World Vision UK Impact 2015:

Technical report

Prepared by the Evidence and Accountability Unit

World Vision®

EVERY CHILD FREE FROM FEAR

Contents

Glossary

ADP	Area Development Programme
ALI	Accountability Learning Initiative
BEEP	Bicycle Education Empowerment Programme
BFM	Beneficiary Feedback Mechanism
BOND	British Organisations for NGOs in Development
CBO	Community Based Organisations
CHA	Community Health Assistant
CMO	Context, Mechanisms and Outcome
CoH	Channels of Hope
CPC	Child Protection Committee
CSGE	Community in Support of Girls Education
CSO	Civil Society Organisations
CVA	Community Voice and Action
DEC	Disasters Emergency Committee
DFID	UK Department for International Development
DMC	Disaster Mitigation Committee
DM&E	Design Monitoring and Evaluation
DRC	Democratic Republic of Congo
DRR	Disaster Risk Management
FLAT	Functional Literacy Assessment Tool
FGD	Focus Group Discussion
IGA	Income-generating Activities
IDP	Internally Displaced People
IGATE	Improving Girls Access through Transforming Education
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MG	Mothers Group
MNCH	Maternal Newborn and Child Health
NGO	Non-Government Organisation
ODI	Overseas Development Investment
OECD	Organisation for Economic Co-operation and Development
OPM	Oxford Policy Management
PWGC	Power Within Girls Club
RC	Reading Club
RCT	Randomised Control Trials
RTE	Real Time Evaluations
SDC	School Development Committee
SDG	Sustainable Development Goals (Agenda 2030)
ToC	Theory of Change
VDC	Village Development Committee
VSL	Village Savings and Loan
WASH	Water Sanitation Hygiene
WVI	World Vision International
WVUK	World Vision United Kingdom

Executive summary

For six years World Vision UK has been producing an annual Impact Report. The aim of providing Impact Reports is to transparently report and reflect on the impact of our programming work.

This is a technical report that accompanies a shorter report (available at http://www.worldvision.org.uk/our-work/impact/). It complements the shorter report by providing extended analysis about what works, what does not work and why. It also shows how we measure impact, and how we are developing and improving our approach and methods of evaluation.

One of the most effective ways to strengthen transparency and quality of our work is with external reviews and feedback. For the past five years Oxford Policy Management (OPM) has been reviewing our Impact Reports. Their latest review validates our approach and provides recommendations on ways we can continue to strengthen the integrity and quality of our impact reporting and methodology. This year's recommendations from OPM are summarised below. Where possible we have begun incorporating their latest guidance into the content of this report.

Drawing on results and learning from 22 evaluations and outcome assessments of our long-term programmes and reviews of selected humanitarian and advocacy work conducted in 2015, we analysed the breadth, depth and sustainability of our activities. Below is a snapshot of the changes we are seeing, which are examined in greater detail throughout this report.

Breadth of impact

In 2015 World Vision UK supported a total of **317 projects across 38 countries**, funded by a combination of institutional and individual donors.

The total number of beneficiaries was **7,008,898.**
Of these, children made up **4,037,779.**

Depth of impact

Increasingly, we use standardised indicators to track improvements in child well-being. By aggregating changes from the baseline to the evaluations in 2015 we can trace the nature of the change and examine more precisely where and how we contribute (see Fig1 for key results).

15.04%
average increase
in children who
have received
immunisation

across **12 programmes**
over an average of
4.5 years

22.8%
average increase
of children exclusively
breastfed for the first
six months of life

across **11 programmes**
over an average of
4.4 years

29.1%
average increase
of births attended by
skilled birth personnel

across **8 programmes**
over an average of
3.6 years

15.3%
average increase
of children who
are literate

across **3 programmes**
over an average of
2 years

across **9 programmes**
over an average of
4.6 years

7.2%
average decrease
of children who are
underweight

across **6 programmes**
over an average of
3.5 years

3.5%
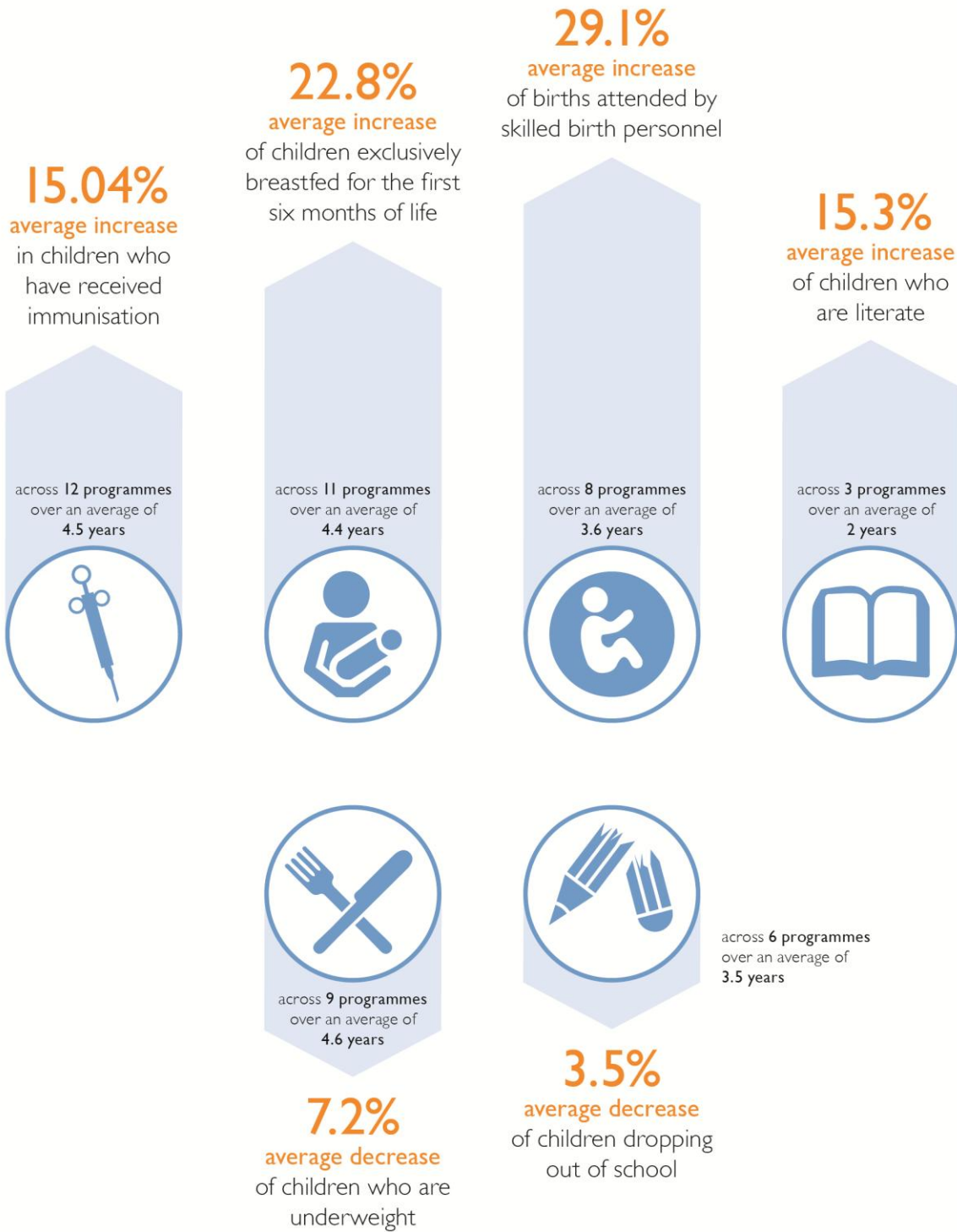average decrease
of children dropping
out of school

Figure 1: A snapshot of progress based on programme evaluations in 2015

In this report we explore in more depth how we contribute to improvements in child well-being. For instance, one of the most effective ways of doing this has been to build long-term momentum and community members' capacity to solve the problems affecting the well-being of children. We look at cases where our programmes have helped build this capacity leading to improvements in child well-being. For example, our work in Zambia (page 26) supported the community to monitor health services and lobby for a new health centre that can also provide local maternal and newborn care. Likewise, early results in Zimbabwe (page 29) show that community leadership, school clubs and savings groups are some of the key drivers that are helping overcome barriers preventing girls from getting an education. Of significance is our Citizen Voice and Action (CVA) model, which brings people, communities, governments and duty bearers together to develop and improve the quality of social services.

We also examine how our programmes transform attitudes and influence behaviours. For example, research in Nepal and Uganda (page 36) shows how our work is helping to reduce the harmful traditional practice of early marriage.

We share an independent review of our work on the Ebola emergency in Sierra Leone. The multi-agency study shows how emergency programmes helped reduce immediate threats to child well-being and, in particular, how our Christian identity enabled us to increase our effectiveness by partnering with faith leaders.

Drawing on our programming experience and global reach enables us to scale our impact with activities such as advocating for policies that prioritise the need of vulnerable children. We share a review of our advocacy work on the Sustainable Development Goals (Agenda 2030), which led to the inclusion of key child protection targets in the new goals, including ending child marriage. The review examines methods for measuring advocacy and other impacting pathways such as our work with coalitions and building relationships with decision makers. The review also noted where we can do more to engage our supporters to influence policy makers.

Sustainability of impact

Finally, we analyse the sustainability of our long-term programming. We examine five drivers or factors which influence and support sustainability. The drivers are informed by our *Theory of Change and Ministry Framework* and the latest *Resilience Theory of Change*. Early analysis shows greater focus and impact of ownership, partnership, transformed relationships, local and national advocacy, along with resilience programming. While we see positive signs of sustainability we also see opportunities for improvement and learning.

Progress, lessons and next steps

We are committed to improving the quality of evidence. While we have made progress contributing to change and the improving transparency in our evaluations we still have more to do, including efforts to include the most vulnerable in assessing the effectiveness of our programmes.

For the past four years we have both contributed to and used the BOND (British Organisations for NGOs in Development) evidence principles to improve the quality of evidence. The principles have helped us build staff capacity, strengthen documentation and analysis and begin assessing ways to include the voice of communities in the evaluation process. We have also commissioned in-depth research about our child sponsorship model. The three phased research programme, due for completion in 2016, will show the effectiveness of our community-based approach and how sector approaches combine to improve children's well-being. Finally for the past five years we have had external reviewer OPM validating our approach and providing feedback about how we can strengthen the transparency and efficacy of our Impact Report. Following is a summary of recommendations for this year:

Oxford Policy Management review

World Vision UK's Impact Report 2015 continues to demonstrate commitment to internal reflection, learning and adaptation of systems and processes. The report overall, and particularly the section on sustainability, indicates that World Vision UK has put considerable effort and resources into improving its analysis of, and reporting on, impact. We are encouraged by the increased integration of qualitative and quantitative data albeit not consistently across the sectors and sections of the report.
World Vision UK's open and transparent assessment of the availability and quality of the evidence it uses is a real strength. Care is taken not to misrepresent or overstate findings from the different data sources it uses, apart from some discrepancies[1] highlighted in Section III of this report.

The report provides clear information on the overall numbers of regions, projects and beneficiaries covered and gives a clear snap shot of the progress to data. The three reports selected for validation and the case study analyses in the main Impact Report indicate that progress is being made in strengthening the depth and quality of evaluations. However, there is still considerable variation in: a) how the complexities of social change is analysed and reported; b) the level to which qualitative and quantitative data is integrated in order to amplify and explain the how, what and why and for whom change has occurred; c) the gendered nature of the impacts and change assessed and, d) the way data is disaggregated and analysed in order to understand and reflect on the extent to which World Vision is reaching and engaging fully with the poorest and most in need.

The section on sustainability illustrates the increasing depth of understanding of, and approach to, analysing the impacts of its work. Equally, the continued participation of a range of staff in the writing of the Impact Report enhances the use of analytical frameworks such as ToC [Theory of Change]. It is clear from the report outline and now the draft that a considerable process of reflection and learning has gone on which will undoubtedly benefit other aspects of World Vision UK's work. The use of ToC and a realist approach is providing a robust framework for critical reflection and analysis. The challenge for now is ensuring that there is coherence and consistency across the different inputs and sections.

Introduction

Each year our Impact Report aims to summarise the impact of our programmes, strengthen and further develop our approaches to evaluation, as well as analyse impact from new angles. This year we have produced this technical report, which explores in more detail not only impact but some of the challenges measuring it. The report can be read as a standalone, or used to explore in more depth results from the main Impact Report (which is located at http://www.worldvision.org.uk/our-work/impact/ together with a short video with highlights from the report).

A key theme in this year's report is sustainability, as a relatively high number of our development programmes were finishing, and we were coming to the end of our current strategy period (2011-2015). Sustainability was also spotlighted by the sector this past year as the Millennium Development Goals (MDGs) were reviewed and replaced with the new global Sustainable Development Goals (Agenda 2030).

This technical report consists of the following four main sections:

Section I introduces the context of our programming, the methodology for the Impact Report and an analysis of the quality of the evidence that is the basis of this report.

Section II (Breadth of impact) examines how many children have been reached by our programming and analyses this across sectors, regions and fragile contexts.

Section III (Depth of impact) starts to explore the nature of impact by aggregating data across common outcome indicators to see a picture of the nature or type of change in child well-being that World Vision is likely to have contributed to. In previous Impact Reports we have used Theory of Change (ToC) to analyse our contribution. This year we have chosen selected cases to show how the programme logic works. While this does not establish contribution in all cases, the case study approach highlights specific aspects of our programming that appear to be critical for achieving impact. In this section we also review our advocacy work and contribution to the global process of setting the new global Sustainable Development Goals (Agenda 2030).

Section IV (Sustainability of impact) takes up the theme of sustainability and shines the spotlight on the precise processes we use in different contexts and the characteristics of our programming that are instrumental for achieving sustainable change. We analyse what World Vision refers to as our 'five drivers of sustainability' as well as exploring how our own accountability to communities underpins our ability to support such change.
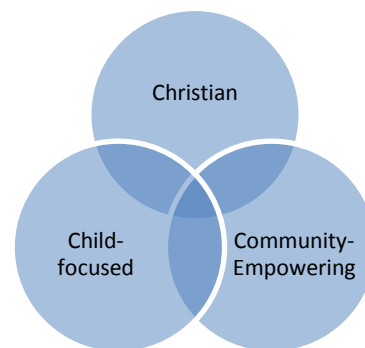
Who we are and what we do

World Vision is the largest international children's charity, delivering local level programmes in 70 countries and advocating for change in nearly 100. World Vision UK contributes funding and expertise to support programmes in 38 of these countries. Programmes are designed and implemented by World Vision's National and Regional Offices in partnership with local organisations. As a child-focused agency, all of World Vision's activities are oriented towards greater child well-being including their health, education, protection, relationships and participation.

Our goal

World Vision's overarching goal is "the sustained well-being of children within their families and communities, especially the most vulnerable."

Our approach

Our focus on child well-being is complemented by two other characteristics: our *Christian identity* motivates us to serve the most vulnerable, and provides a holistic understanding of well-being, which also enables us to engage faith communities to more effectively contribute to the well-being of children. The other characteristic, *community-empowering,* means we partner with local communities and recognise their critical role in sustaining child well-being, amplifying voice and escalating issues with national and global advocacy.

Types of programming

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

• Long-term development – our basic model is an Area Development Programme that lasts for up to 15 years. We work with families, communities and partners within a geographically defined area and draw on the latest sector thinking to identify the most important interventions to improve child well-being. The programme is made up of constituent projects, which vary according to context, and address issues of health, education, water and sanitation, food security, income generation, community advocacy and child protection.

• Emergency response – includes 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 resilience to better cope with disasters.

• Advocacy – increasingly World Vision works in partnership with communities to influence decision making at local, national and international levels. World Vision UK supports advocacy programming in partnership with national offices, as well as working with the UK Government and multilateral institutions.

How seek to measure contribution to impact

How we measure impact

In the following section we explain what we mean by impact, how we assess it, the choices we have made about assessment methods and the evidence we are drawing on. We also discuss how we are continuing to improve and strengthen the quality of evidence and methods for impact measurement.

To understand overall impact we use aggregate data and case studies, which we explain in more detail below. In previous Impact Reports we used working Theories of Change (ToC) to analyse the data and draw conclusions about contribution by identifying how World Vision's activities map onto the theories of change. This year it was difficult to do this because we did not have a consistent ToC informing the indicators measured in our evaluations, particularly in education and child protection. World Vision is currently transitioning to a programme design approach that will enable greater standardisation of ToCs and scope for using such analysis in future.

Definition of impact

World Vision UK's working definition of impact is "significant or sustainable change in people's lives brought about by a given action or series of actions."[1] Within the range of definitions of impact, outlined in a recent ODI (Overseas Development Institute) paper[2], World Vision primarily focuses on changes in individual children and in particular the extent to which there is positive change in the 15 child well-being outcomes detailed below. However, our secondary interest is in wider impacts and in our broad theory of change[3] the wider community is central to sustainable impact. As such the section on the *Sustainability of impact* considers communities as the unit of analysis.

Measures of impact

Breadth of impact (beneficiary numbers) captured through monitoring

The best available measure for capturing the coverage of our programming remains the total number of direct beneficiaries in World Vision UK supported programmes. These numbers are largely captured by programme monitoring though in some cases, for instance, when monitoring data is not yet available, we make assumptions from programme design documents[4].

We calculate the total number of beneficiaries in the following way:
• The beneficiary totals include only those directly supported through service delivery, community empowerment, training and awareness raising work, either funded by World Vision UK in 2015 or from funding received in previous years to sustain activities into 2015.

---

1 Roche (1999) Impact Assessment for Development Agencies, Oxford: Oxfam
2 Hearn and Buffardi (2016) What is impact? A Methods Lab publication located at http://www.odi.org/sites/odi.org.uk/files/resource-documents/10352.pdf
3 World Vision has a number of working 'theories of change' (ToC) in different sectors, with a common theme being our ability to support bottom-up change processes and support communities to themselves define, deliver on and demand improved child well-being. This sits within a wider ToC, which recognises the full range of actors at the local, national and international levels that contribute to child well-being. See http://www.wvi.org/sites/default/files/WV%20Theory%20of%20Change.Summary_0.pdf
4 Note: the aggregate figures for breadth and depth are not precise numbers of individuals. They are instead totals of all the approximations reported in the evaluations. We do not round off the approximations or the totals in order to ensure consistency with previous Impact Reports when the decision was made to drive towards as close an exact figure as possible.

• Double counting is avoided in cases when two or more projects cover the same or some of the same people by only counting the project with the largest number.

• If a number of households are reported with no indication of the size of household, we make a consistent assumption that this represented five people. Where the beneficiaries are not disaggregated by adults and children, we assumed that three-fifths of each household is made up of children.[5]

• Factoring in beneficiaries of part World Vision UK funded projects is done 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.

Depth of impact (Child Well-Being Outcomes) captured through evaluations, outcomes assessments, reviews and research

As a child focused organisation, World Vision aims to impact children's lives, and this is expressed in the following figure (Table 1), which details 15 child well-being outcomes that are grouped into four aspirations.

Goal	Sustained well-being of children within families and communities, especially the most vulnerable			
Aspirations	**Girls & Boys:**			
	Enjoy good health	**Are educated for life**	**Experience love of God and their neighbours**	**Are cared for, protected and participating**
Outcomes	Children are well nourished	Children read, write, and use numeracy skills	Children grow in their awareness and experience of God's love in an environment that recognises their freedom	Children cared for in a loving, safe, family and community environment with safe places to play
	Children protected from infection, disease, and injury	Children make good judgments, can protect themselves, manage emotions, and communicate ideas	Children enjoy positive relationships with peers, family, and community members	Parents or caregivers provide well for their children
	Children and their caregivers access essential health services	Adolescents ready for economic opportunity	Children value and care for others and their environment	Children celebrated and registered at birth
		Children access and complete basic education	Children have hope and vision for the future	Children are respected participants in decisions that affect their lives
Foundational Principles	Children are citizens and their rights and dignity are upheld (including girls and boys of all religions and ethnicities, any HIV status, and those with disabilities)			

Table 1: Child well-being outcomes that summarise the depth of impact World Vision seeks to achieve

---

[5] We recognise the importance of disaggregating data to understand clearly who we are reaching and to explore if and how different groups are impacted by our activities. As our overarching goal is reaching the most vulnerable we are actively exploring through our common Monitoring and Evaluation (M&E) system how to improve and consistently capture disaggregated information including gender and disability.

Outcome level changes in child well-being are captured when our development programmes are evaluated, which is at the end of each five year cycle for long-term development programs. These evaluations address the question of contribution to impact. The "depth" of impact analysed and shared in this report is based on evaluations, outcome assessments and reviews conducted in 2015. Evaluations are managed by local programme staff in each country office. The reports are checked and verified by Design, Monitoring and Evaluation (DM&E) staff at World Vision UK.

In our Impact Reporting we attempt an aggregate analysis when the evaluations of different programmes use common indicators. We assume that these evaluations are a sample of our wider programming. While there are limitations to the representativeness of the sample, and it is difficult to state the exact size, we show the number of programmes the evaluations covered – which provides an indication of how representative the sample is. Broadly speaking, with evaluations occurring on average every four years each year about one quarter of our programming portfolio comes up for evaluation. In 2015 our programme portfolio was about 100 programmes (our Area Development Programmes are subdivided into projects), with 24 programmes evaluated and outcome assessed or reviewed. The sample of programming used to generate aggregate change is up to one quarter of our programming. However as detailed below, not every programme has a reliable baseline and the averages are drawn from a small number of programmes for which we can report change over time.

We use illustrative case studies to explore the way in which our activities may be contributing to the outcome level change. The objective of the case study analysis is to understand how our programme models, when coherently implemented, can in the right contexts contribute to change. Therefore the criteria for case selection are programmes that have been implemented well, and have demonstrated some results. This, of course, means a positive bias, which we balanced with more systematic analysis of the data in the sustainability section where a full range of cases are discussed.

While evaluations of our long-term development programmes have moved towards measuring outcomes, evaluations of our emergency responses still largely report outputs, due to the shorter programme timescales. They qualitatively assess the coverage, timeliness, relevance, accountability, management effectiveness and sustainability. In 2015 only one emergency response programme was reviewed, so there is less focus on emergency responses than the previous year where we drew on real time evaluations of three responses.

Our method for analysing the impact of our advocacy is to review a priority theme for the year and identify the extent to which World Vision contributed to policy change. In 2015 we worked on Sustainable Development Goals (SDGs) Agenda 2030, which we analyse in this report. We draw on interviews with staff, peer agencies and decision makers. This method of analysis, which overcomes the challenge of attributing policy change to individual actors, was especially relevant for the multi-faceted and international processes used to establish the SDGs.

Sustainability of impact (drivers of sustainability) captured through evaluations and research

The methodology for analysing sustainability of impact is explained in detail within the section itself. In summary though, we draw from the same set of evaluations used to explore the depth of impact and apply a realist flavoured approach[6] to understand the extent to which five identified "sustainability drivers" are evident.

---

[6] World Vision is starting to draw from realist evaluation approaches to explore variations in impact as a result of our programming approach being applied in very different contexts. See the box on page 17 on "child sponsorship research project".

The evaluations data used to measure impact

As noted above, the main data used to explore impact are the evaluations, outcome assessments and reviews conducted in 2015. These are listed below and represent one quarter of our programmes and provide a snapshot of progress between that point in time and when the baseline was conducted (on average four years previously).

	Country	Programme name	Programme type	Type of evidence
1	Armenia	Citizen Voice & Action	Grant funded development programme	Evaluation
2	Bolivia	Bolivar	Sponsorship funded Area Development Programme (ADP)	Evaluation
3	Cambodia	Rattanak Mondel	Sponsorship funded Area Development Programme (ADP)	Evaluation
4	Cambodia	Samaki Meanchey	Sponsorship funded Area Development Programme (ADP)	Evaluation
5	DRC	DRC Maternal Newborn and Child Health (MNCH) project	Grant funded development programme	Outcome assessment
6	India	Nirman	Sponsorship funded Area Development Programme (ADP)	Evaluation
7	India	North Tripura	Sponsorship funded Area Development Programme (ADP)	Evaluation
8	Malawi	Tilitonse	Grant funded development programme	Evaluation
9	Malawi	Kayezi	Sponsorship funded Area Development Programme (ADP)	Evaluation
10	Mozambique	Namacurra	Sponsorship funded Area Development Programme (ADP)	Evaluation
11	Myanmar	Hlaing Thar Yar West	Sponsorship funded Area Development Programme (ADP)	Evaluation
12	Nepal	Child Health Now	Grant funded development programme	Evaluation
13	Tanzania	Kilimatinde	Sponsorship funded Area Development Programme (ADP)	Evaluation
14	Tanzania	Kisiriri	Sponsorship funded Area Development Programme (ADP)	Evaluation
15	Senegal	Basa	Sponsorship funded Area Development Programme (ADP)	Evaluation
16	Senegal	Patiana	Sponsorship funded Area Development Programme (ADP)	Evaluation
17	Senegal	Citizen Voice & Action (Kaffrine)	Grant funded development programme	Evaluation
18	Sierra Leone	DEC Ebola Response	Grant funded humanitarian programme	Review
19	Somalia	Somalia Maternal Newborn and Child Health (MNCH) project	Grant funded development programme	Outcome assessment
20	Uganda	Citizen Voice & Action	Grant funded development programme	Evaluation
21	Uganda	Uganda Maternal Newborn and Child Health (MNCH) project	Grant funded development programme	Outcome assessment
22	Zambia	Keembe	Sponsorship funded Area Development Programme (ADP)	Evaluation
23	Zimbabwe	Hurungwe	Sponsorship funded Area Development Programme (ADP)	Evaluation
24	Global	World Vision UK advocacy on the Sustainable Development Goals	Advocacy programming	Review

Table 2: List of evaluations, outcome assessments and reviews completed in 2015 and analysed in this report

The validity of our analysis, and attempts to aggregate change and draw conclusions, is dependent on the quality of the evaluations. We report on this next.

Quality of evidence

World Vision UK applies the BOND *Evidence Principles* and checklist tools to monitor the quality of our evidence and to continually strengthen and improve our approach.

We are one of the developers and early users of BOND's principles and checklist. The principles reflect our sector's thinking about quality and what constitutes good evidence. There are five principles, covering how contribution is analysed and whether the evidence is appropriate, triangulated, transparent and inclusive of the voices of beneficiaries, particularly those who are vulnerable and marginalised. The principles provide a minimum quality standard or benchmark for each principle.

This is our fourth year of using the principles, which we have applied to a total 70 evaluation reports (16 in 2012, 18 in 2013, 16 in 2014, and 20 in 2015).

The table below details the scores of the 20 evaluations[7] this year against the five principles.

---

[7] Three outcome assessments and internal advocacy review conducted in 2015 are excluded as they are not full evaluations. The review of the DEC Ebola Response was closer to an evaluation and is included in this review.

	Country	Programme Name	Voice and Inclusion	Appropriateness	Triangulation	Contribution	Transparency	TOTAL
1	Armenia	Citizen Voice & Action	6	16	10	15	11	58
2	Bolivia	Bolivar	7	9	8	10	8	42
3	Cambodia	Rattanak Mondel	8	11	9	9	13	50
4	Cambodia	Samaki Meanchey	6	11	11	13	9	50
5	India	Nirman	10	14	15	12	16	67
6	India	North Tripura	9	10	13	10	11	54
7	Malawi	Tilitonse	7	14	9	14	10	54
8	Mozambique	Namacurra	9	14	15	14	15	67
9	Myanmar	Hlaing Thar Yar West	9	16	10	14	16	65
10	Nepal	Child Health Now	5	7	7	6	7	32
11	Tanzania	Kilimatinde	13	12	12	10	11	58
12	Tanzania	Kisiriri	7	9	10	10	9	45
13	Senegal	Basa	7	10	9	10	7	43
14	Senegal	Patiana	8	10	7	10	9	44
15	Senegal	Citizen Voice & Action (Kaffrine)	6	8	8	5	8	35
16	Sierra Leone	DEC Ebola Response Review	8	13	10	2	12	45
17	Uganda	Citizen Voice & Action	6	14	10	9	9	48
18	Zambia	Keembe	11	12	12	13	12	60
19	Zimbabwe	Hurungwe	14	15	11	7	13	60
20	Malawi	Kayezi	10	12	9	9	12	52

Table 3: Scores for this year's evaluation reports assessed against the five BOND "quality of evidence" criteria. Score range is 0-16, with 16 being highest or best result

The chart below compares the average score for our evaluations over the past four years for each BOND principle.
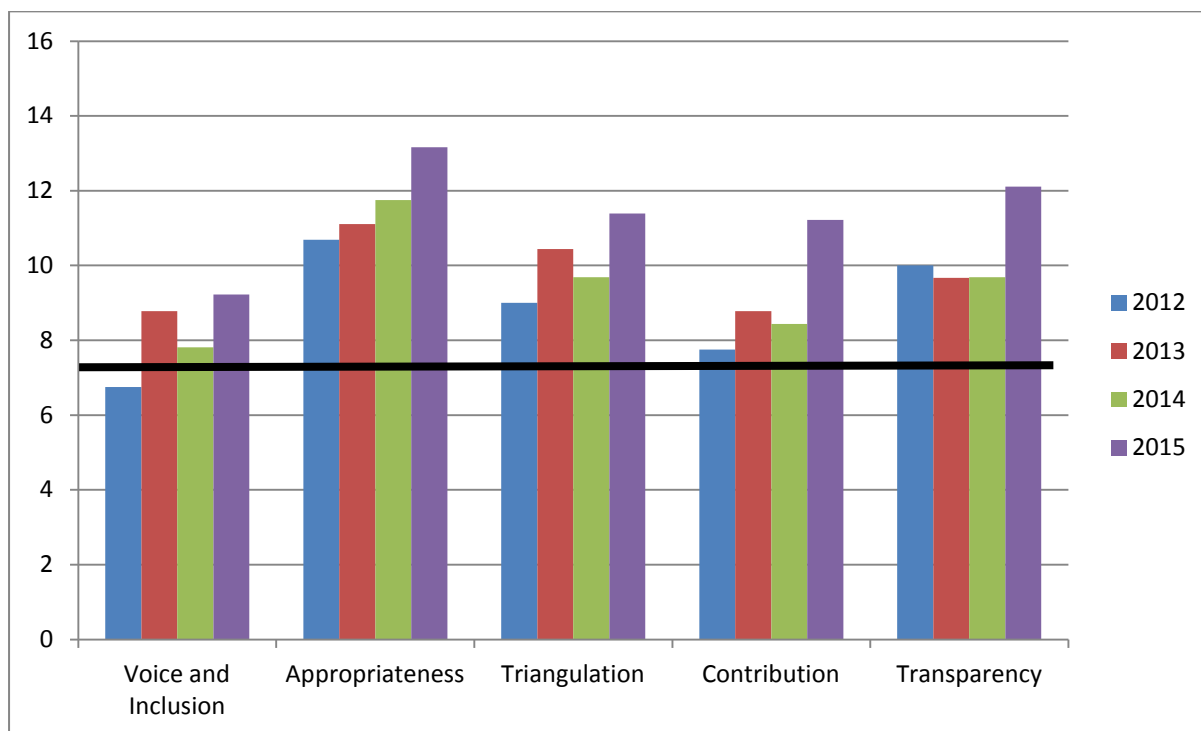

Figure 2: Average scores against the five evidence principles for the past four years of evaluations. The black line shows the Minimum Standard defined by the tool.

Lessons over the past four years

We have used the BOND principles to help benchmark the quality we seek to achieve and to help strengthen our evaluations. Much of our effort for improving quality has been invested in training the M&E teams in our National Offices, particularly to strengthen analysis and reporting. We have developed a standardised approach to evaluation design, which includes session plans for each of the key steps that have formed the basis of training across a number of our National Offices. This includes a methodology for aggregating and analysing qualitative data and triangulation of the sources of information. This has helped World Vision UK more confidently report changes at the community and household level.

There are still areas that need improving including collection of disaggregated data, especially on vulnerable children, disability and gender and more detailed analysis of contextual factors that contribute to impact. This will involve working through several challenges including capacity and contextual challenges especially in fragile and complex environments. At the same time we are complementing our standard M&E practices with research initiatives that help us better understand how our standard programming models are contributing to child well-being changes, for example the Child Sponsorship Research summarised in the box overleaf.

World Vision's Child Sponsorship Research: External scrutiny of the sponsorship model

Background

The analysis in this Impact Report is based on individual programme evaluations, including sponsorship-funded and grant-funded programmes, and the conclusions are drawn from aggregating across these evaluation reports. We also draw from sector specific research initiatives in order to build up a picture of our Impact. But, as a World Vision partnership we have identified a missing perspective, that of the strengths and weaknesses of our child sponsorship programming model as a whole. As such World Vision has initiated a research project to better understand the effectiveness of the community-based, Area Development Programme approach to improving the well-being of children, and the way this is supported by the Child Sponsorship Model.

Objectives and design

Five research questions were developed to address some of the characteristics of World Vision's sponsorship-funded programming approach. These are:

1. What contribution do Area Development Programmes make to the well-being of children, including the registered/sponsored children? Do the most vulnerable children participate or benefit?
2. How does World Vision's community-based approach support communities to improve the well-being of their children?
3. How does World Vision's Christian identity inform the way it works?
4. How effective are Child Sponsorship activities (for example, Sponsorship Communications and Child Monitoring) in creating life-enriching experiences for children, communities and supporters?
5. How do Area Development Programmes enable communities to sustain improvements in child well-being?

The research is being implemented in three phases:

Phase I – Desk Review conducted from June to December 2013
The desk review produced five Evidence Status Reports to describe the available internal and external evidence for each of the five research questions. In addition, the desk review produced reports of seven programmes that were selected because they had been subject to an evaluation that met basic quality standards.

Phase II – Internal Empirical Study – January 2014-March 2015.
This internal study leveraged eight planned programme evaluations by going deeper and researching more rigorously that we would in our standard evaluation. This phase also included two ex post evaluations.

Phase III – External Study – September 2015 – December 2016)
The final phase of the Child Sponsorship Research Project is being implemented in partnership with external research consortiums, made up of RMIT (Royal Melbourne Institute of Technology) and Deakin University (Australia), Stellenbosch University (South Africa) and School of Oriental and African Studies (University of London). The research is using a realist approach, and working with a sample of five Area Development Programmes that are broadly representative,

Emerging findings

Findings of Phase II of the research are available at http://wvi.org/child-sponsorship-research. Results of the final phase, led by external researchers, will be shared in late 2016 and featured in our 2016 Impact Report.

Breadth of impact (Global overview of beneficiaries)

In 2015 World Vision UK supported a total of **317 projects across 38 countries** funded by a combination of institutional and individual donors.

Total number of beneficiaries: 7,008,898
Of these, children made up: 4,037,779

The total number of beneficiaries is 17 per cent lower than last year. This is primarily due to the conclusion of a number of projects with a large numbers of beneficiaries. This is striking given that programme remittances have increased by over 30 percent in the past year. It highlights that cost per beneficiary varies greatly depending on the type and location of projects funded. Generally, the cost of reaching vulnerable children in fragile and complex contexts is higher. The paradox is also a reminder of the limitations of the beneficiary numbers indicator, since it does not reflect the significance of the intervention on each child's well-being. In programmes reaching large numbers of children, the impact can be spread more thinly.

Child beneficiaries by sector

As a child-focused agency we are interested in the number of children we are able to reach in each sector. In 2015, the largest proportion of children we reached was in our emergency responses. This is due to the large-scale response to Ebola in Sierra Leone where World Vision operated in 12 out of 14 districts across the country.
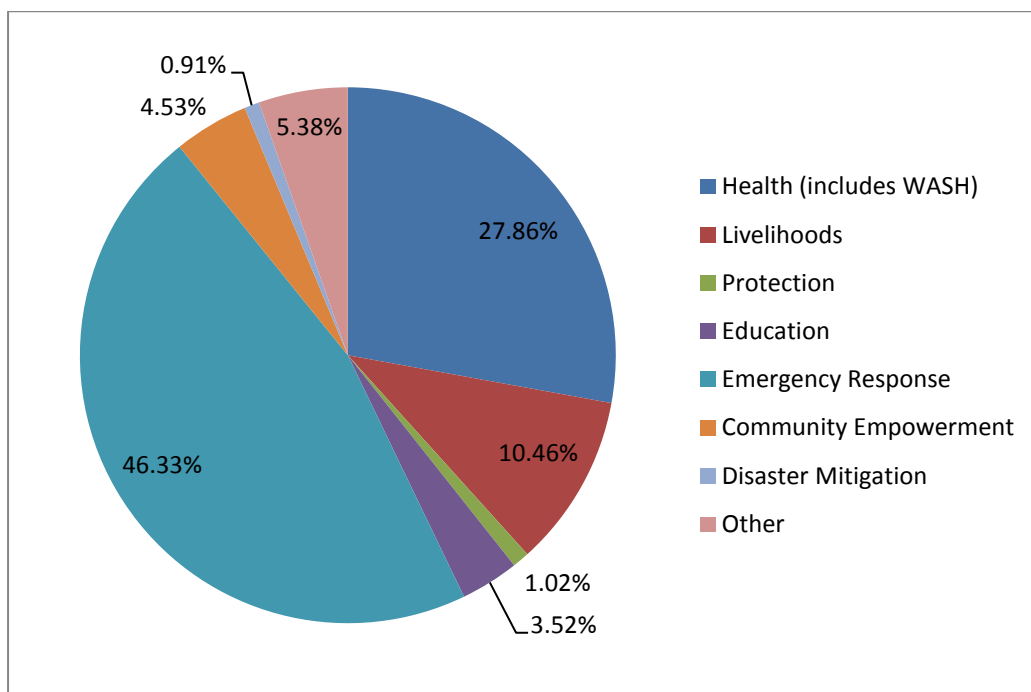

Figure 3: Breakdown of the percentage of children benefiting in each sector

Sector for Reports	Children Benefitting	Percentage
Health (includes WASH)	1,124,878	27.86%
Livelihoods	422,332	10.46%
Protection	41,210	1.02%
Education	142,100	3.52%
Emergency Response	1,870,531	46.33%
Community Empowerment	182,791	4.53%
Disaster Mitigation	36,604	0.91%
Other	217,333	5.38%
TOTAL	**4,037,779**	**100.00%**

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 their populations because they are unwilling or unable to do so.

We use two indicators to assess the extent to which our programming reaches children in fragile states. First we take the proportion of children who are in the 50 states identified by the Organisation for Economic Co-operation and Development (OECD)[8] as "fragile". In 2015 this was 88 per cent (up from 87 per cent in 2014). We also measure how many are in the 10 most fragile states in which the World Vision partnership operates[9]. This was 12 per cent, down from 16 per cent in 2014.

Numbers of children benefiting from World Vision UK funded projects in fragile states = **3,562,522.** In other States: **475,257.**
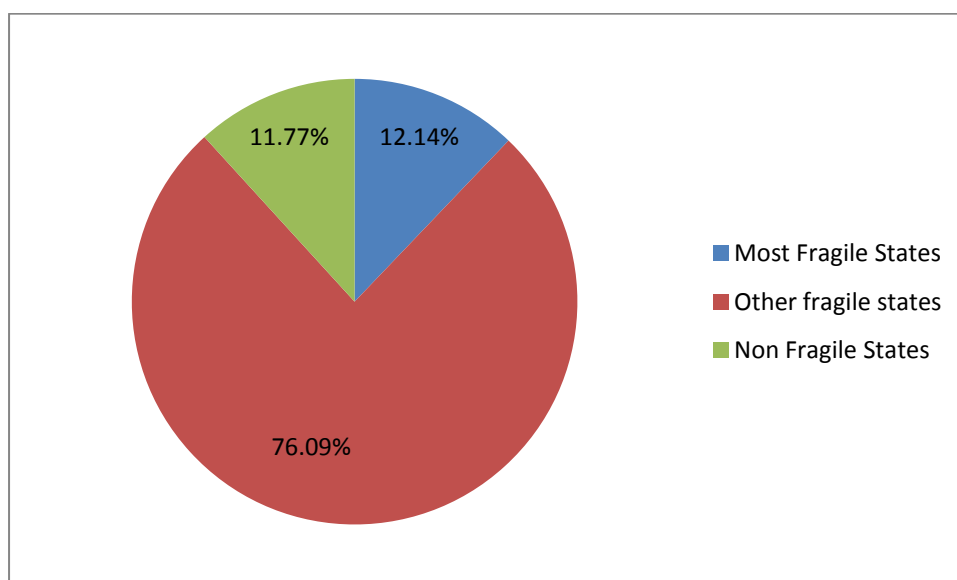

Figure 4: Percentage of children reached in each context

---

[8] "List of fragile states and economies used for preparing the 2015 OECD report on States of Fragility", located at http://www.oecd.org/dac/governance-peace/conflictandfragility/docs/List%20of%20fragile%20states.pdf
[9] These are, in alphabetical order: Afghanistan, Chad, Central African Republic, DRC, Mali, Pakistan, Somalia, South Sudan, Sudan, and Syria. In 2015 World Vision UK funded programmes in all these countries except Chad.

Child beneficiaries per region

Changes in the regional breakdowns are largely a result of the geography of the emergency responses in 2015. World Vision was able to support a large number of children in Sierra Leone through the Ebola response programme, whereas the number of children supported in Syria dropped (since last year). Another significant factor in Southern Africa was the end of a three-year nutrition programme in Angola that reduced the number of beneficiaries in this region.
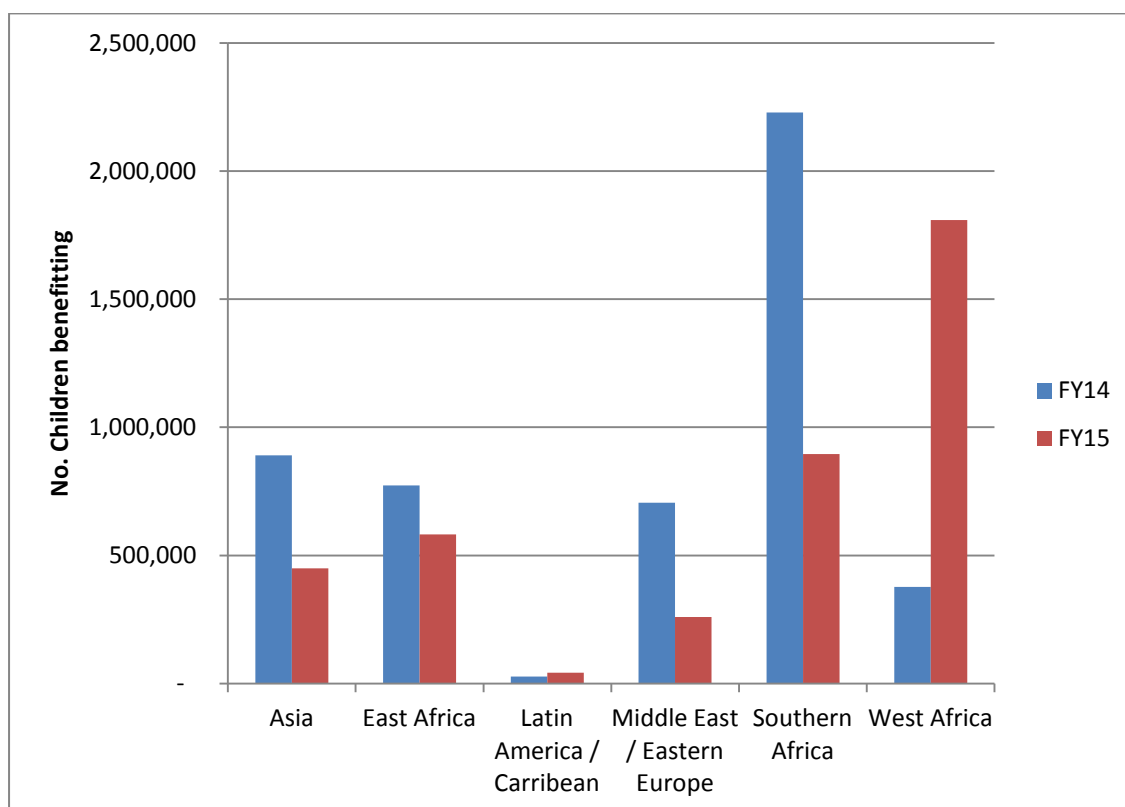

Figure 5: Comparison of the total number of child beneficiaries reached in 2014 and 2015

Depth of impact (Child Well-Being Outcomes)

In this section we focus on the different aspects of child well-being where we are beginning to generate comparable data across programmes, and in sectors in which World Vision UK has a particular focus. This means some areas of programming, particularly food security and economic development, are not considered standalone sectors, but instead are foundational for progress towards our child well-being outcome aspirations.

Child health

The first of World Vision's child well-being aspirations is that children enjoy good health. In this area 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 in child health using four proxy indicators for child mortality and morbidity (shown below). We then draw on some of these evaluations and outcome assessments to examine where and how we have contributed.

Evidence from 19 evaluation reports and three outcome assessments received in 2015 has been analysed, and displayed in charts to show trends across each programme. The data has been presented against globally agreed thresholds to add context to the results. Baseline and evaluation data is also included to show positive or negative progress, and a label added to show the number of years over which the change occurred.

The average change in the four proxy indicators is shown below and, as discussed in the methodology, this represents a sample of World Vision's health programming.

Number of children who are underweight

- Average reduction of 7.2% across nine programmes over an average of 4.6 years

Number of children who have received immunisation

- Average increase of 15.04 % across 12 programmes over an average of 4.5 years

Proportion of children exclusively breastfed for the first six months of life

- Average increase of 22.8 % across 11 programmes over an average of 4.4 years

Proportion of births attended by skilled birth personnel

- Average increase of 29.1% across 8 programmes for an average of 3.6 years

Following is a breakdown of the change in each programme and a brief discussion of each indicator. The accompanying charts show the changes we are seeing and the thresholds World Vision uses to indicate where attention is most needed.
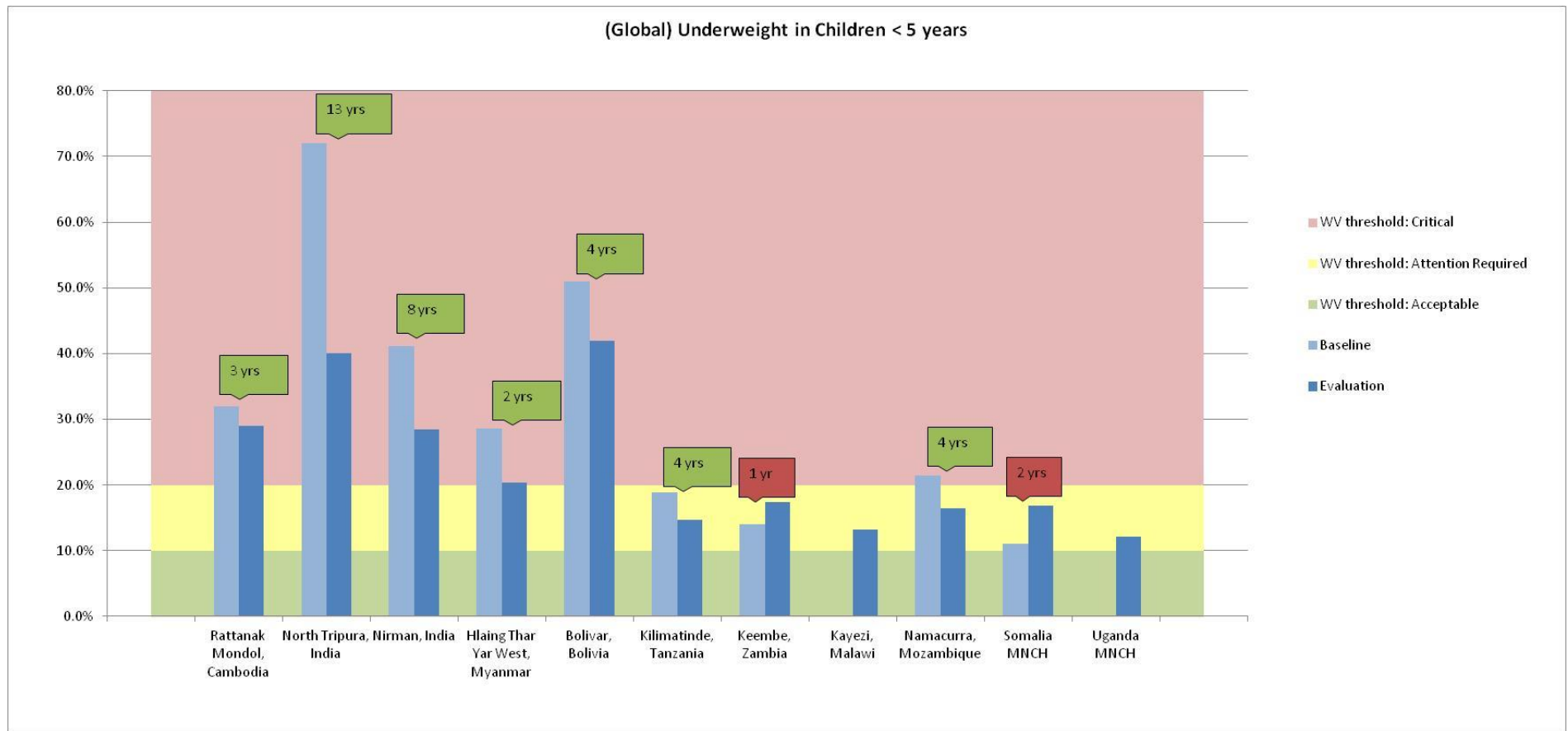
Figure 6: Proportion of children under age five who are above and below the weight threshold

Eleven programme evaluations measured the number of children under five years old who are underweight. Of these programmes four remain in a critical condition even after targeted programme interventions. In Tripura, India while there has been significant progress, almost 40 per cent of children are still underweight. The main challenges revealed in the evaluation report are the remoteness of the population, migration for work making it difficult for health workers to consistently deliver messaging, and a large number of daily wage labourers whose families often suffer food shortages.
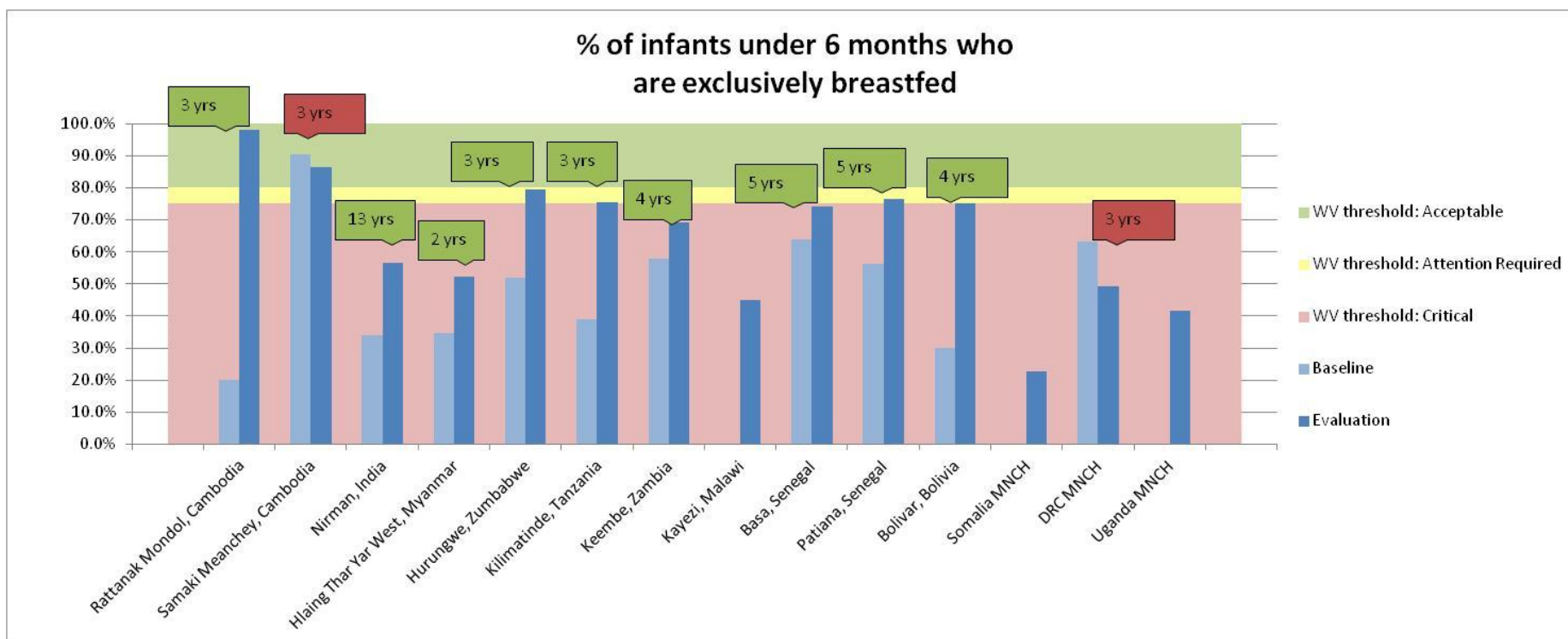
Figure 7: Proportion of infants under six-months old who are exclusively breastfed

Fourteen programmes measured the percentage of infants (under six-months old) who are exclusively breastfed. Of these nine showed a positive trend, two a negative trend and in three programmes we are unable to determine the change due to a lack of baseline data. In Rattanak Mondel, Cambodia, over a three-year period exclusive breastfeeding to children under six months rose from 20 per cent to 98 per cent. This result was confirmed during a focus group discussion where mothers said that most women are now aware of the importance of breastfeeding. Despite positive trends, results overall show only two programmes were within the acceptable range, which highlights that although there is progress, the majority of programmes still needs significant support.
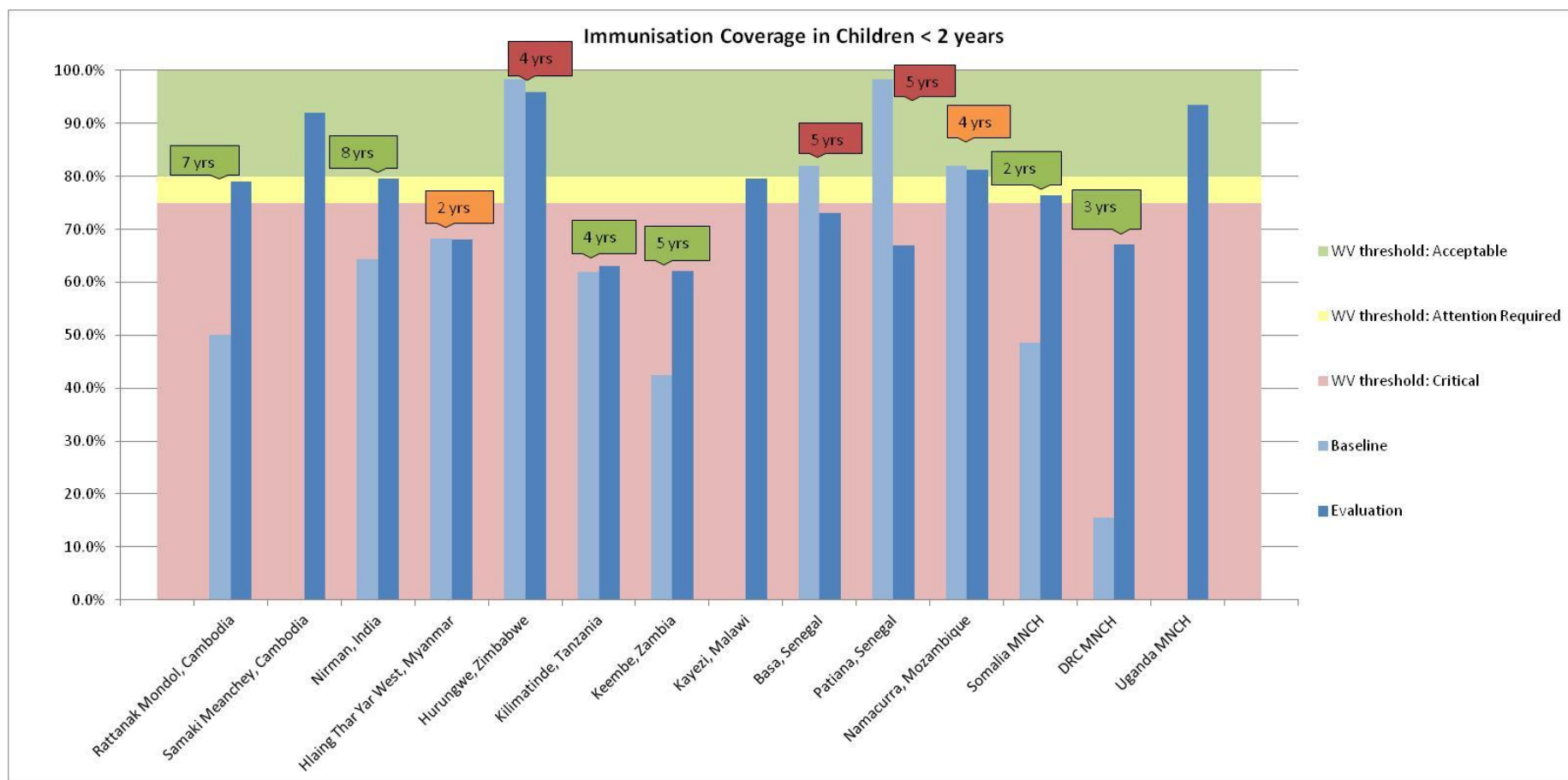
Figure 8: Proportion of children under age two who are adequately immunised

Immunisation is an indicator where we expect to see solid improvements due to the coordinated global effort to achieve universal coverage. The majority of programmes show a positive trend, however in Senegal in both programmes we see a negative result. The evaluation reports indicate differences in methodology used for the baseline and evaluation, which highlights the ongoing challenge of data quality. In Democratic Republic of Congo (DRC), despite the complex operating environment, there is significant improvement in the immunisation rate since the baseline. However it is still within a critical threshold and requires ongoing attention and support, which is a challenge given the high operating costs and services such as vaccines are often slow to reach health providers in the provinces.
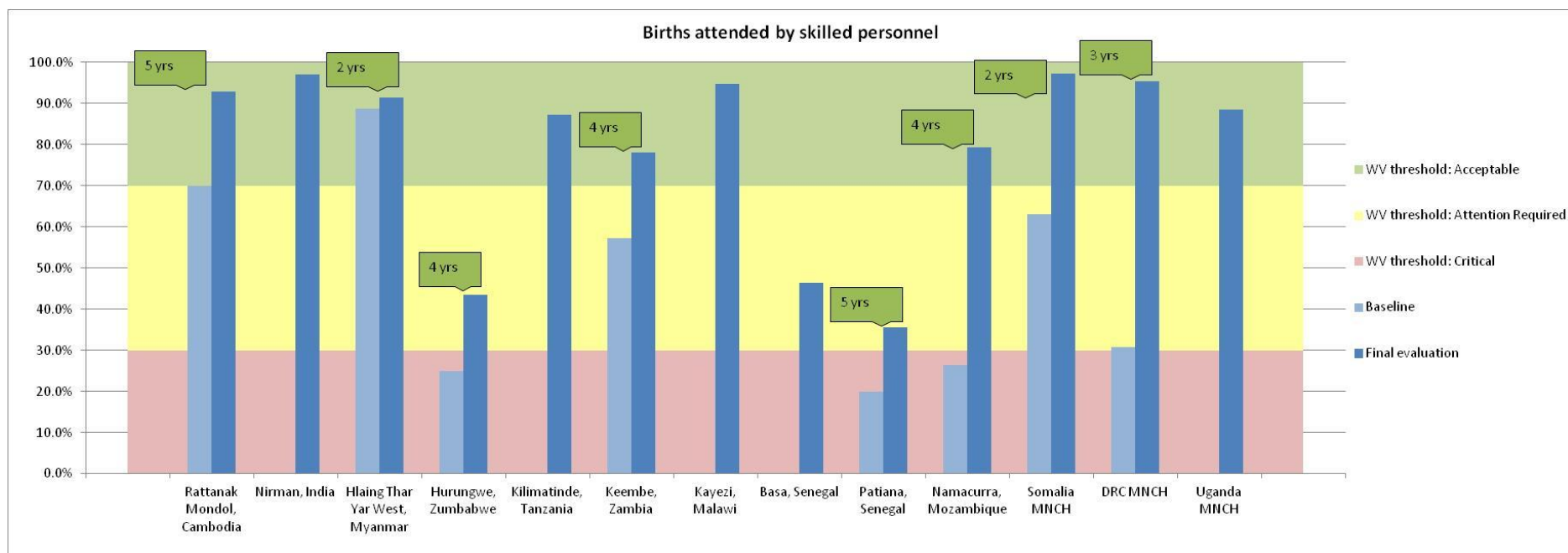
Figure 9: Proportion of births attended by skilled personnel

Some of the most encouraging results in child health have been the increasing number of births attended by skilled personnel. Ten out of 13 programmes are now within the acceptable range. Three programmes (in Zimbabwe and Senegal) however still require further attention. It is therefore important that successes are understood and documented and lessons shared.

The following case study shows some of the factors influencing the improvements we are seeing in children's health.

Case Study: Strengthening health systems through social accountability in Zambia

Project: Citizen Voice and Action
Timeframe: October 2011 – January 2015
Beneficiaries: 10,551 people: 5203 males, 5348 females (including children)
Location: Nalusanga Ward, Mumbwa District, Central Province, Zambia
Outcome: Improved maternal newborn and child health

CONTEXT

Mumbwa District is a rural area 150 kilometres (km) west of the capital, Lusaka. Over 75 per cent of Zambia's land is customary. Traditional leaders have significant influence over people, land and the government. Nalusanga Ward with a population of 10,551 has no health facility. The nearest rural health centre is 16 km away at Lungobe. It takes three hours to walk each way. Consequently, pregnant women either deliver babies at home or take a risk and attempt the journey. One woman gave birth on the way to Lungobe. Similarly, a young boy died of severe malaria en route to the health centre. These are not isolated cases.

ACTIVITIES

Through World Visions' Citizen Voice and Action (CVA) approach community members learned about Zambian health service delivery standards and their entitlements. The health service standards stipulate that a health facility should be within 5 to 10 km of communities, and that communities with a population above 7,000 should have their own facility. Community leaders realised the government should ensure that the health system met this standard. A local level advocacy committee was formed. And CVA project staff began working with community leaders and traditional leaders to help them mobilise the community, with the starting point being raising awareness of service delivery standards and their rights.

Community members asked traditional leadership to call on the District Medical Office to build a health post in their community. Using face-to-face meetings and letter campaigns, chiefs encouraged the district representatives to review the existing health system in the area. The government responded and provided resources to construct a health post for the area.

RESULTS

The Nalusanga health post was constructed. The community contributed 25 per cent of the building materials. The new health post expanded health coverage to 10,551 people. The government recruited two community health assistants (CHAs) who have since been conducting community health education.

The CHAs have encouraged 200 households in the community to construct standardised latrines to improve sanitation. There is ongoing dialogue with the District Council. The community is now advocating construction of a borehole at the health facility to provide clean and safe water. A total of 77 per cent of expectant mothers received antenatal care, 41 per cent visited the health post in their first trimester, and 36 per cent made more than three antenatal visits. These upward trends are attributed to health education by the CHAs.

Use of primary health care services more than tripled per month as people make use of the free and accessible primary health care services. Malaria was on the increase, with reports of 312 cases in a month. This has dropped to 65 cases recently. The result is attributed again to the CHAs. More than 1600 community members report improvement in the quality of services provided by the health facility.

There is increased knowledge and articulation of policy entitlements and corresponding responsibilities by both citizens and service providers and increased participation in development initiatives.

CHALLENGES AND SOLUTIONS

It was challenging to convince the government to build a health post in Nalusanga when so many other communities also lack services. Key to the solution was the involvement of the traditional leadership and the community's use of CVA to persistently call on the government to strengthen the health system. A challenge has been the shortage of commodities, medical supplies and staff. The absence of a nurse/midwife meant that many cases had to be referred to other facilities. However, pressure from the traditional leaders and community led the government to allocate funds to fully stock and staff the health post.

RECOMMENDATIONS

The CVA model should be applied district-wide to accelerate health system strengthening (so far it has been implemented in six of 16 wards in Mumbwa District). Collaboration between stakeholders in the catchment areas to advocate with one voice should be enhanced. This will improve dialogue, capitalise on the capabilities of different actors and help further amplify community voices and strengthen influence.

CONCLUSION

When people are aware of their rights, responsibilities, and policy entitlements they are better able to advocate for those rights. In Mumbwa District, local level advocacy and engagement of traditional leaders contributed to meaningful dialogue between service providers and service users, which has strengthened the health system through improved access, coverage and efficiency. The CVA process enabled the community to understand and claim their entitlement to a health post and gain confidence to advocate for services on behalf of their community. An increasing number of community members are now accessing health care for themselves and their children, and care is delivered more efficiently with increased staff and commodities. The building blocks of a strong health system are in place in Nalusanga – service delivery is strong, commodities are in stock, the health workforce is fully staffed, and the community is keeping their leadership and government accountable.

Education

The second of World Vision's child well-being aspirations is that children are "educated for life". The following four outcomes have been adopted globally to help achieve this aspiration:
- Children access and complete basic education
- Children read, write and use numeracy skills
- Adolescents are ready for economic opportunity
- Children make good judgments, can protect themselves, manage emotions and communicate ideas

World Vision focuses on achieving these outcomes by working with community members and local partners to ensure effective teaching practices and a safe and suitably equipped learning environment for children. We also work on improving the participation of parents and children to monitor the quality of education services and ensure communities have the capacity to advocate to local government for a better standard of education.

In the 2015 evaluation reports, one of the main indicators reported on was functional literacy, which is measured using a tool called FLAT (Functional Literacy Assessment Tool). Increased attention to the indicator is likely due to a global focus on measuring progress towards literacy.

Aggregated data across two programmes shows that **functional literacy has increased by 15.3 per cent over an average of two years.**

The chart below shows the nine programmes that measured functional literacy. The absence of baselines in seven of these programmes means that we only know the rate of literacy at the time of evaluation plotted against the World Vision agreed global thresholds.
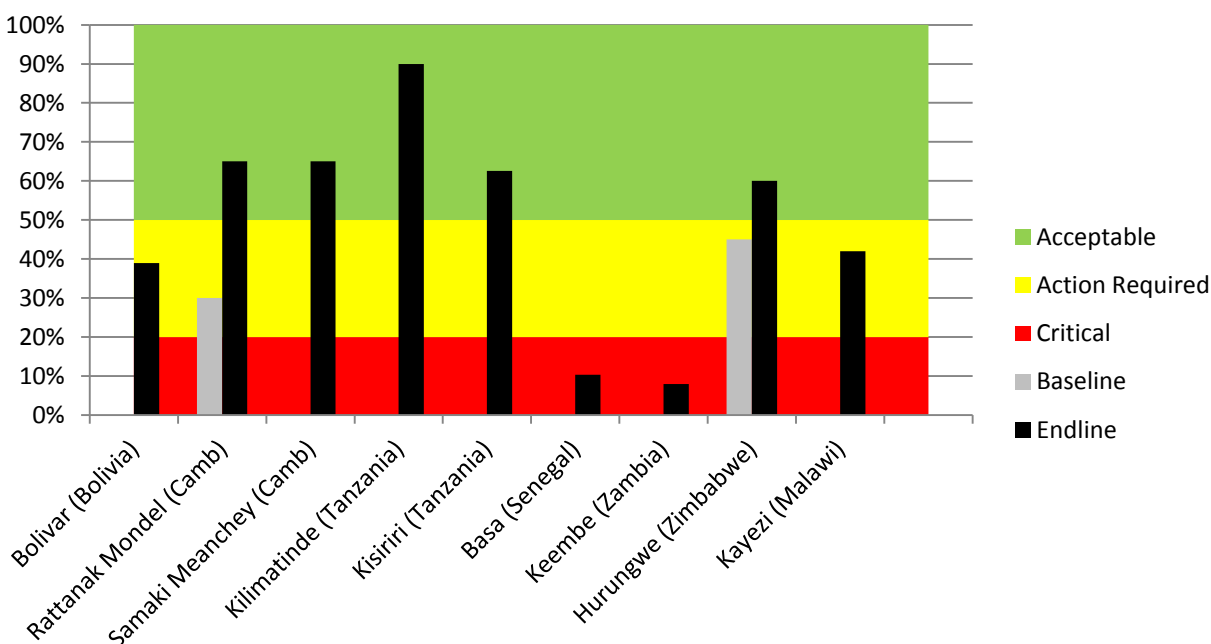
Functional Literacy

Figure 10: Levels of literacy at the end of primary school based on programme evaluations in 2015. Thresholds are defined by World Vision's *Global Child Well-Being Report 2014*

Most progress is observed in Rattanak Mondel, Cambodia (over a three year period). The programme strategy involved improving school management and community involvement in running the school. The evaluation found child-centred teaching methods and an increase in school directors applying a school improvement plan were likely contributors to the improvements. There was also evidence that the value of education had increased for parents and teachers, and students were attending classes more regularly.

In Kayezi, Malawi the evaluation report suggests there is pressure on schools and a shortage of teachers. This may be due to increased enrolments and activities such as lobbying could help ensure more teachers are brought into the area.

The following Zimbabwe case study shows in more depth some of the changes we are seeing in education.

Case Study: Improving girls access to education in Zimbabwe

Project: Improving Girls Access through Transforming Education
Beneficiaries: 467 schools and more than 100,000 girls
Location: 10 districts across four provinces of Zimbabwe

In Zimbabwe, World Vision leads a consortium of government, non-government organisations (NGOs) and community-based organisations (CBOs) to deliver a programme that improves girls' access to education. Entitled IGATE (Improving Girls Access through Transforming Education) the four-year programme (2013-2017), is funded by the UK government's Department for International Development's (DFID) Girls Education Challenge. Following are some of the emerging results and lessons from the mid-term evaluation.

CONTEXT AND ACTIVITIES

One of the biggest challenges for Zimbabwe is restoring its education system. Once hailed the best on the continent, education has suffered greatly from socio-economic crises in recent years. The economic situation has been further aggravated by a prolonged drought, which has worsened since the start of IGATE in 2013.

The drought and wider economic challenges have greatly affected education. Net enrolment rates dropped from 98.5 per cent to 91 per cent in 2009. Girls from poor, rural households were among the hardest hit. Currently, 30 per cent of Zimbabwean children are unable to complete basic education and only half go on to secondary education. At the national level, only 79 per cent of girls complete primary education compared to 82 per cent of boys.

An extensive needs assessment explored and pinpointed the main barriers to girls' education. Nine barriers were found, and in response, a holistic set of project models were developed and implemented (see Figure 11 for a full list and descriptions). Some of the barriers include insufficient income to cover school fees and traditional perceptions that education is wasted on girls. Projects such as the Mothers' Group and Village Savings and Loan groups work on tackling such barriers by building saving programmes and showing how educating girls can be beneficial. See further details below.

To tackle the barriers a consortium was formed and partnerships established with the Ministries of Primary and Secondary Education, Women Affairs, and Gender and Community Development. Government preference is for

NGOs to provide support outside the classroom, so the programme was designed to work on the wider enabling environment for education. The programme focussed on 467 schools (with more than 100,000 girls) in rural areas servicing the poorest communities (according to national wealth ranking). The schools also had some of the highest school dropout rates (37 per cent).
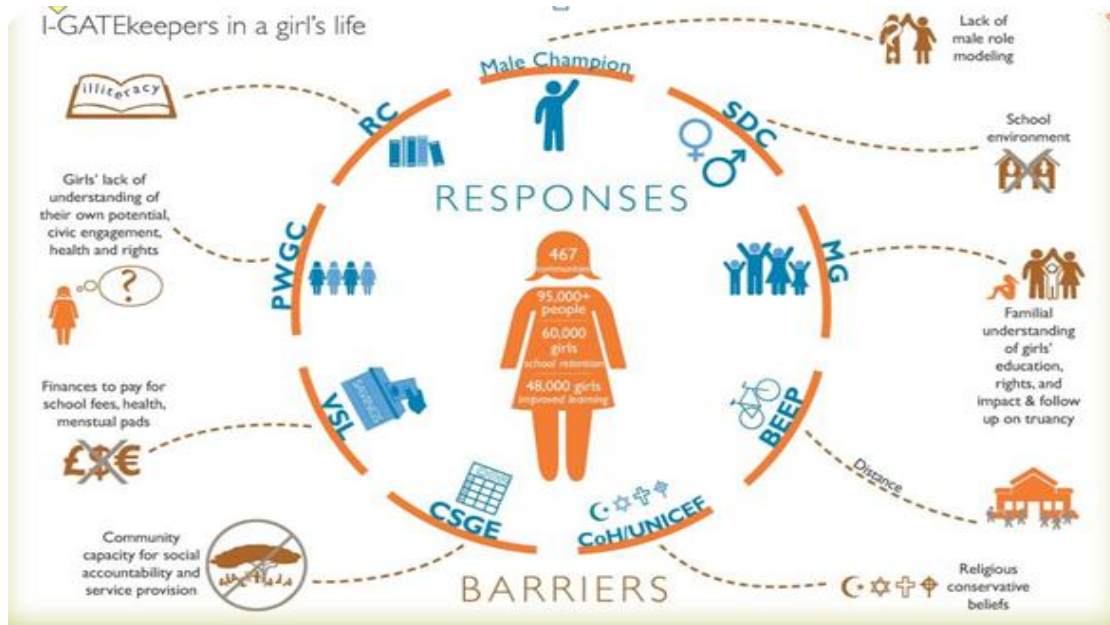

Figure 11: IGATE diagram shows nine key barriers preventing girls accessing education (outside the circle) and nine programme models responding to each barrier (forming the circle).

The nine project models or interventions are designed to respond to and transform each barrier. They are implemented by engaging with the gatekeepers (known as "IGATE keepers") in a girls' life. The nine project models are:

1. **Village Savings and Loans (VSL)** is a model developed by CARE that involves training men and women about group savings, budgeting, generating capital for small businesses, managing finances and creating financial safety nets for group members. The primary purpose is to raise funds for girls' school costs and improve household living standards.

2. **Mothers Groups (MG)** is another CARE model that involves training women in the community about the importance of girls' education. It includes helping them mentor, guide, and counsel girls and other parents about the value and importance of education and issues such as gender-based violence (GBV), hygiene and menstruation. Influential men (traditional and religious leaders) also take part.

3. **Power Within Girls Clubs (PWGC)** another CARE model, is a school-based girls' club run by a teacher. The clubs' support girls to complete primary school, and encourage leadership skills and knowledge about rights. Each club has a maximum of 50 students.

4. **School Development Committee (SDC)** is a formal structure linking schools and communities. Using a training model developed by SNV (an IGATE partner from the Netherlands), the project works through the Ministry of Primary and Secondary Education to train school officials about business and management skills and gender-friendly environments. Water, sanitation and hygiene (WASH) training that is sensitive to girls' needs is also included.

5. **Community in Support of Girls' Education (CSGE)** is a World Vision community advocacy and social score-card model (a variant of the Citizen Voice and Action). It involves training communities to

30

score their school against the Government's education standards for girls, develop an action plan and lobby the government for improved services. It is implemented by the National Government with support from World Vision.

6. **Bicycle Education Empowerment Programme (BEEP)** is a World Bicycle Relief model that supports community-based programmes and provides bicycles to students who live long distances from school.

7. **Channels of Hope** (**CoH)** is a World Vision model that trains faith leaders and elders on the biblical basis for gender equality. Financial power, health, decision-making, education, and sexual and reproductive decisions are emphasised in the training. The project involves partnership with the Evangelical Fellowship of Zimbabwe and the Union for the Development of the Apostolic Church in Zimbabwe Africa, Apostolic and Evangelical faith leaders and elders.

8. **Male Champion** involves a partnership with Emthonjeni Women's Forum to train men to lead community-level changes that support girls' education. Male Champions collaborate with Mothers Groups, School Committees and others.

9. **Reading Clubs (RC)** this is implemented by Happy Readers, a local organisation that trains teachers to develop students' reading skills with a tailored teaching plan. It involves using books in English and two local languages, Shona and Ndebele.

METHODOLOGY

The programme is delivered on a partial "payment by results" basis. This means that funding is granted when the programme achieves its goal. As such a rigorous and reliable assessment of progress is needed towards raising girls' learning outcomes, specifically literacy and numeracy. A randomised control trial (RCT) method was used to track progress since the baseline. The baseline was completed in selected schools in the programme and with a "control" group of schools outside the programme to determine where improvements in learning outcomes are attributable to the intervention. At this mid-term point, progress was assessed by collecting data from a group of girls who were surveyed at the baseline, plus some additional numbers to allow for attrition, which happens over time in longitudinal studies.[10] The two groups studied were:

1) a treatment group of 3,317 primary and secondary school girls from 53 schools (42 of which were "fully-treated" with at least two programme models, or had "treatments" implemented in the previous six months). The data from 11 'partially treated' schools was excluded from the final analysis, and

2) a control group of 950 girls from 33 schools where the programme was not being implemented.

The girls took literacy and numeracy tests. This was complemented by household surveys and qualitative data collection with communities and key informants.

RESULTS

Literacy: There was a statistically significant improvement in the reading skills of girls in Grades 6 through 9 though no difference for girls in the lower grades. Analysis of the interventions shows a significantly positive effect on the oral reading fluency of girls whose mothers were part of a functional mother's group. However, the qualitative data in the baseline did not show why this had happened. While further research is needed, one

---

[10] A longitudinal study is an observational research method in which data is gathered for the same subjects repeatedly over a period of time. Longitudinal research projects can extend over years or even decades. In a longitudinal cohort study, the same individuals are observed over the study period (Source: http://whatis.techtarget.com/definition/longitudinal-study).

possibility is the supportive role of women in the mothers club. Interestingly, and possibly a contributing factor, girls in the Power Within Girls Clubs spoke very positively about the clubs impact on them. While they did not describe how it helped them as students they did mention having fun and learning (for example, about hygiene for menstruation and girls' rights and abuse issues). They also mentioned feeling more motivated to stay at school. This illustrates both the complexity and interdependency of causes that improve girls' learning outcomes and the possibility of intermediate factors that contribute, such as making learning enjoyable and strengthening bonds between girls. It also highlights some of the limitations of interventions, such as the girls clubs, that do not directly relate to the school curriculum or what happens in the classroom.

Numeracy: The mid-term evaluation showed the IGATE intervention as a whole led to better scores in the treatment group, with statistically significant improvements in numeracy skill tests – specifically, additions and number identification (two out of the six). Most progress this time was by girls from Grades 1 through 5.

The evaluation showed a positive, statistically significant effect of the Power Within Girls Groups intervention on improving numeracy scores. Qualitative data suggests this may be linked to increased participation of girls in the classroom, which was linked to improved self-confidence. The improvements in mathematics are particularly noteworthy too as, traditionally, girls do not perform as well as boys in this subject. It is possible that IGATE's promotion of more equitable treatment in classrooms may have had an influence on teachers' interactions with students and with girls particularly. It is also likely that the girls' increased confidence to speak up and ask questions openly in class also helped improved their performance in math.

KEY LESSONS

DFID's Girls Education Challenge aims to gain insights about the best way to improve learning outcomes for girls. At the mid-way point in this particular programme a number of lessons are emerging, both about girls' learning and the challenge of implementing and evaluating interventions to support learning.

The government's strong lead in the education system and the subsidiary role of NGOs highlight the value of partnership and strengthening government capacity and responsiveness. The Ministry of Primary and Secondary Education has embraced the Community in Support of Girls Education (CSGE) model, which is based on the Citizen Voice and Action approach, for its relevance and potential to strengthen the education system. While interventions that work on improving skills help existing school-aged children, it is partnerships between government and communities that can support long-term change and benefit future generations of children.

Having said that, long-term systemic changes that lead to more sustained improvements must also be balanced with shorter-term impact to satisfy the demands of project lifetimes. Initiatives such as the reading groups, which had more immediate impact on literacy test scores, help address this dual programme reality.

Integrating nine models was an ambitious but also important experiment. While there were challenges with the quick start-up of the nine interventions, such as timely accurate programme documents and efficient monitoring processes, there were also opportunities for the different models to mutually reinforce each other. For example, cooperation between Mothers' Groups (MGs), matrons responsible for Power Within Girls Clubs and School Development Committees (SDCs) helped progress the menstrual hygiene management and sanitation agenda in schools. It also promoted cooperation between the school and parents to improve attendance, punctuality, and payment of fees as well as to manage school-related cases of abuse and gender-based violence.

The number and complexity of interventions also presents challenges. It is difficult to distinguish the contribution of individual project models or the precise benefit of integrating them. There are also differences in the timeframes that models or interventions take to show impact. For instance, some models have more immediate and direct impact whilst others such as CSGE, MGs, and SDCs, likely only indirectly contribute to outcomes and after longer-

term changes to attitudes and the environment. As such projects should include a mix of both short and long-term targets.

Engaging and working with different gatekeepers such as religious leaders and the government lead on the CSGE (education policy discussion) is helping them value and support girls' education. This is beginning to influence others and change attitudes and behaviour that formed some of the barriers.

Finally, using RCTs to evaluate the impact of IGATE has challenges. One of the main ones, which we are still working through, is that district local authorities put their efforts into areas where there are fewer NGO programmes. This presents a challenge for using control groups (where there are no interventions) to verify our impact. As such in our study the control group – the 'non treatment' sample of schools – was potentially benefitting from additional government support.

Though large and complex, and still just over its mid-way point, the IGATE grant is already starting to benefit girls. Importantly, it is also providing insights and learning for donors and partners like World Vision about how to better structure and create incentives in large-scale programmes in future.

Child protection

World Vision's fourth child well-being aspiration is that children are "cared for, protected and participating". 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 children themselves. World Vision has developed a comprehensive theory of change[11] that identifies key actors and how they play a role protecting children. The following diagram illustrates the different actors or parts of the system and the areas we work to strengthen.

WORLD VISION'S APPROACH TO CHILD PROTECTION

---

[11] See the report, *Child protection theory of change* located at http://www.iicrd.org/sites/default/files/CPTOC%20WVInt%27I.pdf

Measuring impact in child protection is challenging given that changes may take time to appear, can be subjective and the practices are often taboo, hidden and illegal. In 2015 some of our dedicated child protection projects were not due for evaluation or outcome assessment. As such the evidence reported is drawn from child protection related results in education and participation projects.

In the following two charts we represent the status, and in some cases changes, of participation and education indicators that overlap with child protection outcomes:

Child / youth participation in decisions

Figure 12: Proportion of child participation in decision-making since the baseline

The participation of children has only been consistently measured across our programmes recently, hence the absence of baselines in all but two of the programmes now reporting on this indicator. In Patiana, Senegal, there was a significant increase from 32 per cent to 88 per cent. Contributing factors were the "introduction of the rights of the children into the education system, the participation of the children in the children's clubs' and the formation of 'school governments".

In Basa also in Senegal, where change data is available, lack of progress was due to the cultural norm of "strict respect for the word of the adult" although there was some progress with children's involvement in school coordinating bodies. The evaluation report concluded that more use of children's clubs could improve progress.

% of students dropping out of school

Figure 13: Percentage of students dropping out of school

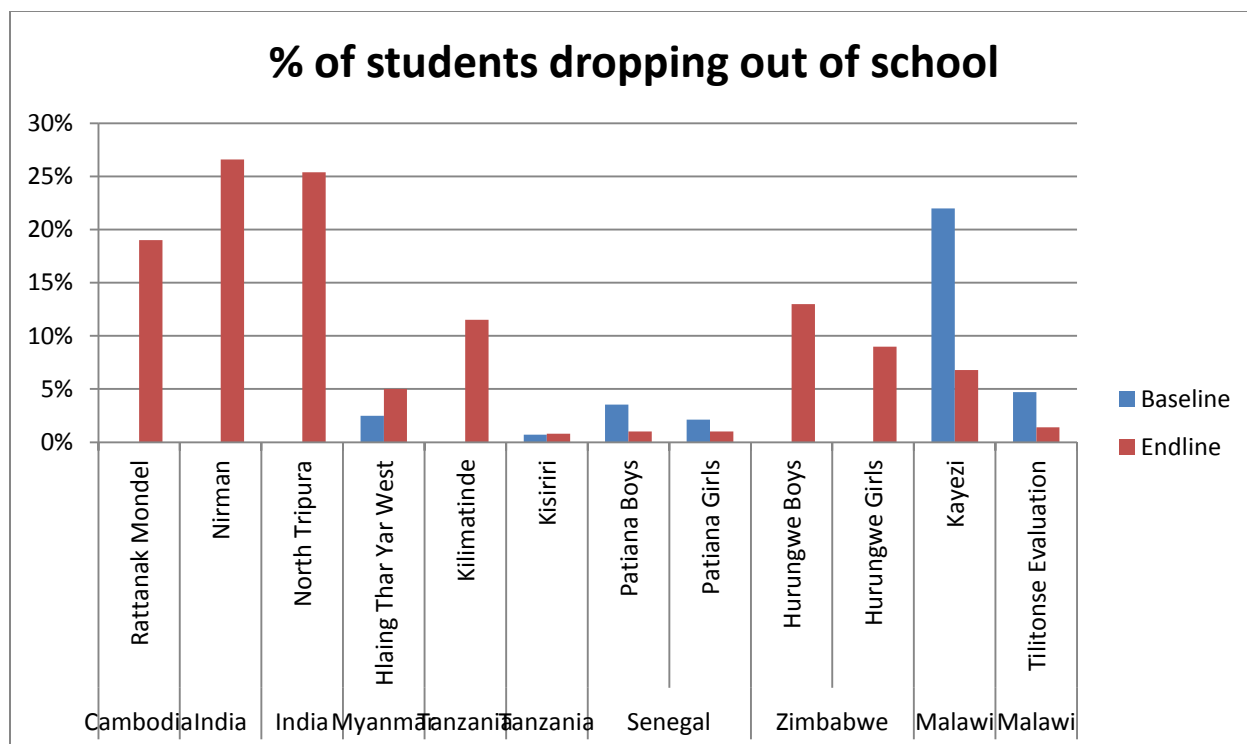Six programmes collected data on the proportion of children dropping out of school. On average 3.5 per cent less children dropped out of school over an average period of 3.5 years. The biggest change was in Kayezi, Malawi, which reported a 15 per cent decline (from 22 per cent to seven per cent). The evaluation report found better school buildings and facilities was a direct factor. This included the construction of a girls' hostel as well as toilets and urinals in a number of schools, which are known to reduce risks to girls and provide a more secure environment for their education.

Case Study: Protecting children from early marriage

Project: Researching social norms change and its impact on child safety and wellbeing
Locations: Two Area Development Programmes (ADPs) in Uganda and Nepal

World Vision UK commissioned independent research to assess the impact and effectiveness of programmes working to end the harmful tradition of early marriage[12]. The basis of the programming is transforming social norms and associated attitudes and behaviours that support early marriage. The research goal was to understand if and how changing social norms influence early marriage practice. By understanding the role of changing social norms the research sheds light on ways to enhance positive cultural and other non-economic resources that support child safety and well-being.

---

[12] Philip Cook and Rebeccah Nelems (IICRD) and Mike Wessells (Columbia University) (2016) World Vision Social Norms Change Research: Protecting Children from the Harmful Traditional Practice of Early Marriage in Uganda and Nepal, draft report.

BACKGROUND AND CONTEXT

Nepal has one of the highest rates of child marriage in the world (41 per cent). In Uganda one in every two girls is married before 18 years. In both countries poverty is one of the main causes of early marriage. It is also a consequence. Other factors such as cultural beliefs, risk of hunger and bride price play into it. In both countries broader societal changes are beginning to influence the tradition. In Uganda the government launched a strategy to end child marriage and teen pregnancy, and in Nepal the government has committed to end child marriage and taken steps to promote gender equity. These changes are beginning to have an influence.

Social norms theory has been around for a while, but only in recent times has it been used to understand and address child protection issues including female genital mutilation and forced marriage. Research by World Vision in East Africa on a child protection theory of change highlights the importance of understanding the influence social norms have on child protection. The research showed that with such insights we can enhance strategies that change harmful practices and promote practices that improve child well-being. Findings from this research will help fill gaps in our sectors understanding of social norms approach and inform future programming and policy.

METHODOLOGY

Primarily qualitative methods were used with some quantitative data. Participatory methods helped encourage reflection on attitudes, values and behaviours and emphasised a "bottom up" approach. Participants included local staff and key stakeholders, children and adult carers. Members of local child protection committees and local reference groups including children's peer networks, women's groups, traditional and faith leaders also participated.

Ethnographic and reflective narrative tools helped explore how traditional values shape local beliefs about well-being and how values change. Focus groups, key informant interviews and most significant change were the main methods used to gain an understanding of social norms and the role of traditional values in shaping ideas of protection and well-being. Social mapping and case study interviews helped gain insights into children's perspectives about agency and social norms. Focus groups were the primary method for learning about gendered patterns and on capabilities and opportunities for children and adults to change social norms. Where possible data was summarised and validated by local stakeholders.

The research approach emphasised deep listening and children's lived experience. It included both vulnerable and non-vulnerable children and use of tools such as outcome mapping, creative expression and other child and community friendly tools.

RESULTS

The research found significant changes in knowledge, attitudes and behaviours in both countries and communities in a relatively short timeframe (3-5 years). People felt there was a higher incidence of early marriage before World Vision's child protection programme began. Interviews show that in the past it was common practice for arranged marriages in Uganda to happen as soon as girls reached puberty. In Nepal marriages could be arranged when the girl reached age five, and to be carried out as soon as she first menstruated. However, following World Vision's programming in Uganda there was an estimated drop of 60-70 per cent in early marriage, and in Nepal there was a 70-80 per cent drop in the programme area.

Early marriage was found to be linked to two key beliefs – the concept of honour and doing the right thing for children, which was closely tied to being a responsible parent, and the socio-economic advantages of dowry and bride price, which also strengthened social networks. These beliefs were reinforced further by the idea that children were "damaged" or old if they were married in later years.

The research found broader social changes were also influencing moves away from early marriage. In Uganda laws and policies empowering women affected ideas about women and children's rights. And in Nepal the Maoist revolution and women's and girls' involvement in the fighting forces changed attitudes about women and children. Similarly, the combined influence of education and children's rights alongside associated economic benefits offered by education were influencing attitudes away from early marriage in both countries. Such emerging positive norms were found to be strengthened by poverty alleviation programmes, such as savings groups and micro-economic interventions in World Vision's ADPs.

A significant finding, especially in Uganda, was the importance children themselves placed on staying in school, which was enabling them to develop life skills and mature perspectives about education and early marriage.

"We can see the difference [of] staying in school. You learn more life skills and eventually mature, and these things protect you while you're in school…." – Focus group with school girls, Kyankwansi ADP

Social norm changes had become embedded in both communities. In Uganda changes in marriage patterns were noted beyond the project and young women who had married early saw the differences for their younger peers who were able to remain at school. In one ADP a local child rights NGO was created and actively working to prevent early marriage.

There was considerable evidence of the positive impact of social norm activities on children's daily lives including

- increasing enrolment of girls in education,
- prevention of early marriage,
- increasing life skills and confidence for boys and girls remaining in school,
- better understanding of the vulnerability of children and the causes of extreme poverty and early marriage.

Despite the successes there were still cases of early marriage, especially amongst vulnerable children from minority ethnic groups or those who were extremely poor. There was also an intergenerational effect as girls who marry and become pregnant drop out of school. There were signs too of a negative side effect of increased education, with more educated girls attracting higher bride prices and being married off quickly after graduating. Similarly, there was an increase in child-initiated early marriages (see page 39).

KEY DRIVERS OF THE CHANGES

The research identified a series of interconnected common drivers that influence social norm changes.

Local leaders and community ownership: Of note was the effectiveness of building local ownership, understanding the local context and designing approaches from the bottom up. In both countries early marriage prevention programmes emerged from deep discussions and feedback from communities about the most pressing challenges and best ways to tackle them. In tackling the underlying cultural values driving early marriage, faith and local leaders and other respected and influential community members played a significant role. Often leaders' opinions change after World Vision training and they became change agents assisting with training of local protection committees. Churches were also important for following up cases and engaging police when parents were in breach of laws. Elders and holders of traditional knowledge and spiritual leaders said culture and religion did not create precedents for early marriage, but instead honour and righteousness. However, they said practices could change more quickly when key messages came from spiritual leaders. This process was also likely accelerated by the increasing value people were placing on educating girls.

Cultural values and economic context: In both countries underlying cultural values such as honour and karma and being a righteous person were key drivers of social norms. These values were foundational to attitudes and

practices and were used by local leaders for raising awareness and by protection committees for reporting and referring cases. In both countries kinship ties were also important for driving and shaping social norms. For example in Uganda paternal 'aunties' have traditionally had a role arranging marriages while in Nepal it is aunts or uncles. Linked to this was the economic advantage that marriage gave poor families resulting from bride prices and social networks. This was where World Vision's poverty alleviation programmes, such as vocational training and micro-credit, were shown to help to influence social norm changes.

Poverty: In combination with cultural norms, poverty was also a key driver of social norms. While poverty alleviation programmes can help, patterns of poverty can shift and programmes must evolve in response. For example, some minority groups, such as the Rwandan refugee communities in Uganda, require specific additional attention and support. Other poverty gaps were also found in the research including very poor children who dropped out of school, children migrating to find work, and large families without the means to educate all their children.

The persistence of early marriage among vulnerable children was driven by poverty, ethnicity and caste. A key driver of child-initiated early marriage involved a negative effect of increased social contact between boys and girls at school and in clubs, and the prevalence of romantic narratives such as Bollywood with movies reaching children via information and communication technologies. It was noted that even though many young people know about the negative impact of early marriage they are still vulnerable. As one young participant stated: "*Campaigns can't reach everywhere, they can't reach inside the heart.*"

CONCLUSION AND RECOMMENDATIONS

In both countries there was significant success in a relatively short time (3-5 years) of using the social norm change strategy to change the norms fuelling early marriage. Specifically, there was significant success by taking a bottom up approach of engaging faith and local leaders, and then building support of community child protection committees. This helped lead to wider community buy-in that supported a combination of awareness raising and soft law approaches. Economic strategies were effective for working on underlying causes linked to poverty. Collectively these strategies help build on wider social changes.

However, there are gaps that current strategies are not effective at addressing. This includes vulnerable children from minority groups that are living in extreme poverty, and children who are initiating early marriage themselves. This will involve developing specific strategies for vulnerable children and continuing to work with leaders and child protection committees as a bridge to the broader community.

Emerging norms: One of the more significant findings was the emergence of new social norms emphasing the importance of education and promotion of women and children's rights. Both of these are becoming key drivers of change reducing the incidence of adult-initiated early marriage. World Vision's work to strengthen partnerships between child protection, government, and civil society education agencies, and to promote rights and law enforcement are strategically important. Such strategies need to include greater partnerships with education, law enforcement and socially empowering ministries. At a local level this could mean expanding relationships between protection committees and buffering children's vulnerability, specifically targeting those at risk of dropping out of school. It could also include creating life skills curriculum.

Children's agency: An important finding is the importance of children as a key influencer of social norms. Young people are a significant proportion of the population and their influence on social norms and change is increasing through social networks and other information and communication technologies. This is likely to grow. While World Vision has been actively engaging children through clubs, parliaments and youth groups, these strategies must increasingly keep pace with these emerging trends. This includes new strategies with appropriate socially

influential leaders, reference groups and communication strategies to build on the success of children's clubs and child parliaments and introducing curriculum on meaningful relationships.

Implications for the SDGs: The success of World Vision's child protection programmes implementing a multi-systemic approach to social norm change has important implications for several targets of the SDGs (Agenda 2030). This includes the potential for using a bottom up methods to significantly impact harmful social norms and engage key leaders. Education is also an important emerging social norm, which can play a role in preventing early marriage. Importantly, World Vision's child protection theory of change should link to the SDGs with special reference to several key targets.

Emergency response

Our emergency responses tackle the most immediate threats to children's well-being. Our approach is twofold: first, we focus on the immediate response, then secondly, we build on our long-term community development advocacy by building resilience. Our resilience programming is covered in our sustainability section, and here we focus on the short-term responses.

In analysing the depth of our impact in emergencies the shorter-term nature of the work creates limitations – our standard evaluation approach is "real time evaluations" (RTEs), which are formative evaluations and primarily focus on initial outputs and adjusting the programming in real time. As such longer-term outcomes or impact are not captured. In addition, in 2015 there were no new RTEs, and so we are limited to the use of one multi-agency review of the Ebola response in Sierra Leone. Following is a summary of the breadth of our humanitarian programming in 2015, and the independent review of our Ebola response.
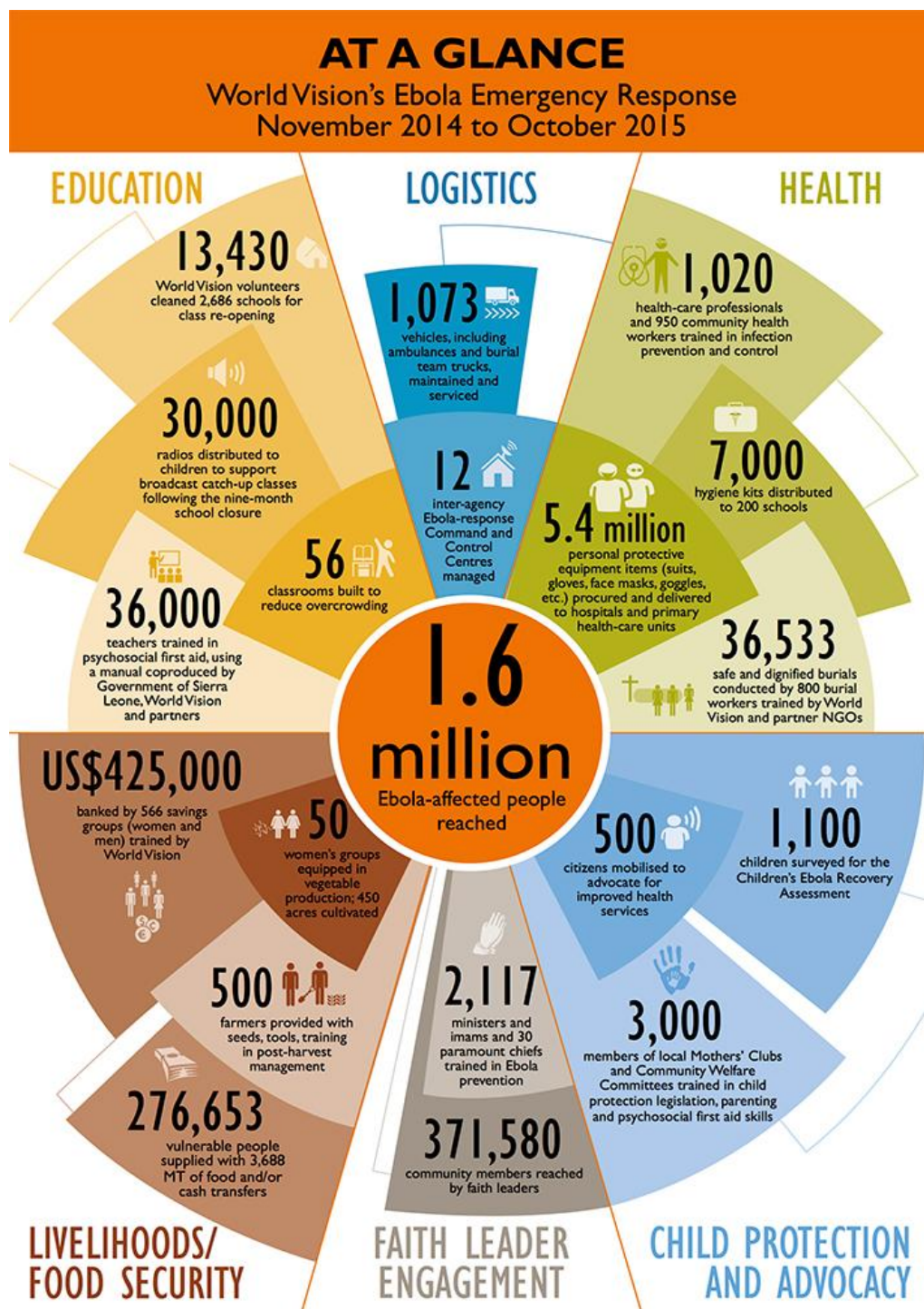
The following map illustrates the range of responses World Vision UK supported over the past year.

Figure 14: Emergency responses funded by World Vision UK in 2015

Case Study: Ebola Crisis Response

In February 2015, the Disasters Emergency Committee (DEC) commissioned a review of its Ebola Crisis Appeal Response to gain an overview of the initial response in West Africa, and to identify key lessons, innovations and exemplary programming. Programmes by nine agencies, including World Vision, were reviewed in Sierra Leone. The following review summarises the main findings and recommendations for strengthening future responses.

AT A GLANCE
World Vision's Ebola Emergency Response
November 2014 to October 2015

1.6 million Ebola-affected people reached

EDUCATION

13,430 World Vision volunteers cleaned 2,686 schools for class re-opening

30,000 radios distributed to children to support broadcast catch-up classes following the nine-month school closure

56 classrooms built to reduce overcrowding

36,000 teachers trained in psychosocial first aid, using a manual coproduced by Government of Sierra Leone, World Vision and partners

LOGISTICS

1,073 vehicles, including ambulances and burial team trucks, maintained and serviced

12 inter-agency Ebola-response Command and Control Centres managed

HEALTH

1,020 health-care professionals and 950 community health workers trained in infection prevention and control

7,000 hygiene kits distributed to 200 schools

5.4 million personal protective equipment items (suits, gloves, face masks, goggles, etc.) procured and delivered to hospitals and primary health-care units

36,533 safe and dignified burials conducted by 800 burial workers trained by World Vision and partner NGOs

LIVELIHOODS/ FOOD SECURITY

US$425,000 banked by 566 savings groups (women and men) trained by World Vision

50 women's groups equipped in vegetable production; 450 acres cultivated

500 farmers provided with seeds, tools, training in post-harvest management

276,653 vulnerable people supplied with 3,688 MT of food and/or cash transfers

FAITH LEADER ENGAGEMENT

2,117 ministers and imams and 30 paramount chiefs trained in Ebola prevention

371,580 community members reached by faith leaders

CHILD PROTECTION AND ADVOCACY

500 citizens mobilised to advocate for improved health services

1,100 children surveyed for the Children's Ebola Recovery Assessment

3,000 members of local Mothers' Clubs and Community Welfare Committees trained in child protection legislation, parenting and psychosocial first aid skills

METHODOLOGY

Led by an external consultant, the review team collected qualitative data using focus group discussions, interviews and observations. The review investigated three main themes: community engagement; programme relevance, and organisational learning and capacity development. The survey sample included 150 females and 148 males from the communities, 30 male and 11 female NGO staff, 11 government staff, 12 partner staff and two members of the security forces.

Limitations: Data was only collected in selected areas of Freetown, Port Lolo, Bombali and Tonkoli and only covered DEC funded projects, thus representing a small proportion of Ebola response activities. Reliable data was limited due to the rapidly changing context with sites closing and new hotspots emerging.

MAIN FINDINGS

Programmes focused on social mobilisation and service delivery such as safe and dignified burials, psycho-social support and material support to quarantined households, survivors and orphaned children. World Vision programmes focused on the following areas:

- child protection, psycho-social support and educational material for children affected by Ebola,
- livelihood support to caregivers of Ebola orphans,
- training faith leaders and health workers on the importance of safe burials,
- support to survivors of sexual gender based violence,
- training on Ebola prevention and hygiene promotion in schools.

Community engagement: Most agencies, including World Vision, have long-term relationships with local groups such as mothers' groups, children's clubs, village savings and loans groups and community health volunteers. The review noted the strength and advantage of this:

"*DEC member agencies have clearly built upon their existing relationships and socio-cultural expertise to engage communities in the Ebola response.*"

The report found that agencies helped communities take preventative action by building individual knowledge and skills as well as supporting community action plans and providing material support. Social mobilisation was particularly effective due to the community and contextual knowledge built prior to the DEC response. World Vision's programmes were noted for building on existing expertise with orphans and other vulnerable children. Interventions for children orphaned by Ebola were developed by working in areas of existing programming and scaling out to new districts.

A key challenge was sustaining community engagement. Beneficiaries perceived that mobilisation and awareness efforts decreased as the outbreak subsided and levels of awareness peaked in project areas. At the time of the review, community members were more concerned about "getting back to normal" and rebuilding livelihoods. Community groups, such as village loans and savings groups that were key partners in early mobilisation efforts, were keen to return to their original goals and work.

Programme relevance: The review found that the focus on community mobilisation and decentralised engagement was appropriate for the first phase of the response and was appreciated by national and district-level

coordinating authorities. A key driver of programme relevance was agency capacity to adapt and develop novel interventions to problems that arose during the Ebola epidemic.

World Vision's work supporting child survivors taken in by host families was noted as a new and effective area of programming. For example, children who lost parents or primary caregivers to Ebola were taken in by other households. However, child survivors were often stigmatised and believed to have caused their parents' deaths. World Vision responded by developing and delivering tailor-made kits of food and suitable clothes for child survivors. The review notes a case in which child survivors, who were initially told by their host family not to touch anyone, were welcomed and able to play with other children after these kits were delivered. The evidence suggests that stigma is more likely linked to fear of sharing limited resources rather than to contracting the Ebola virus. The review concludes that such programming, where a package of resources is provided to child survivors and benefits the entire household, can support re-integration and reduce stigma.

Organisational learning and capacity development: The review found significant learning by agencies, partners, communities and households over a relatively short period of time. In particular the ability of agencies to adapt, innovate and quickly adopt new ways of working to respond contributed to the success of the response.

A key operational challenge was restricted movement, which inhibited communication with communities. This affected all existing development programmes, which were suspended due to the crisis. Transparency, feedback and coordination mechanisms – key processes during an emergency – were a major challenge for agencies. Communities reported confusion about who, what, when and how aid was being delivered. The review recommended that all agencies continue to strengthen accountability and coordination mechanisms.

Gender: Among several cross-cutting themes, gender and the impact of Ebola on women and girls was identified as in need of attention. Most key decisions during the Ebola response were made through paramount chiefs (recommended by the Sierra Leonean authorities), however women reported that the predominantly male decision-making structure left them feeling excluded. In addition, it was not uncommon for local level women's groups and organisations to be repurposed for the Ebola response. The review recommended that future interventions support women and their organisations to reclaim their place in the public arena.

Further, sexual and reproductive health, particularly for teenage girls, was highlighted as a key concern, and one that agencies had not yet prioritised. With reduced access to sexual and reproductive health services, inconsistent messaging about safe sex, and the closure of schools for a nine-month period, a significant peak in teenage pregnancy was predicted. Other factors include a context where transactional sex became an issue during a time of exacerbated poverty. The review encourages efforts to be refocused on getting girls back into school through the provision of gender-sensitive facilities and to strengthen advocacy efforts to oppose government moves to disallow pregnant girls from attending school.

RECOMMENDATIONS FOR MOVING FORWARD

As the response transitions to recovery, the review recommended that agencies should define clear strategies to manage the transition, focusing on livelihood recovery while maintaining capacity to respond to micro-outbreaks. Based on the evidence, specific recommendations were to:

- reinforce and strengthen linkages between emergency mobilisation and ongoing activities;
- build capacity of a reduced number of social mobilisation volunteers;
- rapid and intense focus on mitigations for resilience and livelihoods;
- strengthen social protection;

- support education;
- improve appropriate engagement with the elderly;
- support reintegration of burial teams and grave diggers;
- support civil society and CBOs to reclaim their original mandates and spaces; and
- document key lessons and innovations learned during the Ebola response.

Policy influence on the Sustainable Development Goals (Agenda 2030)

Measuring the impact of advocacy is challenging given that policy change can become a long, complex and opaque process. We are committed to measuring it in order to improve our efficacy and to be accountable for the resources we devote to it. Our advocacy work typically includes working with the UK Government and United Nations on priorities such as child protection and humanitarian responses. In this section we examine our work on the Sustainable Development Goals (Agenda 2030). Specifically, we review the changes that occurred and our contributions to these.

Extent and nature of our influence in the post-2015 process

The Agenda 2030 framework and the SDGs largely reflect World Vision UK's priorities – notably Goals Two (Nutrition), Three (Child Health), Five (Gender including Child Marriage), Eight (Decent Work including child labour), and 16 (Peace including violence against children and fragility). However, assessing the extent to which we influenced this outcome is extremely difficult as it is a global process and we worked through UK-based coalitions. Nevertheless, here we explore our likely contribution. Our review involved interviews with a former DFID Minister, peer UK NGOs, coalition coordinators, World Vision staff (both international and in the UK) representing key areas of policy, programmes, fundraising, marketing and communications.

We developed a simple tool for assessing levels of contribution to policy change, ranking it from levels one through six (detailed in the box below).

World Vision UK 'scale of policy influence' ranking tool

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 and 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

---

When presented with this scale of policy influence ratings, key informants consistently chose scores that clustered around level four, indicating "some influence – World Vision was part of a coalition and 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". The lowest score was level two (marginal influence) and refers to mobilising supporters. The highest score was level five (significant influence) from a former DFID minister, referring to influence and highlighting child marriage.

Interviewees identified four primary pathways of change that influenced the post-2015 agenda by:

1. Shaping the UK government's policy negotiation positions using targeted policy engagement and lobbying with the *Beyond 2015* coalition;
2. Putting pressure on the UK government to adopt ambitious policy positions by mobilising the UK public;
3. Incorporating key priorities in World Vision UK's ongoing advocacy with the UK government, and
4. Working with the World Vision International (WVI) partnership to strengthen advocacy and policy influence globally.

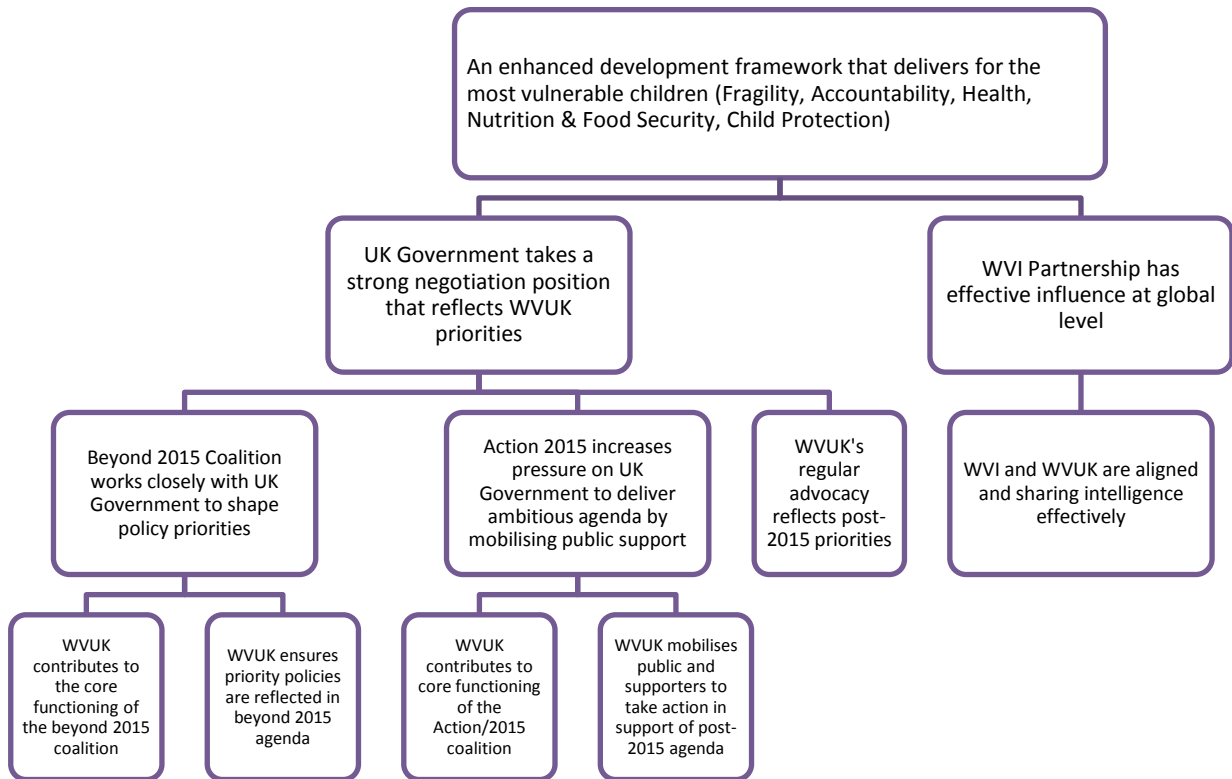This is represented graphically in an implicit "theory of change" analysis (below).

Figure 14: Theory of Change for World Vision UK Influence in Post-2015 Process

Analysis of strengths and weaknesses of post-2015 policy influence

Analysis of World Vision UK's contributions through the four implicit pathways of change shows the extensive nature of the organisations' engagement and contribution in the post-2015 process. Key areas of strength were:

- Significant and noted contribution to effective coalitions
    Peer agencies consistently identified World Vision UK as a significant contributor to *Beyond 2015* and *Action 2015* coalitions, and recognised the collaborative way we worked in the coalitions.

- Access to decision makers and ability to ensure our policy positions were seen by government

By investing in *Beyond 2015* coalition, we gained regular face-to-face access to UK officials (every 4-6 weeks), ensured our position on draft texts were regularly seen by the government, and amplified our positions through the NGO sector.

- Value of our broader advocacy ensuring child protection targets were included
  Our longstanding policy work on child marriage was cited by a former DFID minister of state and acknowledged for showing what the implementation of an agenda for women and girls in the post-2015 framework should look like.

- Contribution through our wider World Vision Partnership
  As one small part of a global partnership, World Vision UK can magnify its influence through supporting the partnership's collective, global advocacy, and in this case it was World Vision UK's sharing of valuable intelligence on the process that our international colleagues valued in strengthening their ability to influence.

- Strengthened reputation and relationships in the sector
  Our consistent policy contributions were recognised by policy makers and our relationships with other agencies has become stronger and begun to change perceptions that we act independently.

- Positive experience for supporters who were involved
  There is evidence that it was an enriching experience for our supporters who were involved and this attracted interest from other key audiences (evidenced by reports of above average social media reach and engagement).

Challenges and weaknesses included:

- Internal collaboration both within our own office and across the partnership
  There are advantages of being part of a large, global partnership though this inevitably presents challenges including the time it takes to prioritise and align internally. Within World Vision UK we were slower than we could have been in communicating to the wider organisation the importance of engagement. There were also competing priorities, with difficult trade-offs on how much policy capacity to devote to the longer-term, and higher level post-2015 framework, and how much to devote to more immediate, concrete policy issues.

- Low levels of supporter and public mobilisation
  World Vision UK has limited campaigning infrastructure and is still grappling with the value of engaging the wider public in these high-level policy processes.

Lessons for the future

Coalition work: Working in and through coalitions was foundational to our post-2015 policy influence. We had regular access to decision makers and opportunities to present our policy positions to government and represent the NGO sector. However, working with coalitions involves investing time to advance a shared agenda and being willing to work on issues that do not always align with World Vision priorities.

Building internal and partnership wide strategy, support and collaboration through an explicit theory of change: Having a more explicit theory of change for how we engage could ease internal collaboration challenges. The ToC outlined above was implicit; emerging through the interviewees' comments captured as part of the review, and retrospective explaining decisions and approaches. Agreement up front on this ToC would enable more conscious development of strategy and prioritisation of resources. In particular, this would enable a greater consideration of the value of supporter or public mobilisation.

Reflecting World Vision UK's identity in advocacy: The interviewee responses showed that vulnerable children were the centre of World Vision's advocacy, however, the two other dimensions of our identity – being community-empowering and Christian – did not come through so clearly. We need to explore how our contribution can be even more focused through emphasising our community presence (and ability to channel insights and data from the very local level into the process). Similarly, we need to improve our Christian identity (and whether we could play our part in engaging faith-based constituencies in the UK), as well as build our expertise in partnering with faith-based groups in our local level programming.

Advancing the Sustainable Development Goals: While the Sustainable Development Goals have been agreed, it is simply a policy. What comes next are the crucial steps of implementation, enforcement, and changes in culture. World Vision needs to determine the role it will play contributing to these.

Sustainability of impact

Introduction

World Vision's goal is "the sustained well-being of children within families and communities, especially the most vulnerable." In this section we consider the extent to which the changes in child well-being we have reported are likely to be sustained.

Definition and methodology

Our understanding of sustainability is that while the impact we want to achieve is the well-being of each child, our organisational Theory of Change includes a particular focus on the role of the community in championing child well-being. As such we define sustainability as the community's ability to sustain child well-being. So while we anticipate that giving children a strong start in life helps them fulfil their potential and enjoy well-being into their adult lives, our focus is on strengthening the community – and its "ability to maintain and improve the outcomes and goals achieved after support has ended"[13]. In short, while our unit of measure for child well-being is the individual child, the unit of analysis for sustainability is more often the community, reflecting our community-empowering approach to development.

Measuring whether the gains in our existing community-based programming will be sustained is difficult, as we are trying to measure a future state. The purest way of measuring sustainability is returning to a community after we have left, and examining whether the mechanisms that promote child well-being are still in place. Logistically this is difficult to do. It is also difficult to justify as standard practice because the findings of the evaluation do not benefit the community and do not change our past actions. As such ex post evaluations are best suited as "proof of concept" and testing assumptions about sustainability to develop programme theory. This enables us to design sustainability into our programming approach. In previous Impact Reports we have presented findings from ex post evaluations in Kenya (2013 report), Senegal and the area affected by the 2005 Asian Tsunami (2014 report). Next year we aim to report on two planned ex post evaluations – to test our assumption about whether our drivers lead to sustainability and contribute to a wider World Vision meta-evaluation of various ex post evaluations on our programming in the last few years.

However, what we can do more systematically is to monitor across all our programmes the extent to which 1) the mechanisms are present that our programme theory suggests will promote sustainability, and 2) test some of the assumptions in our theory and explore contexts where we appear to be contributing to intermediate outcomes that might pave the way for sustained success beyond the project closure.

World Vision's five drivers of sustainability

World Vision has drawn from a literature review and our programming experience to identify what we call the five "drivers" of sustainability. They are an implicit part of our multi-sector approach and the work we do and are identified as:

---

[13] World Vision International, *Sustained Child Well-being: How can World Vision best contribute?* World Vision's Drivers of Sustainability, unpublished paper

1) Community ownership

2) Partnering

3) Transformed relationships

4) Local and national advocacy

5) Resilience

While there is significant overlap between these drivers, we will explore each of them in turn, attempting a meta-analysis of the evaluations of World Vision UK-funded programming in 2015.

| Ownership | Partnering | Transformed Relationships | Advocacy | Resilience |

A REALIST FLAVOURED APPROACH TO META-ANALYSIS

To conduct this meta-analysis we draw on the principles of the realist approach to meta-evaluations[14]. The realist approach (which can be applied to evaluations and reviews) is particularly relevant for this task as it is:

1. a theory-based approach that aligns with the Theory of Change framework that we used for meta-analysis in this and previous Impact Reports. It also helps further our thinking about the sustainability drivers

2. recognising that context matters, but it is still possible to make some mid-level generalisations about whether something works in a particular context or not. As World Vision operates across a large number and range of contexts, this is a helpful stepping stone for contextualising our programmes. It helps us move from the "one size fits all" assumption inherent in programming models, to seeing that in certain types of context, changes to the programming models may work better. This helps guide frontline programme staff to tailor the model to the context, which is preferable to reinventing the wheel every time we want to adapt a global programme model to a locality.

3. sensitive to how programmes impacts people differently, which is relevant to World Vision's ambition to focus on the most vulnerable children. If our programming is benefitting children, but not reaching those most vulnerable, then we are falling short of our goal.

Realist approaches assume that nothing works everywhere for everyone: context makes a big difference to programme outcomes. A realist evaluation asks not "what works?" but "how or why does this work, for whom in what circumstances?"[15]

In the realist approach, programme theory is made up of the simple building blocks of what are known as "Context, Mechanisms and Outcome" configurations (CMOs[16]). In short, these are hypotheses about the relationship between a context (which can be both the nature of the programme as well as the setting in which it is introduced), and the kind of mechanisms that are expected to "fire" in order to achieve the desired programme "outcomes".

---

[14] Bill Walker and Gill Westhorp (2015) Realist Meta-Evaluation, presentation at the Australian Evaluation Society conference, located at http://www.aes.asn.au/images/stories/files/conferences/2015/presentations/051100/53GWesthorp.pdf

[15] http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9138.pdf

[16] Ibid p.10

Using the CMO framework highlights how the five sustainability drivers sit at different levels within the results chain. Two of them sit up quite high in the chain, and are both a driver and an outcome. For instance, the transformed relationships driver overlaps with our child well-being outcome of "children enjoy positive relationships with peers, family, and community members". And the "resilience" driver overlaps with our child well-being outcome that "parents or caregivers provide well for their children". Other drivers are lower down the chain, describing intermediate outcomes (like partnership and advocacy) or even more fundamental, ownership. Below is a graphical depiction of the drivers forming a "tree" bearing the fruit of sustained child well-being.
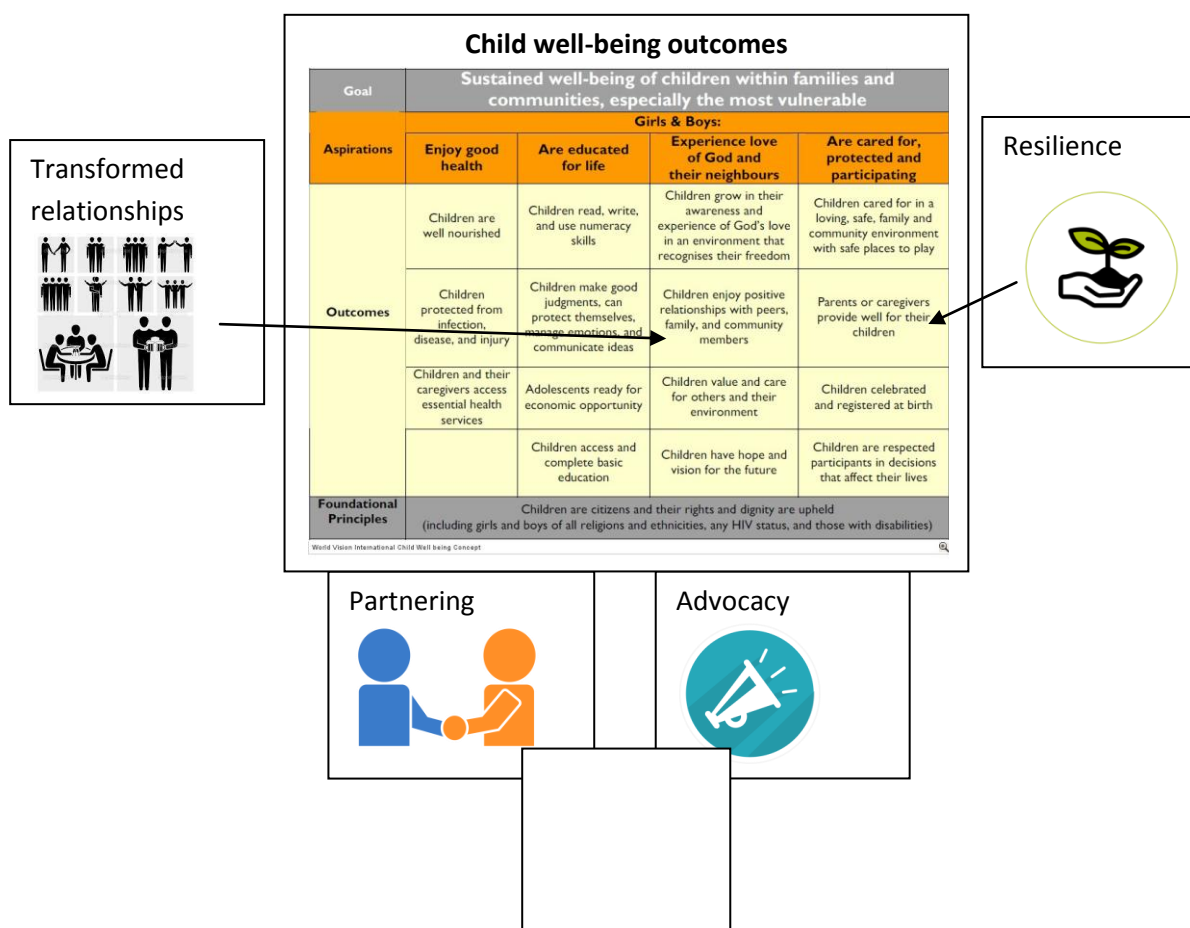

Figure 15: Five drivers of sustainability and their relationship with the child well-being outcomes
In the following section we report progress against the five drivers. As we are still learning and exploring how best to apply the realist approach and integrate the CMO framework and collect sufficient contextual information, the following section only loosely applies the approach and framework to data we currently have available.

The analysis also demonstrated how the drivers are intertwined and so often one piece of data, such as a quote from the evaluation, illustrates more than one driver operating. To avoid duplication, and reflecting the foundational role of ownership, we have included most of that analysis in the first ownership section and not repeated it in other sections.

Driver 1: Ownership

Definition

Ownership is both a driver and an outcome. The ideal situation is where the programme vision and priorities are developed with and owned by the community and local partners after an in-depth shared exploration of child well-being in context. It also includes clear plans for how local actors will continue to hold each other accountable after World Vision's programme ends.

Key interventions

Key programme interventions contributing to this outcome include: Citizen Voice and Action (CVA) to empower and mobilise community members to act; community planning; forming and building capacity of community-based organisations (CBOs) and other community groups to facilitate their own development process; capacity building government and authorities, and facilitating the engagement of communities with government and authorities (sometimes through CVA).

Overall findings

A total of 17 programmatic evaluations were reviewed for evidence of how community ownership had developed. Eight showed positive evidence for community ownership of development, and nine had mixed evidence with some community ownership. But, in other aspects of the programme there was a lack of ownership or threat to the existing ownership.

CASES WHERE OWNERSHIP IS DEVELOPING

In all the villages in Kisiriri ADP in Tanzania there were three core committees: Defence and Security; Finance and Planning, and Community Development; and Social Welfare. Other committees in Kisiriri include: Health; Environmental Conservation; Water; School; HIV/AIDS, and Infrastructure. All committees were operational in all villages, but their level of performance varied. In all villages core committees and health, water and school committees were actively delivering services to the community. Six out of the nine committees (66.7 per cent) were active compared to 57.0 per cent in 2011.

Health committees were active and providing seminars on health issues such as environmental hygiene and sanitation. They monitored children under age five, health and households' hygiene and sanitation including toilets and treatment of drinking water. Water committees were ensuring that water sources and infrastructure was protected and were mobilising residents to contribute to the water fund. Training facilitated by World Vision and the Water Improvement Project supported the committees.

In Malawi, World Vision's CVA programming helped people form groups and take ownership of the development of their community, and engage duty bearers to improve the quality of service provision. People noted a significant increase (51.6 per cent, compared with 3.5 per cent at baseline) in interactions and lobbying of service providers both at local and district levels, specifically:
- The Mankhambira CVA Group and the 997 Group (a community level empowerment group), in collaboration with local leaders (chiefs) and World Vision Malawi, formed bylaws to ensure children's rights to education, protection, regular school attendance, and adherence to a code of conduct by teachers and children.
- A community initiated the installation of a solar panel in their school, so children and teachers could continue working at night.
- At Limphasa school, the community funded electricity for the school.
- 67.8 per cent of households surveyed said access to education had improved largely because of the Mankhambira Sambizga Mwana project (a CVA project).
- Young people are now actively participating in national and international observance days where they are able to voice their concerns using theatre and dance.

Examining what happened and why

SHARED VISION AND PRIORITITES

Evidence from the evaluations supports the need for shared exploration of child well-being with the community and local partners. This helps to generate a collective vision and priorities, which contribute to community ownership.

In Samaki Meanchey ADP Cambodia elements of the Development Programme Approach were incorporated to foster local ownership. In the evaluation it was reported:

"Community members became increasingly active in assessments of local needs and prioritised sectoral projects and activities. Community members helped identify issues to address and community leaders shaped these into development proposals and submitted them to local government and NGOs."

In Hurungwe ADP Zimbabwe lack of involvement in creating a shared vision and priorities contributed to less sustainability of many elements of the programme. Lack of community leaders' involvement during the project design contributed to this.

In the evaluation it was reported:

"Project monitoring was affected by non-involvement of local leaders in project design and the M&E [monitoring and evaluation] plan. A household survey showed a similar outcome with 41.6 per cent reporting they were not involved, 32.7 per cent lowly involved, 14.3 per cent were moderately involved and only 7.9 per cent highly involved."

In some contexts a shared vision and priorities by local stakeholders also appears to influence sustainability. As a member of the village development committee in Nirman ADP India explained:

"Unless we own it no one can help us."

Participating in planning processes: In Kilimatinde ADP Tanzania the evaluations reported:

"Community innovation will be the basis for... sustainability."

Several community-led initiatives such as Silk Bwawani in Chibumagwa and the Irrigation Scheme Cooperative in Msemembo have already benefited community members, and evaluators attributed this to community ownership of the idea and the design of the programme.

In World Vision's programming in Malawi, it was noted that the proportion of citizens participating in education service planning, budgeting, and implementation increased from 21.9 per cent in 2012 to 25.5 per cent in 2014. Further, the proportion of parents and guardians participating in school governing bodies increased almost fivefold, from 6.3 per cent at baseline to 30.1 per cent at endline. Evaluations showed CVA contributed and was successful at mobilising community participation in planning. A similar pattern was reported in Uganda, where the percentage of community entities that identified service delivery gaps and came up with action plans increased from 12.8 per cent in 2012 to 41.3 per cent in 2014.

In Basa ADP, Senegal, improving participation in planning activities and therefore building ownership to support sustainability was far more challenging, and women in particular seemed to be adversely affected. A range of socio-economic constrained their involvement, including high levels of illiteracy (often because school fees are unaffordable) and weekly markets, which they are generally involved with. This greatly inhibited participation in planning meetings. Consequently, meetings did not involve a representative section of the community and men held most senior positions.

Evaluations also suggested that in some contexts involvement of local authorities and duty bearers also contributed to sustainability.

As the Agricultural District Health Officer Kiboga district, Uganda explained:

"World Vision has always involved us in planning, implementation and monitoring of the MNCH [maternal, newborn, and child health] project. This has enabled us to know key interventions of the project and we are keen to continue promoting those interventions because we want to continue seeing a positive change in the lives of mothers and children in our district."

Likewise in Samaki Meanchey ADP Cambodia, programme staff built partnerships with relevant government departments such as District Agricultural Office Women Association, Provincial Department of Health and Operational (health) District, and Ministry of Rural Development and established Village Development Committees (VDC) and other community groups.

Contributing resources: In addition to participation in the planning process, contributing resources, such as labour, materials, time or money, also helped build community ownership in some contexts.

World Vision staff in Samaki Meanchey ADP Cambodia explained:

"Equally important, the majority of community people are willing to contribute their resources to support different development activities, for instance, road and canal rehabilitation. Therefore, the majority of community people feel ownership and participation, and these indicators contribute [to] sustainability of the programme."

Several evaluations reported similar results. In Hlaing Thar Yar ADP Myanmar, the community purchased land to build an early childhood care and development centre. Funds were raised though compulsory community contributions, the gift notification fund (where gift from sponsors over a certain set limit are put into a community fund), or funds formed with the profits from the Village Savings and Loan Association (VSLA). As a result we anticipate that community investment will contribute to sustaining the programme and facilities after World Vision's programme ends. Likewise, in Kilimatinde ADP Tanzania community members saw themselves as key actors in the development process due to their involvement in community activities, including forming cooperative economic teams to generate income for the community and providing labour to support community-based projects.

Conversely, in Hurungwe ADP Zimbabwe while there are some great examples of community contributing resources and community ownership (for example, the contribution of labour to build latrines, or the sewing of clothes for orphans), the general picture was much less positive. Numerous comments in the evaluation suggested a context in which there was much less social cohesion and many individuals sought benefits for themselves over their community. There were several examples of this in the report including a case where community members, who were trained to repair boreholes, were charging the rest of the community for their time (in other ADPs this is a voluntary role). In contexts where corruption is high, communities are less likely to contribute resources and take ownership, and this seems to contribute to reducing the potential for sustainability.

PLANS FOR DIALOGUE AND ACTION

Additional to a collective vision and priorities, clear plans for dialogue and action also appear to influence ownership. In Nirman ADP India community self-help groups and village development committees had clear and well-documented plans for the future, which helped increase the potential for sustainability. In contrast, in Hurungwe ADP Zimbabwe a programme that aimed to empower the community to run viable projects by providing assets such as brick moulding equipment and a soap machine failed to flourish and continue once the ADP closed. Though leaders were involved, they did not know how to use the equipment, nor did they have a clear plan of who should be involved or how the equipment was to be used to the benefit of the community. The intervention was reported to have very limited sustainability, particularly in contexts where corruption and self-gratification were common.

Plans for dialogue and action are often implemented through community groups and government structures. For example, Samaki Meanchey ADP Cambodia reported:

"Each village has been initiated to create village development committees, rice committees and CBOs [community-based organisations], which have much experience working together to meet a common interest. Most of village development programme and activities have been channelled through CBOs."

Kilimatinde ADP Tanzania reported:

"Communities believe that sustainability is based on strong community institutions. Communities intend to form groups like CBOs. The Community Care Coalition is a community institution that has taken root and is addressing development challenges."

In Hlaing Thar Yar West ADP Myanmar, every community development activity conducted by or with the support of the ADP was sustainable to a certain degree. The key reason seems to be community-based groups who continue the work in every sector, and as the ADP progressed and prepared to transition out, World Vision reduced its focus on direct implementation and increasingly focused on building the capacity of these groups to facilitate sustainability. In their focus group discussion (FGD), members of Hlaing Thar Yar Development Network commented that there is a CBO or self-help group in every targeted ward capable of continuing to work for the needs of the community in the future after World Vision has left. The health volunteers explained that with the help of World Vision, the CBO has a clear purpose, a detailed implementation plan in place, and the relevant technical knowledge to continue the activities.

Numerous evaluations show CVA approach was helping form and strengthen community structures. In Malawi, 55.2 per cent of parents and guardians (57.8 per cent male and 53.1 per cent female) said their involvement in activities to advocate for education services and entitlements was due to the training provided through the CVA approach. The training equipped people with skills to create community structures. Parents and guardians indicated that training and information services had improved their knowledge about demanding entitlements, services and improvements. The groups, which became forums for demanding services and entitlements, achieved very positive results.

Despite the strength of CVA, evaluations also showed functionality and sustainability of community groups and structures were variable. One common indicator reported, however, was that pre-existing groups tended to be more sustainable and there was a greater sense of ownership. The maternal, newborn and child health programme in Uganda (Kiboga MNCH project) was considered more sustainable because it was developed with the Ministry of Health and the district local government structure. In the CVA programme evaluation for Armenia it was reported:

"The easiest types of group to mobilise and empower are those that already exist as part of the state institutions or public institutions (such as the teachers, nurses, community councils, etc.). The hardest types of groups to convene and empower are entirely new groups to take initiatives not related to public well-being."

RESOURCES, SKILLS AND MOTIVATION

Despite having the vision and priorities owned by the community, and clear plans for dialogue and action, many of the evaluations reported concern about the sustainability of the community groups responsible for leading the development actions after World Vision's programme ends. Specific concerns included lack of skills, resources, and motivation to sustain community ownership.

Availability of adequate resources: Discussion with a School Support Committee in Rattanak Mondol ADP Cambodia revealed that not all members were active, as they were too busy working and did not have the time or money to be able to participate. There were similar findings in Samaki Meanchey ADP Cambodia and North Tripura ADP India.

However, it is not just individual household income that threatened sustainability. Numerous evaluations showed that the groups themselves do not have the means to continue the activities as planned. In Hurungwe ADP Zimbabwe, while there are School Development Committees (SDC) for schools they relied mostly on school fees and levies, which parents often failed to pay. Also, many school committees were not set up with income-generating activities. A school committee member at Chivende noted:

"We've been left without anything to generate income to maintain the school but World Vision has done a lot for us…"

In Samaki Meanchey ADP Cambodia leaders of the village development committee said they were confident identifying the needs of community and vulnerable people and developing action plans. However, they were not yet independent or confident about finding alternative support once World Vision's project ends.

In Hlaing Thar Yar ADP Myanmar, all of the CBOs undertook income-generating activities (IGA) that fund development activities. In the final years of implementation, some CBOs were contributing the same level of funds as World Vision towards some community development activities, such as nutrition support for pregnant mothers and children under five, and the early childhood care and development and non-formal education. The availability of these funds and the existence of budgets and detailed implementation plans, which outline how the funds will be used, improved the chances of sustainability. However, one of the most frequently mentioned ways sustainability was jeopardised was lack of funds to continue the work. CBO members said that although their IGAs were successful, they would never be able to generate the same level of resources that World Vision provides. Formally and non-formally educated mothers and health volunteers said that the resources available did not match what World Vision provides, and inevitably some activities and services will stop.

Nirman ADP India, however, did not appear to struggle with financing. The self-help groups were able to tap resources from micro-finance institutions and banks, and the communities obtained various government resources, such as bank loans, old age pensions, disabled persons allowances, study loans and subsidy for agriculture loans. A possible contextual difference in India, which warrants further research, is the strength, wealth, and accountability of the government, the availability of allowances and the relative accessibility of funds from financial institutions.

Availability of adequate skills: In some contexts, World Vision's efforts to build community members' capacity have been sufficient to sustain community ownership. In Keembe ADP Zambia, a woman noted:

"Some community members have been trained as pump minders, and are able to maintain water pumps that had [previously] been dysfunctional for more than two years."

In an FGD in Samaki Meanchey ADP Cambodia, community leaders explained:

"…We received a lot of trainings and coaching to establish village development committees,[and a] rice bank and savings group from World Vision staff. We know how to make our village development plan; and for the rice bank and savings group committee, we learn how to take notes on income and expenditure. We also are confident to encourage the poor to participate in the savings group. We now have a children and youth club who help each other to learn their lessons and do homework. And, [they] also collect their contribution to buy study materials for their poor friends and organise the study group for other areas, and learn how to take note of things to share with their friends…"

In Hlaing Thar Yar West ADP Myanmar, however, the community members saw the lack of CBO capacity as a genuine threat to sustainability. Only 62.5 per cent of the CBOs in the capacity assessment were "functional". The VSLAs commented that although the groups facilitated access to capital, people's lack of business or labour skills limited the use of capital. And lack of strong technical and management skills to run VSLAs also reduced sustainability.

Sustaining motivation: Maintaining motivation to implement development plans is also essential for sustaining community ownership. In Samaki Meanchey ADP Cambodia, it was likely that the village development committees and community support groups would continue their volunteer commitment to community development. As noted in the evaluation report, this was due to "*the respect, and trust in their leadership from the villagers. This encouragement affirms to all executive members of the village development committee, rice and cow bank committee, and savings group with [a] three year mandate who were re-elected by the members, to continue their work as the representatives of the individual groups and community.*"

Conversely, the waning of motivation was frequently cited as a threat to sustained community ownership. The evaluation of the maternal and child health programme in Uganda, reported:

"*A threat to the sustainability of village health teams' work is the lack of motivation especially financial benefits. Lack of motivation has already led to withdrawing of some these teams. Unless [the] Ministry of Health and district local governments begin to budget appropriately for motivation, monitoring and supervisory support, ongoing supervision of and support for village health teams will be impossible.*"

Likewise, in Namacurra ADP Mozambique community members were passive in the development of their communities, lacking in motivation or zeal to effect change themselves, instead they relied on distributions and handouts from World Vision and the government. This seemed to have a detrimental effect on the sustainability. Community facilitators stopped running the after-school clubs because they were not receiving

incentives, despite the clubs' success in improving the literacy of struggling students. There were several examples of groups that had lost members or stopped functioning altogether when World Vision's support ended. Muebele mothers' nutrition group dropped from 25 members to five, with interest waning once follow-up by World Vision ended. Further, three of the seven CBOs selected to complete the CBO capacity self-assessment became non-functional in the fiscal year following the project closure. Discussion with the ADP staff revealed that this waning motivation was likely due at least in part to the dependency on handouts (formed as a result of relief distributions during the war), and the fragility of the environment, which made the community members less willing to invest time and money in the future.

Driver 2: Partnership

Definition

The best possible outcome is one in which community-based organisations and representatives are able and willing to deal with all partners in securing the best possible arrangements for improving child well-being. By partners we mean other actors involved in development. These include the government at different levels, (for example, village, district, state) who remain the primary duty bearers in supporting child well-being in the long-term. In addition are other bodies such as the police and non-governmental organisations such as the media, financial institutions, faith-based organisations and charities large and small, general and specialised.

Partnership overlaps with other drivers, particularly ownership and transforming relationships, and specifically with CBOs, which are often one of the major partners our field offices work with. Therefore, some information relevant to partnerships is reported in other drivers, including ownership, and is not repeated again here.

Key interventions

Typically World Vision's role is that of a broker or facilitator, strengthening groups at community level as partners and helping build links to these other agencies responsible for providing services that benefit child well-being. Activities in programmes include mobilising community members, forming CBOs if none exist, and ensuring or giving training and mentoring.

Overall findings

Nineteen evaluations were reviewed. Of these 14 mentioned partnership as a driver within the project approach. Eight evaluations showed good evidence of positive partnerships. Seven showed mixed results and four showed poor or limited evidence of partnership within the respective projects. Only eight used a specific tool to measure the functionality of partnerships, but most spoke about it and 18 reports had recommendations relating to it.

Examining what happened and why

The evidence provides a good insight into the benefits of forming and building capacity of groups and committees in the community and helping them link with other partners and external agents. Such partnering and capacity building fulfils functions that individuals alone could not achieve. It takes the strength of a group to do something challenging such as tackling child marriage.

"For instance, the case management committee cited a case in Julius Village where a standard [seven-year-old] girl was forced into marriage. However, the committee took up the case until the child was withdrawn from the marriage and she continued with school." – Kayezi ADP Malawi

In Nirman ADP India the self-help groups, which are supported by World Vision and aim to economically empower women, are a link with government health workers who seek to provide information about and access to prenatal and antenatal care. A government worker explained the value added by World Vision in helping them to reach women with health services:

"World Vision staff went into every nook and cranny to meet the women to change their attitudes. They directly came into contact with the women." – Alterani Behera, ANM Supervisor, Nirman ADP

In Armenia and Uganda, CVA project evaluations found that community members working together in groups increased their knowledge on state entitlements and became more empowered to increase dialogue with service providers. This led to a noticeable improvement in government service delivery, with a 32 per cent

increase in satisfaction with government health services in Uganda and 5.2 per cent improvement in access to secondary education in Armenia.

Similarly, Hlaing Thar Yar West ADP Myanmar reported that community-based organisations were essential for sustainability, and that the lack of CBOs was therefore a threat to sustainability. This was a common theme.

Strong ownership of child well-being and a willingness to participate in the development process seem to be important factors for strengthening partnerships – that is, people buying into and being connected to a common goal and driven to participate and do something to achieve it. In Armenia CVA project participation in the community planning process brought people together with a common goal and encouraged them to be more confident and demand better services from government service providers. Notably, CVA projects in Kayezi ADP Malawi, Nirman ADP India and Armenia contain very different contexts, but all reported good partnership and participation. Kayezi ADP Malawi and Armenia CVA both mentioned high levels of participation by children and young people.

"We needed this project, because after 1990 the community was in a sleep. Due to these discussions the community got up, also got aware of their rights and undertook the responsibility." – Angeghakot School Headmaster, Armenia CVA

There needs to be a favourable context, the partners must be willing to work together in addressing poor service provision, which is a two-way process of dialogue. In Rattanak Mondel ADP Cambodia, it was mentioned that the context had changed, and now the government "approves of" community empowerment. In one of the programmes the relationship with government was said to have been "difficult".

Learning, challenges and recommendations

Most communities now appreciated that World Vision's role was not to provide for them, and so they were building sustainable community organisations to continue progressing child well-being themselves. In only two out the 19 programmes did we find a weak capacity to form partnerships.

In such cases where there were poorly functioning community organisations one of the reasons was powerlessness to form groups with the most vulnerable, most likely because the overall community priority was to find work. Groups that seemed most likely to be sustainable were those with the ability to generate income, such as savings or cooperatives, those who could apply for grants such as village development committees, or groups that had other assets such as land. Working with groups recognised and supported by government policy was also seen as a good strategy where possible.

Half of the reports had specific recommendations about building capacity in community groups, including better training on leadership and management and linking with other partners. Other factors include better technical expertise in World Vision staff, and adequate support to groups such as through a CBO network or federation when World Vision leaves. Also worth noting was an emphasis on starting the process of building capacity for partnerships earlier in the programme lifetime.

Driver 3: Transformed relationships

Definition

The best possible outcome is that men, women, girls and boys care for each other, for their community, for their environment, and the wider world. Also, relationships within households and communities can be defined by:

- trust,
- equitable gender relations,
- conflict prevention and resolution,
- voluntary sharing of time and resources, and
- the valuing and protecting of all children, especially the most vulnerable.

Key interventions

Much of World Vision's programming is designed to facilitate the transformation of these relationships and increase the likelihood that improvements in children's well-being will continue beyond our involvement. Our interventions include training and awareness building about topics such as social ethics, domestic violence, child rights and child protection. They are intended to improve how community members relate to one another; support youth groups and children's clubs to facilitate stronger relationships among children. They should also assist in:

- improving their education and hygiene;
- support early childhood care and development centres and non-formal education projects and improve children's literacy and numeracy;
- support and build capacity of CBOs to serve their own community; and
- strengthen dialogue and relationships between communities and duty bearers with tools such as CVA.

Examining what happened and why

SOCIAL COHESION

"Unity and cooperation in the community will sustain development work." – FGD with children in North Tripura, India

While many of the evaluations had examples of community contribution and cohesion, only five specifically mentioned a *change* in community solidarity or unity, all of which were positive.

In Samaki Meanchey ADP Cambodia, 81.8 per cent of adults reported a stronger sense of community than five years earlier. This, and a reported strong belief in collective self-efficacy, contributed to increased collective action, with 91.5 per cent of respondents reporting being personally involved in a community project last year, and 91.0 per cent rating the most recent mobilisation effort very successful or successful. In Samaki Meanchey ADP Cambodia, some youth club alumni returned to their village and shared their views and knowledge to help develop the younger generation. This indicates a strong sense of community and desire to help each other in development. In Hlaing Thar Yar West ADP Myanmar discussions about savings groups had improved relationships and trust between the group members. Formation of such cohesive economic teams also helped strengthen unity and solidarity in Kilimatinde ADP Tanzania. At community stakeholder meetings in North Tripura ADP India, which involved representatives from across the communities, "unity" and "knowing each other" were mentioned as a major achievement. And, Rattanak Mondol ADP Cambodia noted a strengthening of solidarity between.

In four cases, positive change in community cohesion was attributed to the process of working together in community groups. In Samaki Meanchey ADP Cambodia, anecdotal evidence suggested that increased social

61

cohesion and solidarity was facilitated by groups such as village development committees, rice bank and other CBOs that had been created and elected by local community members. In Hlaing Thar Yar West ADP Cambodia and Kilimatinde ADP Tanzania, increased cohesion was attributed to the formation of these groups along with regularity of meetings, which helped form closer bonds between people in the group. Likewise, a health worker in North Tripura ADP India said, in addition to the work done on awareness and services, the community mothers also learned from their peer groups when they met during their self-help group meetings.

In the evaluation of Samaki Meanchey ADP Cambodia the provision of cash and gifts-in-kind by the community was used as evidence of increased community cohesion. Comparatively, in Rattanak Mondol ADP Cambodia, the contribution of their own resources, both money and labour, to community development activities like road construction, bridges, school gates, hospital building and well making was identified as the cause of increased solidarity. Knowledge that their own contributions led to direct improvements in their communities fostered a greater sense of unity. Thus it seems that in these contexts, bringing together community members with a common aim and tangible outputs, whether requiring contribution of resources or initiation of regular meeting, fosters an increased sense of community cohesion. Conversely, in the same ADP the water and sanitation user groups and the sanitation action groups indicated that leaders found it hard to persuade members to contribute resources to maintain wells, and there was jealousy among the community members. One possibility for the contrast is that the water and sanitation group leaders had lesser mobilisation skills, or that the outputs required for well maintenance and sanitation are less tangible.

Many other evaluations mentioned the formation of community groups and the contribution of community resources, but did not mention or imply an increased sense of community cohesion. This may be due to a retrospective analysis of different reports written by different people for different purposes, or to contextual factors which prevented people working as groups or the provision of resources from having a sizable effect on the sense of unity within those communities.

INCLUSION OF THE MOST VULNERABLE

Almost all evaluations mentioned support to the most vulnerable children and families, but not all mentioned whether there was a change in this support over the course of the programme. Encouragingly, the majority of evaluations reporting change showed increased inclusion and support of the most vulnerable. In North Tripura ADP India and Rattanak Mondol ADP Cambodia, people spoke of benefits and resources being shared more equally between all community members including the most vulnerable. In Samaki Meanchey ADP Cambodia the rice bank committee and savings groups used some of their profits to help poor women and children travel to the health centre for urgent support such as childbirth. In Hurungwe ADP Zimbabwe, orphans and people living with HIV and AIDS have developed a more positive self image and have courage and willingness to disclose their status. Stigmatisation is low and the health issue was now seen like any other medical condition. In Kisiriri ADP Tanzania, participation of most vulnerable groups in decision making increased and the percentage of villages with a system for the protection and support of the most vulnerable groups increased from 69 per cent to 77 per cent in the three years. Only in Namacurra ADP Mozambique, where there was evidence of inclusion of and support to most vulnerable groups, were there instances of decreased support.

In North Tripura ADP India, women attributed improved inclusion of the most vulnerable to increased unity between community members. In Rattanak Mondol ADP Cambodia, increased support of vulnerable people and children was attributed to a greater number of agricultural cooperatives and savings groups (formed or strengthened by World Vision) that were contributing part of their profit to help. In Hurungwe ADP Zimbabwe, the change in perception of orphans and people with HIV was attributed to life skills training World Vision provided to the community. In the Kisiriri ADP Tanzania, evaluators attributed the positive change to a district-wide project implemented by Save the Children International. The programme helped raised awareness about the importance of supporting vulnerable people, children and orphans by providing educational materials and inputs, health materials, shelter materials and food.

In Mozambique there was decreased support for the most vulnerable children by some community groups. This was because the support of the children was funded by the income or produce of the community groups themselves (for example, through community gardens), which had been negligible in recent months. Thus, while

there was unity and motivation and functional groups through which the support could be provided, the fragility of their context and the lack of resilience, specifically in crop production and income generation, impeded support.

SUPPORTING AND CARING FOR CHILDREN

Two evaluations – Hlaing Thar Yar West ADP Myanmar and Basa ADP Senegal – showed positive improvements in the relationship between children and adults, in the opinion of both parties. In Basa, the percentage of children who reported having a parent or caregiver who provided consistent love and support increased from 87.6 per cent to 94.2 per cent. In Hlaing Thar Yar West ADP Myanmar, the improved relationship was attributed in part, to early childhood care and development and the non-formal education programme. Reports found both of these to have improved the discipline, social development and moral development of children, thereby improving the relationships they had with each other and their family members. Further, children sponsored through World Vision's programmes reported greater involvement in decision making in the household than non-sponsored children. This implies the sponsorship programming may help parents appreciate the importance of child participation. Further, in Basa learning environments such as school governments or children's clubs where adults and children regularly meet were thought to have strengthened relationships.

CHILD ABUSE

Three evaluations – Kisiriri ADP Tanzania, Samaki Meanchey ADP Cambodia, and Hurungwe ADP Zimbabwe – made reference to *changes* in the frequency of child abuse cases. All reported a decrease in frequency. In Samaki Meanchey ADP Cambodia, not only had the number of abuse cases and violence against children and women reportedly declined, but when such cases did occur, they were being reported:

"….Unlike before, only a few of male adults of the poorest households still commit violence against women and children when they become drunk. When there is a case, the neighbours report it to [the] village chief or VDC leaders who often convey the information to the commune council or local police for timely intervention if they could not help to solve the violence…." – Leaders in Kjang Thbong village.

In Hurungwe ADP Zimbabwe, FGDs reported a general decrease in abuse cases in five of the ADP's operational areas. This trend was thought to have had a positive effect on other wards that also reported decreased cases.

In Kisiriri ADP Tanzania, the "drastic decrease" in violence against children was attributed to the enactment of a law sentencing people convicted of rape to 30 years of jail. The role of the authorities and the law was also mentioned as a contributing factor in Samaki Meanchey ADP Cambodia, together with community awareness-building by World Vision.

"We don't have 'gangster groups'… here in our district. This is partly because the local authorities here are very active in controlling misbehaviour of youth or adolescents and adults. In addition, World Vision staff have been very active in collaboration with local authorities and police to raise awareness of human rights, especially rights of children and community understanding of adverse financial and social effects of domestic violence on family and community [life]. [Also, we are calling for] criminal charges for those who commit violence against the children and women and vulnerable [members]…." – District Women's Association and village leaders.

In Hurungwe ADP Zimbabwe, the drop in child abuse in some areas was attributed to the training of pastors who were discouraging forced marriages and abuse.

Elsewhere in Hurungwe ADP Zimbabwe levels of child abuse remained high. Child abuse cases should be reported to the police and village heads, but community members are uncomfortable doing so due to corruption and long distances to the police stations, rendering these channels ineffective at dealing with the cases. In fact, community feedback indicates that some parents fear reporting because there is no confidentiality when reporting child abuse to a community member in the area. The evaluation showed that child protection committees (CPCs) were functional in some of the wards, while not in others. Training, including sessions on child rights, had little impact too, with some of the child protection committees reporting:

"We were not told where to go if a child is being abused," or that *"some parents do not know that they are abusing children."*

Similarly, in Namacurra ADP Mozambique, while World Vision helped mobilise the community on child rights, it had not been successful at increasing knowledge or changing attitudes, behaviour or cultural norms. During one FGD participants commented that the rights of children were to wake up and help the parents at the farm, do their house chores and go to school.

Based on these ADPs, it seems that awareness both of the issue and how to report cases, combined with active and trustworthy authorities are important factors for reducing child abuse. Why it is that mobilisation efforts were successful in Samaki Meanchey ADP Cambodia, and in some parts of Hurungwe ADP Zimbabwe, but not in other parts of Hurungwe or in Namacurra is not immediately apparent, and warrants much further investigation.

RELATIONSHIP BETWEEN COMMUNITY MEMBERS AND CBOS

Between and within evaluations, the quality of the relationship between community members and CBOs seemed to vary, which seems to impact sustainability of the work. In Hurungwe ADP Zimbabwe, the communities acknowledged their relationship with the school development committees was very good, and that they felt positive about how they were managing schools. In Hlaing Thar Yar West ADP Myanmar, community members including health workers and those in savings groups said they were confident in the capacity of CBOs to continue the development work. Health volunteers explained that with the help of World Vision, the CBO had a clear purpose, a detailed implementation plan in place, and the relevant technical knowledge to continue the activities.

However, in Hliang Thar Yar West ADP Myanmar, staff noted that sometimes there were misunderstandings and mistrust between CBO members, and that sometimes CBO funds were monopolised by an individual. Non-formal education (NFE) teachers said they had lessened their sustainability score for the NFE project because they felt the networking and collaboration with the CBO was weak. Likewise, health volunteers lessened their score because in some instances further work was needed to establish mutual understanding between the CBO members and the volunteers. Insufficient transparency and not understanding the CBO, led to lack of trust in them. Mothers said that they did not understand the CBO revolving fund and the role of Hlaing Thar Yar Development Network.

Relationships between the community members and community groups had an impact on the sustainability of the work of these groups. Sustainability can be threatened by a lack of understanding and trust between the two parties, and this is linked to insufficient transparency, accountability, and dialogue.

RELATIONSHIP BETWEEN COMMUNITY, AUTHORITY AND GOVERNMENT

Six evaluations reported a change in the relationships between the communities and the authorities – five reporting a positive change, and one reporting positive change in some areas but no change in others. One positive evaluation was Samaki Meanchey ADP Cambodia, where local health authorities had accepted the local village health support groups and considered them local partners for implementing their outreach activities. The other five evaluations of CVA programming – specifically designed to enhance the dialogue between communities and duty bearers – reported improved communication with and accountability of the authorities, with some very positive results in service provision to the communities.

One way in which CVA seems to improve relationships with authorities and government is to help communities engage official and voice their opinions. The Mankhambira Sambizga Mwana project, Malawi had been successful at creating spaces and empowering communities, including children, to voice their concerns and opinions. FDGs showed children had gained a level of power and freedom to analyse their situation and do something about it. For example, students at Limphasa school stopped community meetings from impinging on their use of the school facilities and teenage mothers found the courage and confidence to return to school. Further, women had developed positive attitudes about themselves and contributed at meetings. Campaigns about traditional practices that negatively affect girls, including arranged marriages for girls and early pregnancies, had helped stop arranged marriages and led to bylaws and a fine prohibiting such practices.

In Senegal, where there is a culture of silence on speaking up to authorities, CVA programme helped people have confidence to express their opinion about the management of infrastructure. In the CVA programme in Uganda, the percentage of communities reporting engagement in public dialogue with power holders and development actors for good health of children increased from 26 per cent to 46 per cent.

Increased dialogue seems to have helped build productive relationships. In Nav Prabhat ADP India, CBOs worked with the District Administration and District Police Department, on critical issues such as child trafficking, child labour and rights of disabled people. Elements like trust and the willingness to share and learn together seemed to be critical. One CBO reported:

"Because of continued communication and trust the relationship has been built."

In both Nav Prabhat ADP and Indore ADPs, where the CBOs have developed improved relationships with the Government Health Centres, they regularly engaged with the service providers "who are listening" to the community expectations. Thus, the facilities were found to be improving gradually. In Armenia, the CVA process contributed to duty bearers becoming more accountable to community members and involving them in decision-making.

Comparatively, in Unnao ADP India there was no mutual trust and unwillingness to listen to the community. Though the CBOs are part of the major discussions they are ineffective at influencing and collaborating with duty bearers. Community members said they could not question their role.

Case Study

Samaki Meanchey ADP, located in Kampong Chaang Province Cambodia, was supported by World Vision UK from 1997 until 2015. The first two phases of the three-phase programme focussed on access, availability, and use of food, water, health services, hygiene and sanitation, and social infrastructure development. The third and final phase aimed to promote sustainability and empower local community to own community development, and build capacity to collaborate with key stakeholders, including NGOs, local government and government departments.

There were trainings and awareness-building sessions including social ethics, domestic violence, child rights and child protection. World Vision also supported the formation and strengthening of community groups, CBOs and youth groups.

Social cohesion is stronger in this once war-torn society. More than 62 per cent of adults reported strong relationships between people in the community, 81 per cent of young people said people care about each other more, and 94 per cent of poor adolescents think it is important to serve the community. More than 62 per cent of adults said people are able to discuss problems that affect everyone. There is a belief in the efficacy of collective action, with 79.1 per cent saying that if people work together they can solve many of their problems. Close to 75 per cent reported that whenever the community undertakes a project they all work hard to accomplish it. More than 62 per cent of parents reported that people had worked together to solve problems in the past year, 91.5 per cent of whom were personally involved.

Though there is no comparative data 81.8 per cent of adults said there was a stronger sense of community than five years ago. In four villages FDGs reported significant increases in collective actions, social cohesion, solidarity, trust and ownership compared to five to 10 years ago. They explained each household was no longer like an island because the community now works together and contributes gifts-in-kind and cash, and addresses common problems in the village.

Anecdotal evidence suggested that the reported increase in social cohesion and solidarity was greatly facilitated by several community-based organisations, committees and groups.

Driver 4: Local and national advocacy

Definition

Ongoing activities by community members and local groups to hold government service providers accountable for the quality and quantity of services to the community. It also includes collaborative dialogue between communities and decision makers at local and national level and opportunity to press for change.

Overall findings

From a total of 19 evaluation reports, seven mentioned advocacy as a driver within the project approach. Six showed good evidence of positive change, two showed mixed results and 12 showed no or limited evidence of advocacy within the respective projects. There was strong evidence of improved awareness and mobilisation amongst the community (output level). The data on outcomes was, however, less well-articulated in some reports. One limitation was a lack of consistency in the reporting on CBO maturity, with mixed results on the relative strength of those who used a tool to track progress.

The following section is based on evaluations in Armenia, India, Malawi (Tilitonse), Nepal, Senegal, and Uganda, an annual report of a portfolio of DFID-funded CVA projects and a collection of case studies from this portfolio[17].

As is clear from the previous two sections, the CVA model is not only a vehicle for local level advocacy, but also potentially fosters ownership and partnership, and so in this section we do not repeat the analysis already included, but seek to focus on its contribution to the local and national advocacy function.

Key interventions

World Vision works on improving government accountability for more equitable delivery of quality services using the Citizen Voice and Action (CVA) approach. Specifically, we address the following two obstacles to vulnerable groups' equitable access to public services:
- the inability or unwillingness of governments to provide services, as is the case in fragile contexts, and
- social and economic barriers, such as exclusion, stigma, gender, livelihood insecurity, and lack of awareness of rights.

Examining what happened and why

A total 185 communities, in six countries (Kenya, Uganda, Malawi, Zambia, India and South Sudan) reported improved access to quality services against a target of 165. CVA promoted increased engagement between civil society, communities and government departments. In India, CBO members from Nav Prahbat school management committee monitor the facilities and services provided to the schools. Through their efforts schools were repaired, the food contractor was changed, teachers were appointed, a road to the school was constructed, and food entitlements were realised.

In Nepal, a school teacher in Lamikhal said:

---

[17] See our collection of case studies at
http://cdn.worldvision.org.uk/files/9314/3386/2069/Changing_Lives_Through_Social_Accountability.pdf

"Since last year, the health post is operating full days and all hours. They provide service even after…office hours if patients request. So, more people come there for the services in recent years."

Partnering: Improved access to services is likely due to: continual strengthening and quality of collaboration between communities, service providers and local governments; growing partnerships with other NGOs contributing to increased advocacy, and leveraging of resources. There has been conducive political and legislative environments in most target countries, except South Sudan, as stated by the following comments:

"Earlier we did not know our rights and we used to be like cowards, but now we are able to stand against them and claim our needs." – CBO member, Indore, India

"The villagers know their rights, they demand their rights and even more than what is entitled to them. Three years ago one would notice only passivity, but now a big change has taken place." – Angeghakot School headmaster, Sisian, Armenia

"The service providers are more aware of their responsibilities and powers. Their accountability has increased to the community leaders and the secretary of administration. Compared with the previous situation the quality of work has increased. Each person has increased the quality of his work." – Mayor of Darbas, Sisian, Armenia

Using Bylaws: Communities and local governments collaboratively worked towards the enactment of bylaws, ordinances and laws to ensure access to education and abolition of early marriages in Malawi and improved health and sanitation in Uganda. The bylaws provided a local mechanism for addressing local problems. They were introduced through consultative processes between local communities, civil society organisations and local governments. Enforcement has led to increased enrolment and access to education for girls in Zomba District, Malawi. In Uganda, malnutrition decreased from 12 to 4.8 per cent, malaria rate decreased from 13 to 6 per cent, and diarrhoeal infections decreased from 18 to 11 per cent.

Community Radio: Other important mechanisms that appear to contribute to these results include the promotion and use of community radio, which broadened and provided additional avenues for dialogue and engagement in Zambia, Kenya and Uganda. Working with strong civil society partnerships and networks locally and nationally across all target countries has increased government responsiveness to community needs.

World Vision's work is linked to current decentralisation reforms in Kenya, Uganda, Zambia and Malawi where we have been able to align citizen engagement within emerging, supportive constitutional and regulatory frameworks.

Collaborative partnerships between communities, NGOs and governments seem to contribute towards social accountability. In some contexts such partnering appears to help leverage scarce resources and diffuse the potential for political turbulence that social accountability efforts can ignite.

Driver 5: Household and family resilience

Definition

Families and households develop resilience to changing shocks and stresses. They can prevent, prepare for, mitigate and recover from disasters, adapt to external factors and transform their wellbeing on a pathway of growth and progress out of poverty. In short, resilience is about learning to live with uncertainty. In 2010 we defined resilience as "*the capacity of a system, community or society potentially exposed to hazards to adapt, by changing or resisting, reaching and maintaining an acceptable level of functioning and structure. It is the capacity of a community to grow through disasters, or 'bounce-back plus.''* Resilience is determined in part by the degree to which the social system is capable of organising itself to increase its capacity for learning from past disasters for better future protection and to improve risk reduction measures. Below (Fig. 16) is an illustration of the hypotheses and assumptions implicit in our definition.
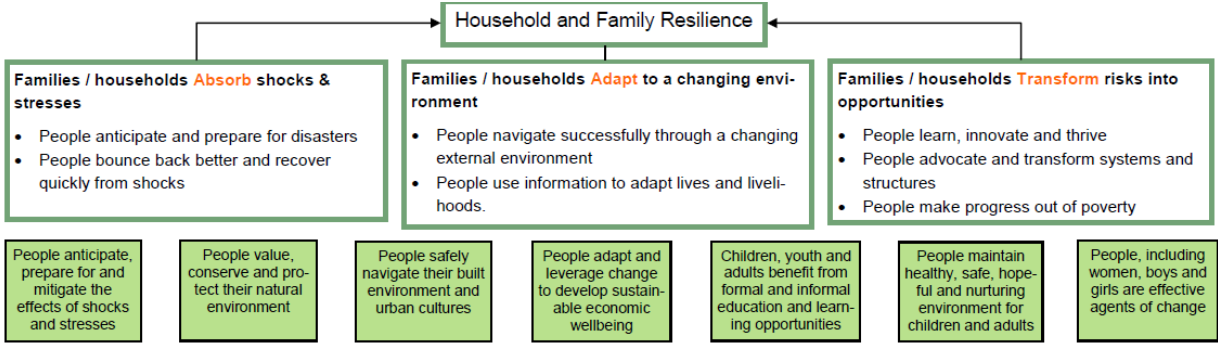

Figure 16: Theory of change diagram shows the pathways to household and family resilience and the implicit assumptions

The high-level outcomes of such an approach empower and enable households and families to:

- **Absorb shocks and stresses** – people anticipate and prepare well for disasters and recover quickly from shocks and stresses. At a family level this could entail risk education and preparedness planning, savings, traditional social safety net, insurance, etc.
- **Adapt to a changing environment** – by accessing information for innovation and learning and engaging in diversified sustainable livelihood options as well as access to and management of natural resources
- **Transform risk into opportunities** – through effective economic growth, access to financial services and markets, access to public services and a transformed enabling environment promoting progress out of poverty.

Overall findings

A review of 13 child well-being evaluations provides a summary of how World Vision's programming is currently contributing to household and family resilience. Indicators for food security, livelihoods diversification, savings and a reduction of poverty were analysed. Of the 13 evaluations five achieved a good standard of progress overall, showing strong evidence of progress in all three resilience outcomes. Six achieved a mixed standard where progress towards indicators was positive in places with challenges remaining. Two achieved a poor standard where progress towards indicators was low or evidence was hard to find.

Examining what happened and why

Below is a summary of our results and learning. They are summarised into good, mixed and poor levels of progress against the household and family level resilience outcomes.

Good level showing strong evidence of progress: Nirman ADP India, evaluation reported a 33 per cent gain in food secure households, alongside significant disaster risk reduction work to prevent losses caused by cyclones across all affected villages. It also demonstrated evidence of reduced malnutrition with a 17.3 per cent reduction of children underweight, and 18 per cent reduction in the "very poor" household category. The evaluation highlighted that a large number of community-based organisations (CBOs) were capable of continuing the development process beyond the support of World Vision.

Similarly, in Kayezi ADP Malawi, there was 21.5 per cent improvement in food security and an almost doubling of household income. This was accompanied by a 16 per cent reduction in child malnutrition (stunting) over five years. Likewise, we saw a thriving group of CBOs. Both Nirman and Kayezi ADPs discuss high levels of participation and unity where whole communities have made decisions together. Recommendations from these ADPs highlight the need to focus on transformative capacity through partnerships and advocacy to improve the quality of government services or access advice for adaptive strategies, such as linkages to financial service providers.

In Samaki Meanchey ADP Cambodia, Kisiriri ADP Tanzania and North Tripura ADP India there was evidence of large scale changes across the absorptive, adaptive and transformative capacities with similar recommendations. In Samaki Meanchey ADP there was a 37 per cent decrease in the number of poor households over the programme lifetime, but challenges to the sustainability of the CBOs (and therefore, ability to sustain and continue the changes) are mentioned, which is common across the evaluations. In North Tripura ADP transformative capacity developed during the programme lifetime. For example, there was a 75 per cent increase in the number of children accessing secondary education from Grade 6 onwards. However, over 30 per cent of all families still resorted to a moneylender, while borrowing from self-help groups (savings and loans) was low.

The context of North Tripura ADP, where some households are very remote, was a challenging factor. These ADPs recognised that social accountability approaches, such as CVA, were effective for achieving transformative capacity and assuring access to government services, financial systems and improvements in the enabling environments.

Mixed level with challenges remaining: In Kisiriri ADP Tanzania, for the past agricultural season 18.5 per cent of the households added value to their harvests and saw improvements in health and education. Despite facing droughts and flooding, preparedness and the adoption of practices to conserve the environment were recorded, but were not widespread.

In Rattanak Mondel ADP Cambodia, there was increased health seeking behaviour and over 50 per cent of households declared a rise in income. Crop productivity was mostly related to challenges in preparing for natural hazards (droughts and floods) and poor soil quality. Ongoing problems with market "middle men" keeping prices low were consistently reported. Another challenge was inability to participate in economic group meetings due to work demands. This was a challenge where producers acting together were the main activity for income generation, but participation did not include the poorest households.

A moderate improvement of 5.9 per cent in food security was seen in Kilimatinde ADP Tanzania. There was a 17.3 per cent decrease in the use of negative coping strategies such as selling assets, and a 47 per cent improvement in income diversity since 2010. However, the evaluation found overall productivity had gone down by an average of 65.3 per cent. Combating flooding and droughts remained a large-scale challenge. Recommendations to increase resilience include:

- building household assets;

- supporting income diversity,
- improving irrigation and community owned environmental spaces;
- increasing access to safety nets for food security, and
- providing training for producers to add value to their products and access markets.

Poor level where progress is low: The evaluation for Namacura ADP Mozambique, demonstrated far more challenges than other ADPs. Only 14 per cent of households reported an increase in income in the past three years. More than 73 per cent of households reported either a decrease, or no change in income from agriculture in the past three years and 65.9 per cent of households experienced some food insecurity during the year. Participants explained that the levels of poverty had not changed, because they obtain their income from their crops, which had been affected by floods, droughts, and pests, again stressing that these natural hazards are the major impediment to increases in agricultural productivity. It was suggested, that improvements in income for some groups involved in group farming did not have a widespread impact, which was also seen in Kilimatinde ADP Tanzania. The context in Namacurra ADP was doubly challenging as the dependency created when it was a refugee camp constrained the current development phase. Much more needs to be done to build confidence and capacity of households as well as embed a community based disaster risk reduction approach to strengthen progress.

Review of the 13 evaluations showed an overall trend towards building household and family resilience by promoting cross-sector programming, which includes addressing risks – natural or social. There is a consistent spread of all three areas of resilience – absorptive, adaptive and transformative – in all ADPs that have progressed. ADPs with a good standard of progress seem to have been able to benefit from improvements to social accountability, which contributed to household resilience. The active engagement and ownership of the development process by community members appears to strengthen child well-being outcomes, and is likely a prerequisite for progress.

Case Study: Disaster Livelihoods Centred Disaster Risk Reduction of ADP Nirman and its communities

BACKGROUND

A super cyclone hit the coastal region of Orissa in October 1999. Although communities were warned of the risks, they were not prepared and underestimated the impact. More than 10,000 people were killed. In Jagatsinghpur, the most affected district, 8,119 people were killed, and 315,886 livestock were lost. People did not have access to information, capacity, shelter or other essential infrastructure to protect them from the cyclone. Most of the communication systems were damaged, roads were cut off, agriculture lands became saline and medical facilities were badly disrupted. The cyclone destroyed livelihoods and the local economy of Jagatsinghpur pushing economic development back by 20 years.

BUILDING ABSORPTIVE AND ADAPTIVE CAPACITY

World Vision provided emergency relief to 20,000 families, and temporary shelters to 13,000 families in Jagatsinghpur district. During the rehabilitation phase livelihoods assets were provided including farming equipment, boats and fishing nets, tailoring equipment, livestock and horticulture, plantation for social forestry and food for work. Temporary shelters were constructed for 20 schools and school uniforms, desks and benches provided. After the initial rehabilitation phase, World Vision focused on the longer-term transitioning to an ADP to build the communities' absorptive capacities. The ADP concentrated on disaster preparedness, restoration of livelihoods and education, working with 47,674 people in 112 villages. The community selected interventions based on their vulnerability and capacity assessments and priorities, including:

- Formation of village development committees (VDCs) to support five-year local development plans with local government and NGOs.
- Community-based disaster management training for 141 young people who trained 57 newly formed disaster mitigation committees (DMCs) and developed disaster mitigation plans.
- First aid training with St. John Ambulance for DMCs.
- Rescue kits for 15 villages identified as most vulnerable to natural hazards. (Kits included a microphone, two life jackets, a floatation device, siren, rope ladder and a first aid kit.)
- Nine multipurpose cyclone shelters were constructed.

To build the adaptive capacity of the community, the following livelihood interventions were initiated:
- Household income-generating programme: assistance for micro-enterprise; livestock rearing; fishery business; boat and net assistance, and provision of agricultural equipments for 2135 families.
- Group income generating activities: construction of 60 fishery ponds; group rice processing; farming equipment; provision of nets and boats, and rice processing machines for 133 women's self-help groups and 112 village development committees.
- House renovation of 1381 incomplete houses and 30 new houses for widows and people with disabilities.
- Agricultural infrastructure development: five irrigation canals, and a guard walls (embankments) constructed in 35 communities.
- Vocational and professional education assistance to 750 students.

IMPACT OF CROSS SECTOR IMPLEMENTATION

One of the clearest examples of success was the guard wall. The wall helped solved irrigation challenges and protected land from soil erosion, salinity and increase the water holding capacity of the land throughout the year. A 2014 study showed that the USD $36,403 construction costs provided a gain of about $30,000 per year. Crop yields increased, more than doubling in some communities. From the 2,736 families surveyed, production per acre increased from 4-8 quintals to 12-16 quintals. Mr. Pratap Chandra Khuntia explained that:

"*The guard wall constructed has helped us to improve our living standard and we eat more food than before. We can afford to send our children to school, and we are able to build concrete houses for our families in just one year.*"

Other changes across 112 communities were:

- 33 per cent gain in food secure households
- 17.33 per cent reduction in underweight children
- 18 per cent reduction in the "very poor" household category

Surplus income was used for: school fees; household construction and expenses; health fees; electricity; mobile phones; transportation; and marriage and ritual expenses. In addition, a reduction in women seeking labour outside the community freed them up for childcare and involvement in self-help groups. Increased participation in these groups and village committees contributed to an uptake of government services and increased social cohesion. Community savings helped reduce debt to moneylenders and the improved ability to manage when shocks occurred (for example, illness in the family). There was also an increase in school attendance for vulnerable groups, a reduction in school drop-out rates and active child and youth groups. An increased number of landless households had access to shared land cultivation leading to 8-10 months of food security for the year.

SUPPORTING TRANSFORMATIVE CAPACITY

Organising village development committees (VDC) and establishing local development plans based on local needs and priorities seems to be an effective way of transforming capacity. Community members became aware of government services and reported increased collaboration between CBOs (such as VDCs and Self Help Groups) and local government health, agriculture and education departments as well as St. John's Ambulance and Red Cross. The self-help groups contributed to promoting women's needs and participation in CBOs strengthened overall social cohesion that led to improvements in the communities.

Cyclone Phailine in 2013 reveals increased resilience of the communities. Though stronger than the 1999 cyclone, Nirnan ADP suffered far less damage and loss of livelihoods. Though, tragically, four people lost their lives the count was far lower than 1999. Early warning systems developed by the Indian Meteorological Department issued warnings ten days prior, enabling the village committee to warning people and implement evacuation and emergency plans.

World Vision partnership-wide evidence

In this report we have drawn just from World Vision UK funded programmes, as the purpose of the report is to explore the impact of that slice of programming supported by UK individual and institutional donors. However, as World Vision is increasingly applying common standards to the evaluation of programmes, we are beginning to explore ways in which we can draw from the wider evidence across World Vision's programming portfolio to analyse how we might be contributing to improved child well-being. In this box we draw from this wider set, and the literature to, explore our resilience approach.

Developing evidence on the outcome of applying a resilience framework to development programming is a major topic of discussion among practitioners, academics and researchers (Vaitla et al. 2012; Béné 2013). Although there is progress articulating the resilience concept for development practice (Carnaby et al. 2014) challenges remain on how to best monitor and evaluate resilience programming. World Vision commissioned research to investigate 52 National Office child well-being reports across the globe in 2014 to learn how to improve household and child well-being outcomes. The review highlights a wide variety of approaches under the umbrella of resilience and livelihoods programming, reflecting the diverse contexts in which World Vision operates. The approaches fall into four categories:

1) Financial instruments: savings groups and microcredit.
2) Business development and livelihoods diversification: local value chain and producer groups, business facilitation, vocational training and youth livelihoods, and non-farm income generating activities.
3) Enhancing farming systems: crop productivity, livestock development, vegetable gardens, farmer-managed natural regeneration and natural resource management approaches.
4) Integrated programming: use of several sector approaches (for example, graduation approach, food security and nutrition, education and health services).

A serious limitation of the review was that disaster risk reduction (DRR) interventions were only considered if they related directly to food security (for example, seed storage) as opposed to early warning systems or community-based disaster risk management and other DRR interventions. Another limitation was that child well-being reports are structured in sector silos – preventing reporting on integrated programming or cross cutting approaches.

Additional to the range of approaches used in Resilience and Livelihoods, an array of indicators made it difficult to undertake cross-country comparisons. The most commonly used indicators were:
- proportion of parents able to provide well for their children;
- proportion of families who have increased their income; and
- proportion of families who had access to food over the past 12 months.

Based on a review of the approaches and indicators, the research has highlighted evidence of impact. These include:

✓ Savings groups with significantly increased savings of over USD $19 million for 432,709 members. Savings were used for unforeseen events, and taking care of recurring expenditures such as medical and school fees. Similarly, micro-credit provided positive results. In Cambodia's programmes, 99 per cent of clients reported some form of benefit for their children with the top three being improved sanitation, additional clothing and shoes and health care.

✓ Business development and livelihoods diversification shows direct improvement for women and children. For example, in Angola, the Proprenda programme helped 22,000 smallholder families to increase their income by 82 per cent through competitive value chains for high-value crops. Sixty-three per cent of participants were women, and it was reported that income was used for medicine for their children, educational needs and improved diet. Directly training youth also showed positive results. For example, in Vietnam programmes, out of school youth were given training tailored to their interests, capacities and employment opportunities. Over 60 per cent of graduates went on to earn USD $100-200 a month.

- ✓ Intervention in farming systems, focused on improving productivity and diversifying products, has led to significant impacts in child well-being. A woman in Ghana, who used the farmer-managed natural regeneration technique, said that it "revolutionised" her shea butter business and increased her pepper and groundnut produce, allowing her to provide good food and access health services for her children.

- ✓ Integrated livelihoods programmes, which tackle multiple drivers of vulnerability, have proved effective. In Ethiopia, training on local value chains, savings groups and microcredit enhanced field crop production, horticulture and livestock production. As a result, the proportion of parents able to provide well for their children increased by 28 per cent.

Review of World Vision's child wellbeing reports show how and in what contexts resilience and livelihoods approaches and interventions contribute to improvements in child well-being. Through the Agenda 2030 and the Sendai Framework for Disaster Risk Reduction, governments and agencies, such as World Vision, will have internationally agreed indicators that can help guide monitoring and evaluation of key approaches contributing to resilience. World Vision aims to align its resilience and livelihoods evidence with this latest thinking.

References:

Béné, C. (2013) *Towards a Quantifiable Measure of Resilience*, IDS Working Paper 434, Brighton: IDS

Carnaby, E. Ibrahim, M. Rumsey, R. (2014) Institutionalising Resilience: the World Vision Story. Overseas Development Institute. London, UK.

Vaitla, B.; Tesfay,G.; Rounseville, G. and Maxwell, D.(2012) Resilience and Livelihoods Change in Tigray, Ethiopia,Boston: Feinstein International Center, Tufts University.

Promoting sustainability by integrating accountability in communities

An ever-present threat to sustainability in communities is the very presence of international NGOs. NGOs can unwittingly cause dependency because of their access to significant resources and their relative power. Therefore, one of the checks we believe is essential is our own accountability to communities.

"Accountability is the responsible use of power, to respect the needs, concerns, capacities and disposition of those with whom we work and to answer for our actions and decisions."

Accountability is embedded in World Vision's Core Values and understood to include the following:
- we are accountable to the communities where we work;
- we are accountable to our partners;
- we are accountable to our supporters and donors; and
- we are accountable to each other (as nearly 100 national entities within the World Vision partnership)

Accountability attempts to support sustainability in the following ways:
- Ownership – listening to community members so that activities are relevant and appropriate to local needs. Creating accessible systems for feedback about programme activities and services, so that changes can be made promptly to improve their effectiveness. Feedback influences programming in the short-term, as well as World Vision's longer-term approach, strategy and funding allocations;
- Partnership and transformed relationships – fostering high levels of community consultation and participation helps ensure people's needs and opinions are taken into account in decision-making. It can also help strengthens relationship between World Vision, communities and local leaders;
- Local advocacy – World Vision's ability to facilitate and encourage greater accountability by service providers to communities is dependent on being willing to model that accountability itself. This includes giving marginalised people greater opportunity to participate, express their needs and have some control over the actions of development actors such as World Vision. It is hoped that this then helps people feel more able to hold their governments, authorities and other service providers accountable.

Accountability learning initiatives

While the principles of accountability have long been part of World Vision's approach, the most significant advances in accountability have been over the past five years. During this time, World Vision UK has partnered with selected National Offices piloting different ways of enhancing accountability to communities, providing technical support, capacity building and funding. These pilot projects, called Accountability Learning Initiatives, enabled National Offices to test integrating accountability into long-term development programmes, adapting to their particular context and institutional capacity. In 2014-15, pilots were supported in Ethiopia, Somalia and Pakistan. Lessons emerging from the pilots are providing direction for consolidating practice and scaling up this work to wider operational areas.

In Ethiopia, the Accountability Learning Initiative was designed to strengthen institutional capacity on accountability as well as generate practical experience by integrating accountability into two long-term projects (with approximately 55,000 beneficiaries). Significant time was dedicated to setting up the accountability mechanisms including community consultations, information provision and feedback guidelines and training staff. The choice of community volunteers as one of the main channels for information and feedback (logbooks) has been effective, but brings its own challenge of how to ensure continued commitment of the volunteers in the long-term.

In Shamo Kebele, people complained that they were not involved in the selection of programme beneficiaries, as this was usually done by local government. In response the staff held a one day consultation meeting with elders and community representatives to select beneficiaries. This activity was repeated in other Kebeles, thus,

strengthening community voice in the selection process. Eager to replicate the initial progress elsewhere, World Vision Ethiopia committed to integrating accountability into a further 16 programmes during 2016.

In Somalia, the Accountability Learning Initiative was designed to explore both technological (SMS and voice calls) and non-technological (suggestion boxes and face-to-face) channels for unsolicited feedback. Despite high levels of interest in using SMS, cultural norms valuing face to face communication are far stronger. The project developed a feedback database facilitating trend analysis and streamlining reporting to senior management. While initiated in just one district (Baki), World Vision Somalia already expanded the feedback mechanisms to projects in neighbouring Lughaya district. Learning from the project will be used to roll out beneficiary feedback mechanisms in all World Vision Somalia's programmes.

Enhancing learning through peer assessment - insights from CDA Collaborative

To ensure that learning from the Accountability Learning Initiatives contribute to the wider evidence base on effective feedback loops and accountability practices in long-term development programmes, World Vision UK has entered into a partnership with CDA Collaborative to produce case studies.[18] In 2015 CDA, who are recognised leaders in accountability, visited and assessed the Accountability Learning Project in Pakistan. The extract below summarises their assessment. Case studies from World Vision's Accountability Learning Initiatives in Ethiopia, Pakistan and Nepal will be published in 2016.

Extract from CDA Collaborative assessment:

> World Vision Pakistan has a strong commitment to gathering and utilising feedback from communities with whom they work. In 2015, they established the Accountability Learning Initiative (ALI) in an urban programme in Rawalpindi to increase women and children's participation in providing feedback. Overall, this mechanism has provided an additional channel to capture the voices of some of the most vulnerable. As one community member explained, since the establishment of the Accountability Learning Initiative she feels that, "*they [World Vision] listen to our complaints and they are serious to resolve our issues, and of course they will come to listen to us again.*"

> The Accountability Learning Initiative has successfully created a safe, reliable, and ongoing dialogue established through periodic meetings, in which female beneficiaries can convene to vocalise their experiences and perspectives. In the process, World Vision has accumulated valuable experience and lessons about the factors that enable effective feedback practices. One critical lesson learned relates to where the feedback mechanism sits within the National Office, and how robust the existing institutional processes for feedback review and utilisation are. These two institutional factors have an impact on the extent to which feedback is utilised in decision-making and ultimately on how successful the mechanism is for all users (both internal and external).

Interview about Accountability Learning Initiatives in World Vision Pakistan, with Monitoring, Evaluation, Accountability and Learning Manager, Mr Shaukat Iqbal

1. Pakistan already has a complaints hotline. What was the primary reason for also setting up the Accountability Learning Initiative?

World Vision Pakistan has been operating a national office toll free helpline since 2012. However, data from feedback records shows 89 per cent of users are men. Considering culturally, women prefer to provide feedback

---

[18] CDA Collaborative Learning Projects (CDA) (cdacollaborative.org/) is a non-profit organization committed to improving the effectiveness of those who work to provide humanitarian assistance, engage in peace practice, support sustainable development, and conduct corporate operations in a socially responsible manner.

in person, and do not feel as comfortable using feedback channels such as phone and complaint boxes, the initiative was an opportunity to set up a mechanism to enhance women's participation.

2. What is one of the most significant changes you've seen since setting up the initiative?

Receiving open-ended feedback exclusively from women helped project staff understand the context better and see where they can improve the relevance of the programme. Feedback from women was previously not captured or reported, or seen to be beyond our project scope. This led to tension between communities and staff. Women have shared feedback that although outside our project scope, could have been beneficial if factored in during project design. The process has also unearthed the need to make special efforts to ensure women have access to relevant information. We've also learned that women's preferences in how they receive project information should be separately assessed and analysed to ensure we make those channels and methods available. One of the challenges with open and face-to-face conversations is that it can be difficult to manage community expectations.

3. What is a change that you expected to see happen, but hasn't happened yet?

We expected an early and high level of acceptance towards the initiative by the project team but it took time. It was also expected that women's feedback could be used to improve program level decision-making but feedback was mostly open ended and did not feed into management decision making. However, it has provided a lot for long-term programmatic decision-making, for example, we [received] a lot of qualitative information that is very valuable for new project designs.

4. If another World Vision Office or NGO wanted to set up an Accountability Learning Initiative, what is the most important suggestion that you would give them?

Initiatives should be configured within the project(s) in which it collects the feedback. Initiatives enable formalisation of the information collection that project teams come across in their routine work. Such an arrangement will be helpful in addressing feedback in a more systematic manner. It is also important to clearly segregate feedback and complaints to evoke an appropriate organisational response. Soliciting feedback is more an intentional effort on part of the organisation that is beyond a checklist and is best done through a facilitated dialogue, which needs a different response than complaints.

DFID Beneficiary Feedback Mechanisms Pilot (BFM)

In 2013, World Vision UK was contracted by DFID to manage a pilot to design, implement and monitor three types of beneficiary feedback mechanisms in seven health projects implemented by DFID-funded partners in six countries. The three different approaches to beneficiary feedback are:

1. **A low resource new technology model** allowing beneficiaries, groups representing beneficiaries or interested parties to provide unsolicited SMS/mobile feedback.
2. **A medium resource, pre-determined approach** through which beneficiaries decide *how* they would like to feedback to implementing partners based on pre-determined questions set by the partner related to aspects of the project they would like feedback on – boxes, community forums, surveys, targeted focus groups.
3. **A higher resource model, where the method of collecting feedback is determined by a strong context analysis.** This includes a strong focus on building capacities of beneficiaries to participate and exercise choice in deciding the feedback mechanisms to be used.

The recently completed end line study (December 2015) presents an insight into the change that has happened, especially among the primary beneficiaries, vulnerable women. Some of the initial findings are outlined below:

- Putting formal beneficiary feedback mechanisms in place is empowering for beneficiaries: those who did not think they had a voice to influence the kind of health services they provide feel confident to speak out.

"I would say that the Beneficiary Feedback Mechanism is good for our beneficiaries… They may have very good ideas, because they are the beneficiaries, they know the best way that this programme will work for them, so we are empowering them to give up their suggestions, and complaints or appreciations."
– Staff member, Health Poverty Action, Hargeisa, Somaliland

"This system does give me strength and power."
– Beneficiary, Children In Need Institute, Kolkata, India

"I would hesitate earlier, would be afraid…what will I say, why should I say…. But when we came to know about the feedback mechanism, that we should tell …this is our right…it raised our confidence…my voice."
– Female beneficiary, Kolkata, India

- Although the pilot was designed to test the potential of mobile technology to collect feedback, beneficiaries preferred traditional mechanisms as phone ownership and literacy was low.

  "Very few women have phones…and [the] second issue is mothers cannot write."
  – CINI staff member, Kolkata, India

- Projects and communities value the ability to gather community perspectives and make programme changes in real-time.

  "After the start of the feedback system the mothers have learnt to demand [their entitlements] as they have a clear knowledge of the kind and how much service they should get…"
  – Female staff member, CINI

  "The most interesting thing of the project for me is that I'm seeing that my beneficiaries are communicating directly to me and saying 'I'm not happy with this midwife,' [or] 'I'm not happy with this service', … and then as the organisation we are based on the charges from the community we are changing things…and this beneficiary feedback mechanism [is] making the community…feel the ownership of the health [services]."
  – Somali health staff member, Hargeisa, Somaliland

- The importance of context cannot be overstated in terms of assuring the appropriateness of feedback mechanisms for groups and project locations.

  "You know initially, the Beneficiary Feedback Mechanism, the route of communicating was SMS… we didn't receive the expected responses from the community, and that's because…the majority of [the people] are illiterate .When we came to Somali [we found the people] are [an] oral society. Even educated people when they want to talk to you, they will never send you SMS. They like to call you and then talk and talk and talk."
  – Somali staff member, Health Poverty Action, Somalia

  "Every mother, different mothers are used to [giving] their feedback in different ways."
  – Beneficiary, Kolkata, India

The effectiveness of each mechanism depended on context. Gender, literacy, location (urban and rural) and the type of feedback (for example, confidential) determined the use and preference of particular mechanisms. In general, most beneficiaries preferred to give face-to-face feedback unless they did not want to be identified, in which case suggestion boxes were preferred. Conversely, the mobile system had a relatively low uptake due to limited access to phones, literacy and (perceived) cost. However, use of mobiles significantly increased once a toll free phone line was introduced.

The Beneficiary Feedback Mechanisms Pilot is finishing, and World Vision UK is compiling all the learning from the past two years into a set of country level case studies, learning documents, video and guidelines. These resources will be available to other organisations committed to enhancing accountability.

Conclusions

What we have learned

Breadth of impact: the reduced number of children being reached in our programming for 2015 is a reminder that while counting "beneficiary numbers" is a very helpful way of understanding the scale of World Vision's efforts to improve child well-being, it also has limitations, particularly as a measure of success. Focusing just on numbers could disincentivise reaching the most vulnerable children, which is increasingly World Vision's goal. Many of these children live in more fragile contexts, in which it may be more expensive to operate in terms of "cost per beneficiary". And fundamentally, even if we reached a child with a programming intervention, this does not tell us about the nature of the change, if any, in that child's well-being. This is why we are increasingly focusing on understanding the "depth" of impact.

Depth of impact: where we have the most comparable data, we are seeing encouraging improvements. Though at the same time we continue to identify areas where the change is minimal or where change may not be significant. Further improvements are still vital in order to move out of "critical" or "attention required" thresholds.

Within the **health** sector, we are now able to clearly demonstrate where there have been positive or negative results against the baseline. Through the use of global thresholds, we are able to put these results into context as well. This is enabling the organisation to focus on programmes of critical concern. Progress seems greatest in the numbers of births attended by a skilled attendant (a key component of reducing maternal and child mortality); 10 out of 13 projects are in an acceptable range. However, there is still an unacceptably high level of underweight and unimmunised children in too many programme areas.

In **education** the CVA approach is leading to positive results with the contribution from World Vision in facilitating links between communities and government producing significant results. Still the lack of widespread use of FLAT means literacy measurements at scale are not yet possible; this has led to the reliance on more output type indicators such as children completing education.

Within **child protection** we are continuing with existing measures, but, we are not seeing sufficient use of indicators at scale, which makes it difficult to identify broader patterns. However, the research profiled has identified promising approaches to tackling harmful traditional practices, particularly through engaging faith leaders.

This year the response to the Ebola outbreak in Sierra Leone was the major **emergency response** in terms of funding. World Vision has contributed to a truly national scale response supporting dignified burials and fleet management to make sure that people had access to essential services. By supporting children who had lost their family members, World Vision provided essential care to those who were most vulnerable. The appreciation from community members and local authorities, as well as the published data, demonstrates the effectiveness of the targeted interventions.

We recognise the need to continue to understand better the impact of our emergency programming. World Vision UK has recently been awarded the contract to provide Monitoring, Evaluation, Accountability and Learning services to the Start Fund, the world's first multi-donor pooled fund for humanitarian action managed exclusively by NGOs[19]. We are aiming to work together with other Start Fund members to strengthen the evidence of impact that can then enhance the effectiveness of our humanitarian programming.

A review of World Vision UK's **advocacy** work in the UK highlighted the effectiveness of continuing to work in broad coalitions. We also examined the potential for us to engage our supporters even more in building greater constituencies of support to ensure decision makers pay attention to and respond to the needs of the most marginalised and oppressed children.

Sustainability of Impact: we are at the early stages of monitoring how sustainable our impact is, though identifying five key drivers is a positive step. Our analysis of the 2015 evaluation reports suggests that most of

---

[19] http://www.startnetwork.org/start-fund

the drivers are evident in most of our programmes. Comparison across programmes in different countries highlights the importance of context, particularly the building of trust and strengthening of relationships at the local level. This then provides a foundation for communities owning and partnering and advocating their children enjoying life in all its fullness.

The **drivers of ownership, partnering and transformed relationships** are the most commonly reported on drivers. These three are inter-dependent and when done well, increase the social capital of the community as a whole. The more social capital the community possesses the more resilient it will be to shocks both at a household and community level. This logic is evidenced by the evaluation report of Nirman ADP, India, which shows very positive results under ownership, and subsequently an increased level of resilience amongst the population. Evidence extracted against the driver for Local and National Advocacy shows that through increased partnership, ownership and transformed relationships, communities have been able to achieve greater progress towards their own development.

The conditions for success do appear, in part, contextual with countries where there are positive relationships between community stakeholders and a supportive government. This creates a collective sense of responsibility and enables greater results (as would be expected). However, results are also dependent on the relationships programme staff members have developed with relevant people and partners.

Ownership: World Vision's preferred approach to social accountability (CVA) is leading to increased ownership through dialogue between the various stakeholders and partners, and this has led to observed access to government services. Ownership needs to include the local authorities and duty bearers as well as the community members. Lack of time and money to be able to participate in groups is a limiting factor. For example in Hurungwe, Zimbabwe, School Development Committees reported that people did not have the means to pay school fees. This was not the same in every context as was the case in Nirman ADP India where people were able to generate sufficient funds. A difference was observed in more fragile contexts (Myanmar and Zimbabwe) as opposed to less fragile contexts (Cambodia and Zambia). In the fragile contexts the lack of skills required to maintain successful CBOs was reported as a threat to the sustainability of development outcomes. And low levels of perceived self-efficacy also undermined motivation, as in the case of our Namacurra programme in Mozambique.

Partnership: As would be expected there needs to be a favourable context in order for partnership to succeed; partners must be willing to work together in addressing poor service provision through a two-way process of dialogue.

Transformed Relationships: Analysis of this driver showed a variety of relationships needs to be considered such as social cohesion; inclusion of the most vulnerable; relationships with children; child abuse; relationships between the CBOs and the community; relationships between the community and authorities and government. Analysing these relationships separately has enabled understanding of the complex relationships that contribute towards improving child well being.

Local and National Advocacy: This past year we have been exploring the impact of the Citizen Voice and Action programmes. We have discovered that the use of bylaws for monitoring and implementing government policies has been effective in at least two country contexts. This is an excellent example of community empowerment.

The promotion and adoption of community radio for improving dialogue has also been an important contributor to success in three countries. The investment in collaborative relationships has been, and continues to be, critical to success of accountability interventions.

Household and community resilience: The review of World Vision's child well-being reports demonstrates that resilience and livelihoods approaches and interventions have led to improvements in child well-being. It has been important for World Vision to define "resilience" as there was only one programme in the sample of 20 evaluation reports that had a traditional DRR focus. The other programmes evaluated were improving the resilience of children and families through food security, education or health care improvements.

Accountability: Through our own accountability learning initiatives, alongside our support for DFID piloting new approaches to beneficiary feedback, we are beginning to see the impact that can result from intentionally listening, and responding to, community feedback. In particular the potential for empowerment is significant as

large INGOs invite comment and criticism from beneficiaries. This also applies to the more immediate gains in programme effectiveness, as we are better able to adapt to context.

Quality of evidence: One of the most encouraging findings this year has been the increase in quality of our evaluation reports, as evidenced by the consistent increase in BOND quality of evidence scores. The increased quality of the evaluation process and the ability to determine comparison from baseline, as well as the contribution made by World Vision is an indicator that the support provided to these processes is making a difference. However there is still great room for improvement, particularly in increasing the voice and inclusions of beneficiaries in evaluation processes.

OXFORD POLICY MANAGEMENT (OPM) RECOMMENDATIONS MOVING FORWARD

Drafts of our Impact Report were reviewed by Oxford Policy Management (OPM) and the following is a verbatim summary of their recommendations, with bold added to highlight the key points, which are then used to structure the section detailed our response to these recommendations.

World Vision UK has made progress on the quality of the evidence and the depth of the analysis in validated and overall Impact Reports. In moving forward we recommend consolidating progress made against recommendations made in previous years and developing a set of recommendations on future opportunities for further enhancing the quality of the evidence collected and analysed.

On consolidating progress we elaborate further. We note some progress made on collecting disaggregated data. Although it remains inconsistent, there is evidence of disaggregation by sex and age, especially in the sustainability section. As observed last year, context-specific disaggregation relating to socio-economic characteristics and location are still not being reported. There were positive signs of progress in the validated reports in the collection of disaggregated data, especially by gender. However, the collection of disaggregated data is not enough as it does not necessarily lead to a contextualised and differential analysis of impact as the three reports showed. We suggest institutionalising a collective understanding of how and why the collection and subsequent analysis and reporting on disaggregated data helps make interventions more effective, relevant and equitable in reaching and benefiting those most in need. **Further progress of using disaggregated data for impact analysis and reporting needs to be prioritised.**

While World Vision is still deciding how to analyse using a ToC approach we recommend establishing a single definition and set methodology for ToC. While it is difficult imposing a ToC post ante on evaluations, **exploration of the causal links and critical assumptions underlying interventions to achieve the goal and outcomes can be strengthened**. Looking forward, we fully support the standardised approach to evaluation design developed by World Vision UK and suggest there is **scope to introduce a more systematic approach to how ToCs are used to guide evaluation and learning.**

Active use of the BOND quality of evidence tool remains a strength of the Impact Report, and it is encouraging to see the positive trends towards better quality evidence across all the five components. **The presentation of results would benefit from greater methodological clarity around how the BOND principles are used to assess quality of evidence**. It is still not clear how and who carried out the scoring, in each of evaluation as well as how the scoring was objectively verified. The tool itself does not give guidance on how to use the tool and World Vision over the four years of using it may have refined its approach. This needs to be reported together with an assessment of where the greatest progress has been made and where challenges remain.

On moving forward and enhancing the quality of impact evaluations we recommend **reviewing the working definition of impact**. The current definition is too simplistic for the increasing sophisticated ToC and realist approaches to evaluation that World Vision UK is adopting. References throughout this year's Impact Report shows that World Vision UK has a much more nuanced understanding and is well aware of the challenges of attribution and the potential for negative or unintended impacts from interventions. We recommend using as a starting point the OECD definition of impact used by OPM: "Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended."

Given the realist approaches World Vision is adopting for evaluation there is scope in future impact evaluations at country level to **consider setting a contextual baseline looking at the social, political, economic, environmental drivers and barriers to positive change including the specific dimensions of poverty and vulnerability and levels of social inclusion/exclusion.**

In the complex, volatile and fragile environments, quantitative surveys, RCTs, and/or FDGs using a selection of participatory tools may be insufficient to a) capture the full range of impacts and lessons for future interventions, and b) understand the extent to which World Vision UK is contributing to positive and sustained change. It may be useful if they **begin to pilot, (perhaps in the planned ex post evaluations to test assumptions on sustainability drivers) methodologies such as process tracing, outcome harvesting and contribution analysis**. Process Tracing and Outcome Harvesting perhaps offer the best fit with World Vision's increasing focus on the impacts and outcomes of its work and its commitment to involving communities and secondary stakeholders in an honest and transparent assessment of its interventions.

Finally, we recommend strengthening attention to gender and gender analysis. The sections on the case study on social norms change research within child protection, accountability and advocacy, particularly from the social accountability team, standout as being more gender-sensitive than other areas of analysis. Given the renewed emphasis on gender equality in the SDGs and the UK's International Development (Gender Equality) Act 2014[1], **next year's Impact Report may be an opportune moment to assess impact through a gender lens.**

Next steps for World Vision UK's Impact Reporting (responding to the OPM recommendations)

As just one part of the wider World Vision partnership, and with greater intent to collaborate more effectively across World Vision offices, World Vision UK's future direction in impact reporting will be very much in-step with the global World Vision's Evidence and Learning initiatives. At the same time as World Vision UK we need to respond to specific expectations within the UK sector, and will be looking for ways in which we can contribute expertise to our wider partnership as we look to meet them. Below are some reflections on World Vision UK's next steps, organised in response to the above recommendations from OPM.

1. Prioritise use of disaggregated data for impact analysis and reporting

This is a challenge we are addressing in our partnership M&E systems, and is particularly acute since World Vision is recognising we have not been focused enough on delivering on our goal of particularly reaching the "most vulnerable children". We are working on better operationalising the concept of "most vulnerable" so we can gather better data, though we are making some progress on disaggregating by gender and also disability.

2. Explore better the causal links and critical assumptions underlying interventions to achieve the goal and outcomes

Our use of the BOND evidence principles as a benchmark for our evaluations continues to highlight the need to better understand contribution. Also, we believe that while not every evaluation report can unpack all the assumptions, our standard programming models must be more explicit about the Theory of Change that lies behind them. To that end, in addition to participating in the wider partnership Child Sponsorship Research (which is using a realist approach to understanding what are the mechanisms that link programme intervention to intended outcomes), we are also conducting realist research on specific programme models. This will help us to better understand how they can be best contextualised in ways that flesh out the skeleton of the programme logic in ways that are most effective in that particular contexts, particularly fragile ones.

3. Introduce a more systematic approach to how ToCs are used to guide evaluation and learning.

This is a timely challenge, as World Vision is in the process of specialising in the delivery at scale of those programme models which are demonstrated to be most effective, and as part of that process are looking to be

more systematic in the way in which evaluations are testing whether the programme model logic is actually working as intended.

4. **Review the working definition of impact**

World Vision does not have a formal definition of impact, though implicitly our child well-being outcome framework means that we focus on how our programming interventions relate to changes in sustained child well-being. It is a timely challenge, however, to ensure that our evaluations continue to explore the unintended, secondary and longer-term impacts on the wider community and the structures around it (the wider eco-system around child well-being). Our exploration of sustainability, with the community as the unit of focus, and the emerging findings of our child sponsorship research that highlight community empowerment, suggest that we need to continue to better understand broader impacts on the community. This can help us examine how these factors can be both a contributor to, but also a positive spin off, of the child well-being that remains the main impact indicator we want to measure.

5. **Consider setting a contextual baseline looking at the social, political, economic, environmental drivers and barriers to positive change including the specific dimensions of poverty and vulnerability and levels of social inclusion/exclusion.**

World Vision's "Development Programming Approach" emphasises the value of investing up front in fostering a common vision within communities for child well-being, and identifying how best World Vision can serve them to fulfil that. And the luxury we have of being able to programme for up to 15 years in one location, provides an opportunity for us to do that. However, we recognise that in an increasingly fragile world, the emphasis has to be on regular reviews and monitoring of programme context, to enable timely adaptations of programmes. To that end we are working towards annual reviews of programmes that bring in community perceptions of progress and how changes in context create new challenges. Thus, we will be looking to support our National Offices in making that an effective tool for continually monitoring, and adapting to, the local context.

6. **Begin to pilot, (perhaps in the planned ex post evaluations to test assumptions on sustainability drivers) methodologies such as process tracing, outcome harvesting and contribution analysis**.

We are currently testing out the use of outcome mapping in one area of programming (social accountability), and we want to explore different ways of understanding our impact. At the moment, however, we are particularly exploring the value of realist approaches to understanding our contribution. This approach, which is focused on how similar interventions produce different outcomes for different groups in different contexts, seems particularly well-suited to this moment in World Vision history. This is significant as we look to understand better how our relevant our global programme models are for particular contexts, and how we can produce guidance for adaptation to particular categories of context.

7. **Use next year's Impact Report as an opportune moment to assess impact through a gender lens.**

Having a gender lens is something we will be exploring, particularly since the child protection programming that World Vision UK focuses on, has increasingly been addressing the challenges girls are facing. For example, we are part of the Global Girls Research Initiative led by ODI and are preparing to launch a global campaign on tackling Violence Against Children. The campaign covers both girls and boys, but recognises that often girls are more vulnerable to many forms of violence.

In next year's, 2016, Impact Report, World Vision UK will continue aiming to reflect on our contribution to change in a transparent way, in the expectation that it will inspire our staff, partners and supporters and help us to become even more effective in increasing the well-being of children, particularly of the most vulnerable.

"When I grow up I want to manage a big factory."

Paulos, 11, from Malawi
© 2015 / World Vision

EVERY CHILD FREE FROM FEAR

World Vision UK

World Vision House, Opal Drive,
Fox Milne, Milton Keynes MK15 0ZR
tel: **+44 (0) 1908 84 10 00**
fax: **+44 (0) 1908 84 10 01**
email: **info@worldvision.org.uk**
www.worldvision.org.uk

World Vision is the world's largest international children's charity. Every day we bring real hope to millions of children in the world's hardest places as a sign of God's unconditional love.

World Vision UK is a registered charity no. 285908, a company limited by guarantee and registered in England no.1675552. Registered office as above.