

Impact Report 2014

World Vision UK

Prepared by the Evidence and Accountability Unit





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THIS PAGE: Aminat, 18 months, plays with her grandfather in their fields in Antsokia Valley, Ethiopia. ©2014 Alexander Whittle/World Vision
FRONT COVER: Everlyn, 13, is a sponsored girl. She gathers water from the new borehole, just minutes from her home in Zambia. ©2014 Jon Warren/World Vision

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Glossary

A4D	Accountability4Development
ADP	Area Development Programme
BOND	British Organisation for NGOs in Development
CBOs	Community Based Organisations
CFS	Child Friendly Space
CHW	Community Health Worker
CVA	Citizen Voice and Action
DAC	Development Assistance Committee
DHS	Demographic and Health Survey
DFID	UK Department for International Development
DRC	Democratic Republic of Congo
EGRA	Early Grade Reading Assessment
FGM	Female Genital Mutilation
FLAT	Functional Literacy Assessment Tool
HH	Household
ICAI	Independent Commission for Aid Impact
IDP	Internally Displaced Person
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal, Newborn and Child Health
OECD	Organisation for Economic Co-operation and Development
PPA	Programme Partnership Agreement
RTE	Real Time Evaluation
ToC	Theory of Change
TTC	Timed and Targeted Counselling
VfM	Value for Money
WASH	Water, Sanitation and Hygiene
WAYCS	Women and Young Child Spaces
WHO	World Health Organisation

Executive summary

Why an Impact Report

World Vision UK's annual 'Impact Report' aims to transparently report and reflect on the impact of the programming we funded in 2014. We seek to both celebrate the change that has been achieved with the support of our valued donors and partners, as well as learn from our experiences and refocus our efforts to bring hope to children in some of the toughest places in the world.

The change we are seeing

Breadth of impact

We reached 8,459,323 direct beneficiaries, including 5,010,998 children in 2014. This is a record figure for World Vision UK, with child beneficiaries up 29 percent on the previous year, reflecting an increase in emergency responses and some new large grant funded health programmes. An increasing proportion (87 percent) of these 5 million children are located in the world's hardest places (fragile states) in line with our ambition to focus on the most vulnerable children.

Depth of impact

The evaluations conducted in 2014 serve as a sample to give us a window into the nature of the change we are seeing across key child well-being indicators in our programming areas:

Children are enjoying better health

- 7 percent less children (aged under 5 years old) were underweight¹
- 21 percent more children are being exclusively breastfed for the first 6 months of life²
- 17 percent more children are born with the assistance of a health care professional³
- 18 percent more children (aged under 5 years old) are immunised⁴

Children are better educated for life

- 22 percent more children are completing primary education⁵
- 11 percent of children have better literacy⁶

Children are better protected

- 4.5 percent more children are living free from violence, abuse and exploitation⁷
- 60 percent of children live in a more protective and caring environment⁸

Children are being reached in effective emergency responses

- 1.16 million children benefitted from our emergency responses (including over half a million in our response to the Syria crisis and over quarter of a million in our response to Typhoon Haiyan in the Philippines) and our real-time evaluations affirmed and enhanced the effectiveness of World Vision's response.

The contribution we are making

World Vision recognises that these encouraging improvements in child well-being in our programming areas are the result of a wide range of partnerships and dependent on many factors. To help us understand how our activities contribute to the impact we are seeing, we use a 'Theory of Change' approach that identifies the 'outcomes' or steps that we know are necessary for lasting impact on children's health, education and protection. So, while in some cases we are able to use comparisons to analyse how much we have contributed to impact, in most cases we identify how World Vision's activities have contributed to change in these outcomes or steps.

¹Aggregate of 11 programme evaluations, benefitting 159,136 people over an average period of 2.2 years

²Aggregate of 14 programme evaluations, benefitting 241,741 people over an average of 1.9 years

³Aggregate of 2 programme evaluations, benefitting 210,169 people over an average of 1.7 years

⁴Aggregate of 12 programme evaluations, benefitting 211,648 people over an average of 1.8 years

The lessons we are learning

What maximises impact

While this is not a review of the evidence base behind all our project models, the exploration of how we contribute to change highlights a number of areas in which World Vision seems to be particularly effective in contributing to child well-being. It reminds us that the source of our strength is our long-term presence in communities, which enables us to apply well-evidenced interventions in ways that are sensitive to the local context, and owned by the community. The trust that this generates opens doors to tackle some of the most entrenched obstacles to child well-being. As highlighted in the child health and education sections, our 'Citizen Voice and Action' social accountability model allows World Vision to play a brokering role that brings together communities, local government and other actors to monitor the quality of social services and collaboratively develop action plans to improve them. This strengthens the accountability of the state to its citizens that is essential for sustaining child well-being gains.

Adding our faith identity to our community presence means we are well placed, using our Channels of Hope approach, to engage very influential local faith leaders in broaching some of the most sensitive issues affecting children and so help shift the social norms that underly harmful traditional practices such as Female Genital Mutilation (FGM) and early marriage.

We are also learning that the combination of our community presence and global reach means that World Vision can make a significant contribution to global debates on these issues. Our ability to contribute evidence of the reality of child marriage and FGM on the ground, particularly in fragile contexts, was identified as of particular value in our participation in the coalition that influenced the UK Government in making a concrete commitment to ending these harmful traditional practices.

What strengthens our ability to report impact

Using different 'lenses' to evaluate our work, we have again drawn from ex-post evaluations and been reminded that it is the lasting institutions and local leadership development, together with the participation of children and women, that are critical for sustaining our impact. We also explored the additional value of our accountability to communities, for example noting how the transparent and participatory beneficiary selection processes in the Typhoon Haiyan response were perceived by community members as helping reduce instances of conflict and jealousy.

We have piloted an approach to measuring Value for Money, highlighting our strength in addressing 'equity' issues but also gaps in reporting how we are enhancing our economy and efficiency. We have also used the BOND 'evidence principles' to review changes in the 'quality of evidence', highlighting how we need to focus our attention on increasing and documenting the voice and inclusion of communities in the evaluation process as well as strengthening our contribution analysis.

⁵Aggregate of 2 programme evaluations, benefitting 12,092 people over an average of 4 years

⁶Aggregate of 8 programme evaluations benefitting 38,985 people over an average of 2.6 years

⁷Drawing from 7 outcome assessments over an average of 2.5 years

⁸Covering 199 communities and a period of 1 year

Introduction

We want to share the impact of our programmes in a transparent and inspiring way: detailing how children's lives have improved as a result of our interventions, but also where things haven't changed we want to understand why and make it right moving forward.

The objective of this report is to transparently report and reflect on the impact of World Vision UK funded programming during our 2014 financial year⁹. We do this because we believe that taking stock of how we have been doing enables us as an organisation to better focus and even more fully pursue our vision of life in all its fullness for every child. We hope it will inspire as we examine how our work can bring hope and a future to children in some of the toughest places in the world.

Who we are

World Vision UK is part of the World Vision partnership which embraces about 46,000 staff working in nearly 100 countries around the World¹⁰. As such, our primary partners are the independent World Vision National Offices which implement the programmes that we fund. World Vision UK focuses on raising funds, assuring the quality of the programming and then, drawing from this experience and listening to and amplifying the voices of those we work with, pursuing our mission to inspire the UK public and Government to take action that transforms the lives of the world's poorest children.

What we do

The first priority in World Vision UK's current strategy (2011-2015) is 'evidence of real change for children' and this, the fifth Impact Report that we have published, is part of a journey of strengthening, and making better use of, the evidence of our contribution to improvements in child well-being. We are on this journey together with the wider World Vision partnership, which has developed a common set of child well-being aspirations and outcomes that we all work towards. These aspirations have an associated set of indicators¹¹. Increasingly our impact reporting is shaped by this approach. Later in 2015, World Vision International will be publishing a global child well-being report which will paint a more global picture of our partnerships contribution to child well-being and our impact reporting is likely to be more integrated with this in the future.

In the meantime, as World Vision UK, we are committed to drawing together all the evidence we have to report on the impact that we have contributed to. We do this recognising our accountability to our donors, the value of sharing successes and failures with our peers, and the imperative to do all we can to reflect, learn and then more effectively partner with communities, to whom we are also accountable.

World Vision seeks to contribute to child well-being through three main activities:

- 1. Community development** – our basic programming model is a long-term (around 15 years) programme in which we partner with a geographically defined community to increase child well-being. These 'Area Development Programmes' (ADPs) are normally made up of constituent projects that focus on particular sectors, depending on local need and World Vision's strategic priorities in that country. These programmes are primarily funded by child sponsorship, though where possible we integrate or align shorter-term grants from institutional donors with these programmes. Other larger, longer-term grants that World Vision UK receives transcend these districts and are national in scale. Where possible we use the foundational relationships we have in communities to enable successful implementation of these grants.
- 2. Emergency response** - this includes the immediate response to disasters; providing food, water and shelter and creating 'safe zones' for vulnerable children. We also work with communities to help them recover and, over the long-term, build up their resilience to better cope with disasters. World Vision UK raises funds from individual and institutional donors. We also directly contribute expertise to emergency responses and support our World Vision partnership to integrate resilience approaches.

⁹The period between 1 October 2013 to 30 September 2014. This Impact Report complements our Annual Report in providing a more systematic and detailed examination of impact and reviewing in-depth the implications for our programming and our evaluation processes.

¹⁰See World Vision International annual reviews: <http://www.wvi.org/annualreviews>

¹¹For a summary see: <http://www.wvi.org/development/publication/child-well-being-outcomes-and-aspirations>



ABOVE: Laura, is a sponsored child living in southern Zambia. She proudly shows her father's produce, watered by the mechanised borehole World Vision installed for the area. ©2014 Jon Warren/World Vision

3. Advocacy – building on our long-term partnership with communities, and being amongst the first on the ground in any emergency, we then advocate at multiple levels (local, national and international) with decision makers for them to take action to improve child well-being. World Vision UK funds local level advocacy as part of our community development approach. We directly engage the UK Government as an influential development actor and contribute to World Vision's international level advocacy.

Increasingly World Vision integrates these approaches and, while in part this Impact Report reflects the different approaches (with a separate emergency response section), we seek to show how the community development and advocacy activities are intertwined when we discuss our impact on sectors such as health, education and child protection.

A video highlighting overall findings from this report and short stories from beneficiaries themselves can be seen at <http://www.worldvision.org.uk/impact-report>.

In order to strengthen the integrity and quality of the analysis of impact, each year we invite an external reviewer

(Oxford Policy Management) to validate the approach and provide comments on how we can continue to more transparently and effectively reflect on and report our impact. Last year's recommendations are included in the box below, and their conclusions and recommendations on this year's report are included in appendix I.

OXFORD POLICY MANAGEMENT RECOMMENDATIONS ON THE 2013 IMPACT REPORT.

"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.



Methodology

By impact we mean the change in children's lives that our programming has contributed to. We measure breadth of impact by totalling the numbers of beneficiaries of World Vision UK funded projects, and we measure depth of impact through analysing the reports of all the evaluations conducted during the year and organising the findings against a simple theory of change or results framework for each sector. We have also examined our impact through four 'lenses' which highlight particular dimensions of impact: the sustainability of our impact, our accountability to communities, the value for money of our programming and the quality of evidence that underlies our impact reporting.

MAIN IMAGE: Patricia, 4, plays outside her grandmother's home. Patricia's village in Zambia has been severely affected by poor harvests in recent years caused by unpredictable rainfall and pests.
©2014 Alexander Whittle/World Vision

Our approach to measuring impact

Measuring impact is a challenge for any organisation, and given the scale and diversity of our programming and our broad, inclusive, goal of child well-being, there are a number of trade-offs and decisions we have to take in our approach. In this methodology section we explain these choices, outline the evidence available to us and highlight the particular improvements and innovations we have included in this year's Impact Report.

The definition of impact we have chosen is of "significant or sustainable change in people's lives brought about by a given action or series of actions"¹². We are consciously inclusive as to what constitutes 'evidence' of impact. So, by definition, when we discuss impact we often include what are technically higher level outcomes within our logframes, since World Vision's child well-being 'outcomes' are often at the level of impact. Methodologically, while we recognise the place for impact evaluations, which require a counter-factual to measure the extent to which the observed change was the result of our intervention, this is not realistic for the majority of our programming¹³. Instead, where there is already within the sector a well-evidenced theory of change, and drawing on theory-based approaches, we make the assumption that in cases when impact is observable, and World Vision has directly contributed to lower-level outcomes that we know in other contexts lead to impact, that World Vision has made a contribution to this impact.

The validity of this assumption is dependent on the reliability of the evidence that we collect and, as World Vision UK, we have been one of the developers and early users of BOND's 'evidence principles'¹⁴ which reflects our sectors thinking about what constitutes good evidence. The principles cover not only how contribution is analysed, but whether the evidence is appropriate, triangulated, transparent and inclusive of the voices of beneficiaries, particularly the most marginalised. We find this useful to not only monitor the quality of our evidence, but also help us focus improvements on those areas that are particularly weak.

This broad definition, and the increasing quality of evidence that is generated through World Vision's common Monitoring and Evaluation (M&E) approach as well as World Vision UK specific initiatives, means we are able to draw from a wide range of data. Broadly speaking, this data can be divided up into evidence of the 'breadth' and 'depth' of impact.

Breadth of impact

For each of our projects we report on the number of direct beneficiaries. Aggregated together, this gives us a picture of the scale or breadth of World Vision's work during the year. We make the assumption that in most cases the direct beneficiaries will experience a positive impact. But this number does not capture the 'depth' or quality of this impact, or capture cases when it might have been negative. It does however, give a good indication of the coverage of our programming. We adopt the following principles in calculating this aggregate number:

- We only count direct beneficiaries: those directly supported through service delivery, community empowerment, training and awareness raising work, either funded by World Vision UK in our 2014 financial year or had received funding in previous years that sustained activities into 2014.
- Double counting is avoided by only counting the project with the largest number of beneficiaries in cases when two or more projects have overlapping beneficiaries.
- If the number of beneficiaries reported uses households as the unit of measure, with no indication of the size of household, we made a consistent and conservative assumption that one household represents five people.
- We weight World Vision UK's contribution when a project is only partly funded by World Vision UK by including the respective proportion of beneficiaries. For example, if World Vision UK provided 10 percent of the funding we included 10 percent of the total beneficiaries.

¹²Roche (1999) *Impact Assessment for Development Agencies*, Oxford: Oxfam.

¹³See our forthcoming 'good enough' approach to evaluation available at <http://www.worldvision.org.uk/our-work/impact/>

¹⁴<http://www.bond.org.uk/effectiveness/principles>

Table I: List of evaluation reports analysed for this year's report

No.	Country	Programme/project name	Type of programme/project
1	Bangladesh	Nawabanj	Area Development Programme
2	Bolivia	Saccaca	Area Development Programme
3	Bolivia	Tacopaya	Area Development Programme
4	Cambodia	SAFHAM	EC grant
5	Cambodia	Sok Nikum	Area Development Programme
6	DRC	Rutshuru	ECHO grant
7	India	Bhojpur and Vaishali Maternal, Newborn and Child Health (MNCH)	DFID grant
8	Myanmar	Chan Mya Thar Zi	Area Development Programme
9	Niger	Tera	Area Development Programme
10	Pakistan	Muzaffargarh MNCH	DFID grant
11	Senegal	East Kaolack	Area Development Programme
12	Sierra Leone	Jaiama Bongor	Area Development Programme
13	South Africa	Kodumela	Area Development Programme
14	Zambia	Keembe MNCH	DFID grant
15	Zimbabwe	Bulawayo WASH	DFID grant
16	Zimbabwe	Insiza and Mangwe MNCH	DFID grant
17	Philippines	Typhoon Haiyan Response	Emergency response
18	South Sudan	Crisis Response	Emergency response
19	Syria	Regional Conflict Response	Emergency response

Depth of impact

To answer the question of the nature, or 'depth', of impact we draw in part from monitoring data, but rely most heavily on the evaluation reports published during 2014.

- Monitoring - annual project reports increasingly track progress against child well-being outcomes (as well as reporting on activities and outputs) and in some of our grants we also conduct outcome assessments in order to track progress.
- Evaluation - at the end of each programme, or in the case of longer-term programmes at the end of each three-five year cycle, an evaluation is carried out¹⁵ that directly addresses the question of contribution to impact during the programme duration. As such, these are the primary source of evidence for assessing depth of impact. We draw from 19 evaluations conducted in 2014¹⁶.

For each type of World Vision programming, there are specific evaluation criteria:

- Community development – we follow the OECD Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency, impact and sustainability.
- Emergency response – because of the shorter-term nature of the interventions, we use a different set of criteria, namely: coverage, timeliness, relevance, accountability, management effectiveness and sustainability. We primarily draw from the World Vision partnership's Real Time Evaluations for the three largest emergency responses in 2014 (listed in the table above).
- Advocacy – our advocacy in the countries we support is normally integrated into the community development approach and is evaluated using the DAC criteria. However, our UK advocacy has been evaluated using an

¹⁵World Vision is currently reviewing its evaluation guidelines, but the existing policy is available at <http://www.wvi.org/development/publication/leap-v2-evaluation-report-guidelines-template-and-review-tool>

¹⁶Evaluations are at programme level, and so in the cases of an ADP evaluation this would encompass typically five to six projects.

independent assessment that adopted a Theory of Change approach to explore contribution to change in a sample policy area (child marriage)¹⁷.

The following principles guide our use of this data to draw wider conclusions about our depth of impact:

- Organising by sector and aggregating results across the evaluations where common indicators are used. This is increasingly the case as World Vision is moving towards using more standardised indicators in order to measure our collective contribution to child well-being outcomes.
- Stating the size of the sample that these evaluations represent. On average our evaluations cover about 10 percent of our programming in any particular sector, and so help us make tentative generalisations about overall change across the breadth of our programming.
- Analysing using a Theory of Change (ToC) approach – a sectoral specialist conducted an analysis structured around our working ToC¹⁸ for that sector in order to identify where contribution can be inferred. We have used selected cases to investigate these linkages in more detail and draw out more specific learning in these sectors.
- Applying additional lenses – we have examined parts of our programming using specific lenses such as sustainability of our impact (drawing from two ex-post evaluations), accountability to communities, value for money and the quality of evidence (applying the BOND evidence principles to analyse changes in the quality of evidence over the past three years).

RIGHT: Khna, 14, and his brothers live with their grandparents. The family have a more secure food supply since World Vision provided them with rice seed and agricultural training.
©2015 Chetra Ten/World Vision

¹⁷See the child protection section for more details on this approach

¹⁸The World Vision partnership is currently developing 'pathways of change' for each of our main sectors, and as such these are not official World Vision ToCs, but are more or less implicit in our results chains and logframes developed around our main programming areas.





Breadth of Impact

In 2014, World Vision UK projects benefitted over 5 million children across 35 countries. This is 29 percent more children than last year, mainly as a result of a number of large emergency responses and some large grants. 87 percent of those children are located in 'fragile' states, those countries failing to provide basic services to poor people because they are unwilling or unable to do so.



MAXI MAG: Out-of-school children enjoy their new classroom and playground, in UK-funded Mamkem Area Development Programme in Ethiopia.
© Iolan Rivera/World Vision

Breadth of impact (global overview of beneficiaries)

In 2014, World Vision UK supported a total of 378 projects¹⁹ across 35 countries funded by a combination of institutional and individual donors.

Total number of beneficiaries: 8,459,323

Of these, children made up 5,010,998

This total number of beneficiaries is 22 percent up on the 2013 number, and the proportion of children is greater, with a 29 percent increase on the 2013 number of children benefitting²⁰. This is primarily due to both the increase in humanitarian responses (in particular the Syria crisis) and also starting some new large grant-funded projects.

Child beneficiaries by sector

As a child focused agency, we are particularly interested in the number and breakdown of child beneficiaries. Looking at the numbers by sector, there has been an increase in the number of children benefitting from health programmes²¹ (now more than half of all child beneficiaries) and emergency responses (nearly a quarter of all child beneficiaries).

For 2014, the number of children reached in the child protection sector is down on previous years (21,190), but if we take into account how child protection issues are also addressed under the heading of other sectors (such as emergency response and community empowerment) we can conclude that 51,566 children benefitted from child protection focused programming²².

The diagram overleaf breaks down numbers of beneficiaries of emergency response by country.

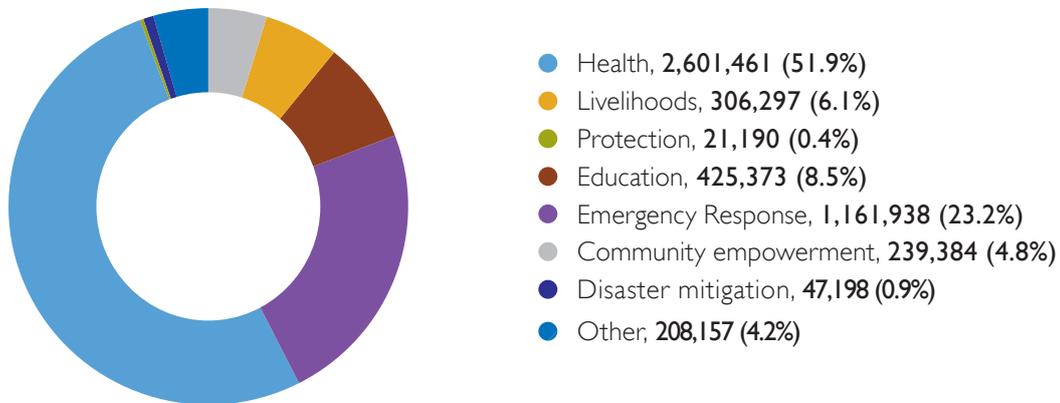


Figure 1: Child Beneficiaries by sector

¹⁹These projects do not include our UK based advocacy initiatives, for which we do not use a 'direct beneficiary' approach in assessing impact (see the child protection section for a discussion on our approach). This total is also just the number of projects funded by World Vision UK. For a global overview of our contribution see the World Vision International annual reports at <http://www.wvi.org/annualreviews>.

²⁰World Vision UK's 2011-2015 strategy uses a cumulative beneficiaries total to measure progress – for more details see the World Vision UK 2014 Annual Report located at <http://www.worldvision.org.uk/who-we-are/strategy/>

²¹Under the health category we also include Water, Sanitation and Hygiene (WASH) and nutrition projects.

²²This illustrates a wider point that sectors do overlap. To avoid double counting, this chart just reflects the 'primary sector' that we allocate to each of our projects.

Children's lives World Vision UK has helped to save & protect in FY14

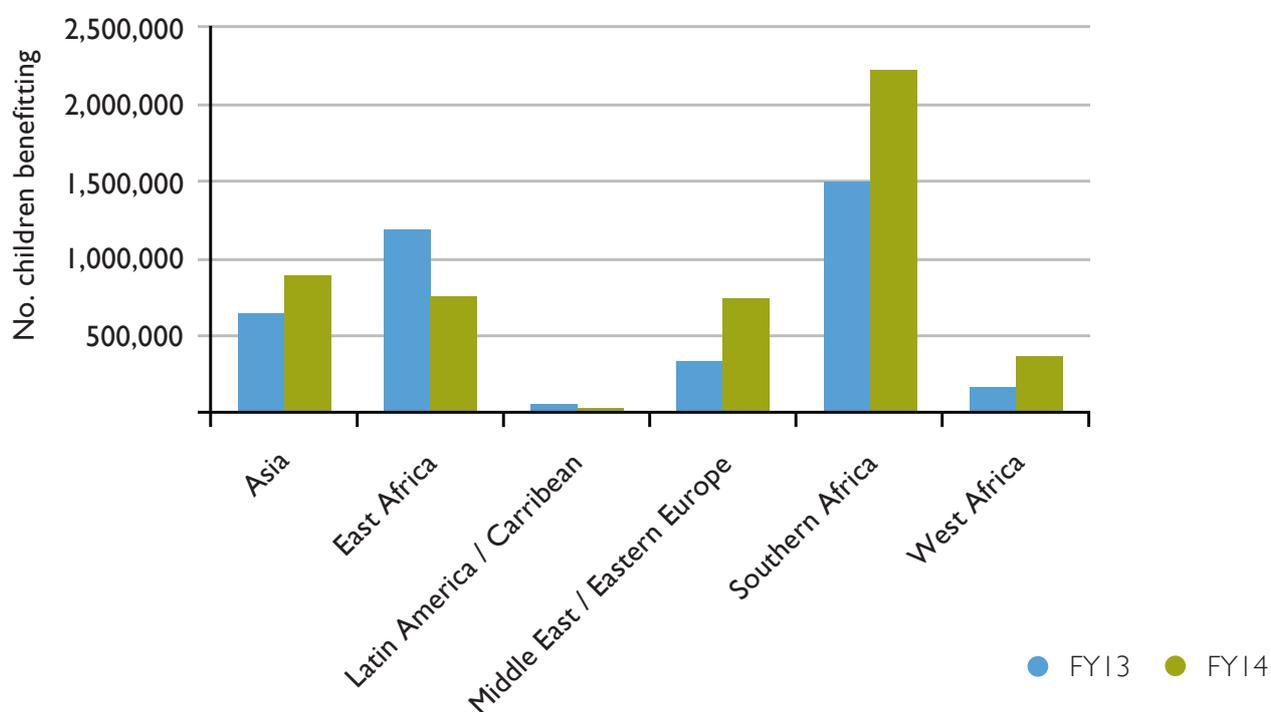
1,161,938 Children's lives saved & protected

16 emergencies, 16 countries



Child beneficiaries per region

Changes in the regional breakdown are largely as a result of the geography of emergency responses in 2014. These have been more in Asia (Philippines), the Middle East (Syria), Southern Africa (DRC²³) and West Africa (the regional food crisis) and the decrease in East Africa reflects the completion of the response to the Horn of Africa drought. The following graphic shows the geographical breakdown (by region) of child beneficiaries across the 16 emergencies in 16 countries.



Graph I: Child Beneficiaries by region

²³Within World Vision's regional structure, the DRC comes under the Southern Africa region

²⁴We appreciate that it is more precise to talk about fragile 'contexts' since some states have particularly fragile areas within their borders but may as a whole be more resilient. However, operationalising this definition is more challenging, and we as such use the OECD definition of what constitutes a fragile state (<http://stats.oecd.org/glossary/detail.asp?ID=7235>) and use their list of fragile states from 2013 (<http://www.oecd.org/dac/incafi/FragileStates2013.pdf>). We use World Vision's own fragility index (which is a composite of various indexes) to identify the ten most fragile states in which World Vision operates.

Child beneficiaries by context

World Vision UK's strategy prioritises the most vulnerable children, many of whom live in what are referred to as 'fragile states'. These are countries failing to provide basic services to poor people because they are unwilling or unable to do so²⁴. In 2014, 87 percent (4.4 million) of child beneficiaries were located in fragile states (up from 78 percent in 2013). Of those, 16 percent were in nine of the ten most fragile states that World Vision operates in, namely and in alphabetical order: Afghanistan, Central African Republic, the DRC, Myanmar, Pakistan, Somalia, South Sudan, Sudan, and Syria.

Number of children benefitting from World Vision UK funded projects in fragile states: 4,342,361

In other states: 668,637

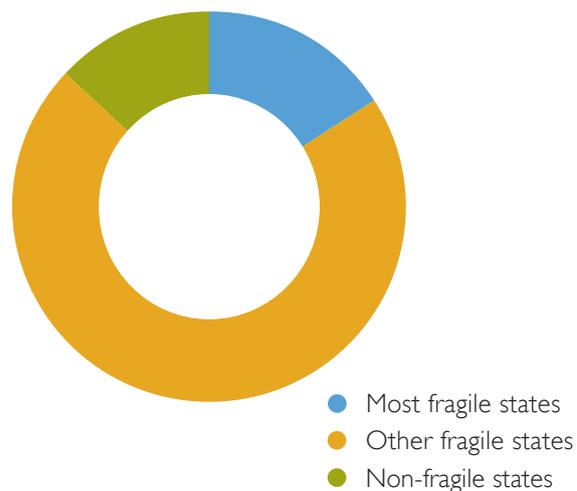


Figure 2: Child Beneficiaries by context

BELOW: Naing, 8, enjoys a drink of clean water purified by a bio sand filter. The local well is contaminated with arsenic, so this water is from a river near Naing's home in Myanmar and is made safe to drink through the filter tank. ©2015 Khaing Min Htoo/World Vision







Depth of Impact

By 'depth of impact' we mean the nature of the change in children's lives. Guided by World Vision's 'child well-being aspirations', World Vision UK focuses on changes in health, education and protection, including in emergencies. In the areas where World Vision UK funded projects in 2014, we have seen encouraging progress. To help understand how World Vision activities may have contributed to these changes, we use a 'Theory of Change' approach that makes explicit our assumptions about what really makes the difference in children's lives. This helps us identify where our activities are likely to have contributed to the positive changes observed. It also helps us highlight approaches that appear to be particularly transformational for child well-being, including engaging faith leaders in order to address harmful social norms and supporting communities to hold their governments to account.

Depth of impact (sector analysis)

Child health

Over 2.6 million children benefitted from child health programming. Evaluations covering about 10 percent of our child health programmes detail changes in children's lives, including significant improvements in:

- Nutrition (6.55 percent less children underweight)
- Children exclusively breastfed for the first six months of life (21.05 percent increase)
- Safe births (17.43 percent more infants born attended by skilled birth personnel)
- Immunisation: 18.09 percent increase in children who are immunised.

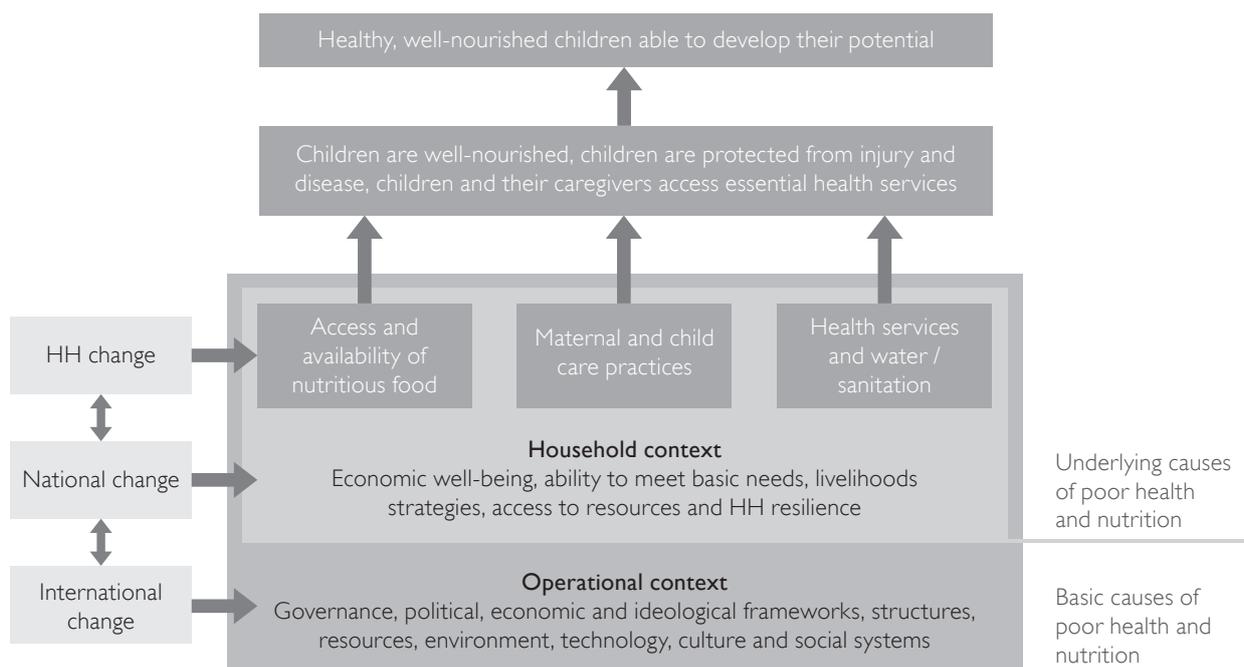
World Vision builds on its long-term community presence, as well as its experience in implementing proven interventions, to help communities engage their governments to improve local services and escalate to higher levels where needed. Our faith identity helps us engage with local influential faith leaders in addressing healthy behaviours.

The first of World Vision's child well-being aspirations is that children 'enjoy good health' and World Vision invests significantly in Maternal, Newborn and Child Health (MNCH). In this section we aggregate the impact of World Vision UK's funded programming on child health and analyse it using a Theory of Change (ToC) approach.

To report on aggregated change in child health we primarily use four proxy indicators for child mortality and morbidity. We then draw from particular evaluations to explore how our interventions may or may not have contributed to this change. Our working ToC draws from the wider sector's evidence base on the determinants of child health, and we infer our contribution based on the extent to which we have played a role in addressing these underlying causes of poor health and nutrition.

In the table opposite we average out the change in those four indicators of child health which represent a sample of World Vision's health programming. In the final column we detail how many of our health programmes used this indicator and the population this represents (our 'sample size') and the average time period for which this change was recorded.

World Vision UK's working child health Theory of Change





ABOVE: Community health workers in Myanmar visit family homes to support mothers and check on the health and development of children under five. Children identified as underweight are given appropriate treatment, including medical referrals if necessary.
©2015 Khaing Min Htoo/World Vision

Table 2: Aggregated progress toward child well-being indicators

Child well-being indicator	Average change	Sample size and duration
Prevalence of underweight in children under five years of age	Reduced by 6.55%	11 programme evaluations, benefitting 159,136 people over an average of 2.2 years
Proportion of children exclusively breastfed for the first six months of life	Increased by 21.05%	14 programme evaluations, benefitting 241,741 people over an average of 1.9 years
Proportion of infants whose births were attended by skilled birth personnel	Increased by 17.43 %	12 programme evaluations, benefitting 210,169 people over an average of 1.7 years
The proportion of children under five who are immunised	Increased by 18.09 %	12 programme evaluations, benefitting 211,648 people over an average of 1.8 years

Summary of progress on child health

Overall, this represents amazing progress in child health, and given that this is a substantial sample of the 2.6 million children who benefit from our child health programming, suggests we have been able to achieve significant impact at great scale.

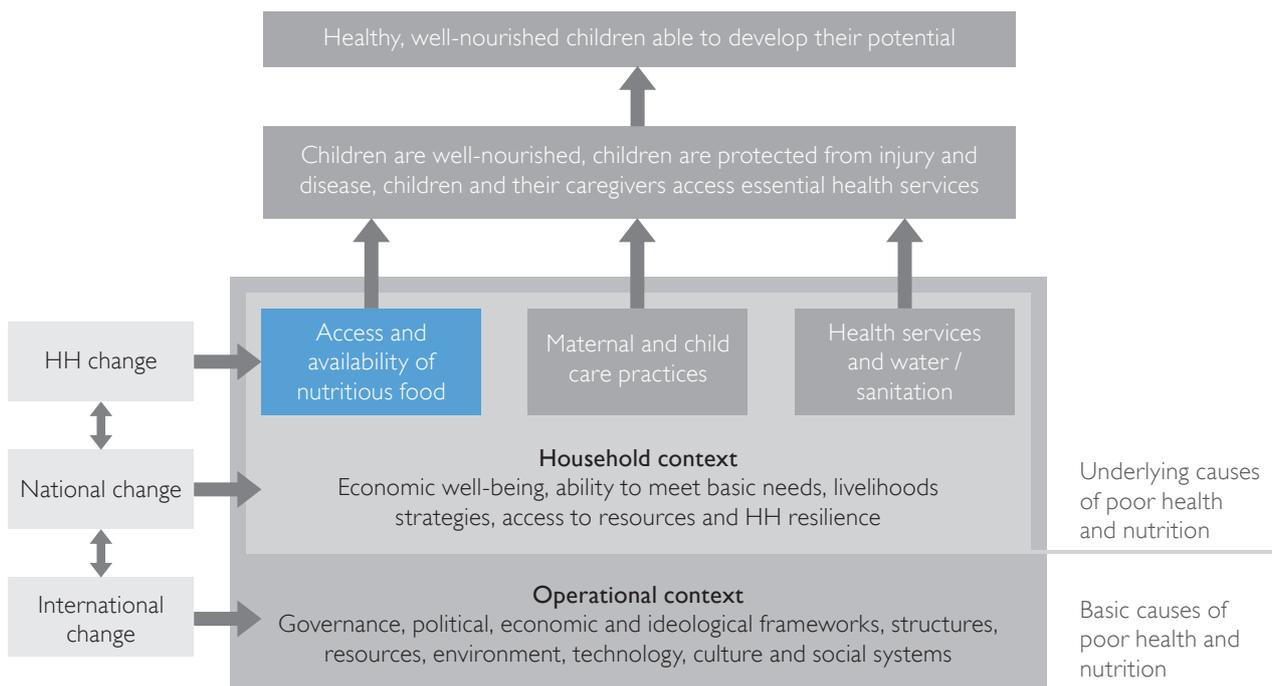
Behind this aggregation lies millions of individual children. In helping deepen our understanding of the change, the chart on page 24 details the progress, or lack of, in the individual evaluations.

Overall, this is a very encouraging picture, with a range of contributing factors, World Vision being just one. By the

same token the reversals are most likely the result of wider factors so, in the case of exclusive breastfeeding in Sacacca ADP in Bolivia, further investigation shows that World Vision has been making a positive contribution although not yet at the scale required. In trying to understand what lies behind these changes, the ToC approach helps us by pointing to those factors which we know are critical to child health. The following discussion is structured around each of these factors within the ToC and draws from our evaluation narratives to explore changes in a number of project examples.

No.	Country	Project	Prevalence of under-weight children under five years of age	Proportion of children exclusively breastfed for the first six months of life	Proportion of births attended by skilled birth personnel	Proportion of one year old children immunised with essential vaccines	Period covered
1	Bangladesh	Nawabani	2.0% reduction	15.6% decrease		2% decrease	3 years
2	Bolivia	Sacaca	18.6% reduction	24.4% increase	28.4% increase	missing baseline	3 years
3	Cambodia	Sok Nikum	2.8% reduction	0.7% increase	25% increase	3.4% increase	3 years
4	DRC	Likasi town and Katanga Province MNCH	not measured				6 months
5	India	Bhojpur MNCH	17.7% reduction	25.9% increase	43% increase	30% increase	3 years
6	India	Vaishali MNCH	7.6% reduction	8.0% increase	14.2% increase	11.3% increase	2 years
7	Kenya	Pala Nyatike MNCH	0.4% reduction	4.0% increase	3.7% increase	5.5% decrease	6 months
8	Niger	Tera	4.9% reduction				4 years
9	Pakistan	Muzaffargarh MNCH		20% increase	40% increase	24% increase	2 years
10	Sierra Leone	MNCH Kpanda Kemo, Sogbini, and Jong Chiefdoms	1.6% reduction	12.3% increase	6.4% increase	9.5% increase	6 months
11	Somalia	Improving MNCH in Urban and Semi Urban Communities of Somaliland	not measured	40.8% increase	9.9% increase	not measured	2 years
12	Tanzania	Kisiniri	8.6% decrease	47.2% increase	missing baseline	24.7% increase	3 years
13	Uganda	Improving MNCH	5.0% reduction	13.3% increase	10.4% increase	10.0% increase	6 months
14	Zambia	Keembe MNCH	2.9% increase	20.0% increase	19% increase	6.6% increase	2 years
15	Zimbabwe	Insiza MNCH	not measured	52.0% increase	5.6% increase	62.1% increase	2 years
16	Zimbabwe	Mangwe MNCH	not measured	41.7% increase	3.6% increase	49.6% increase	2 years

Table 3: Progress towards child well-being indicators per project



Access and availability of nutritious food

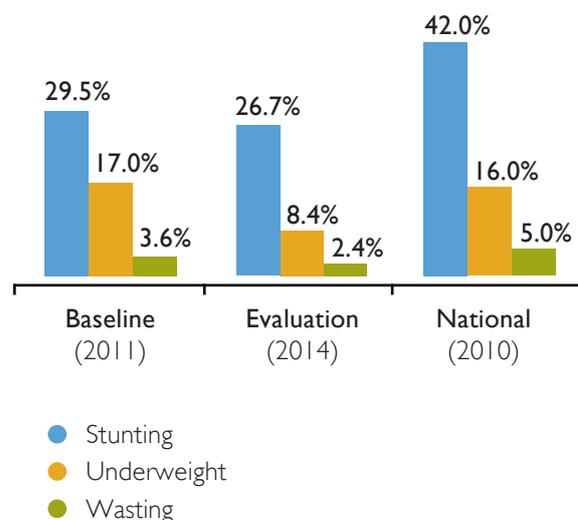
Ten out of eleven projects measuring the reduction in prevalence of children (under five years old) who are underweight showed a positive change; this ranged from a 0.45 percent reduction (Nyatike, Kenya) to an 18.6 percent reduction (Sacacca, Bolivia). Each of the 11 evaluation reports for projects that had a nutrition focus and corresponding indicator has some discussion of the contribution of the project. For example, the report from Sacacca ADP in Bolivia analysed this impressive change and acknowledged the significant contribution of a government policy that had introduced financial incentives for mothers to take their children to the health post. This recognition of multiple stakeholders contributing to improved child well-being reflects our understanding that change occurs as multiple partners come together, and how good child health policy is critical to long-term sustainable change.

Consistent across the evaluations is some form of qualitative analysis suggesting that World Vision activities made a contribution towards the recorded change, and we particularly welcome attempts to triangulate this using quantitative data. Comparison of our programming areas with national averages is one way of supporting contribution analysis. In Nawabonj ADP in Bangladesh, the end of project evaluation found that 21 percent of children were underweight²⁵, which is below the national average of 36.4 percent. The evaluation notes that this was a similar

level to that recorded during the previous phase evaluation in 2011, and concluded that the significant improvement in that previous phase had been sustained.

A similar approach is taken for Kisiriri ADP in Tanzania with national data available for comparison at the baseline. The recorded change is encouraging, with a reduction in the number of children who are underweight from 17 percent in 2011 to 8.4 percent in 2014.

Graph 2: Comparison of nutritional status in Kisiriri ADP, Tanzania



²⁵Includes both moderate and severe underweight; weight for age

²⁶<http://www.wvi.org/nutrition/project-models/positive-deviancehearth>

Sometimes comparisons between ADPs within one country can be useful for drawing lessons from the change that we are observing. In Bhojpur ADP in India there was a 17.7 percent reduction (from 48.8 to 31.1 percent) in the prevalence of children under five years old who were underweight, but in Vaishali ADP in India only a 7.6 percent reduction (from 48.8 percent to 41.2 percent) over a similar period. In Bhojpur ADP, very focused project models have been implemented, including a nutritional model called PdHearth²⁶. Through October 2013 to March 2014, the team conducted 16 awareness sessions in 10 communities with 255 children regularly attending for 12 days, and immediate impact was recorded with 60 children gaining up to 400 grams of weight and 71 gaining up to 200 grams. In Vaishali ADP, there was a recognition that mixing two separate project approaches may have led to less measurable impact.

Maternal and child care practices

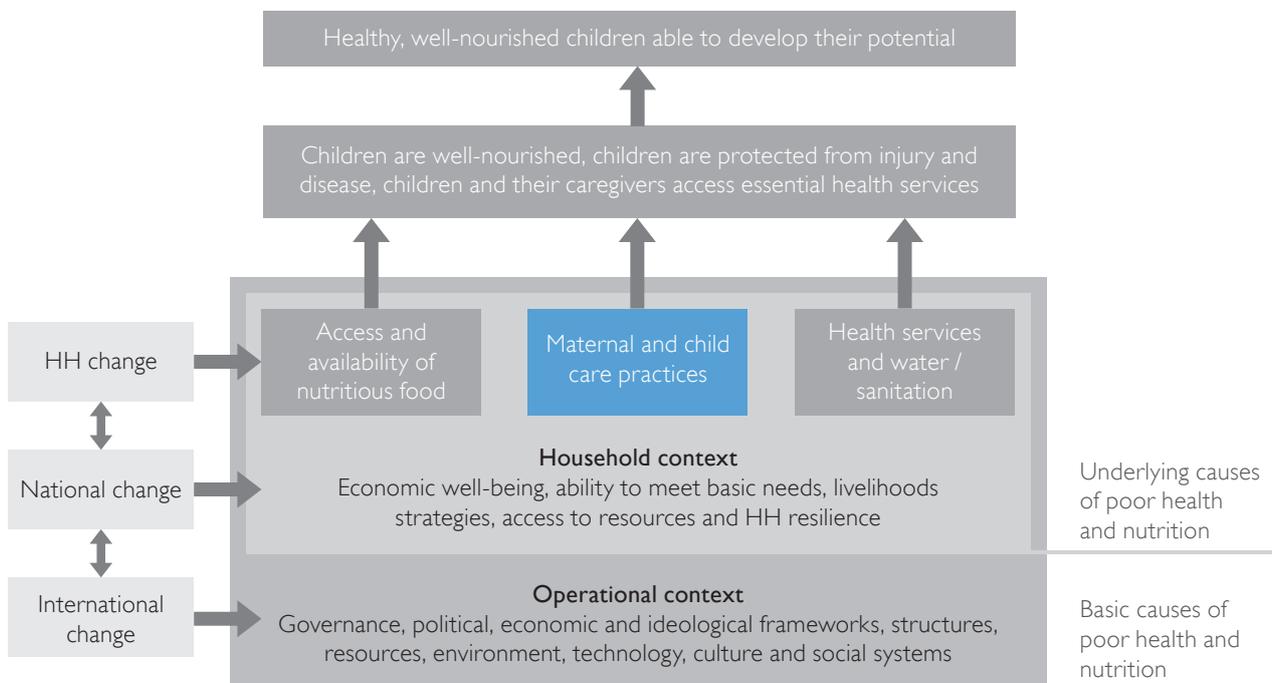
One of our proxy indicators for children enjoying good health is the proportion of infants whose births were attended by skilled birth personnel. Eight of the projects which used the related indicator of 'institutional deliveries' (at a health institution staffed by skilled personnel) were part of our DFID funded Programme Partnership Agreement (PPA) Maternal, Newborn and Child Health (MNCH) portfolio.

At the start of this programme, in the respective districts we were targeting, six out of eight countries were within the "attention required" threshold for this indicator²⁷ and Pakistan was at a "critical" threshold. Pakistan has now moved up to the "attention required" threshold and all other countries are now within the "acceptable" range.

In two of our ADPs in India, Bhojpur and Vaishali, the very encouraging increase (43 percent and 28 percent respectively) was identified by the evaluations as linked to Timed and Targeted Counselling (TTC)²⁸ to the households by the Community Health Volunteers, and other awareness activities such as street plays, training, and self-help group meetings.

Operational structures²⁹ have been strengthened across 274 communities in 10 countries. Selected examples of progress include:

In Kenya, across 28 communities covered in our PPA MNCH project, 232 Community Health Workers (CHWs) were supported to conduct health promotion (including the importance of having a skilled attendant at birth) at household level, resulting in an increase in the number of women visiting health facilities due to a CHW referral - in Pala from 29 percent in 2012 to 34 percent in 2014 and in Nyatike an increase of 6.4 percent totalling 1,222 referrals.





ABOVE: Felistus, 28, had an eventful delivery. Her local clinic in Zambia was not well-equipped. Felistus gave birth by candlelight, on the only bed, attended by the only nurse, to a surprise delivery of twins, Stenley and Steven. The village is in the process of building a larger clinic, with better facilities and more staff. ©2014 Jon Warren/World Vision

In Sierra Leone, our introduction of 'mHealth'³⁰ (use of mobile phones technology for CHWs to facilitate emergency referrals and telephone advice) has resulted in increased ante-natal care visits (from 61.8 percent to 85.4 percent) and institutional deliveries (from 56.4 percent to 78 percent) in just six months.

Across 100 communities in Pakistan, 46 referral networks (23 women's groups and 23 men's groups) were established. Women's groups met in lady health workers' houses and they referred 10,031 women for ante-natal care and post-natal care, deliveries and birth spacing and referred 2,319 children for acute respiratory infections and 2,495 children for diarrhoea. Men's groups were established later on in the project as a result of beneficiary feedback showing that men needed to be engaged in MNCH decision making early, and they had referred 3,823 women and 2,343 children.

PAKISTAN MNCH PROJECT IN MUZAFFARGARH

Munazza, a lady Health Visitor at Mondka Basic Health Unit reported that, as a result of the support from World Vision, "I feel much more focused and confident in my work now as my concepts are clearer on ante-natal, labour, delivery and postpartum ... Owing to my skilful counselling, thorough ante-natal and skilled delivery, the rate of delivery on the Basic Health Unit has increased from 20 per month to 50 per month and is on the rise".

Dr Iqbal, the Medical Officer at another Basic Health Unit confirmed the increased capacity of his staff. "I can witness increased capacity of the Basic Health Unit staff, that's why the rate of ante-natal check-ups, deliveries and post-natal have gone up. Women are more keen to be handled by skilled hands rather than the traditional birth attendants. All this is a good sign of positive change in health seeking behaviour among the community."

²⁷<https://www.wvcentral.org/community/health/Pages/Triggers.aspx> Threshold ranges for action assist with prioritisation of programmatic components for a given setting and are based on most recent national-level data for a given country consolidated from WHO, MICS and DHS or World Vision data.

²⁸<http://www.wvi.org/health/timed-and-targeted-counseling-ttc>

²⁹"Operational structures" means a group of people or organisation actively working to promote maternal and child health in the community. An example would be a community health worker network or village health committee.

³⁰<http://www.wvi.org/mhealth>

Graph 3: Comparison of immunisation rates in Kisiriri



Another critical maternal and child care practice that World Vision is supporting is immunisation coverage. In Kisiriri ADP in Tanzania, a comparison of immunisation status with baseline and national rates as well as Millennium Development Goals target is shown in the chart above.

Exclusive breastfeeding for the first six months of life is another proven contributor to child health. As the indicator summary table on page 24 demonstrates, 13 of the 14 projects with baselines have shown positive improvements in exclusive breastfeeding practices. The exception was Sacacca ADP in Bolivia, with a 15.6 percent

decline reported for the three year project phase duration. The report identified the strong traditional understanding that “a child who does not eat before five months will not be a healthy child, much less a strong man who can work the land.” However, upon closer inspection it turns out that the interventions (training, talks and monitoring) only took place in some parts of the area covered by the surveys and, where the activities had taken place, 84.1 percent of families responded that they practiced exclusive breastfeeding compared to only 55 percent of families in those communities with no World Vision intervention.

BELOW: Girls in the Tacopaya Area Development Programme, Bolivia enjoy writing to their sponsors. © Wilson Cabrera/World Vision



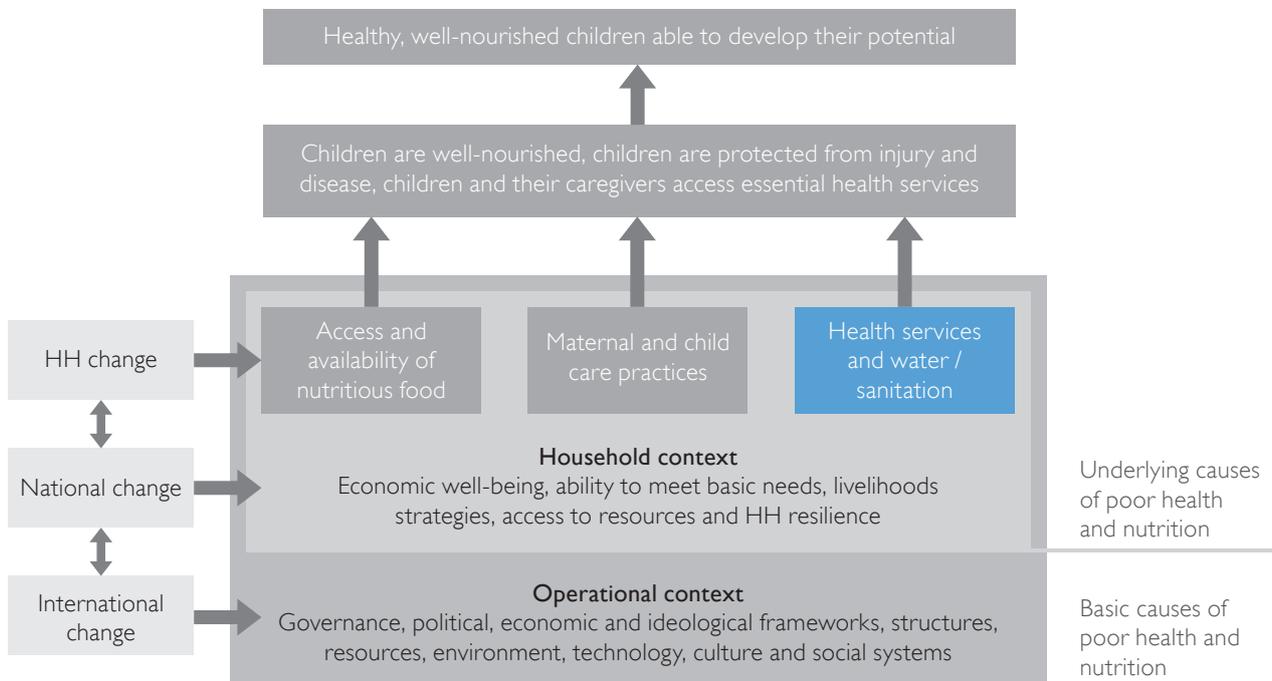
Health services and water/sanitation

Overall, 149 communities across eight countries in our PPA funded portfolio of MNCH projects (Armenia, Bolivia, Kenya, India, Malawi, South Sudan, Uganda, and Zambia) reported increased access to quality services in 2014³¹. Increases in human resources for health, education and child protection service delivery were also reported across 21 communities in Armenia, India, Kenya, Malawi, Zambia and Uganda.

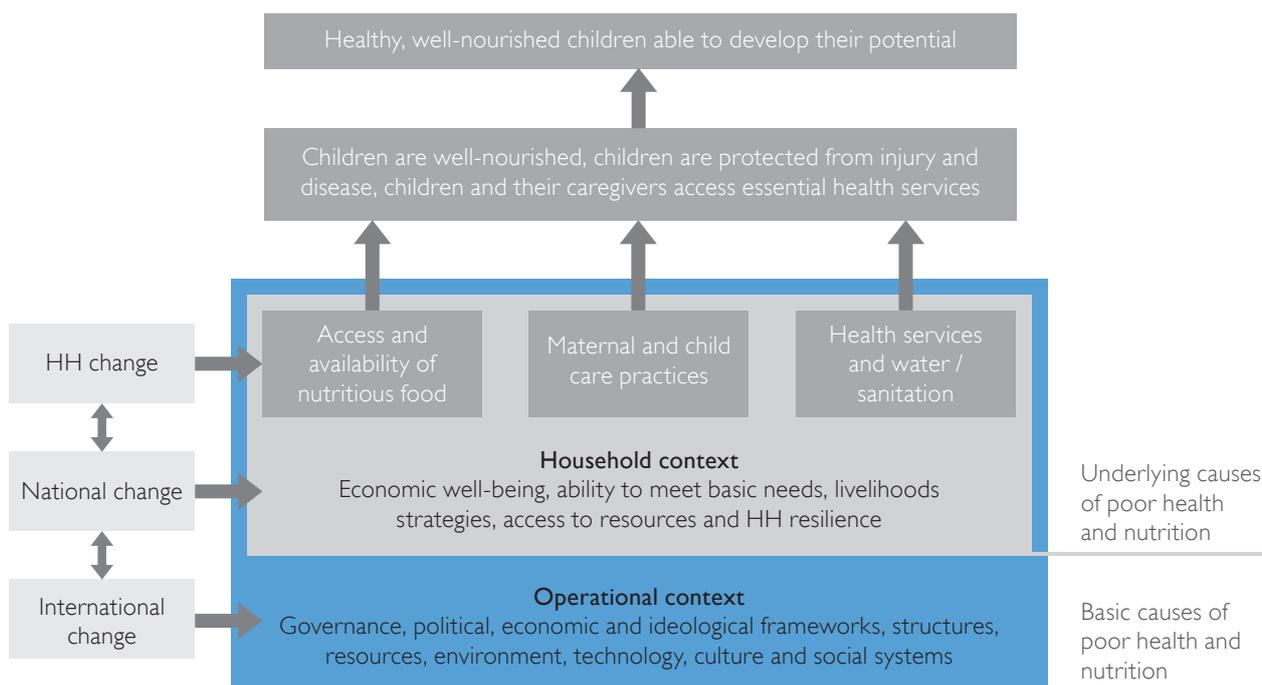
World Vision UK does not currently have systematic data on improvements in water and sanitation in our project areas, however one example of our contribution is World Vision's leadership of a consortium to address water and sanitation issues in the city of Bulawayo in Zimbabwe by rehabilitating two water treatment plants that served two-thirds of a city with a population of 400,000. The evaluation found a 12 percent reduction of incidences of diarrhoea from baseline to end of project, however what was not clear was how much this could be attributed to the project since the bulk of the water, sewage and sanitation infrastructures were not completed until very late in the project period, and the full impact of the improvement would not have yet been felt.



ABOVE: Pooja, 12, in India, enjoys the taste of clean water from her family's purifier. World Vision provided purifiers to families in the area, when bacteria was discovered in the main water source.
© Annila Harris/World Vision



³¹In the validation report that Oxford Policy Management prepared for this Impact Report, one of the sampled evaluation reports that they interrogated was of the Keembe MNCH project in Zambia. It is noted that the 'quality' of the services is not assessed in the evaluation, so in this case it is the 'access' that is reportedly improved.



Operational context – health systems strengthening

World Vision's approach to strengthening health systems is 'bottom up' in that we start with the community and its felt need and then support them to engage first at the local level, and then escalate higher up as needed.

We do this primarily through our Citizen Voice and Action (CVA) model (profiled in detail in the education section) which enables communities to themselves define and monitor standards and engage with the development actors locally to create action plans to raise standards.

During 2014, 172 communities in Malawi, Kenya, DRC, Pakistan, Zambia and Uganda had significant interactions with development actors³² to monitor and influence MNCH service delivery, policy review and implementation. As just one example, in Uganda, five communities in Kiboga District, institutionalised a 'Health Assembly' as an innovative platform to bring together all players in the health sector including political and technical leaders. This also brought development partners and community members together for dialogue geared towards identifying the District's health priorities, gaps and the development of strategies to address deficiencies. And strikingly, in the DRC, local-level campaigning using this model helped persuade the government to double its national health budget from 2014.

There are risks in this approach, for example in South Sudan some politicians felt that the committees created by the CVA process were taking over their role as political leaders. This provided an opportunity, though, to explain to them the role of community driven advocacy in social development.

Underlying the political context are social norms and World Vision has identified addressing these as critical to sustained change and has started to engage men and faith leaders in shifting attitudes towards MNCH. For example, in Afghanistan, 864 health shuras (councils) across 24 communities now participate in monthly health facility meetings across Abkamary District. 168 men and 96 women participated in a three-day training which focused on strengthening immunisation outreaches to remote communities and improving communication on the importance of vaccines for both mothers and children. In Zimbabwe, faith leaders have been targeted through the use of our 'Channels of Hope for MNCH' model. This approach challenges knowledge and attitudes towards MNCH whilst addressing healthy behaviours from a faith perspective.

³²As defined by World Vision's influence and engagement matrix. The category of significant actor is potentially broad, and Oxford Policy Management's validation report for this Impact Report notes it may not always be actors directly affecting policy and government and community engagement. So it may relate to other actors that have a more indirect impact on policy implementation.

BRINGING HOPE

World Vision's 'Channels of Hope' model is based on an appreciation that faith leaders have widespread influence and potential to motivate changes in thinking, foster dialogue, set priorities for and mobilise communities. However the reality is that often faith leaders reinforce norms that are harmful for children, including gender inequity, stigma, discrimination, gender-based violence, poor health-seeking behaviour and harmful traditional practices such as child marriage and FGM. The Channels of Hope model directly addresses faith leaders' misconceptions about especially volatile or taboo community issues, thereby empowering faith leaders to transform their thinking, and that of their communities, to trigger actions that promote child well-being.

We have developed the model, and adapted it for a variety of Christian and Muslim contexts, in the areas of HIV & AIDS, Maternal and Newborn Child Health, Gender and Child Protection. For more details see <http://www.wvi.org/church-and-interfaith-engagement/what-channels-hope>



ABOVE: Pastor Andoni Phiri, has seen Channels of Hope at work in his area of Zambia. "I was trained in that. It has helped my church. Those who were HIV positive who weren't able to come to the church now come to the church." ©2014 Jon Warren/World Vision

Health conclusions

This year, the stand out results in child health are that over 2.6 million children (over 50 percent of our total number of child beneficiaries) were reached through health programmes. The Theory of Change approach highlights how, in addressing key contributing factors, we were able to contribute to significant improvements in rates of children being underweight, immunisation, exclusive breastfeeding and skilled birth attendance.

In exploring how we implemented a variety of programming models, a picture emerges of how World Vision is able to build on its long-term community presence, as well as its experience in implementing proven interventions, to help communities engage their governments to improve local services and escalate to higher levels where needed. The focus on the Channels of Hope model illustrates how our faith identity helps us engage with local influential faith leaders in addressing healthy behaviours.



ABOVE: Sreyneang and her son gather their crops in Samrong district, Cambodia. The family has benefitted from better and more sustainable agriculture skills. ©2013 Sopheak Kong/World Vision

Case Study I: Sustainable Actions to Fight Poverty, Hunger and Malnutrition project (SAFHAM) in Cambodia

Led by World Vision Cambodia, in partnership with Farmer Livelihood for Development, this project was implemented between March 2010 and February 2014 in two provinces in the north of the country and included a comprehensive range of activities to tackle nutrition. As such, it is a good example of how multiple interventions can contribute to improved child health³³.

Amidst the aggregation of statistics, what does this mean for individuals? The following case illustrates the impact on the life of Mrs. Lok Chamreoun, aged 31, and her children.

Mrs. Lok Chamreoun lives with her family in one of the villages covered by the project. She has three daughters aged between 5 and 15 years-old. One of her daughters

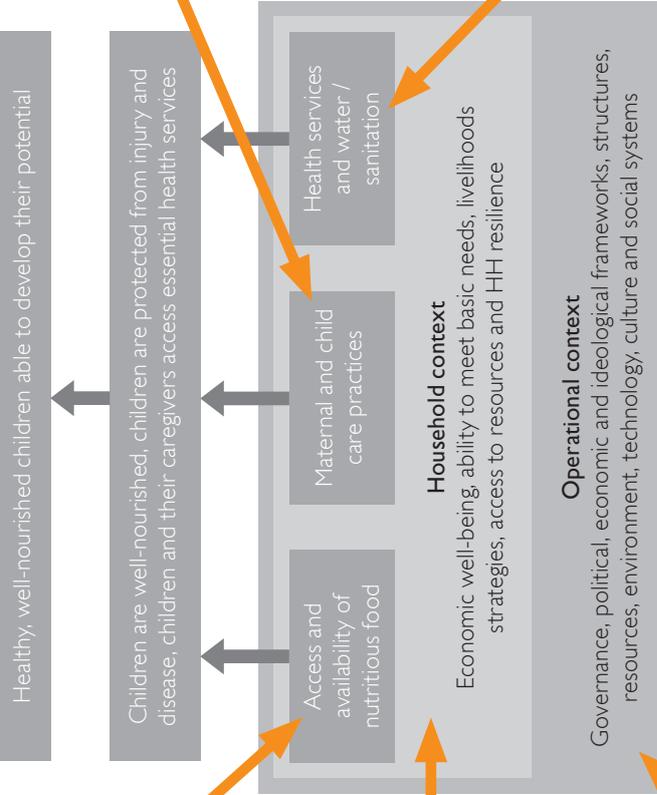
is disabled. She notes that her husband goes off to work in nearby Thailand each year since their rice farming does not generate enough income for her family. However, after participating in project training and coaching, along with subsidised agriculture inputs, she has been growing and selling vegetables and fish and using this additional income to improve the family's diet, health care and buy school materials for her children.

Challenges remain. She complained that the market access is difficult, being unaware of a market price information service that is available to help her identify which would be the most profitable agriculture products to supply to market.

On the next two pages we illustrate how the activities and then the results of this programme fit within the Theory of Change.

³³This project was not designed with World Vision UK's working child health ToC in mind. It drew from World Vision Cambodia's own approach of ToC and analysis of how it could best contribute in this particular regional context, and as such there is an element of 'retrofitting' this project to our own working ToC.

Activities Implemented



- Strengthen capacity build, facilitate networking and linkages of farmer groups/associations
- Conduct trainings on Sustainable Integrated Farming System (SIFS), System of Rice Intensification (SRI), Integrated Pest Management (IPM), fish culture, mushroom culture, livestock raising, and tree nurseries
- Provide farming tool to poor 1 and 2 households
- Facilitate farmer groups/associations to promote use of appropriate rice storage methods by members to reduce post-harvest losses

- Provide training, support and facilitation for farmer groups to undertake local economic development exercises with competitive advantages
- Coordinate linkages between farmer groups/associations and microfinance institutions
- Provide vocational training and support youth, minorities and disabled community members on marketable skills
- Link beneficiaries trained in vocational skills to existing or potential employers
- Coordinate linkages between trained youth and microfinance institutions

- Provide training for, and support, small scale hatcheries for fish seed production and its marketing
- Renovation or construction of operable small scale irrigation schemes
- Mobilise and train Commune Committee for Disaster Management (CCDM) to prepare for and mitigate disaster such as flood and drought

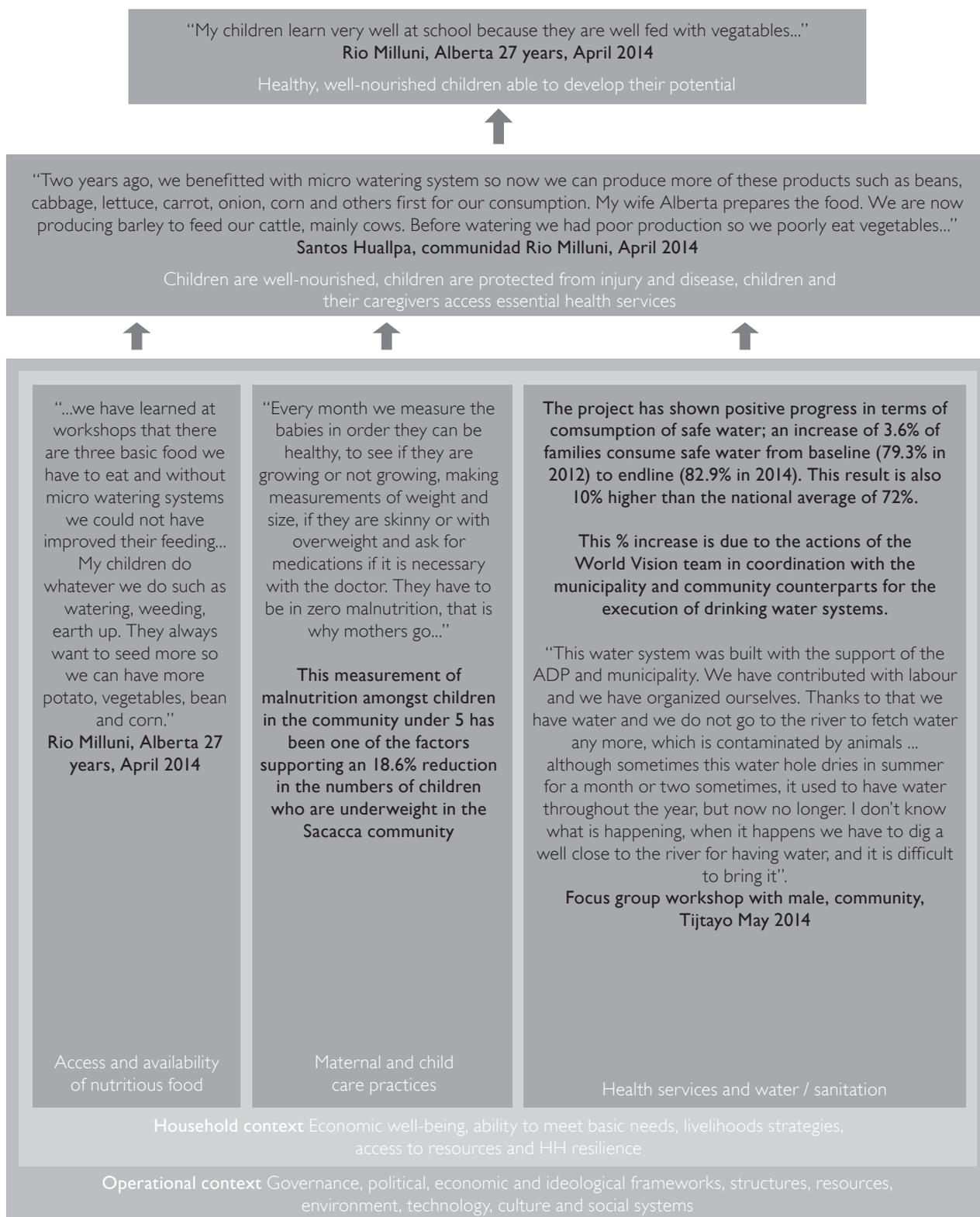
- Train and support Village Health Support Groups (VHSG) to provide information and counselling on maternal and child health, nutrition, hygiene, sanitation, disease prevention and health care seeking practices
- Mobilise community groups, especially mothers, for improved infant and young child feeding, caring, and treatment seeking practices
- Develop and implement BCC materials and activities focusing on MCNH, hygiene sanitation, disease prevention and care seeking
- Promote improved preparation and consumption of diversified foods for family diet and use of iodized salt for cooking
- Promote the use of long-lasting insecticide treated bed nets (provide by MOH/other NGOs, WV projects) and early treatment seeking for fever
- Support the dissemination of information about health equity fund schemes to all ID Poor HH in the largest areas to ensure uptake

- Support Health Centre staff to plan and conduct village outreach services for essential maternal and child health and nutrition services
- Cooperate with WVC's 'Cambodia Project' to distribute GJK Solar LED Lanterns for Health Centres; 12 Solar lights to 9 Health Centres and 3 Health Posts
- Facilitate coordination between HC staff, VHSG/TBA and other community volunteers to strengthen linkages for institutional delivery, care seeking for illnesses and outreach services
- Implement Community-led Total Sanitation and School-Led Total Sanitation
- Assess existing potable water points for renovation needs and capacity of water point committees to do work, build/improve access to potable drinking water where no existing source is accessible
- Strengthen or set up Water Point Committees including user agreements

Case Study 2: Sacacca ADP Bolivia - Community voices illustrating our working Theory of Change

Sacacca ADP began in 2003 and will close in 2017. The ADP projects cover education, nutrition and food which all

variously contribute to better child health as illustrated in the following diagram which organises some of the quotes included in the evaluation along the lines of our working child health Theory of Change.



Education

This is the first year World vision has been able to present evidence at scale of education impact, due to the increased use of a standardised literacy tool. Aggregated data across eight projects show literacy has increased by over 10 percent. In analysing what has contributed to improvements and setbacks, the economic condition of households emerges as a critical factor in supporting attendance. In improving the quality of schools, we are seeing evidence of the potential of social accountability approaches that encourage government and communities to work together to improve schools.



The second of World Vision’s child well-being aspirations is that children are ‘educated for life’. We have identified four outcomes that we believe are critical for that impact level change of children being prepared to succeed in life:

- Children access and complete basic education
- Children read, write and use numeracy skills
- Adolescents are ready for economic opportunity
- Children make good judgements, can protect themselves, manage emotions and communicate ideas.

World Vision’s education projects and programmes are focused on achieving these outcomes by working with community members and local partners to ensure effective teaching practices, a safe and suitably equipped learning environment for children, the participation of parents and children in monitoring the quality of education services and ensuring that communities have the capacities required to advocate to local government for a better standard of education.

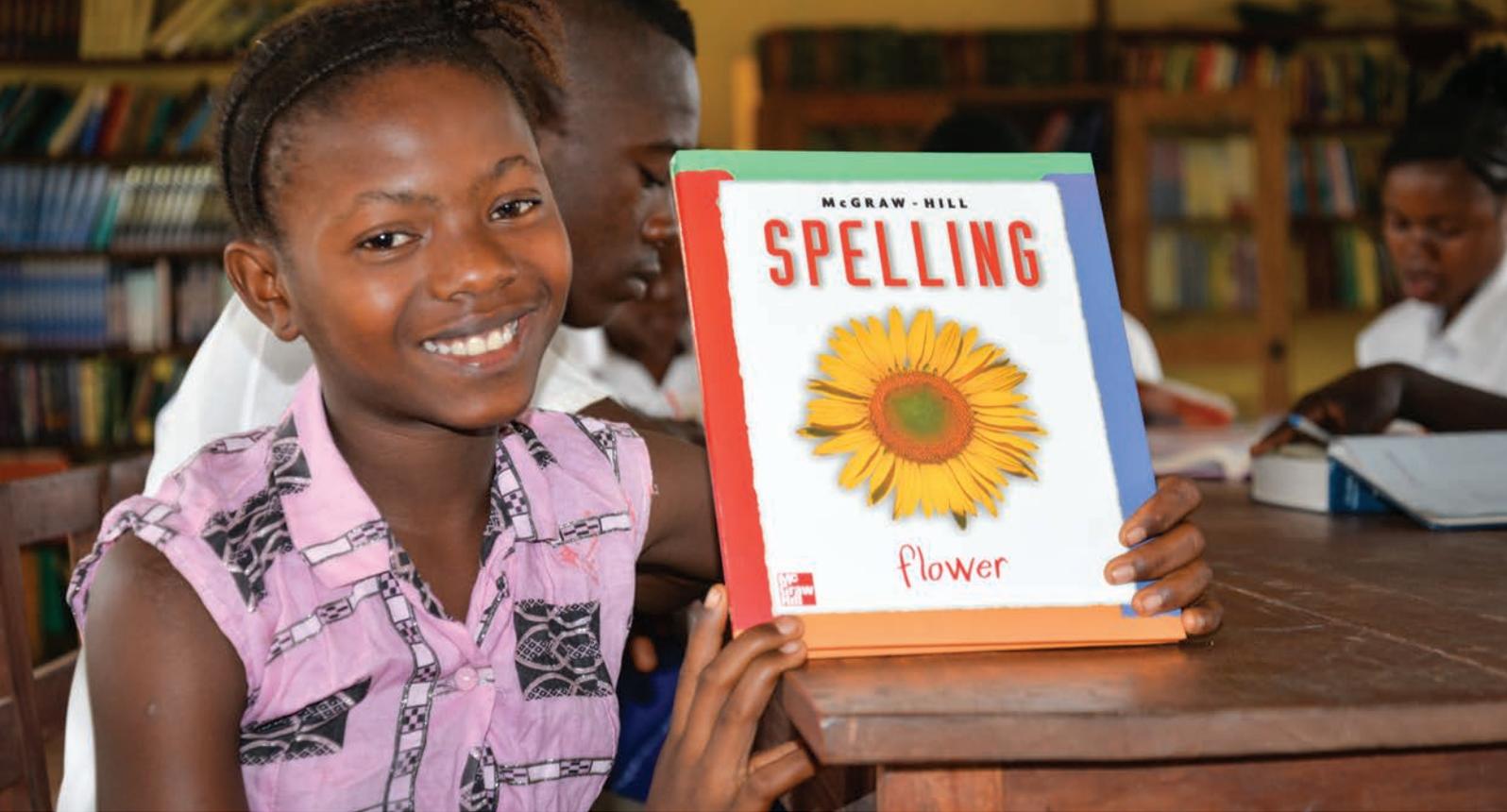
Over the course of 2014, World Vision UK has gathered evidence of the successes and challenges from a selection of our education projects across the world. The most commonly gathered data, and therefore the data that can

be aggregated across the programmes, are enrolment, retention and literacy rates of primary school aged children. Enrolment and completion rates are used as indicators of access to education, and literacy rates are used as an indication of the quality of education that children receive.

Key highlights from a selection of seven education projects from across the world that underwent evaluation in 2014 are presented below. As we only have common indicators for two of the outcomes included in our outcome diagram, we only discuss the first two: i) access and completion of basic education, and ii) children reading, writing and using numeracy skills (the quality of education). While we have some data about progress on the other two outcomes, it is not sufficient for an aggregate analysis and so is not included (though the fourth outcome, ‘Children make good judgements, can protect themselves, manage emotions and communicate ideas’ overlaps with our analysis of children’s life skills in the following section on child protection).

Table 4: Aggregated impact towards child well-being indicators

Outcome	Indicator	Average change	Sample size and duration
Children access and complete basic education	Primary enrolment rate	Decrease of 5.4%	Programme evaluations of 3 projects benefitting 16,204 people over 3-4 years
	Primary completion rate	Increase of 22%	Programme evaluations of 2 projects benefitting 12,092 people over 4 years
Children read, write and use numeracy skills	Functional literacy rate	Increase of 10.7%	Programme evaluations or annual monitoring of 8 projects benefitting 38,985 people over a period of 1-4 years (see table on page 38)



ABOVE LEFT: Musu, 9, (on the left) and her friends enjoying their class in Sierra Leone. © Justin Douglass/World Vision

ABOVE RIGHT: Aminata, 13, with new school supplies that have made such a difference to children in Jong Area Development Programme, Sierra Leone. "This has helped us greatly in our studies as we were finding it difficult to do our assignments. There were not enough teaching and learning materials." © Jonathan Bundu/World Vision

Children access and complete basic education

Out of the seven education projects evaluated in 2014, three projects aimed to increase enrolment. Data revealed that on average enrolment rates had decreased by 5.4 percent. Due to the small sample size, the data is heavily skewed by a significant negative change in one project in Niger. Two of the seven projects aimed to increase retention of students in the school system and measured this by observing completion rates of primary school children. The data from the two evaluations show an average increase in the completion rate of 22 percent.

In Nawabanj ADP in Bangladesh, the number of children enrolled in school increased from 83.6 percent in 2011 to 86.7 percent in 2014. In addition, primary school dropout rates reduced from 0.5 percent in 2011 to 0.3 percent in 2014, and primary completion rates grew from 53.7 percent to 63 percent over the same four-year period. However, despite the gains made, the programme area is still below national standards. The evaluation noted how early marriage and labour migration to neighbouring countries, both of which are exacerbated by the poor economic condition of households in the area, are key challenges to keeping children in school.

In Jaiama Bongor ADP in Sierra Leone the evaluation revealed that, by 2014, 93.9 percent of girls and boys in the ADP area were enrolled in school compared to just 87.7 percent in 2010. Qualitative analysis indicated that the project's interventions to improve the quality and reliability of teaching, better equip schools and empower school

management committees, alongside the Government of Sierra Leone's compulsory primary education initiative, all contributed to the increased enrolment rate. The results of the household survey showed that 39.4 percent of children between the ages of 12-15 had completed nine years of basic education in 2014, compared to just 6.1 percent in 2010. However, it should be noted that rural to urban migration (including teachers) was still a challenge and led to a high drop-out rate.

Another contributing factor to the enrolment and retention of students was the impact of the economic development project that was implemented in parallel. Mothers reported that increased household income and access to credit through village savings and loan associations had allowed households to pay for school fees, school uniforms and medical fees for their children. As a result, children were able to stay in school, and return more quickly if they fell ill.

"My husband passed away eight years ago and since then I have taken on the responsibility of providing for all my children. Sometimes it is very difficult. Many times before I have had to take my children out of school because I could not afford the school fees. Now I am able to take a small loan that I can pay back when the season is good, so my children can stay in school."

(Focus group participant, Village Savings and Loans group member, Jaiama Bongor ADP)

Children read, write and use numeracy skills

Over recent years, World Vision has introduced a standard measure of literacy across all programmes - Functional Literacy Assessment Test (FLAT). Across the seven education projects evaluated in 2014, five were able to report on literacy gains, four using FLAT and one using the Early Grade Reading Assessment (EGRA). In addition, for the past two years, three other programmes in Cambodia have integrated FLAT into programme monitoring. From this data we can see that functional literacy levels have increased on average by 9.6 percent. Six out of the eight programmes saw positive change, with two recording negative change. A summary of the results are presented in the table below:

Overall this represents great progress in a range of contexts. One of those projects that recorded a reversal was Tera ADP in Niger. Literacy levels among primary school leavers decreased from 30 percent in 2010 to 24 percent in 2014 despite a focus on teaching quality and improved school management over the four-year period. The evaluation noted the significant impact that food insecurity had on the education system in the programme area. From 2010 to 2014, Tera has endured two severe food crises that resulted in teachers leaving the area and many children dropping out of school to support household farming activities, or migrating with their parents to nearby cities, desperate to find alternative sources of

income to make ends meet. The qualitative data showed a more positive impression of change in other aspects of the education sector in Tera, including parents noting the improved conditions of study (including more durable buildings and better equipped classrooms) and children reporting a decrease in the use of corporal punishment in schools. An increase in children's participation in school management through children's clubs was also reported.

The most dramatic improvement was in Kodumela ADP in South Africa. Functional literacy of children (in grade six and seven and measured using the FLAT methodology) increased from 38.7 percent at baseline in 2011 to 60.1 percent in 2014. An EGRA assessment, widely used in South Africa, was also conducted and showed a similar increase: 74 percent of children aged 11-13 years were able to read 46-60 words a minute, compared to 37.4 percent in 2011. In exploring what led to this change, the evaluation noted a significant decrease in absenteeism, especially of children from poor households and suggests that improved learning outcomes are partly due to the fact that children are consistently attending school. The programme was particularly focused on providing vulnerable children with additional support (provision of nutritious meals and support with homework) at school drop-in centres. In addition the evaluation suggests that provision of school materials, construction and repair of classrooms and, in the case of children from very poor households, the payment of school fees and / or uniforms has motivated

Table 5: Percentage of children (aged 11-13) who are functionally literate per project

ADP	Data Source	Baseline	Endline	Total % change	Duration of project (years)
Kodumela ADP (South Africa)	Evaluation - FLAT	38.70%	60.10%	21.40%	3
Tera ADP (Niger)	Evaluation - FLAT	30%	24%	-6%	4
Sok Nikum ADP (Cambodia)	Evaluation - FLAT	60%	45%	-15%	2
Sacacca ADP (Bolivia)	Evaluation - EGRA	53.70%	66.60%	12.90%	4
Jaiama Bongor ADP (Sierra Leone)	Evaluation- FLAT	2.20%	7.10%	4.90%	4
Rattanak Mondol (Cambodia)	Annual report - FLAT	29%	65%	36%	1
Samaki Meanchey ADP (Cambodia)	Annual report - FLAT	56%	63%	7%	1
Koh Krohlor (Cambodia)	Annual report - FLAT	39%	63%	24%	2
			Mean	10.7%	

both teachers and students and contributed to improved learning outcomes. Challenges, however, still remain, including large class sizes due to a limited number of classrooms, and the challenges of children being taught in English, which is not the first language of the vast majority of learners.

Promising Practice: Improving children's access to quality education through improved social accountability

Citizen Voice and Action (CVA) is World Vision's primary approach to community level advocacy. It is a social accountability methodology which aims to improve the dialogue between communities and government in order to improve services that impact the daily lives of children and their families.

CVA works by educating citizens about their rights and equipping them with a structured set of tools designed to empower them to protect and enforce those rights. First, communities learn about basic human rights, and how these rights are articulated under local law. For example,

the right to education in a particular community might include the right under local law to have a maximum class size. Next, communities work collaboratively with government and service providers to compare reality against the government's own commitments. Finally, communities work with other stakeholders to influence decision makers to improve services, using a simple set of advocacy tools.

In 2014 World Vision UK supported project evaluations of CVA activities in five countries, including Kenya which is included on page 40 as a case of how this approach can impact education outcomes.

BELOW: Schoolchildren in Kodumela Area Development Programme learn life skills while they tend the crops in their school garden.
© World Vision



Case Study: Social Accountability in Kenya

The Improved Basic Education Service Delivery Project was a two and a half year initiative, funded by DFID PPA funds, and implemented in 79 schools within four ADPs with the overall goal of improving access to quality and timely basic education services for all boys and girls.

An end of project evaluation found that the project enhanced awareness on the standards of service delivery and built the capacity of the communities to hold school and local governance to account for improved service delivery. It also identified improvements in educational outcomes across the project locations, detailed in the few cases below. The evaluation noted a number of contributing factors, including parallel interventions by World Vision and other stakeholders, but we have strong grounds for identifying CVA as a significant contributor given the impressive results identified in previous impact studies on the use of this model in comparable contexts³⁴.

- In Angurai ADP, the constant feedback from the CVA groups to the teachers and parents about the quality of education service delivery in schools resulted in the improvement in the Kenya Certificate of Primary Education (KCPE) mean score within the CVA focus schools. An example is Kakoit primary school whose mean score improved from 209 in 2011 to 252 in 2012 and Kawalun primary school whose mean score improved from 214 in 2011 to 247 in 2012. In another school latrines were built, allowing it to reopen .

“CVA work in our school made us realise that we as parents have a responsibility of ensuring that our children have proper facilities in school. Our school had been closed due to lack of latrines after all the latrines collapsed. Through CVA sensitisation, we were able to construct two latrines and, with support from CDF, six more latrines were constructed and now the school has been opened and our children are now learning in a better environment,” stated a member of the ANGICUN community based organisation in Angurai.

- In Nyamusi ADP the government's action as informed by the petitions from the CVA group, led to improved performance in schools. For example, in Itibo primary school there was an improvement in the mean score from 256 in 2011 to 275.25 in 2012. The same applies to Nyakenimo primary school whose mean score was 160 in 2011 but improved to 200.1 in 2012. In addition

class representatives and parents now demonstrate a more responsive role in ensuring transparency in the management of school. As a result, some schools have now designed a School Development Plan that guides the school in implementing its programmes.

- In Olenton ADP, the CVA group's efforts in local level advocacy resulted into additional teachers being posted to schools that were previously understaffed within the area. Eight additional teachers were posted. Further, in Olesito Primary school, to address the lateness and absence of teachers from school, the Board of Management and parents worked together and erected two houses for teachers. Currently, the Head teacher and the Deputy are residing within the school compound.

A key recommendation from the evaluation stated that although the project has resulted in significant (and increased) engagement between several communities across the project area, there is now more need to purposively facilitate more engagement between the CVA groups with the county governments in order to scale up advocacy efforts. This engagement could for example be tailored to enable increased engagement of community members – particularly the most marginalised. Both engagement in the national and county level public finance management processes as outlined in Kenya's constitution, as well as in other supplementary legislations that promote community and citizen participation.

Education conclusions

Evidence of gains in access to education and literacy have been recorded in a variety of World Vision projects across the world. While World Vision's ToC for education is still under development, the close relationship between the economic condition of households and children's access to educational opportunities is a key finding in the majority of evaluations this year. To expect gains in the latter, without considering the former may not be realistic. As the evidence base grows, an analysis of the impact of education projects with and without economic development as an integrated element, or parallel objective, will be important.

The introduction of a standard tool (FLAT) to measure functional literacy across all education projects has been a significant advantage in gathering and aggregating data on literacy and other learning outcomes and benchmarking national and local level programmes. It is expected this evidence base will grow even further in future years as FLAT becomes more fully integrated into monitoring, as well as evaluation processes. The findings

³⁴A study in Uganda found that a participatory community monitoring approach had 'substantial impacts' on pupil test scores. See http://cega.berkeley.edu/assets/cega_events/3/doc7Zeitlin-et-al_Information-and-Collective-Action-in-Community-based-mMonitoring-of-Schools.pdf



ABOVE: Children take part in a CVA programme in Kenya. © World Vision

have been insightful, and although on average World Vision UK has seen an average increase of 9.6 percent in functional literacy, levels still remain critically low in many programmes. World Vision is increasingly witnessing a shift in programming focus, away from enrolment and more towards improved learning outcomes as the challenges in quality become more evident. Indeed, the assumption that once children are in school they are automatically learning is increasingly challenged by the growing evidence base.

The CVA model offers an innovative approach to engaging communities in advocating for a better education service for their children. The Kenyan case study, offers a glimpse into the impressive results in improving access and quality of education that has resulted from a social accountability approach, and the sustainable and continuous impact that such an approach may have, compared to traditional service delivery models.

Child protection

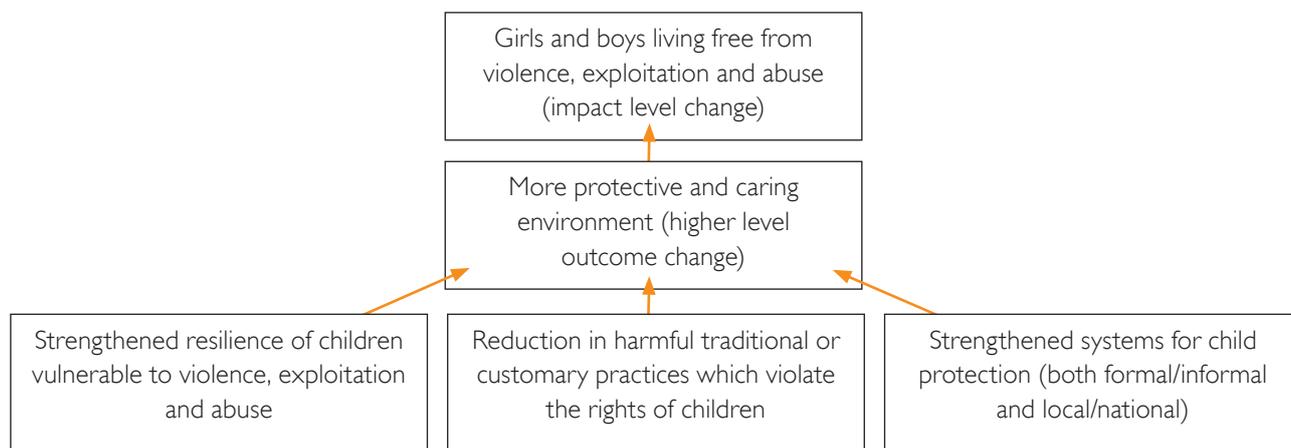
4.5 percent more children reported living free from violence, exploitation and abuse across projects in seven countries over a period of two and half years. We believe this reflects a lot of work to strengthen the child protection systems, such that 60 percent of children across these programmes report how their environment has become more caring and protective. It also is a product of children themselves standing up for their rights (our training led to an increase of 9 percent of children feeling equipped to protect themselves) and also wider changes in the structures that protect children.

World Vision's combination of our community presence and global reach means that World Vision can make a significant contribution to global debates on these issues. Our first independent review of World Vision UK's advocacy work showed that ability to contribute evidence of the reality of child marriage and FGM on the ground, particularly in fragile contexts, was identified as of particular value in our participation in the coalition that influenced the UK Government in making a concrete commitment to ending these harmful traditional practices.

World Vision's fourth child well-being aspiration is that children 'are cared for, protected and participating'.

As such, child protection is central to who we are and what we do. Our approach seeks to empower children, families, communities, governments and other partners to prevent and respond to exploitation, neglect, abuse and other forms of violence affecting children, especially the most vulnerable. We take a systems approach to child protection, helping to strengthen the protective environment around children, as well as the children themselves. This approach is elaborated further in World Vision International's Child Protection Theory of Change³⁵ and, as World Vision UK, we have integrated these principles into a more focused logframe which we use to report on PPA funded child protection projects, which make up the majority of our child protection programming.

Measuring impact in child protection is challenging given that the changes may take time to appear, can be subjective and the practices often taboo, hidden and illegal. We have been exploring the most appropriate ways to capture change, including an ambitious attempt to capture change at the impact level.



³⁵Located at <http://www.iicrd.org/sites/default/files/CPTOCpercent20WVIntpercent271.pdf>

Girls and boys living free from violence, exploitation and abuse

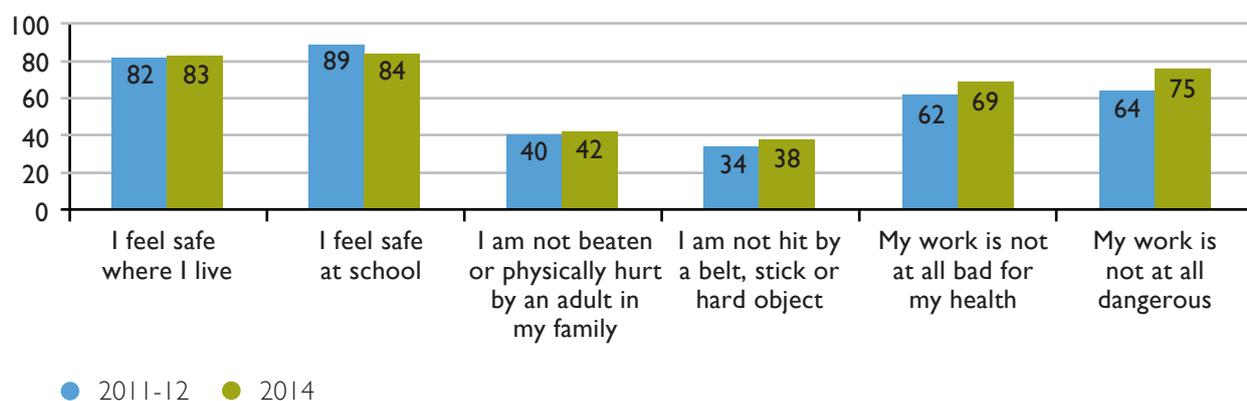
During 2013/2014 we conducted outcome assessments of our PPA funded projects in 11 countries, using a standardised methodology to allow for aggregation of results. The baseline process had been challenging, and we took some of the learning into the outcome assessments, but the inaccurate and incomplete baseline data from some projects did hinder our ability to report on change. However, certain comparisons can be made across seven countries and, for our impact indicator of children who report living free from violence, abuse and exploitation over the past year, there was an average 4.5 percent increase over a period of 2.5 years. This impact indicator is a composite of indicators that covered children's perception of safety at home and school as well as experience of physical violence and child labour.

There was positive movement in each of these indicators with the exception of a five percent negative change in children reporting that 'I feel safe at school'. As discussed below, we believe this may be linked to increasing awareness of what is a threat, but this still remains an area

of concern. What this aggregate does not include is data on sexual abuse, which is particularly challenging to track. However, with appropriate ethical safeguards in place, we believe it is important to track change and we did gather data in nine of these countries. We found that the proportion of children who reported that 'I am able to tell the appropriate person if I am touched in a way that makes me feel uncomfortable' increased from 77 percent at baseline to 81 percent at the outcome assessment.

One of the challenges of tracking impact in an issue like child protection is that raising awareness may result in increased reporting, even if actual instances of child protection violations may be falling. In a separate paper³⁶ we have discussed how our first initial outcome assessments in 2013 identified an increase in reported violations across the two projects for which we had strong data. We believe this may be primarily due to an increased awareness of their rights and willingness to openly respond in a survey when they have been violated. The movement in the right direction in 2014 suggests that, after a period of increased awareness, actions taken by the community start to result in reduced incidences.

Graph 4: Impact Indicator: Children who report living free from violence, exploitation and abuse over the last year (overall increase of 4.5 percent over a period of 2.5 years).



N.B Sample size is 1600 children across 7 countries (Albania, DRC, Nepal, Sierra Leone, Somalia, South Sudan, and Tanzania).

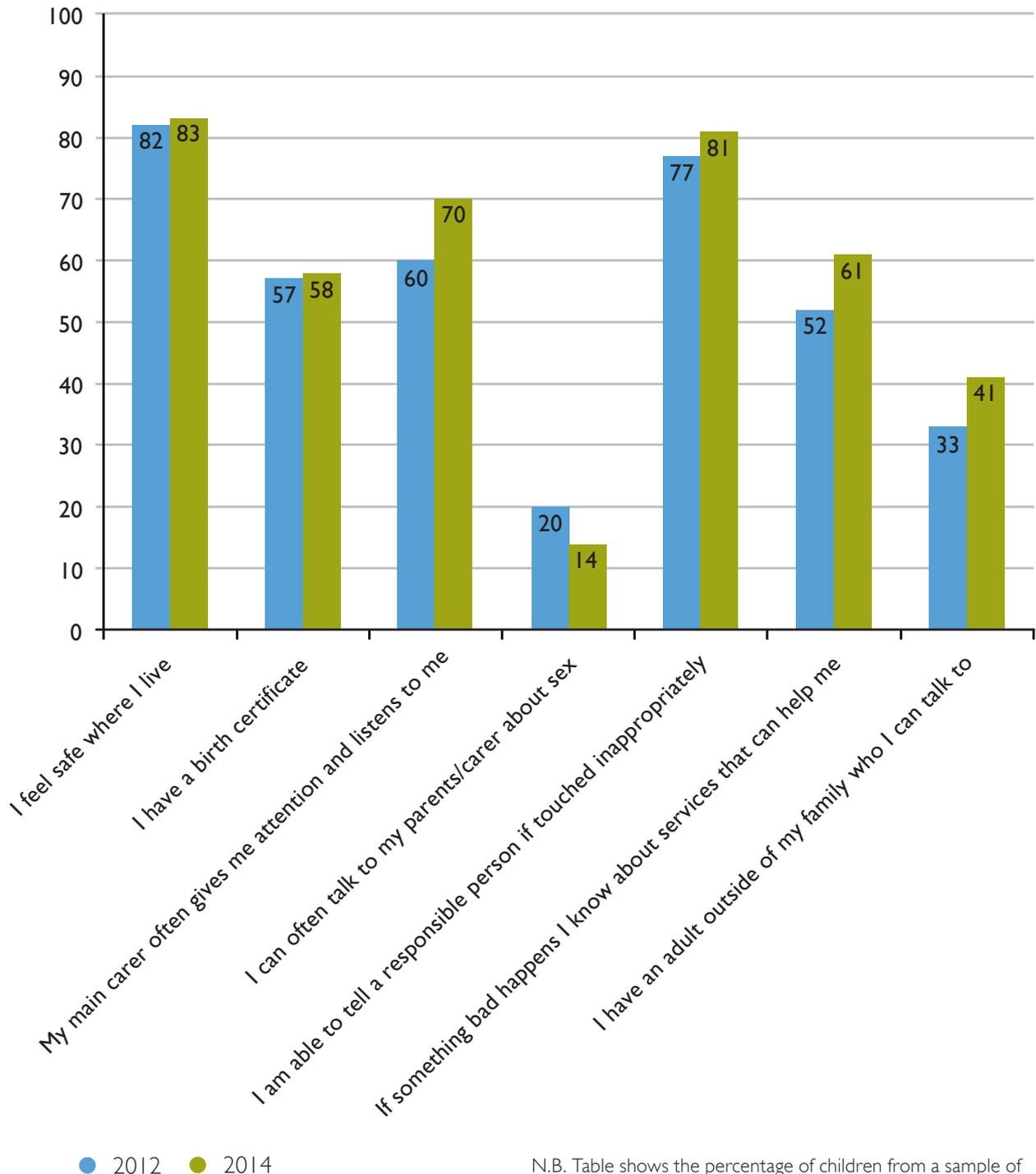
³⁶<http://www.worldvision.org.uk/our-work/reports-papers-and-briefings/>

More protective and caring environment

Recognising that there is likely to be a lag, and indeed initial reverse, in the impact indicator of children reporting that they live free from violence, exploitation and abuse, we have begun tracking a higher level outcome indicator of how protective and caring their environment is. This again is a composite indicator made up of a number of questions

covered in the household surveys we conducted and the results are presented below. Overall, we identified that 60 percent of children across 199 communities had responded positively that they lived in a more protective and caring environment over the last year (using a basket of indicators detailed in the chart below).

Graph 5: Percentage of children reporting a more proactive and caring environment: breakdown of changes by contributing indicator



N.B. Table shows the percentage of children from a sample of 1680 answering positively (yes/often/always) to each question

Strengthened resilience of children

Our working Theory of Change recognises the agency of children and how their resilience and ability to protect themselves is a critical contributor to a more protective and caring environment. As such, part of our approach is providing life skills training. Across the 11 countries in our PPA projects, we are able to report a result of 71 percent of children trained in life skills who are equipped to protect themselves³⁷ compared to 62 percent who did not take part in the training.

Our monitoring data illustrates how children are applying what they have learned in their life skills training to protect both themselves and their peers.

- After working for the past three years in Tanzania, 515 members of junior councils (298 girls and 217 boys) are now able to gather, document and report data on child abuse. These children have trained an additional 323 children at community level (186 girls, 137 boys with 16 percent identified as the most vulnerable). Cases of forced marriage, female genital mutilation (FGM) and sexual abuse have all been reported by children themselves.
- Children and youth in Cambodia now work directly with Commune Council meetings to highlight issues such as school drop-out, domestic violence and migration for work. Through project staff reflection meetings and evaluations on training from personal safety courses, staff estimate that 80 percent of youths can now identify risky situations and the means to keep themselves and others safe.
- In Eastern Democratic Republic of Congo the 80 children (34 girls, 46 boys) originally trained in life skills were each requested to identify five vulnerable children and to replicate their learning to these children. This has allowed an additional 400 vulnerable children, identified by children themselves, to be included in life skills training.
- Finally, in Malawi 9,200 children (4,860 girls and 4,158 boys, 182 with a disability) have been trained in life skills and child protection. Following from their training, children organised campaigns on Child Protection and reached out to five schools and the surrounding community for interface meetings with children, local leaders and government extension workers. The project also facilitated the registration of 72,330 births.

Reduction in harmful traditional or customary practices

In many of the contexts in which we work, child protection violations are often rooted in traditional practices and, building on our long-term presence in communities and the trust that has built up, we can facilitate a community dialogue that brings into focus how harmful these actually are for children.

So far in the three years of our PPA projects, 280 communities across 10 countries have successfully implemented new strategies to reduce harmful traditional practices. For example in Sierra Leone, 24 communities have now taken positive action against FGM and early marriage with the introduction of community by-laws outlawing the practice. The by-laws have been implemented by local chiefs after children themselves brought their child protection concerns to the chiefs. This has resulted in an agreed advocacy plan aimed at combating harmful traditional practices against children across the entire district and not only in project areas.

Strengthened systems for child protection

'Strengthened systems' in one sense includes all that we do, given that the child protection system includes children and communities as well as the structures that are created and specifically designed to protect children. However, we intentionally track, within our PPA projects, improvements in these structures and mechanisms. Over the last three years, 289 communities across 12 countries have been supported to respond to child protection violations in coordination with local justice mechanisms, but also linking into more informal community based structures. To give some examples of what this looks like in practice:

- In South Sudan, five Community Child Protection Committees have become custodians of community child protection education, reporting, referral and psycho-social support. To date, 74 child protection cases including 22 child marriage cases have been reported and referred with support of these committees, local justice mechanisms and the County Welfare Department. At baseline no cases were being reported.
- Afghanistan has proved the most difficult child protection context to work in due to cultural, security, geographical and environmental conditions. Despite these limitations, District Child Protection Action Networks in Bagdhis and Herat meet monthly and, with our support, have identified, referred and in some cases

³⁷This figure is measured by percentage of children trained in life skills that obtain a high score on life skills' questions in the survey and can name two or more local protection mechanisms.

responded to over 20 cases of child protection violations in 2013/14 (compared to a baseline of just 1-2 incidents being reported per quarter).

- In Armenia, community 'watch-dog groups' composed of 20 young people have strengthened their position in raising child protection issues and supporting the most vulnerable. Through daily observations within the community, young people in Gargar identified the five most vulnerable children in the community and presented them to school principals, social workers and the community mayor. As a result the Gargar school principal committed to intentionally involve the most vulnerable children in age-appropriate school activities to prevent their isolation from peers and the community. The watch-dog groups of Sarchapet, Agarak and Gargar communities have also taken initiatives to support the most vulnerable children in their communities and locally fundraised \$300 USD.

World Vision is particularly well positioned to connect up the reality at the community level with policy making processes at higher levels, and we aim to use evidence from our child protection programming to engage local chiefs, child protection committees, national governments and global forums. For example, in Sierra Leone World Vision supported the district Child Rights coalition members to input into the National Child Protection Committee and help shape the national Child Welfare and Alternative Care policies. And at the international level Alice, aged 15, and Alfred aged 16, were chosen by their peers and helped by World Vision UK to represent the youth of Sierra Leone at the 2014 Girl Summit, organised by the UK Government, and to bring a passionate voice to a distinguished gathering of international decision makers about the change children themselves want to see.

We recognise that policy changes by governments are not 'impact' in the sense of direct changes in the lives of children, but that contributing towards policy shifts by other actors is the means towards achieving far greater

impact than World Vision's direct programming can achieve. For example, in 2013 it was calculated that advocacy across the whole World Vision partnership contributed to policy changes or implementation helping to address vulnerability for about 400 million children³⁸.

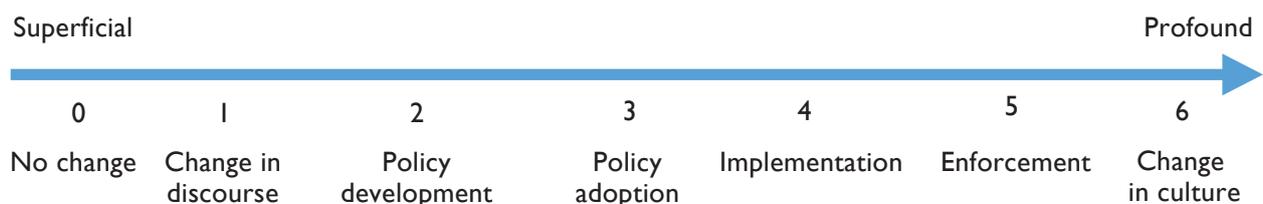
So, while different from assessing impact, we believe it is important to be equally rigorous about our contribution to policy change and so, in 2014, World Vision UK commissioned an independent assessment of its contribution to policy change by the UK Government. In 2014, World Vision UK advocated on a range of emergency response and child protection issues, but for this study just one issue was selected on the basis that it was the one in which we had invested the most resources over the previous few years, that of child marriage³⁹.

The review looked at the shifts in UK Government policy and practice on the issue and what has contributed to these shifts, World Vision UK's plans and activities during the period and an analysis of World Vision UK's contribution. The methodology included a document and web review, an internal workshop and interviews with World Vision UK staff, followed by interviews with five external key informants (anonymised peer organisations active on this policy issue).

The assessment identified that there had been significant policy change in this area by the UK Government, as illustrated in the timeline opposite. Most notably in March 2014, the Secretary of State for International Development, Justine Greening, announced that ending child marriage would be a government priority, reinforced by the UK Government hosting the Girl summit in London in July 2014.

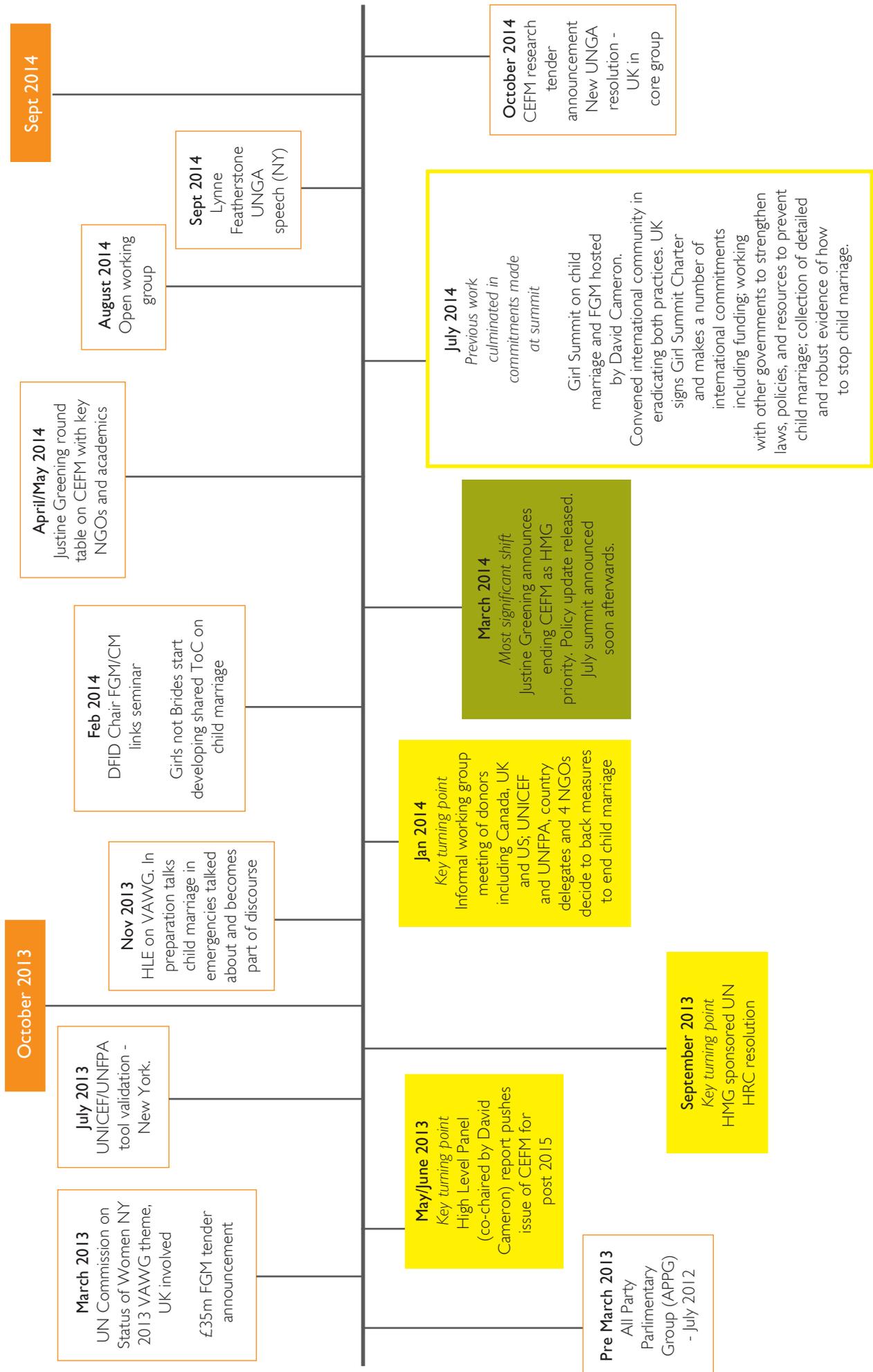
Using a policy change scale developed by Transparency International, both World Vision UK and peer agencies identified shifts in policy development, policy adoption and the beginnings of implementation, so between points 2-4 on this scale.

Figure 3: Policy change scale



³⁸WVI 2013 Annual review

³⁹Technically we refer to 'child, early and forced marriage' which overlap but are distinct. For the purposes of this summary we refer to just child marriage.



Policy change is a complex, and at times opaque, process but the study identified a number of contributory factors, including a pivotal role played by civil society in elevating the issue. Organised within the Girls Not Brides network, a coalition of NGOs was able to build an evidence base that compelled action, offered a clear, authoritative input into policy development and contributed to a growing political momentum in favour of action.

The specific contribution of any member of a coalition is difficult to measure but, in surveying five peer agencies, the study provided some insight into the role that World Vision UK played, and pointers for how in future World Vision UK can make an even more valuable advocacy contribution.

Using the scale below (see box), both internal and external informants identified World Vision UK's influence as being between 'some' and 'significant' (4-5 on the scale), reflecting how, as well as the general contribution that a large global NGO brings when adding its 'clout' behind any policy push, World Vision UK had contributed specifically to:

- Evidence building – World Vision was able to draw from its programming experience to produce two reports. The production and sharing of the 'Untying the knot' report, which explored the relationship between child marriage and state fragility, was identified by external informants as our "most significant contribution".

Additionally 'Exploring the links', a report which identified the common drivers behind the practices of child marriage and female genital mutilation/cutting, also contributed to the evidence around the issue.

- Policy expertise as part of a small group of expert NGOs that the UK government engaged with (drawing on our on the ground experience, particularly in emergency responses).
- Facilitating the voice of those most affected (bringing partners and youth advocates to the Girl Summit).
- Strategic thinking (having early on developed a Theory of Change (ToC) on the issue which was then a starting point for the influential Girls Not Brides network's ToC).

While validation of the contribution World Vision UK has made to the process is encouraging, of most value is identifying how we can be an even more effective advocate on issues of child well-being. Peers identified a number of areas in which World Vision UK could be an even more effective partner:

- Supporting the voice of the South – making even more of our extensive partnerships and experience to focus on what's happening on the ground.
- Engaging traditional and religious leaders – an area of growing interest that World Vision has a particular strength in.
- Sharing research more effectively.



RATING SCALE TO ASSESS CONTRIBUTION TO POLICY CHANGE

1. No influence.
2. Marginal influence but most likely the same policy change would have occurred at the same speed if World Vision was not part of the process.
3. Minimal influence – World Vision was part of a large coalition and contributed to its breadth but did not noticeably contribute to its depth and weight of argument.
4. Some influence – World Vision was part of a coalition/one of a number of voices calling for the same thing, but contributed something significant to the case and power of the argument being made.
5. Significant influence – World Vision was a particular player that directly contributed some evidence or argument that significantly pushed the policy forward.
6. Decisive influence – without World Vision calling for this change it is likely to have been significantly delayed or not happened at all.



LEFT: A young girl in rural Eastern Nepal speaks to her Village Child Protection and Promotion Committee about Child Protection issues, such as child marriage, in her community. © World Vision

ABOVE: A Stop Child Marriage billboard in Udayapur district showing the harms of child marriage such as not going to school and risk of early pregnancy. © World Vision

Child protection conclusions

The key challenge we face in our programming is engaging key stakeholders and community members around culturally sensitive issues and moving towards changes in social norms, a process which is largely acknowledged to take place over an extended time and not so easily captured in our monitoring frameworks. What we have found most effective has been ensuring that non-formal and formal actors work together and ensuring sustained community dialogue about child protection issues, and agreeing to new options and alternatives to harmful traditional practices.

The focus of mothers' clubs in communities, and their inclusion as informal mechanisms has been a strong positive influence. Mothers clubs hold an important role as an informal child protection mechanism in a community. They are recognised by community members as having the best knowledge on individual households and children, in a community. There has also been positive influence in

faith leaders who are speaking out against child protection violations and taking a stand against harmful traditional practices due to awareness raising and training in our Channels of Hope for Child Protection model (see health section for a summary of the model).

We are learning that the combination of our community presence and global reach means that we can make a significant contribution to global debates on these issues. Our ability to contribute evidence of the reality of child marriage and FGM on the ground, particularly in fragile contexts, was identified as of particular value in our participation in the coalition that influenced the UK Government in making a concrete commitment to ending these harmful traditional practices.

Emergency response

This year, the scale and complexity of humanitarian disasters was staggering. World Vision has responded in 16 countries with the main focus being in Syria, South Sudan and the Philippines (in terms of reporting years, the Ebola crisis in Sierra Leone will be covered in next year's report).

The Philippines response was one of the best responses in terms of accountability to the communities and timeliness of needs being met.

The complexity of working in Syria in a regional response has led to much reactive style programming with a focus on immediate needs; however there is evidence that longer-term needs are now being addressed.

Every year, millions of children are hit by emergencies and 2014 was a particularly hard hitting year⁴⁰. Conflicts, war and natural disasters leave countless children, their families and communities facing hunger, insecurity and violence and profoundly undermine all the child well-being aspirations that we as World Vision seek to realise.

World Vision's response is twofold: first the immediate response to emergencies, whether caused by natural disasters or human conflict, and second we build into our longer-term community development advocacy a focus on resilience so that children and communities are able to protect themselves. This is summarised in the box opposite, and in next year's Impact Report we will explore further the impact our resilience approach is contributing to, but in this section we focus particularly on World Vision's emergency response.

In analysing the depth of impact, we face a challenge within emergency responses in that the shorter-term nature of the interventions, and the need to focus our evaluations on 'real time' learning, restrict our ability to measure 'impact' in terms of longer-term, sustainable change. In particular, for 2014, we had Real Time Evaluations (RTEs) rather than end of phase evaluations as the only data source and so rather than using an explicit ToC approach, we work on the simple assumption that effective and timely responses (that have the longer-term in view) will contribute to impact. In our following sustainability section we review the ex-post evaluation of our response to the Asian Tsunami. In this section we draw from RTEs that we conducted on three of the major emergencies in our 2014



financial year (Typhoon Haiyan in the Philippines, Syria Conflict, and South Sudan Conflict) and which use the following criteria of effectiveness:

- Coverage: Who and how many people are we reaching?
- Timeliness: How timely and responsive were we in meeting the needs of the affected people, especially children?
- Relevance, particularly for children: How well did World Vision's response meet the needs of affected people, especially children?
- Accountability: How accountable is World Vision to the people they are serving in this response?
- Management effectiveness: Are we achieving what we planned and working in the right way?
- Connectedness and sustainability: Does the response link to longer-term programmes and Disaster Risk Reduction, and is it coordinated with others?

This discussion explores our performance against this criteria in the three responses, and draws out learning.

⁴⁰According to the Global Humanitarian Overview - Status Report (August 2014), "2014 has seen a major surge in humanitarian crises around the world. Inter-agency strategic response and regional response plans now target over 76 million people in thirty-one countries compared to 52 million in December 2013" See https://docs.unocha.org/sites/dms/CAP/Global_Humanitarian_Overview-Status_Report-Aug_2014.pdf



ABOVE: 12-year-old Jayson collects shelter tools from a World Vision distribution in the Philippines after Typhoon Haiyan. "Our house was destroyed by the typhoon. I hope my father can rebuild a better one now." © Crislyn Joy A. Felisilda/World Vision

WORLD VISION'S APPROACH TO RESILIENCE

At World Vision UK, we recognise that prevention is better than cure, and are increasingly focused on creating 'resilience' (which we define as the ability of a community to adapt to living with uncertainty). We promote household and family resilience by linking, complementing and reinforcing work done across the development and humanitarian continuum, including the following approaches:

- Disaster risk reduction: we anticipate future risks, prevent future disasters and reduce vulnerability to hazards.
- Climate change adaptation: we help communities prepare for and adjust their systems (economic and social, for example) to changing weather patterns.
- Conflict sensitivity: we analyse conflict and run conflict sensitive programming to prevent unintended harm in fragile contexts. (see <http://www.worldvision.org.uk/our-work/fragility-resilience/> for more details)

There is increasing interest in how to assess the impact of resilience approaches and World Vision is one of the leaders in grappling with this challenge (see <http://www.odi.org/publications/8616-institutionalising-resilience-development-programming>). In next year's Impact Report we plan to showcase some of this work, including how we are drawing from our experience of supporting resilience at the community level to shape the global conversation on this, including at the 2015 World Conference on Disaster Risk Reduction.



Coverage

Who and how many people are we reaching?

“World Vision is the only agency that goes to the effort to reach hard-to-reach houses. ... Nothing else but to say THANK YOU SO MUCH FOR HELPING US in spite of our location, still you continue to assess to provide our needs.” (Haiyan Response community member)

“We are unable to cope with the scale of need and meet all important needs.” (Syria Response staff)

“World Vision has been good at targeting both Syrian refugees and Jordanian host communities. They have been positively contributing to the overall response in Jordan.” (Syria Response external partner)

In general, all three World Vision Responses reached massive numbers of people directly affected by the emergencies. The declaration of upgraded emergency categories for all three Responses helped generate financial resources which, in turn, allowed World Vision to reach a significantly wide coverage⁴¹.

Haiyan Response: As of 31 March, 712,000 people were reached in 47 municipalities; this represents 5 percent of the 14,000,000 people affected across the country. Some 82,133 families have received food (5,354 tons of rice), 17,796 shelter kits were distributed, 53,755 families were provided with WASH support, 55,454 families received

Non-Food Items (NFIs), 67,493,400 Philippine Pesos in cash grants were distributed, and 21,813 children were served by Child Friendly Spaces. World Vision’s geographical focus has been based on a rigorous and innovative needs assessment process. Targeting has included small and isolated communities and attention has been paid to vulnerable groups, particularly children.

Syria Response: A total of 382,000 persons have been served by the Response, many of whom are children. In Jordan and Northern Syria, World Vision serves both host communities and refugees and internally displaced persons. The requirement by the Government of Jordan (GOJ) that 30 percent of all INGO project beneficiaries must be Jordanian has ensured that both host communities and Syrian refugees are served.

South Sudan Response: As of 5 May, 2014, World Vision has reached a total of 145,386 IDPs in the Upper Nile, Unity and Warrap States; this represents 15 percent of those 959,000 people displaced across the country. World Vision has assisted 59,632 IDPs with food assistance through partnership with WFP as well as establishing a Blanket Supplementary Feeding Programme to assist vulnerable children in Malakal and other response areas with repeated food distributions.

ABOVE: Due to continuing instability and insecurity in the region, camps have been set up for the protection of civilians in South Sudan. This boy is able to sell bread inside one of the camps.
© Melany Markham/World Vision

⁴¹Note that the figures cited in an earlier table/infographic are not consistent with the figures cited in the ensuing discussion because the former is based on latest figures available to World Vision UK, while the latter is based on available data during the period when the RTEs were being conducted.

Timeliness

How timely and responsive were World Vision in meeting the needs of the affected people, especially children?

"In the trade-off between speed and quality, we erred on the side of quality." (Haiyan Response staff)

"Biggest problem: delayed shelter project. It's been 4 months yet the beneficiaries haven't been able to receive shelter materials to rebuild their houses." (Haiyan Response staff)

"Based on the circumstances all actors face, World Vision is as timely as we could be." (Syria Response)

"World Vision was able to scale up quickly to meet the needs and mobilise resources." (South Sudan Response external partner)

As a whole, the three World Vision Responses had differing experiences in terms of timeliness of response to the emergencies:

Haiyan Response: More than 14 million people were affected, with 6,200 dead and 1,785 missing. The disaster damaged 1.1 million houses, and affected the livelihoods of almost 6 million people. Economic damage is estimated at around USD\$ 13 billion. World Vision Development Foundation (World Vision Philippines) declared a Category III emergency on the day the typhoon hit; on 10 November; as the full scale of the destruction became evident, a Global Response was declared. The initial response to the disaster was found to be timely with initial assessments and activities being carried out by national staff and a quick decision to declare a global response and call in international support. Although difficulties with security and communication delayed the process in a city severely hit by the typhoon, the World Vision response was quickly established and scaled up dramatically through the month of December. The transition from the relief phase to early recovery has been slower and the main activities are being launched in early May, six months after the response. A key learning from the response is that, in middle income countries such as the Philippines, the rapid pace of self-recovery means that assessment and planning for activities needs to be light, flexible and quick – or it will risk becoming obsolete.

Syria Conflict Response: With a presence in Lebanon since 1975, World Vision began providing assistance to Syrian refugees in Lebanon in 2011. The programme expanded as the influx of refugees increased in 2013. The World Vision response in Jordan began in February 2013 and its response in Syria in March 2013. A Category



ABOVE: Syrian children Maysara, two and Kaysar, one, warm themselves in their tent in Lebanon. In the depths of the winter, their mother is grateful. "If it weren't for you we would have frozen to death. The stove is our only heating tool." © Ralph Baydoun/World Vision

III large scale emergency response was declared by the World Vision partnership in June 2013. Despite the start up of operations being fairly timely, the late Category III declaration (June 2013) slowed the rapid scale up of operations. World Vision has since built capacity, funding and systems and is now achieving much in a timely and consistent way for the affected people they serve despite the ongoing external challenges faced.

South Sudan Response: Following fighting which sparked on December 15, 2013, close to one million people have been displaced in South Sudan. On 16 January 2014, the East Africa Regional office and World Vision South Sudan upgraded the initial Category II Emergency with a National Level Response to a Category III Emergency with a Global Response for South Sudan. According to some of the seconded international staff and external partners, the Response was not timely, despite the fact that an MTSC (Making Sense of Turbulent Context) analysis in December 2012 predicted the situation but was not fully taken into account. Also, because the South Sudan office was relying heavily on international staff, it took a while to bring them back into the country following an evacuation. Once the emergency category was increased, World Vision was able to scale up rapidly. However, security and logistics are currently affecting World Vision's timeliness to respond to people's needs.

Relevance, particularly for children:

How well World Vision's response meet the needs of affected people, especially children?

"CFS has a big impact to children and during the post distribution monitoring; we saw more positive changes from children in CFS compared to those children that did not join CFS." (Haiyan Response staff)

"The people were in great joy when they received the many kilos of rice and relief goods. Different agencies entered our barangay [village] but the biggest contribution we received came from World Vision." (Haiyan Response external partner)

"World Vision is the only actor doing food and that's the biggest need at the moment." (Syria Response external partner)

"When I joined the centre I was not good at school. Now, after taking remedial lessons, I became excellent and top of my class" (Syria Response boy-child)

"World Vision is mobilising funding, supplies and staff. World Vision is doing an ideal job at moving fast to respond to the crisis. World Vision was able to move

easily from development to relief." (South Sudan Response external partner)

Overall, the three World Vision Responses have been implementing initiatives and interventions that are relevant to the needs of affected people, especially children. All three responses substantively focus on children's immediate needs, as well as engage in meaningful advocacy work.

Haiyan Response: During the relief phase, the Response provided food, emergency shelter materials, hygiene kits, water purification kits and child-focused interventions such as the setting up of Child Friendly Spaces (CFS) and Women And Young Child Spaces (WAYCS). For the recovery and rehabilitation phases, its interventions include shelter, livelihoods, Water Sanitation and Hygiene (WASH), health and education. Cross cutting themes include gender, peace building, child protection, humanitarian protection, cash based programming, Disaster Risk Reduction (DRR) and Climate Change Adaption (CCA), and environment. This integrated focus is appropriate to needs, as is the increasing emphasis on shelter and livelihoods which are the critical areas for most affected communities; it has adapted responses to specific contexts. The programme design has been based on the best available evidence, using World Vision's own sources



and sector wide assessments. The response developed tools such as the Overview of Affected Municipalities (OAM) and the Barangay Prioritisation Assessment Tool (BPAT) which have allowed transparent selection of target communities. Also, they have utilised the availability of reliable secondary data in the Philippines in order to choose where to work.

Syria Response: Programmes implemented in all three countries to achieve the goal have focused on critical life-saving support and services including: food; WASH; non-food items such as hygiene, newcomer and baby kits. Small-scale 'children in emergency' activities were supported in Jordan and Lebanon and a significant health programme implemented in Syria which include safe spaces for woman, adolescent and young child spaces (WAYCS) as part of health centres. In Lebanon, new modalities for food distribution as paper vouchers were replaced with the use of electronic cards (e-cards), a change that was done well to adapt to the operating environment. World Vision is working in relevant sectors and has established good relations with the people it is serving, local authorities, other NGOs and UN agencies. While programmes are relevant they are not sufficient to ensure that those assisted are food secure and that they do not need to go into debt to survive. People's needs remain

acute and they are barely living at subsistence. Achieving impact in this response is proving to be a challenge, particularly with children in emergency programmes which have remained limited in scale and depth.

South Sudan Response: World Vision is working alongside the UN and other aid agencies to provide food, water and sanitation, NFIs and protection. World Vision has focused on improving living conditions of IDPs within the UNMISS Protection of Civilians (PoC) base in Malakal. World Vision has also provided family tracing and reunification services for children who have been separated from their families. While the Communications team continues to provide resources required for raising awareness, the Advocacy and Policy team has developed key messages on food crisis, protection of civilians and child protection. Planned programming is well aligned with needs identified by communities as well as OCHA updates. An area many staff and external partners have noted as a gap is a response to the growing health issues.

BELOW: Maricel and her friends in Leyte, Philippines, were determined to recover after Typhoon Haiyan. Together they started a business selling barbecued food. Cash for Work schemes in the area have allowed parents to make a temporary living, and send their children back to school. ©2014 Florence Joy Maluyo/World Vision



Accountability

How accountable is World Vision to the people they are serving in this response?

“We know that World Vision listens to many people from this barangay who raised concerns. We know that those who sent SMS about their concerns received reply. We also know that there were a number who had put written complaints in the Feedback Box that they were excluded on the first list for shelter and, after the actual visit to their damaged house, they were included in the second updated list.” (Haiyan Response community members)

“We had a problem with one of World Vision’s staff last year. That person was unable to communicate with our staff and was culturally inappropriate. World Vision took appropriate measures and made that person redundant as soon as we voiced our concerns. This is why I like World Vision. They value us as partners and respond to our suggestions”. (Syria Response local partner)

“Every time the phone rings, I get startled because it might be World Vision Lebanon wanting to inform me that I am excluded.” (Syria Response male community member)

“World Vision Jordan does not make promises that it can’t deliver. It’s staff are approachable and responsive.” (Syria Response external partner)

Of the three Responses with RTEs, only the Haiyan Response has purposefully designed and implemented accountability mechanisms for beneficiaries. While the

Syria Response has examples of accountability elements, these were not systematically put in place at the start of the response.

Haiyan Response: The Response designed and implemented impressive accountability mechanisms to ensure that community members have the opportunity to provide feedback and that that feedback influences how the programme performs. This is particularly effective in allowing feedback on beneficiary selection and reducing the tensions associated with this. The timely presentation and use of beneficiary feedback as a management tool are also commended. That said, there is a need for staff to be able to provide accurate information about the programme and its timeline – and to explain clearly about World Vision’s identity and mandate are possible areas for improvement.

Syria Response: Examples of good practice in some areas of accountability were found in each country though there is as yet no systematic processes in place to ensure adequate information provision, consultation, participation, and complaints and response mechanisms for IDPs, refugees or host communities. Softer types of interventions such as protection and accountability, including ensuring consultation of affected people in programme design, or peace building activities are areas that have only recently been planned and integrated.

South Sudan Response: The RTE for the South Sudan Response did not examine accountability practices.

BELOW: Boys from Syria play in the Lebanese winter.
©Ralph Baydoun/World Vision





Management effectiveness

Are we achieving what we planned and working in the right way?

“They’ve been a strong agency – they’ve actively participated in the clusters and the Regional Humanitarian Country Team.” (Haiyan Response external partner)

“World Vision supports the survivors of Yolanda and their staff are dealing with us in a very pleasing way and we are thankful for that... I appreciate that [World Vision] staff are good-natured and patient in explaining to us... in one instance, staff from another agency seemed to be annoyed when I asked some questions.” (Haiyan Response village partner/leader)

“World Vision staff are helpful and organised and treat us with respect.” (Syria Response community members)

“Line management is getting sabotaged. People (external to the Response Team) are interfering in line management to a degree that should not happen. Too many people want to know details. The response is almost a year old and still very political.” (Syria Response staff)

“Everybody should know that there are people in the field, risking their lives, working hard. What is being done to support them?” (South Sudan Response staff)

“Protection mainstreaming was very good and a great value added to the cluster and the protection partners.

It was a very exciting initiative lead by World Vision. The roll out of that was great because there was dialogue with the cluster and they came up with something that was useful for other partners as well.” (South Sudan Response external partner)

“World Vision global advocacy is well reputed and could even be more important than local programming sometimes.” (South Sudan Response external partner)

“Everybody is tired and sometimes mistakes happen. A simple call to the cluster lead could more easily fix things rather than writing an angry email.” (South Sudan external partner)

For the most part, all three Responses have been achieving their targets during the time of the RTEs. External coordination has been an area where the three Responses have excelled, especially in working with government bodies and other NGOs, as well as in participating in sector clusters. There have been internal coordination challenges, especially in communicating details of Response initiatives, although this has improved over time.

Haiyan Response: The Response has been successful in meeting, if not surpassing, its targets especially during the relief phase, although there has been delays at the start of the recovery phase (due, in part, to a longer than expected amount of time required for assessment and planning). Stakeholders have noted the remarkably good relations between the Haiyan Response Team management and the

National and Regional Offices. The use of the Emergency Management System is also seen as a positive. Decisions about the scale, scope and structure of the programme have been vindicated. External coordination has been strong, particularly with local government and the sector clusters. It was noted, however, that bilateral relations with other local and international NGOs are less well developed. Internal coordination and communication remains a particular challenge for this large, complex multi-sector programme which operates in multiple locations. Likewise, high staff turnover and short contracts has been cited by numerous respondents as a weakness of the programme.

Syria Response: The three countries are mostly achieving their plans in terms of the number of people reached and the types of goods and services provided. They however work in environments where humanitarian needs continue to outstrip the resources of the many humanitarian actors responding. The Response was hampered until internal capacity development caught up with World Vision's rapid programme expansion, which has taken time. Operations grew quickly especially after World Vision declared a Category III response: staffing increases, staff technical capacity development, adjustment to structures and the strengthening of systems. Systems strengthened included finance, logistics, human resources, communications and reporting, design, monitoring and evaluation. To further effectiveness, staff recommended that more cooperative arrangements between the three countries be put in place to make the Syrian Response 'one response'.

South Sudan Response: Given the circumstances faced by the Response (e.g. low capacity of staff, complex context, and poor access) it seems that RTE respondents are generally pleased with it. All of the interviewed staff were proud of World Vision's presence in South Sudan, and most respondents mentioned the strong non-food item (NFI) and food programmes, often using the term "live-saving activities". Effectiveness has been hampered due to the complex external context. But internal organisational issues such as staffing, funding mechanisms, and logistics have played their part in reducing the effectiveness of this response. Most external partners have been impressed and happy to work with World Vision. Some have expressed that World Vision South Sudan came to the table with more money and more technical skills than the previous actors, even if they were late to the table. However, World Vision needs to work on its communication and transparency with partners and within clusters.

PREVIOUS PAGE: Marcelina's home was destroyed by Typhoon Haiyan. World Vision's shelter project has provided a home for her and her six children, allowing Marcelina to rebuild her family's life and her livelihood. ©Florence Joy Maluyo/World Vision

OPPOSITE PAGE: Jumar (2nd from right) was displaced by the civil war in South Sudan in 2014. He and his wife care for his two children and three step-children. ©2015 Melany Markham/World Vision



Sustainability

Does the response link to longer-term programmes and DRR?

“How long will you be here? We would like to build back better, and would like to have investment for the long-term.” (Haiyan Response external partner)

“If you help me get work, I'll cover the costs of everything” (Syrian Response refugee)

“World Vision should consider cash transfers for example instead of diaper distribution. They should focus on the longer-term need of Syrian refugees as it seems the crisis is not finishing anytime soon.” (Syria Response external partner)

The one area that seems to be a relative weakness of the Responses is sustainability. More effort needs to be done, in DRR, advocacy, and other areas that address the long-term needs of those affected by the emergencies.

Haiyan Response: While relations between the Response and National Office have been good, there are clearly areas where longer term planning could identify and better exploit potential synergies – particularly in relation to areas such as microfinance, Disaster Risk Reduction (DRR) and child trafficking. Humanitarian advocacy could also be more fully developed with collaboration between the two management structures. The process of developing stronger links with Area Development Programmes has begun – but needs continuing emphasis. During the time of the RTE, the development of a DRR strategy was about to begin. This process should begin to answer questions

about sustainability particularly in relation to proposed DRR capacity building with the local authorities, which are part of the programme strategy.

Syria Response: Sustainability in the Syria crisis is a major challenge given the ongoing conflict and restrictions on our ability to operate in an insecure context. It is clear that refugees will be in Lebanon and Jordan for a long time. The nature of the crisis in the three Syrian response countries has led to reactive programming that focuses on immediate needs with little attention, until recently, to the longer-term. The focus is primarily on handouts and infrastructure with little involvement of affected people in the work. Refugees and host community families have tended to be recipients of aid rather than partners in joint work that could benefit people in the short and longer-term. That said, there are examples within the three countries of programmes that build, supplement and reinforce existing structures that can be sustained beyond the response. These include the WASH projects within schools in Jordan, the work with the water establishment in Lebanon, and the work with municipal water authorities in Syria to supply water in two municipalities. Plans are being defined for expanding these more sustainable interventions though they are not yet implemented. While World Vision is starting to look forward on longer-term and more sustainable programming and pre-positioning to provide long-term assistance, the donor landscape for support to either development or response work is not clear.

South Sudan Response: The RTE for the South Sudan Response did not examine sustainability related matters.





Lenses

Sustainability: After World Vision finishes one of its long-term development programmes, a key question is whether the changes are sustained. Three years on from the closure of the East Kaolack ADP in Senegal, we found that the gains in water, health and education had been largely sustained by the communities. However, in the areas of sanitation and support to HIV affected people, these had not been sustained, reportedly due to lack of ownership.

Value for money: 13 evaluation reports were assessed to analyse how well our current reporting practice shows evidence of economy, efficiency, effectiveness and equity. Findings showed good reporting on effectiveness and some on equity but our current reporting system means we don't systematically assess economy and efficiency.

Accountability: Progress has been made in the way World Vision shares information with communities and in ensuring participation in projects. Some progress is seen in administering feedback and complaints mechanisms and how these need to be followed up on to support effectiveness.

Quality of Evidence: A three-year trend analysis study shows some incremental improvements in the how effectively we measure our impact. The areas of greatest need for improvement are in including beneficiaries in the evaluation process and reporting on contribution of World Vision to the changes observed.

Sustainability – what our ex-post evaluations are telling us

One lens we use to examine our programming is the extent to which, after the end of our activities, the impacts will be sustained. In fact our working definition of impact is 'sustainable change' and using this lens we are aiming to better understand what happens after we have left. In this section we summarise the findings of two retrospective, or 'ex-post', evaluations conducted in our 2014 financial year and covering our East Kaolack ADP, which closed in 2010, and our response to the Asian Tsunami of 2004.

Ex-post Study of East Kaolack ADP, Senegal (1995-2010)

Our long-term Area Development Programmes (ADP) include a focus on building communities' abilities to sustain key development gains to become drivers of change. In November 2013, World Vision revisited East Kaolack ADP in Senegal, an ADP which closed in 2010, to conduct a post-transition evaluation and listen to people's views on what has changed and what has stayed the same.

The programme, covering three rural communities in Kaffrine region, was focused on improving WASH, health care, nutrition, resilience, education, community natural resources and the environment, with a particular focus on the well-being of women and children. The chart on pages 63-4 draws directly from the evaluation reports to compare the achievements at the end of the programme (in 2010) and at the point of the ex-post evaluation (2013), using a traffic light, 'red, amber and green' (RAG), rating where further improvement has occurred and where there have been setbacks.

What this table, and the RAG rating, highlight is that of course World Vision's activities are only one factor in a complex array of determinants of the communities' health, education and resilience. The one sector with an amber rating, that of household resilience, is arguably one in which World Vision made the most contribution, but with external factors (the reduced rainfall of 2012) contributing to a reversal. We do not have a counter-factual in this case, but we can reasonably assume that, without World Vision's contribution, the reversal might have been even greater. By the same token, some of the areas highlighted green (continued improvement in health and education, including access to water) have more than likely been very much down to other actors, most obviously the Government of Senegal. For future ex-post evaluations, we need to more explicitly address the issue of contribution. However what the evaluation did include was some analysis of those community dynamics that appeared to be integral to an overall picture of sustained impact:

- Better community participation in development activities: The Community Based Organisations (CBOs) have proven key to the continuation of the major achievements, and their role in the sustainability of the effects of the intervention is clear to the communities. It is for this reason that new CBOs continue to be created in the intervention area, and income generating activities are replicated in new areas.
- Local leadership development: sustained project progress can be seen through the work of an overarching body (PENC) created as part of the intervention in order to better coordinate and manage



LEFT: Fada, watches her mother pound millet at home in Senegal. Having a borehole nearby means Fada's mother no longer spends hours collecting and carrying water each day. © Karen Homer/World Vision

What was achieved during the programme implementation	What has happened since World Vision's departure?
<p>Water: By end of project, 80 percent of the population had year-round access to improved water (through an increase from 3 to 52 boreholes during the programme).</p> <p>World Vision also supported the Association for Borehole Users to further their ability to manage the water sources.</p>	<p>The proportion of households that had year-round access to improved water further increased from 80 percent to 89.5 percent; an improvement which was accompanied by an observed reduction in diarrhoeal disease. In 2014, 92 percent of the population were using 15 litres or more per day, and 47 percent of households were accessing piped water.</p>
<p>Sanitation and hygiene: Hygiene sensitisation led to the creation of community cleaning and sanitation committees, and led to an observed reduction in incidences of malaria and diarrhoea.</p>	<p>The sanitation committees did not continue and collective hygiene and sanitation activities ceased.</p>
<p>Health: Prenatal consultation increased from 40.8 percent in 2007 to 54 percent in 2009, and the death rate at birth decreased from 4.9 percent in 2003 to 1.6 percent in 2009.</p> <p>During the programme World Vision had contributed to an increase in health posts (from 2 to 3) and health huts (4 to 24) and provided support to the health committee, to further their ability to manage the health facilities.</p>	<p>Additionally since World Vision's departure, communities have made prenatal consultation and deliveries in the hands of qualified professionals compulsory. Extension of access to quality health care and improvement in nutrition have led to considerably improved maternal and child health.</p> <p>The communities have taken ownership of nutrition screening and referral activities, which are now well planned and implemented without the need of any external inputs. Focus group discussions revealed that these follow-up and house-visits have also improved dialogue around family, and have reduced the number of non-spaced births.</p> <p>In the years since World Vision withdrew, the communities have built two new health huts, two maternity wards, two health posts, two houses for Head Nurses and one for the midwife.</p>
<p>HIV: The programme worked with the Sports and Culture Association to conduct sensitisation activities on HIV using the peer educator approach, and also conducted condom distribution and voluntary screening.</p>	<p>The Sports and Culture Association was not sufficiently prepared for World Vision's transition out of Kaolak, and were anticipating further support in order to continue their activities. Lack of ownership of these activities by the Association and communities has meant that they have not been continued following World Vision's withdrawal.</p>
<p>Education access and infrastructure: Enrolment rates between 1996 and 2010 increased for boys from 57.3 percent to 65.7 percent and for girls from 71.5 percent to 78.4 percent.</p> <p>During the programme the number of primary schools increased from 7 to 30.</p>	<p>Focus group discussions with community members revealed that they strongly believed that access to education had continued to increase, and that the school environment and retention of students (especially girls) had improved.</p> <p>Local communities with the support of technical and financial partners have put in place six classrooms, one administrative block and six school latrines.</p>

Table 6: Sustainability of interventions per sector (continued overleaf).

What was achieved during the programme implementation	What has happened since World Vision's departure?
<p>Education: Support to the School Management Committees and Parent Teachers Associations Supported the implementation of Children's Clubs and School Governments, thereby encouraging children's participation.</p>	<p>Communities have greatly contributed to increased involvement in school management through these groups. Moreover, some School Management Committees undertook door-to-door sensitisation campaigns to enhance school enrolment, and children have also taken part in the sensitisation of their peers through drama (sketches) performed by the Children's Clubs.</p>
<p>Household Resilience: The number of households that could cover their food needs from their own production and income increased from 14.4 percent in 1996 to 22 percent in 2010.</p> <p>Utilisation of village banks increased by 83 percent between 2005 and 2009, with 85.4 percent of customers being female.</p> <p>27 cereal banks were created, and support provided to the management committees.</p>	<p>The percentage of households that could cover their food needs from their own production and income fell from 22 percent in 2010 to 14.8 percent in 2012.</p> <p>In 2012, Senegal suffered from a reduction in rainfall (down 20 percent from the previous five-year average) which resulted in much reduced agricultural production and marked food insecurity. The ex-post evaluation did, however, reveal that the cereal banks, village banks, and the Income Generating Activities that were promoted by the intervention were still in existence, were becoming still increasingly popular, and did continue to strengthen the resilience of households to shocks such as that of 2012. Furthermore, the evaluation revealed that in the years since World Vision's withdrawal, some of the resilience activities such as the production of improved jujube had even spread beyond the original area of intervention to additional villages.</p>
<p>Natural resource management: Improved natural resource management and environmental protection through awareness raising activities with the communities and training of local farmers to better harness improved techniques.</p>	<p>Communities continue to better manage natural resources and the environment through the reduction of cutting and improvements to soil fertility. This has contributed to the strengthening of households' resilience through the increased agricultural production, increased availability of firewood, and the reduction in the costs associated with obtaining butane gas. Savings have enabled households to better provide for their food needs.</p>

Table 6 continued: Sustainability of interventions per sector

the work of these CBOs in each sector. Since World Vision transitioned out of the area in 2010, PENC had actually obtained the status of NGO, and has been working with local government and rural advisors to continue to sustain the achievements attained. PENC is an example of true community leadership, as, through negotiation and networking, it has a great influence on issues which directly affect the community, such as setting water prices, setting the cost of health access, and cereal bank management.

- Protection and participation of children and women: Children were still able to identify the major problems which affect them (including early marriage, family conflict which result from the teenage crisis, unwanted pregnancies mainly in the school environment, illiteracy and the non registration of births) and knew where to go in the event of cases of abuse. Many of the programme activities were undertaken with the aim of enabling the involvement of women in Income Generating Activities. Many of these still continue today, and, in the intervention area, women have become key stakeholders in market gardening, goat breeding, and small trade. Income drawn from those activities enhances their empowerment and enables them to better feed their children.

Ten years on from the Asian Tsunami

The powerful earthquake and subsequent tsunami that hit the shorelines of countries in the Indian Ocean on December 26th 2004 claimed the lives of about 125,000 children. Many more children's lives were changed forever by this devastating rapid onset disaster. World Vision reacted with a multi-sector response targeting numerous communities in some of the countries worst-affected by the disaster.

Ten years on, our global Humanitarian and Emergency Affairs team returned to talk to the young people who were affected to listen and learn from their reflections on their experiences. The interviews and focus group discussions included a total of 251 young people from Indonesia, Sri Lanka, India, and Thailand. Using an inductive approach, themes were first discerned by country, and next, across countries for overall perspectives on the impact of relief efforts. The key findings were:

Across countries, the key activities that ensured young people's survival were securing shelter, finding food, and receiving clothing. World Vision and outside NGOs tended to initiate these activities. In India, young people

also emphasised the importance of financial assistance to ensure their survival. In Sri Lanka, young people mentioned benefitting from medical attention and access to clean water.

However, not only did securing shelter feature as one of the key activities in ensuring survival, but it also came out as one of the activities which had long-lasting impacts on young people and their families across countries. The activity commonly mentioned as having this long-term impact was participation in educational activities.

“We received assistance for housing which is still useful today.” Indonesia.

Obtaining resources for employment and livelihood was especially useful in Sri Lanka and Thailand.

“Boats, engines and nets were given by NGOs to re-start our income generation activities.”

Sri Lanka.

“Dried fish preservation training is useful to me and now I am doing that work” Sri Lanka.

In Thailand, participants also noted that after receiving help from organisations and assisting one another, their community gained an increased sense of togetherness which has remained strong over time.

The evaluation also sought to differentiate between the activities which had the greatest impact on youth and those impacting families. Across countries, World Vision's educational activities and materials had the most impact on youth. These activities helped young people process how the effects of the disaster could have a direct impact on their futures. Additionally, in Indonesia, most young people participated in World Vision's Child Friendly Spaces (CFS) and recalled positive experiences associated with the programme.

“World Vision formed teen groups and I was the leader for the group in my village. I felt appreciated when my advice was taken seriously and accepted by the members. The activities of the groups were sport competitions. The groups existed for about three years.” Indonesia.

World Vision's aid in helping families secure shelter was cited as a significant impact on participants' families across countries. In addition to shelter, the World Vision services with the greatest impact on youth's families varied slightly by country. In India, families appreciated participating in educational activities and receiving medical assistance, while among Indonesians, food assistance had the greatest impact on young people's families. Young people from Sri

Lanka and Thailand, on the other hand, cited receiving resources for employment as important services to impacting their lives.

Young people in all countries would like to help prepare for future disasters by setting plans in place before a tragedy occurs and assisting with educational and awareness efforts to increase their community's knowledge of disasters. Across nations, young people would like to be involved in relief efforts following a disaster. Young people from Sri Lanka would like to provide social support to those in need, and those from India and Indonesia would like to respond by rescuing others and rebuilding their communities. In Thailand, young people suggested helping with disaster preparedness training and community restoration efforts.

“After the tsunami, with support from adults and families, youth gained knowledge about disaster relief by planting mangroves to reduce the intensity of the waves. Today, youth participate in mangrove reforestation activities in their communities.” Thailand.

Young people in India also desire to act as intermediaries between community members and help.

“I had attended WorldVision’s training programme on disaster risk reduction. After that I’m confident I would at least be able to save two people from my neighborhood.” India.

Amongst the positives, there was a salutary reminder that our support was a drop in an ocean. Young people in India and Indonesia suggested that World Vision could better support children affected by disasters by responding more quickly and providing educational assistance and activities, medical assistance, and food.

OPPOSITE TOP: Jintana and Patipat with their son Korawit, 7, display their crops. After a tsunami damaged the hotel where Patipat worked in Thailand, the family received farming equipment and chickens. ©2014 Albert Yu/World Vision

OPPOSITE BOTTOM: Korakod, 11, is a sponsored child. Her father Kamonporn lost two jobs when the tsunami struck. He has since received training on new agriculture and irrigation techniques to improve his farming income. ©2014 Albert Yu/World Vision



Accountability to communities – empowering communities to enhance impact

Another important lens we use to examine the impact of our programming is the extent to which World Vision is accountable to those most affected by our activities - the 'beneficiaries'. We recognise that the label 'beneficiary', while technically useful, is evocative of the very real inequalities of power and capabilities that ultimately drive poverty, and which we constantly grapple with as a large international NGO seeking to walk alongside marginalised communities. To take a small step towards redressing this power imbalance, World Vision UK aspires to become more accountable to the communities with whom we partner. We believe that this not only contributes to more empowered communities but also more immediately allows us to adapt our programming to better target community needs, and contribute to greater child well-being. We are still learning how to do this and, across the next few pages of this report, we outline a number of initiatives we are trying out in both development and emergency response.

BELOW: Seyha, 10, helps her parents with the string beans and corn. Her mother received a loan and agricultural training from World Vision in Cambodia. ©2015 Vanndeth Um/World Vision

Accountability in Community Development

In 2011, World Vision UK initiated a set of Accountability4Development (A4D) pilots to generate greater evidence and experience in translating World Vision's standards for being accountable to communities into practice in long-term development programmes. These standards include transparency, how we share information with communities, how we consult and ensure their participation in programming and how they can hold us to account through feedback and complaint systems. The pilots took place in Cambodia, Bolivia, Honduras and Zimbabwe.

Overall, the A4D pilots were found to enhance World Vision's transparency and, as a result, improved relationships with community members. The pilots also led to strengthened participation and consultation particularly with groups which had not previously been very involved such as children. Whereas the reports show room for improvement in these areas and changes were not uniform across all sites, the biggest weakness was in collecting and acting on feedback and complaints.



Honduras: Impact

The A4D pilot was implemented in Western Honduras, encompassing five municipalities and approximately 50 communities. The evaluation report demonstrates that the A4D project strengthened information provision with 72 percent of respondents reporting that World Vision implements projects transparently compared to 56 percent at baseline.

“Now through the town council meetings, people understand how World Vision works and therefore misunderstandings don’t occur”

Community Member

Positive findings also demonstrated improvements in consultation and participation with an increase of people agreeing that World Vision always encourages the participation of children and young people in projects (from 48 percent to 75 percent). There was also an increase (from 37 percent to 63 percent) in people agreeing that World Vision always uses information or suggestions from community members in its projects.

On the other hand, the evaluation found that collecting and acting on feedback and complaints was not fully systematised. A well functioning feedback system is critical to the organisation being held to account and answerable for its actions. When community members were asked who they would report to if they were unhappy with World Vision’s actions or processes, more respondents at evaluation (59 percent) than at baseline (51 percent) stated ‘Nobody / no institution’.

“They gave us a suggestion box but they didn’t tell us what it was for, and we don’t know where it is”. Community Member

Positively though, the evaluation pointed to a ripple effect from World Vision strengthening its own accountability. Local authorities placed a greater emphasis on town hall meetings, having appreciated their effectiveness as a means of information sharing and outreach to the wider community. Further, as a result of this project, some community based organisations have also started sharing project information, including financial data, with community members.

“It was agreed in the [community] meeting that, once a year, each organisation that has a space in the community must present the projects it will implement”. Community Member

As a common theme across all the A4D pilots, staff commitment improved after exposure to practices and benefitted from strengthening accountability to communities.

“As World Vision Honduras we’ve really seen the added value of the A4D pilot project... Essentially, through the A4D processes, greater trust and community empowerment has been generated and it is also now possible to identify potential conflicts at an early stage and work to prevent them”. World Vision staff member

While appreciating the benefits, across the pilots, staff pointed to the need to integrate practices into existing ways of working. For example, staff in Cambodia found ‘Listening Benches’ very time intensive and the practice of intentionally asking for feedback could instead be built into their existing ‘overnight stays’ in communities.

ZIMBABWE ACCOUNTABILITY FOR DEVELOPMENT PILOT

“The community now appreciates issues of joint planning as this helps to clarify the plans, roles and members will learn from each other.” (Male)

“When consulted, usually we prioritise our needs and the projects are sustainable, they don’t fail!” (Male)

“We have been consulted through meetings, face-to-face dialogue, phones and local leadership.” (Female)

“We want our own noticeboard at the school in a child friendly environment and posters in our classrooms.” (Girl)

“The community met with World Vision and agreed on activities such as dip tanks, schools, and rehabilitation of some structures and boreholes.” (Male)

“We were consulted on where to site the school garden and to give ideas on the source of water.” (Girl)

“World Vision is supporting us and the community.” (Boy)

Cambodia A4D Pilot

Movie Night was conducted in three villages, giving information about World Vision and its programmes followed by a movie: a good way of bringing together community members to share information, and have fun.

World Vision UK is drawing on this experience and leading a consortium commissioned by DFID to support NGOs across six countries to pilot different approaches to beneficiary feedback. This will provide further practical guidance of the sector, and begin to test assumptions about beneficiary feedback, improving decision making, and therefore the effectiveness, of NGOs. In parallel, World Vision has launched a new set of Accountability Learning Initiatives in four countries, with an expanded focus on how to strengthen accountability to communities when working through partners and alliances.

Accountability in emergency response

After a disaster, the power gap between aid agencies and the affected population is particularly acute. World Vision UK prioritises systems for accountability in planning for response activities.

The benefits of accountability were seen in the Haiyan response where significant resources were dedicated to accountability initiatives. This included support for a World Vision partnership with Radio Albante, a humanitarian broadcasting station, that disseminated information about relief and recovery efforts, and encouraged citizen journalists to report on and bring about improvements in the response.

Typhoon Haiyan: Impact

This was one of the first experiences of World Vision fully integrating accountability to affected populations into its response strategy and planning documents. This helped ensure that accountable practices were adequately resourced, sustained and reported on. An End of Programme Evaluation will establish if and how accountability mechanisms have contributed to tangible programme improvements and increased community satisfaction. At this stage, monitoring has found that mechanisms have:

- Improved targeting - feedback systems led to a 10 percent to 40 percent change in the names on initial beneficiary lists for shelter; increasing confidence that World Vision was reaching the most vulnerable.
- Improved relevance of programming - engagement led to the development of a selection of livelihood support packages for families to choose from according to their needs and skill sets.
- Guarded against unintended harm from our interventions – The Real Time Evaluation (referenced in the Emergency Response section) found that transparent and participatory beneficiary selection processes were perceived by community members to reduce instances of conflict and jealousy. In addition, feedback systems notified World Vision of concerns, for instance allowing it to take immediate corrective action when the Cash for Work participants raised concerns about the adequacy of safety equipment.

However, despite achievements in these areas, the Real Time Evaluation in April 2014 and the Assessment in June 2014 found ongoing gaps in information reaching children, as well as their engagement in decision making and ability to provide feedback. Children have clearly highlighted their need and desire to have an understanding of response activities and to have their voice heard and agency recognised in helping community recovery efforts.

World Vision shared information via a variety of channels to reach a wider number of people, including through community meetings, tarpaulins, notice boards, information flyers and radio. This helped fulfill communities' right to know who we are, our plans, how beneficiaries are selected, and commitments we can be held to account to. Mechanisms such as text messaging (SMS), Feedback Boxes, Help Desks and community meetings were also put in place for community members to notify World Vision of any suggestions and complaints.

LEFT: During its response to Typhoon Haiyan World Vision established Help Desks at every distribution. This allowed community members to ask questions and provide feedback on World Vision's support.

© World Vision



Value for money – do our evaluation systems currently enable us to capture this?

A number of influential donors, most notably DFID, have encouraged the use of the 'lens' of Value for Money (VfM) to identify which approaches realise the greatest possible value with the money available. While there are risks that this lens can obscure the longer-term or harder to measure benefits that our programming creates, as World Vision UK, we welcome the opportunity to be more accountable to our institutional and individual donors, and reflect on how we can maximise our impact with the resources entrusted to us. We define VfM as 'maximising long-term value for the most vulnerable children with the available resources' and, in operationalising the concept, we find helpful the approach of the Independent Commission on Aid Impact (ICAI), that of understanding VfM to be a balance between four components: adding a fourth 'E' (equity) to the traditional three 'E's of value for money (economy, efficiency and effectiveness)⁴².

However operationalising a holistic approach to VfM is challenging. As part of our experimentation of how to apply this lens, we developed and piloted in 2014 a VfM assessment tool for a total of 11 projects: a mix of sponsorship funded community development programmes and institutional grants (including for emergency responses). We found that this experiment was more revealing of our ability to measure VfM rather than of our VfM as such. However, we believe that sharing the results of this pilot will be useful for others exploring how best to measure VfM.

The assessment was conducted by a team of independent volunteer assessors who used project evaluation reports as sources of evidence to rate each project against the four E's using a total of 13 factors based on a 5-point Likert Scale from 0 (minimum / limited presence of) and 4 (maximum / ample presence of), all with equal weighting. A total of 11 projects were assessed (See page 72 for the analysis).

Table 7: VfM Indicators measured for each of the 4Es

VfM dimension	Dimension description	Indicator
Economy	Given the programme cost drivers how did we ensure we minimised costs?	Benchmarking
		Local procurement
		Pooled overheads
Efficiency	Given the programme costs drivers, how did we ensure costs per beneficiary were minimised?	Effective partnering
		Strategic decisions around locations and balanced costs with needs/benefits
		M&E costs were appropriate and balanced rigour with effectiveness/need
Effectiveness	How effective was the programme in achieving sustainable impact?	What is the overall cost and the number of direct and indirect aid recipients?
		Effective beneficiary feedback mechanisms and an adaptive programme
		Aid recipients perceive improved well-being
Equity	How well did the programme reach the most vulnerable?	Evaluation evidences real change
		Is the geographical location one of the poorest?
		Within the location, how well did the programme understand and address the needs of the most vulnerable?
		How effectively did the programme disaggregate targeting and impact on various social groups?

⁴²Independent Commission on Aid Impact (2011) ICAI's Approach to Effectiveness and Value for Money, page 4, available at <http://icai.independent.gov.uk/wp-content/uploads/2010/11/ICAI's-Approach-to-Effectiveness-and-VfM.pdf>

Economy

The economy element of the value for money assessed the extent to which overall project input costs were minimised. The low ratings reflect that, in the current World Vision reporting system, there is not yet a format for documenting whether cost savings have been made. We know through other reporting mechanisms that costs savings are happening. For example, our East Africa Region has just completed a review identifying a total of \$1.8 million cost savings as a result of implementing Lean and Six Sigma Process Improvement. However, these savings are not documented in project evaluations. What was documented in four projects was benchmarking: comparing costs with previous experience or similar projects.

Efficiency

The efficiency element analysed how project cost drivers minimised the cost per beneficiary. The findings show that approximately half (5 out of 11) of the World Vision projects reduced costs by partnering with agencies that shared similar goals. One indicator was whether the M&E costs were appropriate and balanced rigour with effectiveness/need, and only one project, the Typhoon Haiyan emergency response, clearly demonstrated this. Due to lack of documentation, the overall costs were rated low for most (10 out of 11) projects.

Effectiveness

The effectiveness component analysed whether the programme is achieving sustainable impact, including the perspective of beneficiaries. There were mixed results

across the sample. Around 30 percent of the projects had plausible evidence of either a formal or informal beneficiary feedback mechanism in place, with the majority having just small elements. Over 75 percent of projects had beneficiaries self-reporting their perceptions of overall well-being. Just over 50 percent of projects reflected that 100 percent of goals and outcomes were met.

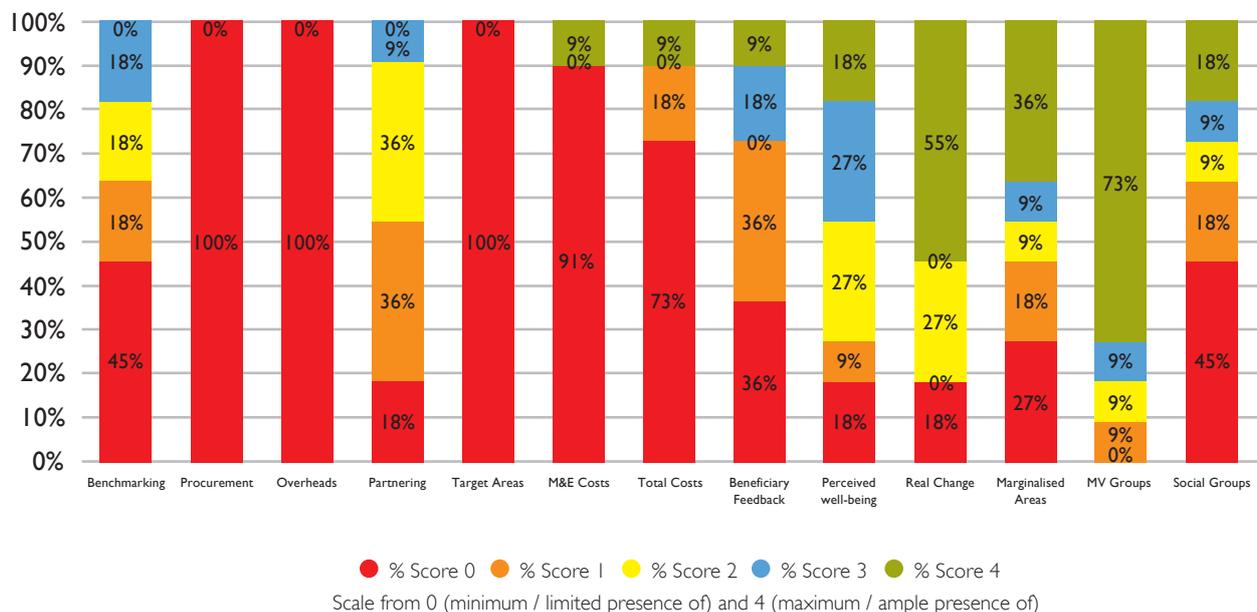
Equity

The equity component measures how well the project reached the most vulnerable. Approximately 55 percent of the projects had strong evidence of targeting the poorest geographic areas. The majority of projects (9 out of 11) targeted the most vulnerable groups. There was more limited evidence regarding targeting different social groups within the most vulnerable category with only four out of 11 projects having scores two and above.

Conclusion

Overall, this review has demonstrated that our current evaluation reporting approach covers both the effectiveness and equity of our programming, but not the efficiency and economy. Due to the different criteria used in emergency response evaluations, the tool should be adapted to emphasis speed, quality and cost. Broadening the number of documents to be reviewed for all projects (including approved Proposals and Project Design Documents but also national and regional level business process reports and audits), will give a fuller picture of where we are doing well and help us to focus our efforts in enhancing VfM.

Figure 4: Value for Money - Analysis of 13 factors and 4 elements



Quality of evidence – three years on since starting to use the BOND evidence principles

This final lens is probably the most fundamental. Our analysis of and reporting on impact is only as good as the data that it is based on and, as such playing our part in increasing the quality of our evidence across the whole World Vision partnership is a major priority for World Vision UK.

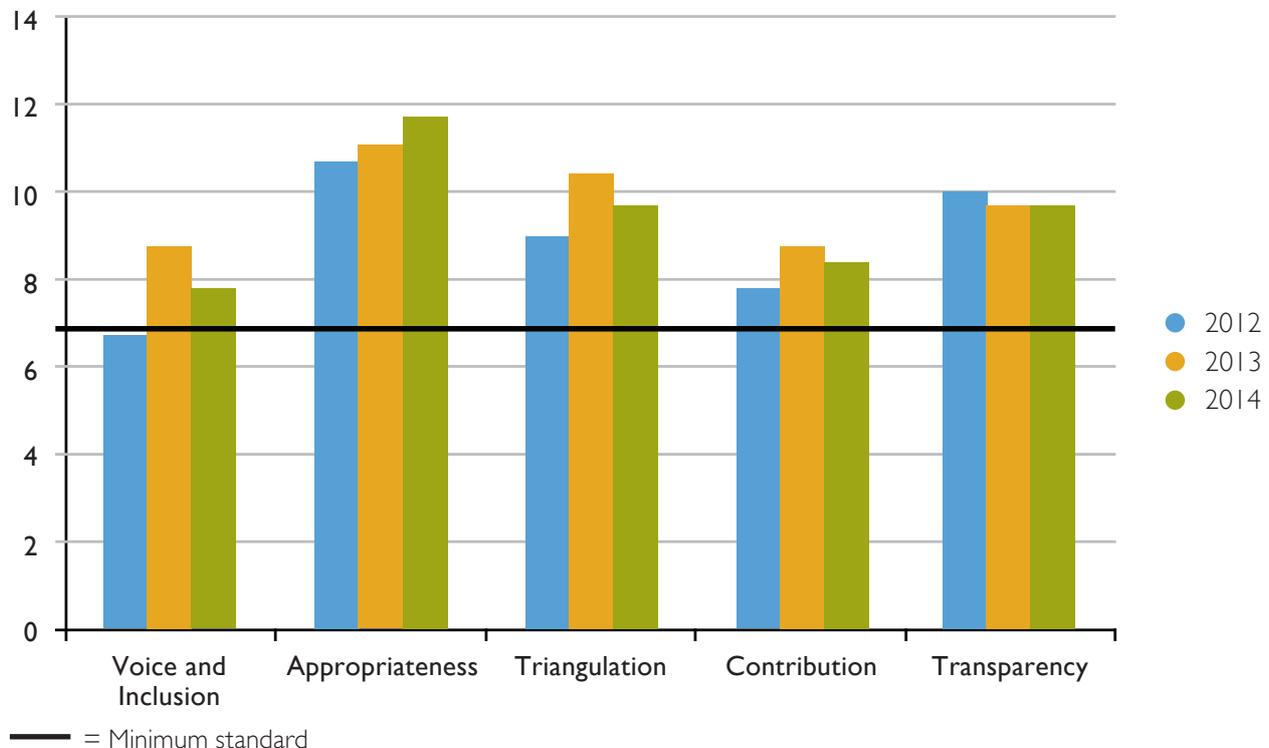
A very helpful tool in evaluating, and indeed catalysing, progress is the 'BOND evidence principles' and checklist⁴³ which World Vision UK helped develop and pilot. We have now been using it for three years, applying it to a total of 42 evaluation reports (8 in 2012, 18 in 2013 and 16 in 2014) and, while there are limitations, we considered it timely to start exploring trends in the quality of evidence.

The chart below shows the average scores by year for each of the five evidence principles. The black line overlaid on the graph highlights the minimum standard as defined by the tool itself.

There are positive trends across all 5 principles from 2012 to 2013. However, from 2013 to 2014 a positive trend is observed in Appropriateness only; the principles of Voice and Inclusion, Triangulation and Contribution show a slight negative trend. All principles from 2013 onwards are above the minimum standard. These year-on-year changes may well not reflect overall trends as we face the following limitations in making these comparisons:

- **Varying capacity levels in World Vision National Offices and between programmes:** Evaluations are carried out of most programmes every three to five years and, in one year, some of the strong offices or programmes may be contributing evaluations, and in other years there is a greater concentration from the more developing offices/programmes.
- **Support provided by World Vision UK** to the evaluation process has not been equal between countries and programmes due to staff availability, and this has meant that certain evaluations may have been supported through visits, others by desk review and others having very limited support.

Graph 6: Average score of evaluation reports per year against the 5 Bond Quality of Evidence Criteria



⁴³<http://www.bond.org.uk/effectiveness/principles>

Further analysis by principle

Even allowing for these limitations, an analysis of trends over time is a useful guide as to what aspects of evaluations we need to strengthen. A full analysis of each sub-principle has been carried out, however for the purpose of this report, the two principles showing the weakest results have been highlighted.

Voice and Inclusion

This chart shows that the largest number of evaluation reports across the three years fall into the 'reliable evidence' category. The strongest result is the consistency of beneficiary perspectives being included in reports (41 out of 42). The weakest areas are the disaggregation of data (22 out of 42 rated as weak) and the involvement of beneficiaries in the evaluation process (18 out of 42).

Perspectives of most vulnerable groups included: The large majority of evaluation reports are meeting minimum standards for this sub principle in that the reader can see perspectives of the most excluded and vulnerable in the evidence (in 30 out of 42 reports). There is a significant minority though, 12 out of 42, which were weak. It may be that perspectives presented did include the most vulnerable but this may not have been explicit in the evaluation report. Over time we are yet to see a reduction in the number of reports rated as weak in this category.

Contribution

The chart opposite shows that the vast majority of evaluations used a point of comparison (35 out of 42) and showed a logical link between the intervention and the perceived change (36 out of 42). Slightly fewer reports explored alternative contributing factors (26 out of 42) or explored unintended changes (27 out of 42).

Graph 7: Percentage of programmes including beneficiaries through the evaluation process

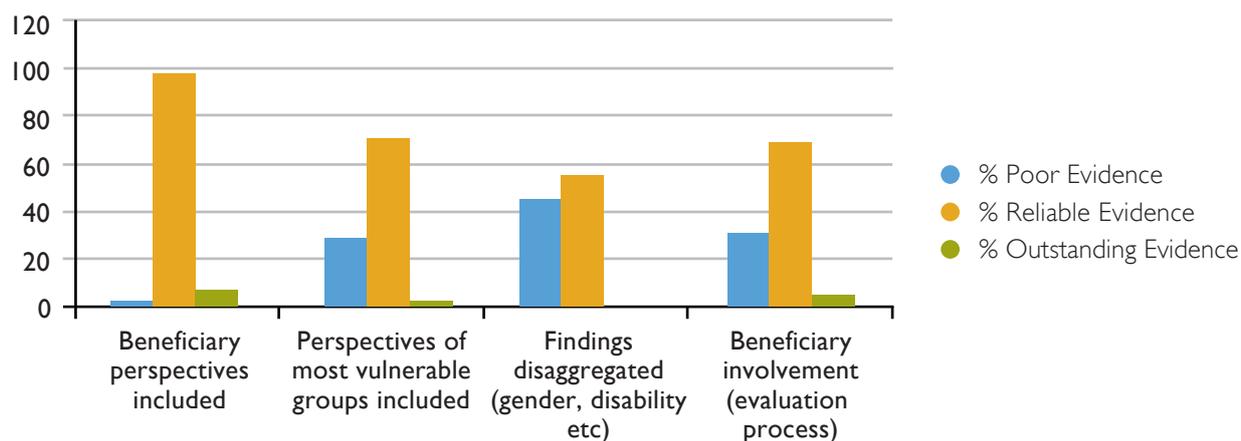


Table 9: Quality of evaluation reports by sub principle

Evaluation Sub - Principle	Standard of evidence	2012	2013	2014	Total
Perspectives of most vulnerable groups included	Weak	2	5	5	12
	Reliable	6	12	11	29
	Outstanding	0	1	0	1

Graph 8: Percentage of programme analysing contribution

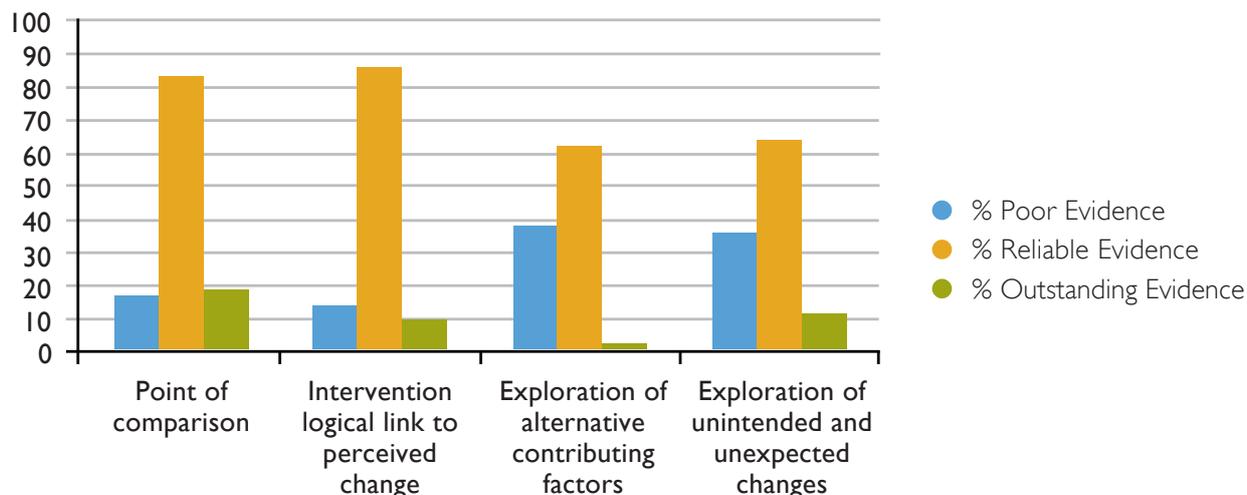


Table 10: Quality of evaluation reports by sub principle

Evaluation Sub Principle	Standard of evidence	2012	2013	2014	TOTAL
Exploration of alternative contributing factors	Weak	1	7	8	16
	Reliable	7	11	7	25
	Outstanding	0	0	1	1

The above table highlights a trend observed across many of the sub principles over the three-year period; that is of an increase in quality from 2012 -2013 and then a plateau or slight decline across the weak and reliable evidence. This trend is largely due to two reports in 2012 and two further reports in 2014 which were of an unfortunately low quality and have reduced the averages across each of these years.

Conclusions

Areas we do well on (relevant principle number)

- We score well on principle 2 appropriateness, we do appropriate studies. We use the right methods; we generally have the right sample sizes and we sample the people who have been involved in our programmes. (1a)
- Our staff and consultants generally have the right skills and characteristics to carry out evaluations. (2c)
- We use more than one method in order to verify change using two or more sources of information. (3a)
- We know that in principle we need to measure progress comparing our sample to a baseline and make claims accordingly. When it is available, it is used. (4a)
- We make connections between what happened (the intervention) and the change seen. (4b)
- We explain how we measured the change. (5a)

Where we need to improve

- We are not strong at involving the beneficiaries in the evaluation design beyond participation. (1d)
- Validation was quite weak generally, sharing the results only (minimum standard), not validating. (3d)
- We are not strong at looking at, and bringing in the perspectives of different stakeholders into analysis and conclusions. (3c)
- We are not very good at looking at alternative factors, such as the contribution of other actors and bringing this into the analysis and conclusions. (4c)
- We don't always produce a full set of convincing conclusions due to a lack of analysis and ability (or willingness) to explain what the findings mean. (5d)

Improving the quality of evidence from evaluation

Improving the quality of evidence is a collaborative exercise across the different parts of World Vision and our partners. Below we give an insight into some of the ways in which World Vision UK is working to strengthen the evidence generated by our National Offices, particularly in the quality of evaluations.

Checking the accuracy of data – the conclusions and analysis in any evaluation are only as good as the quality of the data. The photo on the right was taken in Niger where two programme evaluations (Tera and Makalondi) were taking place. Participants (including local mayors, community representatives and project partners) were asked to rank their opinions of i) how well participants in the surveys understood the questions, ii) how accurate the data collected was in terms of representing the situation in the community, iii) whether the data represented all opinions in the community, iv) their initial impressions on how effective the programme had been. This data was documented into the methodology section of the report and limitations were also included.

Aggregation of data per stakeholder

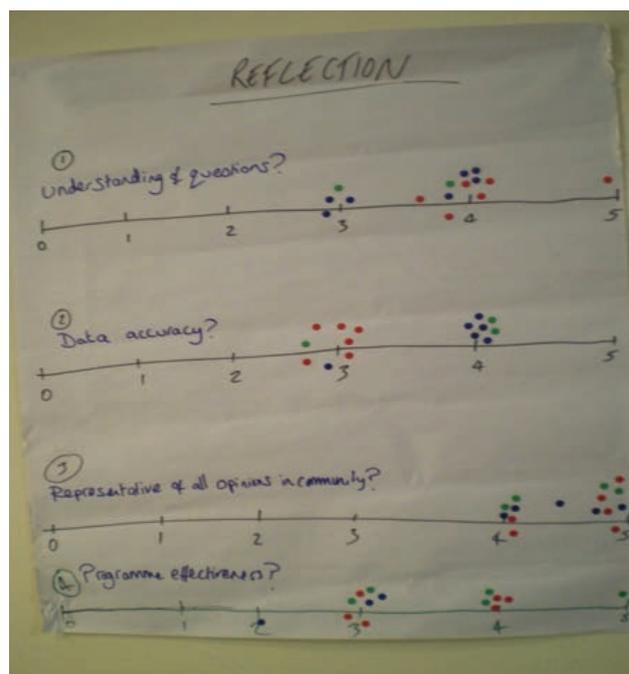
We are committed to enhancing community voice in evaluation reports, which calls for accessible tools that enable different groups to contribute their perspective and understanding of the change and causes. The picture opposite includes a group in Myanmar analysing data from the 'Tree of Change' tool. Participants identify the main changes they have observed in their community and their 'fruits', then analyse the roots (what has caused this change) and threats to sustaining this change.

Contribution analysis

In order to assess the contribution of different stakeholders to the observed changes, each stakeholder is listed on the roots of the tree (see photo opposite). A ranking exercise is then conducted where participants use stones to decide who had most influence in enabling change (10 seed technique). This result is aggregated across stakeholders and then sectors to support understanding of how change happened.

Data Triangulation: the qualitative data is then compared with household survey (quantitative) data; the photo opposite shows team members in Myanmar triangulating data between differing sources and differing perspectives per indicator in each project logframe.

These differing perspectives are then documented and validated with different audiences.



ABOVE: Reflection exercise on data quality in Niger.

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TOP RIGHT: World Vision Myanmar staff aggregating information from 'tree of change tool'. © Hilary Williams/World Vision

BOTTOM RIGHT: World Vision Myanmar staff triangulating data.

© Hilary Williams/World Vision



Conclusions

Our programming in 2014 reached nearly 8.5 million direct beneficiaries, of which over 5 million are children and 87% are in fragile states.

Drawing from evaluation reports, there is a pattern of strong progress in children's health, education and protection as well as being able to effectively reach large numbers (over a million) children in emergencies.

The Theory of Change approach has helped us reflect on how, amongst many other factors, World Vision activities have contributed to this progress. Guided by the BOND evidence principles, we are beginning to see improvements in the quality of the evidence that underpins our analysis of impact.

We have identified a number of ways in which we can further improve the quality of the data and analysis for future Impact Reports, benefitting from the independent assessment of our Impact Report made by Oxford Policy Management.

The aim of this report is to transparently reflect the successes and failures observed through implementing projects in some of the world's toughest places. An attempt has been made to highlight the voices of those experiencing poverty, and to bring clear, simple messages out from an array of complex data, helping us to listen, learn and adapt as required.

The impact we are seeing

Our programming in 2014 reached nearly 8.5 million direct beneficiaries, of which over 5 million are children, the highest we have ever recorded and with a growing proportion (87 percent) located in fragile states in line with our ambition to focus on the most vulnerable children.

Increasing consistency in World Vision's monitoring and evaluation approach, through the use of common child well-being outcomes and indicators, enables us to aggregate change across a number of programmes. Given that in each year we conduct evaluations that cover a sample of around 10 percent of our programmes, we can make tentative conclusions about the quality, or depth, of the change occurring in children's lives.

Children are enjoying better health

- 7 percent less children (aged under five years old) were underweight.⁴⁴
- 21 percent more children are being exclusively breastfed for the first six months of life.⁴⁵
- 17 percent more children are born with the assistance of a health care professional.⁴⁶
- 18 percent more children (aged under five years old) are immunised.⁴⁷

Children are better educated for life

- 22 percent more children are completing primary education.⁴⁸
- 11 percent of children have better literacy.⁴⁹

Children are better protected

- 4.5 percent more children are living free from violence, abuse and exploitation.⁵⁰
- 60 percent of children live in a more protective and caring environment.⁵¹

⁴⁴Aggregate of 11 programme evaluations, benefitting 159,136 people over an average period of 2.2. years

⁴⁵Aggregate of 14 programme evaluations, benefitting 241,741 people over an average of 1.9 years

⁴⁶Aggregate of 2 programme evaluations, benefitting 210,169 people over an average of 1.7 years

⁴⁷Aggregate of 12 programme evaluations, benefitting 211,648 people over an average of 1.8 years

⁴⁸Aggregate of 2 programme evaluations, benefitting 12,092 people over an average of 4 years

⁴⁹Aggregate of 8 programme evaluations benefitting 38,985 people over an average of 2.6 years

⁵⁰Drawing from 7 outcome assessments over an average of 2.5 years

⁵¹Covering 199 communities and a period of 1 year

Children are being reached in effective emergency responses

- 1.16 million children benefitted from our emergency responses (including over half a million in our response to the Syria crisis and over quarter of a million in our response to Typhoon Haiyan in the Philippines) and our real-time evaluations affirmed and enhanced the effectiveness of World Vision's response.

Using a Theory of Change approach, we have explored how World Vision's activities are likely to have contributed to these improvements in child well-being. We have tried to move away from a programmatic audit approach and instead sought to highlight specific pieces of work which give insight into the scale and innovation of our programming. The report cannot do justice to the diversity of our programming models, but we highlight particularly promising approaches (including our 'Citizen Voice and Action' social accountability approach which is now being implemented at scale, and also our 'Channels of Hope' engagement model with faith leaders in addressing some of the social norms which can further or hinder child well-being, particularly in the area of child protection). We have continued to observe how our long-term local presence in communities gives us a solid foundation for empowering communities to hold the government to account for its service provision commitments, and where needed to make use of evidence to influence policy makers.

The quality of evidence we have

This Impact Report sets out to reflect on the quality of the evidence that underpins our impact reporting and learning. Guided by our use of the BOND evidence principles, our intentional focus on improved quality of evidence is beginning to strengthen the quality of evaluations.

Using a Theory of Change approach to organising the data and analysing contribution is still an ongoing journey for us. Next year, we are going to benefit from the shared 'Pathways of Change' that are being prepared in some of our focus sectors across the World Vision partnership, and being able to more fully realise the potential of this approach to explore how our activities are interrelating with other factors to contribute to change in child well-being, the ultimate standard of our success.

This year, in addition to reviewing the evidence across sectors, we have found it very helpful to look at this evidence through different lenses: sustainability (drawing

from ex-post evaluations), accountability to communities, Value for Money and the quality of evidence (using the BOND evidence principles). These lenses highlight particular areas of practice that we can improve on as we seek to maximise the impact that we are able to achieve, particularly in making better use of a wider set of documentation to analyse our value for money, continuing to invest in strengthening accountability to communities, and involving them more closely in our evaluation processes in order to heighten our impact and the validity and confidence in the evidence behind it.

The lessons we will take forward

In wrestling with the data that we have, and reflecting on how best we can filter, organise and analyse it, we have identified a number of key lessons for our impact reporting in the future.

- We will increasingly align with the World Vision partnership's wider reporting on child well-being – drawing more explicitly from each National Office child well-being report and the soon to be published global child well-being report.
- We will continue to use theory based, or 'Theory of Change' approaches, to explore contribution to impact, while at the same time seeking to address the weaknesses in the contribution analysis contained in our evaluation reports and highlighted by the use of the BOND evidence principles.
- We will continue to address voice and inclusion in our evaluation processes, the second area of weakness in our evaluation reports highlighted by the BOND evidence principles.
- We will explore a more explicit consideration of whether World Vision programmes are meeting their targets (rather than just absolute change from baseline to evaluation survey). Practice is patchy in this area, but we recognise that evaluating impact needs to take into consideration what, in each context, is an appropriate target.
- We will continue to strengthen our ability to use qualitative data in our evaluations to more systematically triangulate with the quantitative data.
- We will continue to explore ways of better capturing how our impact reaches the most vulnerable children, including through disaggregation by age, gender, vulnerability and disability.

Appendix

Oxford Policy Management statement

Three Recommendations

1. **Theory of Change (ToC):** We would support the Impact Report's argument of the usefulness of theory-based evaluation approaches for World Vision. However, in order to pursue this, a well thought-through and articulated ToC is crucial. We would encourage World Vision UK to take stock of three years of experience using a ToC approach to report impact and reflect how it can be best used to critically and honestly reflect on World Vision UK's work while taking the complexity of social change seriously.
2. **Explaining how the BOND "quality of evidence" tool** was used to classify evidence as "poor", "reliable" or "outstanding" would enhance transparency for the benefit of the Impact Report's audience and could at the same time act as guidelines to assess the quality of evidence for the coming years. This could also help focus efforts on which evidence to include in future Impact Reports.
3. **Disaggregation of Data:** Any improvements in disaggregating data would help to improve the credibility of the data presented and at the same time help World Vision UK to ensure its work benefits those most in need.

Conclusions

World Vision UK's Impact Report FY14 is the fifth externally available Impact Report. It demonstrates convincingly the internal learning World Vision UK is going through successfully: the report overall and in particular the lenses section show that World Vision UK continues to aim to improve its reporting on impact and it is very positive to see the focus on accountability and sustainability, as well as the continued attempt to improve the quality of the evidence.

As in the past four 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 (although in selected instances, e.g. the child health section, further clarification is needed).

The report provides clear information of the coverage (or breadth) of World Vision UK's projects (e.g. in terms of numbers of projects, regions and beneficiaries, etc). For the three reports selected for review in this validation report, the evidence of impact was discussed where available and the conclusions drawn based on this data seem generally valid. However, this year's validation also showed a considerable variation in the quality of evaluation reports.

As in previous years, this year's report aims to increase accountability and learning in terms of the impact of projects. For the first year, a range of staff are involved in the writing of the Impact Report. While this does undoubtedly lead to challenges regarding the conformity of various sections, the potential benefits in terms of learning outweigh those down-sides. Again, a ToC approach can offer space for critical reflection and learning by staff and at the same time provide a common framework to report on results.

OPPOSITE: Seng Nga, 9 in Cambodia. The youth group in Seng's village were given 15 goats by World Vision. The group has spent their income from the goats on school supplies for younger siblings, healthcare and in the goats' new kids. ©2013 Sopheak Kong/World Vision

BACK COVER: Mais*, 13, with her youngest brother. The family fled the conflict in Syria and now stay in a tented settlement for refugees in Lebanon. ©2014 Nicholas Ralph/World Vision

*name changed to protect child.





EVERY CHILD FREE FROM FEAR

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