



**WORLD VISION'S COMMITMENT
IN SUPPORT OF THE GLOBAL STRATEGY
FOR WOMEN'S, CHILDREN'S AND
ADOLESCENTS' HEALTH**

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About the cover: © World Vision; Chenda - "I love my family, village and my health"



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Kevin Jenkins at a food distribution in South Sudan

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Foreword

In 2010, World Vision pledged US\$1.5 billion to accelerate progress towards the health-related Millennium Development Goals. By the end of five years we had exceeded our promise. In 2015, we doubled that commitment for the updated Global Strategy for Women's, Children's and Adolescents' Health – an undertaking which, in financial terms, is worth US\$3 billion up to 2020.

We also said we will deepen our evidence-based research, equip Community Health Workers, invest in advocacy and mobilise the faith community in support of the 2030 Agenda for Sustainable Development.

Another part of leading by example is to make ourselves accountable for all of these promises. This document is the first of our annual reports on our progress against the targets we set.

I am pleased that, in this first year of reporting, World Vision is on track to meet our financial commitment and has exceeded our Community Health Workers goal – supporting more than 220,000 of these vital frontline health providers in the communities where we work. We continue to learn how best to invest in our large scale research project, the Child Health and Nutrition Impact Study. We launched our BabyWASH initiative, designed to support linked programme approaches in maternal and newborn child health and nutrition; early childhood development; and water, sanitation and hygiene.

Faith communities can have a tremendous positive impact, and World Vision's Channels of Hope programme has trained more than 14,000 faith leaders to honour and uphold the dignity and value of every human being, and to ensure that the most vulnerable – especially children and women – experience fullness of life.

Ending the preventable deaths of women, children and adolescents requires continuous and sustained action at global and country level. I am honoured to be a part of the UN Secretary-General's High-Level Advisory Group for Every Woman Every Child that will move us forward globally, and pleased that World Vision's work in communities is making a meaningful contribution to national health strategies.



Summary of World Vision's Commitment in Support of the Global Strategy for Women's, Children's and Adolescents' Health

World Vision so profoundly believes in ending preventable maternal and child deaths that we exceeded our 2010 financial commitment of US\$1.5 billion for health, nutrition, HIV & AIDS, and WASH programming and advocacy aligned with the Every Woman Every Child movement's priorities. Our passion inspired 20 million people in 70 countries to join us in speaking up on behalf of women's and children's health through our Child Health Now campaign; this saw many national policies and practices improved as a result. The ambitious vision of the updated Global Strategy has inspired us to do even more: to invest another US\$3 billion in sustainable health programming and in humanitarian emergency responses; in operational research and in advocacy at all levels.

Practically this will include 100,000 community health workers trained, citizen engagement strengthened, a BabyWASH multi-stakeholder partnership established, around 300,000 faith leaders mobilised to action in 50 countries, and much more. World Vision is recommitting itself to the Every Woman Every Child vision. Consistent with our policies, programmes and principles as a Christian organisation, we will continue to invest more smartly, to foster and share information and knowledge, and to grow partnerships with anyone who believes in ensuring the most vulnerable stay healthy.

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Introduction

Sustainable development starts and ends with healthy, nourished and well-educated children free from violence, malnutrition and lack of dignity. World Vision believes the Sustainable Development Goals – as the Millennium Development Goals did before them – offer an unprecedented opportunity to achieve this vision within a generation.

As a Christian organisation we are aware that faith in something must be accompanied by action, which is why we have made helping children, women and adolescents survive, thrive and transform an organisational priority. So much so that, by 2020, World Vision will have invested a total \$5 billion in programming, emergency response, advocacy and research to protect the lives and health of the most vulnerable, especially in humanitarian and fragile contexts.

This report outlines World Vision's efforts to implement our seven commitments to the Every Woman Every Child movement as well as the results achieved to date. It also seeks to illustrate our determination to go above and beyond in ensuring all women, children and adolescents everywhere are able to live life in all its fullness.

Commitment I

Strategically align our Health; Nutrition; HIV & AIDS; and Water, Sanitation and Hygiene investment to contribute towards the Global Strategy for Women's, Children's and Adolescents' Health.

PROGRESS TO DATE

BabyWASH: Integrating health, nutrition, WASH and early childhood development

In 2016, World Vision launched a new programme integration initiative called "BabyWASH" designed to support the maternal newborn and child health, nutrition, water sanitation and hygiene (WASH) and early childhood development (ECD) sectors to improve integration of programme designs across the first 1000 days of life, through pregnancy to age 2. The initiative is focused on making a greater impact on health and nutrition outcomes, such as stunting and maternal and newborn mortality, through implementing more effective integration in programming and advocacy. A toolkit has been developed, including an evidence review for integration, a new intervention framework, a gap analysis on current approaches in the 4 sectors, monitoring and evaluation advice, and advocacy support. The toolkit will be refined in Zambia during the last few months of 2016, and will be piloted in multiple countries at the beginning of 2017 to prepare for a rapid scale-up across World Vision. The toolkit also contains indicators and advice that will be important in helping to expand World Vision activities for improving WASH access at healthcare facilities.

Newborns

Many World Vision country health teams support the implementation of the Every Newborn Action Plan in their country, including through membership of specific working groups and by supporting advocacy efforts for parliamentary bills or policies which will improve newborn health. Last year, our curriculum for training community health workers (CHWs) was updated to include improved essential newborn care, better addressing the most vulnerable low birth weight babies and inclusive of training on chlorhexidine for umbilical cord care. Since then, 28 countries have implemented the new curriculum with further roll outs planned into 2017. In 2016, World Vision began implementing a new a public-private partnership to prevent pre-term birth with the Government of Canada, Johnson & Johnson, and partners from 2 Canadian non-governmental organisations in a 5 year country programme called "[Born On Time](#)" which will focus on high burden newborn regions in Mali, Bangladesh and Ethiopia. World Vision will be leading the implementation of Born on Time in Ethiopia.

Adolescent Health

In 2016 World Vision completed a review of our adolescent health programme which has been used to inform the development of our draft adolescent health framework and guidance. At least 27 countries in four regions have indicated they will be programming to address adolescent needs and our new adolescent health framework and country guidance will be implemented in late 2016 and in 2017. In South Asia the focus will be on addressing early marriage by

harnessing the influence of faith leaders and improving the care of adolescent pregnant girls, whilst in Southern Africa we will align our approach with our new HIV strategy providing adolescent girls with comprehensive sexuality education and ensuring the prevention of mother to child transmission (PMTCT) of HIV. In Latin America and the Caribbean region World Vision will focus on child protection and preventing violence and in the Middle East and Eastern Europe we will address adolescent mental health and substance use. Addressing adolescents in fragile contexts is also planned, however, our approach in this area is still to be defined.

Early Childhood Development

During 2015 and 2016 World Vision has been designing, field testing and implementing a new approach to early childhood development called Go Baby Go. With key stakeholders, the development of the curriculum, training, field testing and research will be rolled out over the next few months. Go Baby Go is an integrated framework (health, nutrition, WASH, protection, psychosocial support, education and life skills) for early childhood development programming in the first 1,000 days of life, focused on the 0 to 3 years age range. Go Baby Go utilises a holistic health lens during the earliest and most sensitive period in human development, when physical, cognitive, social and emotional domains are inexorably linked and foundational brain architecture is established.

Over the past year, Go Baby Go operational research has been underway in Armenia. Contextualisation for Haiti and South Sudan has proceeded with baseline data collection and implementation start-up in progress. In the case of Armenia, World Vision has partnered with Agha Khan University for research purposes. For the Haiti and South Sudan pilots we partnered with the Harvard Center on the Developing Child. World Vision's early childhood development technical advisors from the health and education teams are members of the advocacy and communications committee of The Lancet Early Childhood Development series that will be released 2016 and engaged in a World Health Organisation-led research prioritisation process on early childhood development in 2015.

The results of the Armenia study concluded that the Go Baby Go model is effective in improving developmental outcomes and positive parenting skills. Although there was no evidence of the benefits of interventions on stunting, positive effects were still evident in child nutrition practices, which in the long term could have an effect on child nutrition status. There is a known likelihood of "sleepier effects" often seen in early intervention studies. This suggests that it is wise to target interventions on areas with the greatest economic disadvantages and parenting challenges.

HIV and AIDS

In 2016, World Vision undertook a major review of its HIV and AIDS programming strategy, updated its contents and issued a revised strategy for 2016-2020. [The four strategic objectives](#) align with World Vision's lifecycle approach to women's, children's and adolescents' health:

I. New HIV infections amongst children are eliminated and their mother's health and well-being sustained.

In support of UNAIDS' four-pronged prevention of mother to child transmission (PMTCT) strategy, World Vision community-based programming starts with primary prevention of HIV infection among young women, including avoidance of unintended pregnancy. It then continues with improved uptake of ante-natal care, routine HIV

testing and safe delivery, and breastfeeding and early infant screening. It ends with community support for quality care and treatment for mother and infant pairs. World Vision's primary mechanism for PMTCT is delivered through the evidence-informed home-based behaviour change approach, "timed and targeted counselling" (ttC), along with the mobilisation, training and supervision of Community Health Workers (CHW) and community/village health committees, and local level advocacy using "Citizen Voice and Action" (CVA) to ensure all pregnant and HIV positive women have access to high quality care.

2. Children affected by HIV survive and thrive.

The focus of this objective is young HIV-infected children and children who have lost their parents or are living with HIV positive caretakers. Key results for this objective include: 1) case finding of HIV-exposed children who are difficult to track and keep in contact with, making impossible to follow-up on their diagnosis, care and treatment, 2) psychosocial support, 3) socioeconomic support to families and children to ensure access and adherence to treatment, and 4) access to education and social protection.


3. Adolescents, especially girls, key populations and the most vulnerable, access combination, prevention and treatment services and are empowered to protect themselves from HIV.

Currently, AIDS is the primary cause of death among adolescents in Sub-Saharan Africa and HIV infection rates are increasing among adolescent girls, even while falling for all other age and sex groups. World Vision interventions include parent-child communications, voluntary medical male circumcision, comprehensive sexuality education, and socio-economic support, especially for adolescent girls and adolescent key populations to ensure they access healthcare, education, livelihood and employment opportunities.

4. All children and families experience life free of stigma, discrimination and harmful social norms.

Under this objective, World Vision aims to sensitise and mobilise faith leaders and their congregations with comprehensive knowledge, transformed beliefs and positive values about HIV transmission, prevention and care, maternal, child and adolescent health and positive gender norms.

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As part of World Vision's vocational programme, 17-year old Memcha, who is HIV positive, was enrolled in embroidery classes with the purpose of being trained in order to generate an income through this skill. Memcha was also provided with a motorised sewing machine.

Commitment 2

Remain a leading CSO investor in women's and children's health by investing at least US\$3 billion between 2016 and 2020 in Health, Nutrition, HIV & AIDS and WASH programming to accelerate the goals of the Global Strategy for Women's, Children's and Adolescents' Health. This includes our significant investments in women's, children's and adolescents' health during humanitarian emergencies and in fragile and conflict-affected contexts.

PROGRESS TO DATE

At the end of the first year World Vision is on track to meet this commitment. The total FY16 forecast revenue (US\$593.4M) exceeded the original projection (US\$575M) by 3 per cent (US\$18.5M). Increases were seen in the government funding stream (1 per cent) and in Gifts-In-Kind (10 per cent). Gaps were seen in the multilateral portfolio, private non-sponsorship and sponsorship. Actual declines in private non-sponsorship and sponsorship were greater than projected, while Gifts-In-Kind significantly surpassed its projection.

Despite the net achievement in surpassing the FY16 commitment, cash investments declined from FY15 to FY16, at 6 per cent (US\$23.7M). The 6 per cent decrease was experienced evenly across the four sub-sectors (Health, Nutrition, HIV and WASH).

Table I: World Vision FY16 Revenue.

Funding Type	Forecast year ended 30 September 2016 US\$'000	Projected year ended 30 September 2017 US\$'000	Projected year ended 30 September 2018 US\$'000	Projected year ended 30 September 2019 US\$'000	Projected year ended 30 September 2020 US\$'000	Projected for 5 years ended 30 September 2020 US\$'000
Government	86,648	89,187	92,755	96,465	100,323	465,378
Multilateral	50,146	65,762	68,392	71,128	73,973	329,401
Private Non-Sponsorship	83,588	98,288	102,220	106,308	110,561	500,964
Sponsorship	139,482	139,354	125,419	112,877	101,589	618,721
Gifts-In-Kind	233,496	194,448	212,323	230,198	248,073	1,118,538
Total	593,360	587,039	601,108	616,976	634,519	3,033,003

The following table demonstrates cash resource allocation by World Vision-designated region. The East Africa region represents the

largest investment area (31 per cent), followed by Southern Africa (24.3 per cent). Sub-Saharan Africa in total represents 70 per cent of the investment while Asia represents 20 per cent.

Table II: Cash Resource Allocation by World Vision Designated Region

Regions	Forecast year ended 30 September 2016. US\$'000	Per cent
East Africa	111,572	31
East Asia	22,783	6.4
Latin America/Caribbean	22,910	6.3
Middle East/Eastern Europe	18,328	5
South Asia & Pacific	48,478	13.5
Southern Africa	87,364	24.3
West Africa	48,429	13.5
Total	359,864	

Commitment 3

Significantly contribute to increasing the evidence base of implementation research for women’s and children’s health by investing at least US\$3 million in operational research.

PROGRESS TO DATE

Child health and nutrition impact study

Since World Vision’s commitment in 2010, there has been significant increase in evidence based research. The [Child Health and Nutrition Impact Study](#) (CHNIS) is making a significant contribution to World Vision’s operations research. CHNIS represents five years of collaboration (2012-2017) between World Vision and the John Hopkins Bloomberg School of Public Health. The study is designed to measure the impact of World Vision’s maternal, newborn and child health and nutrition programmes on the health of mothers and children under 5. These measurements were made on 16 study sites across four countries – Cambodia, Guatemala, Kenya and Zambia. The study seeks to analyse the effectiveness of three interventions: Timed and Targeted Counselling (ttc), Community Health Committees (COMM), and Citizen Voice and Action (CVA).

The baseline analysis provided data on more than 100 indicators across a large sample size – more than 42,000 surveys. The baseline report evaluates household socio-demographic characteristics; levels of maternal, neonatal and child health and nutrition, and health service utilisation patterns across the 16 study sites. The baseline results will serve as a comparison to the endline measures to determine changes in overall health and nutritional status in study sites and the degree of impact of the package of World Vision’s interventions.

Following the baseline analysis, an internal Midterm Review was conducted to test “implementation fidelity”, testing the degree to which each of the three interventions were implemented as prescribed by the original programme developers. The goal was to build a complete picture of implementation achievements, challenges, quality and progress.

Endline data collection for CHNIS began in August 2016, following an extensive process led by the team at Johns Hopkins University. This process aimed at reviewing and refining the endline protocol, including enhancements to data collection instruments while ensuring comparability with baseline. Endline collection marks the start of the final phase of CHNIS. Analysis and dissemination of results will take place during 2017. The analysis will document both success factors and challenges related to field implementation of the three interventions. Study findings will contribute to the global evidence base of effective community-based approaches for preventing malnutrition and addressing preventable maternal and child deaths. The results will be shared broadly, including with the communities that participated in the research, with external partners and throughout World Vision. With the decision to extend the project by one year, the total projected study cost is US\$6.28 million. A breakdown of how costs are allocated for each year is given in the table below. CHNIS is entirely privately funded by World Vision.

Table III: Child Health and Nutrition Impact Study

Year	World Vision Global and Regional Costs US\$	World Vision National Level Costs US\$	Johns Hopkins School of Public Health and Partners Cost US\$	Total US\$
FY12	92,183	18,871	196,962	308,016
FY13	296,248	306,705	1,093,500	1,696,453
FY14	287,428	323,917	-	611,345
FY15	229,462	403,475	544,640	1,177,577
FY16*	307,500	200,000	667,508	1,175,008
FY17*	282,000	200,000	829,880	1,311,880
TOTAL	1,494,821	1,452,968	3,332,490	6,280,279

* Projected ** Estimated

Mamanieva “Grandmother” Project

The World Vision [Mamanieva project](#) in Sierra Leone is focused on grandmothers. It aims at strengthening and encouraging them to support maternal, infant and young child feeding (IYCF), in order to achieve sustainable improvements for children and mothers. The project is based on the theory that grandmother leaders, when empowered with appropriate IYCF and maternal nutrition knowledge, improve knowledge, attitudes, and practices on related topics among mothers and grandmothers in their community. From April 2013 to May 2016, World Vision, in collaboration with Emory University in the United States, with support from the Sierra Leone Ministry of Health, and Sierra Leone’s Njala University, implemented a research project that utilised a quasi-experimental design to determine the effect of a grandmother-inclusive approach on maternal nutrition and IYCF practices. The total amount projected to be spent on the research project for FY16 is US\$120,788. The total cash budgeted for the life of this project is US\$392,856.

Preliminary results from the endline completed in May 2016 showed substantial changes in IYCF beliefs among grandmothers. Grandmothers who believed infants should not receive water before six months almost doubled between baseline and endline (52 per cent versus 98 per cent); those who believed in immediate breastfeeding increased from 78 per cent to 100 per cent; and avoiding pre-lacteals 77 per cent to 96 per cent. Beliefs among mothers shifted as well. The proportion of children receiving minimum meal frequency was much higher in intervention areas (64 per cent) versus comparison areas (54 per cent). The research concluded that the extensive, almost universal, uptake of optimal IYCF beliefs and practices in intervention communities was due to the grandmother-inclusive approach.

Randomised Control Trial of Problem Management Plus

[Problem Management Plus](#) (PM+) is an intervention designed to help individuals cope with negative life events and common mental health problems such as depression, anxiety, stress or grief. It comprises both problem-solving counselling and cognitive behavioural

strategies. In the Dagoretti district of Nairobi, Kenya, PM+ was implemented by community health workers to support women affected by violence and other forms of adversity. World Vision, in partnership with Kenya's Ministry of Health, the World Health Organization and the University of New South Wales, implemented a randomised control trial to test the effectiveness of PM+ in Dagoretti from November 2013 to March 2016. The trial cost US\$800,000, with the bulk of the funding coming from World Vision.

In the trial, women were screened to see if they were experiencing symptoms of common mental health problems. A total of 681 women were randomly assigned to one of two groups – either the PM+ intervention, or the Treatment as Usual (TAU) group.

Women receiving PM+ showed significantly reduced psychological distress and increased functioning after treatment (also compared to the TAU group). The improvements were sustained after 3 months. These differences were moderate to strong in their effect size. Women who received PM+ additionally showed significantly reduced symptoms of Post-Traumatic Stress Disorder after the intervention, gains which were also sustained after 3 months. These differences were sufficiently strong to indicate that PM+ was the reason for women's improvements in symptom reductions and increased functioning. Another interesting result showed that after treatment, women who received PM+ had fewer reported days of absence from work than those who received TAU.

World Vision is now working with Kenya's Ministry of Health to sustainably scale up the PM+ model for Kenya's adult population and is further examining PM+ as an intervention to possibly reduce intimate partner violence in both urban and rural settings in Kenya.

Maternal, newborn and child health project evaluation results

The Access – Infant, and Maternal (AIM) Health programme was designed and implemented using the World Vision 7-11 health and nutrition strategy and used ttC, COMM and CVA as the core models of intervention. This was a five year programme funded

by Irish Aid and implemented in ten area programme sites in five countries: Kenya, Uganda, Tanzania, Sierra Leone and Mauritania. The End of Programme Independent Evaluation Report (2011 - 2015) indicated that the programme goal of reducing infant and maternal mortality by 20 per cent has been achieved to the desired level in most programme sites.

This includes reduction in neonatal mortality by 20 per cent in all programme sites, except in one where neonatal mortality was reduced by 16 per cent.

20 per cent reduction of the under-five mortality rate in six out of nine programme sites. In one other site the under-five mortality rate declined by 15 per cent but not to the level of programme target. In two additional programme sites, in Sierra Leone, the rate deteriorated, and it is largely attributable to service delivery gaps that were beyond the control of the programme and its interventions.

The maternal mortality ratio declined in all programme sites; attaining the programme target in three programme sites; and achieving reduction rates close to this target in two other sites.

Table IV: Impact results

AIM Health Programme Sites	Neonatal Mortality			Under-five Mortality			Maternal Mortality		
	2012	2015	Per cent change	2012	2015	Per cent change	2012	2015	Per cent change
Mutongui, Kenya	19	13.5	30.91	72	52	27.72	518	427	17.50
Mundemu, Tanzania	21	6	71.43	61	52	14.75	486	372	23.46
Sanzawa, Tanzania	21	11	47.62	94	61	35.11	486	393	19.14
Busi, Uganda	19	12	38.03	115	65	43.67	416	327	21.51
North Rukiga, Uganda	26	10	61.46	185	98	46.93	416	297	28.62
Guerrou & Mbagne, Mauritania	52	40	24.10	170	116	31.43	732	702	4.07
Imperi, Sierra Leone	23	17	23.47	194	280	-44.44	1509	1347	10.7
Sherbo, Sierra Leone	24	21	15.83	143	197	-37.73	1580	1524	3.55

Commitment 4

Train, equip and support 100,000 Community Health Workers in countries where we are currently working.

PROGRESS TO DATE

Amongst many interrelated determinants of under 5 child mortality, critically low health workforce density plays a key role. Community Health Workers (CHWs) are particularly critical in reducing child mortality, as they extend essential reproductive, maternal, newborn and child health services to communities, and to those living in remote rural areas. World Vision is investing in [Community Health Workers programmes](#) that aim to strengthen existing health structures, to train and support community health workers, and to enable functioning health systems.

World Vision's commitment to scale up CHW programming has been achieved and the target has been surpassed. Whilst efforts to streamline all country office reporting systems for accurate CHW metrics are underway, World Vision conducted a survey of 65 country programmes from November to January 2015. The survey reported that 48 national offices have CHW programming as a core component of their health programming, and a total of 220,000 CHWs are currently supported. This is a significant increase from 2011, when World Vision was supporting 70,000 community health volunteers, predominantly through its "Hope Initiative" HIV programmes, and through approaches that varied according to grant,

project or support office lead. CHW programmes are now at the centre of World Vision's health strategy. World Vision has worked with national offices to develop a strong strategy for CHWs and to invest in scaling up consistent programmes across all project areas.

World Vision has contributed to country-led national scale up in many countries through rolling out our ttc programme in 28 countries we have been able to engage at the national level in multi-partner dialogue around CHW programming. World Vision's deliberate partnering approach includes our work with community health committees and local level advocacy to strengthen the capacity of civil society and health structures. These groups have built capacity to support, supervise and motivate CHWs, as well as to work with state structures to advocate for improved health worker retention in rural facilities.

We have supported governments to adapt ttc to be scaled up by all NGOs in seven countries (Swaziland, Mauritania, Ghana, Kenya, Tanzania, Uganda, Jerusalem-West Bank-Gaza). We have introduced the CHW Principles of Practice in 3 countries, and we have supported the integration of the Joint Framework for Harmonized Partner Action in Ghana and Sierra Leone. In 2014, World Vision supported the Government of Ghana to develop a strong national curriculum and approach called the "Healthy Families Model". Since 2015 the model has been adopted in Kenya and Sierra Leone as a national CHW approach. The CHW Principles of Practice are of direct relevance to NGO activities, including the Core Group Membership of international NGOs. In 2014, we also led a multi-country session with assessment of existing harmonization of CHW programmes, together with the 1 Million CHWs Campaign.



Hasiba and her mother Parvin Akter, who is a World Vision trained community health worker.

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18-month old Harriet and grandmother Royda wait at the health clinic.



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Commitment 5

Initiate and support at least one new multi-stakeholder partnership that delivers results for women's, children's and adolescents' health.

PROGRESS TO DATE

World Vision has been diligent in bringing together a coalition to support women's and children's health. We convened a meeting in conjunction with WaterAid in December 2015 to develop a strategy to address the need for integration of the nutrition, maternal, newborn and child health, early childhood development, and WASH sectors in the first 1000 days. The partners at the meeting agreed that a new effort was needed, and the BabyWASH Coalition was born. Since then, World Vision has been leading with energy and funding by providing both an independent partnership broker and a coalition coordinator. The BabyWASH Coalition has steadily gained traction and visibility, including at a joint event with the World Health Organization at the Women Deliver Conference in May 2016. We are now a Coalition of more than 35 organisations spanning civil society, academic institutions and UN agencies. We are working to increase the level of engagement from the private sector

and from funding organisations so the Coalition truly represents all stakeholders. We are also committed to working through regional country networks that already exist with the purpose of utilising country expertise. The Coalition plans to deliver results by focusing on advocacy with policy makers and funders, creating guidance for programme implementers, and establishing a set of metrics to measure integration.

The BabyWASH Coalition has held monthly webinars to engage partners in the process of coalition formation. We have now transformed those monthly webinars into information sharing times on integration, and we had 115 participants on our call in June. We have officially formed a steering group for the Coalition (World Vision, WaterAid, FHI 360, Action Against Hunger, WHO and UNICEF) that has been hard at work creating Terms of Reference for each workstream and an overall commitment to Every Woman Every Child for the Coalition. These have been circulated amongst all Coalition partners for final approval in preparation for our launch at an EWEC event at the UN General Assembly. The first meeting of the advocacy and integrated programme workstreams will happen in October, where business plans will be drafted and the work of the Coalition will start in earnest.

Commitment 6

Advocate for women's and children's health and nutrition by investing at least US\$15 million in advocacy and playing a leading role in global efforts to build a culture of accountability at all levels, including through strong citizen engagement.

PROGRESS TO DATE

Investment in advocacy

In FY16 approximately US\$1.5 million was invested in health and nutrition advocacy across 25 national offices. All of them report having at least a percentage of a staff member dedicated to health and nutrition advocacy but the situation differs by country.

Local to Global Campaigning Model

World Vision is committed to ensuring access to quality essential health and nutrition services for the most vulnerable and marginalised children, and to empowering communities and giving leverage to their voice. World Vision's health and nutrition advocacy addresses policy implementation and accountability gaps at local and national levels. Coordinated action, including within the Child Health Now campaign, leverages this and seeks to influence national and global governance levels. Building on the local-to-global connections of previous 'moments' such as the Global Week of Action and September's UN General Assembly, World Vision and partner advocates have continued to focus attention on accountability for commitments, citizen engagement and child health and nutrition within the framework of the SDGs.

1. At local level: with citizens' empowerment through CVA as a core integrated advocacy model in World Vision's programming areas

2. At local, district and national level: influencing policy change or monitoring implementation of existing policies, including through the systematic collation and representation of citizens' local views and experiences as voiced in Citizens' Hearings and through CVA.

3. Building national to global connections: by lobbying national representatives attending important global meetings and events such as the World Health Assembly, in-country and at the global meetings

4. Monitoring and advising on accountability for government commitments: for instance reviewing governments' progress in implementing pledges from the 2013 Nutrition for Growth summit in London and calling for new and improved commitments to nutrition in 2016 and 2017.

World Health Assembly

The World Health Assembly (WHA) represents an important platform to strengthen World Vision's calls to improve the well-being of children, with the 2016 WHA encompassing critical policy decisions related to health, nutrition and ending violence against

children. We secured successful outcomes in all of our priority focus areas during the 69th WHA. The joint action of World Vision's national and support offices and successful coordination led by regional and global teams ahead of the WHA resulted in the realisation of World Vision's primary objective: to gather maximum support for the Operational Plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health, as well as, ensuring integration of citizens' recommendations & mechanisms for citizen-led accountability.

World Vision also broadened a multi-sectoral focus to include the impacts of violence on child survival, health and well-being, lobbying for the adoption by Member States of a new response plan for the health sector to address violence against women, girls and children. This integrated engagement allowed for greater collaboration between stakeholders focusing on health and on ending violence, it also recognised the interconnectedness of the SDGs. World Vision will now seek to ensure that all of the priority focus areas from the 69th WHA are implemented at national and local levels.

Accountability and citizen engagement

World Vision engages in a variety of programmes and initiatives that foster citizens' and children's engagement in decision making such as the well-established Citizen Voice and Action approach and the more recent Citizen's Hearings methodology. Most social accountability programmes are integrated with other World Vision initiatives on health, nutrition and WASH and are aligned with national level advocacy initiatives, including the Child Health Now campaign.

World Vision is committed to ensuring access to quality essential health and nutrition services for the most vulnerable and marginalised children and to empowering communities and giving leverage to their voice. Kevin Jenkins, CEO and President of World Vision International, was appointed to the United Nations Secretary General's High Level Advisory Group for Every Woman Every Child in January 2016, after having served on the Commission on Information and Accountability for Women's and Children's Health in 2011.¹

Citizen Voice and Action

World Vision has introduced 227 health and nutrition related social accountability initiatives in more than 40 countries, through the Citizen Voice and Action (CVA) approach. This is a long-term empowerment approach, which employs civic education, participatory activities such as community services scorecards and social audits, non-confrontational dialogue and advocacy to ensure health service standards are met.

In a 2016 sample of 6 countries undertaking this approach in more than 200 health clinics, results included:

1. Service improvements, such as better sanitation, new infrastructure such as maternity wards and improved relations between staff and patients, are documented in 69 clinics in Cambodia (benefiting an estimated 74,000 children), 87 clinics in Bangladesh, and 79 clinics in Kenya.
2. After community lobbying efforts, increases in staffing in 5 of the countries ranged from an additional staff member to more than a doubling of staff numbers across clinics. In less than a year, one DRC health clinic appointed a doctor and 2 qualified nurses to support the existing 4 unqualified staff.

¹ For more detail: [UN Secretary-General Announces Members of the High-Level Advisory Group for Every Woman Every Child](#)

Citizens' Hearings

Citizens' Hearings enable constructive dialogues between community members, faith leaders, children and government representatives for the purpose of empowering citizens and holding national representatives accountable. In 2015, more than 100 Citizens' Hearings took place in more than 20 countries, the recommendations were shared with national representatives and other political and religious leaders. In 2015 and 2016 the outcomes of the Citizens' Hearings were presented at events during the World Health Assembly and were included in the updated Global Strategy for Women's, Children's and Adolescents' Health as an input into the national and global accountability framework.

Along with its partners, World Vision has been organising Citizens' Hearings all around the world, including taking the lead to facilitate hearings in fragile and conflict-affected contexts such as Niger, Mauritania, Mali and Sierra Leone. Some of the areas discussed in the hearings include accountability mechanisms, commitments to women's, children's and adolescents' health, proposed SDG targets, citizens' participation and citizens' direct experiences with health systems.

World Vision was actively engaged in the accountability working group inputting into the Global Strategy for Women's, Children's and Adolescents' Health throughout 2015. In 2016 World Vision's input and participation was sought out as a member of an expert working group on accountability, convened by PMNCH and tasked with shaping the Unified Accountability Framework that sits behind the implementation for the Global Strategy.

[The Unified Accountability Framework](#) clearly situates the voices and engagement of citizens within the accountability cycle and makes mention of the Citizens' Hearings methodology.

Nutrition

World Vision has been working towards securing new and improved commitments to nutrition at the Nutrition for Growth event hosted by the Government of Brazil in August 2016. This work has been done in partnership with World Vision offices in Brazil, Kenya and Bangladesh, and with external partners including Global Citizen and Gastromotiva. Some of the activity that took place around Nutrition for Growth to date, including within the digital #Nutrition4Gold campaign:

1. World Vision hosted the launch of the Global Nutrition Report in New York, working closely with NGO partners including WaterAid, Save the Children and Concern Worldwide.
2. World Vision produced a Social Media Guide that was shared with the International Coalition on Advocacy for Nutrition and other nutrition stakeholders.
3. #Nutrition4Gold became the leading narrative and hashtag for digital conversations around the Nutrition for Growth event in Brazil.
4. From July 10 through August 14, #nutrition4gold reached an audience of 21.9 million people through more than 55.5 million impressions through more than 13,033 tweets.
5. World Vision Brazil held a meeting of Brazilian CSOs to discuss Nutrition for Growth. A petition was developed at the Brazilian CSO meeting that was signed by 20 national organisations and a number of international organisations..



Children collecting water from a borehole repaired as a result of people's own advocacy through Citizen Voice and Action (CVA) in Kibiga Mulagi ADP in Kiboga district, central Uganda.

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6. World Vision collaborated with Global Citizen on a series of 'actions' related to hunger and nutrition, had blogs published on Huffington Post and the Jamie Oliver Food Revolution website

Fragile and Conflict Affected Contexts

World Vision is committed to improving the health and well-being of the most vulnerable children, particularly those in fragile, conflict-affected and humanitarian settings. We have been active participants in the 'Every Woman Every Child EveryWhere' workstream that focuses in these difficult settings, including as a participant in a planning meeting to develop a 5 year roadmap.

At the World Humanitarian Summit in May 2016 we pledged to spend US\$500 million of the US\$3 billion commitment on health, nutrition, HIV & AIDS and WASH in humanitarian settings by 2020 in support of these efforts. This commitment sits within the overall World Vision commitment to Every Woman Every Child made in September 2015.

We will continue to advocate for health in fragile, conflict-affected and humanitarian setting, building on the engagement at Women Deliver in May 2016, which saw World Vision co-hosting an event with the International Federation of Red Cross and Red Crescent, and participating in a number of the panels addressing these most difficult contexts.

Commitment 7

Mobilise around 300,000 faith leaders in 50 countries to facilitate change towards supportive attitudes and positive behaviour change in support of Every Woman Every Child.

PROGRESS TO DATE

In FY15 World Vision trained 14,000 faith leaders on maternal, newborn and child health, HIV, Gender and Child Protection in 36 countries through the Channels of Hope (CoH) programming approach. Channels of Hope is the World Vision approach for training and equipping faith leaders to promote and improve child well-being in their communities. Channels of Hope for maternal, newborn and child health trains, motivates and mobilises faith communities and individuals to act on their responsibility to honor, uphold, and restore the dignity and value of every human being, and to help ensure that even the most vulnerable— especially women and children—experience fullness of life.

This carefully designed programme relies on: scripture-based guiding principles, dialogue, interactive activities, and scientific information and messages. Faith leaders are taken through a process to build their awareness, discuss attitudes, beliefs and practices that both, enhance and restrict child well-being. They learn practical ways from other community actors to engage on the most pressing health and well-being challenges that their children face. Additional teams from their faith community experience the same workshop, planning a detailed response and tasked with mobilising the entire faith community for action. The results are faith communities' activity engaging in prevention, care and advocacy that improves the lives and health of women and children in their community.

Detailed scope:

1. Adaptation and contextualisation of engagement tools to allow for expansion into new contexts:
 - a. 2 Channels of Hope for Child Protection pilots were held for Orthodox faith (Bosnia and Hercegovina and Georgia). Expanding into the Orthodox context with relevant faith response content will open doors to 6-8 countries in the coming years.
 - b. Adaptation of the Channels of Hope for Gender model began for the Islamic context with a core working group led by Islamic Relief South Africa. This will enable scale up in West Africa and Asian countries planning to implement the Christian and Muslim version.
2. Increased scale of trained facilitators
 - a. Channels of Hope Train the Facilitator Events (4 Gender trainings-Papua New Guinea, Regional training in South Africa, Peru, Uganda; 2 Child Protection trainings-Senegal and Cambodia; 1 maternal, newborn and child health-Lesotho)
 - b. Each trained facilitator (approximately 30 per training event) will reach approximately 100 people this year.
3. Strengthening evidence base on the role of faith leaders to effect change in child well-being outcomes.
 - a. Channels of Hope-Child Protection operational research work began in partnership with Queen Margaret University in Scotland. This research will be a longitudinal, operational research study reflecting on the impact of faith leader engagement on attitudes, behaviours and child protection system strengthening. A baseline in Senegal has occurred, as well as, development and testing of a Knowledge Attitude Practice Theology tool for assessment.
 - b. Emerging evaluations also indicate a significant influence by engaged faith leaders in the knowledge, attitudes and practices of community members related to healthy timing and spacing of pregnancies in Ghana and Kenya.



World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities world-wide to reach their full potential by tackling the causes of poverty and injustice. World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity or gender.

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