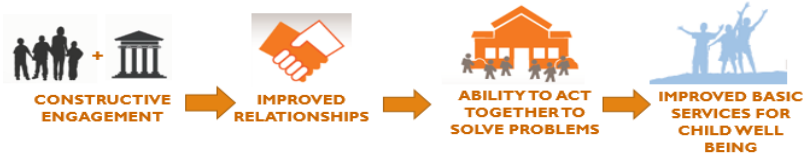
PROJECT MODEL

Citizen Voice and Action

Citizen Voice and Action (CVA) is World Vision's unique approach to social accountability and local advocacy. This approach is designed to improve the relationship between communities and government, in order to improve services that impact the daily lives of children and their families.



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List of Abbreviations

ADAPT	Analysis, Design and Planning Tool
CWB	child well-being
CVA	Citizen Voice and Action
DPA	Development Programme Approach
FBO	faith-based organisation
LCP	local capacities for peace
MEER	Middle East and Eastern Europe Region
NO	national office
NGO	non-governmental organisation
RCT	randomised control trial
SDG	Sustainable Development Goal
WASH	Water, Sanitation & Hygiene
WV	World Vision

1. Model Snapshot

1.1. Introduction

Citizen Voice and Action (CVA) is a social accountability and local-level advocacy methodology that aims to address inadequate essential services by improving the relationship between communities and government, and empowering communities to hold government to account.

Social accountability is a relationship, framed by rights, between citizens and the state, and describes a mechanism by which the citizens directly (rather than indirectly via elections) engage with service providers (usually government organisations) to hold them accountable for delivering entitlements.

CVA facilitates the transformation of the relationships between citizens, government (civil servants and elected officials) and service providers (like nurses, doctors, principals and teachers) so that everyone in the community can work together towards the well-being of children. Through CVA, communities are able to engage governments and service providers in a constructive, productive and well-informed manner. As a result of the CVA process and the improved relationships, vital services (like health care and education) are improved. Ultimately, these improvements have an impact on specific indicators of child well-being.

CVA works by first informing citizens about their rights and then equipping them with a set of tools, designed to empower them to engage in local advocacy to protect and enforce those rights. Communities learn about basic human and child rights, and how these rights are expressed under local law. Next, communities work collaboratively with government and service providers to compare reality against their government's own commitments. Communities also have the opportunity to rate government performance against criteria that they themselves generate. Finally, communities work together to influence decision-makers to improve services, using a simple set of advocacy tools. As services improve, so does the well-being of children.

CVA is considered an 'enabling' project model within World Vision's (WV's) Development Programme Approach. That is, it is often used as a component of other projects and aims at improving government provided services for the well-being of children. Since 2005, hundreds of communities in more than 600 programmes around the world have used CVA to improve the quality of services in their areas.

2. Model Description

2.1. Strategic relevance of this model

2.1.1 Contributes to CWB Objectives and Sustainable Development Goal (SDG) Targets

CVA is strongly aligned to WV's new global strategy, 'Our Promise 2030', and is among the core project models that will be used to support 80 per cent of programming for strategy delivery. It is also name checked within the strategy, recognizing it as a world class methodology for equipping citizens to hold governments accountable.

CVA is aligned to WV's strategy 2030 in the following ways:

- designed to be community empowering
- supports a strong focus on children through their inclusion in the process
- supports local action – including through local to national connections
- adaptable for fragile and urban contexts
- ripe for new innovation, including use of various forms of technology
- recognises increasing government capacity to deliver on their commitments to their citizens on services essential for child well-being.

CVA contributes to the following CWB Objectives: Increase in children protected from infection and disease, increase in primary student who can read, increase in children are well nourished, increase in boys and girls protected from violence.
Further, CVA is well aligned to the global 2030 Agenda for Sustainable Development. Table 1 demonstrates CVA's alignment to the global Sustainable Development Goal (SDG) targets and indicators, as well as WV's child well-being (CWB) aspirations and outcomes.

Table 1. CVA alignment with SDGs and CWB aspirations and outcomes

SDG target [CVA-related text emphasised in **bold**]	SDG indicator [CVA-related text emphasised in **bold**]	CWB aspiration/outcome
1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as **access to basic services**, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	1.4.1 Proportion of population living in households with **access to basic services**	Children enjoy good health Children are educated for life Children are cared for, protected and participating
3.8 Achieve universal health coverage, including financial risk protection, **access to quality essential health-care services** and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 **Coverage of essential health services** …. among the general and the most disadvantaged population	Children enjoy good health
4.a Build and upgrade **education facilities** that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	4.a.1 Proportion of **schools with access to**: (a) **electricity**; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) **basic drinking water**; (f) **single sex basic sanitation facilities**; and (g) **basic handwashing facilities** (as per the WASH indicator definitions)	Children are educated for life
16.6 Develop **effective, accountable** and transparent institutions at all levels	16.6.2 Proportion of the **population satisfied with their last experience of public services**	Children enjoy good health Children are educated for life Children are cared for, protected and participating

2.1.2 Sector alignment

Historically, CVA has primarily served to improve health and education services. Now it is increasingly adapted for other sectors including Child Protection; Resilience and Livelihoods; and Water, Sanitation and Hygiene (WASH). As an enabling project model, CVA may be adopted as a component of a number of different sector projects or programmes. (See Section 6.4.)

Once a community starts implementing CVA, it often serves as an overall approach to improve the well-being of children, rather than an isolated project.

2.2. Expected benefits (impact) of the model

2.2.1 Root problem causes and core benefits

In many communities, the relationship between government and citizens is broken. Despite government commitments and budgets that should guarantee essential services to families, the reality is often different. For example, local health clinics may lack basic drugs or nurses and doctors may not attend the clinic as they should (potentially leading to the chronic illness and death of community members); or local primary schools may lack basic equipment and resources and may be overcrowded. CVA is designed to help communities with these kinds

of issues take hold of their own future and transform the quality of the vital services on which their families and children depend.

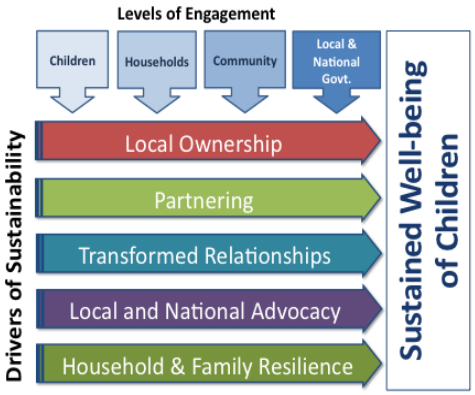
Where gaps in service provision have been identified by the community as priorities, analysis tools to understand root causes of these gaps can be used by the community volunteers whom WV supports to undertake CVA. These volunteers are known as the 'CVA working groups'. These tools are called Analysis, Design and Planning tools (ADAPTs). These tools have both a national- and community-level analysis. Based on this analysis, the community, supported by WV staff, may identify gaps in service provision that they want to address.

The contribution of CVA to improving the well-being of children depends on the context and community-identified priorities. However, most commonly, the CVA project model primarily contributes to two child well-being outcomes: 'children and their caregivers access essential health services' and 'children access and complete a basic education'. However, CVA can really contribute to any ministry that has some intersection with services provided by local government. For example, communities have successfully used CVA to improve child protective services, improve access to markets, expand agricultural extension and improve the disaster risk reduction plans of local government.

2.2.2. Target beneficiaries with emphasis on most vulnerable children

The target group for the CVA project model is people in the community who use the service that is to be monitored. These individuals will have the greatest incentive to actively participate in CVA activities, even after WV transitions out of an area. For example, if the community monitors the performance of the local school, then children who attend the school, as well as their parents, will be the most direct beneficiaries. CVA also tends to improve working conditions for staff who work at the facility being monitored, and these staff often report increased job satisfaction as a result of the CVA process.

Figure 1. Drivers of Sustainability



However, there are often several different types of people who use a particular government service. For example, pregnant women, the elderly, children, ordinary men and women, people with disabilities, or people living with HIV or AIDS will all use different aspects of a clinic. When inviting community members to participate in CVA activities, inclusion of the different types of services users is important, and it is essential that WV staff and CVA community facilitators facilitate a process by which all these different groups may be represented. The CVA project model provides a vital method for ensuring that government services respond to the needs of the most vulnerable.

2.2.3. Contribution to transforming beliefs, norms, values and relationships

CVA provides opportunities for voice, creates spaces for constructive dialogue and facilitates collective action, leading to improved service delivery, practices, and service provider and user attitudes. CVA presents volumes of citizen-generated data that can contribute to local ordinances, sub national and national policy dialogue.

Sustainability is at the core of WV's Ministry Goal: 'The **sustained** well-being of children within families and communities, especially the most vulnerable.' WV has identified **five 'Drivers of Sustainability'** – ways of working that have proven to increase the ongoing sustainability of development. See Figure 1 above. (See https://www.wvcentral.org/community/pe/_layouts/15/WopiFrame.aspx?sourcedoc=/community/pe/Key%20Documents/WVs_Sustainability_Drivers_13_Nov_2014.docx&action=default&DefaultItemOpen=1)

CVA is WV's premier evidence-based approach to local-level advocacy as well as a key contributor to national-level advocacy outcomes. This means that CVA plays a crucial role in the sustainability of our programming and is the main approach to the local advocacy component of the 'local and national advocacy sustainability driver'.

CVA equips communities with tools that enable them to make sure that the government keeps their promises around child well-being at the local level. These tools and approaches help citizens identify deep rooted discriminatory practices and understand injustices in their community. They also enable them to establish a multi-stakeholder, multi-level dialogue that can shift power dynamics (as communities become more aware of their

collective power and individual agency), and effectively make the local-to-national linkages required for higher level evidence-based policy dialogue that reinforces child well-being. This process enables them to negotiate for the protection of rights and better services for children and families on an ongoing basis, redefining the social contract with key stakeholders (from the government to other private actors) and transforming broken and unjust systems.

2.3. Key features of the model

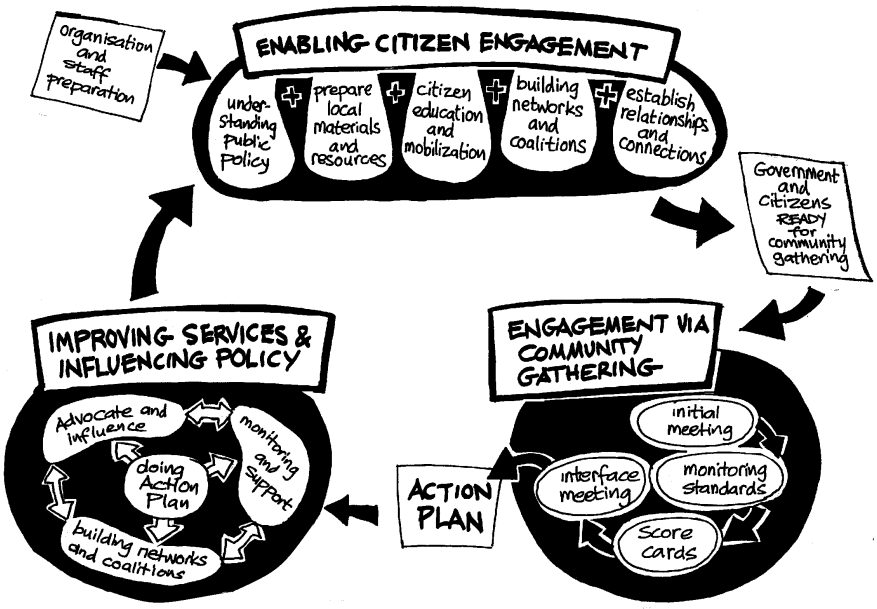
The CVA project model brings together citizens, service providers, local government and partners in a collaborative, facilitated group process designed to improve the quality of services at the local level.

CVA includes one preparatory phase called 'organisation and staff preparation,' which occurs largely at the national office (NO) level, and three implementation phases:

1. enabling citizen engagement
2. engagement via community gathering
3. improving services and influencing policy.

The following description is an overview of the CVA process (Figure 2).

Figure 2. Overview of CVA process



Enabling citizen engagement: This phase builds the capacity of citizens to engage in governance issues and provides the foundation for subsequent CVA monitoring and advocacy phases. For citizens to engage effectively with governments, they need support and awareness to enable them to act. Therefore, this stage involves a series of processes that raise awareness on the meaning of citizenship, accountability, good governance and human rights (including women's rights, children's rights and the rights of people with disabilities).

Importantly, citizens learn about how abstract human rights translate into concrete commitments by their government under national law. For example, the 'Right to Health' (Article 25 of the Universal Declaration of Human Rights) in a particular country might include a child's right to receive vaccinations at the local clinic or the community's right to have two midwives present at the local clinic, as stated under national law. Sometimes, staff may need to work with sectoral specialists or engage a lawyer to determine the precise nature of community entitlements under local law. CVA lays the groundwork for staff to mobilise communities towards ensuring that these rights are respected.

As a result, communities should be ready to engage governments in a constructive, productive and well-informed manner.

Engagement via community gathering: The 'community gathering' describes a series of linked participatory processes that focus on assessing the quality of public services (like health care and education) and identifying ways to improve their delivery. Community members who use the service (especially marginalised groups), service providers (such as clinic and school staff) and local government officials are all invited to participate. The process is collaborative, not confrontational. Nobody wants an underperforming school or clinic in their community, and local authorities are often eager to work with citizens to improve these essential facilities. CVA practitioners have developed a variety of strategies that help retain this collaborative environment that focus on improving the well-being of children, not placing blame.

Four types of sessions are held as part of the 'community gathering':

- **The initial meeting:** At this meeting, citizens, service providers (such as teachers or nurses) and local government representatives learn about the CVA process, its objectives and what they can expect moving forward.

- **The 'monitoring standards' meeting:** At this meeting, stakeholders recall what they have learned during the enabling citizen engagement phase of CVA about their entitlements under national law (such as the hours the doctor is supposed to work, what drugs should be available at the local clinic or how many beds a maternity ward should have). With this information in hand, community representatives actually visit the facility (such as a school or clinic) and compare the reality with the stated government commitments. Communities use a simple quantitative method to record what they discover.

- **The 'community scorecard' process:** The scorecard process provides both service users and providers with a simple qualitative method for assessing the performance of service delivery. The scorecard process asks service users and providers what an ideal school or clinic might look like and compares the reality with the ideal. Communities develop proposals for improving services at this stage.

- **The 'interface meeting':** At the interface meeting, stakeholders share the information from the 'monitoring standards' and 'scorecards' processes with a broader group. Based on this information the community, government and service providers create an advocacy action plan to improve the services monitored.

As a result of these four processes, communities have a wealth of information about what the government has promised to do and what exists in reality. Communities also build essential relationships that strengthen civil society and begin to form action plans that will allow them to change the condition of the services upon which they depend on a daily basis. The action plan is a simple chart that shows what action will be taken, who is accountable, what resources will be contributed and who will monitor the action to ensure it is undertaken.

Improving services and influencing policy: In this fourth phase, communities begin to implement the action plan that they created as a result of the community gathering process. Citizens and other stakeholders act together to influence policy at both local and higher levels. In effect, communities organise what amounts to a local-level campaign, with objectives, targets, tactics and activities designed to influence the individuals who have the power to change the situations they face at the local level.

Often, communities will work with other communities and partners to identify patterns of government failure across larger geographic areas. In response, communities come together in coalitions in order to influence progressively higher levels of government in order to solve the problems they face.

As a result of their advocacy, communities tend to see marked improvements in the services that they depend upon on a daily basis. Once communities see the success they can have, they usually begin the monitoring process again and focus on increasingly complex and challenging issues. As they mature in their *CVA* practice, communities also shift their focus from one sector to another. For example, a community might work on improving health services in the first year, and then move on to improve education or water and sanitation services. Thus, the *CVA* project model is designed to function cyclically and sustain a new working relationship between communities and governments over the long-term.

2.4. Level of evidence for the model

2.4.1 Evidence analysis framework

The CVA approach is based on two decades of international research in the field of governance. Former and current World Bank staff assisted WV with the development of the approach. One of the critical tools, the community services scorecard, was pioneered by Care International and is now used by many other non-governmental organisations (NGOs), including PLAN. From just two programs in 2005, CVA has been used in more than 600 programs, in more than 1,000 health clinics and schools, affecting hundreds of thousands of people across more than 40 countries.

2.4.2 Evidence of effectiveness

The efficacy of CVA has been tested in the gold standard of evaluations, a randomized control trial (RCT), which was led by Oxford University.[1]
The study found:

- an increase in student test scores which would move the average student from the 50th to the 58th percentile
- an 8 to 10 per cent increase in pupil attendance and a 13 per cent reduction in teacher absenteeism
- communities were 16 per cent more likely to take collective action

Former WV Australia social accountability adviser Bill Walker was also a co-author of a DFID (UK Department for International Development) funded systematic review, which looked at the evidence for interventions such as CVA.

In addition, an influential long-run impact study (RCT done in 2009, 2014 and 2017) found a similar approach to CVA, based on community monitoring of services and the interface meeting used by WV, led to a 33 per cent reduction in child mortality and a 58 per cent increase in facility-based births. These results were first established in 2009 and validated in a further study of the same intervention in 2014 and 2017.[2]

Several quasi-experimental designs have also demonstrated the impact of improved knowledge from CVA and this has influenced community initiative to lobby government for improved performance.

More than 15 independent evaluations of CVA have been undertaken and results have included:

- improvement in availability and quality of essential drugs
- increase in facility-based birth delivery
- reduced clinic and hospital waiting times
- increased immunisation coverage
- significantly improved attitudes by nursing staff, encouraging greater access to clinics by women
- new incentive systems for doctors to visit remote areas
- better sanitation, new infrastructure such as maternity wards, and improved relations between staff and patients
- when combined with village saving-and-loans activities, CVA has resulted in significant empowerment for women, including increases in opportunities to take part in more equal decision-making in the home.

Evaluations have also demonstrated results for improved government coordination, planning, resourcing and budgeting of services.

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[1] A. Zeitlin et al, *Management and Motivation in Ugandan Primary Schools: Impact Evaluation Final Report*, Centre for Study of African Economies, University of Oxford and Economic Policy Research Centre, Makerere University (October 2011), http://www.iig.ox.ac.uk/output/reports/pdfs/iiG-D10-UgandaPrimarySchoolsImpactReportFinal.pdf.

[2] Björkman Nyqvist, Martina, Damien de Walque, and Jakob Svensson, 'Experimental Evidence on the Long-Run Impact of Community-Based Monitoring', *American Economic Journal: Applied Economics* (2017), 9(1): 33–69.

2.4.3 Evidence Rating

The following table provides a detailed analysis of the evidence review carried out by the project model review panel in 2017. Ratings and colour coding range from 0 per cent (red) to 100 per cent (deep green), indicating poor to high quality respectively.

0%	20%	40%	60%	80%	100%
Very Poor	Poor	Fair	Average	Good	Excellent

The review of evidence materials provided good support for the effectiveness of the project model, however the design of some of the studies and analyses used were not very rigorous and the model was tested in a limited number of geographical areas, thus restricting confidence in generalising the results.

		Evidence Rating		
	Evidence Material	**A**	**B**	**C**
Evidence Criteria	Relevance	**66%**	**100%**	**50%**
	Effectiveness	**83%**	**67%**	**67%**
	Internal Validity	**79%**	**45%**	**82%**
	External Validity	**48%**	**98%**	**63%**
	Average Score	**69%**	**77%**	**65%**

A: Information is Power
B: Enhancing community accountability, empowerment and education outcomes in low- and middle-income countries: A Realist Review
C: Management and Motivation in Uganda Primary Schools

For more information on the evidence review criteria and process, please contact the Evaluation and Impact Reporting team.

2.5. External Validity

2.5.1 Countries and contexts where the model was tested

CVA has been successfully applied in 48 countries with many and varied contexts. CVA has succeeded in Africa, Asia, Latin America, the Middle East and Eastern Europe. However, some contexts are more challenging than others.

CVA works best when:

- Government policy and commitments can be easily identified. Often, WV staff must help communities research these policy commitments. Sometimes, staff members may need to employ the help of a lawyer or a technical specialist from the NO to undertake this analysis.
- Governments have at least some discretionary resources to contribute to service delivery.
- Populations are relatively stable, because citizens are more likely to be invested in the quality of services if they expect to be in the area for a longer period of time.

In some contexts of absolute poverty, it may be unrealistic to expect governments to deliver services. Urban contexts, like emergency contexts, prove challenging when populations are highly mobile. However, the CVA approach is now being used, for example, to secure water access for urban slum dwellers in Bangladesh.

A modified version of the CVA project model has been used in fragile contexts. New guidance on adaptation of CVA for these contexts is under development. (See Section 7: CVA Resources)

A recent evaluation in the Middle East and Eastern Europe Region (MEER) has also highlighted how CVA principles were being used in transitioning economies. (See Section 3.2 below.)

2.5.2 Contextual factors

Sometimes, NGOs have created relationships with communities that are characterised by dependency. In such cases, CVA practitioners must work hard to carefully create new messages that gently persuade communities to take increasing ownership of their future.

The following questions should be able to be answered with a 'yes' when considering the CVA project model, or CVA should be adapted to ensure that the methodology addresses that specific factor. Frequently, staff can improve their ability to adapt CVA by conducting a 'local capacities for peace' (LCP) analysis.

Citizenship and governance

- Does the government allow for and encourage citizen education and empowerment activities?
- Are there existing opportunities for citizen participation at local, regional and national levels?
- Is there potential for citizens to claim opportunities for their own citizen participation?
- Is there acceptance of citizen participation by duty bearers?
- Does the government, and do service providers, demonstrate some level of willingness to listen to and respond to citizens' voices?

Policy development, implementation and budgeting

- Are policies documented and publicly available which stipulate the provision of goods and services from government to citizens?
- Are plans and budgets which support the implementation of policies in place and publically available?
- Do policy documents and plans describe standards of service delivery (entitlements)?
- Does the government or other mandated agency provide basic services at the community level?

3. Model Implementation Considerations

3.1. Adaptation scope during design and implementation

Below is a table showing the 'Essential Elements' that a local advocacy intervention should include if it is to be deemed CVA. These elements have been developed in order to help line management maintain quality programming, while encouraging the creative adaptation required for successful CVA implementation.

The CVA project model is supported by a wealth of external and internal evidence of impact on education and health outcomes with key impact for child well-being, including substantially reduced mortality rates.[3] CVA practice that omits these elements should only occur when staff are able to articulate how that divergence has led to better, sustainable results. Ultimately, this information should help us improve CVA practice.

Table 2: CVA Essential Elements

CVA Phase	Essential Elements	Deliverable
'Organisation and Staff Preparation' The purpose of this phase of CVA is to prepare WV staff tasked with undertaking CVA to understand what CVA is so they can responsibly and effectively facilitate the CVA approach at the community	Political and policy context analysis undertaken in area of intervention. May be drawn from existing documents.	Power analysis document.
	NO leadership, field staff and local partners participate in a CVA capacity building programme led by a certified CVA master trainer.	Capacity Building Plan.
	NO leadership participate in at least one 2-hour CVA orientation session. This session may be held virtually.	Recording or notes from call.

[3] Björkman Nyqvist, Martina, Damien de Walque, and Jakob Svensson, 'Experimental Evidence on the Long-Run Impact of Community-Based Monitoring', *American Economic Journal: Applied Economics* (2017), 9(1): 33–69.

level. Staff should also analyse their context to determine how the CVA intervention will affect local communities.	NO staff identify how CVA will be integrated into existing WV's key specialist programming guidance, the Technical Approaches, Technical Programmes and Area Programme (AP) implementation plans.	List of APs and budget lines that will pay for CVA activities.
'Enabling Citizen Engagement' This is the first 'implementation phase' of CVA. This phase equips citizens to engage with issues of governance and provides the foundation for subsequent phases.	Identification (by name) of the individuals or local civil-society organisation (CSO) partners who will lead the CVA process at the local level.	List of individuals or CSO partners. Memorandum of Understanding (MOU) if formal partnership.
	Relevant government policies and standards identified and translated into contextually appropriate materials. These policies and standards should correspond to the sector being monitored (e.g. number of midwives per clinic or teacher pupil ratios).	Materials produced.
	Awareness-raising activities regarding government policies have been undertaken. These activities may include meetings, the dissemination of materials, or mass media communications.	Record of awareness-raising activities.
	Local government and service providers agree to participate in the process.	Notes from meeting, letter of intent or MOU.
	A 'CVA Facilitation Team' is mobilised and trained, preferably from among existing civil society groups (may be a school management committee or village health committee) and agrees to facilitate the CVA process.	List of names of members of group.
'Engagement via Community Gathering' The 'Community Gathering' is the heart of the CVA process. It includes four separate sessions: (1) an 'Initial Meeting', (2) the 'Monitoring Standards' Meeting, (3) a 'Community Scorecard' Meeting and (4) an 'Interface Meeting'.	CVA Facilitation Team convenes an 'Initial Meeting' to discuss how the CVA process will proceed.	Notes from 'Initial Meeting'; attendance list.
	CVA Facilitation Team undertakes the Monitoring Standards process: the group compares the actual condition of a facility in the community (like a school or clinic) against government standards.	'Monitoring Standards' data recorded on CVA database or in other electronic format.
	CVA Facilitation Team convenes focus groups (including separate groups for those most vulnerable and for service providers) to participate in the 'Community Scorecard' session. Participants should define their own criteria to be measured at the facilities and rate them using a 5-point scale. Programme staff should record an overall score for each criterion.	'Community Scorecard' data recorded on CVA database or in other electronic format.
	The CVA Facilitation Team convenes a plenary 'Interface Meeting' among community, service providers, and local government. During this meeting, the results of the monitoring standards and community scorecard sessions should be reviewed. An 'Action Plan' should be agreed that includes specific, measurable, achievable, realistic, and time-bound objectives that ultimately should improve service delivery.	'Action Plan' recorded on CVA database or in other electronic format.
	WV should not, except under extraordinary circumstances, contribute financially to the implementation of the action plan.	AP financial records or statement from AP Manager.

'Improving Services and Influencing Policy' In this fourth phase, communities begin to implement the action plan that they created as a result of the community gathering process.	Programme staff mentor and follow up with communities to ensure they can monitor and fulfil the action plan.	Record of meetings.
	Successful actions are recorded by WV staff.	Updated action plan on CVA database or other electronic record.
	Programme staff connect communities with other communities and coalitions, as necessary, to help them collectively pressure local and higher levels of government, as appropriate to action plans developed.	Deliverable only after year 2 of CVA work – records of meetings and participation in coalitions.
	Data generated through each CVA process, and improvements/changes following the action plan implementation, are recorded by programme staff for trend analysis, policy influence and WV Partnership Strategic Measure Reporting.	CVA database or other electronic record.

To help assess fidelity to the essential elements of the project model, an Implementation Quality Assurance (IQA) tool has been developed.

3.1.1. Fragile contexts

Under the 'New Deal for Engagement in Fragile States' in 2011,[4] development partners, fragile and conflict-affected countries agreed on a country-owned framework for development cooperation. Five goals were established, which highlighted the need for strengthened and legitimate politics, justice, security, revenue and services. Underpinning these goals is a strong emphasis on local capacity and system strengthening.

Local capacity, system strengthening and citizen empowerment for services are the key focus of CVA, via civic education, voice, dialogue and advocacy for accountability. These aspects of inclusive governance, accountability and transparency coalesce around issues of state legitimacy, which is often where fragility and conflict interconnect. CVA assists in fragile states on both the demand (citizen) and supply (government) side and especially interaction between the two – demand and supply. Latest research shows that where citizens feel that their government includes them in the design and feedback of basic services, which CVA does, then those states gain legitimacy, even if services do not necessarily improve.[5] Merely ensuring a role and grievance mechanism can help assist in supporting state legitimacy.

CVA plays a vital role in providing civic education, including on citizenship rights and responsibilities. In many fragile states, communities have become highly dependent on donors, do not distinguish between NGOs and government, and do not understand the constraints of government. These are all complicating factors for governments in conflict-affected and fragile states, which CVA can play a role in addressing.

However, doing CVA in fragile contexts may require adaptation, depending on the country and the nature of fragility. The starting point for adaptation could include incorporating humanitarian context analysis tools such as Making Sense of Turbulent Contexts (MSTC) and Good Enough Context Analysis for Rapid Response (GECARR), with Political Economy Analysis (PEA) and supported by Local Capacities for Peace (LCP)/ Integrating Peace Building and Conflict Sensitivity (IPACS).

CVA is applied in 15 countries that are designated as fragile contexts. Although parts of the methodology and tools may be difficult to use in some fragile contexts, creative staff in Democratic Republic of Congo (DRC) and

[4] The New Deal is a key agreement between fragile and conflict-affected states, development partners, and civil society to improve the current development policy and practice in fragile and conflict-affected states. It was developed through the forum of the International Dialogue and signed by more than 40 countries and organizations at the 4th High Level Forum on Aid Effectiveness on November 30th 2011 at Busan, Korea.

[5] E. Babbit, I. Jonhstone, D. Mazurana, *Building Legitimacy in Conflict-affected and Fragile States*, Institute for Human Security, the Fletcher School for Law and Diplomacy, Briefing Paper, Series 1, No. 1, Tufts University (June 2016).

South Sudan have found innovative ways to apply the CVA principles to the same effect as if the CVA tools were all applied. For example, where government standards did not exist in schools in South Sudan, communities and governments agreed on a 'services charter' with key standards which were to be monitored. Generally, the broad CVA principles of providing tangible, relevant civic education still applies in a fragile context, as does finding safe ways to bring communities and governments together to address performance of services.

3.1.2 Transitioning economies

A recent evaluation of CVA and advocacy approaches in MEER transitioning economies has demonstrated the importance of citizen engagement in governance frameworks for sustainability.[6] In particular, the focus on using CVA to monitor social protection frameworks and implementation presents significant opportunities, as does participatory budgeting, which builds on the CVA approach. For example, the evaluation in MEER highlighted how CVA principles were being used in Bosnia. Key results were secured for vulnerable children including more municipal funding and services after WV staff worked with university researchers to analyse gaps in municipal social protection planning and budgeting for vulnerable families. This project used the CVA principles of mapping governance and policy commitments in a particular area and then bringing stakeholders together to identify and lobby government to address gaps.

In this case, a civil society group, the Solidarity Group, was formed and became a formal part of the municipal governance structure, ensuring a stronger focus on vulnerable families and their children. The municipal government gave the group responsibility for re-writing social protection criteria for vulnerable groups as well as responsibility for disbursement. It was acknowledged by the head of the social department at the municipal government that government funds for social protection were not being dispersed in a transparent way. Other examples in Armenia demonstrate the use of CVA principles to support youth engagement with government to improve services in electricity and waste management.

3.2. Partnering scope

Through CVA, WV seeks to increase partnership and cooperation among citizens, stakeholders and their governments, to bring about sustained change and well-being of children.

The CVA project model provides ample space for local-level partners and communities to drive the process. As the civil society of a particular area becomes more experienced, WV's role decreases. In many programmes, CVA activities are conducted entirely by local-level partners. Because CVA is inexpensive and requires few inputs, the methodology provides a sustainable way for communities to continue to improve child well-being long after WV has transitioned out of an area.

Moreover, CVA is a powerful tool for the empowerment of the most vulnerable and traditionally marginalised groups. Women, children and disabled and minority groups should especially be included, as their rights to government services are often denied, and CVA offers opportunity to change the situation and build leadership skills.

A group of community representatives does most of the work of monitoring government facilities and implementing the resulting action plan. This group may be self-selected. For example, a school management committee composed of parents, students and teachers might be equipped with CVA tools to monitor their school. Alternatively, the group might be a working group formed as part of WV's Development Programme Approach and may decide for themselves what facility they will monitor. In other cases, the community representatives might be part of a church council or a local organisation that is a member of one of the working groups. It is important that WV work with a group that is truly representative of the community, especially the most vulnerable. CVA facilitators should intentionally include marginalised groups (such as people with disabilities, women, girls and others) throughout the CVA process.

Essential partners for CVA include community members, frontline service providers (such as teachers and nurses), agricultural extension workers, and government water and sanitation engineers, as well as key government officials with power to resource frontline service providers.

[6] S. Cant and M. Ioannou, 2017. *Local Initiatives for National Change Final Evaluation*, World Vision International, June 2017.

3.3. Local and national advocacy (as relevant)

Linking and leveraging advocacy actions from local to national level is an emerging priority component of CVA and WV's programming guidance though Learning through Evaluation with Accountability and Planning (LEAP 3). Most NOs are now deliberately planning and linking local and national advocacy from the beginning of program designs, and many CVA log frames now routinely include linkages to national agendas and plans.

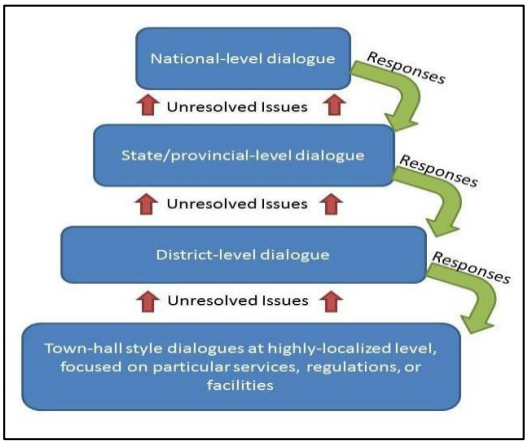


Figure 2. Linking local-level advocacy to national level (Source WV CVA Guidance Notes)

Linking advocacy to higher level engagement is often essential for ensuring that community action plans can be fulfilled. If the problem cannot be resolved locally, it will need to be escalated to higher and higher levels of authority until a solution can be found. See Figure 2.

One example where this is often the case is when the underlying challenge to addressing the local concerns of communities is the need for additional budget allocation at sub-national or national levels. See the following case study on Uganda.

CASE STUDY: LOCAL TO NATIONAL LINKAGES

Nnalinya, a village in Kyankwazi district, is amongst the poorest in Central Uganda. Like many health facilities in Kyankwazi, Nnalinya clinic was in a poor state for many years. In 2012, the community began applying CVA in order to seek improvements. To begin, citizens used the government-endorsed Patients' Charter and Health Policy to raise awareness about the services that patients in Nnalinya should expect to receive. Next, they used a scorecard and social audit to compare reality to the criteria in the Patients' Charter and to Uganda's commitments under its Health Policy and globally to the UN *Every Woman Every Child* initiative. Through these exercises they documented equipment shortages, illegitimate user fees and, most egregiously, the fact that the facility had lacked a midwife for 10 years.

Equipped with this evidence, the community convened an interface meeting at Nnalinya to examine the findings and discuss what they could do to improve the clinic. At the meeting, community members, clinic staff and local government officials contributed to the development of an action plan. The action plan is a simple chart that shows what action will be taken, who is accountable, what resources will be contributed and who will monitor the action to ensure it is undertaken. Together, they solved some of the clinic's gaps and shortfalls, including some administrative, user-fee and supply problems. But in the action-planning meeting, it became clear that the community's highest priority was to ensure the clinic had a midwife.

Unfortunately, budgets for staffing lay beyond the control of the local government. So Nnalinya residents joined with other communities, including local officials and service providers, and began to document a pattern of understaffing at village health centres to make their case at higher levels of government. Eventually, WV and other members of the Coalition for Maternal, Newborn, and Child Health helped gather evidence from social accountability activities in more than 120 clinics in 40 districts. The coalition also mobilised people to send thousands of text messages to their parliamentarians asking them to increase the budget for midwives. Because of their collective pressure, partnership with parliamentary champions and the evidence they wielded, citizens gained a national-level audience with parliamentary committees and ministerial officials, timed to the passage of the budget for the Ministry of Health. In response, key Members of Parliament blocked the passage of the annual budget until an additional 49.5 million Ugandan Shillings (US$19.8 million) was added to the budget for the recruitment and retention of approximately 6,172 additional health workers, including 1,014 new midwives.

Nnalinya's health centre directly benefited from the changes. In late 2013, five new health workers were posted.

In some cases, community-level advocacy has the potential to contribute to regional or even global advocacy agendas. For example, the 2030 Agenda for Sustainable Development has established goals and targets which national governments will be aiming to meet over the next 15 years. Each government will make its own commitments to specific targets, which will then make them accountable to reach them. CVA can equip ordinary citizens, including children and young people, to help monitor and improve service delivery and track how well their nation is performing against its 2030 Agenda commitments. CVA enables participatory monitoring and accountability activities that allow stakeholders to assess government fulfilment of commitments under the SDGs and to identify gaps, failures and issues to be addressed at community level. At scale, this citizen-generated data can reveal patterns on SDG implementation at sub-national and national levels.

There may also be opportunities to engage with key regional bodies and agendas, especially through the WV campaign to end violence against children, which recently launched in 2017.

4. Programme Logic

4.1. Pathways of Change and Logic Diagram

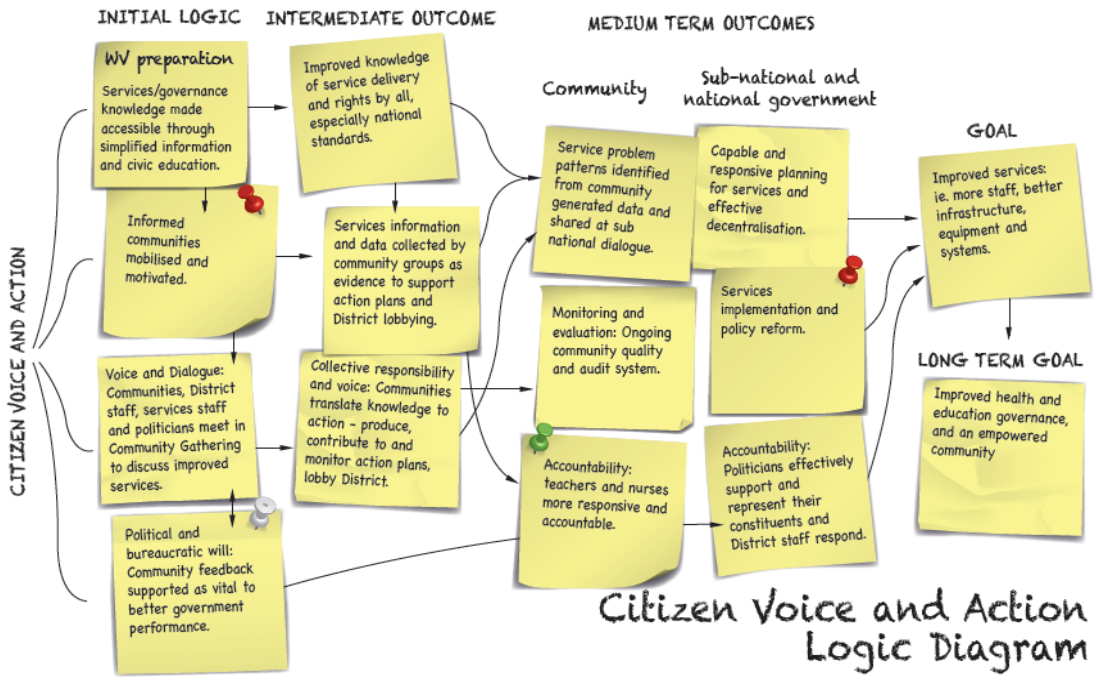
Design of CVA begins during the development of Technical Approaches and Technical Programmes under LEAP 3. During Technical Approach design, a landscape assessment and root cause analysis are undertaken for the key issues which are being addressed (e.g. health, education, child protection). The design team then analyses these findings to determine what approaches, actions and tactics WV will implement to address the root causes of the priority issues.

If the root cause analysis of an issue shows that there are gaps in government policy, policy implementation or service quality and utilisation, then part of the solution will be implementing local and national advocacy or a social accountability approach. CVA is a core project model for local advocacy and social accountability.

Once CVA has been selected as a contributing project model for the Technical Approach, the designers will map out how CVA will contribute to the overall goal and assign objectives and sub-objectives for CVA to the design.

Figure 4 is an example of a CVA logic diagram.

Figure 4. CVA logic diagram



4.2. Framework of Indicators and alignment to CWB objectives

This project model specifies standard indicators for the goal, outcomes and outputs of CVA, some of which are mandatory in all CVA designs.

To illustrate, Table 3 highlights a set of standard indicators for designing CVA for health, education services or child protection, and is adaptable for other services. The full set of CVA indicators is found in Table 3 and in WV's internal monitoring and evaluation database, Horizon, which only WV staff have access.

Table 3. CVA Indicators

	Hierarchy of objectives	Recommended standardized indicators*	Means of verification
Goal	Improved governance for services and better implementation of services	New policies or improved implementation of policy for services contributing to CWB	Policy documents, interviews with government officials and service facility statistics
Outcome	Empowered communities willing and able to lobby government for their needs	• Proportion of community members reached with CVA activities who have advocated to local government officials or political leaders • Proportion of community members reached with CVA activities who are willing to engage with their local leaders and local service providers on services (i.e. education/health) • Proportion of users who are satisfied with the services they have received (health, education, etc.) • Proportion of community members reporting improved quality of services (health, education, etc.) • Number of government officials – with decision-making power – who state on record that CVA contributed to government action on services (health, education, etc.) • Proportion of service users who report increased responsiveness of service providers to communities (health, education, etc.) • Number of patient visits at health facilities • Number of births at health facilities • Primary School Enrolment Rate • Primary School Pass Rate	Surveys – CVA participant, household, service user, facility records

Key output	Civic education and platforms for citizen-state engagement	• number/per cent community members reached through awareness raising sessions and access to services information (health, education, etc.) • number/per cent community members engaged in a CVA community gathering at a service facility (health, education, etc.) • number of evidence-based policy or service improvement recommendations on services emerging from community action plans which are presented to local government/decision makers (health, education, etc.) • number of community-led monitoring and dialogue/lobbying processes and meetings on service issues conducted by communities (health, education, etc.) • number of partners, coalitions, champions or key influencers working with the CVA Working Group to collectively pressure local and higher levels of government • number of advocacy initiatives for improved services led by vulnerable groups or individuals (health, education, etc.) • number/per cent of facilities that met additional government standards monitored through CVA (health, education, etc.) • number/per cent of service facilities improved based on the community scorecard (health, education, etc.)	Household survey and program reports
* Details on disaggregation by sex, age and geographical hierarchy as appropriate, can be found against the indicators on Horizion			

The CVA design will include baseline and evaluation indicators along with outcome, interim outcome and output indicators. Please see CVA indicators on Horizon for guidance.

Further information on DME for CVA is provided in the CVA DME Guidance materials, which are currently under revision.

4.3. Information flow and use

Ongoing monitoring and support during CVA implementation serves a number of purposes:

- to motivate those carrying out the actions
- to check that planned actions are happening
- to ensure that the strategies used are effective and are helping achieve the planned action
- to enable problem solving if obstacles prevent the actions from being achieved
- to report back progress to the community and users of the service
- to gather data to demonstrate impact and inform higher level advocacy.

Monitoring encourages communities to produce regular updates, to use reporting and feedback loops, and maintain citizen interest and commitment. Sustained perseverance to achieve long-term, sustainable change is often difficult to maintain, so it is particularly important to report back regularly on progress in achieving the action plan with the various stakeholders, especially those involved in the community gathering and users and service providers of the public service.

If plans are not being achieved, monitoring helps identify the need for alternative actions. Troubleshooting and problem solving are often needed as citizens come up against obstacles. WV staff need to support and facilitate lateral strategies or actions, such as connecting citizens with other groups, networks or coalitions. They also need to demonstrate flexibility and problem solving skills.

Further, because the information gathered through the CVA process is a form of participatory data, it can contribute to program design, reporting, assessment and evaluation more broadly within APs, NOs, regions and the Global Centre (GC).

The CVA output indicators will enable programme staff to monitor if the first three core elements of the project model – **information, voice and dialogue** – are effectively taking place. Specifically, programme staff will be able to see if community members (disaggregated by gender and age) participated in information sharing and training sessions, community scorecard processes, collective action activities and meetings with influential decision makers, including if vulnerable group are actively participating. The output data also enables practitioners and programme staff to monitor changes in service standards as measured against government policy and through community perceptions in the scorecards.

The CVA outcome indicators are essential in setting the baselines and measuring results. The data will enable programme staff to assess success of the project model as reflected in the third phase of CVA that captures **'accountability'**. The outcome data includes:

- willingness of community members to engage with local leaders
- user satisfaction with services
- government acknowledgement (through in-depth interviews) that community advocacy influenced their decisions to allocate resources or in some way improve services
- community perception of service providers and/or local government's response to calls to improve public services and secondary data from facilities.

The outcome data is also useful for new CVA grant applications.

In additional to national-level learning, there are regional and global avenues for learning and feedback, including through the global Social Accountability Leadership Team (SALT), a team of CVA regional and support office (SO) point persons working alongside the GC social accountability team to learn and champion best practice in social accountability across the organization. As part of its learning and working collaboratively, the SALT often connects with external actors to exchange experiences in this field. With its program footprint and decade of experience, WV is continuing to grow as a social accountability thought leader among its peers.

Further, the CVA process generates volumes of citizen-generated data from the scorecards and monitoring standards process. This data informs dialogue and collective action as part of the CVA process and, when aggregated, can help stakeholders connect local realities to national frameworks at a higher level. To facilitate the management of this data, a CVA database[7] has been developed to allow NO staff to upload the citizen feedback from the scorecards and the standards. The database is critical to aggregation of citizen data to ensure maximum impact by amplifying citizen voice to government for needed changes.

Citizen generated data is significant to support the measurement of the Sustainable Development Goals, especially indicator 16.6.2, *Proportion of the population satisfied with their last experience of public services.*

5. Management Considerations

5.1. Guidelines for staffing

NO commitment to CVA and national-level preparation for CVA to be adopted within programmes are essential for the success of the project model at the local level. Prior to any programme considering adopting CVA, the initial organisational and staff preparation phase must be completed at the NO level (see Section 5 of the *CVA Guidance Notes* for more details).

NOs create a variety of staffing structures to support the implementation of the CVA project model. Perhaps most commonly, once they have been trained, development facilitators act as the lead CVA facilitators for their primary focus area and support the development of community facilitators of CVA for ongoing sustainability.

[7] The CVA database is currently in field testing and is accessible through the database administrator Edgar Kisembo (Edgar_Kisembo@wvi.org).

Development facilitators identify and implement activities that enable citizen engagement, facilitate the community gathering and organise communities so they may influence policy and improve services. Development facilitators participate in CVA capacity building events and sometimes visit other NOs to learn more about CVA practice.

The skills that the CVA facilitator should possess are largely described in the ***Facilitate Local Level Advocacy*** competency within the Integrated Competency Development (ICD) in Table 4. In addition to this, skills for those ***Managing local advocacy*** can be found in ICD competency on Manage local advocacy at the area programme or cluster level resources (See Section 7 CVA Resources)

This competency describes the knowledge, skills, attitudes and behaviours required to work with communities to change the policies, practices and attitudes that perpetuate injustice. It supports staff to inform and contribute to local and national level advocacy work.

Table 4. Competency to facilitate local advocacy

ELEMENTS	**BEHAVIOURS**
Prepare for local *advocacy* implementation	. Use ***appropriate tools*** to analyse and build an understanding of the local policy context, local government systems, structures and processes, and service standards . Undertake a local-level stakeholder and power analysis, identify ***key stakeholders*** and manage key stakeholder relationships . Communicate WV's approach to advocacy clearly to the community, government, service providers and other key stakeholders . Prepare and use ***simple community engagement tools*** to ***raise communities' awareness***, identify issues and develop solutions***,*** as appropriate in the context . Identify and communicate the links between advocacy issues identified at the local level and WV advocacy strategies at national, regional and global levels . Plan a community gathering to develop an advocacy action plan, appropriate and sensitive to the local political and policy context.
Mobilise communities for engagement and influence	. Clearly communicate WV's advocacy approach to the service providers, government, and other local key stakeholders . Identify, collate and raise awareness of local service standards, as appropriate in the local and country context . Facilitate ***community gatherings*** in a way that builds mutual respect, trust and commitment, and that is inclusive of marginalised groups, particularly children. . Initiate and facilitate effective advocacy partnerships, networks, coalitions and relationships to identify and address ***issues*** that affect the most vulnerable groups . Support the community to develop ***advocacy solutions*** that respond to ***power dynamics*** in the community and support the achievement of advocacy objectives . Develop, with the community, ***advocacy action plans***, which respond both to local-level needs and national-level priorities
Support service improvement and policy influence	. Support and empower communities to engage with key stakeholders to improve services and influence policy . Facilitate ***improved relationships, networks and coalitions*** between communities and power holders, especially government, in ***context-sensitive ways***

	. Build capacity with local partners in advocacy as appropriate and necessary . Support and facilitate data collection and evidence-building for local advocacy . Capture and report on local advocacy implementation and outcomes within the area programme plan . Reflect on and improve own practice for effective local advocacy implementation

Additional staffing and expertise are often needed beyond development facilitators. As CVA grows across several programmes, NOs often add a national CVA coordinator.

This individual often has several roles:
1. help build CVA capacity for new staff and partners
2. monitor quality of CVA implementation
3. support monitoring, evaluation, analysis and reporting of CVA programming and impacts
4. organise communities to identify patterns of government failure
5. work with NO advocacy staff to escalate widespread issues to regional or national levels of advocacy.

In addition, programmes implementing CVA will require the support of advocacy staff at the NO level. Advocacy staff can play a role in building the capacity of staff and local-level partners to undertake successful advocacy actions.

Table 5. below presents a model CVA staffing scenarios;

Table 5. CVA staffing

Case Type	**NO Size**	**CVA Staffing Levels**		
		NO level	**Zonal/Regional/Cluster**	**AP**
Strong scenario	10–15 APs	CVA Coordinator		CVA Facilitator or CVA Focal Person per AP (e.g. Development Facilitator)
	15+ APs	CVA Coordinator	CVA Coordinator	Same as above
Good Scenario	10–15 APs	CVA Coordinator		Same as above
	15+ APs	CVA Coordinator	Advocacy Lead per zone with at least 25% CVA time allocation in job description (JD)	Same as above
Minimum Scenario	10–15 APs	Advocacy Manager/Lead with CVA Coordination responsibilities – notable allocation in JD		Same as above
	10+ APs	As above	Zonal CVA coordination included in Zonal/Cluster Operations Manager (or his/her zonal designee – notable allocation in JD	Same as above

5.2. Budget

While the high-level objectives and areas of thematic focus for CVA are determined during the NO Strategy and Technical Approach and Program processes, it is WV program staff at the local level who plan to apply the CVA methodology with communities and partners. Here are some key planning and budget considerations:

- providing sensitisation, orientation and 4.5-day CVA practitioner training workshops and meetings

- research entitlements and government commitments to health, education or other services.
- source, translate and simplify key issues and entitlements in the policy documents and translate them into local languages
- facilitate the CVA process
- provide follow-up support and monitoring
- facilitate and support dialogue with government on policy implementation gaps identified during community gatherings.

Costs for implementing the CVA project model are largely related to staffing, which generally consumes approximately two-thirds of the project budget. NOs create a variety of staffing structures to support the implementation of the CVA project model. CVA outcomes can be incorporated into most sector projects (e.g. education or health), especially where the main goal is access to quality services, which is also the goal of CVA. However, a dedicated CVA development facilitator working alongside the sector project manager is recommended.

The time period required for CVA implementation will vary according to context. Some contexts may need a longer period for the enabling citizen engagement phase than others. Some NOs have taken a full year to prepare for the community gathering. Others have held a community gathering within a few weeks. The time needed depends on the relationship between citizens and government in a particular context. Where citizens and government do not usually interact, more time will be required. In communities with existing structures that support citizen engagement, less time will be required. Once the enabling citizen engagement phase has been completed, the community gathering process may take a week to organise and convene. Finally, the advocacy context will depend on the action plan designed by the community. Some goals from the action plan may be solved during the community gathering itself. Others might require a longer-term, mini advocacy campaign to accomplish. No matter the timing, the CVA process should always be ongoing, so that the community continues to select more ambitious objectives to improve the quality of services where they live.

The RCT research undertaken by Oxford University and described earlier[8] determined that the cost of verifiable education outcomes for children in Uganda were achieved through CVA at a cost of $1.50 per student.

Table 6 highlights country-specific costing of running CVA at the area programme development (ADP) level in seven NOs. Collectively, these seven NOs represent 77 APs implementing CVA.

Table 6. CVA Cost Per Year Per ADP Per Budget Category

	Resource Development	**Engagement/ Networking**	**Monitoring/ Evaluation**	**Salaries/ Benefits**	***Total***
Peru	1,255	2,780	2,235	13,301	***19,571***
Brazil	74	8,141	265	13,694	***22,174***
India	500	17,000	2,188	5,250	***24,938***
Kenya	2,653	9,468	6,035	12,974	***31,130***
Indonesia	4,343	14,098	6,834	16,562	***41,836***
Zambia	3,194	13,636	1,737	33,297	***51,864***
Armenia	5400	53213	3000	11000	***72,613***
Average	***2,694***	***19,259***	***3,343***	***15,463***	***40,759***

[8] A. Zeitlin et al, *Management and Motivation in Ugandan Primary Schools: Impact Evaluation Final Report*, Centre for Study of African Economies, University of Oxford and Economic Policy Research Centre, Makerere University (October 2011), http://www.iig.ox.ac.uk/output/reports/pdfs/iiG-D10-UgandaPrimarySchoolsImpactReportFinal.pdf.

Avg. w/o Armenia)	***2,153***	***12,469***	***3,412***	***16,355***	***34,388***

The data were compiled using the Cost Estimation Tool (CET) which was developed to improve planning for health and WASH programming. Using this tool, CVA costs broke down into four broad categories: resource development, networking and engagement, monitoring and evaluation, and salaries.

Table 6 shows the cost of CVA according to these activities per ADP per year in the seven NOs surveyed. Note that CVA is costlier in NOs that have just begun to implement (at that time Zambia and Indonesia) and those for whom CVA activities are funded exclusively by grants (Zambia, Indonesia and Armenia). In particular, Indonesia and Zambia had some expensive advocacy components folded into their costs. In contrast, Brazil, Peru and India (and to some extent, Kenya) have folded the costs of CVA into ADP budgets. Also note that NOs sometimes reduce salary costs and increase 'engagement and networking' costs by working through local partners (Armenia, for example, works almost exclusively through partners who are largely supported by WV).

Figure 3 shows how the costs of CVA are typically distributed among these four budget categories (excluding the anomalous Armenia). Bear in mind that 'engagement and networking' may suggest some salary costs shifted to partners. Thus, the majority of CVA costs are related to staff salaries and engagement and networking. We have seen that as ADPs mature in their CVA practice, WV funds partner implementation of CVA. Of course, eventually costs should be shifted entirely to local partners (as we have already seen in several of our most mature ADPs).

Figure 5: CVA average cost breakdown (excluding Armenia)

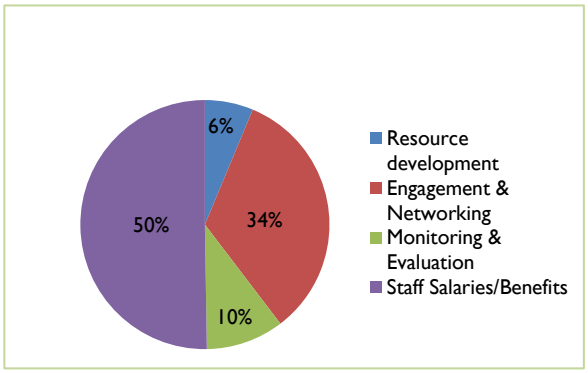


Table 7 shows the cost of CVA per beneficiary. Results show that the average cost per beneficiary across all NOs surveyed is US$0.87. Note that several factors will affect these dollar handles. Most importantly, for the purposes of this cost estimation, we assume that CVA benefits the entire ADP population. This assumption is only fair when an ADP is relatively mature in its CVA implementation. Second, dense urban ADPs will obviously be able to serve a higher number of people, while rural ADPs will have limited beneficiary numbers. Third, rural areas can often demand higher transactional costs because of the distances between communities. Finally, some contexts simply require higher operating costs because of their economies (e.g. Brazil, Armenia).

Table 7: Cost of CVA per beneficiary

Cost per beneficiary	**Cost per beneficiary per year**	**Cost per child (0-18)**
Brazil	0.33	1.25
India	0.30	3.26
Peru	1.82	1.39
Kenya	0.47	0.83
Indonesia	0.23	3.31
Zambia	1.13	1.16
Armenia	1.44	6.74

Average	0.82	2.56
Avg. (w/o Armenia)	***0.71***	***1.87***
Avg (w/o Armenia and Peru)	***0.49***	***1.96***

6. Linkages and Integration

6.1. Child focus

Children are often direct users of basic services. It is essential that their voices are heard as part of the performance assessment and that they are part of continued dialogue and action to improve delivery of public services. CVA can encourage active citizenship with children and young people as their voices inform local-level improvements in service delivery, leading to more child friendly services and better service outcomes. Inter-generational accountability is also strengthened.

The phases of CVA are similar in a child- and/or young person-led process. However, due to the distinct characteristic of the young participants, certain elements differ from the adult-led approach. *See 'Best practice to Child and Young person participation in CVA' (See Section 7: CVA Resources).* Child participation should be included through all phases of the CVA approach. CVA pilot programmes have shown how activities can be planned to actively support and encourage child participation as part of citizen education and mobilisation. Children have participated as part of the engagement processes of the community gathering.

Children are heavily involved in CVA through the age disaggregated scorecard and other activities. Ideally, sponsorship staff should be involved in the key CVA monitoring activities, particularly in schools, such as the scorecards and interface meetings. Participating in CVA activities is an excellent way for sponsorship staff to monitor registered children and their broader well-being. For example, there are regular child protection issues that are raised, such as abuse or inappropriate behaviour by teachers towards students. Often these issues are uncovered through the CVA process since there are spaces for children to share issues, which are also raised later with the adults during the interface meeting.

Practitioners should ensure the process subscribes to the WV's principles and guidelines for child participation including[9] (See links below at the end of this section) the following:

1. Adults, relevant partners, children and youth in the community are continuously sensitised to the importance and value of child participation.
2. WV staff, partners and volunteers who facilitate child participation have the capacity and training to work safely and effectively with children.
3. Children and caregivers give informed consent for children to participate in WV or partner-supported activities whilst recognizing children's rights to freedom of association or peaceful assembly.
4. WVI Child Protection Standards (See links below at the end of this section) are in place and followed.
5. Child participation involves children in issues and decisions that are relevant to their daily lives and concerns.
6. Child participation is accessible, inclusive and non-discriminatory.
7. Child participation is facilitative, not manipulative, and values children's input.
8. Child participation activities and methods are child friendly.
9. Child participation is conducted in ways that lead to empowerment of children, to youth who are responsible citizens and to community transformation.
10. WV staff, partners and volunteers demonstrate accountability to children through a commitment to timely feedback, monitoring, evaluation and learning cycles with children that improve the quality of child participation.

Program staff should take precautions when children and adults interact throughout the *CVA* process, specifically during the community gathering phase. Staff should assess the risks to children and take actions to minimize any potential risks.

- Develop criteria for selecting and screening volunteers, including those with partner organisations, especially in regards to protection issues.
- Develop preparedness plans for serious abuse or exploitation of children in target communities (WV level 1 child protection incidents).
- Train volunteers on the basics of child protection, such as what is child abuse, exploitation and neglect, and how these issues are manifest in the community.
- Train volunteers how to recognise signs of abuse, neglect and exploitation, and train them how to respond. Report and refer effectively and in timely manner
- Communicate to community members (including children) what are inappropriate and appropriate behaviours towards children by WV staff and volunteers.
- Establish a reporting and response mechanism with communities (including children) for concerned parties to report inappropriate behaviour towards children by WV staff, volunteers or community health workers.
- Establish child-safe partnerships with health-care providers and services (for referrals of child protection incidents).

Collecting views, opinions or information from children, as is undertaken through the CVA scorecard, always raises ethical questions and concerns. It is critical that ethical principles are applied throughout the CVA process.

1. ***Protect participants from harm:*** This includes emotional, physical and other forms of harm. As soon as participants show distress, any activity should be stopped immediately. This principle requires the following steps:
- Discuss and take steps, prior to any engagement and data collection, to address any potential risks to facilitators and participants.
- Make arrangements for counselling services or supports to be in place for participants who become distressed during a discussion or activity. Use WV's *Preventing and Responding to Distress in All Child Participation Activities* as a resource.
- Ensure that facilitating team members are not a threat to children through appropriate local background checks. (Please refer to your National Child Safeguarding Policy if you are unsure how to do this.)

2. ***Ensure safety of the CVA team*:** Particular care must be taken when assessing situations related to illegal activity, such as crimes against children. Also, there should be emotional support within the team for stress that team members may feel, especially as a result of discussing difficult issues for children that the team may not be able to resolve.

3. ***All participation must be voluntary:*** Voluntary participation means that every participant (child and adult) must give informed consent. 'Informed consent' means that people have explicitly agreed to participate in the process after being informed in ways that they can understand about each of the following:
- the reasons why the information is being collected
- the methods or ways in which the data is being collected
- the topics of information that are being collected
- the use of the information
- that it is possible to refuse to participate or withdraw from the research at any time (this also means that a participant may refuse to answer a specific question.)
- that measures will be taken to ensure children's confidentiality (i.e. not assigning names to children's contributions), while also clarifying that absolute privacy cannot be guaranteed in focus group sessions
- that follow up must be taken if a child discloses abuse, neglect or exploitation.

For child participants, it is necessary to get *both* the caregiver's and the child's consent. Informed consent should normally include signing an agreement to participate, unless that is culturally inappropriate, not safe, or not possible. In that case, verbal consent is required. The consent form should tell the participant about the confidentiality of the information shared. In the case of children, something should be included about what might be done if the child discloses information about abuse. For example, 'I will keep everything you share private, but if I think that you might not be safe, I might have to tell some other adults who can help me make you safe.'[10]

[10] J. Ennew and D.P. Plateau, *How to research the physical and emotional punishment of children,* Save the Children, (2004) 187.

4. *Respect cultural traditions, knowledge and customs*: The team should always respect and adhere to local codes of dress and behaviour, use the local language and age-appropriate techniques.

5. *Establish as much equality as possible:* The team members should be careful not to act or sound like teachers. Facilitators should always strive to sit, to speak and to act in ways which minimise power inequalities with participants as much as possible.

6. *Avoid raising unrealistic expectations*: The team should not make any promises that they cannot keep and should follow through on all commitments made to participants.

7. *Reciprocity*: Any compensation to participants (such as refreshments) should be agreed upon in advance. Avoid giving money because it can result in raised expectations, lead to tension in the community and bias participants' answers.

8. *Respect privacy*: The team members should not probe for information if it is clear that a participant does not want to answer. Also, the analysis team should always ask for permission to use stories, pictures or other information.

9. *Ensure confidentiality*: The team should protect the identity of all participants by changing their names or not collecting names at all. Participants should not be named in reports or traceable by anyone without explicit permission. Data must be stored in a safe place where it cannot be accessed by unauthorised people. Participants must also be informed that absolute confidentiality cannot be guaranteed in focus group discussions.

10. *Develop and agree on behaviour protocols:* The team members should agree on behaviour protocols that cover both appropriate and inappropriate behaviour.

11. *Ensure representation of female and male facilitators in the team:* Girls may feel more comfortable talking and sharing their thoughts with female facilitators than with male facilitators, particularly when discussing sensitive issues. Trust and rapport needs to be established, and this can be facilitated by having female-to-female interviews/discussion as well as male-to-male discussions.

Finally, all members of the team should be briefed on how to respond to children sharing about current or past personal experiences of abuse, violence and exploitation that might surface during the consultations with children and adults. Each team member should be equipped to respond and refer such cases to appropriate structures. Professional counsellors or WV staff trained in counselling must be available to assist in these situations. The team members should not take individual or impulsive action. Each case needs to be dealt with carefully, taking the whole context into consideration and involving expert legal advice and social support – with the best interests of the child as the top priority.

Specifically, team members should be instructed in WV policy on referral requirements (see contacts below) when children disclose serious abuse, neglect or exploitation.

CVA also provides an opportunity for communities to monitor governance arrangements for protection of children by government agencies such as the police, health workers and child protection officials. Indeed, governance for child protection is very weak in most countries. CVA has been influential in helping child protection (CP) practitioners to reinforce and complement the Child Protection and Advocacy (CP&A) approach. CVA and CP staff have worked together to develop guidance for how to use the CVA methodology for child protection services. At the same time, identifying key service providers and key accountabilities is much harder in child protection and CVA for CP needs to be adapted and piloted according to the context.

For further information on references, standards and protocols regarding child participation and child protection please see WV Central's resources on Child Participation at https://www.wvcentral.org/governance/TC2013/Pages/regionalforumchildparticipation.aspx and Child Protection at https://www.wvcentral.org/dev/Pages/ChildProtection.aspx:

Child sponsorship

The CVA project model is designed to help communities take hold of their futures and transform the quality of the vital services on which families and children depend. It can also strengthen the involvement of families in the CVA processes, by understanding the services and participating in strengthening their effectiveness. Children who are the primary beneficiaries of the shared projects (such as health or education) will also include registered children. Monitoring for the child sponsorship can then provide a mechanism to monitor children as part of the community scorecard process.

For example, sponsorship monitoring data may indicate that many children are not in school, which may correlate with CVA data that highlights the reasons for poorly performing schools. Together, these data sources create a holistic picture of issues in the community and give partners an early blueprint of the changes necessary to improve the well-being of children.

On a broader scale, when patterns indicated by sponsorship monitoring data correlate to patterns of government failure (as indicated by CVA data), NO staff and partners have an excellent evidence base for regional or national-level advocacy campaigns.

Based on a recent evaluation in West Africa, CVA was used by sponsorship staff to plan sponsorship activities.[11] CVA has also been described by staff as helping to reduce their burden of workload because it is an approach that motivates communities to participate.

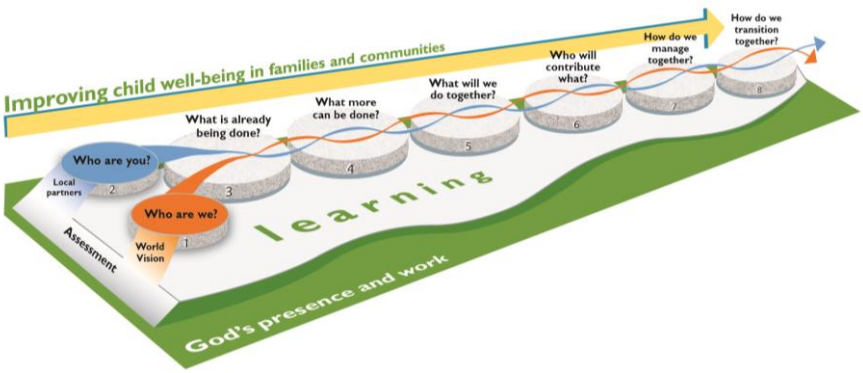
6.2. Development Programme Approach (DPA)

Local advocacy is a central part of the DPA, and CVA is a proven, effective local advocacy and social accountability approach that supports this. WV programme staff can use the CVA tools with communities and partners throughout the critical path - the key steps in WV's Development Programming Approach (DPA).

- *'Enabling Citizen Engagement'*, the awareness and education phase fits into **Steps 2-6** of the critical path.
- *'Engagement via the Community Gathering'*, the heart of the CVA process fits into **Step 5 to7** of the critical path, after the community have identified their vision and priorities for CWB. During this phase, citizens monitor the performance of an individual school, clinic, or other government facility. They meet with government to plan actions that will improve performance.
- *'Improving Services and Influencing Policy'* fits into **Step 7**, and includes all the work communities and government departments do to fulfil the action plan they have created during the previous phase.

CVA is most effective when it is an integral part of the shared projects that address the community's CWB priorities. To achieve this, the community and partners need to have a good understanding of how government policies and services affect different aspects of CWB. This understanding is built up throughout the critical path as shown in Figure 7 and described below.

Figure 7. The critical path



Step 2: Who are you?
CVA activities can be a part of Step 2 in three ways:

- The programme team, together with key community and partner representatives, can engage with local and national government departments to find out about the laws, policies, plans and budgets that relate to CWB. The guidance ***Understanding Government Structures*** can be used for this. (Further information located in the CVA Guidance Notes; link also in Section 7 under 'CVA Resources')
- The programme team can work with the local government to summarise the laws and policies into a form that can be shared with and easily understood by the wider community.

[11] World Vision International, 'WARO CVA Evaluation 2016' (2016).

- The programme team actively builds relationships with government stakeholders and shares WV's strategies and approaches.

These activities are included in the 'Enabling Citizen Engagement' phase of CVA. See Section 6 of the *CVA Guidance Notes* for tools and more information.

Step 3: What is already being done?
During Step 3, the working group deepens its understanding of CWB and vulnerability. It will be important to consider how government policies and services (or their absence) affect vulnerability. The summaries developed in Step 2 can be used to increase the awareness of the CVA volunteer working group.

As the working group plan their community engagement process, they can use the summaries prepared in Step 2 to stimulate dialogue around CWB, and to raise the communities understanding of the role of government.

Step 4: What more can be done?
As the working group considers what more could be done to improve CWB, the group may need to refer back to the laws and policies they studied in Step 2.

At the end of Step 4, the community identify their vision and priorities for CWB. Groups and organisations will then commit to working together to plan and implement shared projects to address their priorities. When the priorities are related to areas of government service provision, then CVA can be used throughout the planning and implementation in Steps 5, 6 and 7 of the critical path.

Steps 5 & 6: What will we do together?
CVA can be used in Step 5 when the shared project is related to areas of government service provision, for example health or education. CVA tools such as the 'monitoring standards' and the 'community scorecard' can be used as part of the detailed root cause analysis for the shared project. This may show if the quality of government services is part of the root cause.

CVA activities can then be included as part of the shared project plan, and partners will commit to carry out the activities. CVA is already working alongside other WV Partnership-approved project models (e.g. Timed and Targeted Counselling) and often included in NO Technical Approaches.

Step 7: How do we manage together?
CVA activities are implemented as an integral part of the shared projects when the projects relate to areas of government service provision. The main CVA tools such as the monitoring standards and community scorecard can be used by the working groups to collect simple information on the quality of government services. This will then lead to action planning with service providers to improve those services. The execution of action plans constitutes phase three of CVA, called 'Improving Services and Influencing Policy' (see Section 8 of the *CVA Guidance Notes*).

The same tools can be used as part of the monitoring system for the shared project, and can be used to track the actions taken and the changes in quality of services provided. This can be included as part of the regular community review and planning meetings.

Step 8: How do we transition together?
A key purpose of CVA is to encourage ongoing government accountability for service provision. Communities are empowered to directly engage with government so that they depend less on organisations like WV and other partners to intervene on their behalf, which helps the community sustain CWB gains after WV exits.

Note on relationship between social accountability and WV accountability
Central to the DPA is a commitment that WV is not only accountable to its donors but also the children and communities it exists to serve. Historically there has sometimes been confusion between WV's own accountability to communities and the social accountability relationship between citizen and state that CVA seeks to strengthen.

As described above, ***social accountability*** is about government accountability to citizens. ***INGO accountability*** is a relationship framed by values in which a private organisation (INGO) uses resources provided by external donors to benefit a target group, and the targeted 'beneficiary' group engages with the NGO to hold them to account for effectively delivering that intended benefit.

Distinguishing between these two relationships, and the activities WV carries out to strengthen them, is very important given VW's particular history and vision for sustainable CWB. Within long-term development programmes in remote locations, where the reach of the state is limited, historically WV has taken the role of service provider, with the consequence that once WV exits the location then the services are no longer provided. WV's accountability for providing time-bound activities to beneficiaries using international resources, must never distract from or delay the more foundational accountability of states using local resources over the long-term to deliver entitlements to their citizens.

At the same time WV practising accountability to its beneficiaries can contribute to strengthening this social accountability relationship through modelling an alternative, 'public service' approach to the use of power, recognising that WV is a powerful actor in any community, but can choose to empower communities by subjecting itself to accountability mechanisms such as being transparent and responding to feedback and complaints. As states and citizens witness the benefits of this approach, and the potential for more collaborative approaches to achieving well-being, it can increase the demand for accountability, both on the part of state and citizen.

The importance of WV modelling accountability is particularly acute in fragile contexts, in which for a temporary period WV and other non-state actors may be functioning as duty bearer, but should always be aspiring to exit and make way for state provision of services.

6.3. Faith

Our Christian faith motivates staff to place vulnerable members of a community at the heart of intent and process of CVA. However, harmful beliefs and norms may inhibit the inclusion and participation of marginalised groups, such as women, children or persons with disability. These could manifest during the process of implementing the CVA project model. Equipping staff to adequately prepare the community to be inclusive during the 'enabling citizen engagement' phase and facilitate and navigate emerging challenges during the 'engagement via community gathering', is important to support effective and inclusive outcomes.

Sometimes WV mobilises faith-based organisations (FBOs) as partners in CVA advocacy, but usually those mobilised are members of small localised faith-based community-based organisations (CBOs) or churches.

Although not a formal part of the compendium of indicators, some indicators for inclusion of faith leaders could include:

- 'Faith leader's representation in CVA working groups and involvement in representations to government.'
- 'Civic education, rights and collective good messages shared during sermons or other activities lead by faith leaders'

Biblical Worldview for CVA

Creation and fall

1. God made and blessed human beings as male and female in His image, to order and rule the world, name reality and create culture (e.g. by cultivating life-giving relationships with people and the earth).
2. Through human disobedience, sin and evil has damaged people and their relationships, distorted human egos and caused structures, systems and the physical world to become disordered.

Good news for the poor

3. Everyone has God-given capabilities and freedoms that reflect God's image in them, which remains undamaged – e.g. they can use their capabilities to reorder a disordered world, name reality and create culture and wellbeing.
4. Being in God's image means a) everyone is equal in dignity and rights, equal before the law and equal before God. Everyone is also subject to government insofar as it rightly exercises its authority. b) People should complement, support and value one another.
5. Jesus said that He came so that everyone, especially children, can enjoy life in all it fullness.

Government

6. While the Bible records very different forms of and contexts for government, God is sovereign over them all. Key God-given means for governing are agreements which create accountability, ultimately to God.
7. Today, public leaders and public servants, whether elected or appointed, have obligations to serve citizens and protect their dignity and rights. These obligations mean they are accountable to citizens.
8. As Servant-King, Jesus transforms what 'ruling' means, modelling how God intends governments to lead.
9. A key obligation of governments is ensuring that essential services work for the poor.

Accountability

10. God gave the first human beings rules and standards by which they were to be answerable to Him, and consequences He would enforce if they were broken.
11. By breaking these God-given rules, they brought sin, guilt, shame and fear into the world.
12. Since then, sin has weakened accountability by rupturing relationships, systems, structures and the earth.
13. We can therefore define accountability in a fallen world as being answerable for meeting agreed standards, enforcing what was agreed, and restoring relationships.
14. To curb leaders' power, the Bible emphasises and explains how leaders are to be accountable to their followers/subjects.
15. As Good Shepherd, Jesus shows in word and deed the extent of His accountability and authority, by laying down His life for His sheep, rising again, sending His Holy Spirit and promising to return to make everything right.
16. In showing God's accountability, Jesus contrasts it with those who kill, rob and destroy those following them
17. Accountability in our broken world is a long-term project involving diverse ministries of reconciliation which foreshadow God's new creation and ultimately, accountability to God by all
18. Within this definition and these principles, the Bible shows that accountability varies with context. However, it always entails justice, mercy and faithfulness to God in humble partnership with and dependence on Him.

(Source: Developed by Bill Walker, World Vision)

Recent work to strengthen WV's approach to CVA in more challenging contexts, reveals the importance of partnering with FBOs and faith leaders, particularly in these contexts. Faith leaders are among the most influential members in a community. They wield considerable influence over culture and what actions are prescribed or prohibited in their communities. With proper information and insight, faith leaders can be powerful change agents who play a significant role as part of a multidisciplinary team to support and improve the health of mothers and children. Furthermore, religious leaders have deep and trusted relationships, and strong links with their communities. They are often uniquely positioned to promote equitable outcomes for the most vulnerable children. They can influence thinking, foster dialogue and set priorities for their communities. One survey found that 74 per cent of people in Africa identify religious leaders as the group they trust most.[12] Religious leaders are very often present in areas where the government is distant from people.

Channels of Hope (CoH) is the way WV mobilises community leaders – especially faith leaders – to respond to the toughest development issues affecting their communities. Throughout the CoH process, faith leaders are alerted to both their calling to stand up for justice, and to identify burning issues calling for their response through advocacy. If properly modelled, replicated and contextualised, CVA could contribute to, strengthen or catalyse FBOs, learning from approaches such as CoH. CVA can work with CoH, particularly in fragile contexts, in a follow-up process in which faith leaders are then identified to be trained in social accountability through CVA. Faith leaders can play a critical role in civic education and opportunities for voice through local groups in the congregation (e.g. scorecards by mothers groups). Further, articulating or strengthening faith-based social justice teaching could increase potential to equip and motivate faith leaders and FBOs to partner on CVA.

6.4. Integration and enabling project models

CVA is an enabling project model, which is relevant to all sectoral interventions. It is also one of the project models prioritised for the 'Our Promise 2030' strategy. CVA provides the platform for communities to engage with government to ensure better government performance in all areas, which provides greater sustainability when WV exits a community.

CVA has been used extensively in education and health programming alongside core sector models. More recently, it has been used for child protection, WASH, food security and livelihoods. For example, Literacy Boost seeks to improve student reading results through teacher training, greater parental supervision and student reading clubs. However, CVA complements this work by supporting the overall governance of a school and factors beyond training and reading time that may affect student performance. Our CVA work has uncovered multiple factors and acted as a catalyst for collective action to address issues such as student hunger, weak local leadership and governance mechanisms through poor functioning of Parent Teacher Associations and School Management boards. All of these factors can contribute to poor reading outcomes for children. For example, Literacy Boost does not intentionally address child hunger, which can be a reason why children drop out of school or continue to perform badly, irrespective of whether teachers improve or children attend reading clubs. Children may be hungry and drop out of school. Teachers advise parents that their child's improved performance hinges upon parental involvement. However, in our CVA experience, it is not until local leaders also reinforce this message that parents start to listen.

CVA has been successfully integrated in a number of health projects and is championed by many health academics.[13] While Technical Approaches can deliver targeted results, they may miss foundational issues in health access such as, for example, provider bias. Demographic Health Surveys detail geographic and financial barriers to health access, but we know that relationships also matter. Where women feel poorly treated by health workers, they refrain from visiting health clinics. CVA has helped to address health worker attitudes and encourage more women to attend clinics.[14] In addition, CVA was recently highlighted, alongside other social accountability approaches, in USAID's 2017 Road Map for Health Governance. (See http://www.lmgforhealth.org/content/governance-roadmaps-toward-priority-health-targets.)

[12] BBC Press Office, 'World Service/Gallup International Poll Reveals Who Runs Your World' (15 September 2005), www.bbc.co.uk/pressoffice/pressreleases/stories/2005/09_september/15/world.shtml.

[13] For example, Professor Lynne Friedmann, Mailman School of Health Columbia University.

[14] Note we have anecdotal evidence across many CVA programmes of this effect, but no systematic data capture.

While CVA has been used primarily in education and health, there is increasing take up in Child Protection, Resilience and Livelihoods, and WASH. This includes promoting CVA as the local advocacy approach to improving child protection services and a way to support the Child Protection & Advocacy project model. NOs are now exploring ways to improve relationships with CP duty bearers, including police, as well as using the CVA tools to both support these frontline service providers and also hold them to account.

In Rwanda, farmers introduced to CVA successfully lobbied the government to provide their own seed after complaining that the seed producers hired by the government were delivering poor quality seed too late. In Kenya, CVA was used to help farmers successfully lobby for several county governments to fund ongoing programmes for WV's successful approach to regenerating live tree stumps, Farmer Managed Natural Regeneration.

CVA's goal is to improve access to quality services and is aligned with the aim of most of the organisation's sector programmes. Therefore, where the goal is improved services, the CVA steps can sit relatively easily and logically under an outcome of 'improved engagement between community, service providers and duty bearers'.

Gender
CVA is structured to gather rich information on gender differences and draws on feedback for improved services from both men and women. For example, we know that both male and female feedback on services through the sex-disaggregated scorecards is crucial to ensuring better development outcomes. These differently gendered views are represented through the public interface meetings. Over time we have seen common patterns where men call for better infrastructure while women are more focused on relational issues such as how they are treated by health workers.

A key limitation to CVA's use across programming is government commitment and/or staff ability to think laterally by using the governance principles of CVA. For example, where weak or no government standards exist (which is a necessary part of the CVA process), there is an opportunity for WV and partners to advocate for the introduction of standards. Even where government is weak, for example, in South Sudan, CVA principles have supported the establishment of 'service charters' agreed between services providers, communities and government. This example can apply across all sectors where government plays a role.

7. Field Guide

Resource name	Description	Links
CVA Guidance Notes – Updated Version 2016	A comprehensive implementation guide., available in English, French and Spanish	https://www.wvcentral.org/community/pe/Key%20Documents/Forms/CVA.aspx#InplviewHash07abb52c-f341-4a91-848c-d9682e466615=FilterField1%3DTitle-FilterValue1%3DCVA%2520Field%2520Guide
CVA Phase 1 – Core Concepts in Advocacy Course	On-line e-learning course which forms Phase 1 of CVA practitioner training	https://www.wvecampus.com/enrol/index.php?id=597

CVA Essential Elements of Implementation Guide	Guidance on critical aspects of implementation to ensure programme quality	https://www.wvcentral.org/community/pe/Key%20Documents/CVA_within_DPA.pdf?Web=1
CVA Standard Indicators	A set of mandatory indicators for CVA implementation	https://www.wvcentral.org/community/pe/Key%20Documents/Final%20CVA%20Indicator%20%202017.xlsm?Web=1
CVA Implementation Quality Assurance (IQA)	A tool/checklist to help assess the quality of CVA implementation	https://www.wvcentral.org/community/pe/Key%20Documents/Forms/CVA.aspx#InplviewHash07abb52c-f341-4a91-848c-d9682e466615=FilterField1%3DTitle-FilterValue1%3DCVA%2520DME
CVA Best Practice for Children and Young People's Participation	Guidance for including child and youth participation in CVA implementation	https://www.wvcentral.org/community/pe/Key%20Documents/Best%20Practice%20for%20Children%20and%20Young%20People's%20Participation%20in%20CVA.docx?Web=1
CVA Field Guide	Condensed guidance for AP practitioners	https://www.wvcentral.org/community/pe/Key%20Documents/CVA%20Field%20Guide%20ENG.pdf?Web=1
CVA DME Framework	Comprehensive guide to DME for CVA	Under development
CVA Training of Practitioners Curriculum	Comprehensive curriculum for CVA practitioner training	https://www.wvcentral.org/community/pe/Key%20Documents/Forms/CVA.aspx#InplviewHash07abb52c-f341-4a91-848c-d9682e466615=FilterField1%3DTitle-FilterValue1%3DCVA%2520ToP%2520Manual
CVA Training of Trainers Curriculum	Comprehensive curriculum for CVA master trainers training	https://www.wvcentral.org/community/pe/Key%20Documents/Forms/CVA.aspx

CVA for Livelihoods Guidance	Programme adaptation guidance for application with livelihoods programming	https://www.wvcentral.org/community/pe/Key%20Documents/R%20and%20L%20CVA%20doc%20ENG.FINAL.pdf?Web=1
CVA in Fragile Contexts Stocktake and Practice Notes	Programme adaptation guidance for application of CVA in fragile contexts	https://www.wvcentral.org/community/pe/Key%20Documents/Forms/CVA.aspx
CVA for Child Protection Guidance	Programme adaptation guidance for application of CVA for child protection	https://www.wvcentral.org/community/pe/Key%20Documents/FINAL%20CVA%20for%20CP%20Practice%20Notes%202016.pdf?Web=1
GAM resources	Narratives and evidence for grants	https://www.wvcentral.org/community/pe/Key%20Documents/Forms/CVA.aspx
CVA Database Guidance	Information and guidance for the CVA database	https://www.wvcentral.org/community/pe/Key%20Documents/Forms/CVA.aspx#InplviewHash07abb52c-f341-4a91-848c-d9682e466615=FilterField1%3DTitle-FilterValue1%3DCVA%2520Database
Competency for local level advocacy	Guidance on core competences for Facilitating and Managing local advocacy	https://www.wvcentral.org/community/pe/Key%20Documents/Forms/CVA.aspx#InplviewHash07abb52c-f341-4a91-848c-d9682e466615=FilterField1%3DFolder-FilterValue1%3DCore%2520Competencies

For further information please see the CVA Resources Page on wvcentral at
https://www.wvcentral.org/community/pe/Key%20Documents/Forms/CVA.aspx

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Project Model home page on wvcentral at
https://www.wvcentral.org/EandL/Pages/Project-Models.aspx