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CHILD HEALTH NOW

Together we can end preventable deaths

AN INDEPENDENT HIGH-LEVEL ASSESSMENT OF WORLD VISION INTERNATIONAL'S COMMITMENTS TO THE UN SECRETARY-GENERAL'S STRATEGY 'EVERY WOMAN EVERY CHILD'

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A group of women feeding nutritious food they cooked during a training session to their underweight children in Bangladesh.

Preface

This is a high-level independent assessment of World Vision International's Commitments to the UN Secretary-General's Strategy 'Every Woman Every Child' (EWEC).

In recognition of the importance of transparency and accountability World Vision invited Crowe Clark Whitehill to undertake a high-level interim review of progress made with regard to World Vision's EWEC Commitment. In particular, the terms of reference for this first external assessment required a focus on

- validation of the strategic alignment of World Vision's programming practice with its EWEC Commitment
- assessment of actual total expenditures made by World Vision which may be counted towards its EWEC Commitment (e.g. Maternal, Newborn and Child Health programmes).

The review, which was carried out during August and September 2012, was based on interviews with World Vision staff, a number of external stakeholders, document review and independent research.

I would like to express my thanks to all those who participated in this assessment.

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Executive Summary

In September 2010, the UN Secretary-General launched the Global Strategy for Women's and Children's Health called 'Every Woman Every Child' (EWEC). This multi-constituency process aims to accelerate momentum towards achieving Millennium Development Goals (MDGs) 4 and 5, reducing child mortality and improving maternal health, respectively.

The goal is to save the lives of 16 million women and children by 2015. The Every Woman Every Child campaign is described as an unprecedented global movement to mobilise and intensify action of those working nationally and internationally to improve the lives of women and children around the world, including governments, multilaterals, the private sector and civil society.

The Global Strategy for Women's and Children's Health was developed with the support and facilitation of the Partnership for Maternal, Newborn and Child Health (PMNCH). The global strategy sets out the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery. These areas include

- support for country-led health plans, supported by increased, predictable and sustainable investment
- integrated delivery of health services and life-saving interventions so that women and their children can access prevention, treatment and care when and where they need it
- stronger health systems, with sufficient skilled health workers at their core
- innovative approaches to financing, product development and the efficient delivery of health services
- improved monitoring and evaluation to ensure the accountability of all actors for results.

Civil society organisation (CSO) and non-governmental organisation (NGO) stakeholders were encouraged to

1. endorse EWEC
2. make public commitments in support of EWEC by aligning resources and programmes in support of this global effort.

On 20 September 2010, World Vision International (World Vision) announced its EWEC Commitment of US$1.5 billion (US$500 million via grants and foundations) in support of women's and children's health using a 'social determinants of health' approach (EWEC Commitment).

The overall assessment is that World Vision has made much progress on its EWEC Commitment and is strongly on track to meet its full commitment. The findings of this high-level review concerning the specific five World Vision commitments are summarised below.

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

   It is apparent that World Vision's strategy, advocacy and programmes at global, national and grassroots levels are closely aligned with the UN Secretary-General's strategy. National and Regional Office plans demonstrate congruence with the EWEC strategy, and the objectives are seen to be within World Vision's long-standing, overarching goal to achieve the well-being of the world's most vulnerable children. To strategically align field programming to strategy, World Vision implemented a Jump Start initiative, investing US$21 million specifically to ensure the strategic realignment of World Vision field programmes to EWEC results areas. In addition, in September 2011 World Vision committed to supporting at least 100,000 Community Health Workers to further enhance its work to improve women's and children's health.

   Much of the work is carried out in area development programmes (ADPs). World Vision should consider clustering ADPs' health programmes to benefit from scale, achieve change and reach sufficient population coverage.

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

   Projected figures based on conservative assumptions show that World Vision is on track with its financial commitment. NGOs are facing difficult resource constraints, and continued close monitoring of forecasts and actuals is important to ensure that all parts of the World Vision partnership are able to deliver on this important commitment. In particular, World Vision is encouraged to consider ways to better align financial resource allocations to countries that are off-track with MDGs 4 and 5.

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

   Earlier this year World Vision launched its flagship research project, The Child Health Target Impact Study (chTIS), which will be coordinated by a newly formed Child Health Impact Study Advisory Group (chISAG). This project is aimed at improving the evidence base and moving beyond anecdotal or narrative descriptions of World Vision's work to an assessment of work in a scientifically rigorous manner that can withstand peer review. Working with the Johns Hopkins Bloomberg School of Public Health as the lead academic partner, this study will take place in four countries over a five-year period at an overall cost of US$4.8 million. This impact study will assess the effectiveness of World Vision's Maternal and Child Health Strategy and the attribution of World Vision's work to enhance the health of women and children around the world.

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

   Child Health Now is World Vision's first global campaign focused on a single issue: reducing the preventable deaths of children under 5. This campaign follows the spirit of MDG 4 and has been embraced at all levels within World Vision. Now in its third

year, Child Health Now is being run in 28 National Offices and 10 Support Offices, providing World Vision with a real opportunity to influence national, regional and global agendas to bring about improved health outcomes for women and children around the world.

The projected investment is forecast to significantly exceed the US$10 million investment. However, there were concerns that the sustainability of the advocacy agenda was at risk because of funding constraints. This, coupled with the need to ensure strong advocacy voices within World Vision that properly represent the diversity of its operations, are important aspects that will need to be monitored.

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

World Vision has engaged in many initiatives that demonstrate its commitment to social accountability. It has tried to take the best from different frameworks, and its reporting and accountability tools and reporting frameworks are seen to be of increasing value to its work with communities, governments, peer NGOs and donors. It has actively engaged in developing and maintaining frameworks to monitor global financial and policy commitments for maternal and child health and to ensure that resources are deployed effectively. It has developed its own monitoring of commitment, parliamentary engagement and actions at the national level.

It is important that the momentum on accountability is maintained and that resource constraints do not reduce delivery in this important area.

Sections 1–5 that follow provide additional information on the five commitments. There are cross references and footnotes with links to relevant documentation.

1. Strategic Alignment

In considering the actual alignment of World Vision's strategy with the UN Secretary-General's Global Strategy for Women's and Children's Health, the strategic plans of key members of the World Vision partnership – Support Offices, National Offices and Regional Offices – and also the high-level partnership direction were reviewed.

The World Vision Partnership Strategic Direction highlights the goal to focus on the well-being of the world's most vulnerable children. World Vision has defined a number of aspirations, indicators, targets and outcomes for Child Well-Being. (Further information is provided in the later sections of this report.)

National Office, Support Office and Regional Office plans showed strong congruence with this overarching goal, and many had a specific focus on EWEC objectives. For example,

- The World Vision UK Strategic Plan 2011–15 states:

  By focusing more closely on children in the world's poorest, most fragile places, we can help those who need it most. Ending poverty means addressing its causes, not just the symptoms: we need to devote more resources to influencing people whose decisions affect the lives of the most vulnerable

through our advocacy work. In particular, we need to be at the forefront of any campaigns related to the Millennium Development Goals as the 2015 deadline approaches.

- The World Vision's India Office Strategic Directives 2011–14 highlights 'the reduction of infant mortality' as the first of its strategic directives 'with a focus on improving maternal health (–9 months to +24 months) and improving full immunisation among children aged between 0–23 months'. This is directly linked to the '7-11' framework discussed below.
- The World Vision's Zambia Office 2010–12 Strategy lists four key strategic objectives, one of which is 'improved health and nutrition status of 600,000 children and 200,000 women in WVZ operational areas'. The cross-cutting themes in the other three strategic objectives also resonate with the EWEC objectives.

There were some plans that did not make direct references to the areas of the EWEC Commitment, but this appears to be a function of the phasing of the plans. Regional and National Offices are on a staggered, three-year strategic planning cycle (e.g. plans for East Asia and for Latin America and the Caribbean are being completed this year, while the Middle East and Europe plans will be updated later this year). The Support Offices' strategic planning cycles vary and last three to five years. Notwithstanding, many of the plans that were prepared before the EWEC Commitment show that World Vision has for some time carried out work that fits in with the UN Secretary-General's global strategy.

In particular, in 2007, with strong commitment from the World Vision International Board and senior leadership, World Vision adopted a Health and Nutrition strategy with a strong organisation-wide focus on maternal and child health and nutrition (MCHN) which would directly contribute to World Vision's child well-being outcomes (CWBOs) and to the MDGs. This strategy advocated for organisation-wide adoption of a '7-11' framework of MCHN issues (7 interventions for pregnant women and 11 for children ages 0 to 23 months.) The framework reflects the most successful and cost-effective intervention areas and is designed to maximise impact through combining complementary interventions. The strategy included plans to rapidly build institutional capacity and to 'jump-start' a replicable and scalable programmatic base. The Jump Start Initiative (JSI), as it came to be called, had two major components:

1. optimise health staffing for leadership, strategic prioritisation and technical support
2. build National Office–level health capacity, including redesign of ADPs.

Significant resources have been deployed, and over US$21 million has been committed to this initiative in 28 National Offices. The *7-11 Start-Up Field Guide*,[1] published in 2010, was seen as being critical to help align programme strategies and designs with the Health and Nutrition and 7-11 start-up strategy. This comprehensive field guide, described as the foundation to all of World Vision's health and nutrition work, provides an overview of World Vision's strategic choices, principles, interventions and project models, summarising the evidence behind these choices.

World Vision's health strategy focuses on home visitation-based community health approaches that are strengthening Community Health Workers. In September 2011

1 http://www.wvi.org/wvi/wviweb.nsf/11FBDA878493AC7A882574CD0074E7FD/$file/WV_FieldGuide_FINAL.pdf

in New York during the UN General Assembly side meetings, CEO Kevin Jenkins committed World Vision International to supporting 100,000 Community Health Workers as part of World Vision's strategy and investment to improve maternal and child health and nutrition. His commitment recognises the vital role that Community Health Workers play in addressing household-level preventive and care seeking practices, and connecting families to formal health services.

Recognising that plans do not always lead to implementation, external stakeholders were consulted as part of this assessment and reports of actual activity and other assessments were also reviewed. These consultations and reviews confirmed that based on actual activity there was a strong alignment with the EWEC strategy at both the strategic and implementation levels. In addition, monitoring activity of programmes showed that inputs, activities and outputs are aimed at delivering the outcomes and impact envisaged by the EWEC Commitment.

Many of the strategies showed a strong focus on grassroots work through ADPs. The focus on ADPs and the fact that they are often of smaller sizes than district or other administrative units can be seen as limiting from a public health point of view. World Vision is encouraged to cluster ADPs' health programmes to benefit from scale, achieve change and reach sufficient population coverage. A number of those consulted thought that this would lead to better achievement of strategic goals and greater programming impact.

2. Financial Investment

World Vision committed to invest US$1.5 billion over five years to women's and children's health. The commitment, made in 2010, was based on expenditure on health, HIV and AIDS, nutrition, and water and sanitation. Table 1 below is based on actuals for 2011, a forecast for 2012 (based on nine-month actuals) and estimates for the years 2013, 2014 and 2015 through 30 September each year. Annual growth forecasts were originally set at a higher level but have been reduced to a conservative 3 per cent per annum. This growth estimate was corroborated by discussion with senior financial analysts within World Vision who believe that it is realistic. It is expected that as World Vision's strategic intent (see previous section) on EWEC moves centre stage, the percentage of its overall spend that is invested in EWEC will increase even if difficult economic conditions mean that total income will not increase. However, based on the fact that these are estimates, a sensitivity analysis on the projections is included in Table 1. This shows that if the growth projections were reduced to 2 per cent, 1 per cent, no growth, or a decrease of 1 per cent, World Vision would still be meeting the US$1.5 billion commitment.

The projected figures in the following tables show that World Vision is well positioned to exceed its committed investment. However, there is no room for complacency; the world economic situation and the Euro crisis in particular are threatening funding to and by NGOs. Regular monitoring and scenario planning is important to ensure that World Vision remains on track to meet this important commitment.

The work carried out for this assessment did not attempt to independently validate any of the financial figures used in this report. These figures are based on compilations by the World Vision finance teams. Actuals are extracted from the accounting records of the National Offices and the figures used for the Global Consolidated Accounts for the year ended 30 September 2011. Budgets and projected expenditures are based on latest estimates from World Vision's financial analysts.

The question was raised as to the appropriateness of including the total spend in these areas as part of the EWEC Commitment. Programme expenditure is integrated, and World Vision does not see that it is practical or necessary to try and isolate direct EWEC expenditure. It was explained that, as highlighted in the UN Secretary-General's Global Strategy for Women's and Children's Health, integration with MDG 1C on nutrition and MDG 6 on infectious diseases (AIDS, tuberculosis and malaria), non-communicable diseases and other health, social and cross-cutting issues, is critical to achieve MDGs 4 and 5. This is seen to be in line with the World Health Organization Commission on Social Determinants for Health recommendation. For the purposes of this review it is seen to be acceptable to use the figures as stated below on the basis that World Vision's investment to EWEC, to match its commitment, adequately supports integration with determinants of health that are traditionally outside the domain of the health sector, such as safe drinking water, sanitation, hygiene and nutrition.

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

Sector	Actuals year ended 30 September 2011 $'000	Forecast year ended 30 September 2012 $'000	Projected year ended 30 September 2013 $'000	Projected year ended 30 September 2014 $'000	Projected year ended 30 September 2015 $'000	Projected for 5 years ended 30 September 2015 $'000
Health	184,860	183,318	188,818	194,482	200,317	**951,795**
HIV and AIDS	83,715	72,909	75,097	77,350	79,670	**388,741**
Nutrition	36,891	39,850	41,045	42,277	43,546	**203,609**
Water and sanitation	84,630	125,549	129,316	133,195	137,191	**609,881**
Total	390,096	421,626	434,276	447,304	460,724	**2,154,026**
Percentage increase		8%	3%	3%	3%	
Sensitivity Analysis						
Totals if increase is 2%	390,096	421,626	430,059	442,962	456,250	**2,140,993**
Totals if increase is 1%	390,096	421,626	425,842	438,619	451,777	**2,127,960**
Totals if no increase is achieved	390,096	421,626	421,626	421,626	421,626	**2,076,600**
Totals if there is a 1% decrease	390,096	421,626	417,410	413,236	409,103	**2,051,471**

* This expenditure does not include expenditure on operational research (See Section 3) and advocacy (See Section 4).

The analysis by region for the two years prior to 30 September 2012 is shown below in Table 2.

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

Region	Actuals year ended 30 September 2011 $'000	Forecast year ended 30 September 2012 $'000
East Africa	108,138	125,438
East Asia	28,268	34,901
Latin America/Caribbean	60,213	48,809
Middle East/Eastern Europe	16,578	15,950
South Asia & Pacific	46,339	48,808
Southern Africa	92,336	99,992
West Africa	38,224	47,729
Total	**390,096**	**421,626**

It is recognised that the funding mechanisms make allocation of funding to different countries challenging. However, World Vision is encouraged to consider ways to better align financial resource allocations to countries that are off-track with MDGs 4 and 5.

World Vision has also analysed these figures by source. This was done to identify the income from government and bilateral funding because there is a concern that this investment may be doubly counted in the overall EWEC Commitment.

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

Funding type	Actuals year ended 30 September 2011 $'000	Forecast year ended 30 September 2012 $'000
Government	102,290	83,511
Multilateral	20,303	26,966
Private Non-Sponsors	94,335	124,861
Sponsorship	173,168	186,289
Total	**390,096**	**421,627**

The figures in tables 1 to 3 above exclude gifts-in-kind of US$38 million in financial year ending 30 September 2011 and US$33 million in the first nine months of the year ending 30 September 2012. The figures also exclude research and advocacy activity (see Sections 3 and 4 of this report) that is also directly aimed at the EWEC Commitment.

3. Increasing the Evidence Base

World Vision president, Kevin Jenkins, wrote an article in the May 2012 issue of Global Health in which he stated: 'Our work should not just be well meaning, but must be informed by evidence. A growing library of research now guides our approach to malnutrition and considerable global momentum is building.'

World Vision has an extensive list of the various pieces of its own research, many of which are publications that can be found on World Vision's international and national websites. In the past World Vision has mainly conducted small operations research projects, but recognising the need to assess its work in a scientifically rigorous manner, earlier in 2012 World Vision launched a flagship research project: the Child Health Target Impact Study (chTIS). This will be coordinated by a newly formed Child Health Impact Study Advisory Group (chISAG).

In 2011 World Vision developed the Child Well-Being Targets – a set of four concrete, measurable targets that show if children are moving closer to realising those aspirations in the areas where the organisation is working. The targets are:

1. children report an increased level of well-being (ages 12–18)
2. increase in children who are well-nourished (ages 0–5)
3. increase in children protected from infection and disease (ages 0–5)
4. increase in children who can read (by age 11).

This impact study will evaluate World Vision's work to achieve targets 2 and 3. In particular it is aimed at assessing the effectiveness of World Vision's Maternal and Child Health Strategy and the attribution of World Vision's work to enhance the health of women and children around the world.

Following a comprehensive tender-based selection exercise, Johns Hopkins Bloomberg School of Public Health was selected to be the lead academic partner for chTIS. The study will take place in four countries over a five-year period at an overall cost of over US$4.8 million.

Table 4: Child Health Target Impact Study budgeted expenditure by category (in US$'000)

Expenditure Category	5 years to 30 September 2016 $'000
Global-regional level shared costs	562
Regional Office costs	52
National Office costs for 4 countries	1,218
Lead Academic Partner costs for 4 countries	1,038
National level Academic Partner costs	1,849
International Project Coordinator	112
Total	**4,831**

The total funding for chTIS has been met; however, work is still under way to match funding commitments and the budgetary needs of chTIS, which has considerable variance per year due to data collection costs in 2013 and 2016. The best present estimate of the phasing is shown in Table 5.

Table 5: Child Health Target Impact Study annual projected expenditure (in US$'000)

Phased projected expenditure	$'000
Year ended 30 September 2012	485
Year ended 30 September 2013	1,551
Year ended 30 September 2014	596
Year ended 30 September 2015	676
Total projected to 30 September 2015	**3,308**
Year ended 30 September 2016	1,523
Total projected to 30 September 2016	**4,831**

A design workshop and follow-up actions in May 2012 involved chISAG members, Ministry of Health representatives of the four participating countries, a World Health Organization representative and the Johns Hopkins Bloomberg School of Public Health team. A final study design for chTIS and a multi-country protocol have been finalised. Currently, work is underway to gather and process background information, data, and scientific and contextual evidence needed for this work. Work will begin to obtain ethical clearance, select in-country academic partners, select study sites and organise implementation workshops in each target country.

This is an ambitious and innovative research programme which is aimed at assessing and estimating the impact of World Vision's investment to achieve MDGs 4 and 5. It

is directly relevant to and meets the EWEC Commitment to contribute significantly to the evidence base of implementation research for women's and children's health by investing at least US$3 million in operations research.

4. Advocate for Child Health Now

In 2010 World Vision launched Child Health Now,[2] its first global campaign focused on a single issue: reducing the preventable deaths of children under 5. This campaign follows the spirit of MDG 4 and has been embraced at all levels within World Vision. It is currently being run in 28 National Offices and 10 Support Offices.

The campaign will draw on the lessons learned in World Vision's 1,600+ community programmes where the development strategies are linked to advocacy efforts with local and national government bodies. This campaign is aimed at supporting communities in raising their voices about their right to quality health care and will allow them and other stakeholders to hold national governments to account in meeting their responsibilities to children, mothers, families and communities throughout their countries.

World Vision has been working with other NGO partners to urge wealthy nations to fulfil their promises made to the UN's Millennium Development Goals to improve conditions in the developing world. World Vision's Child Health Now campaign is aimed at calling on the international community to rededicate itself to these goals.

The Child Health Now campaign aims to contribute to the achievement of a significant reduction in child and maternal mortality rates by pressing governments and others to focus more on family and community health, in line with MDGs 1C, 4, 5 and 6, particularly in the poorest and most marginal countries and regions in the world. This strategy addresses the inaction or ineffective actions of governments and multinational institutions on the issue of child health. World Vision views health as a development issue and through the Child Health Now campaign calls for concrete action to address pressing needs.

World Vision believes that community ownership and engagement are a crucial part of the accountability chain for health that must be strengthened, with particular attention paid to the links between local and national levels. World Vision has a focus on the role of citizens in accountability, supporting them to be able to monitor and influence government spending, both from domestic resources and overseas aid, on health, education and other services to which they are entitled.

There are many examples demonstrating how this is happening in practice. In particular, many World Vision programmes use 'Citizen Voice and Action' (CVA),[3] which brings together citizens, service providers, local government and civil society partners in a collaborative, facilitated group process designed to improve the quality of health services at the local level. The programme empowers communities to advocate for themselves by holding community-level government service providers accountable for the quality and quantity of services they deliver. Evidence collected in this process can then be used as the basis for constituency-level engagement with local parliamentarians and for higher-level policy dialogue at state and national levels to influence government policies and resource allocation.

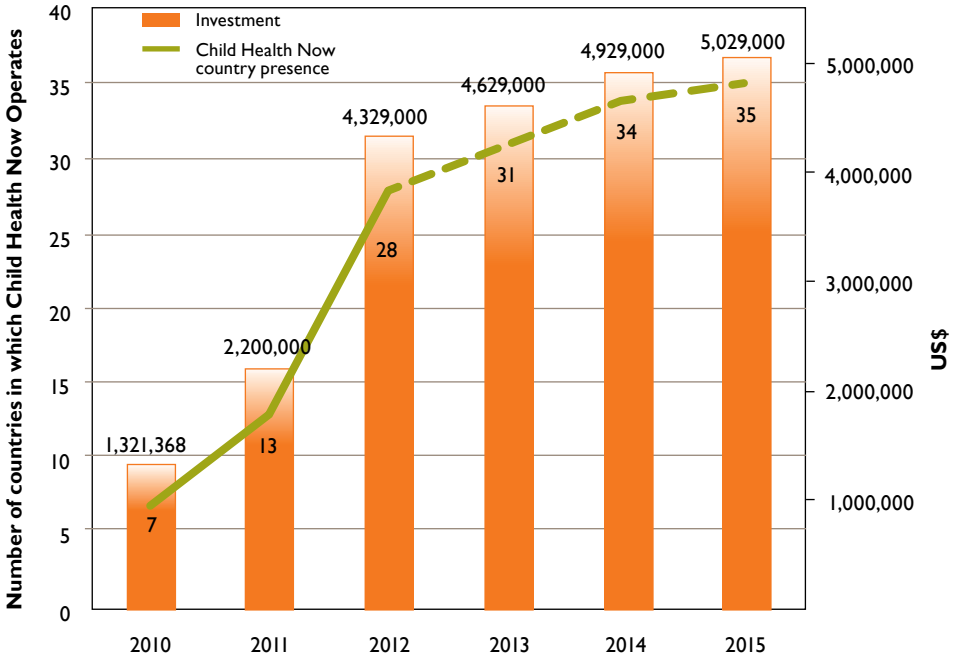
2 www.childhealthnow.org.
3 More information on Citizen Voice and Action (CVA) is available from cva@wvi.org.

CVA and other local-level advocacy approaches are making measurable progress. CVA is being implemented in roughly 210 ADPs in 29 National Offices. In terms of projections for the next three years, Child Health Now will run in 31 countries in 2013, 34 in 2014 and 35 in 2015.

Although CVA operates primarily at the local level, the methodology can also be used to identify patterns of government failure that are ripe advocacy targets for systemic reform at the provincial, national or even global levels. It is expected that the CVA database will provide an excellent way to link CVA and other local-level advocacy approaches to national- and global-level campaigning.

This database will allow World Vision staff to aggregate the data collected at the ADP level related to the implementation of the EWEC Commitment. The aggregated data will allow World Vision to monitor at the national level the progress against the commitments made in favour of EWEC. It will show where more action is needed as community-level information on health services is uploaded and made available to campaign teams around the World Vision partnership. Using this information will offer campaign teams a powerful means to demand change, channelling the voices of community members to decision-makers.

Figure 1: Progression of Child Health Now presence and financial investment 2010–15



There were concerns that the sustainability of the advocacy agenda was at risk because of funding constraints. This, coupled with the need to ensure strong advocacy voices within World Vision that properly represent the diversity of its operations, are important aspects that will need to be monitored.

5. Social Accountability

Following the launch of the Global Strategy for Women's and Children's Health, the UN Secretary-General tasked the World Health Organization with establishing a new, time-limited Commission on Information and Accountability for Women's and Children's Health. This was intended to create a framework to monitor global financial and policy commitments for maternal and child health and to ensure that resources save as many lives as possible.

The framework was expected to track results and resource flows at global and country levels. In the Commission's 2011 report, *Keeping Promises, Measuring Results,*[4] ten recommendations were made to focus on improving information for better results, improving tracking of resources and strengthening oversight of both results and resources at national and global levels.

World Vision president and CEO, Kevin Jenkins, was one of 25 commissioners involved in this Commission. This invitation stemmed from World Vision's high level of engagement in the development of the global strategy, with input from a number of National, Regional and Support Offices, coordinated by the Child Health Now and Global Health teams.

The review of information and discussion confirms that accountability is deeply embedded in World Vision's organisational character. It is one of the foundations of the World Vision partnership and one of the Partnership Principles – alongside empowerment, twin citizenship and interdependence. World Vision's Core Values emphasise responsibility for accountability to communities, staff, supporters, donors and the wider public.

World Vision is a member of the INGO Accountability Charter and is also represented on the board. Members of the INGO Charter are required to submit annual reports using the Global Reporting Initiative's (GRI) NGO Sector Supplement. Reports are reviewed by an independent panel and its findings published.[5]

Extract from the feedback provided to World Vision in January 2012 by the independent review panel of the INGO Accountability Charter:

We believe that your report is very good. It is complete and provides a good level of evidence. We particularly appreciate the global view presented by your CEO in the introductory statement. It is obvious that you have strong and extensive systems in place. We also appreciate the way you report on the area of complaints, not only providing numbers but also an analysis and details on how you work within this area. Furthermore we would like to commend your attempt to merge several reporting frameworks into one report and reach several stakeholders with one report. We believe that the structure is user friendly and sets the context of what you aim to achieve. We appreciate that you mention your commitment to the overall process and believe that this is appropriate for an organisation of your size and range. With regards to institutional commitment to accountability we see the level of detail in the report and the leadership as signs of this.

4 World Health Organization, *Keeping Promises, Measuring Results* (2011) <http://www.everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf>.

5 http://www.ingoaccountabilitycharter.org/list-of-signatories/signatories-annual-reports/world-vision-international/.

The most recent World Vision *Accountability Report* relates to 2010;[6] the 2011 report is in progress.

World Vision was appointed by the Partnership for Maternal, Newborn and Child Health as one of the three coordinating agencies together with the Government of Canada and the Government of Tanzania to coordinate the PMNCH Strategic Objective on Accountability for the period from 2011 to 2015.

This work involves the development of the annual accountability report that informs the work of the independent Expert Review Group that is tasked to report to the UN Secretary-General on progress made by all stakeholders on their commitment to EWEC.

To better measure health and nutrition, World Vision has been training its staff in the use of new software, Standardised Monitoring and Assessment of Relief and Transition (SMART). SMART enables World Vision staff to better assess the nutritional status, mortality rate, and food security of families. World Vision has also piloted and is scaling up the use of mobile technologies like cell phones to report health data.

To help provide focus on specific practices which enhance accountability to children and communities, World Vision developed a Programme Accountability Framework 2010. This framework outlines a set of minimum standards for accountability to children and communities in World Vision programmes, along with guidelines on how they can be implemented.

The document review and the various consultations show that World Vision has actively embraced social accountability in its approach, although there were concerns expressed that resource constraints should not be allowed to have too heavy an impact on the accountability, agenda. It is important that the momentum is maintained in social accountability, especially for CVA, World Vision's local-level social accountability programme which has been discussed earlier in this report, and we encourage World Vision to maintain its commitment to and support for this key aspect of its commitment to the UN Secretary-General's strategy.

6 World Vision International, Accountability Report (2011) < http://www.wvi.org/wvi/wviweb.nsf/0DA5D0279F5038378825764F006DA5CE/$file/ACCOUNTABILITYREPORT_FY10web.pdf >.

Crowe Clark Whitehill

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WORLD VISION IS A CHRISTIAN RELIEF, DEVELOPMENT AND ADVOCACY ORGANISATION DEDICATED TO WORKING WITH CHILDREN, FAMILIES AND COMMUNITIES WORLDWIDE 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.

World Vision

CHILD HEALTH NOW
Together we can end preventable deaths

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