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CHILD HEALTH NOW

Together we can end preventable deaths

COMMITMENTS COUNT FOR EVERY WOMAN, EVERY CHILD

The third independent high-level assessment of World Vision International's commitment to the UN Secretary-General's Global Strategy for Women's and Children's Health, 'Every Woman, Every Child'

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Information in green text boxes has been provided by World Vision as case study examples of *Every Woman Every Child* accountability in action.

Cover photo © World Vision. Sultana Razia with her daughter Taniya. Sultana is a community volunteer with World Vision's health and nutrition programme in rural Bangladesh. She advises other parents on the best ways to keep their children healthy: a good diet for mother and child, clean water, vaccinations at the right times and prompt attention when a child falls sick.

Accountable to our commitments

In 2010, I announced that World Vision would align its health, water, sanitation and hygiene programmes with the United Nations' *Every Woman Every Child* campaign. Specifically, we made a five-year, US$1.5 billion commitment as World Vision's contribution to boosting the world's faltering efforts to accomplishing the Millennium Development Goals relating to the health of mothers and children. In addition, we committed to engage in research that would encourage the employment of evidence-based health responses and drive an advocacy agenda drawing millions into promoting mothers' and children's access to good health. We promised to support local society as it speaks out for fair, accessible and community-led health systems.

Trust in governments and aid organisations is eroded when we make promises and don't keep them. The public rightly wants to know whether we have invested sufficiently to turn our good intentions into hard reality. So we undertook to have our financial and programme commitments regularly assessed by an independent third party to validate our claims and to publish the results. We have done so, and this report is the conclusion of that five-year effort.

I'm delighted that we not only met our commitment, despite difficult years of economic slowdown, but exceeded it. We invested more than US$2 billion protecting newborns and children under 5 who might otherwise have died of preventable causes, and boosting the health of pregnant women and young mothers. We partnered with others globally, nationally and in local neighbourhoods to get an even better return for our investment.

I was pleased to join the World Health Organization's Commission for Information and Accountability to support a broader effort to report openly the results of global promises. Our Child Health Now (CHN) campaign continues to engage millions of people under a campaign to 'Stop at Nothing', building consensus that the job isn't done until preventable maternal and child deaths are eliminated. Initiatives like Citizen Voice and Action are empowering communities to engage positively with those who have the power to make decisions that affect their health.

A failure to be rigorously accountable for our promises would severely undermine the Sustainable Development Goals on which we are asking the world to agree. The accountability models developed for *Every Woman Every Child* by the independent Expert Review Group are valuable pointers to success.

World Vision says: 'Our vision for **every child** is life in all its fullness, and for every heart, the will to make it so'. The only way to reach every child is to strive for fair, equitable, community-led health systems that prioritise children and mothers. The only way to engage every heart is to be forthright about the need, open to new ideas and completely honest about our use of donor resources. We seek to foster knowledge and enhance collaboration to build a world where everyone is ready to put the health of our most vulnerable citizens first.

Each of us has a role to play. Let's be sure we're learning. Let's be sure we're ready. And let's be accountable for what we say we'll do.

Kevin J. Jenkins President and Chief Executive Officer, World Vision International

Kevin Jenkins helps a community volunteer to measure baby Maggat's upper arm during a visit to a nutrition programme in Senegal.

Preface

In 2012 and 2013, recognising the importance of transparency and accountability, World Vision International invited Crowe Clark Whitehill to undertake two high-level interim reviews of progress made with regard to its commitment to the UN Secretary-General's Global Strategy for Women's and Children's Health *Every Woman Every Child.*[1]

In particular, the terms of reference for the first (2012) external assessment required a validation of the strategic alignment of World Vision's programming practice with its *Every Woman Every Child* commitment and an assessment of actual total expenditures made by World Vision International which may be counted towards it. The second (2013) review covered additional areas of World Vision activities that contribute to change and to *Every Woman Every Child* goals.

This third and final independent review incorporates material from the first two reviews and provides an update on progress. These reviews are based on interviews with World Vision staff, a number of external stakeholders, extensive document review and independent research. In addition, Crowe Clark Whitehill also carried out, in March 2013, a survey of World Vision staff. Where relevant, the findings have been used as part of this report.

The pages that follow provide additional information on these areas and commitments. There are cross references and footnotes with links to relevant documentation. This report aims to cover the full five-year period, so inevitably it reiterates matters from the second report. The report is structured in sections that cover the different commitments but, because work and initiatives can often have an impact on more than one area, some overlap is necessary.

In addition to the aspects covered in this report, many other World Vision initiatives and strategies have contributed towards *Every Woman Every Child* goals which have been covered in previous Crowe Clark Whitehill Reports.[2]

I would like to express my thanks to all those who participated in and provided information for this assessment.

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1 In 2014, the World Vision International Global Sustainable Health team and Global Campaigns team jointly prepared an internal update for iERG submission.
2 Available at http://www.wvi.org/child-health-now/publication/independent-assessment-world-visions-commitments-every-woman-every.

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'I love my family more than anything in this world, and there is nothing that makes me happier than seeing everyone healthy.'

Mazengia, mother of two,
Kurfa village, Ethiopia

Abbreviations

CHN	Child Health Now
chTIS	Child Health Target Impact Study
CHW	Community Health Worker
COIA	Commission on Information and Accountability for Women's and Children's Health
CSO	Civil Society Organisation
CVA	Citizen Voice and Action
GKIA	Gerakan Kesehatan Ibu dan Anak
iERG	Independent Expert Review Group
INGO	International Non-Governmental Organisation
JHSPH	Johns Hopkins Bloomberg School of Public Health
MaCHT	Maternal and Child Health Transformation
MDGs	Millennium Development Goals
MNCH	Maternal, Newborn and Child Health
NGO	Non-Governmental Organisation
PMNCH	Partnership for Maternal, Newborn and Child Health
PSMs	World Vision's Partnership strategy measures
SDGs	Sustainable Development Goals
SMART	Standardised Monitoring and Assessment of Relief and Transition
ttC	Timed and Targeted Counselling
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

Introduction and executive summary

In September 2010, in an effort to accelerate progress on Millennium Development Goals (MDGs) 4 and 5, the UN Secretary-General launched the Global Strategy for Women's and Children's Health called *Every Woman Every Child*.[3] This multi-constituency process aims to accelerate momentum towards achieving MDGs 4 and 5 – reducing child mortality and improving maternal health, respectively. Specifically, it aimed to save the lives of 16 million women and children by 2015.

In total, over 40 countries, corporations and charities pledged support and a combined US$41 billion to support the work. World Vision is among them. In 2010, the organisation made five measurable commitments to *Every Woman Every Child*.

Crowe Clark Whitehill has been requested to assess World Vision's final contribution to *Every Woman Every Child* through the lens of these commitments. World Vision often works in coalitions and partnerships, and it is recognised that in a number of the success stories, achievements and initiatives highlighted in this report progress cannot be attributed to World Vision alone. Notwithstanding this, our overall assessment is that as of May 2015 World Vision had already met its *Every Woman Every Child* commitments, the specific components of which are summarised below.

1. **Strategically align** all World Vision health; nutrition; HIV; and water, sanitation and hygiene (WASH) investment to contribute towards the UN Secretary-General's Global Strategy for Women's and Children's Health

From World Vision's Partnership Strategic Direction, which highlights the goal to focus on the well-being of the world's most vulnerable children, through the articulation of child well-being targets for health and nutrition within integrated programmes, it is apparent that World Vision's strategy, advocacy and programmes at global, national and grassroots levels are closely aligned to the UN strategy. World Vision's Global Health team developed a comprehensive strategy in 2010 based on the '7-11' framework to integrate maternal and child health and nutrition solutions. This has become a foundational reference for all of World Vision's health and nutrition work. Outside the technical sector of maternal and child health, other programmatic approaches in water, sanitation and hygiene (WASH); food assistance; and resilience and livelihoods are also increasingly aligned to goals for enhancing the health and nutrition status of children under 5. The Child Health Now campaign has also helped to normalise integration of efforts and goals between programmes and advocacy at local and at global levels.

3 More information at http://www.who.int/pmnch/activities/advocacy/fulldocument_globalstrategy/en/.

2. **Stay a leading civil society organisation (CSO) investor** in women's and children's health by investing at least US$1.5 billion aligned to *Every Woman Every Child* from 1 October 2010 to 30 September 2015

By September 2014, a year earlier than originally committed, World Vision had already invested US$1.6 billion in programming initiatives aligned with *Every Woman Every Child*. It is noteworthy that spend for 2015 is projected to exceed the actual spend for 2014. If the projected spend is achieved, World Vision will have exceeded its commitment spend by approximately US$546 million (36 per cent). In the past four years World Vision's global income has remained relatively flat, and it is a testament to World Vision's commitment to *Every Woman Every Child* that the expenditure commitment has been significantly exceeded.

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

Since we produced our last report in 2013, there has been tangible progress in the area of measurement and increasing the evidence base. World Vision's standardised child well-being reporting is connecting programme goals with child well-being targets (50 per cent of which focus on health and nutrition improvements) and allowing for aggregated results and conclusions at global level on health and nutrition programming. World Vision's flagship research project, the Child Health Target Impact Study (chTIS), is under way in partnership with the Johns Hopkins Bloomberg School of Public Health (JHSPH). This rigorous academic study across the health programmes of four countries is assessing the effectiveness of World Vision's Maternal and Child Health Strategy and is due for completion by the end of 2015. The expenditure projection of this study for the five years to 30 September 2016 is in excess of US$5.6 million, and World Vision is well on course to invest more than US$3 million in the four years to 30 September 2015 on this study alone.

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

World Vision's global Child Health Now campaign focuses on a single issue: reducing the preventable deaths of children under 5. The campaign is now calling for effective policy and accountability in more than 35 developing countries, several support offices and at the global level. World Vision's cumulative expenditure on the Child Health Now campaign has been approximately US$19.24 million against its original commitment of US$10 million. Support office funding to national campaigns is decreasing, but much of the gap is being filled by national office resources as Child Health Now and health advocacy become 'business as usual' within national health strategies. The campaign demonstrates over 200 examples of success in influencing policies or increased demand for action at local, district, national and global levels. Citizen empowerment at the local level, as well as a global constituency shown through the annual Global Week of Action on child survival, shows that World Vision's presence at multiple levels is of key benefit in this model of coordinated action.

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. Child Health Now campaigns are leveraging their governments' commitments to various global frameworks including *Every Woman Every Child*, working alone and in coalition to ensure implementation of promises. As part of this, campaigns are using data on gaps and priorities identified within World Vision programme areas, much of it generated through the local-level advocacy model Citizen Voice and Action.[4] Evidence collected in this process is also used as the basis for constituency-level engagement with local parliamentarians and for higher-level policy dialogue at state and national levels in order to influence government policies and resource allocation. World Vision's parliamentary engagement is core to the Child Health Now model and includes direct and coalition lobbying on changes to budget or human resource levels. Global coalition work incorporates World Vision's health and nutrition expertise alongside multi-national governance advocacy. World Vision closely collaborates with the Inter-Parliamentary Union and is represented on the Partnership for Maternal, Newborn and Child Health (PMNCH) reference group, among others.

Conclusions: New times, new challenges

The past five years of health programming and policy work to meet *Every Woman Every Child* accountabilities have also been beneficial for World Vision in terms of building capacity, technology, networks and confidence. World Vision is urged to maintain momentum with clear and ambitious commitments to preventing maternal and child mortality in the post-2015/Sustainable Development Goals (SDGs) framework.

World Vision is encouraged to:

- continue making and monitoring increasingly ambitious global commitments in terms of funding, programme reach and stakeholder support for ending preventable maternal and child deaths
- set targets for growth of donor investments in health and nutrition, including government grants and the virtually untapped private sector
- continue to focus on improved reporting on health and nutrition child well-being targets
- provide specific results on a regular basis for 'flagship' models (PD Hearth, Timed and Targeted Counselling, Community Management of Acute Malnutrition) in order that they can be recognised and scaled up by partners and government
- share more widely the detailed approach for implementing and evaluating a Global Week of Action, including lessons learned, to benefit other civil society organisations that may be planning to undertake a popular mobilisation campaign
- broadly share the results of the Child Health Now global campaign evaluation when available, including reflections on advocacy evaluation methodologies tested

4 World Vision International, *Citizen Voice and Action,* Project Model (2012), http://wvi.org/sites/default/files/Citizen_Voice_and_Action_PM.pdf.

- lead on technological solutions through mHealth to address the 'data gap', including the use of this local data at district, sub-national and national levels
- actively seek ways to harmonise these data streams with government health management information systems for improved decision making
- further increase the profile of young people and interfaith leaders as advocates
- promote research results both internally and externally, particularly interim findings as they emerge from the Child Health Target Impact Study
- ensure the necessary funding, staffing and structures to complete the shift towards integrated health programming and reporting
- find ways to continue national-level and global-level health advocacy, under Child Health Now or other appropriate coalitions and campaigns, to keep the 'seat at the table' as a credible long-term policy partner.

Assessment of World Vision's commitments to *Every Woman Every Child*

1. Strategic alignment

World Vision's focus on maternal, newborn and child health predates the *Every Woman Every Child* initiative. In 2007, with strong commitment from the World Vision International board and senior leadership, World Vision adopted a health and nutrition strategy with an organisation-wide focus on mothers and children that would directly contribute to World Vision's child well-being outcomes[5] and to the MDGs. The health and nutrition strategy focuses on three essential outcomes to achieve this goal:

1. Mothers and children are well-nourished.
2. Mothers and children are protected from infection and disease.
3. Mothers and children access essential health services.

In 2010, World Vison developed its comprehensive '7-11' strategy[6] and field guide, which are foundational to all of World Vision's health and nutrition work. They are primary references, designed to give an overview of World Vison's strategic choices, principles, interventions and project models, as well as to summarise the evidence behind these choices. The field guide promotes 7 key evidence-based interventions for pregnant women and 11 for infants. This approach continues to be integrated in all World Vision's health programmes.[7] In 2015 it was updated to support the *Every Newborn* strategy (Annex 1), to include usage of chlorhexidine for umbilical cord care.[8]

Also in 2010, World Vision clarified its definition of child well-being. As a child-focused organisation, child well-being is at the heart of World Vision's vision and mission. The child well-being aspirations and outcomes[9] provide a practical application of World Vision's understanding of well-being for children. Stemming from this, the organisation introduced a framework for offices to use to report progress and learning against four child well-being targets. (See Section 3: Increasing the evidence base.)

To set clarity on the scope of programming, World Vision has developed its Partnership Strategic Direction, a series of elements that help to focus the work of the World Vision Partnership in order to ensure that strategies and implementation plans are aligned across the organisation and can make the best possible impact on the well-being of children. The World Vision Partnership Strategic Direction highlights its goal to focus on the well-being of the world's most vulnerable children by reaching 150 million of these children before 2016.

World Vision's high-profile global advocacy campaign Child Health Now is an integral part of its advocacy work; the campaign goals and strategic intent are closely aligned with *Every Woman Every Child*. The launch of the Child Health Now campaign

5 More information at http://www.wvi.org/development/publication/child-well-being-outcomes-and-aspirations.
6 Available at http://www.wvi.org/health/7-11-health-strategy.
7 More information at http://www.who.int/workforcealliance/forum/2013/WorldVisionInternational.pdf.
8 More information at http://www.wvi.org/health/intervention-2-essential-newborn-care.
9 Available at http://www.wvi.org/sites/default/files/Child_Well-being_Aspirations_and_Outcomes_English_0.pdf.

deliberately coincided with the launch of World Vision's Partnership Strategic Direction. Crowe Clark Whitehill's work confirms that Child Health Now has been integrated and embedded not only into strategic intent but also into delivery. An internal survey carried out in 2013 by Crowe Clark Whitehill of the World Vision offices that had implemented Child Health Now found that that over 65 per cent of the respondents thought that Child Health Now had contributed 'significantly' or 'quite a lot' to the strategy of their office.

Another area showing strengthened alignment to *Every Woman Every Child* is World Vision's Channels of Hope methodology.[10] Originally applied to reduce religious and social barriers around HIV and AIDS, Channels of Hope equips faith communities to respond compassionately and practically to issues in their midst. In 2013, World Vision developed guidelines for using the methodology to improve maternal, newborn and child health. Channels of Hope is also a strong platform to engage faith communities and their leaders on advocacy and social justice issues. The programme has been adapted successfully to fit various ecumenical Christian and Muslim contexts. It has also been used effectively with various non-faith groups including teachers, community leaders and youth.

In 2013, World Vision began to implement an operational planning process known as the Technical Approach. This approach facilitates the scaling up of best-practice and evidence-based interventions across World Vision's programmes. There are many benefits to this truly holistic approach, including an increased emphasis on external partnerships, multi-sector integration, health systems' strengthening and advocacy. The process is expected to lead to increased alignment with context-specific priority actions to improve women's and children's health. Improved technical support to programmes, as well as better systems and technology for reporting progress, is part of the Technical Approach.

In considering the actual alignment of World Vision's strategy with *Every Woman Every Child*, the strategic plans of key members of the World Vision Partnership – support offices, national offices and regional offices – and also the high-level World Vision Partnership direction were reviewed.[11] All plans viewed showed strong congruence with this overarching goal, and many have a specific focus on *Every Woman Every Child* objectives. At the global level, to assist with alignment of programming on food and nutrition and WASH, World Vision has created a Global Sustainable Health team that provides technical expertise on integrating these fundamental elements critical for a child to survive and thrive.

Recognising that plans do not always lead to implementation, external stakeholders were consulted as part of the Crowe Clark Whitehill assessments, and reports of actual activity and other assessments were also reviewed. These consultations and reviews confirmed that there was a strong alignment with the *Every Woman Every Child* strategy at both the strategic and implementation levels. Many internal and external stakeholders consulted over the years that we have carried out our reviews expressed the view that almost everything that World Vision does contributes directly or indirectly to its *Every Woman Every Child* commitment. In addition, monitoring programme activity showed that inputs, activities and outputs are aimed at delivering the outcomes and impact envisaged by the *Every Woman Every Child* commitment.

10 More information at http://www.wvi.org/hivaids/publication/world-visions-channels-hope-methodology.

11 Strategic plans for many offices are available on national and support office websites.

A significant achievement for World Vision's national and global health advocacy was the endorsement of the *Every Newborn* action plan at the 2014 World Health Assembly, recognising that newborn survival has lagged behind maternal and under-5 survival in tracking of the MDGs.[12] *Every Newborn* sharpens the focus of *Every Woman Every Child*, setting a target to end all preventable newborn deaths by 2035 and to achieve universal coverage of key services. World Vision was actively involved in the development of the plan in coalition with a core group of experts. The organisation also made specific commitments to *Every Newborn*. Since the May 2014 agreement, both programming and policy teams have worked within their scope to see *Every Newborn* realised with action in health-vulnerable nations (Annex 1).

It is important to note that World Vision's post-2015 strategy continues to be aligned with *Every Woman Every Child* goals. World Vision's 2014 report *Stop at Nothing: Post-2015 Goals for Children*[13] highlights World Vision's position that the success of the post-2015 framework that replaces the MDGs must be measured by its ability to reach the most disadvantaged and vulnerable children (Annex 2). The report also provides a roadmap for getting to zero preventable child deaths by 2030 as part of the SDG agenda.

Summary of World Vision's health and nutrition models[14]

World Vision's health and nutrition strategy emphasises the need to achieve change simultaneously at several different levels in order to maximise and sustain increases in the health and nutrition of the children we serve. This comprehensive, multi-level approach is referred to as the **360⁰ approach to programming**, which prioritises a range of models to address the challenges.

In 2014, 58 national offices managed 7,594 projects aligned with *Every Woman Every Child* relating to health, nutrition and HIV. Over 26 million people benefited directly from these projects, which were supported by 1,388 sector staff. The scale of these activities evidences World Vision's strategic alignment with *Every Woman Every Child*.

With programmes increasingly networked through regional and global communities of practice and interest groups, World Vision national offices are sharing and refining programmatic developments that work towards the *Every Woman Every Child* goals. Some, like the Jump Start initiative on nutrition,[15] have been discussed in earlier Crowe Clark Whitehill reports. This initiative saw World Vision investing US$21 million specifically to ensure the strategic realignment of World Vision field programmes to *Every Woman Every Child* results.

12 More information at http://www.everynewborn.org/.
13 Available at http://childhealthnow.org/united-nations-and-global-engagement/publication/stop-nothing-post-2015-goals-children.
14 Information in this section refers to World Vision's 2014 *Global Child Well-being Report*, currently under preparation and to be published in June 2015.
15 More information at http://www.wvi.org/hivaids/publication/jumpstart-report-2008-2012.

Core project models to address health and nutrition challenges for children under 5 and their mothers

Model	# of NO with programmes
PD Hearth[16]	28
WASH – all models[17]	28
Citizen Voice and Action[18]	25
Channels of Hope[19]	23
Community Management of Acute Malnutrition[20]	22
Timed and Targeted Counselling[21]	21
WASH in schools	14
WASH in health facilities	12
Community Case Management[22]	10
Community Committee	8

Nutrition continues to be a primary priority, recognised by World Vision as the world's most serious health problem and the single biggest contributor globally to child mortality. Improving child nutrition is one of four prioritised high-level strategic objectives for 2012–18. World Vision's Nutrition Centre of Expertise provides strategic leadership in nutrition programming and advocacy to the global World Vision Partnership by defining nutrition strategy and standards, and leading in nutrition-focused capacity building, research, evaluation and knowledge management. World Vision's *Working Together to End Malnutrition: 2011–2012 Progress Report*[23] highlights how World Vison has been integrating nutrition priorities within the broader sphere of World Vision's health and nutrition strategy, with a focus on reaching pregnant mothers and children during the first 1,000 days with key health and nutrition interventions.

More recently the Nutrition Centre of Expertise has focused on scale-up of proven community-based approaches to reduce levels of underweight, wasted and stunted children, including the following:

- Positive Deviance/Hearth (PD/Hearth),[24] which is an internationally proven community-based project model for rehabilitating malnourished children in their own homes; it is operating in 28 countries.
- Community Management of Acute Malnutrition,[25] which is taking place in 22 countries. In 2014, this model reached over 180,000 moderately or severely malnourished children, and 90 per cent of these children returned to healthy weight for their age.

Many models that promote healthy children and mothers align with the goals of the One Million Community Health Workers initiative[26] by focusing skills training and

16 More information at http://www.wvi.org/nutrition/positive-deviancehearth.
17 WASH includes both 'hardware' (e.g. boreholes) and 'software' (behaviour change) models.
18 More information at http://www.wvi.org/local-advocacy/publication/citizen-voice-and-action-field-guide.
19 More information at http://www.wvi.org/health/publication/channels-hope-maternal-and-child-health.
20 More information at http://www.wvi.org/nutrition/project-models/cmam.
21 More information at http://www.wvi.org/health/timed-and-targeted-counseling-ttc.
22 More information at http://www.wvi.org/health/publication/community-case-management-toolkit.
23 More information at http://www.wvi.org/nutrition/publication/working-together-end-malnutrition.
24 More information at http://www.wvi.org/health/publication/positive-deviancehearth.
25 More information at http://www.wvi.org/nutrition/project-models/cmam.
26 More information at http://1millionhealthworkers.org/.

knowledge of good health practices in communities where institutional resources (including human resources) are limited. The ttC model (22 countries) is a strong example, reporting significant positive change in prevention and treatment of young children as a result of regular home visits from trained local health volunteers. (See text box below.)

World Vision's health and nutrition teams at the global level regularly publish guidance for offices and their partners to use in designing maternal and child health interventions. A recent example is *The Grandmother Guide*,[27] which recognises and leverages the role that grandmothers play in family and cultural life, whether as a key influencer of mothers' and fathers' behaviour and choices, or directly as a caregiver of children.

At the same time, the alignment of strategy with the child well-being targets has seen associated models, including WASH and resilience and livelihoods programmes, begin to report results in terms of improved child health or nutrition. In 2014, an analysis of Savings Groups revealed that 24,970 groups were now active through World Vision facilitation in over 20 offices, and approximately US$19 million of self-generated funds were now available globally for members of these groups to use in economic emergencies for food, shelter and education for their children.

27 Available at http://www.wvi.org/health/publication/grandmother-guide.

Timed and Targeted Counselling (ttC): A proven health model for the first 1,000 days

In homes, the support of community health workers (CHWs) is the foundation for success of Timed and Targeted Counselling. Usually volunteers, these trained CHWs visit homes regularly during the first crucial 1,000 days, from pregnancy until the child's second birthday. Over the 1,000 days the CHWs perform 11 scheduled home visits starting as early as possible in pregnancy, ideally prior to the fourth month. They give accurate, preventive care-seeking advice and counselling to the primary caregiver as well as to other members of the household, including men who have significant influence in the decisions on health and nutrition of pregnant women and young children. At the same time, community action groups back up the messages and advice from the home visits through broader community information and events.

After two years delivering ttC to vulnerable families in Bethlehem, evaluation surveys in 2013 showed significant improvements in pregnancy, newborn and infant nutrition and care practices. Mothers who had taken part were 42 per cent more likely to breastfeed exclusively to six months, 27 per cent more likely to breastfeed after one year, and 33 per cent more likely to recognise danger signs in their babies' health. As well, a 'before and after' survey measured a 21.6 per cent increase in iron/folic acid intake among pregnant women, a 50.4 per cent increase in dietary diversity for children, a 71.7 per cent increase in minimum meal frequency and a 55 per cent increase in knowledge of postpartum danger signs.

MaCHT project targets primary child mortality causes in South Sudan

World Vision's Maternal and Child Health Transformation (MaCHT) project in Warrap State, South Sudan, aimed to prevent the leading causes of deaths in children under 5 by shifting community priority and action in five key areas: maternal and newborn care, malaria prevention, pneumonia response, diarrhoea control and immunisation. In a context of low infrastructure, limited human resources and socio-political instability, the project focused on strengthening capacities and partnerships that could sustain change at minimal cost over time.

This included strengthening the capacity of the current health system to deliver essential services as well as increasing utilisation of these services through community-based home health promoters, health facility management committees and mother leader groups.

The project operated between 2010 and 2014, a time of great change for South Sudan. The end-of-project evaluation found that whilst not all health behaviour indicators showed an increase, those that did were often significant. For instance, mothers were now twice as likely to have four antenatal checkups and to take iron supplements while pregnant; recognising acute respiratory infections in children rose from 37 per cent to 64 per cent; and treating diarrhoea with oral rehydration rose from 25 per cent to 74 per cent. Stakeholders acknowledged in particular the contribution of over 100 home health promoters, trained through MaCHT, as key to the project's success and sustainability.

World Vision has used the results of this and similar ttC projects as evidence for further scale-up in diverse contexts, including advocating to government to include resources for CHWs to perform home visits and community action groups among its own health interventions.

2. Financial investment

World Vision committed to invest US$1.5 billion over five years in women's and children's health. The commitment, made in 2010, was based on expenditure on health, HIV and AIDS, nutrition and WASH. On an annual basis this equated to an average spend of US$300 million. The projection was to grow expenditure by approximately 3 per cent a year. Table 1 is based on actuals for 2011, 2012, 2013 and 2014 and includes estimates for 2015.

Table1: World Vision actual and projected expenditure for *Every Woman Every Child by sector (in US$'000)**

Sector	Actuals year ended 30 September 2011 $'000	Actuals year ended 30 September 2012 $'000	Actuals year ended 30 September 2013 $'000	Actuals year ended 30 September 2014 $'000	Actuals for 4 years ended 30 September 2014 $'000	Projected year ended 30 September 2015 $'000	Projected for 5 years ended 30 September 2015 $'000
Health	179,004	198,776	196,131	196,279	770,190	193,141	963,331
HIV and AIDS	84,546	82,313	64,147	53,788	284,794	30,564	315,358
Nutrition	27,845	31,470	42,243	49,610	151,168	59,061	210,229
Water and sanitation	91,535	115,395	98,456	112,854	418,240	138,717	556,957
Total	**382,930**	**427,954**	**400,977**	**412,531**	**1,624,392**	**421,483**	**2,045,875**

** This expenditure does not include expenditure on operational research (see Section 3: Increasing the evidence base), health advocacy and the Child Health Now campaign (see Section 4: Advocacy) and local-level advocacy (see Section 5: Social accountability). It also excludes gifts-in-kind.*

We have considered whether it is appropriate to include the total spend in these areas as part of the *Every Woman Every Child* commitment. It has been explained to us that programme expenditure is integrated, and World Vision does not see that it is practical or necessary to try to isolate direct *Every Woman Every Child* expenditure, considering the increasingly integrated nature of programmes and their outcome goals. As highlighted in the UN Global Strategy for Women's and Children's Health, programming 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 achieving MDGs 4 and 5. This is seen to be in line with the World Health Organization Commission on Social Determinants for Health recommendation.

Therefore, for the purposes of this review, it is seen to be acceptable to use the figures as stated above on the basis that World Vision's investment in *Every Woman Every Child*, 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. Note that though child well-being targets are now also connecting food assistance and resilience and livelihoods programmes with nutrition outcomes, expenditure on these sectors is not included above.

Therefore, as shown in Table 1, World Vision achieved its committed spend by 2014, within four years rather than the five allowed in the original commitment. If projected spend for 2015 is achieved, World Vision will have exceeded its commitment spend by approximately US$546 million (36 per cent).

The analysis by region for the five years to 30 September 2015 is shown in Table 2.

Table 2: World Vision actual and forecast *Every Woman Every Child* expenditure by region (in US$'000)

Region	Actuals year ended 30 September 2011 $'000	Actuals year ended 30 September 2012 $'000	Actuals year ended 30 September 2013 $'000	Actuals year ended 30 September 2014 $'000	Projected year ended 30 September 2015 $'000	Projected for 5 years ended 30 September 2015 $'000
East Africa	104,777	130,582	120,228	119,421	105,765	580,773
East Asia	27,957	29,940	28,854	29,089	25,598	141,438
Latin America/ Caribbean	58,849	48,218	37,498	29,283	26,484	200,332
Middle East/Eastern Europe	16,595	15,622	13,201	19,496	25,383	90,297
South Asia & Pacific	43,791	45,814	55,928	63,574	89,303	298,410
Southern Africa	92,177	114,897	101,981	107,975	90,530	507,560
West Africa	38,784	42,881	43,287	43,693	58,420	227,065
Total	**382,930**	**427,954**	**400,977**	**412,531**	**421,483**	**2,045,875**

The United Nation's *Millennium Development Goals Report 2014*[28] shows that, globally, four out of every five deaths of children under 5 continue to occur in sub-Saharan Africa and Southern Asia. Maternal health issues in these geographies also continue to be high. Accordingly, World Vision's largest investments are in Africa, followed by Asia, demonstrating that expenditure is based on contextual need.

We were told that socio-economic and political conditions in some countries and regions are impediments to greater change and that the importance of scaling up activity in some regions means that offices in these regions require more assistance. World Vision is encouraged to continue to consider ways to better align financial resource allocations and capacity with need, particularly in countries that are off track with MDGs 4 and 5.

World Vision has also analysed these figures by source. This is done to identify the income from government/bilateral funding, because there is a concern that this investment may be doubly counted in the overall *Every Woman Every Child* commitment. It is important that CSOs, and other recipients of government/bilateral funding that is included in their expenditure statistics, recognise that these funders also include the amounts in their own expenditure numbers.

28 Available at http://www.un.org/millenniumgoals/2014%20MDG%20report/MDG%202014%20English%20web.pdf.

Table 3: World Vision actual and forecast *Every Woman Every Child* expenditure by funding type (in US$'000)

Sector	Actuals year ended 30 September 2011 $'000	Actuals year ended 30 September 2012 $'000	Actuals year ended 30 September 2013 $'000	Actuals year ended 30 September 2014 $'000	Projected year ended 30 September 2015 $'000	Projected for 5 years ended 30 September 2015 $'000
Government	103,086	96,698	77,648	86,431	179,080	542,943
Multilateral	22,360	40,268	40,426	46,316	55,787	205,157
Private Non-Sponsorship	90,947	105,458	89,175	92,589	69,892	448,061
Sponsorship	166,537	185,530	193,728	187,195	116,724	849,714
Total	**382,930**	**427,954**	**400,977**	**412,531**	**421,483**	**2,045,875**

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 2014. Budgets and projected expenditures are based on the latest estimates from World Vision's financial analysts. These numbers are amended from the figures presented in the 2013 report because national offices have recoded some financial analysis to capture investments in the health and WASH sectors more accurately.

For many non-governmental organisations (NGOs) such as World Vision, expenditure correlates with funding. In prior reports we have highlighted the need to recognise important funding trends and funder priorities. World Vision has used regular monitoring and scenario planning to ensure that it remains on track to meet its important expenditure commitment. In the past four years World Vision's global income has remained relatively flat, and it is a testament to World Vision's commitment to *Every Woman Every Child* that the expenditure commitment has been significantly exceeded.

World Vision and the Global Fund

Among the health grant portfolio managed by World Vision, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) has been a significant contributor, second only to the US government. At the end of 2014, World Vision's Global Fund programme represented an investment of US$36.297 million. While a level of Global Fund programming is taking place in every World Vision region, the primary focus is in East and Southern Africa, and South Asia and Pacific.

Global Fund grants contribute to sustainable health results in World Vision communities in alignment with the World Vision Child Well-being Goal of 'children under 5 are protected from infection and disease'. Table 4 shows the beneficiary coverage results from the current Global Fund grants in operation at the end of 2014. The indicators chosen are among the Global Fund top ten or standard indicators that are shared across at least two reporting offices. While all areas contribute to maternal and child survival, World Vision's reach on malaria prevention through the Global Fund is particularly relevant.

Table 4: World Vision Working with the Global Fund

	Results for 2014	Cumulative (2012–14)	# grants reporting
HIV and AIDS			
• Number of people receiving HIV test results	15,639	68,346	5
• Number of people reached with behaviour change communications	8,377	3,241,684	4
• Number of adults receiving care and support	532	15,130	4
• Number of children (including orphans and vulnerable children) receiving care and support (including antiretroviral therapy)	2,416	31,832	4
• Number of pregnant women receiving antiretroviral therapy to prevent mother-to-child transmission	739	1,116	4
• Adults receiving antiretroviral therapy	4,728	8,994	3
• People trained in HIV service delivery	426	3,776	4
• Community groups formed for HIV care and support	449	728	4
Tuberculosis			
• Number of new tuberculosis patients detected	15,405	69,697	5
• Number of patients enrolled in directly observed treatment, short-term (DOTS)	44,227	78,978	6
• People trained in improved tuberculosis service delivery	7,012	49,795	6
• Tuberculosis service points supported	354	577	4
Malaria			
• Number of insecticide-treated bed nets distributed	3,021,478	6,382,823	4
• Number of people trained in malaria service	20,575	41,164	5
• Number of malaria service delivery points supported	8,213	8,566	5
• Number of people receiving malaria treatment according to national policy	630,134	760,377	3

3. Increasing the evidence base

Documenting programme effectiveness

World Vision's commitment to increasing the evidence base on what works in health and nutrition for women and children is integrated into the child well-being targets, a set of four concrete, measurable targets to help programmes understand if they are moving closer to realising World Vision's child well-being aspirations. (See Section 1: Strategic alignment.)

Targets aim for an increase in:

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

Two out of the four targets, targets 2 and 3, focus on issues aligned with *Every Woman Every Child*.

Since 2013, programming (national) offices have collated evidence to show whether or not they are progressing towards acceptable levels on these targets in their programme areas. The aim is to consider what approaches are effective, what should be scaled up and in what World Vision should stop investing. As well, the reports are beginning to provide a continuous learning base for programme and management staff.

The findings from these individual reports are now of sufficient volume to allow synthesis into a full World Vision Partnership report on models that best contribute to child well-being. A report on 2013 results was released internally in May 2014. In 2015, the 2014 results will be published externally for accountability and learning. A preview of this report shows that the focus is on identifying effective models in context, giving World Vision leaders evidence of the level of consistency of particular models or approaches to encourage scale-up and further development of proven good practice.

As shown above, targets 2 and 3 are aimed at the health and nutrition of children under 5. Though these areas use separate indicators, the relevant programme models often target both, for instance, WASH for reduced diarrhoea, resilience and livelihoods for strengthened food and health-care access, and ttC to introduce '7-11' principles at household levels.

The Child Well-being Reports will continue to evolve based on learning and feedback to maximise data quality and usefulness to national office leadership.

Dedicated research partnership – Child Health Target Impact Study

Early in 2012 World Vision partnered with Johns Hopkins Bloomberg School of Public Health (JHSPH) on a flagship research project: the Child Health Target Impact Study (chTIS). JHSPH has since partnered with four further academic research institutes in countries where the study will take place: Moi University in Kenya, INCAP in Guatemala, National Institute of Public Health in Cambodia and University of Zambia in Zambia.

'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.'

– Kevin Jenkins, World Vision International President, (Graduate Institute Global Health Journal, May 2012)

The aim of chTIS is to:

1. assess effectiveness of World Vision's Maternal and Child Health and Nutrition Strategy as represented by a bundled package of three intervention models
2. assess attribution and cost effectiveness of World Vision's work to enhance maternal and child health
3. move beyond anecdotal or narrative descriptions of World Vision's work to assessment of work in a scientifically rigorous manner that can withstand peer review.

The chTIS will provide scientifically rigorous evidence of the impact of World Vision's health and nutrition programming, contribution to achieving MDGs 4 and 5 and progress towards achieving child well-being targets 2 and 3. It aims to help World Vision and partners understand the impact, relevance, effectiveness and efficiency of World Vision's core programming strategy for maternal and child health. Study findings will also be used to refine World Vision's strategy to ensure the best possible impact.

Three interventions will be examined during this study:

1. community health committees (mobilising community-based engagement and support)
2. ttC (using community health workers)
3. Citizen Voice and Action (CVA) (using a social accountability approach – see Section 5: Social accountability).

The study takes place in four countries – Guatemala, Kenya, Cambodia and Zambia – over a five-year period at an overall cost of over US$5.6 million. The key expenditure categories are shown in Table 5 and the projected phasing of the expenditure in Table 6.

Table 5: Child Health Target Impact Study budgeted expenditure to September 2016 by category (in US$'000)

chTIS project expenditure	5-year expenditure US$'000
Global-regional-level shared costs	867
National-level costs	1,814
Lead Academic Partner cost	1,038
National-level Academic Partners cost	1,849
Total	**5,568**

Table 6: Child Health Targets Impact Study annual projected expenditure (in US$'000)

Year ended 30 September	Projected expenditure
2012 (actual)	308
2013 (actual)	1,697
2014 (actual)	610
2015 (projected)	1,314
Projected to 30 September 2015	**3,929**
2016 (projected)	1,639
Total projected study cost	**5,568**

Dissemination of experience, results and policy analysis

In the past five years World Vision has produced a significant number of health, nutrition and policy reports contributing to the body of work on strategies for maternal and child survival. They include the following:

***The Grandmother Guide* (2014)**
An approach for engaging three generations on home-based care for children
http://www.wvi.org/health/publication/grandmother-guide

***Guide to Maternal, Newborn and Child Health and Nutrition in Emergencies* (2012)**
A reference for reducing health and nutrition vulnerabilities in displaced or resource-affected communities
http://www.wvi.org/child-health-now/publication/maternal-newborn-and-child-health-and-nutrition-emergencies

***JumpStart Report: 2008–2012* (2013)**
Lessons from the multi-country evaluation of the Jump-Start nutrition project
http://www.wvi.org/hivaids/publication/jumpstart-report-2008-2012

***Community Management of Acute Malnutrition: Giving Malnourished Children a Fighting Chance* (2013)**
An assessment of the Community Management of Acute Malnutrition model applied in multiple contexts
http://www.wvi.org/nutrition/publication/community-management-acute-malnutrition%20

Project models tested and scaled by World Vision and partners are also publicly available. They include the following:

PD Hearth project model (2012)
PD Hearth, delivered by community members, combines nutrition intervention for underweight children with programmes for mothers on the best way to keep the whole family healthy and well nourished.
http://www.wvi.org/health/publication/positive-deviancehearth

Timed and Targeted Counselling (2014)
Timed and Targeted Counselling brings the '7-11' principles to mothers at times when they most need the information.
http://www.wvi.org/health/timed-and-targeted-counseling-ttc

mHealth – Mobile Support for Frontline Health Workers (2013–2014)
mHealth offers simple ways to use technology to improve the skills and connectedness of health workers in remote communities.
http://www.wvi.org/mobile-support

World Vision's Child Health Now campaign has produced regular policy reports calling attention to aspects of maternal and child survival that require globally coordinated attention, including nutrition, killer diseases, equity and the importance of better data.

***Stop at Nothing: What It Will Take to End Preventable Child Deaths* (2015)**
http://www.wvi.org/child-health-now/publication/stop-nothing-what-it-will-take-end-preventable-child-deaths

***Uncounted and Unreached: The Unseen Children Who Could Be Saved by Better Data* (2014)**
http://www.wvi.org/child-health-now/publication/uncounted-and-unreached

***Using Global Frameworks for National Impact: Guidelines for in-Country Advocates on Maternal, Newborn and Child Health* (2014)**
http://www.wvi.org/sites/default/files/Using%20Global%20Frameworks%20for%20National%20Impact.pdf

***The Killer Gap: A Global Index of Health Inequality for Children* (2013)**
http://www.wvi.org/thekillergap

***Fragile But Not Helpless: Scaling Up Nutrition in Fragile and Conflict-affected States* (2013)**
http://www.wvi.org/sites/default/files/Fragile%20But%20Not%20Helpless%20UK%20REPORT_0.pdf

***Within Reach: Ending Preventable Child Deaths* (2013)**
http://www.wvi.org/sites/default/files/within%20reach%20report_summary.pdf

***More Than Numbers: Why Better Data Adds Up to Saving the Lives of Women and Children* (2014)**
http://www.wvi.org/sites/default/files/More%20Than%20Numbers.English.Summary_0.pdf

***Never Had a Chance: Why Millions of Children Will Still Die Needlessly Each Year* (2012)**
http://www.wvi.org/sites/default/files/never-had-a-chance-final-2.pdf

***The Nutrition Barometer: Gauging national responses to Undernutrition* (2012)**
http://www.wvi.org/sites/default/files/nutrition-barometer.pdf

***Europe Can Make the Difference* (2014)**
http://www.wvi.org/sites/default/files/europe-can-make-the-difference.pdf

***The Best Start: Saving Children's Lives in Their First 1,000 Days* (2011)**
http://www.wvi.org/child-health-now/publication/best-start-saving-childrens-lives-their-first-1000-days

***Improving Global Health Governance: Technical Briefing Paper for the Child Health Now Campaign* (2011)**
http://www.wvi.org/sites/default/files/chn-governance-full-report.final_.lores_.secure.pdf

***Together We Can End Preventable Deaths: Child Health Now Launch Report* (2009)**
http://www.wvi.org/child-health-now/publication/child-health-now-launch-report

4. Advocacy for child health

World Vison committed to advocate for child health by investing at least US$10 million in advocacy for women's and children's health. It has done this mainly through Child Health Now,[29] World Vision's first global campaign focused on a single issue: reducing the preventable deaths of children under 5 (in line with MDGs 4 and 5). This campaign has been embraced at all levels within World Vision. The number of national offices conducting advocacy through Child Health Now continues to increase, and a number of support offices have also taken part in campaigning to their governments.

The campaign's theory of change includes two high-level objectives: influencing the global health and nutrition agenda for the benefit of children in all nations, and strengthening the capacity of offices to conduct effective health advocacy campaigns. Therefore, Child Health Now is closely aligned with *Every Woman Every Child* goals.

Child Health Now focuses on strong policy analysis and external engagement with governments, civil society and the private sector. A distinguishing feature, which has received plaudits from external stakeholders, is that Child Health Now's campaign model enables global coordination whilst ensuring that local, national and global campaign activities can be leveraged and reinforced for change at all of these levels. This evidence is drawn from the experience of World Vision's community programmes as well as from conducting national and global analysis.

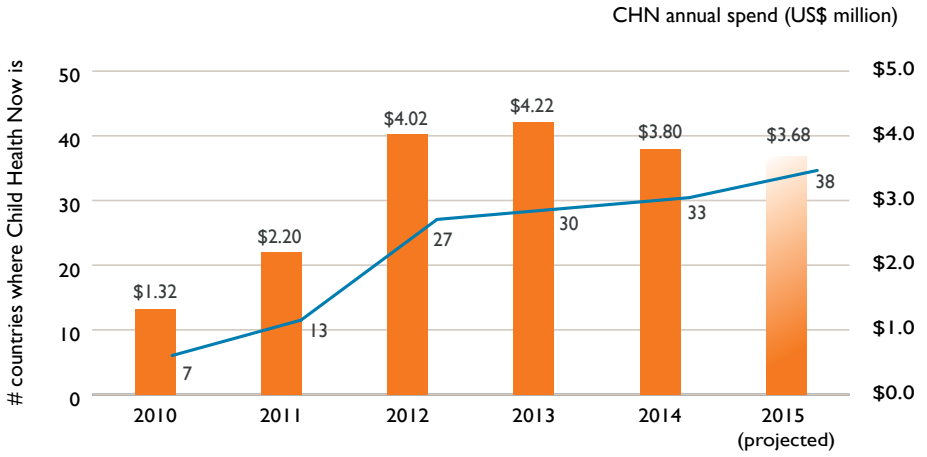
Rooted in the communities who bear the burden of maternal and child mortality, Child Health Now is often integrated with local programming. Advocacy is taking place with local government bodies as well as national ones. The meaningful participation of communities has been a critical element of the campaign. In particular, the local-level advocacy model Citizen Voice and Action (see Section 5: Social accountability) is strengthening the accountability between decision makers and citizens and also allowing stakeholders to hold national governments to account in meeting their responsibilities to children, mothers, families and communities throughout their countries.

A campaign's success is increased if its outcomes and impacts are sustainable and enduring. In the earlier years the campaign was mainly funded by World Vison's support offices. Thirty national (programming) offices conducted Child Health Now campaigns using this form of financial support. A focus on integration of advocacy goals and tactics into broader programming saw a further five offices join the campaign in 2014 and 2015, using internal redistribution of available funds, as a part of 'core business' rather than through a funded project. Support offices, as envisaged, are now reducing their funding, but this is matched to some degree by a rise in national office investment in national advocacy to achieve outcomes for Child Health Now.

Figure 1 shows that, despite an annual reduction of funds invested in the Child Health Now campaign, the number of offices taking part continues to increase. As of December 2014, Child Health Now was operational in 35 national offices (or 38 countries, as the cluster office WV Pacific Timor-Leste [PTL], which serves Timor-Leste, Papua New Guinea, Vanuatu and the Solomon Islands, joined in 2015). Five of these offices are directly funding their campaign activities without a special project basis.

29 More information at: www.childhealthnow.org.

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



Although Figure 1 indicates a tailing off on Child Health Now expenditure, it is important to recognise that World Vision's cumulative expenditure on the Child Health Now campaign has been approximately US$19.24 million (Figure 2) against its *Every Woman Every Child* commitment of US$10 million.

Understanding the impact of Child Health Now

Child Health Now has been influential in facilitating policy change in areas that contribute directly to *Every Woman Every Child*, in line with MDGs 1C, 4, 5 and 6. There are many examples demonstrating how this is happening in practice. It is encouraging that World Vision has tried to develop a way of reporting on impact suited to this form of development work (impact, arguably, being the ultimate expression of the performance of a CSO). It is acknowledged that there may be major measurement problems associated with this in many situations, and World Vision has tried to balance realistically between theory and practice when monitoring and evaluating policy change.

Specifically, offices have worked with theory of change and used six monthly reports to map their path towards achieving goals, which have been loosely grouped as the following:

- **Health system strengthening:** For instance, in Bolivia, municipal councils and appropriate community representatives, with World Vision's facilitation, developed plans for implementing the government's comprehensive Intercultural Family and Community Health System (SAFCI) policy for family health.
- **Increasing budget for maternal and child health:** For instance, in DRC the campaign used local data to successfully influence a health budget increase in parliament.
- **Improving accountability for health service delivery:** For instance, in Uganda, lobbying and popular mobilisation at several levels of civil society saw the government introduce over 6,000 new health-worker positions and more than double the salary for medical workers in Health Centre IV remote settings.
- **Reducing barriers to demand for health:** For instance, in Armenia, the Child Health Certificate programme adopted by state government ensured free health care for children under 7 and appropriate reimbursement for doctors treating them. This removed any expectation of informal charges for health

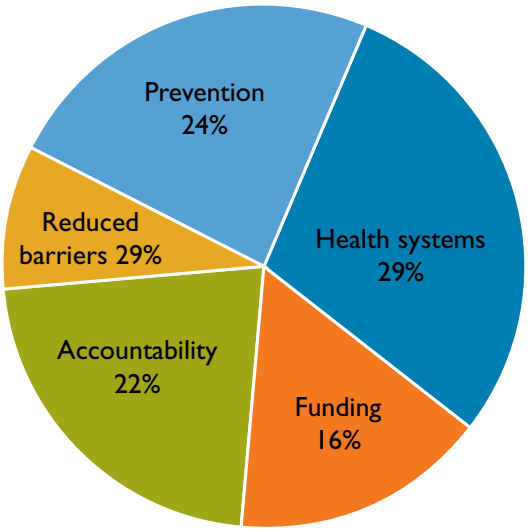
services, meaning that children were more likely to be taken for treatment. Under-5 child mortality in the area was reduced by 35 per cent.[30]

- **Preventing disease and malnutrition:** For instance, in India, policy analysis and pressure for increasing the nutrition solutions in the redrafted Integrated Child Development Scheme contributed to an interim policy to better resource village nutrition committees with a focus on children under 2.

Offices also define their tactics or approaches,[31] including the following:

- **partnerships, alliances and coalitions:** for instance, SUN CSAs in four countries (Kenya, Uganda, Indonesia, DRC)
- **lobbying and direct engagement with decision makers:** for instance, engagement with World Health Assembly representatives in 31 offices prior to *Every Newborn* resolution
- **community empowerment and local-level advocacy:** for instance, the powerful model CVA (see Section 5: Social accountability)
- **popular mobilisation (pop mob):** for instance, World Vision's Global Week of Action, contextualised in over 70 countries to demonstrate public commitment to reducing preventable child deaths (text box, p. 27)
- **media and communications for public influence:** for instance, World Vision's 'memory quilt' roadshow in Uganda, which collected family memories of over 1,100 children who had died from preventable causes; the memory quilt also travelled to Geneva for the 2014 World Health Assembly
- **children's and youth (CAY) participation:** for instance, ensuring places for child delegates at international decision-making processes (text box, p. 28).

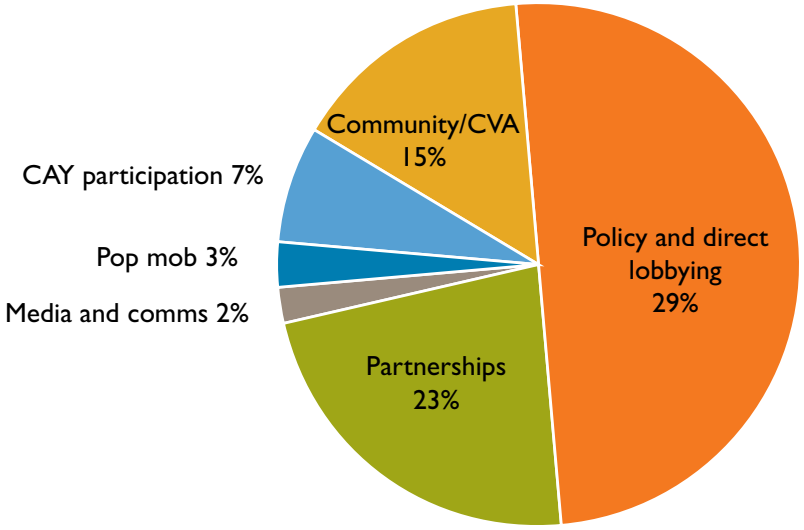
Figure 2: Reported impact by Child Health Now impact goal



30 World Vision Armenia conducted the evaluation of the Child Health Certificate and then shared the results for peer review and recommendations from the Paediatric Association of Armenia.

31 Policy development falls into the top two tactics in this list as it was often prepared in coalition or consortium.

Figure 3: Reported impact by Child Health Now tactic / approach



Figures 3 and 4 indicate the split of goals and tactics as offices have reported them.

Some achievements represent the efforts of more than one office, networked together to influence multi-national governance. For instance, over the past three years World Vision has used all tactics at its disposal to ensure that significant resolutions have been passed at the annual World Health Assembly. World Vision's national offices assist this through the lobbying of their national delegations to endorse and pass key resolutions. The 2013 Crowe Clark Whitehill report highlights maternal, newborn and child health (MNCH)–related resolutions that have been the focus of World Vision's attention. In 2014, strong and coordinated advocacy took place at multiple levels to support the ratification of the resolution to implement *Every Newborn* as a sharpening of focus in line with *Every Woman Every Child* (Annex 1).

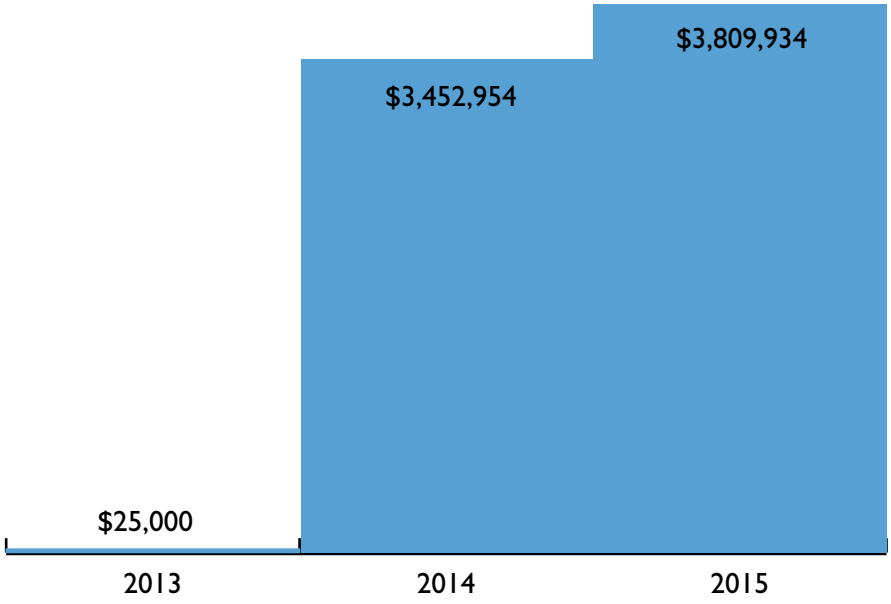
The internal Child Health Now progress report to December 2014 shows that the campaign has – in partnership with CSOs, NGOs, community groups and government ministries – made a significant contribution towards the realisation of 208 policy changes[32] that will improve health opportunities for mothers and children. The most common goal supported has been health system strengthening, followed by prevention of disease (this includes work on nutrition policy) and accountability. The figures indicate that the most common approach remains directly lobbying government, though partnerships and coalitions have also been pivotal.

The numbers reflect a major surge between 2012 (47 total) and 2013 (80 total), and comparable progress through 2014 up to the start of 2015 (81 impacts). The internal Child Health Now progress report from December 2014 demonstrates that the majority of contributions to policy change have occurred in those countries which were the first to implement the campaign (in 2009–10). As a result, it is anticipated that the campaign will experience exponential impact over its remaining 2.5 years as offices that launched the campaign in later years begin to build momentum in achieving progress against impact goals.

32 Not all of these changes are at the outcome level. The monitoring guidelines allow for 'progress level' achievements to be included, for instance, evidence of increased political will or public demand, inclusion of key asks on external agendas or sustained functioning of accountability mechanisms.

Another positive outcome is that the campaign has also assisted with resource mobilisation and the development of funding streams. World Vision has estimated that as a result of its Child Health Now campaign, the campaign has been awarded around US$3.8 million worth of external grants for health and nutrition advocacy in the past three years (illustrated in Figure 4). This demonstrates that external donors are beginning to recognise World Vision's growing influence and credibility in bringing change through government action on health and nutrition. Importantly, more than half of the grants are for coalitions of which World Vision is a member or leader; this reflects a growing capacity and appetite for partnership at World Vision.

Figure 4: External funding for Child Health Now, cumulative, by financial year (US$)



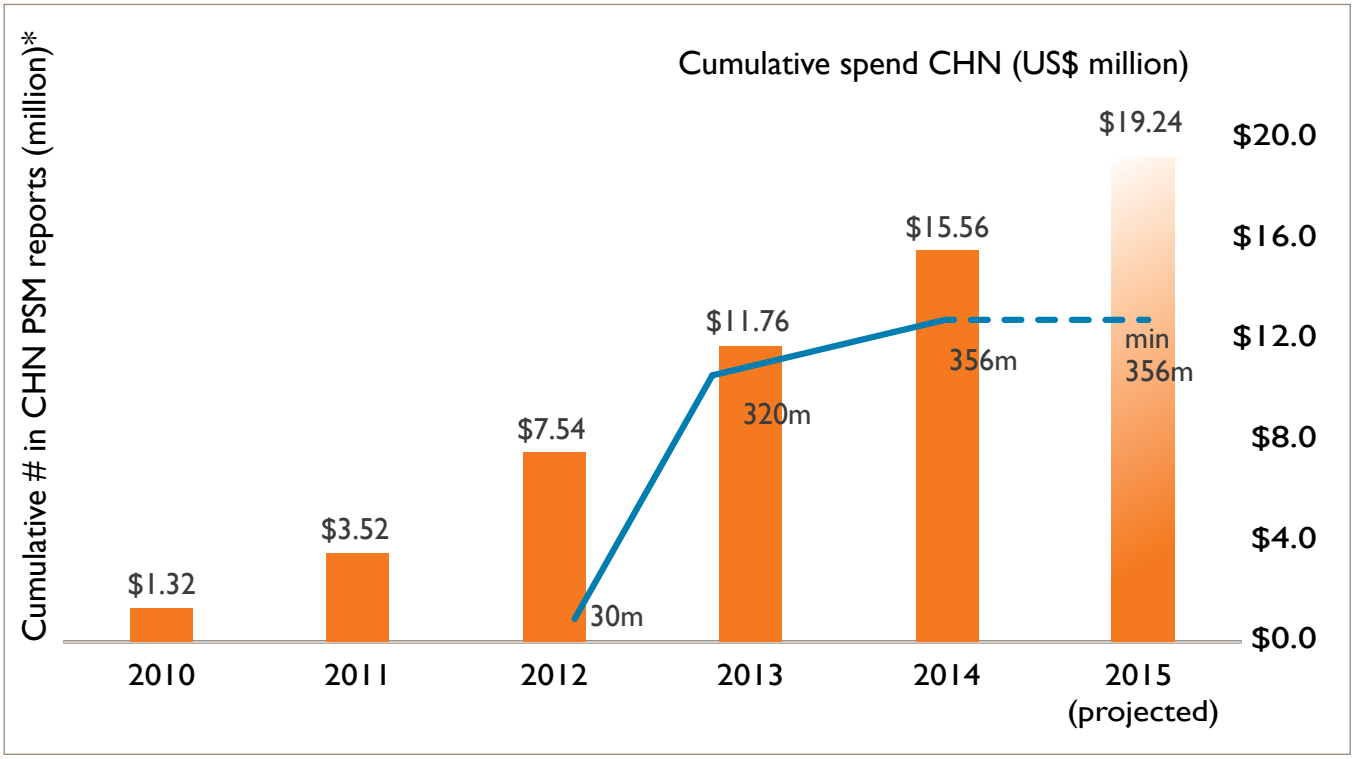
We refer to World Vision's methodology for measuring advocacy contributions within the World Vision Partnership strategy target to contribute to the increased well-being of 150 million of the world's most vulnerable children before 2016 (text box, p. 26). The methodology and data have been externally audited, and the results are presented exactly as World Vision provided them to us. The aim has been to provide a five-year estimate, which commenced in 2012, and the figures are not being reported annually or externally in the same way as the child well-being targets. This mid-term estimate is included in the report as evidence that measurement of impact is taking place and aligned with World Vision's global targets.

World Vision's Partnership strategy measures for Child Health Now

World Vision's Partnership strategy set a target in 2010 to contribute to the sustained well-being of 150 million of the world's most vulnerable children by 2016. This target included not only the children who benefit directly from programmes taking place in their community, but also those who would over time see positive results of policy change targeting the root causes of their vulnerability. Measuring efforts to reach this target requires close monitoring of advocacy efforts on an annual basis, then removing the duplication among policy achievements that would benefit the same children. Where there is a potential overlap, it is assumed to be 100 per cent to ensure the figures remain conservative. The World Vision Partnership strategy measures for advocacy, including health advocacy taking place through Child Health Now, have undergone external auditing each year to ascertain that the contribution claims are fair and that the estimates of numbers of children reached through changes in policy and practice are reasonable.

Using this methodology, results indicate that World Vision's Child Health Now campaign has contributed either to changes in maternal and child health and nutrition policies or to the improved implementation of existing policies for 356 million children in 27 countries.

Figure 5: Cumulative Child Health Now spend, compared to cumulative World Vision's Partnership strategy measures (PSMs)



*The definition of this number, as stated above, is 'the number of children for whom Child Health Now has contributed to either changes in maternal and child health and nutrition policies or to the improved implementation of existing policies.'

World Vision's Global Week of Action

The aim of World Vision's Global Week of Action, now in its third year,[33] is to show world leaders that there is wide-ranging public support to accelerate action so that all children can survive to their fifth birthday, in line with the UN's *Every Woman Every Child* initiative.

Participants in the Global Week of Action are invited to take action in ways that cross contexts and technology. World Vision's Global Campaigns team coordinates global elements and provides a menu of options for national and support offices, so they can adapt the campaign to align with the national political and policy environment.

A unique element to the Global Week of Action model is the focus and reach to involve people at the grassroots, in both urban and rural settings, through community events, places of worship, festivals, schools, health clinics and mothers' clubs. This is made possible because of World Vision's presence at the community level in over 70 countries worldwide. When figures were disaggregated after the 2014 Global Week of Action, it was discovered that the majority of participants, though in developing nations and often within areas where World Vision was working, were not direct beneficiaries but individual supporters of the campaign and its goals.

The Global Week of Action shows that World Vision is able to scale its efforts over time. The first Global Week of Action set a target to mobilise 500,000 people and achieved 2.2 million. The 2015 Global Week of Action recently took place and saw 20.2 million against a target of 10 million, involving over 36,000 events. This achievement could not have been imagined three years ago.

At the time of writing, world leaders are preparing to meet to make decisions that will affect future generations and the way the world unites on global poverty. This most recent Global Week of Action came at a prime moment to influence these decisions calling for a fairer world for all children and ambitious goals that will deliver zero poverty and zero preventable deaths of children. The results have already been presented to global influencers within the UN and World Health Organization, as well many national stakeholders at country level.

Results

The Global Week of Action has clearly generated strong internal and external momentum for the Child Health Now campaign. The ground surge of participation in the Global Week of Action demonstrated the power of advocacy and popular mobilisation as well as the benefits it can bring to those participating, including staff in professional and personal capacities. In a survey carried out by Crowe Clark Whitehill in 2013, many participants commented on the tangible and intangible benefits and value gains from taking part in the global initiative. In subsequent years increased follow-up with national governments, partners and influencers took advantage of this momentum, including preparation of new collaborative partnerships and handovers of national policy positions along with signatures or representative photos.

Measuring the scale of a popular movement's contribution to change is notoriously challenging. Four months on from the 2014 Global Week of Action, World Vision offices were asked to identify changes to policy and to other strategic milestones such as increased awareness, visibility and partner action on campaign goals. According to offices' observations, the Global Week of Action contributed mostly to preparatory goals for policy change, for instance, in increased political will, support for the campaign and a strengthened role for World Vision (advocacy and programming). The increase of media and social media interest is another indicator that external awareness and pressure is mounting in national offices. By continuing to build this interest, World Vision will have opportunities for heightened mobilisation and leveraging of demand for change in the future.

Table 7: Comparison among the Global Week of Action in 2012, 2014 and 2015

	November 2012	May 2014	May 2015
# countries taking part	70	71	71
# people taking part	2.29 million	5.9 million	20.2 million
# children taking part	Not recorded	1.53 million	8.17 million
# decision makers taking part	Not recorded	Around 19,000	More than 19,000

33 World Vision's financial year runs from October to September. The first Global Week of Action took place in November 2012, the second in May 2014 and the third in May 2015. Thus, while there was no Global Week of Action in the calendar year 2013, the event has taken place in three consecutive financial years.

Children's voices in the global consultation on the Sustainable Development Goals

The Global Movement for Children in Latin America and the Caribbean, of which World Vision is a member (along with UNICEF, SOS Children's Villages, Child Fund, Plan International and Save the Children) developed a child-friendly version of the Open Working Group proposal for the SDGs and specific targets. The child-friendly version was designed to help children and young people better understand the 17 proposed goals and to enable them to express their views.

More than 1,000 children and young people took part in a consultation process on the SDGs, using the child-friendly version, supported by the Global Movement for Children member organisations in 10 countries in Latin America.

In order to amplify the voices of children involved in the consultations, a group of child-focused agencies (including the Global Movement for Children members and UNICEF) organised a side event during the third session of the Post-2015 Intergovernmental Negotiations on Sustainable Development Goals and Targets that took place in New York from 23 March to 27 March 2015. The event was an opportunity to present the outcomes of the consultations and featured two child representatives, Maria Antonia from Brazil and Rodrigo from Chile. In response to the comments from Maria Antonia and Rodrigo, the Permanent Mission of Brazil to the UN reaffirmed Brazil's support for the inclusion of children in the Post-2015 Development Agenda and pointed out the fact that the SDGs can be translated into child-friendly language means that the agenda is 'not too big' to be implemented. The Permanent Mission of Chile to the UN thanked Rodrigo for speaking up about children's aspirations and affirmed children's engagement in the post-2015 process.

A full event report, including pictures, can be found on the UN website at https://sustainabledevelopment.un.org/content/documents/6861summary1.pdf.

Front cover of the child-friendly version of the SDG proposal

5. Social accountability and parliamentary engagement

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.

Linked to the goal to enhance health and nutrition opportunities for mothers and children, both social accountability programming and advocacy to influence parliament are under way and demonstrating levels of success in World Vision's national offices. At the national level this is most often occurring under the banner of the Child Health Now campaign (for instance, in the case study below); at the local level, while direct or coalition lobbying is still taking place, the most common approach for health accountability is CVA.

Traffic lights for tracking *Every Woman Every Child* accountability

In the lead-up to the 2014 Global Week of Action, national Child Health Now campaigns prepared to target a single, achievable goal by showing community support for change through popular mobilisation. These offices designed simple materials and messages with a focus on accountability, often in line with global agreements. For instance, World Vision Ghana undertook analysis of the government's progress towards *Every Woman Every Child* commitments, then simplified the results into an easily understood 'traffic light' report.* Green, yellow and red showed what was on track and what was falling behind. Budget was a key solution offered for faster progress on the red lights, particularly as Ghana is also a signatory to the Abuja Declaration to allocate 15 per cent of government budget to health by 2015. The report was well received, with the president of Ghana responding publicly that his own cabinet ministers would take a pay cut (10 per cent) and the additional funds would go towards the health budget. More than a symbolic action, this dialogue has also paved the way for Child Health Now to monitor this commitment and to increase collaboration with the current parliament to find other paths to meet Abuja targets.

The traffic-light approach has been a popular innovation, with many other national Child Health Now campaigns adopting this style of policy analysis to highlight government progress or lack thereof. Two national offices (Tanzania and Ghana) have reported progress towards campaign goals as a result.

* Available at http://www.wvi.org/child-health-now/publication/every-woman-every-child-traffic-light-report-ghana.

Citizen Voice and Action: Leveraging local data

There has been much discussion on the benefits of community-based monitoring systems. Many World Vision programmes across 25 offices use Citizen Voice and Action (CVA), 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.

Although CVA operates primarily at the local level, the methodology also can be used to identify patterns of government failure that are ripe advocacy targets for systemic reform at the provincial, national or even global levels. In 2014, an internal analysis of annual reports from 31 Child Health Now offices showed that around two thirds

(21 of 31) of countries had used data or recommendations collected in health-affected communities to influence at higher levels, either district or national. For example:

- World Vision conducted research or assessments at the local level, and used the data for district- or national-level advocacy.
- Communities conducted research or assessments at the local level, including through CVA, and the data then was used for district- or national-level advocacy. The national-level advocacy was mostly conducted by World Vision and/or coalition partners, but there were instances of community people engaging directly at higher levels.
- World Vision obtained recommendations or perspectives at the local level and used them for district- or national-level advocacy.

Layered benefits of Citizen Voice and Action for mothers and children in Lesotho

World Vision has been implementing CVA in programme areas across Lesotho since 2012. During the first phase of sensitisation, health policies and guidelines were translated into the local language to help participants, including traditional leaders, understand their rights under current government policy. This delivered early results in terms of 'quick fix' community decisions that would improve facilities through local action; for instance, better transport options for expectant mothers and a maternal accommodation facility, dubbed 'the Waiting Room', were provided so that mothers could move closer to health facilities when due but before they went into labour. Funding for both was negotiated by communities with local partners or service providers and the Ministry of Health.

As Phase 2, identifying current gaps, began in 2014, communities became more enterprising in asking for quality services. As a result, many have measurably improved; for instance, among surveyed communities in Mapotheng, health facility waiting times have declined from 5 hours to 3 hours, and coverage of essential vaccines among children has risen from 63 per cent (baseline) to 75 per cent within one year.

Using CVA participatory research and mapping to identify common gaps in Lesotho's health services has revealed trends that can be used to influence national-level decision making. CVA data has been used to call successfully for more staff in Makhunoane, and, as part of scheduled upgrades to health facilities, for better equipment and skills to service antenatal, birth and post-natal requirements of nearby communities. Notably, a CVA steering committee has been formed at the national level, with both the government and the World Health Organization interested in further implementation of the model.

Representative voices calling for social accountability

The 2012 report prepared by Crowe Clark Whitehill noted that World Vision needed to ensure that developing-country contexts and perspectives were properly represented in global level discussions. A number of initiatives and activities show commitment to this aim, such as the following:

- *Child Health Now campaign staffing:* World Vision's global campaign model aims to build local capacity in offices; of over 30 campaigns in 2014, only one was managed by an expatriate.
- *Examples of external engagement representation:* At the 2014 World Health Assembly, World Vision Uganda's Davinah Nabirye was the only country representative present on the civil society iERG consultation. She also presented at a high-level side event on the importance of working with communities, among other speakers, including ministers of health from Canada, Cameroon and Afghanistan.

- For the 2014 Partnership for Maternal, Newborn and Child Health Partners Forum in South Africa, World Vision nominated Asteria Aritonang, Child Health Now coordinator in Indonesia, as its representative panellist on post-2015 accountability frameworks. Asteria shared experiences and best practice related to the Maternal and Child Health Movement (Gerakan Kesehatan Ibu dan Anak, or GKIA) in Indonesia, of which she has been a co-convenor.
- At the Global Strategy consultation in Johannesburg in May 2015, representation was from the regional leader Rudo Kwaramba, regional advocacy director Barbara Kalima-Phiri and South African national director Paula Barnard. (In previous instances global staff had attended similar meetings.)
- *Media and communications:* Often coordinated through global communities of practice, staff from health and advocacy backgrounds in national offices are regularly invited to write blogs, act as spokespeople on maternal and child health issues in the media, or publish in journals or similar peer publications, such as this blog from World Vision India's Director of Government Relations, Newton Isaac, on the importance of prompt action on *Every Newborn*: http://www.wvi.org/child-health-now/article/india%E2%80%99s-newborn-action-plan-improving-newborn-survival.

Organisational contributions to improved accountability (PMNCH, COIA)

World Vision was appointed by the Partnership for Maternal, Newborn and Child Health alliance (PMNCH) as one of the three coordinating agencies – 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. The objective was to promote accountability for resources and results, leading to better information to monitor PMNCH results, as well as better and more systematic tracking of how resource commitments are actually allocated. This work involves the development of the annual accountability report that informs the work of the iERG, which is tasked to report to the UN Secretary-General on progress made by all stakeholders on their commitment to *Every Woman Every Child.*

Following the launch of the Global Strategy for Women's and Children's Health, the UN Secretary-General tasked the World Health Organization (WHO) with establishing a new, time-limited Commission on Information and Accountability for Women's and Children's Health (COIA). 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.[34]

World Vision President and CEO Kevin Jenkins was one of only 25 representatives involved in this commission. This invitation to be a commissioner 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.

Child Health Now campaigns actively engaged to see the 10 recommendations implemented. For instance, in September 2012, World Vision staff from Thailand and Indonesia attended the multi-country workshop to develop country

34 In its 2011 report, *Keeping Promises, Measuring Results*, WHO made 10 recommendations to focus on improving information for better results, improving tracking of resources and stronger oversight of both results and resources at national and global levels.

roadmaps to translate the recommendations of COIA. Following up on this, the Government of Indonesia conducted an in-country workshop in February 2013 alongside health coalition GKIA to develop the Country Framework and Roadmap on Information and Accountability. At the end of the workshop all institutions that actively engaged in the COIA's process were asked to sign the commitment to support the implementation of Indonesia's 'Roadmap to 2015'.

World Vision also contributes to information and accountability through partnership to monitor the health and nutrition status of children in communities where programmes are taking place. To better measure health and nutrition in emergency settings, staff use the interagency methodology and software, Standardised Monitoring and Assessment of Relief and Transition (SMART). In programmes, World Vision has piloted and is scaling up the use of mobile technologies like cell phones to report health data (text box below).

A review of COIA's proposed framework for global reporting, oversight and accountability will be critical to inform the development of accountability mechanisms for the post-2015 framework.

World Vision's digital health data on the increase

Within World Vision's Global Sustainable Health programme, the mHealth Initiative is of particular relevance to the effective and efficient delivery of COIA recommendations. Currently being implemented in 17 countries, the mission of World Vision's mHealth Initiative is to empower the most vulnerable households and community health workers/volunteers through use of common, shared, multifunctional and collaboratively designed mobile health solutions to deliver community-based health interventions. Guided by World Vision's mHealth Vision Statement that its work is 'always in partnership with others', these technologies are invariably deployed in a partnership with the private sector and are making a difference in the dissemination of community and clinical health data, delivery of health-care information, and real-time monitoring. For example:

- In Sierra Leone, World Vision has built a network of collaborations and partnerships among NGOs, the government, technology providers, funders and mobile network operators to make the expansion of World Vision's mHealth pilot programme viable. World Vision supported the Ministry of Health in its negotiations with Airtel, focusing on Airtel's corporate social responsibility programme to offer reduced data, voice and SMS rates for the initiative.
- In Afghanistan, with funding from the USAID Child Survival Health programme, World Vision, in partnership with Dimagi, is testing whether the use of mobile health application CommCare can be used by illiterate and low-literate health workers. As many of the female health workers have never had a chance to go to school, Dimagi is adjusting the CommCare platform to make it easier for these women to learn, share and collect information through mobile interaction. While this tool helps health workers with their messages and recommendations, it also collects statistical data about the community which can be relayed to supervisors and managers.
- In Kenya, Jamii Smart is a pilot partnership between the Government of Kenya through the Ministry of Health, Safaricom, World Vision Kenya, CARE, Amref and Aga Khan University. The partnership's vision is to utilise mobile technology to achieve safe motherhood for pregnant and lactating women and children under 5, and to offer an affordable and accessible mHealth solution for all women in Kenya. One of the key objectives is the strengthening of Kenya's community health system/referral services with a real-time health-information system that tracks pregnancies, births and maternal deaths and also provides updates and reminders for timely interventions.
- In Sri Lanka, World Vision has piloted Child NutriNet, an innovative project that supports growth monitoring towards improvements in child nutrition status. The Child NutriNet project introduces mobile technology to track and monitor the nutrition status of children in World Vision's area development programmes that had previously been gathered and collated manually.

World Vision's own accountability standards

World Vision continues to play a leading role in NGO accountability circles, engaging with key government, multilateral, NGO and private-sector partners. World Vision has committed to a number of self-regulatory initiatives to ensure standards of accountability in the sector, including the following:

- INGO, *Charter of Accountability* (World Vision has been represented on the board of the INGO [international NGO] Accountability Charter Company since 2009)
- International Federation of Red Cross and Red Crescent Societies, *Code of Conduct: Principles of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes*
- Humanitarian Accountability Partnership, *International Humanitarian Accountability Principles* (World Vision is represented on the board of the Humanitarian Accountability Partnership)
- Sphere, *Humanitarian Charter and Minimum Standards in Disaster Response* (World Vision is represented on the Sphere board)
- People in Aid, *Code of Good Practice.*

Extract from the feedback provided to World Vision in June 2014 by the independent review panel of the INGO Accountability Charter

'World Vision International's sixth accountability report is very comprehensive and has improved from last year's report. Its length is, however, a challenge. While in substance there is some very good information, it is difficult to find concise answers in plain language that speak to a broader audience. Moreover, the table at the back referencing where to find relevant information with regard to Charter indicators is often not correct. Highlighting the key challenges in green boxes throughout the report provides an honest and self-critical way to address development needs for the organisation. This is very much appreciated since the reporting exercise should be used as an opportunity to drive organisational development.'

Extract from the feedback provided to World Vision in January 2015 by the independent review panel of the INGO Accountability Charter

'World Vision International's seventh report to the INGO Accountability Charter can be generally regarded as good, complete and having taken on board the Panel's feedback.' [36]

As a member of the INGO Accountability Charter, World Vision is required to submit annual reports using the Global Reporting Initiative's NGO Sector Supplement. Reports are reviewed by an independent panel, and its findings published.[35]

35 Reports available at: http://www.ingoaccountabilitycharter.org/wpcms/wp-content/uploads/14-06-11-Panel-Feedback-to-World-Vision.pdf.

36 The most recent publicly available accountability report is from 2013; the 2014 report is still under preparation. See http://www.ingoaccountabilitycharter.org/wpcms/wp-content/uploads/WVI_2013_report.FINALweb.pdf.

World Vision is committed to being fully accountable to the children and communities as well as to donors, supporters and peers in the aid-work sector. To help provide focus on specific practices that enhance accountability to children and communities, World Vision developed a Programme Accountability Framework. 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, in the following areas:

- providing information
- consulting with communities
- promoting participation
- collecting and acting on feedback and complaints.

Crowe Clark Whitehill's work on this and earlier reviews confirms that World Vision has embraced these standards both in the design and implementation of its accountability. Reporting on the application of this framework, including effective practices for doing so, now forms part of the annual child well-being report from national offices.

World Vision also holds itself accountable for results brought through advocacy and campaigning efforts. Accepting that World Vision's contribution in this regard will always be one of many factors that together influence decision makers, World Vision is taking a theory-based approach to understand and report the effectiveness of all transitioning national campaigns, of its work within UN frameworks and donor countries, and of the linkages among these levels of activity. This is a complex research project undertaken over several months by independent academic partner Institute of Sustainable Futures, Sydney. Initial results will be available from July 2015.[37]

Coalition building and strategic alliances on health accountability

In World Vision's terminology, a *coalition* is a long-term formalised engagement with a number of organisations that share a common cause, pursue a common set of objectives and have a common plan for addressing issues of mutual concern. Many of those consulted as part of this review praised World Vision for its coalition-building efforts. Within the context of a coalition, World Vision recognises it may need to suppress its brand and operate under a collective label. As a result, World Vision's active engagement in many coalitions may not be apparent. The fact is that World Vision is working in partnerships, alliances and coalitions on maternal and child health around the globe, in endeavours such as the following:

- **The Roadmap Coalition,** a coalition of 33 humanitarian organisations and advocacy groups who in May 2015 launched a policy brief in Washington DC outlining a comprehensive approach to solving global hunger and malnutrition. Through the brief, the Roadmap Coalition encouraged the US Administration and Congress to continue building on what they have achieved.
- **The White Ribbon Alliance,** a coalition with World Vision membership in many different settings. Child Health Now in Tanzania sits within the White

37 Because the global campaign evaluation is not complete, we cannot link to it in this version of the report; however, the terms of reference and comprehensive evaluation plan were provided to Crowe Clark Whitehill as evidence of the methodology. We have also spoken with the assessors to help corroborate our findings.

Ribbon Alliance Tanzania (WRATZ) campaign, under the theme 'Be Accountable So That Mothers and Children Can Survive Childbirth'. In 2014, Tanzania's prime minister chose White Ribbon Day (March 15) to announce improved local obstetric services with corresponding budget and acknowledged evidence from WRATZ as a key motivator for Parliament's decision.

- **The One Goal campaign,** a global movement seeking to inspire and mobilise the football community to take action on the issue of child malnutrition in Asia. World Vison brings to this partnership expertise in grassroots programming, service delivery, advocacy, fundraising and nutrition. This campaign has reached over 900 million people with key campaign messages through Futsal Championship 2014, Asia Women's Cup 2014, Asian Champions League 2014 and the Asian Cup 2015. It has also reached over 853,000 football fans with the *One Goal: Nutrition for Every Child* video.
- Close partnership with Save the Children on its **Every One campaign,** which focused on Millennium Development Goals 4 and 5. This has included intelligence sharing and joint planning to influence at global level on Nutrition4Growth, the new Global Strategy for Women's and Children's Health and *Every Newborn* Action Plan. Joint initiatives have brought together efforts at global and national levels, including on citizens' hearings, Global Week of Action, nutrition barometer report and high-level events at the UN General Assembly and World Health Assembly.
- **The International Coalition for Advocacy on Nutrition,** a growing coalition of organisations that first came together to call for increased priority and funding in the lead-up to the Nutrition for Growth High-Level Event in London in June 2013. Today, the coalition is working towards the **2nd Nutrition for Growth High-Level Event set to take place around the Rio Summer Olympics 2016** in order to ensure that nutrition is adequately integrated within the SDGs and that new donor resources are mobilised to accelerate progress towards reaching the World Health Organization 2025 nutrition targets.[38]

38 See http://www.who.int/nutrition/global-target-2025/en/.

Conclusion: New times, new challenges

World Vision's strategic intent seems designed to ensure that its actions, initiatives and developments cannot be looked at with a 'job done' mindset. This is the way it should be. While progress has been made towards the UN Millennium Development Goals, more is needed. World Vision is frontline in the call to 'get to zero' on maternal and child deaths through concerted global action in the post-2015 maternal and child health context.

Thus, while we conclude that World Vision has met the commitments made to *Every Woman Every Child* in 2010, further commitments should now be made. World Vision's plans for national level follow-up on the Sustainable Development Goals will be critical to ensure their implementation from 2016 onwards. Competition for resources and funding between sectors exists; as well, there is an ever-increasing gap between the cost of responding to need and the institutional funding available. NGOs like World Vision must constantly look for opportunities to broaden and grow the income base.

Child Health Now aligned its campaign timeline and goals with that of multi-national health commitments, in particular MDGs 4 and 5. Looking back, it is abundantly clear that it takes time and effort to build influential networks and capacity to bring about change. It would be a retrograde step if the efforts and organisational focus of Child Health Now were to end as the MDGs draw to a conclusion. They need to be sustained and supported. The financial resources to support Child Health Now's continuation must be secured in 2015 to ensure that the capacity and gains made are not lost.

World Vision is also faced with a need to develop and deliver significant organisational change in skill sets, procedures, staffing needs and structures to push through initial progress on integration of programming: health and nutrition with associated sectors (WASH, livelihoods, food assistance), and programming with advocacy. Advocacy and action, plus responsive monitoring and evaluation, should remain priorities, and effort must be made to ensure that necessary funding, staffing and the 'tone at the top' are aligned to deliver them.

The task of setting priorities will remain as difficult as ever – matching the demands to satisfy short-term needs and the pressure for the resources required to achieve long-term solutions. World Vision's work on funding models and its continuing engagement with government and other major funders will be critical enablers to important investments in its programming and advocacy.

World Vision's contributions to the evidence base on sustainable health solutions are becoming evident, with major efforts under way to ensure that the quality of the methods used to collect, analyse and interpret data in programme-level evaluations meets standard criteria and methods to ensure reliability of the data produced. However, data alone is not enough. World Vision must continue its efforts in transforming data into information and knowledge that add value not only to its own work and decision making but also to health stakeholders universally.

Partnering directly with communities, either in programmes or as supporters of the cause, continues to be World Vison's strongest and most sustainable asset. In particular, the engagement of young people in health advocacy and post-2015 planning shows more

than token results. Empowering citizens to plan local solutions to health service gaps collaboratively with government is now tried and trusted. So are community-based models that bring health care to the home. But there is room for more. World Vision is better armed with evidence, knowledge, community reach and government influence than at any other time. The organisation must increase its ambition still further when setting new commitments in the post-2015 global health agenda.

World Vision is encouraged to:

- continue making and monitoring increasingly ambitious global commitments in terms of funding, programme reach and stakeholder support for ending preventable maternal and child deaths
- set targets for growth of donor investments in health and nutrition, including government grants and the virtually untapped private sector
- continue to focus on improved reporting on health and nutrition child well-being targets
- provide specific results on a regular basis for 'flagship' models (PD Hearth, Timed and Targeted Counselling, Community Management of Acute Malnutrition) in order that they can be recognised and scaled up by partners and government
- share more widely the detailed approach for implementing and evaluating Global Week of Action, including lessons learned, to benefit other civil society organisations that may be planning to undertake a popular mobilisation campaign
- broadly share the results of the Child Health Now global campaign evaluation when available, including reflections on advocacy evaluation methodologies tested
- lead on technological solutions through mHealth to address the 'data gap', including the use of this local data at district, sub-national and national levels
- actively seek ways to harmonise these data streams with government health management information systems for improved decision making
- further increase the profile of young people and interfaith leaders as advocates
- promote research results both internally and externally, particularly interim findings as they emerge from the Child Health Target Impact Study
- ensure the necessary funding, staffing and structures to complete the shift towards integrated health programming and reporting
- find ways to continue national-level and global-level health advocacy, under Child Health Now or other appropriate coalitions and campaigns, to keep the 'seat at the table' as a credible long-term policy partner.

Annex 1: A report on World Vision's commitment to *Every Newborn*: A plan to end preventable deaths

Part 1: World Vision's contribution to global and national decisions to end preventable newborn deaths

Starting at the global level, in 2013 and 2014, World Vision joined a small group in Geneva focusing on advocacy for the *Every Newborn* action plan. This group first engaged with Missions in Geneva to ensure that *Every Newborn* was highlighted during the January WHO Executive Board meeting, then subsequently to secure space on the World Health Assembly (WHA) agenda. Once the plan was in place as an agenda item, World Vision, on behalf of the advocacy group, wrote the first draft of a resolution proposing the plan's adoption, then advocated for Canada and Cameroon to co-sponsor the resolution. On behalf of the advocacy group, World Vision also wrote the first draft of the resolution proposing the plan's adoption. Prior to and during the assembly, delegates from Canada, Cameroon and the United States were at the forefront of seeking support for the resolution from other member states, assisted by extensive 'behind the scenes' diplomacy from members of World Vision's global and national advocacy teams.

At the national level, through the Child Health Now campaign, World Vision exerted collective pressure on national governments in 31 countries to support the resolution that the *Every Newborn* action plan be adopted at the WHA. World Vision national campaigns used suggested resources from the global team, including a template letter and policy brief. As a result, 23 of the 31 countries met with WHA government representatives before they travelled to Geneva to reinforce the urgency of the plan. National advocates also stayed in contact with World Vision's advocates in Geneva with information on their countries' positions and potential negotiation points for member states and the WHO Secretariat. This, in turn, helped the Canadian and Cameroonian government delegations identify likeminded nations who would join them in calling for the *Every Newborn* action plan resolution.

As a result, the health ministers of 194 countries endorsed the *Every Newborn* action plan and ratified a resolution calling for its implementation. *Every Newborn* sets a target to end all preventable newborn deaths by 2035 through universal coverage of key services. Notably, half the text of the final resolution has exactly the same wording as World Vision's initial draft.

Part 2: World Vision's contributions to enacting *Every Newborn*

World Vision made commitments to the *Every Newborn* action plan. The strategy for *Every Newborn* set targets to be delivered by 2020. In line with these targets, in May 2014, World Vision made seven commitments on the *Every Newborn* plan to be delivered within that timeframe. The Global Sustainable Health team is now working to ensure that the organisation has the capacity to support high-burden countries in

implementing programmes and advocacy initiatives to achieve World Vision's *Every Newborn* commitments. Following is a brief outline on the progress of each commitment over the past 12 months.

1. Review, sharpen and prioritise newborns in World Vision's MNCH nutrition programme with a focus on the first week of life

World Vision has revised the Global Health and Nutrition strategy, '7-11', to ensure that intervention on essential newborn care is inclusive of chlorhexidine for umbilical cord care and then used the organisational community-of-practice communications, meetings and knowledge-management processes to share this update. The Global team has also updated the community health worker home-visiting approach and curriculum materials, called Timed and Targeted Counselling, to improve CHW home-visit skills in the postnatal period.

2. Support 100,000 CHWs in 40 countries and integrate postnatal and essential newborn care interventions in the first week of life

World Vision is improving its reporting system for counting and supporting CHWs in more than 50 countries, to assist them to deliver maternal, newborn-and-child health messages. We have developed an approach to support community health committees with strengthened newborn elements to be rolled out in 2015–16. World Vision has also been supporting WHO in reviewing and field testing a new manual on community mobilisation for maternal and newborn health using participatory women's groups.

3. Scale up home visiting opportunities in 16 high-burden countries

World Vision's home-visiting approach, ttC, began in 2011. It is now implementing ttC in 22 countries, predominantly funded by grants. In 2014, three World Vision offices (Uganda, Swaziland and Kenya) started scale-up of the approach in collaboration with the Ministry of Health, while World Vision Ghana is currently in discussions with the Ministry of Health for national adaptation.

4. Integrate newborn care into integrated Community Case Management and implement in 15 countries

In late 2014, World Vision concluded operational research on integrating newborn care into the integrated Community Case Management curriculum in South Sudan. The study, funded by USAID, concluded that, with the right support, illiterate CHWs can be competent in skills for newborn resuscitation and recognition and treatment of newborn sepsis. World Vision will continue to lobby for funding for more operational research opportunities and present the findings in publications and at international conferences.

5. Empowering families and communities to demand better health for mothers, newborns and young children

World Vision's CVA approach supports community skills in local-level advocacy and is ideally suited to calling for accountability on maternal and newborn health services where policy is not being implemented as intended. CVA for MNCH is already taking place as part of development programming or as a special project in over 20 countries where World Vision works.

6. Ensuring accountability for the commitments made to Every Newborn

Through the Child Health Now campaign World Vision national offices have not only advocated for the endorsement of the *Every Newborn* action plan but also worked with governments to understand and implement the implications of a new global movement. In Uganda and India, for instance, follow-up workshops and media have helped with the timely planning of national commitments. In Indonesia, World Vision met with the Ministry of Health to offer support, in particular, on the application of policy for chlorhexidine in provinces with the highest maternal mortality rate. As a result, the national government agreed to pilot chlorhexidine in Papua province.

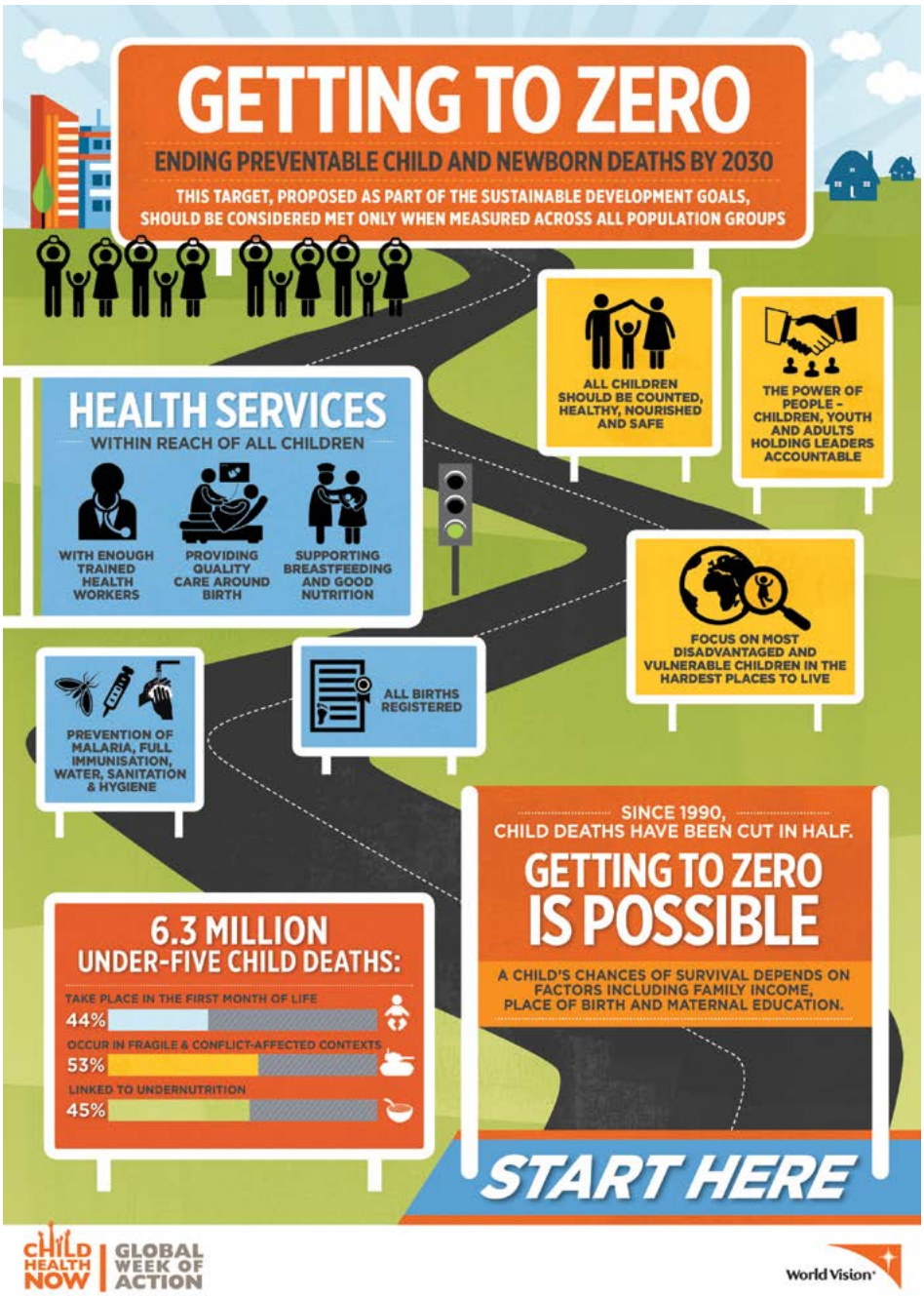
7. Advocating for the survival and well-being of every woman, every newborn and every child

Returning to the global level, World Vision continues to provide support to the *Every Newborn* working group, in particular the advocacy working group in Geneva. World Vision has also supported an internal secondment to lead African *Every Newborn* advocacy in 2015 in close collaboration with PMNCH and other partners.

Annex 2: World Vision's engagement with post-2015 decision making

World Vision believes that to build a fairer future for every child the post-2015 development framework must aim to reach the world's most vulnerable children, to ensure that success is measured by the impact it has on them and to transform the systems and structures that make them vulnerable.

World Vision's infographic for Stop at Nothing



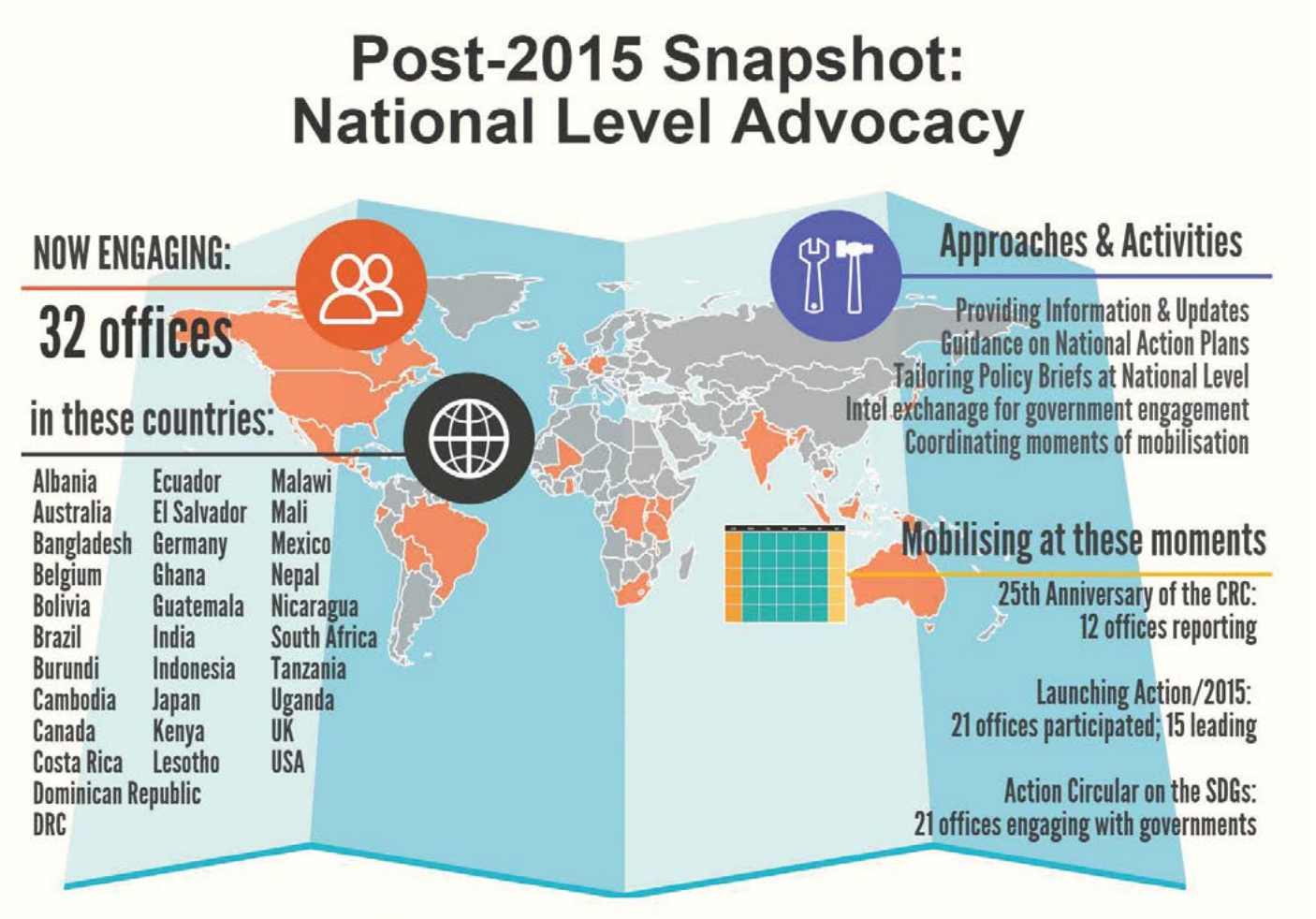
Issues affecting children deserve particular priority within the new framework. Healthy, cared for, educated, safe and engaged children have the best chances of becoming productive adults and of contributing to healthy, peaceful, productive societies – and, ultimately, to sustainable development.

World Vision's advocacy related to the post-2015 development agenda is based on this belief. Priority focus areas and calls are outlined in *Post-2015 Goals for Children: Stop at Nothing*.[39] Linked to this, a Stop at Nothing infographic was developed and distributed to 800 high-level attendees at the UN Secretary-General's high-level *Every Woman Every Child* event during the 2014 UN General Assembly.

World Vision has been actively engaging in the post-2015 processes at global and national levels for over two years, building on the strong engagement and advocacy efforts under the Child Health Now campaign; from the outset it has sought to ensure the meaningful participation of children.

Thirty-two offices have reported engaging with their national governments based on World Vision's post-2015 key messages and calls, many of these working in coalitions. All post-2015 priority offices (nine offices in Africa and Asia) are currently leaders

Post-2015 Snapshot: National Level Advocacy



39 Available at http://childhealthnow.org/united-nations-and-global-engagement/publication/stop-nothing-post-2015-goals-children.

or acting as leading contributors on children's issues in their national coalitions on post-2015. Twenty-one offices were instrumental in raising the profile of the popular action/2015 campaign, and 15 offices were responsible for national launch events in coalition. All post-2015 priority offices have tailored the global *Stop at Nothing* policy brief to their national contexts.

Post-2015 lobbying took place in 29 offices in September 2014 in advance of the UN General Assembly, based on the Stop at Nothing messages; further coordinated action took place in more than 20 offices in advance of the March intergovernmental negotiations on post-2015. The March engagement focused specifically on indicators, as this was being discussed during that particular intergovernmental negotiation session.

The third Global Week of Action, which took place 4–11 May 2015, was another opportunity for World Vision offices to call on their governments to prioritise children in the post-2015 framework, in particular outlining the inequalities within countries that must be addressed to end preventable child deaths. Thirty-one offices developed two-page country profiles on 'getting to zero' child and newborn deaths based on contextualised data and including specific policy calls. These form the basis of the *Stop at Nothing* report released during the Global Week of Action.

Globally, World Vision has been an active member of working groups focused on post-2015 advocacy within the Partnership for Maternal, Newborn and Child Health (PMNCH) and the International Coalition on Advocacy for Nutrition. World Vision's engagement in these groups has included drafting statements, reviewing proposed goals and targets, and organising side events during both the Open Working Group process and the current series of intergovernmental negotiations on post-2015. (See case study, Section 3: Increasing the evidence base.) World Vision is also actively involved in the process to develop an updated Global Strategy for Women's, Children's and Adolescents' Health under the guidance of the UN Secretary-General.

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World Vision

CHILD HEALTH NOW
Together we can end preventable deaths

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