



SOUTHERN AFRICA REGION
CHILD WELL-BEING REPORT

2015

End child vulnerability



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.

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FOREWORD

IN 2015, World Vision (WV) Southern Africa Region (SAR) made significant progress towards its goal to improve the well-being of 7.5 million vulnerable children by 2016. This Child Well-being Report evaluates progress under the five strategic objectives, which were set out in the region's 2011–2016 strategy, in at least 233 large-scale area programmes in nine countries in the region.

In the health sector, World Vision programmes in Southern Africa have focused on strengthening community health systems and local and national advocacy to achieve better health and nutrition outcomes for children, pregnant women and mothers of children under 2 – focusing on the first 1,000 days, that is, from conception to the child's second birthday

In education, country offices have learned to focus more on the quality of education to yield desired learning outcomes for children. World Vision works with parents, communities, school administrations and education ministries to improve the learning environment for children. One hundred and thirty-five girls re-enrolled and 14,999 children who were marginalised were reached by a mother's group following up any cases of children dropping out of school and of abuse.

As part of their livelihood enhancement interventions, all nine country offices implemented the savings-group model and supported communities to tap into local value chains. Programmes in almost all of the regional country offices witnessed community members – both adults and children – take the lead in advocating with policy makers for enhanced levels of service delivery. Citizen Voice and Action, a social-accountability model implemented by World Vision, has proven to be very effective in enabling community members to hold their leaders accountable.

World Vision also supported communities to be more resilient and prepared for disasters by training farmers in climate-smart agricultural technologies, encouraging livelihood diversification and linking community members with microfinance institutions.

We continue to strive for even higher standards in our programming and reporting as we learn through this process.

The results in this report were made possible with the invaluable support of our dedicated staff and leadership, as well as our partners, who all contribute to making lives better for children in this region. I am deeply thankful for their service.

Rudo Kwaramba
Regional Leader for Southern Africa Region

ACKNOWLEDGEMENTS

THE 2015 *World Vision Southern Africa Region Child Well-being Report* provides an overview of how our programmes in nine country offices have contributed to child well-being.

We thank all the staff members who invested significant time, expertise and effort to make this report possible. This includes the Design, Monitoring and Evaluation staff, technical experts and country office leadership. We extend our appreciation to the following staff who led the Child Well-Being Report (CWBR) process in their respective country offices: Marie-Louise Henman (Angola), Amagana Togo (DRC), Destaw Nega (Lesotho), Kobasiya Rabolinyane (Lesotho), Charles Chimombo (Malawi), Isaiah Nzima (Mozambique), Miriam Booy (South Africa), Nompumelelo Phakati (Swaziland), Chibwe Mambwe (Zambia) and Nomqhele Nyathi (Zimbabwe).

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ABBREVIATIONS AND ACRONYMS

ADP	area development programme
CVA	Citizen Voice and Action
CDRR	community disaster risk reduction
CLTS	community-led total sanitation
cPMTC	community prevention of mother-to-child transmission of HIV
CWBR	Child Well-being Report
DRC	Democratic Republic of Congo
FMNR	farmer managed natural regeneration
GIK	gifts-in-kind
HDDS	household diet diversity score
PD/Hearth	Positive Deviance Hearth
SAR	Southern Africa Region
ttC	timed and targeted counselling
WASH	water, sanitation and hygiene
WV	World Vision

INTRODUCTION

IN 2011, World Vision Southern Africa Region launched a five-year strategy to improve the well-being of 7.5 million vulnerable children and their communities by 2016.

Across its nine country offices¹ and 233 area development programmes (ADPs), staff teams and partners worked to make this commitment a reality by implementing programmes to support and protect children of all ages.

The strategy included five core areas of programming:

1. Improve **health**, nutrition and WASH (water, sanitation and hygiene)
2. Improve literacy and quality of **education**
3. Strengthen policy influence and **child protection**
4. Improve **food security** and **economic development**
5. Build **resilient and disaster-prepared** communities and households.

Each year, World Vision country offices report on progress made towards child well-being in line with the organisational strategy. Based on a full regional report,² being produced for the third year in a row, the *2015 World Vision Southern Africa Region Child Well-being Report* summarises the evidence of these results, as well as the challenges faced.

This report is organised according to the five strategic objectives, using available data from World Vision programmes. It also includes a summary on disaster management and reflections on monitoring and evaluation that may strengthen future reports.

Where available, internationally acceptable thresholds for particular indicators are used to determine whether World Vision programme results fall within the 'acceptable' range (green) or are considered 'critical' (red). However, relative change is also important to note. World Vision intentionally works with the most vulnerable groups, so many programmes start from

minimum standards. Improvements over time, from baseline to evaluation, are reported, where data is available.

How are we progressing?

Vaccination coverage: The proportion of children receiving critical vaccinations has increased consistently as a result of community-based health counselling and mobilisation as well as partnering with government and other NGOs (including logistic and commodities support) to increase vaccination coverage. At the time of the baseline study, only 29 per cent of health programmes started with acceptable levels of coverage, increasing to 65 per cent at the time of reporting in six of the nine countries in the region, an increase of 36 percentage points.

Prevention of malaria: Of the three country offices reporting on the proportion of young children sleeping under long-lasting, insecticide-treated mosquito nets, Zambia and the Democratic Republic of Congo (DRC) have achieved acceptable levels, and Malawi is just below the acceptable level threshold.

Access to an improved water source: A reported 18 per cent of programmes have reached acceptable levels of clean water access, an increase of 10 percentage points from the baseline of a mere 8 per cent. Where before 50 per cent of programmes had critically low levels of water access, this has been reduced (15 percentage points) to 35 per cent.

Birth registration: Gains were made in registering children's births, which is fundamental to accessing essential services. In half of the country offices measuring this indicator, over 80 per cent of children have birth registration documents. However, this still falls short of acceptable levels (>90%). It remains a critical concern in operational areas in the DRC, where only 25 per cent of children are registered.

1 Angola, DRC, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe.

2 This report is accessible to World Vision staff only: <https://www.wvcentral.org/cwb/Documents/CWB%20Report%20FY15%20SAR.pdf>.

What more must we do?

Diarrhoea and malaria management: All six country offices reporting on this indicator have critically low proportions of parents or caregivers who can appropriately manage diarrhoea and malaria in children under 5. Malaria is one of the leading causes of death in young children. Therefore, a concerted effort is needed through community-based counselling to ensure that children are adequately protected and given timely and appropriate treatment when they get infected.

Access to improved sanitation facilities: While some progress has been made, it has been slow and on a small scale. Only 3 per cent of programmes reported acceptable levels of access, although this is an increase from a starting point of 0 per cent. There are still 62 per cent of programmes reporting critically low levels of access to improved sanitation facilities.

Nutrition: The proportion of children suffering from malnutrition remains critical. Rates of underweight children in Angola, Mozambique and Zambia are high. The proportion of stunted children in DRC showed no change, and in Malawi only minimal changes in acute malnutrition were recorded.

Functional literacy: From a starting point of 0 per cent of programmes with acceptable levels of functional literacy (80% of children able to read with comprehension), 31 per cent of programmes have now achieved this. However, reading levels remain critical in four of the eight country offices reporting, although gains have been made in some programmes.

STRATEGIC OBJECTIVE

Improve health, nutrition and WASH

Contributing country offices: 9

Investment: US\$113,701,558

THIS REPORT coincided with the conclusion of the Millennium Development Goals in 2015. Although child mortality rates decreased by more than half,³ young children and pregnant women living in Southern Africa continue to face severe health challenges. These include chronic malnutrition, HIV and AIDS, tuberculosis, malaria, pneumonia, diarrhoea, and worms.

Several barriers to better health care remain, including insufficiently resourced primary health services for the scale of the need, gaps in effective governance, inequitable distribution of services, as well as negative beliefs and attitudes that undermine health care.

World Vision programmes improve child health through collaborating with ministries of health and strategic partners to strengthen health systems and by providing additional resources through gifts-in-kind (GIK), such as mosquito nets and deworming tablets.

Community-based mobilisation, including faith leaders, is used to strengthen health-seeking behaviours and enable communities to address their own health issues. Advocacy plays a central role in ensuring that policies are implemented and that health services reach those most in need. A range of evidence-based programming models are used in the region to maximise the impact of World Vision's investment. These include timed and targeted counselling (ttC), community-led total sanitation (CLTS), Positive Deviance Hearth (PD/Hearth) and community prevention of mother-to-child transmission of HIV (cPMTCT).

This strategic objective represents World Vision's largest investment in the region, with over 200 health-focused programmes and a large number of indicators. The section on results focuses on vaccination coverage and access to clean drinking water, with an additional section on child nutrition. Several key results on outputs are also included.

TABLE 1: HEALTH, WASH AND HIV INFECTION OUTPUTS

Key output indicators in FY15	Total	# offices contributing
# of children 0–23 months and pregnant women who received an insecticide-treated net through WV-supported programmes	183,629	3
# of children aged up to 12 months who received age-appropriate immunisation	217,511	6
# of children and youth 5–24 years old in the programme area who completed values-based, age-appropriate HIV&AIDS and reproductive and sexual health-specific life-skills training	50,401	5
# of people with access to a basic (improved) drinking water source	1,791,860	8
# of water points rehabilitated/constructed	91,769	9
# of people reached with hygiene and sanitation education	891,623	7
# of people with access to basic (improved) household sanitation facilities	1,052,806	8
# of latrines constructed	48,998	5

³ World Health Organization, 'Child mortality rates plunge by more than half since 1990 but global MDG target missed by wide margin' 9 September 2015, <http://www.who.int/mediacentre/news/releases/2015/child-mortality-report/en/>.

Strategic Objective I: Improve health, nutrition and WASH

FACTSⁱ ABOUT HEALTH, NUTRITION AND WASHⁱⁱ

763,000 children died before their **5th birthday**



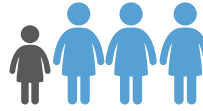
39,400

maternal deaths per annum

STUNTING **34.2%**

WASTING **5%**

UNDERWEIGHT **13.7%**



100 MILLION are without clean drinking water

174 MILLION people lack access to basic latrines

HIV prevalence **<5%** in DRC and Angola **>10%** in the rest of the countries

ONLY 32.6% of **0-14** year old HIV-positive children are on antiretroviral therapy



WORLD VISION'S RESPONSE



US\$ 1 13,701,558 invested in FY15



7,419 moderately malnourished CHILDREN successfully rehabilitated in the last 12 months



76,591 MOTHERS received integrated counselling



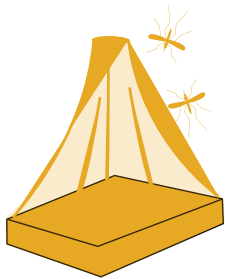
217,511 CHILDREN <1 year old received age-appropriate immunisation



6,512 pregnant mothers have been enrolled in **PMTCT**



183,629 pregnant mothers and **0-23** months old children received insecticide-treated nets



1,791,860 people got access to a safe **drinking water source**



1,052,806 have access to basic **improved sanitation**



891,623 reached with hygiene and sanitation messages

OUR APPROACHES



ttC, PD-Hearth, CVA and Channels of Hope, HIV and values-based life-skills training, CLTS, participatory hygiene and sanitation transformation (PHAST), and WASH in schools and emergencies

i UNICEF and World Health Organization, *A Decade of Tracking Progress for Maternal, Newborn and Child Survival: The 2015 Report* (2015), http://www.countdown2015mnch.org/documents/2015Report/Countdown_to_2015_final_report.pdf.

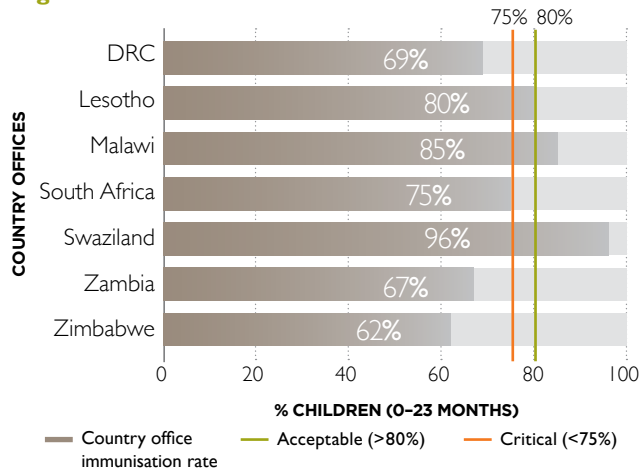
ii Claire Provost, 'Southern African leaders fail to prioritise water and sanitation', *The Guardian* (3 March 2014), <https://www.theguardian.com/global-development/2014/mar/03/southern-africa-leaders-failing-prioritise-water-sanitation>.

Vaccination coverage

Vaccination is one of the most critical factors in protecting children from disease. World Vision programmes increased vaccination coverage through supporting health centres (through GIK and transport) to reach the most vulnerable children and by conducting community mobilisation to encourage parents and caregivers to take their children for vaccination.

Seven country offices measured this indicator. Programmes in Lesotho, Malawi and Swaziland show acceptable levels of vaccination coverage (>80%), while in the DRC, Zambia and Zimbabwe levels are critical (below 75%). The number of programmes included is shown in brackets in Figure 1.

Figure 1. IMMUNISATION COVERAGE FY15⁴

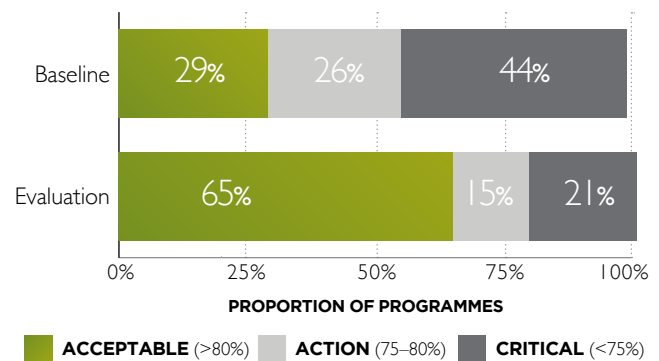


To show relative change over time, Figure 2 shows the percentage of programmes that started off as critical and how many remain critical at the time of evaluation. Overall, where comparison data is available, vaccination coverage has increased over time; this was most notable in DRC.⁵ As can be seen in Figure 2, the percentage of programmes with acceptable levels has more than doubled. However, a fifth of the programmes measured continue to have critical levels of coverage.

Highlights

- **DRC** provided logistical support to health centres, enabling 114,875 children to be reached with age-appropriate immunisation.
- **Angola** strengthened community health systems through 640 volunteers, enabling 18,989 children to be vaccinated against polio.

Figure 2. CHANGE IN IMMUNISATION COVERAGE FY15⁶



Access to clean water

Clean water is fundamental to enjoying good health, and more people in sub-Saharan Africa have access to an improved drinking water source than ever before.⁷ However, World Vision works in some of the most deprived areas, where any progress has been made from a very low starting point.

World Vision increased access to clean water in its programme areas by drilling new boreholes, rehabilitating existing water points, installing water taps and community mechanised water systems, and training households on water purification. Working in close collaboration with health centres, programmes ensured that clean water also reached the most vulnerable children living in remote areas. Partnerships with churches and faith leaders were critical in sensitising households on improved water treatment.

On average, programmes in Zambia and Zimbabwe currently have the highest level of community members accessing clean drinking water, with 88 per cent and 85 per cent respectively, but this still falls short of the acceptable threshold of 90 per cent. Programmes in DRC, Mozambique and Swaziland, on average, still have critical levels of water access (<60% of the population). However, when viewing change over time in programmes with comparative data, the proportion of programmes reporting critical levels reduced from 50 per cent to 35 per cent, and those with acceptable levels increased by 10 percentage points (see Figure 3).

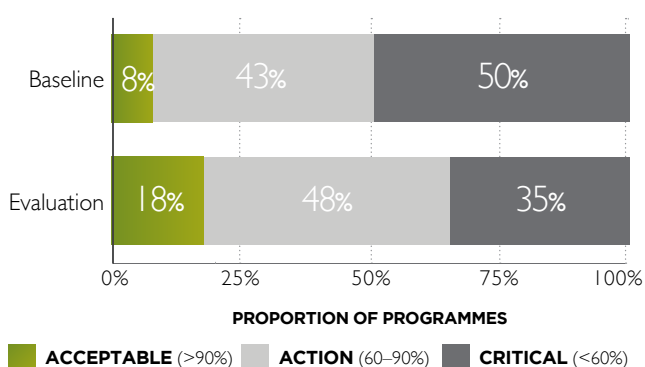
⁴ Data presented in the figure does not represent a national average. This data represents averages of programmes that reported on the indicator.

⁵ This report is accessible to World Vision staff only: <https://www.wvcentral.org/cwb/Documents/CWBR%20FY15%20DRC.pdf>.

⁶ Contributing country offices: DRC (4 ADPs), Lesotho (6 ADPs), Malawi (4 ADPs), South Africa (5 ADPs), Swaziland (3 ADPs), Zambia (3 regions) – 25 ADPs.

⁷ United Nations, *Millennium Development Goals Report 2015* (2015), [http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%2015\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%2015).pdf).

Figure 3. CHANGE IN PROPORTION OF PROGRAMMES MEETING GLOBAL THRESHOLDS IN POPULATION ACCESS TO IMPROVED DRINKING WATER SOURCE⁸



Children well nourished

Being well nourished during the first 1,000 days of life is fundamental not only to a child's survival, but to his or her ability to develop and thrive physically and mentally throughout life. To boost children's nutrition, most World Vision programmes use a combined approach of nutritional education, community-based rehabilitation of moderately malnourished children, national advocacy to raise the importance of better child nutrition and vitamin A supplementation support.⁹ Table 2 lists key outputs in nutritional programming.

TABLE 2: NUTRITION OUTPUTS

Key output indicators in FY15	Total	# offices contributing
# of pregnant mothers and mothers/caregivers with children 0–23 months who received nutrition/integrated counselling (antenatal, HIV, nutrition)	76,591	7
# of moderately malnourished children enrolled in PD/Hearth ¹⁰ sessions successfully rehabilitated in the past 12 months	7,419	5
# of children enrolled in PD/Hearth or some form of community nutrition programme	29,847	6

Highlights

- **Malawi** reached 161,356 children through their caregivers with messages on positive child feeding practices; **Mozambique** reached 33,380 children.

'After 12 days in the [PD/Hearth] programme, Willa's condition had changed. She stopped crying anyhow, her appetite had increased and her weight was back to normal. I could not believe it because by the time my husband and I joined the feeding programme I had already lost hope, because I thought nothing could cure my daughter anymore. All I was waiting for was death because she was very sick.'

– Mother in Zambia

[Willa was later discharged from the feeding programme as she was in good health and able to play with her friends.]

- **Zimbabwe** reached 51,009 pregnant women and caregivers of children under 2 with supplementary feeding; 21,341 learned about optimal nutrition.
- **DRC** facilitated the rehabilitation of 99 per cent of children enrolled in one of the 168 PD/Hearth sessions (4,992 children).
- **Malawi** reached over 3 million children with Vitamin A supplementation; **Zambia** reached 3.6 million children.
- **Angola** partnered with UNICEF and Africare to get child malnutrition on the national agenda.

Growth monitoring and promotion

Monitoring the height and weight of children under 5 is an indicator not only of an individual child's growth, but it may also reveal households and areas where chronic poverty persists and rates of acute malnutrition require immediate action.

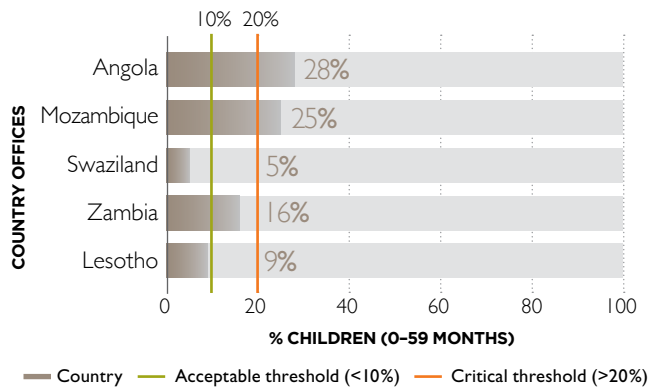
The percentage of children who are underweight (see Figure 4), stunted or suffering from acute malnutrition (wasted) in the region continues to be of serious concern. Four country offices reported data on the rates of underweight in children under 5. Angola and Mozambique reported that 28 per cent and 25 per cent of children respectively were underweight, which is considered critical. Zambia also registered high rates that require attention.

⁸ Contributing country offices: DRC (4 ADPs), Lesotho (6 ADPs), Malawi (15 ADPs), Mozambique (4 provinces), Swaziland (5 ADPs), Zambia (31 ADPs), Zimbabwe (3 ADPs + 2 grants).

⁹ Provided by World Vision Gifts-in-Kind.

¹⁰ Positive Deviance Hearth promotes better household feeding for young children using locally available and affordable food, like that used by families with well-nourished children in the community (positive deviants).

Figure 4. UNDERWEIGHT RATES FOR CHILDREN 0-59 MONTHS¹¹



Conclusion and recommendations

Levels of health and nutrition are improving in most World Vision operational areas. Vaccination coverage and the use of insecticide-treated mosquito nets to prevent malaria have increased substantially. Distribution of GIK (nets, deworming tablets) seems to have had a positive impact in DRC, Malawi and Zambia. Nutritional education for pregnant women and mothers of children under 2 have yielded positive results in many programme areas, as has the community-based management of acute malnutrition.

However, many indicators for health and nutrition remain critical. Some of this is explained by the low starting point or crises, such as natural disasters and displacement. However, a continued and focused effort is required on this strategic objective to improve results, particularly in chronic malnutrition, diarrhoea management and access to improved water and sanitation facilities.

Recommendations

1. Strengthen monitoring and supervision of community-based health workers to increase coverage and the quality of health and nutrition behaviour-change initiatives.
2. Continue to use GIK to support large-scale health improvements.
3. Develop a stronger linkage between livelihoods and economic development programmes and nutritional outcomes.

¹¹ Data presented in the figure does not represent a national average. This data represents averages of programmes that reported on the indicator.

STRATEGIC OBJECTIVE

2

Improve literacy and quality of education

Contributing country offices: 8

Investment: US\$43,126,500

SIGNIFICANT PROGRESS has been made in sub-Saharan Africa on children's access to primary schooling,¹² but the quality of education remains low and children are

completing primary school unable to read.

Those lucky enough to attend school are not guaranteed an education. Challenges include poor facilities, high pupil/teacher ratios, demotivated teachers and low parental support for learning at home. A combination of factors causes many children to drop out, including long distances to schools, child-protection issues and poverty. Many parents remove their children from class because they cannot pay for their school supplies or because they need the children to work to support the family.

World Vision has made a strategic shift to focus its investment on improving the quality of education. Country offices work in close collaboration with schools, ministries of education, parents and community members to improve the learning environment for children at school, at home and in the community. This includes training teachers and community volunteers, establishing reading clubs, raising awareness among parents about their role in their children's education and developing locally appropriate education materials. In some circumstances this support also includes improving the school buildings and provision of bicycles so children can get to school. Savings groups are also established to help parents pay school fees. Training community members and parents in advocacy is also critical to ensure sustainable and ongoing improvements in the learning environment for children.

Table 3 shows the reach of World Vision's investment in improving education.

TABLE 3: EDUCATION OUTPUTS

Key output indicators in FY15	Total	# offices contributing
# of children benefiting from WV literacy interventions	591,508	6
# of teachers trained in WV-facilitated literacy methodology	9,330	8
# of trained community literacy volunteers supporting activities that enhance learning outcomes	6,556	7
# of locally relevant reading materials developed and distributed in last six months	177,807	5
# of school management committees trained to implement basic education improvement plans	2,408	7

Highlights

- **Zambia and Lesotho** focused on Citizen Voice and Action (CVA), which equips communities to lead advocacy efforts. This led the government to formalise community schools and improved education standards significantly.
- **Malawi** established 748 reading camps and 623 early childhood development centres.
- **Mozambique** improved school infrastructure and promoted literacy, benefiting 371,616 children.
- **South Africa** distributed 6,300 bicycles to children in 85 schools to help them attend school regularly.
- **DRC** constructed 48 disability-inclusive classrooms that will serve 1,296 boys, 1,344 girls and 330 teachers.

¹² United Nations, *Millennium Development Goals Report 2015* (2015), [http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%2015\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%2015).pdf).

Strategic Objective 2:

Improve literacy and quality of education

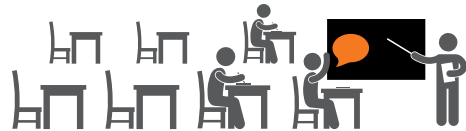
FACTS ABOUT EDUCATION

70%
Youth literacy rate in sub-Saharan Africaⁱ



80% net enrolment rate in sub-Saharan Africaⁱⁱ

Primary school completion rateⁱⁱⁱ **68%**



WORLD VISION'S RESPONSE



US\$43,126,500 invested in FY15

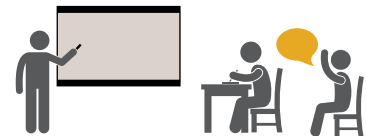


788,502 CHILDREN attending a structured learning institution



TRAINED 6,556 community literacy volunteers

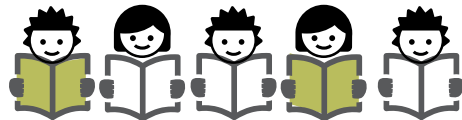
TRAINED 9,330 teachers in literacy methodology



177,807 locally relevant reading materials developed and distributed



591,508 CHILDREN BENEFITTED from WV literacy interventions



OUR APPROACHES



CVA for education, Learning Roots, Literacy Boost^{iv}, Power Within and Youth Ready

i UNESCO, *EFA Global Monitoring Report 2013/4* (2014), https://en.unesco.org/gem-report/sites/gem-report/files/SSA_Factsheet_2014.pdf.
 ii United Nations, *The Millennium Development Goals Report 2015: Regional Backgrounders* (2015), http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/backgrounders/MDG%202015%20PR%20Bg%20SSA.pdf.
 iii In sub-Saharan Africa: UNICEF, <http://data.unicef.org/topic/education/primary-education/>.
 iv Literacy Boost is a copyrighted tool designed, developed and owned by Save the Children.

Bicycles matter

World Vision is helping children stay in school, especially girls. In Zimbabwe, 7,995 girls received bicycles so they can get to school safely. A village saving and loans programme was also set up to help parents manage school fees and other requirements for their children. A mothers' group now follows up any cases of children dropping out of school, truancy or abuse. This initiative reached 14,999 marginalised children and resulted in the re-enrolment of at least 135 girls.

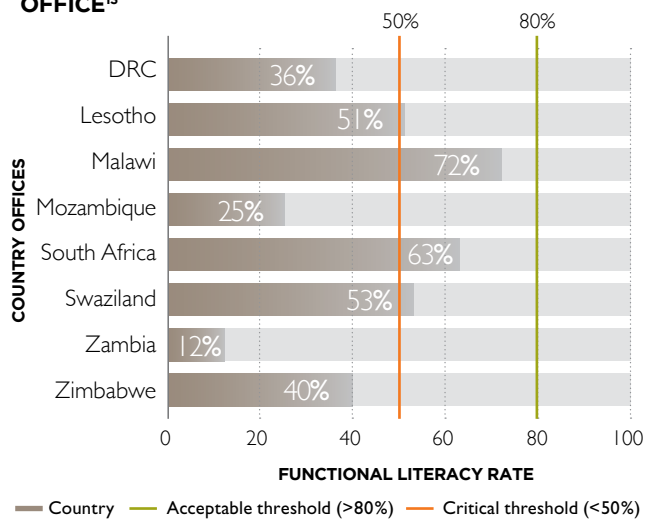
'Bicycles help us to get to school on time. Because of distance, I used to wake up around 4:00 a.m. and by the time I got to school I was sleeping in class, but now I wake up at 6:00 a.m. and still arrive early.'

— Learner, South Africa

Progress in functional literacy

The number of children who finish primary school and are still unable to read is shockingly high in Southern Africa. None of the country offices has reached the acceptable threshold of 80 per cent of children able to read with comprehension. Four country offices have critically low levels (see Figure 5).

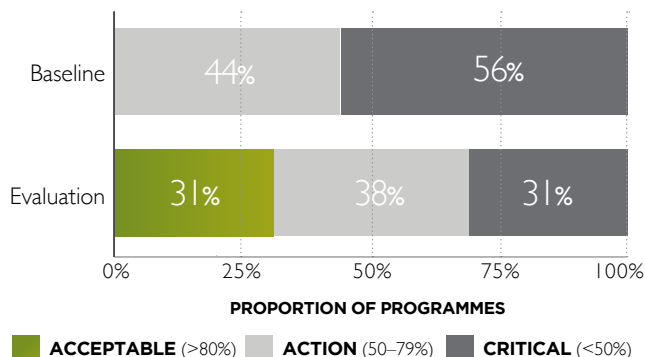
Figure 5. FUNCTIONAL LITERACY LEVELS BY COUNTRY OFFICE¹³



However, noteworthy improvements have occurred over time among the 16 programmes with comparison data, despite the low levels of functional literacy. Previously none of the programmes had acceptable levels of functional literacy, but now 31 per cent are acceptable.

In addition, the number of programmes with critically low levels have almost halved, as shown in Figure 6.

Figure 6. FUNCTIONAL LITERACY AMONG CHILDREN¹⁴



Conclusion and recommendations

Progress has been made in improving educational outcomes for children, but a continued focus is needed to sustain gains and achieve acceptable levels of reading. Not all programmes measure the recommended indicator, or measure it correctly. This undermines the regional office's ability to report fully on results. Several interventions added value to children's education. Bicycles helped increase school attendance, especially for girls, as did improved sanitation facilities. Integrating other activities, such as savings-and-loans groups, also enabled parents to manage school fees and other financial requirements. Combining education programmes with advocacy is essential so communities can drive improvement and demand the fulfilment of their children's right to education. The full and active cooperation of government departments and school-management committees was also noted as a key success factor for literacy activities.

Recommendations

1. Scale up literacy-promoting activities.
2. Strengthen multi-sectoral approaches to improve the quality of education (WASH, livelihoods, child protection).
3. Ensure adequate staff capacity to measure changes in key indicators over time.
4. Community reading camps and groups must be linked to a school to increase sustainability (leverage resources, greater ownership by government).
5. Increase the involvement of parents and local/traditional leaders in education efforts to ensure the appropriateness of local reading materials that are produced.

¹³ Data presented in the figure does not represent a national average. This data represents averages of programmes that reported on the indicator.

¹⁴ Contributing country offices: DRC (4 ADPs), Malawi (8 ADPs), Mozambique (2 regions), South Africa (2 ADPs).

STRATEGIC OBJECTIVE

3

Strengthen policy influence and child protection

Contributing offices: 9

Investment: US\$15,898,350

WORLD VISION strives to ensure that all children are protected from any form of abuse or harm and that they are spiritually nurtured and thriving. However, negative cultural practices (especially affecting girls), ineffective child-protection systems, a lack of understanding about child rights, high youth unemployment and the absence of caregivers all contribute to creating an environment in which children are vulnerable to abuse and cases of abuse go unreported or unaddressed.

The most common forms of abuse experienced by children in World Vision's operational areas are early marriage, child labour, child trafficking, early pregnancies, neglect, and sexual and physical abuse.

To protect children, World Vision seeks to influence policy to bring about long-term changes in child rights, while supporting community-level improvements so children thrive in their immediate environment. Advocacy efforts include lobbying governments to increase access to birth registration and outlaw early marriage, as well as raising awareness about child rights and establishing local child-protection mechanisms. World Vision also works with local community and faith leaders to end harmful practices, such as initiation ceremonies and early marriage. Children and youth learn about their rights and how to build life skills to protect themselves. Opportunities for spiritual nurture are provided and platforms created for children to share their experiences.

To strengthen child protection and influence policy, World Vision uses models that focus on family relationships and parenting (Celebrating Families), faith

leaders and congregations as change agents (Channels of Hope) and Child Protection Advocacy.

TABLE 4: POLICY INFLUENCE AND CHILD-PROTECTION OUTPUTS

Key output indicators in FY15	Total	# offices contributing
# of adults trained in local advocacy	6,642	4
# of adults trained in child-protection issues in the reporting period	61,572	7
# of children who secured birth registration documents in the reporting period	33,430	6
# of children participating in WV-supported children's clubs or groups	73,175	8
# of children participating in WV-supported spiritual nurture activities	231,724	9
# of church and faith leaders trained in children's ministry	2,610	6
# of spiritual nurture-related materials distributed	63,004	5


Highlights

- **Malawi** helped establish 166 child protection clubs in 17 operational areas; 2,466 children were rescued from child marriages and child labour.
- **Mozambique** influenced the government's new strategy to eliminate child marriage and lobbied for legal and policy reform through its Girls Not Brides campaign.


Strategic Objective 3: Strengthen policy influence and child protection

FACTS ABOUT POLICY INFLUENCE AND CHILD PROTECTION


9% to 41% of **5- to 14-YEAR OLD CHILDREN** are involved in **child labour** in SARⁱ



38% of **<5 CHILDREN** have birth registration documents in sub-Saharan Africaⁱⁱ



>20% of **WOMEN** aged 20–24 in most of Southern Africa are **married** before their 18th birthdayⁱⁱⁱ




WORLD VISION'S RESPONSE

US\$ 15,898,350 invested in FY15




Trained **6,642** adults in local-level **advocacy**



Trained **61,572** adults in **child protection** issues



33,430 **CHILDREN** secured birth registration documents



73,175 **CHILDREN** participated in children's clubs or groups supported by World Vision



231,724 **CHILDREN** participated in **spiritual nurturing** activities



i UNICEF, 'Eastern and Southern Africa: Child labour and commercial sexual exploitation', https://www.unicef.org/esaro/5480_child_labour_sexual_exploitation.html.
 ii UNICEF, 'Eastern and Southern Africa: Child protection' https://www.unicef.org/esaro/factschildren_5780.html.
 iii UNICEF, *The State of the World's Children 2016: A fair chance for every child* (2016), https://www.unicef.org/publications/index_91711.html.

- **Lesotho** increased the percentage of caregivers with appropriate knowledge of child rights from 16 per cent to 51 per cent (35 percentage points) in a one year. Child protection committees were set up in each programme area to raise awareness and address child protection issues as they arise.
- **South Africa** created awareness through national media about the experience of girls forced into early marriage and boys who endured harmful initiation ceremonies.
- **Zambia** engaged traditional leaders to ban early marriage and establish structures to prevent this harmful practice. A reported 249 children who were forced to drop out of school because of early marriage or pregnancy were assisted to return to school.
- **Zimbabwe** trained community members to recognise child abuse and to report it. As a result, 17 abuse cases were reported and 15 victims supported.

‘Community change has transformed our lives, our way of thinking and our way of doing things. We did not even know that there were laws protecting children from working on the farms. We thought we were teaching our children to become responsible men and women, only to realise we were harming their future.’

– Community member, Malawi

‘No child is allowed to work on the farms at the expense of their education. . . . We approached the rubber and rice firms and agreed to sign a Memorandum of Understanding to prevent children from working on the farms. Our children are now in school and have a bright future.’

– Traditional leader, Malawi

Birth registration

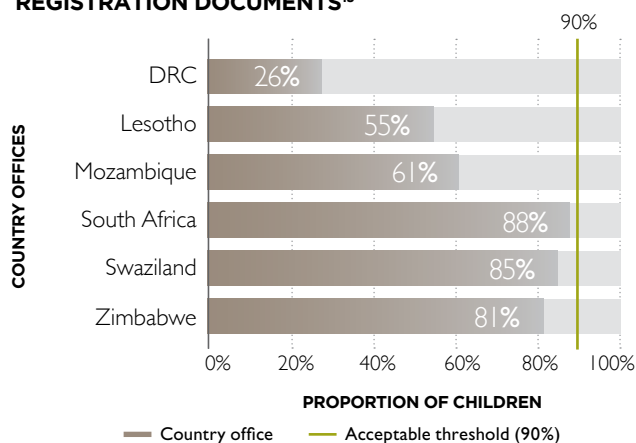
Birth registration is fundamental if children are to access their rights. In some countries, children without birth certificates cannot enrol in school or access services and opportunities. Without documents, these children are at risk of being trafficked. However, high costs and long travel distances to register births are disincentives to parents, especially when the benefits are not well understood.

World Vision lobbied governments to reduce the cost of birth registration and worked with traditional and religious leaders to mobilise families to register children’s births officially. World Vision also partnered with government departments to deliver registration services closer to communities with vulnerable children, including disabled children who cannot travel long distances to registration centres.

Six offices reported on birth registration rates among children in their 52 programme areas. The acceptable level is 90 per cent of all children having a birth registration document. Currently, levels in all programmes remain below this threshold (See Figure 7). Notwithstanding this, there has been significant progress in this year, with 33,430 children getting registered.

Local advocacy can be extremely effective in bringing about positive change. For example, in DRC a women’s group lobbied for and succeeded in getting a birth registration centre in its community. Parents no longer have to travel 38 kilometres to the nearest centre to register a child within 90 days of birth. As a result, 144 children were registered in one year, representing a huge achievement.

Figure 7. PERCENTAGE OF CHILDREN WITH BIRTH REGISTRATION DOCUMENTS¹⁵

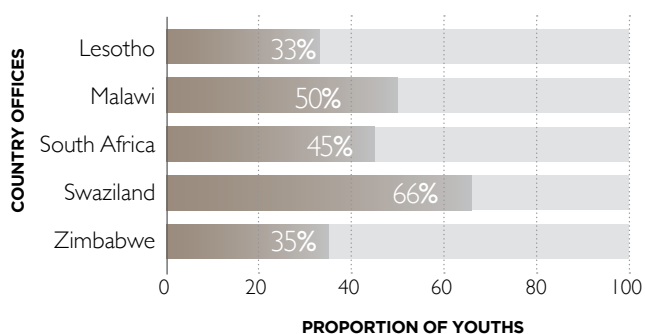


Youth well-being

Five country offices covering 63 operational areas¹⁶ measured the proportion of youth aged 12–18 who self-reported on how satisfied they felt with their lives. Those scoring themselves highest on the scale are categorised as ‘thriving’ (see Figure 8).

¹⁵ Data presented in the figure does not represent a national average. This data represents averages of programmes that reported on the indicator.

¹⁶ Five countries: Lesotho (10 ADPs), Malawi (28 ADPs), South Africa (7 ADPs), Swaziland (3 ADPs), Zimbabwe (5 ADPs and 10 districts).

Figure 8. PERCENTAGE OF YOUTHS THRIVING¹⁷

According to the country office child well-being reports, the reasons why adolescents felt satisfied with their lives or not are diverse. However, some explanations for their bleak outlook included family poverty, absentee parents (for example, working away from home) and violent experiences. Having a family member affected by HIV and AIDS further reinforces a sense of little hope for the future.

Conclusions and recommendations

Significant progress in child rights and protection are occurring as community members, including children, take a lead in advocating to policymakers and implementers for their needs to be met. Children in Southern Africa could grow up in a transformed environment if these lobbying efforts succeed. Ending child marriage and harmful initiation practices, ensuring that all children can be easily registered at birth,

establishing reliable mechanisms for recognising and reporting abuse, and receiving support are all achievable aims. However, such progress can only be realised with significant political will, a shift in social norms, and ongoing advocacy to ensure policies are implemented and key issues are not forgotten by those with the power to change them.

Recommendations

1. Continue to strengthen community-based structures that are focused on child protection to take the lead in advocating for better provision of goods and service.
2. Continue with community sensitisation on the value of birth registration.
3. Scale up the use of effective models such as Celebrating Families and Channels of Hope for child protection and gender to sensitise community members and create an environment in which young people can thrive and connect with their caregivers.
4. Invest in life skills for youth to equip them with the knowledge and confidence to make better choices for themselves.
5. Strengthen staff capacity to implement and promote child protection programme models and address the systems and structures that leave children vulnerable.
6. Join more coalition groups that promote child protection and rights.
7. Use available programme data to build advocacy campaigns on child protection.

¹⁷ Data presented in the figure does not represent a national average. This data represents averages of programmes that reported on the indicator.

STRATEGIC OBJECTIVE

4

Improve food security and economic development

Contributing offices: 9

Investment: US\$48,306,281

AGRICULTURE IS a risky business in a region where floods, droughts and conflicts are recurrent. Yet it is the main livelihood for most families living in World Vision operational areas. Poverty, as well as little access to credit and ineffective government support, makes it difficult to build a strong agricultural business. Lack of viable markets for farmers' produce further confounds the situation.

World Vision works with farmers to overcome barriers to better livelihoods. Programmes include a variety of evidence-based models, including local value-chain development savings groups, business facilitation and farmer managed natural regeneration (FMNR).

Savings groups, farmer training groups and youth income-generating groups have seen some success. However, some challenges emerged this year that require rethinking. In some programme areas staff members did not have the knowledge to implement evidence-based models. In addition, national food security programmes have limited value since socioeconomic, consumption and climate patterns can vary significantly within a country, requiring a variety of approaches. Although savings groups are functioning well, their impact would be multiplied if combined with other income-generating activities. Youth unemployment is high in countries such as Zimbabwe, and a greater focus on this group could have a positive impact on well-being. Partnering effectively with government ministries and churches has proved pivotal to the successful adoption of improved techniques.

TABLE 5: FOOD SECURITY AND ECONOMIC DEVELOPMENT OUTPUT INDICATORS

Key output indicators in FY15	Total	# offices contributing
# of savings groups established in the reporting period	9,776	9
# of active savers in saving groups	130,530	7
# of farmers trained and participating in selected value chains	18,696	8
# of farmers trained or who participated in climate-smart agriculture or FNMR demonstrations ¹⁸	53,013	7
# of functional cooperatives, producer groups, income-generation activity groups and other associations	2,969	7
# of households/farmers that were supported with farming materials during the reporting period	30,022	8

Highlights


- **DRC** helped establish over 700 savings groups that saved US\$5,588,402, an increase from US\$216,462 the previous year.
- **Lesotho** trained 765 farmers in specific value chains to strengthen income-generation opportunities.
- **Malawi** trained 8,337 farmers in 19 programme areas in basic post-harvest and seed-handling techniques; 8,625 households in 18 programme areas also benefited from water-saving technologies.
- **Mozambique** now has 1,784 savings groups with over 29,000 members, handling over US\$362,000 in savings. Some 70 adolescent savings groups were

¹⁸ For example, basic post-harvest, seed-handling knowledge and skills, agro-economic practices and so forth.

Strategic Objective 4: Improve food security and economic development

FACTS ABOUT FOOD SECURITY AND ECONOMIC DEVELOPMENT


21% 
unemployment rateⁱ

>40% of the sub-Saharan Africa's population live on **<US\$1.25/day**ⁱⁱ 

220 million hungry people 
in sub-Saharan Africaⁱⁱⁱ

WORLD VISION'S RESPONSE


 **US\$48,306,281** invested in FY15 

9,776 
SAVINGS GROUPS established

130,530 
ACTIVE SAVERS

US\$6,874,107 
SAVINGS by groups 

18,696 FARMERS trained and participating in value chains 

30,022 
HOUSEHOLDS supported with farming materials

53,013 FARMERS trained in basic post-harvest, seed handling and agro-economic practices 

i United Nations, *The Millennium Development Goals Report 2015: Regional Backgrounder* (2015), http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/backgrounders/MDG%202015%20PR%20Bg%20SSA.pdf.

ii United Nations, *The Millennium Development Goals Report 2015* (2015), [http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf).

iii FAO, *The State of Food Insecurity in the World* (2015), <http://www.fao.org/3/a-i4646e.pdf>.

set up, which helped youth pay school expenses and prevented dropouts and early marriages.

- **South Africa** invested in over 500 backyard gardens and 34 projects that are now registered as cooperatives.
- **Swaziland** helped set up 776 savings groups that supported 2,697 orphans and vulnerable children in their communities.
- **Zambia** partnered with the Ministry of Agriculture to promote improved varieties of maize and Vitamin A-rich sweet potato.
- **Zimbabwe** focused on nutrition-sensitive agriculture and value-chain development with 41,569 households, including gardens, fish, poultry, piggery and beekeeping projects.

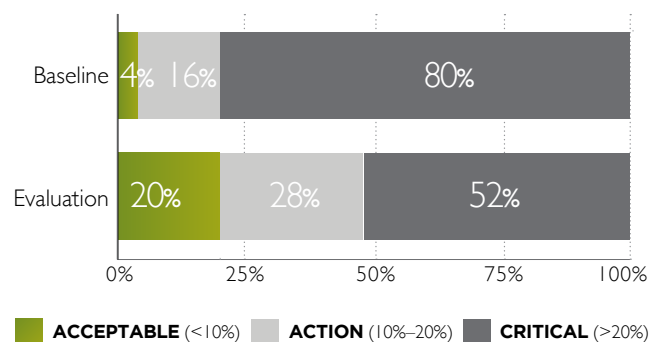
Youth going hungry

Three country offices¹⁹ collected comparison data on the percentage of youth in 25 operational areas who reported not having enough food to eat. Figure 9 shows that the proportion of programmes with critical levels of young people reporting that they go to bed hungry reduced by 28 percentage points, from 84 per cent to 56 per cent. The percentage of programmes where fewer than 10 per cent of youths reported going to bed hungry increased from 4 per cent to 20 per cent.

‘Youths [here] get pregnant at an early age while boys become drug addicts. [World Vision] encouraged us to organise ourselves to form a youth club to work on issues of HIV and AIDS, life skills and other issues that affect us as youth. We thought of having an income-generating project. . . . Through [the] support of World Vision, we have started producing mushrooms and vegetables which we have sold to the community and local markets. We have savings of US\$200 from sales of vegetables. Our households’ food security has improved as a result of vegetable and mushroom garden[ing].’

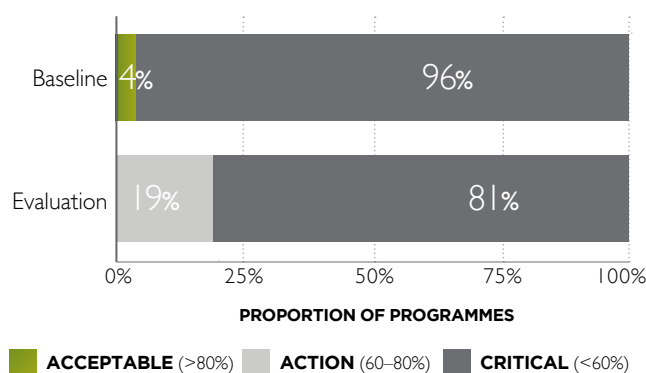
– Youth in Lesotho

Figure 9. PERCENTAGE OF YOUTHS WITH INSUFFICIENT ACCESS TO FOOD²⁰



Drought has adversely affected food production in many rural households in Southern Africa where World Vision operates. Lesotho, Malawi and Swaziland measured levels of food security by calculating the household diet diversity score (HDDS), which is based on information about the types of foods consumed in the household. A high score indicates a positive outcome. Comparison data from three country offices showed that the percentage of households with low dietary-diversity scores marginally declined by 15 percentage points, from 96 per cent to 81 per cent. However, the overall picture for food security is critical, as none of the programmes attained an acceptable diet-diversity score for most targeted households (see Figure 10).

Figure 10. HOUSEHOLDS WITH SUFFICIENT DIET DIVERSITY²¹



¹⁹ Contributing country offices: Lesotho (9 ADPs), South Africa (6 ADPs), Zimbabwe (10 IGATE grant implementation districts).

²⁰ Contributing country offices: Lesotho (9 ADPs), South Africa (6 ADPs), Zimbabwe (10 IGATE grant implementation districts).

²¹ Contributing country offices: Lesotho (10 ADPs), Malawi (12 ADPs), Swaziland (5 ADPs).

Conclusions and recommendations

Food security and economic development are fundamental to sustaining the well-being of children. Although some gains have been made, challenges continue, particularly in light of the drought in the reporting year (see the next section for more details). Some important learning points emerged from the reports on how to improve programming:

- combine income-generating activities with savings groups
- increase staff knowledge of programming models to have greater impact
- work closely with government ministries for conservation agriculture
- partner with churches and faith leaders to promote FMNR techniques.

A locally tailored approach to food security is also important, given the differences within countries. Enhancing skills and employment opportunities for youth would be beneficial. These learning points can be used to update plans under this strategic objective to increase positive benefits in food security and economic development.

Recommendations

1. Combine savings group with other income-generating activities to maximise impact.
 2. Staff in each location should invest time to think strategically with partners about how to best maximise local income-generating opportunities for savings-group members.
 3. Strengthen staff capacity building in economic development models so they can in turn facilitate local training and inspire community members to start businesses.
 4. Include government staff in capacity building on economic development models.
 5. When introducing conservation agriculture, use farmer field schools and the lead farmer approach to promote the model in order to increase the reach and adoption rate. Collaborate closely with government extension staff for their full support.
 6. Expand partnerships with churches to mobilise community members to adopt improved food security models such as FMNR.
 7. Increase programming focused on young people for economic development.
 8. Given the differences within countries, each food security and economic development programme must take into consideration local socioeconomic, food consumption and weather patterns to optimise impact.
 9. Build the capacity of community-based organisations to raise funds and support them as they implement their own programmes in order to increase sustainability.
-

STRATEGIC OBJECTIVE

5

Build resilient and disaster-prepared communities and households

Contributing offices: 9

Investment: US\$14,309,531

THE FREQUENCY of both natural and human-made disasters in the region are expected to continue and even increase. Floods, droughts, conflicts, political instability – and the ensuing population displacement – deprive communities of security and their livelihoods. World Vision focuses on building resilience and disaster preparedness that enable communities to absorb or adapt to these shocks.

All offices in the region implemented strategies to strengthen the resilience and disaster preparedness of communities and households in their operational areas. Models used included community disaster risk reduction (CDRR), local value chain development, business facilitation and FMNR.

Strengthening resilience and disaster preparedness in communities

World Vision trains farmers in climate-smart and nutrition-sensitive agriculture, linking them to credit facilities. It also encourages community members to diversify their diets and sources of income. Savings groups are also used to strengthen resilience to economic shocks. Savings groups were encouraged to invest some of their savings into a separate fund to support the most vulnerable children in their communities.

Disaster preparedness activities in Lesotho, Mozambique and Swaziland included simulation training in some programme areas to test the operationalisation of the community disaster preparedness plans. During

these simulations, trainers demonstrated the roles and responsibilities of different partners and how they needed to coordinate in response to a disaster.

TABLE 6: RESILIENCE AND PREPARED COMMUNITIES OUTPUTS

Key output indicators in FY15	Total	# offices contributing
# of households receiving humanitarian assistance from WV in an emergency/disaster	667,942	8
# of ADPs practising community disaster preparedness with updated current plans	151	8

Highlights

- **Swaziland** supported communities to conduct hazard, vulnerability and capacity assessments and to develop disaster preparedness plans.
- **Zambia** facilitated the review of community disaster preparedness plans in 18 programme areas to ensure they were equipped to cope with disasters and respond appropriately.
- **Zimbabwe** provided training and support to partners in climate-smart agriculture. It reached 41,569 households with the Productive Asset Creation project that enabled households to access food while building their assets (resilience) to cope with and bounce back from a disaster.

Strategic Objective 5:

Build resilient and disaster-prepared communities and households

FACTS ABOUT DISASTER PREPAREDNESS AND RESILIENT COMMUNITIES



32 MILLION PEOPLE

in Southern Africa are affected by El Niño-induced **drought**ⁱ and are **food insecure**



Southern Africa experienced the worst drought in

35 YEARSⁱⁱ



5 out of **9** COUNTRIES in SAR have declared **drought emergencies**ⁱⁱⁱ

643,000+ cattle deaths



as a result of El Niño-induced **diseases**, poor pasture and **lack of water**^{iv}



3,086,000

PEOPLE internally displaced due to **floods** and **conflict**^v



WORLD VISION'S RESPONSE



US\$ 14,309,531 invested in FY15



667,942

HOUSEHOLDS



receiving **humanitarian assistance**



from WV as a result of an emergency/disaster

151 ADPs

TRAINED



in **disaster preparedness**



and implementing updated CDPP



i Regional Inter-agency Standing Committee (RIASCO), *RIASCO Action Plan for Southern Africa* (2016), <http://reliefweb.int/sites/reliefweb.int/files/resources/RIASCO%20Action%20Plan%20Draft%20Document%20PDF%20version.pdf>.

ii Ibid.

iii Ibid.

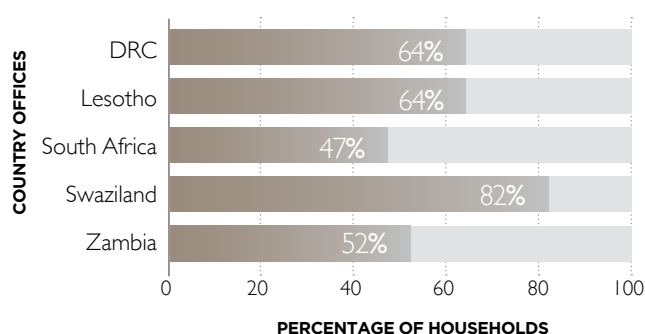
iv Ibid.

v Malawi, Mozambique and DRC CWBR.

Sufficient household food access

To demonstrate results in resilience, five country offices measured the proportion of households without enough food. As can be seen in Figure 11, the percentage of households with insufficient access to food is high, with four of the five countries reporting over 50 per cent. This is an outcome of the drought that ravaged countries in Southern Africa in 2015.

Figure 11. PERCENTAGE OF HOUSEHOLDS WITH INSUFFICIENT ACCESS TO FOOD²²



Conclusions and recommendations

Three main conclusions can be drawn regarding resilience and disaster preparedness. Firstly, disasters continue to strike in Southern Africa and El Niño continues to affect household food security. As a result, food insecurity has risen, straining households' ability to cope with shocks. In the eight countries tracking this, almost all operational areas have community disaster-preparedness plans, but they need to be regularly reviewed and updated.

Secondly (and closely linked with Strategic Objective 4), a further emphasis on business growth and entrepreneurialism is needed. Savings groups do provide some support. The purpose of these groups is to

save money to invest in income-generating activities. However, it was found that many groups used their savings to pay for household emergencies such as food and school fees, instead of pursuing new economic opportunities, which would strengthen resilience by diversifying income sources. Similarly, farming continues to be a subsistence activity and is not pursued as a business. Further skill building is needed to help farmers understand value chains for their produce, marketing and access to formal credit. This could enhance resilience to shocks through additional income and diversification.

Thirdly, vulnerable households cope better in disasters when disaster risk reduction is closely integrated with long-term development programmes, such as education, health and nutrition.

Recommendations

1. Follow up on the implementation of community disaster-preparedness plans to increase readiness.
2. Build skills with farmers to address gaps in value chains and business development.
3. Link farmers to relevant economic development actors and credit service providers.
4. Support savings groups to identify income-generating and growth opportunities to invest in and also link to economic development actors and service providers.
5. Promote existing savings groups, especially in programme areas close to transitioning (closing), to increase the likelihood of sustaining outcomes.
6. Focus on women's involvement in savings groups as well as that of men.
7. Integrate disaster risk reduction into all ongoing development programmes, such as food security, economic development, health, and so on.

²² Data presented in the figure does not represent a national average. This data represents averages of programmes that reported on the indicator.

DISASTER MANAGEMENT

Contributing offices: 9

Investment: US\$7,447,299

EL NIÑO-INDUCED drought flooding across Southern Africa in 2015 affected all nine countries. Farming communities experienced low food production leading to household food and water insecurity, a lack of dietary diversity and child malnutrition.

Floods in Malawi and Mozambique affected more than 1.3 million people. A reported 231 people died and some 386,000 were displaced. The crisis crippled public and private businesses. Flooding damaged houses, water and sanitation facilities, telecommunications systems, electrical infrastructure and roads. World Vision provided water, sanitation, food and other essential commodities to 118,662 of those affected.

DRC continued to experience protracted conflict, affecting more than 15 million people. As of the end of the reporting period, 2.72 million people were internally displaced. Approximately 232,752 people received humanitarian assistance from World Vision.

In response to all these disasters, World Vision implemented agricultural and nutritional interventions, such as establishing vegetable gardens, community-based management of acute malnutrition, food and cash assistance to affected households, village savings and loans, feeding programmes for schools and vulnerable groups, emergency WASH infrastructure and improving access, as well as training communities in disaster risk reduction activities, including updating community disaster-preparedness plans.

Country offices learned the importance of partnering with other organisations and government departments in responding to disasters to increase programme reach.

Recommendations

1. Foster partnerships with other organisations and government departments in a disaster to optimise the use of available resources.
2. Integrate disaster preparedness and response into long-term development programmes to enhance community resilience.

MONITORING AND EVALUATION



QUALITY MEASUREMENT and reporting are critical to building an evidence base of World Vision's impact on child well-being. This year, all the child well-being reports submitted by country offices

were rated 'green' by World Vision International's report review committee. They were noted for strong reporting on outputs and rigorous analysis of results. In order to continuously improve the regional reports, the following aspects will require greater attention:

1. **Measuring change over time:** This is how impact can be measured and needs to remain a central focus in the country office reports. This

can be done either through baseline/endline measurements in the same programme or through annual monitoring of key outcome indicators using Lot Quality Assurance Sampling (LQAS).

2. **Scale of standard child well-being indicators:** A number of indicators are now reported consistently across the country offices, especially output indicators. However, there are gaps in the programme portfolio reporting on some important indicators to the regional strategy, such as malnutrition rates and management of childhood illnesses.



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