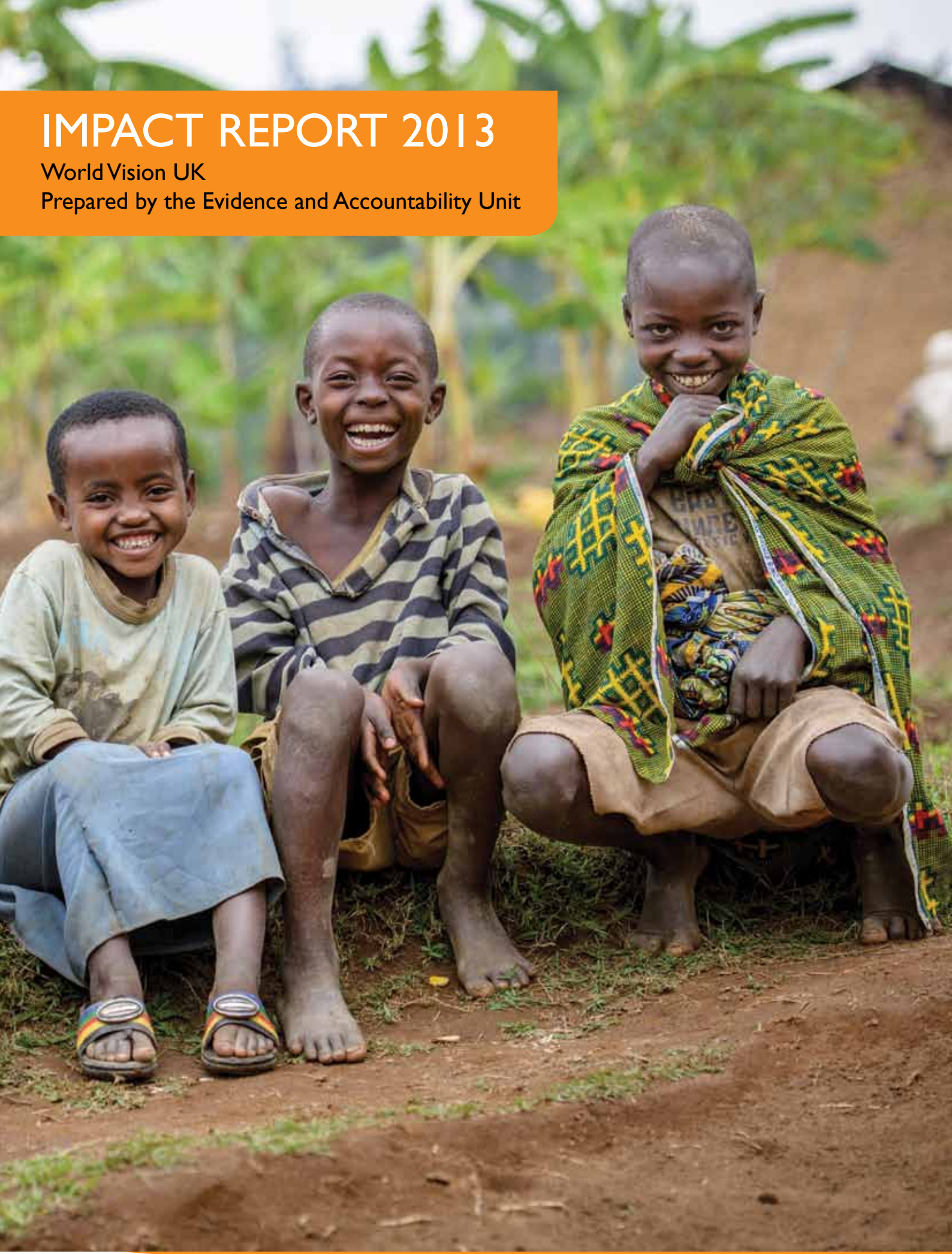
# IMPACT REPORT 2013

World Vision UK

Prepared by the Evidence and Accountability Unit



World Vision®

EVERY CHILD FREE FROM **FEAR**

## ACKNOWLEDGEMENTS

This report has been produced by the Evidence and Accountability Unit at World Vision UK.

The report was compiled by Hilary Williams, Rosalind Elliott, Carla Lewis, Sarah Morgan, Karen Moulder, Andrew Ware, and David Westwood.

We would like to thank the following people for their technical input and support: David Bell, Maggie Ibrahim, Angela Kellett, Tracy Shields, Daniel Stevens, and Royston Wright.

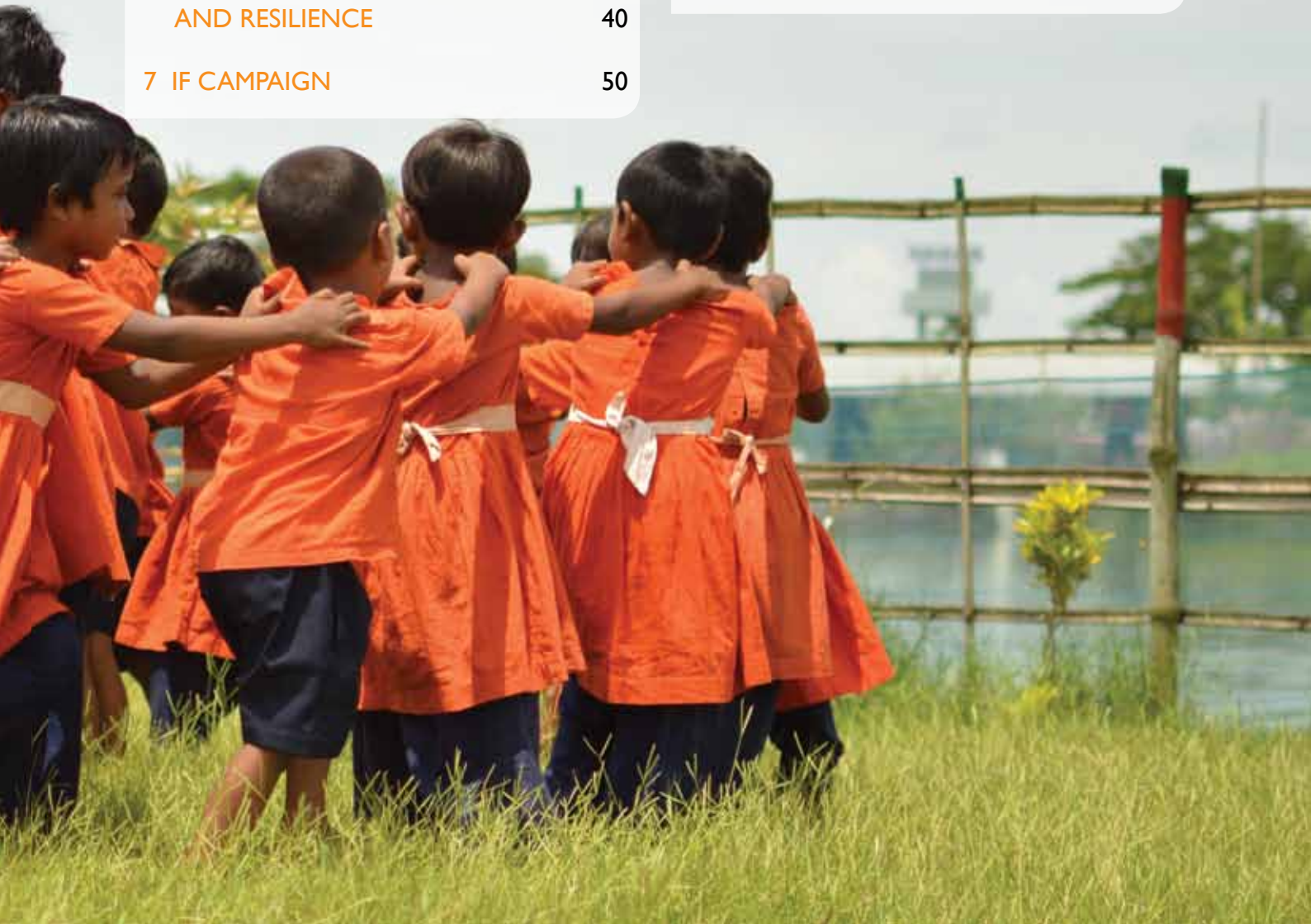
Thank you also to our National Office Programme and Project colleagues for your consistent support to the people mentioned in this report; we are deeply appreciative of your work and commitment.


This page: Children playing in a Child Friendly Space in Bangladesh, which provides pre-primary education support.


Front cover: Children in southern Rwanda; an area hard hit during the genocide. World Vision began relief efforts shortly after the genocide ended which morphed into effective recovery.

# CONTENTS





# GLOSSARY

ADP Area Development Programme

BOND British Organisation for NGOs in Development

CBO Community Based Organisation

CCM Community Case Management

CHA Community Health Activist

CMAM Community Management of Acute Malnutrition

CWB Child Well-Being

CWBI Child Well-Being Indicator

DFID Department for International Development

FGD Focus Group Discussion

FGM Female Genital Mutilation

FY Financial Year

GAM Global Acute Malnutrition

HARD Horn of Africa Response to Drought

HMG Her Majesty's Government

IG Income Generating Group

MAM Moderate acute malnutrition

MNCH Maternal, Newborn and Child Health

MTCT Mother To Child Transmission

ORS Oral Rehydration Solution

OTP Outpatient Therapeutic Programme

PPA Programme Partnership Agreement

PSVI Preventing Sexual Violence in Conflict Situations Initiative

RC Registered Child

RUTF Ready to Use Therapeutic Food

SAM Severe Acute Malnutrition

SC Stability Centre

SFP Supplementary Feeding Programme

TB Tuberculosis

ToC Theory of Change

UN SRSG'S United Nations Special Representative of the Secretary General

WASH Water and Sanitation and Hygiene Promotion

WFP World Food Programme

WHO World Health Organisation

WVE World Vision Ethiopia

WVUK World Vision UK

WVI World Vision International




Isaac, 6, a World Vision sponsored child collecting water at a community water tank.

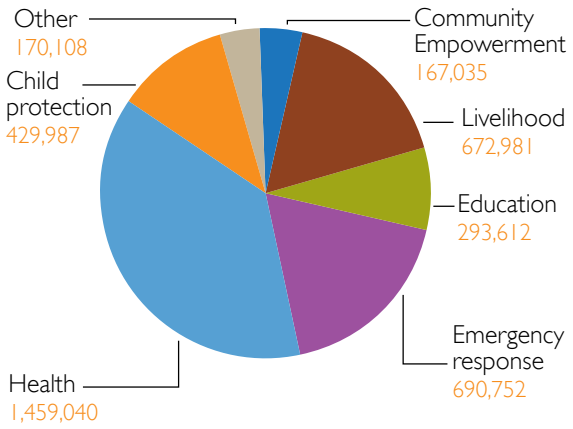
# EXECUTIVE SUMMARY

This is WVUK's fourth annual impact report; understanding and articulating our impact has been an iterative process as we have grappled with, reflected upon, and learnt a great deal about the quality of evidence, quantifiable data, indicators, case studies and the strengths and pitfalls of aggregation.

We are more confident this year as significant efforts have been made to improve the robustness and quality of the evidence used, including a greater emphasis on beneficiary voice, community validation, sustainability of results, and an improvement in the external validation of World Vision's policy work.

## THE NUMBERS

In 2013, 3.9 million children benefited from 458 World Vision UK supported projects, a slight increase from the 3.77 million children supported in 2012. This increase is largely due to an increase in emergencies and grant funding during the year.




In alignment with our strategic focus on the world's hardest places, 78% of those children benefited from our work lived in fragile states.[1]

## HEALTH

In 2013, health programming continued to see gains in the number of children immunised and the number of children well nourished. The Community Management of Acute Malnutrition (CMAM) database has provided strong evidence of the impact of nutrition programming on reducing the number of malnourishment; large numbers of children, 18,000, passed through WVUK supported CMAM projects with results well above international standards. In addition there has been successful innovation using community case management to treat acute malnutrition in Angola to reach the most vulnerable children.

Further encouragements were observed through demonstrated changes in maternal and child care practices based on World Vision's core 7/11 strategy being embedded in WVUK health and nutrition programming. Working through community structures and via local level advocacy saw tangible change in household practices and in health service provision; evidencing the approach to MNCH (Mother and Newborn Child Health) is proving effective.

There are encouraging quantitative highlights of change particularly in the area of health programming where evaluation reports showed that over the programme cycle (3-5 years):

- Children who are underweight reduced by an average of 8.7%.
- Children who were breastfed increased by an average of 6.5%.
- Births attended by a skilled birth attendant increased by an average of 1.3%.
- The proportion of children immunised increased by an average of 22%.

[1] http://www.oecd.org/dac/incaf/FragileStates2013.pdf


Neema , pictured left and neighbour, Neseriani Edward take a break while digging a water pan with tools they received from World Vision. Tanzania.

## CHILD PROTECTION

This has been an exceptional year for World Vision's work in child protection as the scope of programming has increased in breadth and impact. Through the partnership arrangement with DFID in particular, projects have been testing new WV 'Child Protection Advocacy' intervention models and monitoring methodologies which have generated significant learning regarding effective approaches to protecting children from harm.

One of the main learnings has been the selection of appropriate indicators and monitoring tools to enable the robust measurement of impact when addressing extremely sensitive issues and challenging contexts.

## HUMANITARIAN RELIEF

2013 was a year of continued large scale multi country emergency responses. From the Horn of Africa to the Sahel and Syria, World Vision continued to support almost 700,000 children.

The six criteria of relevance, timeliness, coverage, sustainability, management effectiveness and accountability have proven to be a useful way of structuring analysis of response impact. The analysis showed that all major responses were effective across the six criteria with the strongest evidence demonstrating relevance, coverage and accountability of the responses. The evidence of an increasing organisational focus upon resilience is observed which will support communities in their transition from recovery to regaining 'normality'.

## SOME FINAL THOUGHTS

Whilst we are pleased with the progress made and that for this report we have been able to generate more reliable data with clearer analysis and therefore more reliable conclusions, room for improvement remains.

Overall, the evidence is weaker against the principles of 'voice and inclusion' and the 'contribution'. In future work, World Vision needs to focus on ensuring that the perspectives of the most excluded and marginalised are included, that findings are better disaggregated by sex, disability and social differences, and that beneficiaries play an increasingly active role in the assessment process.

In order to improve robustness it is essential that a point of comparison is made during evaluations, preferably to a baseline measurement or a comparator community. If this is not possible then comparing with district or national averages to show how the situation for people compares if the project had not happened.

1

# INTRODUCTION

The purpose of this report is to honestly report the impact and lack of impact of World Vision UK funded programmes.

## STRUCTURE

For this year's impact report, as in the last, the structure seeks to follow the organisation's focus on child health, child protection, as well as humanitarian and emergency affairs and resilience. We also seek to highlight other innovative projects and methodologies we are supporting to improve quality and impact. This includes, most notably, an overview of global child well-being reporting and summary, quality of evidence review and a summary of findings from an ex-post evaluation.

## WORLD VISION'S PROGRAMMING

World Vision works to impact the lives of children in three ways:

- Long-term Development – the basic model is the Area Development Programme in which we work for 12-15 years with a geographically defined community to identify and address their development needs. The area development programme is made up of constituent projects, which vary according to context but might often address issues of health, education, water and sanitation, food security, income generation, community advocacy and child protection.
- Humanitarian and Emergency Affairs and resilience – this includes both the immediate response to disasters providing food, water and shelter, creating 'safe zones' for vulnerable children, but also work with communities to help them recover.
- Advocacy – increasingly World Vision is working in partnership with communities to influence decision making at the local, national and international levels.
- World Vision UK supports advocacy programming in partnership with national offices, but also conducts advocacy with the UK Government and multilateral institutions.

**Impact** - World Vision UK's working definition of impact is "significant or sustainable change in people's lives brought about by a given action or series of actions." [2] Wherever possible this report seeks to highlight evidence of progress, or lack of progress towards this definition.

To assess impact within humanitarian response we have used the criteria of coverage, timeliness, relevance, accountability, management effectiveness and sustainability; recognising the shorter timescales over which change is measured.

Children in Koh Krolor ADP, Cambodia

[2] Roche (1999) Impact Assessment for Development Agencies, Oxford: Oxfam.

Children in their Balwadi preschool, India

2

# METHODOLOGY

## OVERVIEW OF BENEFICIARY NUMBERS

The best available data for capturing the coverage of our programming is the total number of direct beneficiaries of World Vision UK supported programmes. This section analyses the numbers by sector, geography and theme. Please note:

- The beneficiary totals include only those directly supported through service delivery, community empowerment, training and awareness raising work, either funded by World Vision UK in 2013 or which had received funding in previous years that sustained activities into 2013.
- Double counting was avoided in cases when two or more projects cover the same / some of the same people by counting one project with the largest number.
- If a number of households was reported with no indication of the size of household, we made a consistent assumption that this represented 5 people.
- Factoring in beneficiaries of part WVUK funded projects was done by including the respective proportion of beneficiaries. For example, if World Vision UK provided 10% of the funding we included 10% of the total beneficiaries.

## PROGRESS TOWARDS CHILD WELL-BEING

Evidence is primarily drawn from the evaluations and reviews of World Vision UK supported programmes conducted in this financial year (2013). **The cohort of evaluations included 12 ADPs from six countries, one large TB grant in Somalia, two WASH grants (Cambodia and South Sudan), two Child Protection grants (Armenia and Cambodia) and one Nutrition grant (Angola).**

Each section starts with an overall summary that helps frame the change we are contributing towards over the five year cycles covered by the evaluations.

World Vision programmes work on five year cycles at the end of which they are evaluated. This then leads to a redesign or to programme closure. For the purpose of this report we have included all those evaluations that took place over the course of the year. To ensure reliability of evidence, they have also first been reviewed using the BOND quality of evidence tool.

Please note that not all evaluations include the sectors covered in this report and similarly not all sector evaluations have tracked the stated indicators, thus the breadth of evidence varies across the sections. Details of supporting evidence for each section is outlined in the appendixes.

Case studies and quotes have been documented in order to bring some colour to the numbers and to highlight that the 'value' of each of the projects is best assessed by the beneficiaries themselves.

Policy influence work on health policy and child protection policy has been included in the respective sector sections, and this has been validated externally to support accurate claims of level of influence over the desired policy changes.

## HUMANITARIAN ACTION

WVUK responded to three large scale and four smaller emergencies in 2013. Data from each of these final programme reports has been analysed and aggregated. A summary table showing project coverage of the respective populations has been included and impact assessed against six criteria: relevance, timeliness, coverage, sustainability, management effectiveness, and accountability.

World Vision Global Child Well-being: A case study of World Vision Uganda's Child Well-being report has been included to show trends over time of quantitative indicators and to investigate the benefits and drawbacks of a global reporting system.

Ex Post Evaluation: A summary of the methods and findings of an evaluation that took place seven years after the end of the programme has been included as a mini case study, as it is rare to have this opportunity to see what impact is left years later.

## IMPACT VIDEO

This year we have prepared a video to highlight the overall findings from this report, as well as short stories from beneficiaries themselves that better show the impact the programmes have had on their lives.

http://bit.ly/WVUK2013

Lideta ADP children playing in Ethiopia.

# LIMITATIONS

## HEALTH

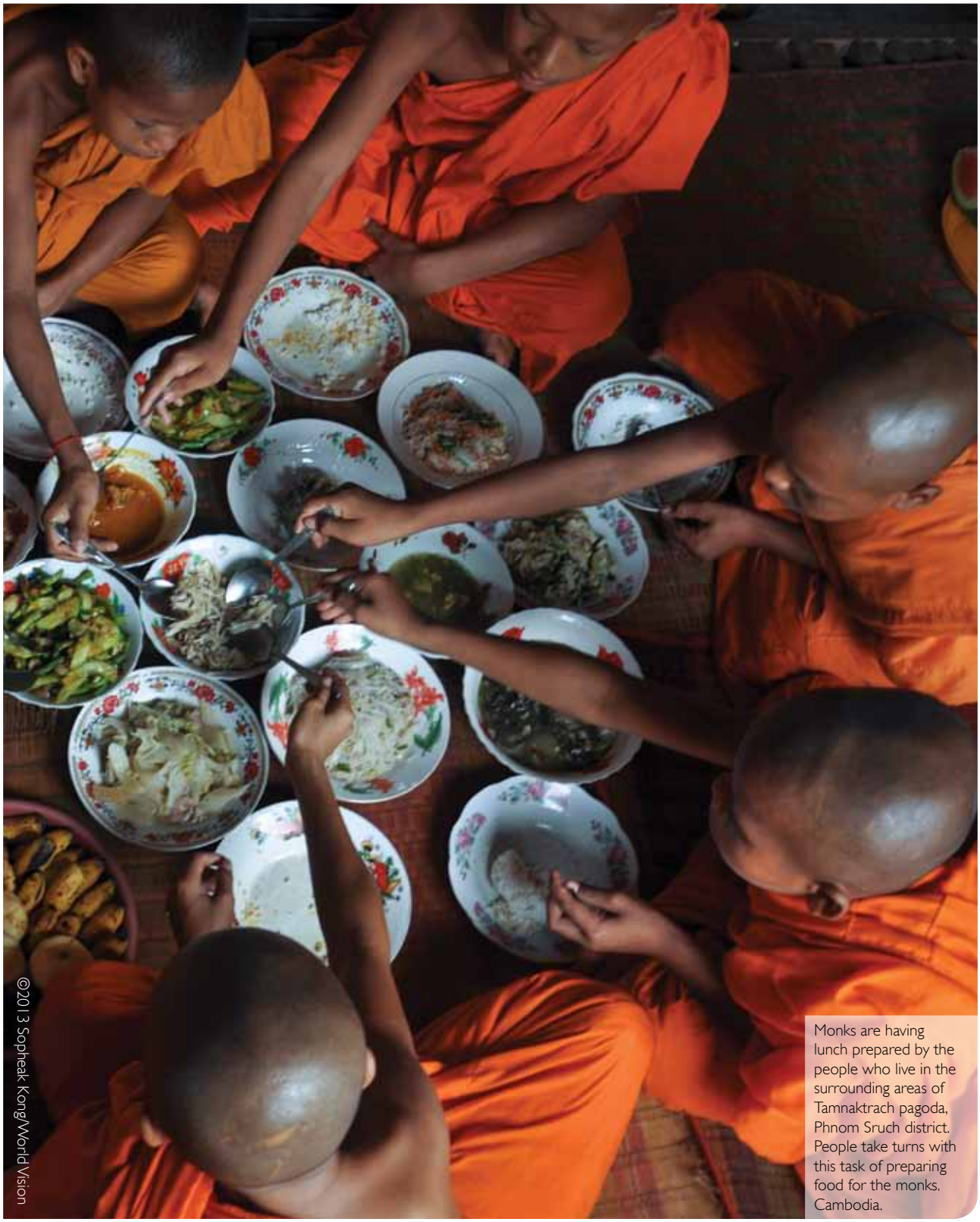
The limitations with the data presented include many of the same issues that have arisen over the past few years. With regard to annual progress reports it is often difficult to determine which aspects of malnutrition (underweight, wasting or stunting) are being described. The methodology used to measure these indicators is not always described nor is the time of year at which the data has been collected. Measurement taken at different points in the seasonal calendar will obviously have a significant impact on the numbers. This is especially vital for data on child wasting or acute malnutrition, as the prevalence will change throughout the year depending on rains and seasonal hunger gaps. Differing methodologies and differing sample sizes also adds to a lack of accuracy in data comparison.

Alongside this, national office reports rarely consider statistical significance in their data analysis; this limits the confidence in reporting on positive or negative impacts.

## CHILD PROTECTION

Some the programmes evaluated this year have been running for up to five years and it was found that crucial baseline data was either missing, or inaccurate due to a lack of rigour in data collection that we would now expect. Where evaluation reports included both baseline and evaluation data, on occasions the evaluation team were unable to provide sufficient contribution analysis to propose clear reasons and causes for the changes that were observed; clearly this is a skill that requires more support. As a result of more thorough analysis with the PPA Outcome assessments, new primarily quantitative tools have been devised to enable contribution analysis to be carried out as part of the final project evaluations. This experience also highlights the challenge of monitoring change in children's lives from interventions that impinge on extremely private and culturally sensitive areas such as sexual and domestic violence, where there is a natural tendency for respondents to under report to protect their privacy or avoid 'causing trouble' for themselves or family members. A further limitation is that the nature of much change in child protection, such as perceptions of safety, is qualitative. This change is harder to measure and analyse in meaningful ways; for example we have observed in the PPA programme that children's perceptions of levels of violence and exploitation in their lives have increased as the projects have made them more aware of the types of endemic violence and rights abuses, such as harmful child labour and corporal punishment.


MUAC (mid-upper arm circumference) measurement, India





Monks are having lunch prepared by the people who live in the surrounding areas of Tamnaktrach pagoda, Phnom Sruch district. People take turns with this task of preparing food for the monks. Cambodia.

3

# GLOBAL OVERVIEW

World Vision UK has, between October 2012 and September 2013, supported a total of 458 projects across 42 countries through both grants and private donations.

## OVERVIEW OF IMPACT: BENEFICIARY NUMBERS

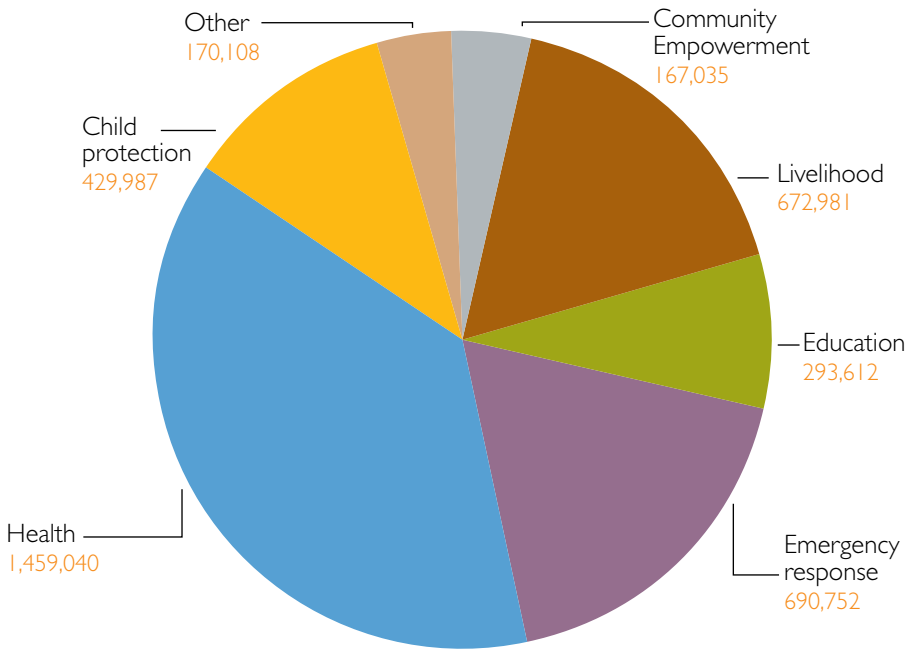
Total beneficiaries: 6,917,144 (6.9 million)

Children: 3,883,515 (3.9 million)

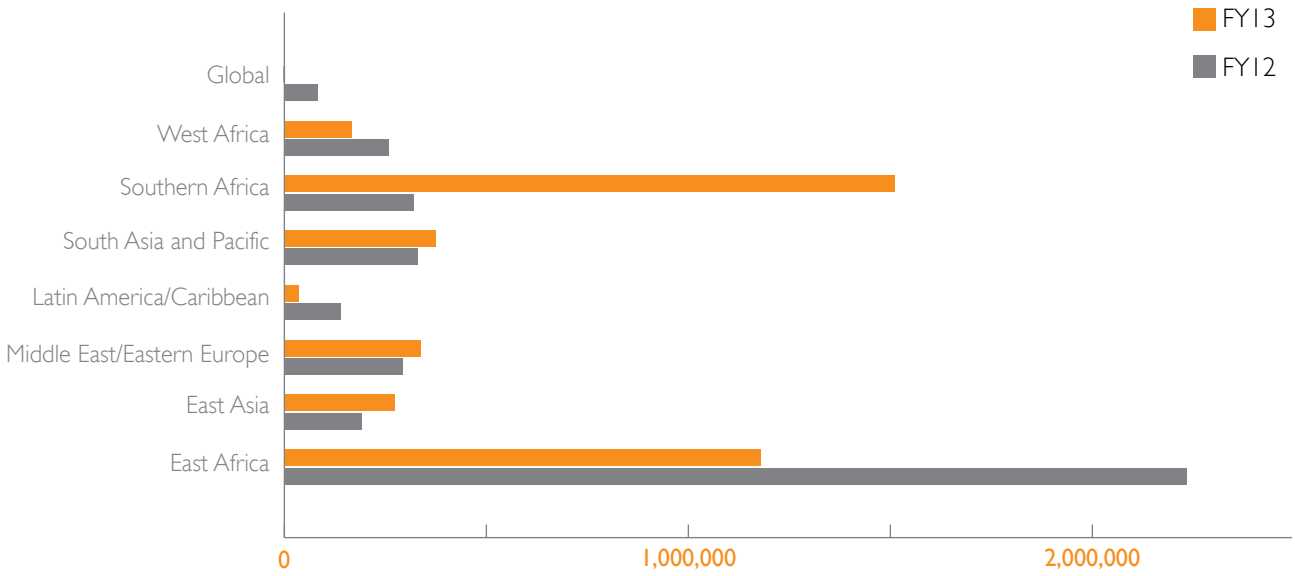
Over the course of the year, WVUK contributed to the well-being of 6.9 million people, of which 3.9 million were children.

The increase in numbers from last year is due to an increase in both the number of humanitarian responses and in grant funding received. We have seen a significant increase in children benefiting from health projects alongside a reduction in those benefiting from child protection interventions, a fact that largely reflects funding opportunities.

## FY13 CHILD BENEFICIARIES BY SECTOR



## CHILDREN BENEFITING PER REGION IN FY13 COMPARED WITH FY12



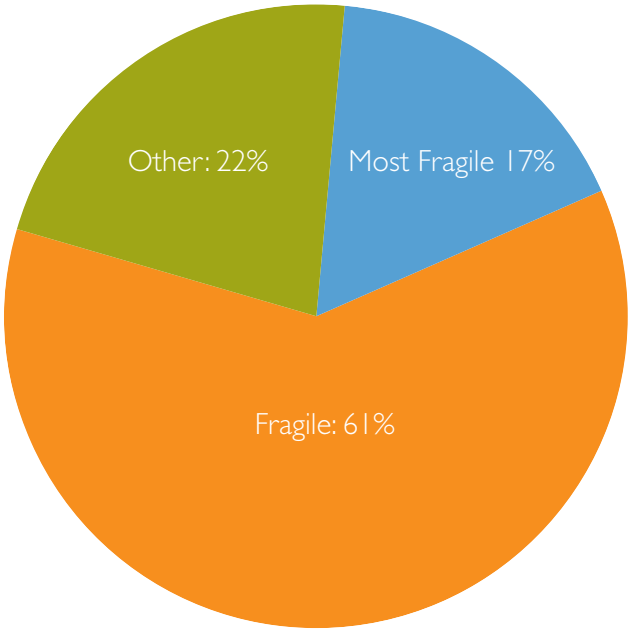

An increase in the number of large grant funded projects in Southern Africa alongside a decrease in the number in East Africa accounts for the differences observed in the graph above.

## FRAGILE STATES

Fragile States: 3,043,764 children

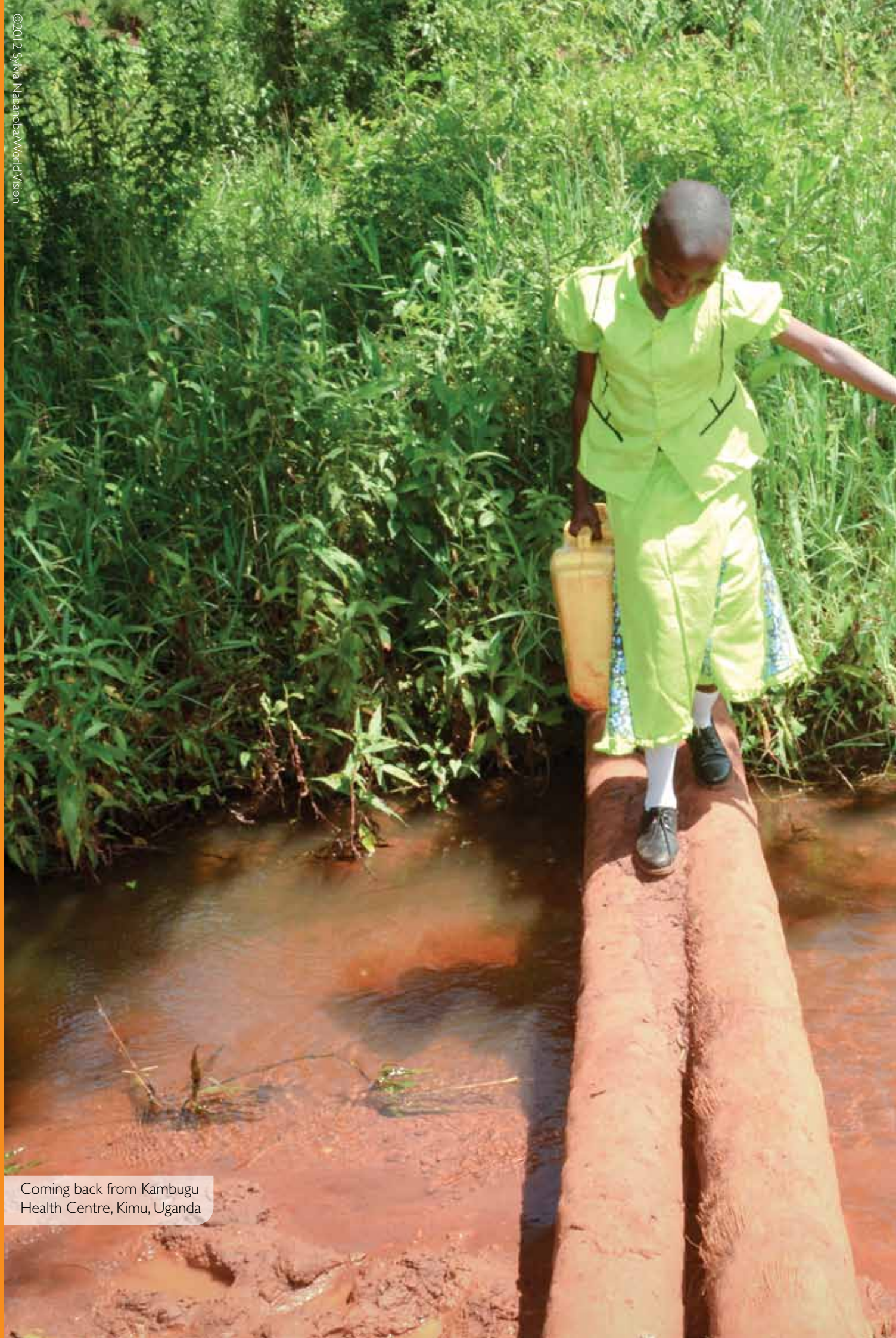
Other: 839,752 children

World Vision UK's 2011-2015 strategy continues to drive our programming towards more fragile contexts. Over the course of the past year, 78% (61% fragile + 17% most fragile), of those children benefiting from our work lived in fragile states. [3] Recognising countries have varying degrees of fragility, including within their own borders, we have defined seven as most fragile, namely: North Sudan, South Sudan, Afghanistan, DRC, Haiti, Pakistan and Somalia. Child beneficiaries in these most fragile contexts made up 17% of the total.




Number of children benefiting from WVUK funded projects in fragile states

[3] http://www.oecd.org/dac/incaf/FragileStates2013.pdf





Coming back from Kambugu Health Centre, Kimu, Uganda

4

# HEALTH

The combined change of our health programming over the last five year cycle can be reported as:

| | CHILD WELL-BEING INDICATOR | IMPACT | SAMPLE SIZE |
|---|---|---|---|
| Maternal, Newborn and Child Nutrition and Food Security | Prevalence of undernourished children under five years of age | Children who are underweight reduced by an average of 8.65% | Six programme evaluations, benefiting 278,838 people |
| | Proportion of children exclusively breastfed for the first six months of life | Children who were breastfed increased by an average of 6.45% | Four project evaluations benefiting 222,988 people |
| Maternal Newborn and Child Health (MNCH) | Proportion of births attended by skilled health personnel | Births attended by a skilled birth attendant increased by an average of 1.3% | Three project evaluations benefiting 190,419 people |
| | Proportion of one year old children immunised against measles. | The proportion of children immunised increased by an average of 22% | Four programme evaluations, benefiting 269,400 people |

Uganda - children in Ntwetwe ADP



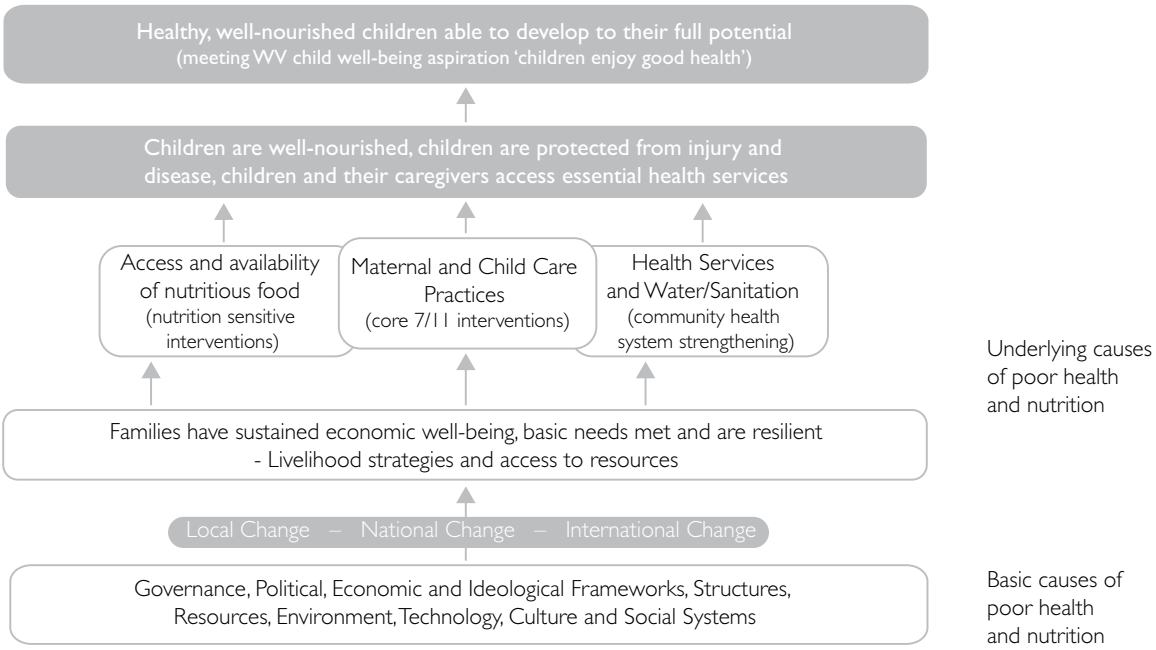
## WORLD VISION UK'S APPROACH TO CHILD HEALTH

World Vision's global health strategy seeks to improve the health and nutrition of women and children, contributing to a reduction of under-five and maternal mortality. WV focuses on three essential outcomes for mothers and children: that they are 1. Well-nourished, 2. Protected from infection and disease, 3. Can access essential health services.

Our Global Health strategy is founded on evidence-based and cost-effective preventive practices, scaling up, across all programmes, a minimum of 18 contextualised interventions This is known as our 7/11 strategy:

| PREGNANT WOMEN: -9 MONTHS | CHILDREN: 0-24 MONTHS |
|---|---|
| 1. Adequate diet<br>2. Iron/folate supplements<br>3. Tetanus toxoid immunisation<br>4. Malaria prevention and intermittent preventive treatment<br>5. Birth preparedness and healthy timing and spacing of pregnancy<br>6. De-worming<br>7. Facilitate access to maternal health service: antenatal and postnatal care, skilled birth attendance, prevention of mother-to-child transmission of HIV, HIV/TB/STI screening | 1. Appropriate breastfeeding<br>2. Essential newborn care<br>3. Hand washing with soap<br>4. Appropriate complementary feeding (6- 24 months)<br>5. Adequate iron<br>6. Vitamin A supplementation<br>7. Oral re-hydration therapy/Zinc<br>8. Prevention and care seeking for malaria<br>9. Full immunisation for age<br>10. Prevention and care seeking for acute respiratory infection<br>11. De-worming (+12 months) |

## WORLD VISION UK'S THEORY OF CHANGE FOR MNCH & NUTRITION[4]




[4] World Vision's Theory of Change for MNCH and Nutrition January 2013 available from http://www.wvi.org/international/publication/world-visions-theory-change

# EVIDENCE OF PROGRESS TO ADDRESS UNDERLYING CAUSES OF POOR HEALTH AND NUTRITION

The analysis of our health impact is drawn from 18 project and programme evaluations in 11 countries and 73 annual reports across 20 countries.

Whereas last year's Impact report assessed impact on health against the three Child Well-being Outcomes themselves; this year progress has been measured against addressing the underlying causes. The rationale for this is that the evidence available can be more accurately assessed using the following issues that underpin work against all three Outcomes:

1. Access and Availability of Nutritious Food
2. Maternal and Child Care Practices
3. Health Services & Water / Sanitation
4. Livelihood Strategies and Access to Resources

## 1. Access and Availability of Nutritious Food

WVUK aims to ensure that nutrition-specific interventions work together with equitable nutrition-sensitive interventions in health, agriculture, economic development, education and other sectors to address underlying, basic causes of malnutrition. WVUK's long-term, multi-sectoral development programmes therefore provide an ideal framework.


A family growing vegetables in Cambodia

"It is good to my family especially my beloved sons and daughters. I am able to support them to school regularly. Now my family has enough nutritious and healthy food for eating and also reduces expenses on daily consumption because of our home grown vegetables," Mrs Prum Sarin, Cambodia.

"I'm very happy that my parents could support me to school and I am able to have extra classes due to increasing family income through vegetable growing." Chan Leakna , Mrs Prum Sarin's daughter and registered child in the Rattanak Mondel ADP,

Positive changes have been observed in Rattanak Mondel ADP, where the 2010 evaluation showed a reduction in stunting by 16%, most likely due to increased access and availability of food. Much more, however, needs to be done: in 2013, 57% of households still faced food shortages over a 12 month period.

Food security has also increased in Mehal Meda, Ethiopia, where average annual household crop production doubled between 2008 and 2013, enabling the community to provide their children nutritious food as well as sell produce in the local market and buy clothes and school materials.


Sheep provide an income for Awuraris and her family.

**Case Study One:** Abozen Zewudie is a 54 year old physically disabled woman and mother of Awuraris.

In 2009, Awuraris was provided with five sheep, four chickens, and support for school materials and uniform. Four years later she had been able to build a small house of her own through selling off some of the sheep from her herd. She also received an improved heifer from the programme, which bore a calf and also provides four litres of milk per day. Currently she has 30 heads of sheep and one improved dairy cow with a calf. She has benefited from the support by generating 2000 Birr (£63) income per year from the sales of two or three sheep.

According to her, all the milk produced is used for household consumption, improving the family diet. Her son has been able to continue his education and hopes to continue up to college/university studies. The fertility and productivity of her land has improved, as she used compost prepared from the cow and sheep dung. The benefits of the support are very meaningful for her as it has not only increased her economic well-being, but also imparted a sense of freedom and independence, as well as self confidence. Currently she is planning to replace her grass roof with a corrugated iron one.

**Nyatike ADP, Kenya,** witnessed a remarkable reduction in under nutrition levels among children under five years; in 2009 wasting, stunting and underweight rates stood at 4.6%, 32.1% and 13.5% respectively; by 2013 this had reduced to 2.9%, 23.2% and 5.9% respectively.

(See table below) The reasons for this were not fully analysed at the time of evaluation, although it suggests favourable rainfall patterns, coupled with an increase in household income resulting from the adoption of improved agricultural.

| | 2009 | 2013 | % IMPROVEMENT |
|---|---|---|---|
| **Wasting** | 4.6% | 2.9% | 1.7 |
| **Stunting** | 32.1% | 23.2% | 8.9 |
| **Underweight** | 13.5% | 5.9% | 7.6 |


Community health worker show a family how to treat drinking water. Nyatike, Kenya.



## 2. Maternal and Child Care Practices

WVUK works to improve maternal and child care practices through promotive and preventative interventions at the household level.

## Changes in practices

Four Maternal and Newborn Child Health (MNCH) projects across a number of countries conducted Outcome Assessments, covering 101 communities.[5] The outcome level indicators assessed included use of skilled birth attendants, child morbidity and under-nutrition. In addition,

[5] Communities are defined, for purposes of the programme, as one of the following - groups/clusters of villages, hamlets, bastis or 1 community based health administrative unit. In this case 101 communities includes more than 260 smaller villages.

a number of output indicators were used as proxies to enable us to guage outcome level change, including exclusive breastfeeding, care seeking when a child is ill, antenatal care, prevention of maternal to child transmission of HIV, immunisation coverage, Vitamin A coverage, and insecticide bed net use.

Sixty three communities noted a positive movement in at least two out of the three-six outcome indicators when compared to baseline data. In India, underweight children reduced from 48.8% to 41.1% and institutional deliveries increased from 58.5% to 62.5%. In one of the implementation areas in Kenya (Nyatike), diarrhoea and fever in children were reduced by 15% and in another (Pala) skilled birth attendance increased (from 62.3% to 95%). Sierra Leone noted improvements in levels of underweight and respiratory infections in children (a decrease from 17.8% to 14.7% and 11.3% to 7.1% respectively).

Proxy indicators in 83 of the communities assessed also showed improvements. The increased use of ORS when a child had diarrhoea (increased by 15%-25%) was noted in the three countries measuring this indicator.[6] Sierra Leone showed increased bed net use of approximately 20%. India noted an improvement of more than 25% in exclusive breastfeeding and immunisation coverage. One implementation area in Kenya noted a 6.6% increase in Ante Natal Care (ANC) coverage and a 25.7% increase in knowledge of ways to prevent Mother to Child Transmission of HIV.

While a number of countries showed improvements in the presence of skilled birth attendants, Sierra Leone and Zimbabwe did not. Sierra Leone noted some improvements in ANC coverage, which is expected to increase uptake of delivery services. Trends in child morbidity varied considerably. Two out of three projects noted improvements in levels of fever and respiratory infection (between 3%-10%). Levels of diarrhoea were challenging to reduce; three out of four countries[7] showed no improvement. This may be because additional training is yet to be provided in all three projects and/or be related to seasonal trends, or because there were no WASH interventions to back up the health messaging.

[6] India, Sierra Leone, Zimbabwe.
[7] India, Sierra Leone, Zimbabwe.

While levels of exclusive breastfeeding and child immunisation improved in India and slightly improved in Zimbabwe, they did not in Sierra Leone and Kenya. Positively, antenatal coverage improved in Sierra Leone and Kenya. However, progressing from this to increased uptake of skilled birth attendance seemed challenging in Sierra Leone, where more rural communities have a difficult time accessing the larger health centres.

## Work with community structures

WVUK health programmes work with community structures to create an enabling environment for improved maternal and child care practices. Local health structures have been strengthened across communities in nine projects. A selected example of progress is given:

In Zambia, 66 Neighbourhood Health Committees were strengthened and mentored to improve their capacity to partner with the Rural Health Centres and the local communities. Community health workers trained on Integrated Community Case Management are now able to treat pneumonia, fever and diarrhoea. Furthermore, in the reporting year 1,554 women delivered in the presence of a skilled birth attendant, up from 1,344 in the previous year.

Muluwork and her baby, Mehal Meda ADP, Ethiopia

## 3. Health Services and Water/Sanitation

### Strengthening community health systems through local level advocacy

Increasingly WV is using a social accountability model called Citizen Voice and Action (CVA) which brings together government officials, staff, and users of health services to discuss ways in which they can jointly improve the service and so improve health in the community.

Encouragingly, 51 communities across six countries (Armenia, India, Kenya, Malawi, Uganda, and Zambia) report improved access to health services through CVA. These results were corroborated during an Outcome Assessment process undertaken in three representative countries (Kenya, Uganda and Zambia) as well as triangulated with regular monitoring reports (quarterly progress reports, semi-annual and annual reports) and regular field assessment missions.

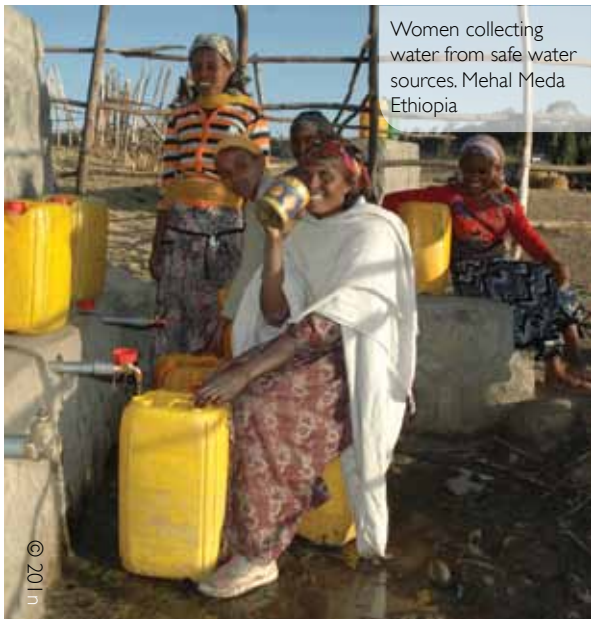
In Uganda, eight communities reported improved access to quality health services after local-level advocacy efforts led to improvements in service provision in Kiboga District. For instance, in Ntwetwe, community efforts led to an increase in the number of Clinical Officers and midwives. As noted in the Kiboga District Health Monitoring Report, this has contributed to increased utilisation of health services in the district from 46,655 people in 2011/12 to 75,329 people in 2012/13.

Some communities, however, have not seen a measureable improvement in access to quality services (Bolivia, Mozambique, Nepal and South Sudan). The higher level of civic engagements lay a firm foundation, however, for more sustained engagement and collaboration between communities and local governments for service delivery improvements and policy changes.


Women collecting water in Banja, Ethiopia

"Even in the absence of the support from WVE, we are confident that we will continue our works. ADP gave us starting materials and skills. Most importantly, they trained us. They showed us how to step up on the ladder of success. Striving and moving up the ladder is our responsibility." FGD participant, Kesa Kebele, Banja, Ethiopia.

"All the structures built by ADP (e.g. water points, school blocks) will continue to serve the community even in the absence of WVE. For example, ADP constructed the water points and handed them over to us and to the community. We established a committee and WVE gave trainings to the committee members. The committee members are evaluated regularly and replaced if deemed necessary. This committee manages all matters related to water use. The community also contributes money regularly that is to be saved in their bank accounts. This money will be used to solve problems related to the functioning of the water. Hence, the awareness obtained through training, the financial capital (regular contributions), and the institutional strength (establishment of water committee) make their works sustainable." Key informant from District administration office, Ethiopia.



Women collecting water from safe water sources. Mehal Meda Ethiopia

## PROVISION OF HEALTH AND NUTRITION SERVICES

In more fragile contexts, WV is more directly involved in the provision of health services:

**Global Fund TB Programme:** The incidence of TB in Somalia - estimated to be 290/100,000 (WHO Global TB Report 2008)- among the highest in the world, with the 15 - 49 years age group is most affected. It is known to have been exacerbated by the collapse of the country's health system, the continued conflict resulting in high numbers of displaced people and overcrowding in camps, as well as the lack of appropriate health services.

WV is the principle recipient of the Global Fund TB programme in Somalia and has registered some significant achievements in terms of increasing access to TB services in urban areas. The number of TB centres increased from 30 at the beginning of the 2003 to 64 in 2013.

"…. it's now cheaper to have TB treatment as the TB clinics are nearer and we can complete treatment without leaving our families". TB patient, Somalia.

It would appear that patients and their communities are appreciative of the improved availability of free diagnosis and treatment services for TB. FGD discussants frequently referred to the convenience of not travelling long distances to access TB care, and the rapid return to full health once the patient suffering from TB is put on treatment.

The evaluation also recorded that less people died as a result of TB since free treatment was availed; treatment success reached 83%.

## COMMUNITY MANAGEMENT OF ACUTE MALNUTRITION (CMAM) PROVISION

WVUK supports CMAM programming in many countries, with almost 18,000 children discharged in 2013. The table shows the number of children discharged from each programme and the % of children that were cured, died, defaulted (stopped coming to the centre to be measured), or who did not recover (i.e. are still malnourished).

| Country | Total children discharged | % cured | % death | % default | % non recovered |
|---|---|---|---|---|---|
| South Sudan OTP [8]/ SC | 3,852 | 89% | 0% | 10% | 1% |
| Somalia OTP | 513 | 97% | 0% | 3% | 0% |
| Niger OTP | 2,350 | 91% | 1% | 6% | 2% |
| Kenya OTP | 1,515 | 89% | 1% | 7% | 4% |
| South Sudan SFP[9] | 2,355 | 96% | 0% | 2% | 2% |
| Niger SFP | 3,690 | 93% | 0% | 5% | 2% |
| Kenya SFP | 3,548 | 87% | 0% | 6% | 7% |
| **Total** | **17,823** | **92%** | **0%** | **6%** | **3%** |

Two-year old Agusto is admitted to hospital in Angola. Agusto's mother, Dolphina says he cries a lot and has no appetite for food. He is severely malnourished.



[8] OTP = outpatient therapeutic programme, SC = stabilisation centre
[9] SFP = supplementary feeding programme

## BRINGING TREATMENT FOR ACUTE MALNUTRITION TO HARD TO REACH FAMILIES IN ANGOLA

WV Angola and partners implemented between November 2013 and December 2013 a unique nutrition treatment programme to respond to the drought in Huambo, Bie, Kwanza Sul and Zaire provinces using volunteer Community Health Activists (CHAs) to deliver treatment services. Although the Community Case Management (CCM) approach has been widely used for other health interventions, there are only three recorded examples of acute malnutrition treatment being provided this way globally. The final evaluation[10] notes this was a successful programme which used a novel service delivery model reflecting the contextual restraints of operating a conventional CMAM approach.

Specific successes were:

- Successful mobilisation of a vast network of community volunteers to deliver SAM (Severe Acute Malnutrition) treatment, extending services to rural areas where the health system does not function and where healthcare seeking behaviour is poor.
- Raising the profile of malnutrition within the government, church and traditional leaders. Effectively advocating with the government to encourage the prioritisation of CMAM services.
- High cure rates and low defaulter and death rates exceeding SPHERE standards and demonstrating a high quality of care. (Combined from all four provinces: SAM - Cure 92%, defaulter 4% and death 1%. MAM - Cure 95.3%, defaulter 2.4% and death 0.2%) There were problems with CHA reporting limiting the accuracy of these figures yet even with a reduction of 10%, as a margin of error, they would remain high.
- Services were adaptable to the needs of the communities. Nutrition education sessions and treatment could be provided at a time and place which suited the community and which would have increased adherence to services.
- Good integration with the health system which also built the capacity of the MoH.
- Strong partnership between NGOs.

Whilst there was an impressive network of CHAs reaching the most rural areas of the provinces, as there were not enough CHAs allocated to the programme, it increased their workload, decreasing the quality of care, and affecting Ready to Use Therapeutic Food (RUTF) distribution, CHA motivation and supervision.

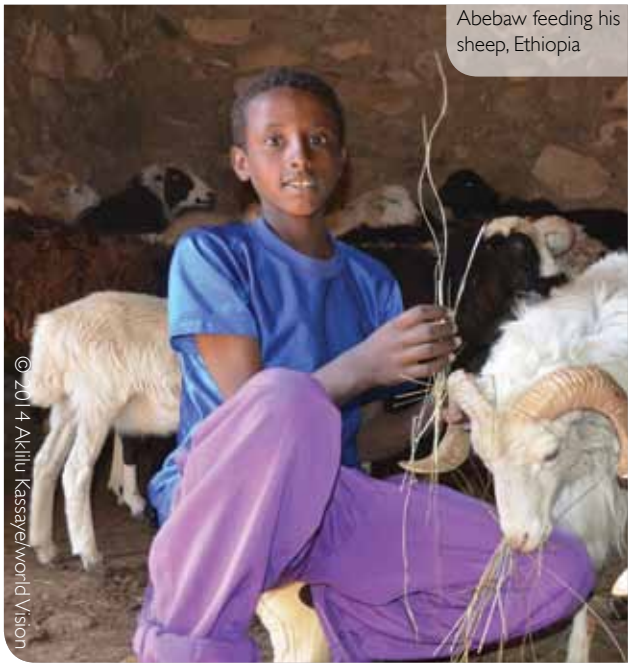

Three months ago Josias (from Angola), was admitted to a health facility with severe malnutrition. After treatment with high energy therapeutic milk, his weight bounced back, and he was discharged weighing six kilograms.

[10] Community-based Management of Acute Malnutrition for the most vulnerable children Under 5 in the Republic of Angola. Ellie Rogers, ACF UK January 2014.

## 4. Livelihood Strategies and Access to Resources

According to discussions with beneficiaries in Lideta ADP almost all of the Income Generation Groups (IGs) formed and supported by the ADP are saving up to 30% of their monthly income. This achievement is very significant when considering the deep rooted perception that 'the poor cannot save', and due to price escalation in food and non-food commodities in the last 5 years.

Although increase in household income is an important goal indicator in all four of the 2013 programme evaluations in Ethiopia, and indeed it is a very good measurement of livelihood security, the way the information has been collected has led to unreliable results. Respondents were reported to be either reluctant, or unable, to provide accurate income data. This is a limiting factor in the reliability of evidence towards improved household income.




Abebaw feeding his sheep, Ethiopia


A successful collection of eggs for these woman in Ethiopia

## Case Study Two: Agriculture and Crop Diversification

Households who practiced crop diversification have increased. The case story below from Kesa Chewesa Kebele highlighted this fact:

"My name Kes Tarkegn Bogale and I am 45 years old living in Kesa Chewsa Kebele. Married and have six children. Five years ago, I used to work in a place called Kintara as a daily labourer; about 12 hours walk from my home. Fortunately, during the same time, WVE established an apple nursery at my current place and I had a chance to be employed as a daily labourer. Suddenly, my life has started to change. I had a chance to attend training on how to manage apple grafting. Following this, WVE gave me some apple seedlings and I planted them on my plot in 2010. In the same year, I raised prim seedlings and sold them for 1,800 Birr (£57)). In 2011 WV further supported me in constructing rope pump and also I raised apple seedlings sold them for 6,000 Birr (£190). Now I have about 1700 apple seedlings and expecting to sell them for up to 40,000 birr (£1268) in the coming rainy season; i.e. May/June 2013. The apple seedlings I planted in 2010 produced fruits after two years and I sold some of the fruits and bought clothes for my two sons. Currently, I have also 1500 bamboo culms to be sold each by 23 birr (£0.73) approximately. I am also training my fellow farmers about my experience and even giving them free of charge apple branches for grafting. Currently, all my children are attending school and I am also happy with my current living standard thanks to WVE. In the future, I want to be a good entrepreneur and wishing to move forward."

## POLICY IMPACT HEALTH

World Vision's global Child Health Now campaign aims to shift the global political and health agenda through advocacy at international and national levels to end preventable child deaths. World Vision UK supports the Child Health Now campaign in a number of countries, including the DRC.

Ahead of the UK Government's "Nutrition for Growth" event (8th June 2013), WVUK launched the Child Health Now report "Fragile but not Helpless", focusing on fragile states' engagement with the global Scaling Up Nutrition (SUN) movement.[11] These states have some of the highest ratios of acute and chronic child malnutrition, estimated to be 50% higher than more stable places. While all countries are eligible to join, World Vision's research concluded that fragile and conflict affected states are less likely to sign up to the SUN movement, without additional encouragement.

On 7th October 2013, the DRC signed on to SUN becoming the 43rd country to do so, and one of only 19 fragile states in the SUN movement.

This decision took place with the backdrop of the Government of DRC's launch of its health action plan - "A Promise Renewed" (May 2013). As part of the Child Health Now campaign, and in researching the "Fragile but not Helpless" report, World Vision worked to influence various stakeholders within the Government of the DRC to sign on to the SUN movement. While acknowledging the context of the APR and other significant influencing factors, World Vision sought to assess our contribution to this success. Interactions with key stakeholders have shown that World Vision's work to raise the profile of the SUN movement was seen as a valuable contribution to DRC's membership of SUN.

Professor Dr. Banea Mayambu, of the DRC's National Nutrition Programme (PRONAUT) wrote to the Minister of Health, stating "The recent action of DRC in joining SUN is the result of a long campaign to which your [World Vision's] research has largely contributed".

[11] Scaling Up Nutrition, or SUN, is a unique Movement founded on the principle that all people have a right to food and good nutrition. It unites people—from governments, civil society, the United Nations, donors, businesses and researchers—in a collective effort to improve nutrition. It was launched by the UN Secretary General in 2010. http://scalingupnutrition.org/

5

# CHILD PROTECTION

## World Vision's approach to Child Protection

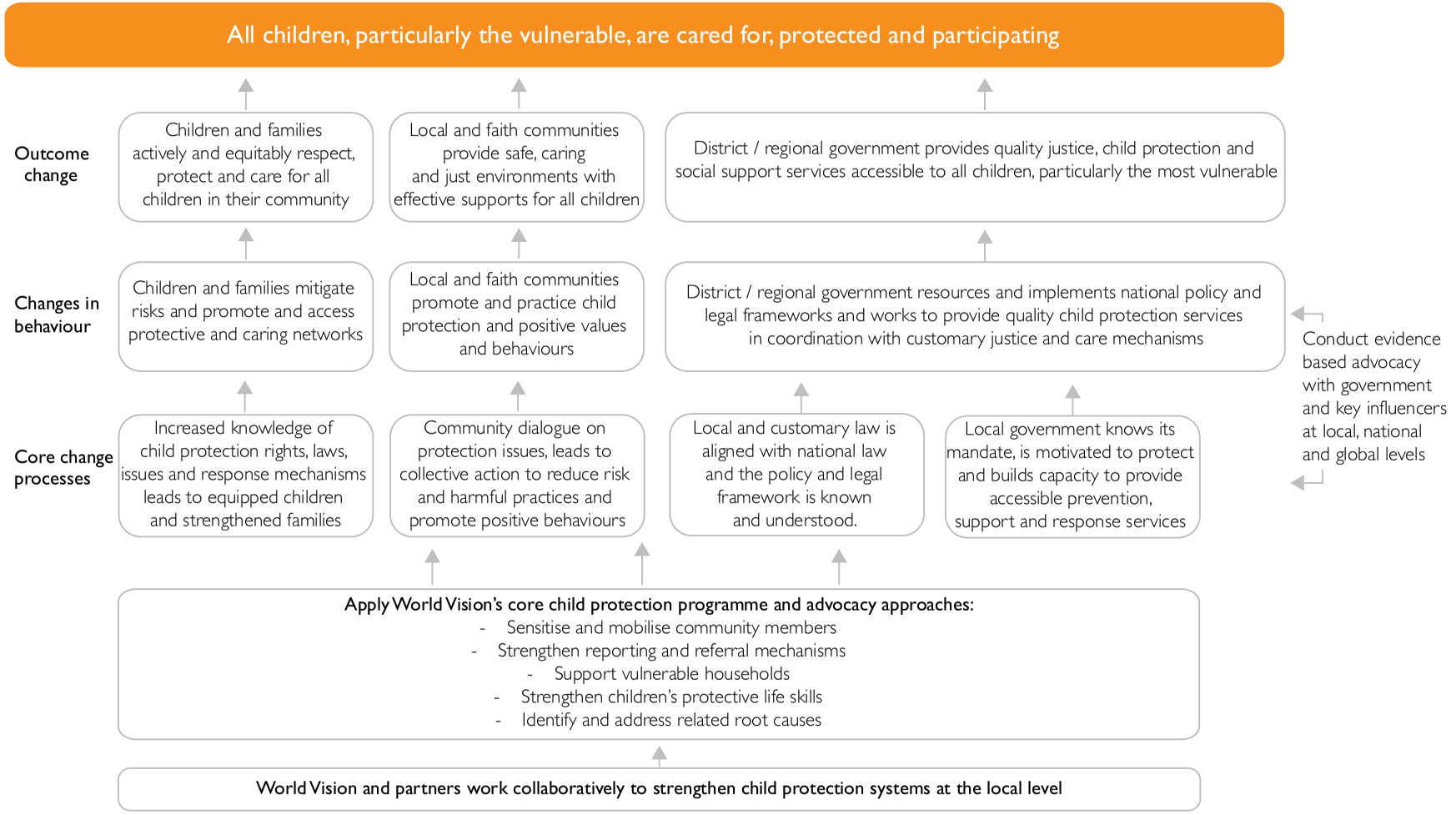
World Vision's projects strive to ensure that physical, emotional, psychological, and spiritual needs of the most vulnerable children are met, focusing on activities that prevent them from falling into deeper crisis or harmful situations; that protect those who are already in crisis through responsive care and improved capacity of service providers to respond; and that restore child survivors of abuse, exploitation, or violence through appropriate community-based care and reintegration with families when possible and appropriate.

Our preferred role is to serve as a catalyst and builder of capacity of local partnerships for child well-being, and leverage lessons learned for national impact through effective advocacy for policy formulation and implementation.

World Vision believes a systems strengthening approach is the most effective and sustainable way to address violence, abuse, exploitation, and neglect affecting children. The main aims of a systems approach are to strengthen the protective nature of the environment around children, as well as to strengthen children themselves.[12] Applying this approach, World Vision seeks to strengthen functioning local and national child protection systems in contextually-appropriate ways whereby government, civil society, and community stakeholders are empowered, coordinated, and working together to create a protective environment that cares for and supports all children.

[12] For a more detailed explanation of child protection systems and the implications of a systems-approach to child protection, see World Vision International (2011) World Vision's understanding of a systems approach to child protection: a discussion paper.

Children on the swings Khantati, Bolivia


All children, particularly the vulnerable, are cared for, protected and participating
Outcome change
Children and families actively and equitably respect, protect and care for all children in their community
Local and faith communities provide safe, caring and just environments with effective supports for all children
District / regional government provides quality justice, child protection and social support services accessible to all children, particularly the most vulnerable
Changes in behaviour
Children and families mitigate risks and promote and access protective and caring networks
Local and faith communities promote and practice child protection and positive values and behaviours
District / regional government resources and implements national policy and legal frameworks and works to provide quality child protection services in coordination with customary justice and care mechanisms
Conduct evidence based advocacy with government and key influencers at local, national and global levels
Core change processes
Increased knowledge of child protection rights, laws, issues and response mechanisms leads to equipped children and strengthened families
Community dialogue on protection issues, leads to collective action to reduce risk and harmful practices and promote positive behaviours
Local and customary law is aligned with national law and the policy and legal framework is known and understood.
Local government knows its mandate, is motivated to protect and builds capacity to provide accessible prevention, support and response services
Apply World Vision's core child protection programme and advocacy approaches:
- Sensitise and mobilise community members
- Strengthen reporting and referral mechanisms
- Support vulnerable households
- Strengthen children's protective life skills
- Identify and address related root causes
World Vision and partners work collaboratively to strengthen child protection systems at the local level

## MEASURING THE IMPACT OF CHILD PROTECTION INTERVENTIONS

World Vision UK tracks four indicators across a specific portfolio of projects that indicate progress towards a strengthened child protection system, and the impact this has on protecting and rebuilding the lives of children affected by violence, abuse, and neglect. We intentionally measure the following:

1. Proportion of children who live a life free from neglect, violence and abuse
2. Reduction in harmful traditional or customary practices which violate the protection or rights of children
3. Communities are able to respond adequately to violations of child protection rights in coordination / partnership with local justice mechanisms
4. Proportion of children with a birth certificate

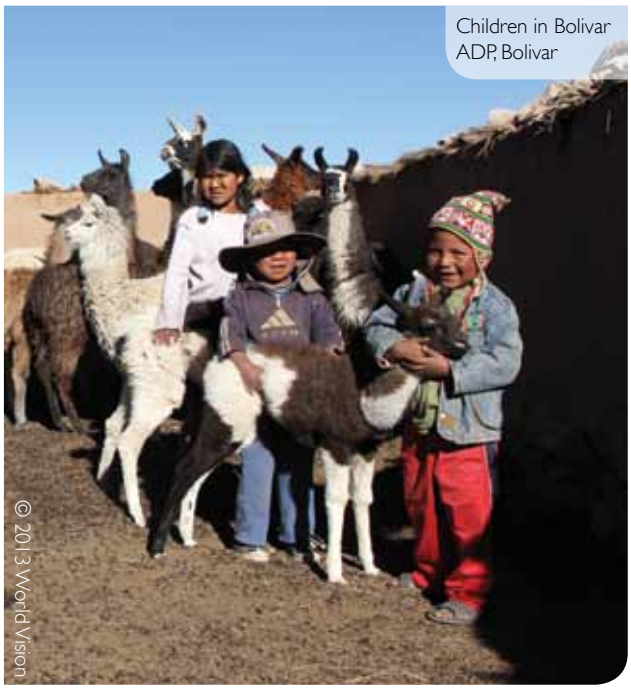
The long-term nature of World Vision's **system Strengthening approach** to child protection means that while our programming has a greater chance of transforming communities and the lives of the most vulnerable children in a sustainable way, it can be difficult to quantitatively assess the impact of our child protection interventions over a short period of time. The availability of impact level data from our portfolio of child protection projects, although limited and largely qualitative, is however growing and we expect this trend to continue year on year.

### Impact from evaluations and project reports

The following highlights impact of child protection interventions in 2013 reported through project and programme evaluation and/or monitoring reports.

### 1. Children who live a life free from neglect, violence and abuse

Bolivia: Child Protection projects in three ADPs in Bolivia have reported an increase in the proportion of children who feel safe and protected in their homes, schools and communities. In Tacopaya ADP 89% of children now report feeling protected compared to 85% at baseline in 2011. In Sacaca ADP, 74.8% of children report feeling protected in their communities compared to the baseline measurement of 69.9% in 2011. In Bolivar ADP 56.4% of children and adolescents reported that they live a life free from violence and discrimination in their homes, schools and communities, an increase of 10.4% from baseline measurement.



Children in Bolivar ADP, Bolivar

In total, across the three projects in Bolivia, 389 children feel that they live in a safer environment and are more protected from neglect, violence and abuse. This represents an average increase of 6.43%.

Malawi: Through child protection and advocacy initiatives, Namachete ADP in Malawi reports some significant advances in child protection policies at the national, district and community level. World Vision, along with other partners have lobbied and supported the Government of

Malawi successfully, so that a child protection law, child parliament bill, and draft bills on child trafficking and birth registration now exist. At the same time, at the community level, World Vision has been working to raise awareness on existing laws and the training of mothers' groups to monitor and act upon child protection issues within the project area. In 2013, child abuse across 11 primary schools reduced, on average, by 2.8%. The programme reports that 408 girls have returned to school after early marriage and 45 boys involved in child labour have returned to school. This appears attributable to a 'Back to School' campaign led by World Vision.

Albania: Interventions to make schools safer for children in Lehza ADP in Albania have witnessed great success with 85.1% of community members reporting some improvement in "safe schools" since 2009, (55.9% significantly safer). The project team attribute this positive change to World Vision's interventions, made more effective by good collaborative relationships with key stakeholders, including local government, schools, parents and children.

Cambodia: Over the last three years, in partnership with World Hope International and the International Justice Mission in Cambodia, World Vision has supported a specialist centre to provide counselling, education and vocational training to 84 children who were previously victims of sexual abuse, violence or trafficking. Since 2012, 53 children have left the centre after a successful rehabilitation and reintegration process.

An evaluation of a child labour project in the Battambang and Sanke district of Cambodia shows that 22 out of 37 brick factories have changed their policies around hiring children after training and lobbying efforts by WV Cambodia. The evaluation notes that there was a general consensus among focus group respondents that child labour was reduced in the project area partly because citizens are more aware of their responsibilities due to sensitisation activities conducted. However, there is no data available regarding the prevalence of child labour in the last four years to support this view and it is unclear how much the project contributed to this change. Focus group respondents noted that the reduction in child labour could also be explained by migration of families to Thailand and children moving to other districts to work. However, among families who did not move, child labour dropped, especially when children had the opportunity to learn a skill and start a small business.

## Measuring Child Protection Outcomes through Self-Reporting: Lessons Learned

Outcome assessments of child protection projects were conducted in four countries (Albania, Cambodia, Malawi and Tanzania) during 2013; the objective was to quantitatively measure progress towards outcomes one year after baseline due to the use of innovative approaches and the need for real time learning to contribute to a flexible programme approach.

The indicator "number of girls and boys, especially the most vulnerable, who report living free from violence, abuse and exploitation over the past year" did not progress as expected. Indeed, results across each country consistently demonstrate a decrease in children reporting living free from abuse, neglect and exploitation. For example, in Albania, this indicator decreased by 2%, from 67 to 65% and in Cambodia by 3.6%, from 78 to 74.4%.

Overall this represents a decrease of 2.8% of children who report living free from violence, abuse and neglect.

The challenges in using self-reporting monitoring tools to accurately capture levels of exploitation, abuse and neglect has been identified as a key factor in explaining this result. Project teams have noted that greater reporting of abuse by children may well represent enhanced awareness and confidence to report their experiences rather than an actual increase in incidence. There are also some indications of under reporting in the original baseline that further influence the findings.

## 2. Reduction in harmful traditional practices

WV has supported 190 communities across nine countries[13] to implement new strategies to reduce Harmful Traditional Practices (HTP). To have real evidence of the resolution of harmful traditional practices, often within communities where this is taboo, is excellent evidence of the impact of the strengthening of the informal/community elements of child protection systems. Evidence of progress includes:

- In the six months to March 2013 in Malawi, following campaigns against early marriage, eight children aged 13-15 withdrew from marriage. Child Protection Committees, supported by World Vision, worked with elders to release these children who had been forced intomarriage (with dowry payments).
- In Uganda, 12 communities have been working to reduce HTP. These communities have been focussing on early marriage and child labour. Their strategies include working in partnership with the Sub-County Vulnerable and Orphan Children Committee. Based on their work, police have reported a drop in the number of child abuse cases reported to them.
- In addition, as part of a child protection initiative in Lehza ADP in Albania, the project focused on the promotion of positive non-violent methods of discipline for children. At project evaluation 89% of respondents reported that parenting discipline practices significantly improved. Evidence suggests that this perceived improvement is attributable to positive parenting initiatives implemented by World Vision.

Two girls from Khantati ADP holding up an aguayo, which is a traditional woven cloth in Bolivia.

Children in this Child Rights Group are campaigning against child labour. Lezha, Albania



## Success in addressing harmful cultural attitudes, norms and behaviours

This year World Vision UK has conducted research to investigate how effective our interventions are at reaching the most vulnerable children. The research applied a multi-method, primarily qualitative, participatory data gathering process to investigate inclusion and impact on the most vulnerable children in World Vision UK's programmes.

One key conclusion from the research was that Child Protection and Advocacy projects have, in a relatively short period of time begun shifting cultural attitudes, norms and behaviours.

The report notes that interventions with community child protection committees are beginning to show impressive changes in beliefs and behaviour with regards to protection threats such as early marriage and Female Genital Mutilation (FGM). In Masai communities in Kitembeini, Tanzania, for example, community leaders spoke of changes to these behaviours as a result of three interrelated factors:

a) Increased trust in World Vision's overall capacity to assist communities economic and social well-being through the ADP,

b) A focus on compassion exhibited through WV's low key, faith based approach, and

c) An emphasis on social justice for girls emphasized in rights based approaches and messages of non-discrimination, and best interests of the child linking vulnerable children's life, survival and development. This has led to community leaders and local children's advocates intervening and providing holistic care to prevent early marriage and FGM as well as children attempting to negotiate change amongst parents of their more vulnerable peers.

[13] Albania, Cambodia, DRC, Malawi, Sierra Leone, Somalia, South Sudan, Tanzania, Uganda.

## 3. Communities are able to respond adequately to violations of child protection rights in coordination / partnership with local justice mechanisms

World Vision aims to support communities to strengthen or establish effective formal and traditional channels for reporting incidents of child abuse, neglect and exploitation. Reporting suspected child abuse, neglect or exploitation makes it possible for the child and family to get help. These reporting mechanisms should then ensure that the child and their families receive support, justice and can access appropriate protective and responsive services, and receive any necessary restorative steps.

As well as working with child protection service providers, there is a need to increase awareness in communities and provide information that will initiate the knowhow and the desire to report child protection incidents to the appropriate authorities.

**Kenya:** Winam ADP, Kenya report that the number of child abuse cases reported and pending in court reduced from 29 to five in 2013 respectively indicating a marked improvement in the local justice mechanisms for child. This was partly as a result of the number of Area Advisory Councils established and functional which increased from four to six in 2013.

**South Sudan:** With World Vision's support, five Community Child Protection Committees (CCPCs) have been established across Source Yubu and Mupoi payams. After receiving training from the County department for Social Welfare the CCPCs developed a child protection action strategy prioritising community child protection education, capacity building, support to child protection institutions, child protection monitoring and reporting, networking and partnership with local justice mechanisms. In the six months to March 2013, these CCPCs reported 12 cases of CP violations (eight girls and four boys). Significantly, this included a case of a rapist who, after conclusive proof by the county court, has been jailed for four years.


Honduras - Child protection (Comunidades Solidarias ADP)

In **Somalia** 10 Child Support Committees (90 members; 23 women and 67 men) received capacity building training. CSCs now have Community Action Plans for child protection and have started community sensitisation training where they have recorded a total of 353 child protection incidents, primarily child labour. These cases are to be referred to the Awdal Region Child Protection Network which works closely with the project team.

World Vision's work in **Albania,** specifically in Lezha, has continued to strengthen four community groups. The community groups have become one of the main sources for the government Child Protection Units (CPU) to address cases of children at risk. In the six months to March 2013 the community groups referred four cases to the CPU. Nurses from the group have also offered their healthcare clinic to arrange meetings between the CPU workers and families of children at risk.

In **Bolivia,** WV worked with communities to influence increased budget allocation towards child protection initiatives. As a result the annual budget for child protection in Bolivar Municipality was increased by 14% – an unprecedented increase in the history of the municipality. This led to the introduction of an information management system that improved handling of child abuse information and facilitated increased reporting of child abuse to higher courts.

## The importance of advocating for the prevention of early marriage in Tanzania

Nora is a 17-year old girl who lives with her mother. After completing her middle school from the local Masai Girls Secondary School, she became pregnant at 15, and like many similar girls was forced to discontinue her studies. Though her family placed great pressure on her to marry the father of her son, she refused because she still wanted to continue with her studies and wasn't ready for marriage. She eventually convinced her mother and extended family, with some support from WV staff and the local Social Welfare Officer, and she is now waiting for her child to reach one and a half when she can join with the special college of social welfare (her mother will care for her baby). In addition, Nora was seen as a positive role model by the Community Protection Committee, and has been asked to join as a youth member. She now advocates on behalf of other girls who are pressured into early and may not be strong enough to stand up for their rights to stay in school. She is proud of her Masai heritage but believes change can and must occur in traditional culture to keep them healthy.

(Note: Names have been changed to protect children's identities)

Theresia Daniel, 8, shows thumbs up signs as she stands at her home in Tanzania.

Mwamini, 14, at school in DRC

## 4. Proportion of children with a birth certificate

This year, due to programming cycles, there have been less programme evaluations or annual reports measuring this indicator than in previous years. Supporting children to access birth certificates is an important aspect of World Visions' approach to child protection, but it is not always measured with specific indicators.

- Cambodia: In Rattanak Mondol ADP 65% of children enrolled in World Vision's sponsorship programme (RCs) have a birth certificate, which marks a significant decrease from 86% in 2011. Although the project has been working closely with local authorities to increase awareness of the importance of birth certificates in eight villages, there has been a decrease year on year on the number of children who are registered at birth as parents in the area fail to see the value of birth registration. There was no reported explanation for this decrease.
- Kenya: Winam and Nyatike ADPs in Keyna have been working closely with families and local authorities on birth registration and in a 12 month period (October 2012 to September 2013) supported 418 and 517 children respectively to acquire a birth certificate.
- Tanzania: With World Vision's facilitation, the community of Kilmatinde ADP in Tanzania have participated in demanding that child rights are respected, focusing particularly on birth registration, resulting in a total of 1200 children being registered in 2013.
- DRC: As the result of awareness-raising through a multi-media, multi-sector campaign led by World Vision, birth registrations in Beni, eastern DRC increased from 29% to 98% in a six month period.

Child parliment members, DRC

### Birth Registration in DRC

Sister Katherine lives in a tidy shack by a small river in Southern Beni, in a new community of squatters in Eastern DRC. She explains how she came to adopt little Moses. "A friend come to visit and as she was leaving she shouted and came running back to tell me that there was a young child wrapped in rags abandoned in the reeds on the edge of the river. I asked if she could take the baby to the clinic but she was afraid and said, "you are a nurse, you can help the child". The baby was just hours old and I took it to the Quartier Chief. We brought the baby to the hospital where they cleaned him. I asked if the hospital or Chief could care for the baby but they said there was no home and that I should keep the baby and they would try and help. The Chief alerted the local Child Protection Committee and World Vision staff and they came and helped by giving me a little food and seeds to grow more crops. Over time the Committee has been very helpful and given me baby clothes and the Chief has negotiated that the baby will receive free medical care for his life as support from the Government run local clinic".

As a result of advocacy and advice by the local Child Protection Committee, Katherine went to register the baby's birth and named him Moses, after finding him abandoned by the river. "The protection committee has provided important support and advocacy for me and I am happy to have Moses as my son".

## LEARNING

One of the main learnings has been the selection of appropriate indicators to enable the measurement of impact, especially regarding the goal indicator - increase in number of girls and boys who report living free from violence, abuse and exploitation over the past year. World Vision has found that this indicator, measured quantitatively, does not adequately capture the measure of progress and impact at an early stage of what is essentially a complex and long-term change process in child protection systems strengthening, and associated knowledge, attitudes and behaviour changes in communities.

We are using this learning to strengthen how we capture our impact, and are now including a second indicator in our work, number and description of communities where girls and boys, especially the most vulnerable, report living in a more protective and caring environment over the past year.


Idrissa, shares a light moment with his grandson, 18-month old Idrissa in Niger

This indicator will capture children's knowledge of how to protect themselves, set safe sexual boundaries, reduce risks, avoid risky places and activities and report on any abuse cases. Using both quantitative and qualitative tools of measurement we believe this indicator, in addition to our original indicator, will allow us to better capture the impact of our work and monitor the change in social change in child protection.


Children herd sheep, in Bahir Dah, Ethiopia

## IMPACT OF CHILD PROTECTION POLICY WORK

In 2013 the overall objectives of World Vision's Child Protection Policy work were:

- Protecting children from early marriage in humanitarian and fragile contexts.
- Protecting, restoring and securing justice for children affected by armed conflict.

As part of the Global Campaign to End Child Marriage by 2030, and as a member of the Girls Not Brides coalition, World Vision UK has been working to raise awareness of the detrimental effects of early marriage with a particular focus on fragile contexts. World Vision identified a gap in evidence on the impact on early marriage of humanitarian crisis, which has been often reported anecdotally. In March 2013, we published our report "Untying the Knot: Exploring Early Marriage in Fragile States" which drew on primary research in Niger, Somaliland and Bangladesh. Whilst recognising the multiplicity of factors that contribute to early marriage, the report findings support the notion that fragility is a key driver of early marriage; a driver that is so far unrecognised in existing interventions, and calls on the UK government to mainstream early marriage prevention and to give families and communities viable alternatives to protecting girls.

"Early marriage is rooted in a number of causes, ranging from cultural traditions and gender discrimination to poverty and religious belief. However, many of the triggers for early marriage tend to be dependent on context, and in fragile environments we found these triggers are often linked to assumptions about the protective potential of marriage".[14]

The report was simultaneously launched at the UN Commission on the Status of Women (in New York) and in Parliament, both events designed to push the UK government, with its strong focus on violence against women, to see child marriage as a related and very significant issue. At the side event at the Commission on the Status of Women, a panel, including Lynne Featherstone, UK Parliamentary Under Secretary of State, representatives of UNICEF, Girls Not Brides, WVUK and Humaiya, 16, shared on the challenges of preventing early marriage. In her speech, Humaiya, a WV sponsored child from Bangladesh, said:

"Finally I want to tell you that my grandmother got married when she was nine, my mother got married when she was 16. But I can assure you that I won't be married within next eight years. Because I am educated and aware by different type of training from World Vision and I came to know the bad effects of child marriage and my family too know this."

Through this report, World Vision was able to provide evidence to DFID that early marriage needs to be moved up the agenda, especially in fragile contexts. It is now recognised that early marriage is a form of violence against girls and must be considered in humanitarian response interventions, as noted in the Chase briefing[15] (October 2013), which references WV's Untying the Knot report.

WV Girl advocate, Humaiya Akhter, shares the stage with DFID Minister Lynne Featherstone and girls not brides coordinator Lakshmi Sundaram at the launch of the Untying the Knot report.

[14] Untying the Knot, Exploring Early Marriage in Fragile States (p35), J Myers, 2013.

[15] DFID, Chase Briefing Paper (October 2013), Violence against women and girls in humanitarian emergencies

## PROTECTING CHILDREN FROM SEXUAL VIOLENCE IN CONFLICT SITUATIONS

In May 2012, the UK Foreign Secretary William Hague launched the Preventing Sexual Violence in conflict situations initiative (PSVI), as part of the UK government's presidency of the G8 in 2013. PSVI aims to "address the culture of impunity by increasing the number of perpetrators brought to justice both internationally and nationally; strengthening international efforts and coordination; and supporting states to build their national capacity to prosecute acts of sexual violence committed during conflict." [16] During its G8 Presidency, the UK government pushed the international community to commit to preventing sexual violence through the PSVI.

World Vision fully supports the commitment of HMG to addressing sexual violence through the PSVI, National Action Plan on 1325, Violence Against Women and Girls Strategy and ongoing humanitarian and stability work. We are engaging with colleagues across the globe to encourage the commitment of G8 countries and others to ending sexual violence in conflict.

World Vision UK, in partnership with other agencies, worked closely with the Foreign and Commonwealth Office as the PSVI was developed to ensure that children's needs and child protection were central to their approach. Our objectives included gaining recognition in government that the PSVI should be viewed as part of a continuum of protection and as such, should be closely linked with international and other UK government departments' efforts to change attitudes towards sexual violence, keeping children safe from sexual violence and providing appropriate support to survivors of such violence.

Ahead of the UK government's assuming leadership of the G8, World Vision and War Child presented joint recommendations[17] to the Foreign and Commonwealth Office, aimed at addressing priorities in preventing sexual violence and realising a reduction in cases for all groups – boys and girls, men and women: i) Predictable annual support to the relevant UN Special Representative of Secretary General (SRSG's,) ii) Increased proportion of donor funding to protection and child protection, and iii) G8 countries produce strategies on reducing sexual violence in conflict. A joint HMG-NGO workshop in early 2013, "Developing a comprehensive approach to protecting children in conflict, including the effects of sexual violence," gave opportunity to further expand on these recommendations, as WVUK and War Child were both invited to present.

Girls met in Ethiopia during Early marriage - FGM research

World Vision believes that our work in this area was significant and contributed to influencing the text of the G8 Ministers' Declaration on Preventing Sexual Violence in Conflict (April 2013) which contains 13 references to children and nine specific calls that World Vision was advocating on; including "Promote and protect children's rights" and "Ensure that the needs of children are taken into consideration in peacebuilding, prevention and accountability, and specifically ensuring that Security Sector Reform and Justice Reform is child-sensitive".

[16] http://www.hrdreport.fco.gov.uk/human-rights-in-safeguarding-britains-national-security/reducing-conflict/preventing-sexual-violence-initiative/ 2012 FCO Report – "Human Rights and Democracy"

[17] War Child and World Vision (2012), Joint recommendations to the Foreign Office on the G8 Foreign Ministers Meeting

6

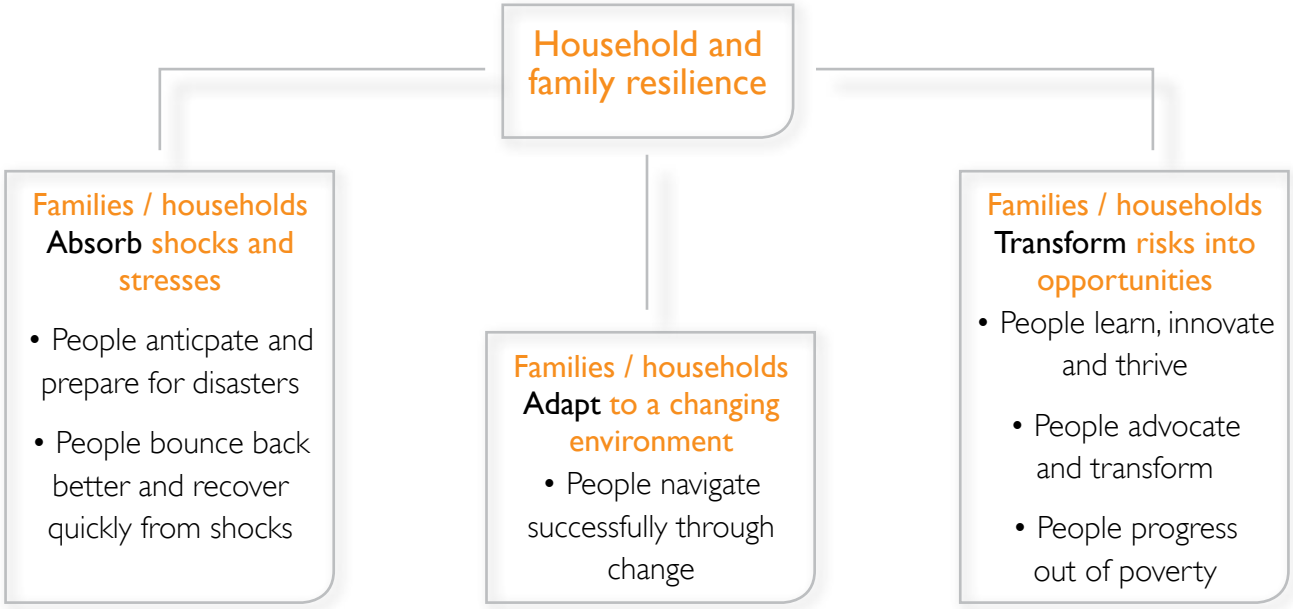
# HUMANITARIAN RESPONSE AND RESILIENCE

## OVERVIEW OF BENEFICIARY NUMBERS

Recognising that communities face multiple risks, World Vision seeks to promote participation, coordination and resilience in its policy and programming. Resilience is simply defined as the ability of a community to adapt to living with uncertainty.

As the humanitarian and development sectors seek to reinforce each other's work with greater complementation. World Vision has developed a theory of change (summarised above), linking humanitarian and development together. Attention is needed to both intensive risks, like earthquakes and cyclones, and to extensive risks like drought and recurrent flooding. Promoting communities to absorb, adapt and transform in face of known and future risks requires collaborative working mechanisms across the humanitarian and development continuum. Changes are required at the programme design, resourcing, implementation, M&E, as well as strategy and policy advocacy in order to ensure that development is risk smart and that humanitarian action can help communities to absorb and adapt in the face of changing risks.

The following describes the impact of our humanitarian work in supporting families to absorb shocks and stresses under the six following elements: coverage, timeliness, relevance, accountability, management effectiveness and sustainability. Through the humanitarian work around sustainability, we are seeking to move towards transforming the risks into opportunities to progress families out of poverty.



"My grandchildren have never had a beautiful day in their lives," says the grandmother of Lamees, 6; Fatima, 4; Wala'a, 2; and Amal, just 40 days old.



In 2013 WVUK continued to respond to three Large Scale Emergencies:

- The Horn of Africa Response to Drought (Ethiopia, Kenya, Somalia, and Tanzania).
- The Sahel Food and Nutrition crisis (Chad, Mali, Mauritania, Niger and Senegal).
- Syria Crisis response (Jordan, Lebanon and Syria).

Smaller scale responses were also made during 2013: Indian Assam Ethnic conflict emergency response, Malawi flood response, Kenya flood response and Solomon Island Earthquake/tsunami response.

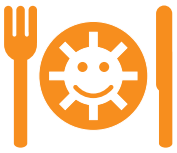
World Vision also responded in the Philippines to those affected by Cyclone Haiyan during 2013, however the reporting on the impact of this will be included in next years' Impact report.

# A COVERAGE

Through **7 emergency responses** reported on in 2013, WVUK has supported **690,752** children.

For the 3 large ongoing emergency responses (Horn of Africa Drought, Sahel Food & Nutrition Crisis, and the Syria Crisis) the **total beneficiaries for the global World Vision Response was 4,928,292;** the table below shows the splits per sector, WVUK has contributed 2%, 4% and 7% respectively to these global responses.

## NUMBER OF INDIVIDUALS BENEFITING PER SECTOR



**1,917,830**
Food

**720,220**
Health and Nutrition

**1,146,701**
Hygiene

**589,131**
Livelihoods/ Agriculture

**39,841**
Child protection

**132,668**
Environment

**8,400**
Shelter

**2,462**
Education

**244,100**
Cash for work

**126,939**
Non food items

**B Timeliness** World Vision is well placed to respond quickly to rapid onset emergencies due to the presence of its long-term development programme and pre positioning of resources within respective countries. When a disaster strikes an area, World Vision is able to respond first through its local staff who live within an established programme area, secondly through support from National Office staff, and thirdly through a Global rapid response team who are dispatched within 72 hours.

Emergency response teams were able to react quickly in India, Malawi, Kenya and the Solomon Islands due to the existing World Vision presence. In Nyatike, Kenya, evidence of the timely response to the drought is shown now that the long rainy season has ended; the water level subsided and displaced people gone back to their respective homes. All the schools are open and the pupils are in school.

With the protracted crisis' timeliness has involved careful monitoring of changes in context and opportunity to engage in influence of policy in order to bring about impact for those we serve, Examples of this include:

HARD, Ethiopia: Well defined early warning systems alerted WV Ethiopia to the impending drought as early as February 2011. As a result, National Emergency Preparedness and Response Fund (NEPRF) funds were diverted to respond before the disaster caused catastrophic impact. As some of the interventions took place in very remote areas they were difficult to access by vehicle, and so pack animals were used for transportation, causing some delays to implementation.

WV Ethiopia responded later than other stakeholders to the Somali refugee crisis in Dollo Ado; programme staff stated that this was as a result of a decision to focus first on areas where WV had a presence, with the expansion to other areas made only when a Global response was called.

Advocacy in the Sahel: Early contributions towards humanitarian advocacy engagement in the Sahel meant messages were in place and appropriate, timely policy influence was possible. As a result, inter-agency work, (through the Sahel working group), throughout the response helped World Vision raise its' voice in West Africa, strengthen its influence and elevate its profile.

**C Relevance** Needs assessments: Six out of the seven emergencies responses included a description of a needs assessment within their annual report.

The community based assessments enable WV to work with the community to determine the most pressing needs and also to consider the range of stakeholders to understand where WV can add the most value.

An example of this is a joint assessment done by FAO, WFP, World Vision Senegal, Oxfam and the Government of Senegal in February 2012. The assessment highlighted that 739,251 people were affected by the situation. The SMART (Standardised Monitoring and Assessment of Relief and Transitions) survey reported GAM levels from 6.1% to 14.1 % and SAM of 0.4% to 2%[18]. WV Senegal's rapid assessment report confirmed this picture with 165,172 people at risk of food insecurity in 15 ADP areas, including 31,670 World Vision registered children.

| Zonal Area | Planned beneficiaries | | Beneficiaries reached | |
|---|---|---|---|---|
| | Children aged 6-59 months | Pregnant and lactating women | Children aged 6-59 months | Pregnant and lactating women |
| Kaffrine | 6,719 | 800 | 4,031 | 749 |
| Velingara | 4,694 | 1,699 | 4,390 | 1,580 |
| **Total** | **11,413** | **2,499** | **8,421** | **2,329** |

[18] UNICEF, Humanitarian Situation Report Senegal: 2012 Overview (2012).

## Horn of Africa Response to Drought (hard)

World Vision Ethiopia's (WVE) response projects were designed with sensitivity to varying vulnerabilities and needs, including those of people living with disabilities. Community consultations were conducted with intentional exploration of issues affecting vulnerable groups. By giving people a voice, WVE delivered appropriate goods and services such as a latrine that offered ease of access and utilisation by having wider doors and handrails for people with motor-related challenges. In Dollo Ado, WVE is also partnering with an agency that specialises in working with disabled people and operating at refugee camps (RADO) in order to provide the necessary support for the children participating in Education in Emergency.

## Moustafa finds food security despite the drought

Moustafa, aged 25, almost left his village in search of food for his young family. He learned about the World Vision community meeting on the Food For Work (FFW) programme and decided to see if there was hope for work and food. He later registered under the programme.

Community members under the FFW programme built latrines in exchange for food rations from World Vision. The programme not only helped families survive the lack of food in their homes; it also improved household hygiene and sanitation while reducing the risk of disease. About one third of households in the village now have latrines, and people's behaviours have changed; they now keep their yards clean and store water in clean containers.

"Thanks to World Vision, my life and that of my family has taken a new and happier turn," Moustafa. Namachete, Malawi.

**D Accountability** World Vision have been promoting the integration of the Programme Accountability Framework and key accountability standards into humanitarian responses through training of field staff in four aspects of accountability (information provision, consulting with communities, promoting participation and collecting and acting on feedback).

Examples of all four aspects were observed:

In the Sahel communities participated actively throughout the response. Identifying and sensitising beneficiaries, including verifying choices and choosing suppliers was carried out with a local representative and a community leader. In response programming, beneficiaries were made aware of their rights and obligations, and comprehensive feedback and complaints mechanisms were put in place.

Toumoi, 37, a mother of five, is the president of the women's group working in the Nosombougou community garden built by World Vision in Mali.



**Tsunami/Earthquake Response, Solomon Islands.** The feedback received from the surveys and focus group discussions found that 69% of the 148 participants reported that the relief items distributed by WVSI met their immediate water, food and shelter needs.

There was a designated member of the **Solomon Island Earthquake response** team responsible for collecting feedback from the beneficiaries and responding to their questions and concerns. Communities reported that distribution of food relief items by the Solomon Island Government wasn't always fair, as some volunteers selected by NDMO to distribute food items often favoured their families, providing them with more food than the rest of the affected populations. WVSI therefore introduced a voucher system as part of the registration process, and communities noted that this issue reduced significantly.

The various feedback received at the end of the initial response phase has been used to design the Early Recovery plans, and will be adopted into on going development projects.

**India Assam Ethnic conflict response:** There were Relief committees in each of the relief camps, and volunteers were identified from the respective camps during distributions. This committee identified the beneficiaries and helped in peaceful distribution of relief items.

High transparency was maintained in the Assam Relief Response by following the HAP (Humanitarian Accountability Partnership) benchmarks in the Relief Response by displaying the list of items and its cost and displaying examples of the materials to the beneficiaries. A help desk (complaint response) was set up in each distribution site for addressing grievances and counselling of the people. The assessment team enquired from the beneficiaries about their needs and the relief materials had been distributed accordingly. The relief response team consulted the affected community, government camp in-charge, and the Relief Committees who are also involved in the selection of the beneficiaries and in the distribution. It was well appreciated by all the stake holders.

Mother and child benifiting from Makira Maternal Child Health and Nutrition project, Solomon Islands.

**E Management Effectiveness** World Vision was able to maximise impact through partnership with local NGOs, local government, local CBOs and where necessary by supporting the establishment of new CBOs. Working with these different groups who will be present in the long- term maximises the effectiveness of each programme, supporting participation, and a joint approach to decision making. Examples of partnership and coordination include:

**Horn of Africa Response to Drought (HARD):** WV Kenya maintained and strengthened partnerships with the government line ministries, donors, UN agencies, international and local aid agencies; and established new partnerships with large Kenyan companies, creating an effective response to the drought In cooperation with the government of Kenya and other stakeholders, the peace project in Moyale made it possible for displaced communities to return to their homes.

**Sahel Food and Nutrition Crisis Response:** World Vision became a prominent member of various regional and global forums on DRR and resilience building, including the IASC Regional Task Force led by OCHA. World Vision also helped to establish the Dakar Advocacy Group; coordinated meetings with the regional humanitarian coordinator, and coordinated engagement between UN and NGOs. This enabled a coordinated and effective response.

In response to the **tsunami/earthquake in the Solomon Islands** in 2013, WV was officially tasked by the National Disaster Management Office (NDMO) to coordinate the distribution of all non-food-items (NFI) as well as the logistical support to food and water distributions throughout the emergency relief phase of the disaster response. During the Emergency Response Phase, as part of the joint disaster response, World Vision Solomon Islands (WVSI) took the lead in distributing food and Non Food Items (NFI's) to 6,589 beneficiaries (1,598 households) from 85 communities (which includes the 3,329 beneficiaries targeted for this proposal).

WVSI provided NDMO staff with information from the field so NDMO could provide regular communication updates to partner organisations in the Joint Emergency Response Team.[19] The NDMO have reported publically that this disaster response has been the most effective and organised disaster response in Solomon Islands to date. This was also endorsed by other partner organisations in the lessons learned workshop conducted by NDMO on the 2nd-3rd May 2013.

Right above: Young mothers come together in special early child health clubs, Senegal


This Innovative savings scheme improves livelihoods in Solomon Islands

[19] This included Solomon Islands Government's Provincial Emergency Response Team, Red Cross Solomon Islands, Oxfam Solomon Islands, Adventist Development and Relief Agency, Save the Children Australia

**F Sustainability** Involving communities in the planning and decision making of a response and participation of relevant government departments and local NGOs is critical to sustainability. Evidence of this approach within programme responses is shown in the examples below:

### Sahel Food and Nutrition Crisis response

In Mali, funding has been secured from WFP and DFID to enable longer-term resilience programmes to begin. Similarly in Senegal, WV Senegal is now working with communities to strengthen resilience with a focus upon increasing food production. WV Niger in partnership with WFP is implementing cash-for-assets programmes to help mitigate structural risks to food security that are faced by the most vulnerable households. It is currently too early to observe the impact of this project.

A six-month old child, being measured for nutritional, status Somaliland.

**Horn of Africa Response to Drought:** The interventions in Dollo Ado, Ethiopia, have had a great impact on the refugee and host community population. Two highlights include the construction of pit latrines coupled with training which has brought about a reduction on open defecation. Secondly, the distribution of donkey and donkey carts resulted in immediate income generation by providing a transportation service for the community.

**Flood Response in Namachete ADP, Malawi.** Through transitioning, the District Assembly is taking over most of the flood response projects. The World Vision funded project is just one of them that have been taken up by the government. As the country is expecting to have general elections next year, most of the political parties are strategising themselves and some are capitalising on this risk reduction project. However, through the District Council this problem has been resolved and constantly monitored so as to mitigate any effects on the project.

**Tsunami Response, Solomon Islands.** WVSI assisted the National Disaster Management Office (NDMO) to collect and record feedback from the affected communities throughout the disaster response phase, as well as meet their short/medium term needs following the tsunami and earthquake.

The Solomon Island Government's Humanitarian Action Plan (HAP) was developed in March 2013 to guide the implementation of a coordinated joint disaster response. The Action Plan details key sector response requirements for the initial 120 days post disaster, which includes the Early Recovery Response Phase. The Humanitarian Action Plan incorporates WASH, Shelter, Protection, Health and Distribution sectors.

Based on the information received from community feedback mechanisms WVSI worked with the NDMO and the Joint Response Team to identify and develop projects for the early recovery phase that are designed to help communities become more disaster resilient.

**Horn of Africa:** A critical piece of research was conducted by TANGO in Ethiopia, Kenya and Somalia. Important findings from this research, which determines the likely success of resilience programming include:

- Appropriate community resilience /DRR work.
- Integration involving multi-sectoral approaches working concurrently with a common set of beneficiaries to tackle the necessary conditions for change.
- Integrated livelihood and vulnerability analysis based on an intentional, participatory and community-based approach (using a Theory of Change) to guide the process) and involving an integrated team that includes the relevant sectoral specialists.




Returnee children get their first taste of school, in South Sudan.

# IF CAMPAIGN

**The Enough Food For Everyone IF Campaign** was designed to capitalise on the UK government's presidency of the G8 in 2013 to put ending global hunger on the agenda. 2013 also marked a key moment for the UK in fulfilling its commitment to providing 0.7% in ODA, the first G8 country to do so. The IF Campaign coalition brought together over 200 agencies to call on world leaders to tackle four root causes of hunger: aid, tax, transparency and land grabs.

The IF Campaign specifically wanted to address[20]:

- Aid – **Enough Food For Everyone IF** we give life-saving aid to stop children dying from hunger and help the poorest families feed themselves.
- Tax – **Enough Food For Everyone IF** governments stop big companies dodging tax in poor countries, so millions of people can free themselves from hunger.
- Land – **Enough Food For Everyone IF** we stop poor farmers being forced off their land and we grow crops for food, not fuel.
- Transparency – **Enough Food For Everyone IF** governments and big companies are honest about their actions that stop people getting enough food.

World Vision UK took the decision to join the IF coalition in December 2012, eight months after the initial forming of the coalition.

Internally set campaign objectives were to mobilise supporters to engage in non-financial actions and to focus resources on the 'key campaign moment' of the Nutrition for Growth Summit.

From December 2012 to August 2013, World Vision signed up over 6,000 supporters to the IF campaign, mobilised 460 supporters to write to or meet with their MP, equipped over 430 people to hold IF Garden Parties, and inspired over 1,500 people to pray through partnering with 24/7 Prayer.

Aligned to internal objectives, World Vision can claim to have made a significant contribution to the IF Campaign in the Nutrition for Growth Event (8th June), where World Vision was among 90 stakeholders that endorsed the Global Nutrition For Growth (N4G) Compact. The N4G Compact commits signatories (countries and organisations) to achieving the following goals by 2020:

- Improving the nutrition of 500 million pregnant women and young children.
- Reducing the number of children under five who are stunted by an additional 20 million.
- Saving the lives of at least 1.7 million children by preventing stunting, increasing breastfeeding and better treatment of severe and acute malnutrition.

A total of £2.7 billion ($4.2 billion) was pledged as new money to tackle malnutrition. At the event, World Vision itself pledged £800 million ($1.2 billion) to tackle child malnutrition over the next eight years, one of the earliest and largest commitments. At the side event on 7th June, World Vision Kenya's Rose Ndolo appeared on a high-profile opening panel which included the UK Government Minister Alan Duncan, MP, and David Nabarro, the UN Secretary General's Special Representative for Nutrition. Presenting a southern, female voice, Rose's contribution was very well received. The southern and female voice were observed to have been underrepresented throughout the IF campaign, and this is an area where World Vision contributed effectively to the overall campaign.

Initial evaluation findings recognised that the IF Campaign had 'some strong policy gains and high level political traction'[21] but cautioned against the tendency to over-claim.


World Vision staff working on the IF Campaign.

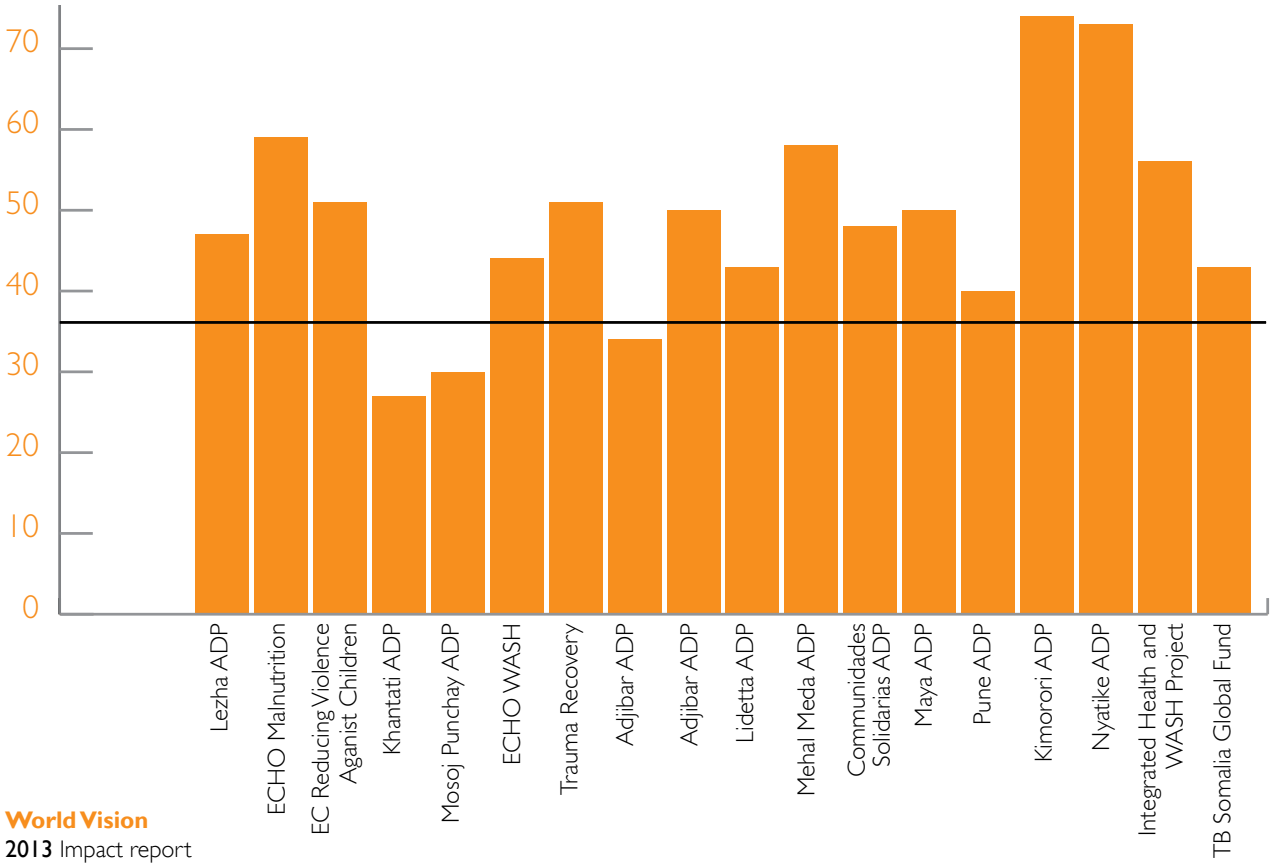
[20] http://enoughfoodif.org/about-campaign/guide-if Background to the IF Campaign
[21] Steve Tibbett and Chris Stalker, The Advocacy Hub, (December 2013), Presentation to BOND of draft evaluation findings

# ASSESSING THE QUALITY OF EVIDENCE

WVUK is committed to assessing and disclosing its rating on the robustness of the evidence used to generate this report using the BOND quality of evidence principles. The tool has proved useful, firstly in demonstrating if evidence produced is reliable, and secondly, supporting the improved quality of evaluations through serving as a planning and review tool with WV National office staff. In 2013, 18 evaluations were reviewed using the Bond Quality of Evidence Tool; see results below. In order to prevent bias, a sample of three evaluations went through a peer review process. The resulting convergence of scores (each individual separately gave the same score) contributes to the confidence in the robustness of evidence. The five principles of the Bond Quality of Evidence Tool are:

1. Voice and Inclusion: the perspectives of people living in poverty, including the most marginalised, are included in the evidence, and a clear picture is provided of who is affected and how.
2. Appropriateness: the evidence is generated through methods that are justifiable given the nature of the purpose of the assessment.
3. Triangulation: the evidence has been generated using a mix of methods, data sources and perspectives.
4. Contribution: the evidence explores how change happens and the contribution of the intervention and factors outside the intervention in explaining change.
5. Transparency: the evidence discloses the details of the data sources and methods used, the results achieved, and any limitations in the data or conclusions.

The chart below demonstrates that 16 out of 18 evaluations funded by WVUK in 2013 meet the minimum standard required to be considered a reliable piece of evidence. This compares to 14 out of 16 in 2012.



| No. | Country | Programme | Voice and Inclusion | Appropriateness | Triangulation | Contribution | Transparency | Total |
|---|---|---|---|---|---|---|---|---|
| 1 | Albania | Lezha ADP | 7 | 11 | 11 | 8 | 10 | 47 |
| 2 | Angola | ECHO Malnutrition | 9 | 16 | 12 | 9 | 13 | 59 |
| 3 | Armenia | EC Reducing Violence Aganist Children | 7 | 12 | 11 | 11 | 10 | 51 |
| 4 | Bolivia | Khantati ADP | 6 | 4 | 7 | 6 | 4 | 27 |
| 5 | Bolivia | Mosoj Punchay ADP | 5 | 7 | 7 | 6 | 5 | 30 |
| 6 | Cambodia | ECHO WASH | 9 | 12 | 8 | 6 | 9 | 44 |
| 7 | Cambodia | Trauma Recovery | 9 | 12 | 10 | 10 | 10 | 51 |
| 8 | Ethiopia | Adjibar ADP | 8 | 6 | 9 | 5 | 6 | 34 |
| 9 | Ethiopia | Adjibar ADP | 11 | 10 | 13 | 8 | 8 | 50 |
| 10 | Ethiopia | Lidetta ADP | 10 | 10 | 10 | 4 | 9 | 43 |
| 11 | Ethiopia | Mehal Meda ADP | 11 | 12 | 14 | 12 | 9 | 58 |
| 12 | Honduras | Communidades Solidarias ADP | 7 | 9 | 10 | 12 | 10 | 48 |
| 13 | Honduras | Maya ADP | 7 | 14 | 10 | 9 | 10 | 50 |
| 14 | India | Pune ADP | 8 | 8 | 9 | 8 | 7 | 40 |
| 15 | Kenya | Kimorori ADP | 14 | 16 | 14 | 15 | 15 | 74 |
| 16 | Kenya | Nyatike ADP | 14 | 15 | 15 | 14 | 15 | 73 |
| 17 | South Sudan | Integrated Health and WASH Project | 9 | 15 | 10 | 8 | 14 | 56 |
| 18 | Somalia | TB Somalia Global Fund | 7 | 11 | 8 | 7 | 10 | 43 |
| | | **TOTAL** | **135** | **161** | **154** | 130 | 141 | |

| Score | Rating |
|---|---|
| 0-34 | Weak |
| 35-54 | Minimum |
| 55-74 | Good |
| 75-80 | Gold |

### Areas of strength

The evaluation reviews demonstrated that in general, evaluation methods are relevant, have been triangulated and have generated reliable data with clear analysis leading to conclusions based on evidence.

### Areas for improvement

Performance is weaker against the principles of 'voice and inclusion' and 'contribution' in the reviewed evaluation reports. World Vision needs to focus on ensuring that the perspectives of the most excluded and marginalised are included, that findings are disaggregated by sex, disability and social differences and that beneficiaries play an active role in the assessment process.

Contribution to change is notoriously difficult to measure and therefore it is not surprising that evaluations scored lower on this principle. In order to improve robustness, it is essential that a point of comparison is made during evaluation.

9

# WORLD VISION GLOBAL CHILD WELL-BEING REPORTING

## CASE STUDY ON WORLD VISION UGANDA

World Vision Uganda, along with over 40 other World Vision National Offices, prepares an annual Child Well-being (CWB) report which synthesises evidence from existing sources (such as regular monitoring reports, baselines and evaluations, sponsorship data and other relevant research) into a single summary report. It is designed to streamline reporting and make better use of data already collected, so that reporting can be achieved at a higher, more strategic level. National office CWB summary reports are used to provide leadership with a clear picture of achievements and challenges towards achieving child well-being, in line with national and partnership wide strategy to support evidence-based decision making at all levels.

WV Uganda's Child Well-being report has been selected as a case study to highlight some examples of the type of evidence that is being produced, as well as to evidence progress towards different aspects of child well-being. Enjoy.

About WV Uganda: WV Uganda started in 1986 as a relief organisation responding to the needs of the victims of the 1981-1986 guerrilla war. By the end of FY 2013, they had 53 long-term Area Development Programmes (ADPs) (two funded by WVUK), and 32 grants implemented in 41 districts.

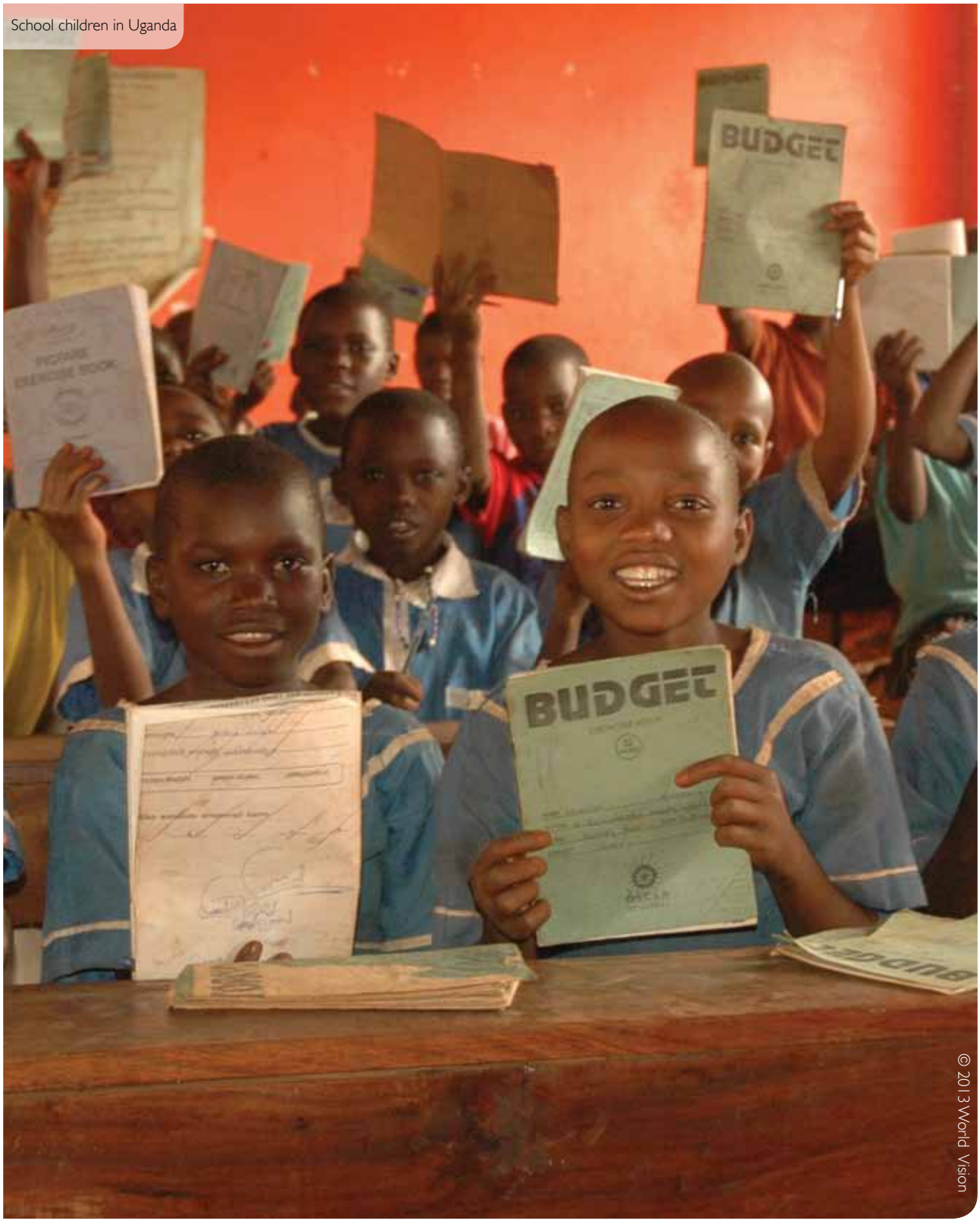
Purpose: WV Uganda's Child Well-being report details their plausible contribution to child well-being based on reports developed in 2013 and is structured around their national office strategy. Its purpose is to provide decision makers and partners with key information on learning, change and innovations relating to child well-being, and actionable recommendations to improve the effectiveness of programming approaches. This will further help fulfil their strategic objectives and increase accountability to children, communities and donors.

### Overview of indicators measured and results observed

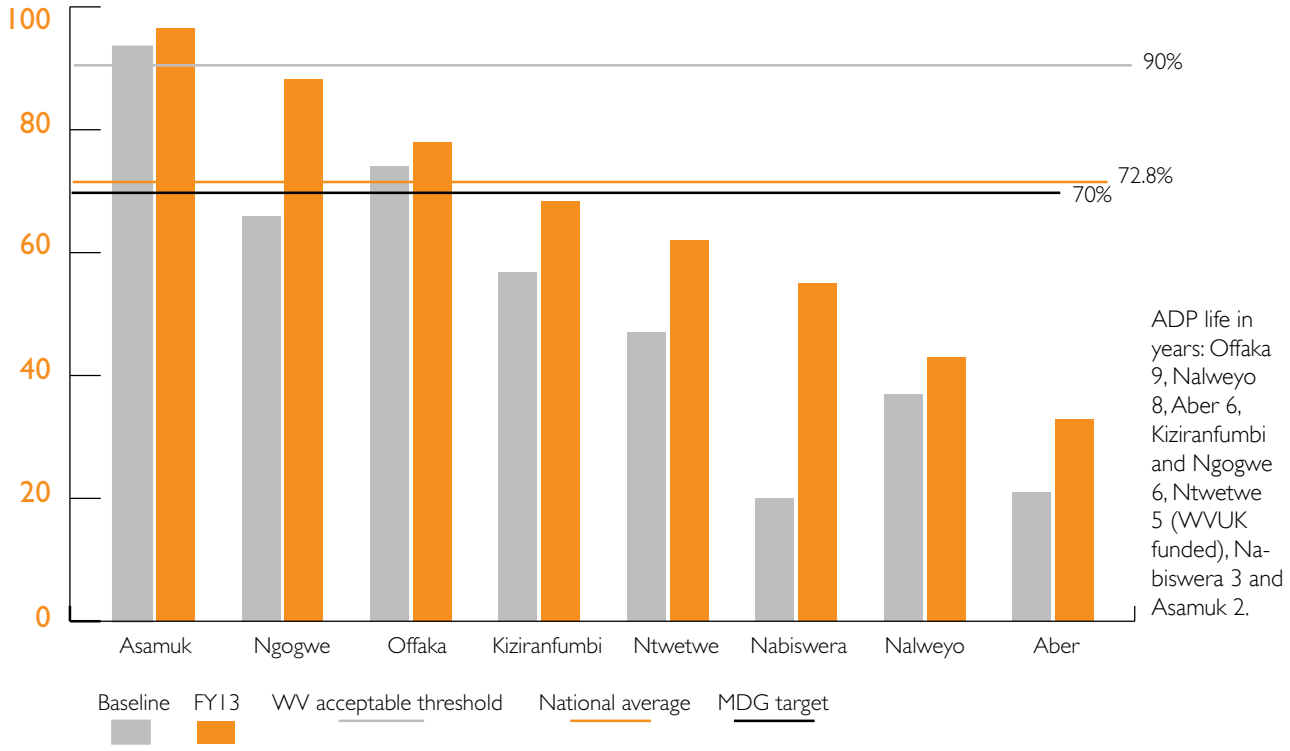
- Year round access to sufficient safe water
- Percentage of households with sufficient dietary diversity
- Proportion of children completing seven years of primary education

(see page 56-59)

School children in Uganda



Eight ADPs reporting on year round access to sufficient safe water




ADP life in years: Offaka 9, Nalweyo 8, Aber 6, Kiziranfumbi and Ngogwe 6, Ntwetwe 5 (WVUK funded), Nabiswera 3 and Asamuk 2.

## YEAR ROUND ACCESS TO SUFFICIENT SAFE WATER

There has been a marked improvement for communities accessing sufficient safe water across all eight reporting ADPs; 3 of which have achieved well beyond the national average of 72.8%. Nabiswera showed significant improvement from baseline due to the installation of 18 water harvesting tanks and three water sources, as well as training 3 water committees in the management and maintenance of water sources. Nabiswera, Nalweyo and Aber sub county water coverage is generally low at 55, 43, and 33% respectively. Aber's water coverage is still particularly low, due in part to large populations who are still returning to their homes after decades of civil strife, only to find abandoned and poorly functioning water points. Asamuk does not have direct interventions on water access because water coverage is relatively high since the Prime Minister and WEDA, a local NGO, have drilled boreholes in this sub county.

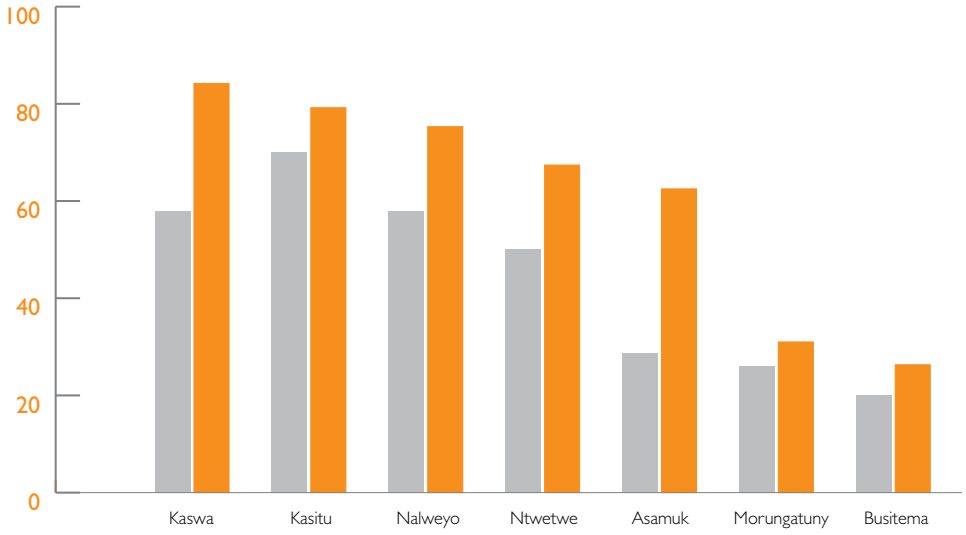
**Innovations and learning** Though not reported among the eight ADPs, an innovative self-supply of water pilot project in Koro-Bobi-Gulu cluster was able to demonstrate decreased cost of infrastructure and distance to water source, and increased sustainability. Working with the Ministry of Water and Environment, WV Uganda is set to lead the development of a self-supply water learning centre in Uganda that ADPs and development actors will learn from.

### Recommendations

1. The WASH programme should focus its efforts in Aber, Nalweyo, Nabiswera where access to safe water is still an ongoing challenge.
2. Replicate and integrate self-supply water initiatives to improve performance of ADPs where this technology is feasible.
3. Increased use of service mapping is necessary to guide programming and reduce duplication.

## PERCENTAGE OF HOUSEHOLDS WITH SUFFICIENT DIETARY DIVERSITY

Seven ADPs reporting on % of households with sufficient dietary diversity (outcome monitoring data)




Source: WV Uganda baseline and outcome monitoring data, 2013

**ADP life in years:**
Kasangombe 17, Gweri and Budumba 5, Kaswa 15, Kasitu 9, Nalweyo 8, Busitema 6, Ntwetwe 5 (WVUK funded), Asamuk 2, Morungatuny 1

There have been improvements in dietary diversity at household level in all seven programmes compared to baseline and five ADPs performed above 60%. The biggest increase was reported in Asamuk (33.8%) and the smallest increase in Morungatuny (5%). Dietary diversity in Busitema remains low since it is located near the Kenyan border, and most farmers tend to sell their crops rather than keeping enough stock for their household needs. Value addition, accrual market research and information sharing with experienced peers was promoted in programmes. Programmes also supported group formation and equipped them with skills in value addition. ADPs worked with Vision Fund to train and provide loans to farmer groups for improved food productivity and diversity. For example, in Kaswa there are 20 Village Savings and Loan Association (VSLA) groups with an average of 30 farmers per group. Members from one of these groups called Kaswamade makes items such as candles, soap, and cakes which are sold, and savings are used to buy diverse food for consumption.

> "We developed this idea with four people and now we are eight members (three males; five females). Before we started enjoying the benefits of our group, our lives were hard because we could hardly afford the basics in our households. Children would go without the proper feeding and even the required necessities for school. We did not have enough food at home because we would sell most of the food we harvested yet were still not getting enough money from selling the food crops alone!"
>
> **Miss Nakateete, VSLA Group Chairperson, Kaswa ADP**

Seven ADPs reporting on % of households with sufficient dietary diversity (outcome monitoring data)

| Kasangombe | | Gweri | | Budumba | |
|---|---|---|---|---|---|
| Baseline | Evaluation | Baseline | Evaluation | Baseline | Evaluation |
| 43.50% | 82% | Not available | 58.20% | Not available | 63.6% |

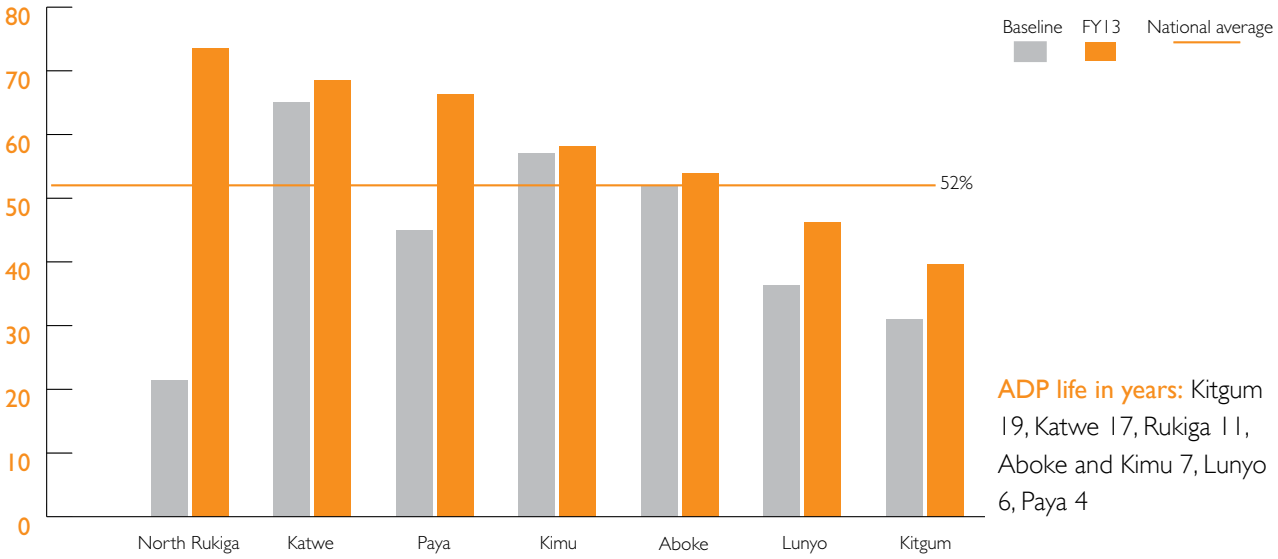
Source: 2013 evaluation reports

In Kasangombe, households with sufficient food diversity has increased significantly (82%) compared to baseline because of the efforts to build the capacity of farmers in partnership with the district agricultural department. There were gaps in Gweri and Budumba evaluation reports because there was no baseline data to compare against, apart from qualitative data from evaluation participants. The National Office has prioritised its M&E system strengthening both at programmes and national level, whereby most programmes that were re/designed from 2011 onwards have clear baselines for all indicators.

| Innovations and learning | Recommendations |
|---|---|
| Level of household incomes can have an effect on food stocks available for consumption for both adults and children. | Prioritise food security messaging in communities on the importance of food stocks. |

•Proportion of children completing seven years of primary education

Seven ADPs reporting on % of children completing seven years of primary education.




**ADP life in years:** Kitgum 19, Katwe 17, Rukiga 11, Aboke and Kimu 7, Lunyo 6, Paya 4

Overall, there has been a general improvement in the proportion of children completing seven years of primary education. All seven ADPs that reported on this indicator showed an improvement from baseline, and five ADPs showed a completion rate above the national average of 52%. Kitgum and Lunyo ADPs which remain below the national average have still shown significant improvements compared to baseline figures. Kitgum, which is one of the oldest ADPs, has been affected by long-term political instability and communities have only recently settled down from Internally Displaced People camps.

ADPs have facilitated education campaigns, trained School Management Committees (SMC), and constructed classrooms, as well as supported the districts to ensure the required numbers of teachers are posted, and to monitor education activities and sensitise parents. World Vision also provides SMCs with appropriate skills, knowledge and funds to conduct routine monitoring.

Source: WV Uganda Baseline and outcome monitoring data, 2013

"If WV Uganda is a human being, it is a loving father or mother. During the monitoring visits we assess the general impression of the school, management and implementation of the curriculum, utilisation of resources, maintenance of hygiene and sanitation facilities, observe teaching methodologies, observe teacher professionalism and cross check functionality of staff, teacher and school management committees. At the end of the exercise, we award marks and share the findings on-site with the Head Teacher, and agree on areas of improvement".

**Mark, Chairperson of a SMC, Aber ADP**

"Teachers of Aber are concerned about the well-being of children both inside and outside class. I used to solve many conflicts among teachers in Aber but nowadays we spend a year without receiving any cases of conflict from teachers as compared to other sub counties."

**Okello Norman, Oyam District Education Officer, Aber ADP**

| Innovations and learning | Recommendations |
|---|---|
| 1. Joint involvement of partners in school monitoring increases community ownership and improves accountability of teachers and head teachers. | 1. Increase parents' participation in the Basic Education Improvement plan through Parent Teacher Associations. |
| 2. Functional SMCs support teacher effectiveness and increase community support to schools. | 2. Support joint monitoring of schools. |
| 3. Monetary incentives are not a motivating factor for teacher effectiveness. | 3. Improve teacher motivation through non monetary incentives, such as certificates of recognition, best teacher awards, letters of appreciation etc. |

Four month old Blessing Auma being immunised against polio, Uganda



## WORLD VISION COMMENT

Aggregated data collected in this sample of WV Uganda's CWB report is a very useful starting point to understand trends over time, and the commentary goes some way to analyse why change has or has not occurred. The report provides room for 'beneficiary voice', and the recommendations from the innovations and learning are practical for future implementation. Future reports would benefit from a deeper analysis as to why more change and faster change has taken place in some areas than others, as well as further consideration of contribution and attribution within a programme area.

10

# EX POST EVALUATION

As a development agency, we at World Vision always have to question whether our work is leading to the expected impact. Our long-term area development programmes include a focus on building communities' abilities to sustain key development gains and to become drivers of change. Once we transition out of a target geographical area, it is only time that can tell us which factors help to contribute to sustaining and building on the work that WV supported communities to begin. In August 2013, WV UK and WV Kenya revisited Kimorori, an ADP that closed in 2007, to conduct a post-transition evaluation and listen to people's views on what has changed and what has stayed the same.

Kimorori Area Development Programme is situated in Maragua District, which, at that time was one of the seven districts of Central Province of Kenya. The project area covered Kimorori administrative sub-location, which had a population of 13,000 people who are mainly from the Kikuyu and Kamba ethnic groups. The project began in October 1991 and phased out in September 2007. The programme focus was upon improving access to water, food security, education outcomes and leadership of development initiatives.

The significant contextual shifts experienced in the past five years in the target area significantly impacted the communities and is not necessarily something the project transition could have foreseen. The increase in urbanisation, the subsequent influx of population and the demand for services has put a strain on the projects initiated by WV.

The evaluation findings showed that there **is a significant improvement in terms of the number of people accessing water from safe and clean sources (62.8% in 2013 compared to 32.2% in 2006)**. As a result of this increase in the use of clean water there has been an observed reduction in the number of cases of water borne disease, with one community member commenting that "**you used to see lots of people going to the clinic, now there are a lot less people going there.**"

In terms of who is responsible for this success or failure, it seems that WV did make a significant contribution to improving the water supply in the area, evidenced by the majority of water points being functional and maintained. Water is available to the majority of people at a reasonable cost and distance. There are people who are missed out, either because they live too far from a kiosk or they cannot afford piped water, but progress has been made.

There has been significant success in the HIV and AIDS project; **discrimination of PLWHA was reported to have decreased from 35% on 2006 to 4.7% in 2013** with 84% saying that PLWHA were treated like everybody else (compared with 52% in 2006). This is unconfirmed by PLWHA but is very good news.

The amount of social support available to PLWHA had increased from 26% in 2006 to 88% in 2013; this reflects the increased acceptance and reduction in isolation of PLWHA. In terms of who is responsible for this, it appears to be a combination of the media, other organisations, government, the community themselves and WV (13% of people said WV had made a significant contribution to reducing the spread of HIV and AIDS in the community).

The amount of people with less than an acre under cultivation **(a good indicator of household food security) had increased from 63% in 2006 to 68% in 2013;** this shows that land size per household has reduced and reflects the situation of increased urbanisation in the area. There has however been a small increase in maize


Kagaa water kiosk, Kimorori, Kenya.



production with 4% of households producing 11-50 bags of maize in 2013 (compared with 0% in 2006). 78% of households reported that they had increased crop production as a result of WV training, and 12% of households had increased livestock production.

**The community reported that the main reason for the sustainability of activities was themselves (64%, with other factors being government support. 30% of households reported that WV made a difference to the food security situation in the area.**

Leadership is the area where the most challenges have been observed. The role of community contribution had been considered and built into some activities, however there were still a large number of direct service delivery elements which contributed to an expectation of free services; creating ownership is always challenging, however the nature of the approach to some project activities, alongside contextual issues such as the free education policy meant that the attitude of expecting services for free increased, or was sustained throughout the project lifetime.

On the positive side, the Board of Trustees (BoT) established by World Vision, still exists and believes it has a role to play in supporting development in the district. They are also covering their costs and they have supported the resolution of some conflicts in the community.

However, it is clear that sufficient time and effort was not put into establishing the BoT in order to make it an effective organisation in the immediate and longer-term. Lack of regular communication and lack of buy in between the BoT and CBOs has meant that the BoT has not been fully effective

There is a different understanding between ADP managers and the community in terms of how much effort was put into planning and communicating around transition.

Overall it seems that many of the CBOs are not as mature as WV would have hoped. This is partly due to 'turnover'; the people WV worked with leaving the groups or leaving the area and subsequently no training offered to new members. This is the main factor in the limited sustainability of the groups and what has prevented adequate democratic leadership changes and strong linkages being formed with those who can bring support to the group.

"Let the community own the project from the word go, put this in their minds, we are only here for a short time – it is not for free, it is just helping you for a short time." **Nelly, FGD facilitator**

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A child friendly space in Uganda

11

# CONCLUSIONS

This year, the report focused more strongly towards collecting evidence against theories of change; a greater number of project reviewers took part, allowing for annual reports, as well as evaluation reports, to be analysed for evidence of impact. This led to a greater visibility of beneficiary voice within the report in the form of case studies and quotes. This represents the organisation's belief that 'value' of project impact should be defined by beneficiaries themselves.

This year, there are encouraging quantitative highlights of change particularly in the area of health programming where evaluation reports showed that over the programme cycle (3-5 years):

- Children who are underweight **reduced by an average of 8.65%**
- Children who were breastfed **increased by an average of 6.45%**
- Births attended by a skilled birth attendant **increased by an average of 1.3%**
- The proportion of children immunised **increased by an average of 22%**

It is important to recognise that these indicators represent a change in the communities over the programme lifetime and do not necessarily reflect the contribution or attribution of World Vision activities. A deeper analysis using mixed methods to understand the causal links of programme interventions within a wider context enables a more comprehensive understanding of the reasons for the impact upon people's lives.

**Quality of Evidence:** In 2013 there was a 22% increase in the number of evaluations reaching 'good' as rated by the BOND quality of evidence tool; this represents five of the 18 evaluations which took place in 2013 as compared to one from 16 evaluation reports in 2012. As was seen last year, the highest scores were seen in the appropriateness' of the methods used and 'triangulation' of data, showing that the use of both quantitative and qualitative data and the comparison of the findings is still one of the strongest aspects of World Vision's approach to evaluation.

This is an encouragement to the team as improving the quality of evaluation design has been a strategic priority in 2013 and this result, to some degree, is a reflection of the support given to each of these evaluation processes.

Alongside these gains, challenges have also remained; a lack of disaggregated data and the continued challenge for the inclusion of appropriate counterfactuals. The majority of evaluations conducted in 2013 have shown a baseline comparator which reflects an increase in the quality of programme approach over the past three years, this has enabled an improvement in identifying where change has taken place and has provided the opportunity for further investigation into the causal factors.

**Global Indicators:** There has been a noticeable increase this year in the use of World Vision's child well-being indicators across projects and programmes globally. This has been very helpful, supporting our attempts at global aggregation of data, most commonly in the area of health. National offices have completed a second year of preparing their own child well being reports, moving the whole organisation forward in terms of global aggregation of quantifiable evidence.

**Community validation** was clearly documented in three of the 2013 evaluations; whilst this is encouraging to some degree, there remains a need to ensure that all findings from evaluations are shared and validated with the community and that this process and feedback is incorporated into every evaluation report.

**Policy Influence:** In 2013 there has been a noticeable improvement in the external validation of World Vision's policy work; pieces on Health Policy (DRC) and child protection (early child marriage) received external validation. Limitations were however observed with this approach as a validation methodology was not planned at the start of each piece, therefore what the organisation wanted to measure was not clear, making it harder to follow up with external stakeholders retrospectively. This has been recognised by the organisation and has led to the planned piloting of a process for external validation of our policy claims.

This child receives basic health check-ups and immunisation in one of World Vision's supported health care centres in Cambodia.

12

# RECOMMENDATIONS

Last year many multi-year recommendations were made, some of which World Vision has made progress towards and many of which continue to be relevant and will require continued focus.

## PROGRESS TOWARDS LAST YEAR'S RECOMMENDATIONS

- One ex-post evaluation was conducted by WVUK this year. This has contributed to the evidence base of sustainability as held by World Vision International.
- Use of annual monitoring data to track progress in child well-being was conducted as a form of real time assessment of impact to enable constant learning and review.
- Greater participation of children and communities in the programme design and evaluation stages – there is evidence of this, and monitoring will continue.
- Value for Money position paper has been developed and value for money considerations have been factored into the report, although this was not made into a specific section.
- Policy and Campaigns work has received external validation and a system for base-lining is being developed.

## IN PROGRESS

### Quality of Evidence

- ToR review for baseline and evaluation; an intentional focus has been / will be given improving the evaluation methodology in order to provide robust evidence. This year, there has been an increase in evaluation reports meeting a 'good' standard, as defined by the BOND tool.
- Follow up to make sure community validation is done; this has been carried out in some, but not all programme evaluations.

### Impact Assessment (Depth)

- The number of evaluation reports demonstrating some form of counterfactual has remained at a similar level to that of last year; therefore there remains a need to focus upon establishing how and if contribution/ attribution will be assessed.
- There has been follow up to ensure that all new projects and programmes have a baseline that follows the design; this needs to continue to ensure measurement of impact and effectiveness is possible.

### Evaluations and Monitoring data

- The participation of children and communities in both the programme design and evaluation stages has been intentionally included during 2013 and it is recommended that this continues.

### Structure

- Evidence from the social accountability approach has been incorporated into the section on health (as recommended last year); however there remains strong evidence from the education sector that is not highlighted. The recommendation to give attention to this sector should be incorporated into the 2014 report.


Bin Gautam, mother, attends a community managed feeding programme, India

## Policy and Campaigns Work

- A tool to support the evidencing of policy, advocacy and campaigning initiative is in progress of being developed, however has not been completed in time for this report. This tool will be complete for use during 2014 and should be included in the report.

## FOR THE FUTURE

- Baseline and evaluation design should be gender disaggregated as a minimum and further disaggregated by age, location and vulnerability where possible.
- Include a value for money section to highlight the intentional application of these principles in our work. This was considered for this report, however due to constraints of time, was not completed.
- Include highlights of impact from innovative work streams across World Vision UK such as a beneficiary feedback mechanism project and Girls Education in Zimbabwe, highlighting learning of impact measurement through the use of technology and Randomised Control Trial respectively.
- Prepare an action plan for improving the quality of evidence of humanitarian outcomes.

# ANNEX 1

## Conclusions and Recommendations from External Validation Consultants Oxford Policy Management on the 2013 Report

### CONCLUSIONS

World Vision UK's Impact Report FY13 is the fourth externally available impact report. As in previous years, this year's report aims to increase accountability and learning in terms of the impact of projects.

As in the last three years, overall the Impact Report is frank and open regarding the availability and assessment of evidence of impact. As far as we can see from a review of the documents, it does not overstate any of the findings from the various sources of evidence it is based upon.

The report provides clear information of the coverage of World Vision UK's projects. For the four reports selected for review in the validation report, the evidence of impact was discussed where available and the conclusions drawn based on this data seem generally valid and do not appear overstated or tenuous on the evidence available. In some cases, more use could have been made of particular evaluation reports in the Impact Report.

The revised structure contributes to an improved presentation of evidence, but can lead to the exclusion of evidence in some areas that do not easily fit with WVUK's priority themes. We would suggest that a prioroity for next year's report would be for World Vision to more clearly articulate the theories of change that its work is based on across different areas.

### RECOMMENDATIONS

As last year, this year's Impact Report has made some active attempts to incorporate the recommendations and this positive response to last year's recommendations is welcome, despite the long-term nature in addressing some of the challenges. Recognising this long-term nature and the potential scale of some of the challenges, this year we highlight three recommendations that we see as being key to improving, and making easier, the analysis and presentation of evidence of World Vision's impact. Two of these were made in last year's review and this year's review has highlighted to us the importance of addressing these.

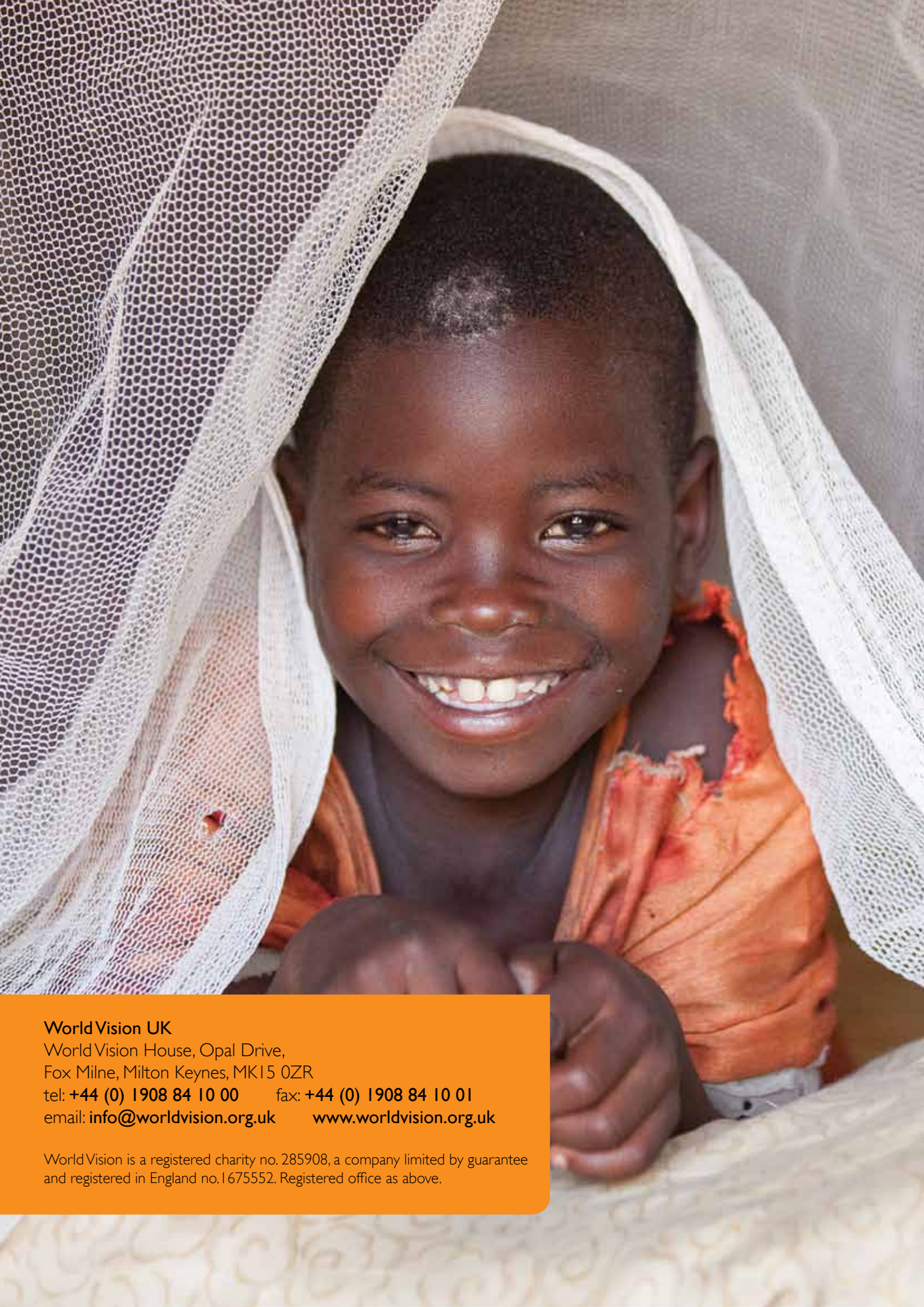
This year's report review has highlighted the importance of **strengthening the theories of change** underpinning World Vision's work. We recommend that this should be a priority for World Vision.

One of last year's recommendations was to make the criteria and process for assessing quality clearer: we would reiterate this again this year.

The **inclusion of an ex-post evaluation** was an interesting and positive development, and one not often undertaken by development agencies. We would recommend this is considered again next year.


Twelve-year-old sponsored child John happily standing by a sign that says "World Vision Works."

Back cover: A child protected thanks to mosquito nets. Soroti, Uganda



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