi, and Mozambique, including Principal Recipient and Sub-Recipient roles managing programmes at national scale.

UNICEF: Nutrition; immunisation; water, sanitation, and hygiene integration; and emergency response, with joint programming spanning multiple countries and technical domains.

World Food Programme (WFP): Nutrition and emergency food security programming, integrating food assistance with community-based malnutrition prevention and treatment interventions.

Gates Foundation and Rotary International: Community health systems strengthening and malaria control in DRC and Zambia, including mHealth innovations and digital programme monitoring.

As the bilateral funding landscape evolves, World Vision SAR is actively diversifying its financing portfolio by strengthening institutional relationships with the European Union, Gavi, the World Bank, and private foundations. Simultaneously, World Vision SAR is deepening co-financing arrangements with Ministries of Health across the region.

Partner with us

The evidence in this document represents what World Vision SAR has already built – the CHW network, the government relationships, the performance track record, and the technical systems. These are not promises; they are operational realities that a new partnership can immediately leverage.

Southern Africa's health burden remains high. The financing environment is shifting. Communities that depend on essential health services cannot afford gaps in implementation. What they need – and what donors and governments need – is a partner with the depth, the relationships, and the proven performance to sustain impact without interruption.

We invite partners to invest in scaling what works – reaching the most vulnerable with integrated, community-based health systems that are built to last. You're not investing in an isolated regional operation. You're partnering with a globally connected organisation with deep local roots that has navigated 75 years of implementation challenges, maintained relationships through political transitions, and built the institutional infrastructure to deploy resources reliably at scale. That is what World Vision Southern Africa Region brings to every partnership – and it is what we bring to yours.

IMPACT PARTNERS



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