



World Vision
Zukunft für Kinder!



IMPACT REPORT No. 1

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Responsibility: Christoph Waffenschmidt, Christoph Hilligen
Editors: Judith Behrendt, Thorsten Bär, Martin van de Locht, Stefanie Huisgen, Dirk Jacobs
Layout: Yun-mi Jo



Our vision for every child: life in all its fullness.

Our prayer for every heart: the will to make it so.

Editorial

Dear readers,

In this impact report, we would like describe the impact of our work to you through some examples. We want to give you an idea of how impact monitoring works at World Vision and what results we have achieved in the past years.

This report should help us describe program work and the changes for children and their families resulting from it in such a way that you can better understand and perceive how impact is achieved. A fundamental question that we try to answer is: What contribution have the activities of World Vision made in the supported program areas, and what changes have they caused in the the living environment of children and families? To which extent that can be assessed depends on the quality of the available data and information from the relevant program area. It is a frequent methodological challenge in evaluations to separate the impact of World Visions interventions from other external factors. We often can only approach an answer by presenting and describing the programs' successes and setbacks transparently. We appreciate our positive cooperation with the Center for Evaluation (CEval), which conducted a meta-evaluation of 34 evaluation reports for us. CEval is a scholarly institute of the University of the Saarland that conducts basic and application-oriented research in the field of evaluation.

In the following sections we outline our principles of the field work, our understanding of impact, and its monitoring and present the results through example programs from the health, nutrition, and education sectors. The respective examples from the three continents (Africa, Asia, and Latin America) where World Vision is active in long-term area development programs are meant to illustrate the indirect causal relationships between our activities and changes detected in the areas of health and education.

Impact monitoring is part of a collaborative procedure in which the local World Vision staff work together with the local residents and the governmental and non-governmental actors to create a better living environment, especially for children. The residents are involved in planning, implementing, and finally also evaluating the program activities from the very beginning. The common successes would not be possible without our programs donors. We are very thankful for their many varied help and reciprocal trust!



Martin van de Locht

Martin van de Locht
Area Director for International Programs

World Vision Germany – we work here:



LATIN AMERICA

- Bolivia
- Brazil
- Chile
- Dominican Republic
- Guatemala
- Haiti
- Honduras
- Nicaragua
- Peru

AFRICA

- Ethiopia
- Burundi
- DR Congo
- Ghana
- Kenya
- Malawi
- Mali
- Mauritania
- Mozambique
- Niger
- Senegal
- Sierra Leone
- Zimbabwe
- Somalia
- Sudan
- South Sudan
- Swaziland
- Tanzania
- Chad
- Uganda

EASTERN EUROPE AND THE MIDDLE EAST

- Armenia
- Azerbaijan
- Georgia
- Lebanon and Syria
- Romania
- Russia
- Ukraine

ASIA

- Bangladesh
- India
- Indonesia
- Cambodia
- Mongolia
- Myanmar
- East Timor
- Pakistan
- Papua New Guinea
- Philippines
- Sri Lanka
- Vietnam

Where World Vision Germany works (Version of: 2013)

Extract from the Articles of Association

§ 2 Purposes of the Association

- 2.1 The Association shall exclusively and directly pursue non-profit-making and charity interests according to the passage "tax-privileged purposes" of the German Fiscal Code. The purposes of the Association shall be to promote child and youth well-being, education and upbringing as well as an international understanding, tolerance and Christian charity in all aspects with regard to culture and understanding among nations.
- 2.2 It is in this context that the Association shall help people in the poverty stricken areas of the world. This is done, in particular, by way of child focused programs in the areas of development cooperation, humanitarian relief, advocacy, technical and spiritual support, and the promotion of Christian values.
- 2.3 To realize the purposes of the Association pursuant to paragraph 1 the Association may also, within the scope of § 58 items 2 to 4 of the German Fiscal Code, assign a part of its financial and non-monetary resources, including its entire assets, to another tax-privileged corporation or public-law corporation in order to promote child and youth well-being, education and upbringing as well as international understanding, tolerance, and Christian charity in all aspects with regard to culture and understanding among nations or, within the scope of § 58 item 1 of the German Fiscal Code, procure financial and non-monetary resources through another tax-privileged national corporation, public-law corporation or foreign corporation in order to promote the purposes of the Association subject to tax relief. Furthermore, the Association's purpose shall be realized by way of personnel deployment in accordance with § 58, no. 3 of the German Fiscal Code.
- 2.4 The Association shall act selflessly: it does not give priority to the viability of its own transactions.

The complete Articles of Association can be found on the Internet at worldvision.de/satzung. At worldvision.de/jahresbericht, both the current annual report and reports from past years are available online.



About World Vision

OUR GOALS

World Vision Deutschland e.V. was founded in 1979. Together with our partners in developing countries, we strive to overcome poverty, hunger, and injustice in the long term in a sustainable way (see also the excerpt from our articles of association on the opposite page). In addition, World Vision also carries out operations to relieve and prevent suffering in crisis areas. To achieve these goals, World Vision works in three areas: sustainable development cooperation, humanitarian aid, and development policy advocacy. In all our areas of operation, we place a special focus on the wellbeing and healthy development of children.

DEVELOPMENT COOPERATION

Our development cooperation programs are designed to provide comprehensive and sustained assistance aiming to enable communities to help themselves. These programs are funded chiefly through child sponsorship – a form of assistance which also makes an important contribution to international understanding by creating contacts between people in Germany and people in developing countries.

HUMANITARIAN AID PROGRAMS

Another focus of World Vision's work is the provision of humanitarian assistance for victims of natural disasters and situations of violent conflict as well as famine refugees. These programs are financed partly by private donations, but above all through our cooperation with the German Federal Foreign Office, the European Union, the German relief coalition "Aktion Deutschland Hilft" and the United Nations' World Food Program.

DEVELOPMENT POLICY ADVOCACY

The third field of World Vision Germany's operations is that of advocacy for development policy issues. We want to motivate politicians to take responsible action for a more just world and therefore bring the most important development topics from our partner countries to Berlin.

OUR CHRISTIAN MOTIVATION

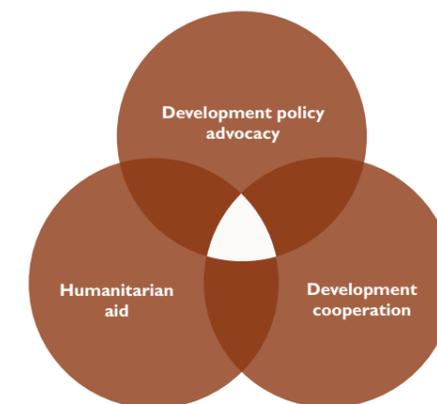
As Christians of various church affiliations, World Vision staff help people in need all over the world, irrespective of their ethnic origin, religion or nationality. World Vision is rooted in Christian faith, and our work is based upon Christian values and principles. World Vision's work follows the social welfare mission of the Bible, which calls upon us to lend our aid, in an act of charity and compassion, to the disadvantaged, the suffering, and all those who have been deprived of their rights in this world.

INTERNATIONAL WORKING RELATIONSHIPS

World Vision International maintains official working relationships with the World Health Organization (WHO) as well as with UNICEF and has consultative status with the Office of the United Nations High Commissioner for Refugees (UNHCR) and with the United Nations Economic and Social Council (ECOSOC). World Vision has been recognized by the World Council of Churches as an ecumenical organization.

THE INTERNATIONAL STRUCTURE OF WORLDVISION

World Vision Germany is part of the global World Vision Partnership, which currently operates in 95 countries (see www.wvi.org). The individual World Vision offices form a network where they cooperate as partners on an equal footing within a federal structure. The members of this partnership are linked by common goals and values and a partnership agreement which stipulates rights and obligations. This includes each World Vision office undergoing peer reviews by other World Vision offices at regular intervals. You can find detailed information on the functions of the various entities in our 2013 Annual Report (worldvision.de/jahresbericht).



World Vision Deutschland e.V. (registered office: Friedrichsdorf) is, as stated in the official notice issued by the Bad Homburg tax office, has been recognized as serving exclusively and directly tax-privileged charitable purposes. The recent official notice of exemption in accordance with Articles 51 ff. of the German Fiscal Code, was issued on April 25th 2014 (tax identification no. 00325099188). The Association is registered in the register of associations at the local court in Bad Homburg.

Child well-being as the central goal of our work

Children are always the center of World Vision's work – whether as part of emergency relief campaigns, long-term development or advocacy work. World Vision has set 15 so-called "child well-being outcomes". For each goal, a series of indicators has been defined, or internationally recognized indicators have been adopted. They are used to measure to what extent the situation of the children in a program has changed. This set of indicators is intended to promote data quality and offer guidelines for local colleagues to gather significant information in order to improve the well-being of the children.

How are the outcomes chosen? As part of a planning process, together with partners and the local residents it is determined which of the outcomes listed have not yet been achieved and if the conditions allow for effective long-term development cooperation. Relevant and appropriate indicators for the selected outcomes are chosen. These selected standard indicators are measured during evaluations or assessments and compiled on country level.

The standard indicators are still relatively new, so a before-and-after comparison cannot be carried out consistently as yet. However, they give an impression of how the

The focus of World Vision's work is always on children.



situation of the children in many countries is developing. This helps to identify where there may be a need and which positive tendencies can be further strengthened. For instance, the following situations arose for children:

- > World Vision, in partnership with Save the Children, is implementing the Literacy Boost project model addressing low levels of early grade literacy through teacher training, community engagement and rigorous assessment of children's school and home context and their ability across five core reading skills. Through a series of randomised control trials this model has proven effective in raising literacy rates across a variety of languages and contexts. Ethiopia first implemented Literacy Boost in the beginning of 2013. Since then, Ethiopia has made great strides in improving literacy skills amongst students in grades 2 to 3 in 15 schools. Literacy Boost students in these schools scored higher in all reading skills than students in comparison schools (see graphic below). This data shows Literacy Boost programming accelerated development of reading skills, resulting in significant gains after one year of programming.

- > In ADPs where hunger levels are high in Mali, girls report going hungry more often than boys. Where hunger levels are low, boys report going hungry more than girls.
- > In Cambodia, the Total Reading Approach for Children, a partnership with World Education, is being implemented. Already in its first year, the approach is showing great promise. Of 1,150 Grade 1 students in eight schools, the number of students receiving a 'poor' mark decreased by 60% from test 2 to test 6, and the number of 'good' marks increased by 16%.
- > In Indonesia 'Creating Learning Communities for Children' has been piloted as an approach to improving reading levels. It has successfully increased reading levels by 39% from baseline (from 58.5% to 97.6%)
- > A survey in Armenia revealed a need of action due to high numbers of adolescents being subjected to violence: 39% in residential care, 32% in state schools, and 34% in their own families.
- > In 21 programs in Latin America, the rate of chronically undernourished children is below the international benchmark of 5%, and in only one of them between 5% and 9% of the children are affected; this one falls into the category of programs with need for action. No assessed program in Latin America showed critical values of over 10% of children affected.

Child well-being aspirations

NUTRITION & HEALTH

- Children are **well nourished**
- Children receive **preventive health care** and protection against childhood diseases
- Children have **access to health care and treatment**

EDUCATION & TRAINING

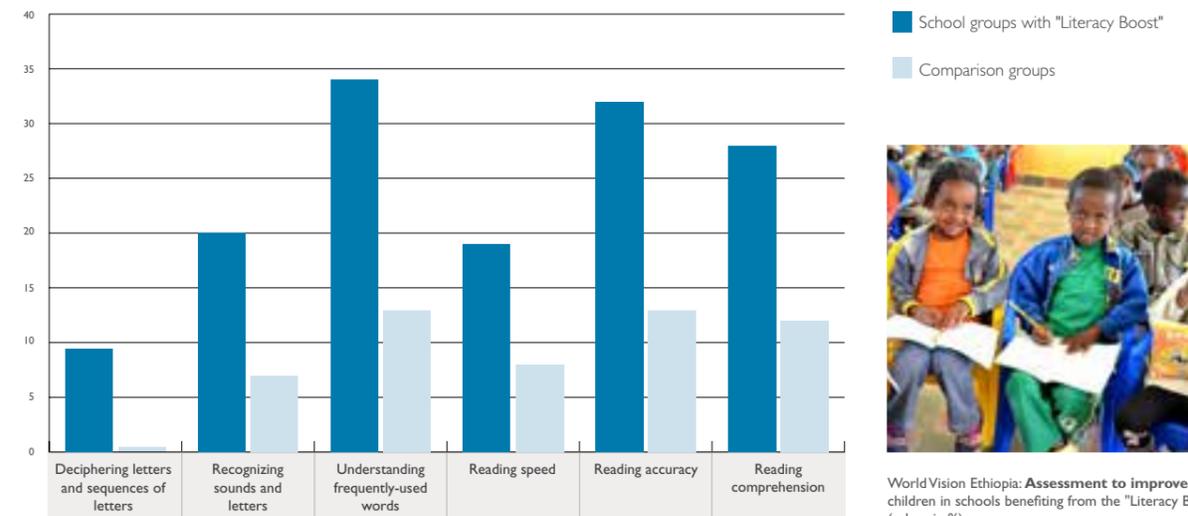
- Children learn **life skills** (e.g. communication, dealing with their emotions,)
- Children can **read, write, and do arithmetic**
- Children/young people **complete their schooling**
- Young people receive **vocational training**

SPIRITUALITY & RESPONSIBILITY

- Children feel **the love of God and that of their fellow human beings**
- Children enjoy **good relations** to their families, friends and neighbors
- Children have **hope, confidence and visions** for their future
- Children take **responsibility** for others and for their environment

CHILD PROTECTION & CHILD PARTICIPATION

- Children enjoy **security and protection** in their families, in their communities, and when playing
- Children are **adequately provided for** and know their **rights**
- Children are **registered** at birth and have a nationality
- Children are **involved in all decisions** affecting them



World Vision Ethiopia: Assessment to improve the literacy of children in schools benefiting from the "Literacy Boost" program (values in %).

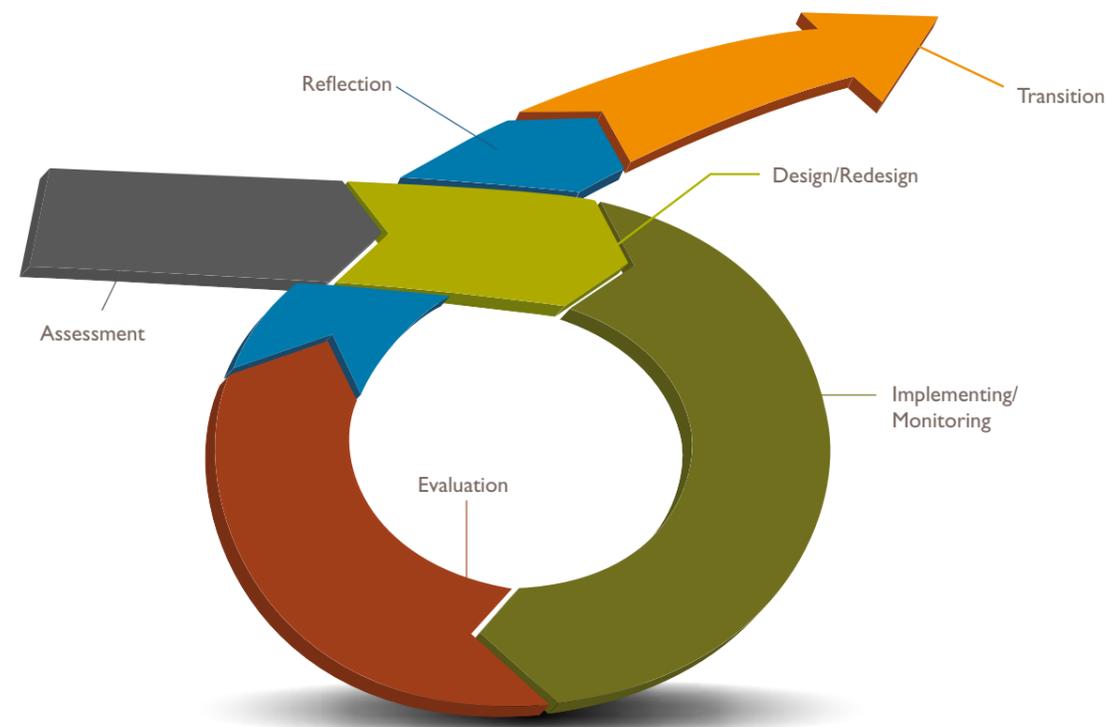
Impact monitoring at World Vision

In the following sections we introduce our principles in field work, our understanding of their impact, and its monitoring. This should help readers to better understand the impacts described in the individual examples and assess the contribution of World Vision programs to any changes

TOGETHER WITH THE POPULATION AND PARTNERS – PROGRAM MANAGEMENT AT WORLD VISION

The program management cycle (called LEAP – Learning through Evaluation with Accountability and Planning) that all development cooperation programs go through can be illustrated as follows:

A LEAP program cycle consists of six phases, carried out in all World Vision programs.



The decision whether and where World Vision starts a program is made on the basis of a so-called assessment. This process verifies whether the prerequisites for carrying out a program are met. For instance, the current situation of child well-being is analyzed to identify the need for a project and priorities. The process also examines which actors are currently working for child well-being in the region and to what extent World Vision can support their work. Next, the planning phase begins together with relevant local actors to agree on the program outcomes, activities, and indicators. Those allow the progress of program activities and impacts to be monitored.¹ Before implementation starts, the baseline is measured based on the agreed indicators. An evaluation is generally conducted after a time period agreed on in the planning.

¹For a more precise presentation of the program management process, see wvdevelopment.org (Programming Tools)

DIFFERENT PROGRAM TYPES

Depending on the funding source, three program types are distinguished at World Vision:

- Multi-sector area development programs funded by sponsorship usually go through three LEAP cycles of 4 to 6 years each. This means that two intermediate evaluations at the end of each cycle, and a final evaluation at the end of the program take place.
- In programs funded by public donors, the duration and program management are determined by the donor's requirements.
- Programs financed by private funding and/or companies are often incorporated into area development programs. Program management follows World Vision standards. In comparison to the long-term programs financed by sponsorship, the duration of these is often significantly shorter.

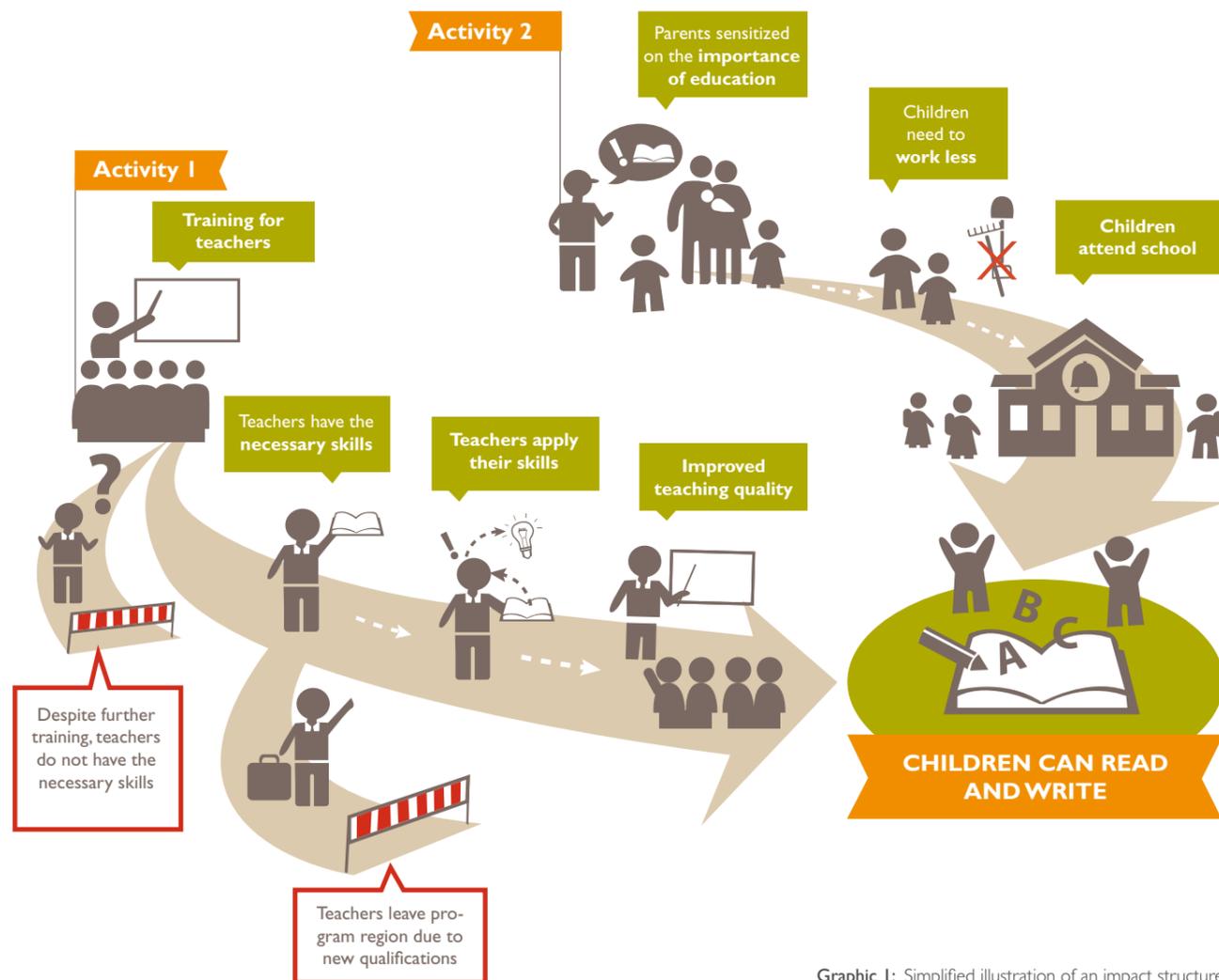


WHAT IS IMPACT?

We consider impact to be all medium- and long-term effects in the area development programs caused by the activities, whether intended or unintended, positive or negative. Therefore, a well that has been built is not yet impact; we can only speak of impact once the well is in operation, is used and, for instance, the rate of child diarrhea has declined as a result.

The following graphic illustrates the linkages between different activities, related effects and the aimed for long-term impact. The assumption is that the teachers learn new skills from the training, apply them, and thus contribute to children being able to read and write.

Successful training may potentially also cause negative impacts. It is necessary to consider the possibility that the teachers, who are now better qualified, might leave, since they expect better earning opportunities outside the program area. The teachers might also not apply their new knowledge. All of this has an effect on how many children have developed reading and writing abilities at the end of the program duration. Possible negative effects are considered during planning already in order to reduce their impact. They should be carefully monitored.

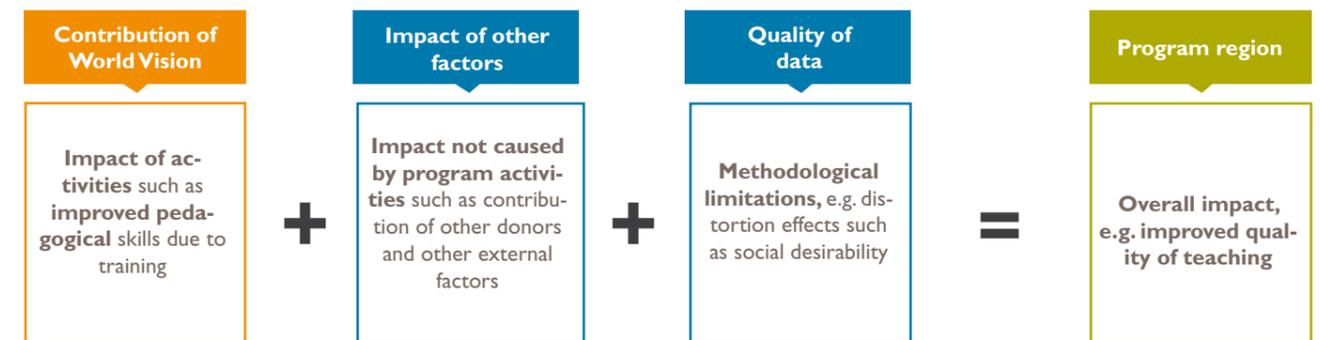


Graphic 1: Simplified illustration of an impact structure

To demonstrate the impact of our programs we need to show how our activities contributed to any occurred changes. If more children can read and write in comparison to the beginning of the program, this is a positive change, but it is not yet evidential that World Vision has contributed to it. To assess that, further issues have to be addressed, such as:

- > Have we successfully implemented our activities? Does, for example, the well that was dug work, or has training lead to improved skills?
- > What other actors contributed to children being able to read and write better and through which activities?
- > To what extent have factors in the environment of a program changed and influenced the overall impact? For instance, was there a fairly long period of drought or unusually favorable climatic conditions?

World Vision's contribution to the overall impact can be illustrated with the following graphic:



Graphic 2: Contribution of a program to the overall impact

In order to make a statement about the contribution of our program activities, changes not caused by World Vision must also be considered. Furthermore, the quality of the available data influences what they imply about impacts. Hence already during assessment, planning and implementation linkages between different effects should be taken into consideration. This is crucial in order to allow showing methodologically the contribution of an intervention.

WHY IS IMPACT MONITORING SUCH AN IMPORTANT TOPIC FOR WORLD VISION?

Monitoring the impact of our work is important to us for a variety of reasons:

- > We want to gather information on function and effectiveness of the activities.
- > Reflecting on changes should promote learning processes, especially among beneficiaries and partners, but also at World Vision. Learning should also allow adaptations to ongoing programs.
- > Impact monitoring should help being accountable to the target population, donors, sponsors, and the public.
- > It should significantly strengthen the partners' and the target groups' ability to act. The more the actors are involved in data gathering and analysis processes, the more they are empowered to shape their own environment.
- > Gathering data on the effectiveness of the planned activities, one of the DAC criteria is met², which is complemented by relevance, effectiveness, efficiency and sustainability.

BUILDING ON EXPERIENCE – PROGRAM MODELS AND IMPACT HYPOTHESES

For the most important sectors in which we work, such as education, health, nutrition, and children protection, World Vision has created program models, including impact hypotheses, on the basis of experiences and expertise gained from previous work. These models demonstrate how the desired effects can be achieved and what factors need to be considered in implementation.³ For the impact structure illustrated above (graphic 1), a very linear impact hypothesis might be:

In reality, unlike as indicated in the theoretical example, a cluster of activities and impact hypotheses complementing each other is suggested, which have proven successful in many contexts. How-

ever, it is important for the assumptions, prerequisites, and risks underlying the hypotheses to be analyzed together with local stakeholders and, if necessary, adapted in each program.

Many factors affecting the implementation of the program models are significant in this process including:

- > What are the biggest challenges for child well-being in a program region?
- > Who are the relevant actors, and what are the relevant structures in the program environment?
- > What have local actors such as non-governmental organizations, smaller local organizations, public structures, and the target population undertaken in the area of child well-being?
- > What can be done in the future in this area (goals of the local actors)?
- > How can we support local structures and actors in achieving these goals?
- > What resources and competences do the local partners and actors have?
- > What possible risks could endanger achievement of the program goals?
- > What external factors (economic, political, social, and ecological factor) could influence the achievement of the program goals, both positively and negatively?

²Development Assistance Committee of the Organization for Economic Co-Operation and Development (OECD)

³The graphics in the Health and Education sections give an overview of the general impact hypotheses of our work.



Graphic 3: Contribution of a program to the overall impact



MAKING IMPACTS MEASURABLE

So-called indicators are specified for the expected performance and intended impacts. They should give evidence of whether the planned activities have been carried out and the expected impacts have occurred. On the one hand, indicators should enable the local actors to monitor and assess changes on their own. On the other, we as an organization aim to meet international methodological standards by collecting indicators in order to report on the impact of our work. For our target outcomes listed in graphic 3, the indicators in graphic 4 could now be agreed upon.

For the individual levels within a sequence of impacts, indicators are defined that are used to assess whether the impact hypothesis is true or whether adjustments have to be made. The implementation of the impact hypothesis is evaluated through the data gathered. Where as it ought to be possible to measure the activities and achievements with relatively little effort, it is often more laborious to collect indicators at the impact level. In our example (graphic 4), it would be necessary to define precisely how to monitor whether teachers are applying their knowledge and what criteria should be used to assess teaching improvement.

Using a before-and-after indicator comparison, we aim to monitor whether a positive trend can be observed for particular aspects such as the nutritional situation of children under five. These data, gathered with significant methodological effort, allow us as an organization to identify developments in the living situations of the target groups. Are more or fewer children chronically undernourished today than a few years ago? However, gathering information exclusively at two different points in time does not answer the question of whether the changes, both positive and negative, are attributable to our activities. Many factors besides the program activities may have caused changes, both positive and negative. Therefore, it is important to combine and compare various data gathering methods and information sources in order to show the contribution of a program to the changes. For instance, if 20% more children can now read and write after four years, this is probably attributable to various factors. The more directly the indicators gathered relate directly to the activities (direct or indirect impact), the easier World Vision's contribution can be demonstrated (see graphic 4).



Graphic 4: Indicators for a sequence of impact



MONITORING AND EVALUATION

In impact monitoring, a distinction must be made between monitoring and evaluation. In contrast to evaluation, monitoring is continuous analysis of information to learn whether a program is progressing as originally planned. On this basis, a program can be adapted as needed, and processes can be optimized. In the example on page 14, monitoring would presumably be restricted to the activities and achievements, since it should be possible to gather monitoring data without great effort.

We take evaluation to mean systematic and objective analysis of information to find answers to previously specified questions and to perform an assessment of program activities on the basis of indicators. Additional resources are allocated for this methodologically more laborious evaluation process. Among other things, this should allow particularly significant data to be gathered. World Vision incorporates the OECD's so-called DAC criteria in evaluations. These recommend analyzing the following criteria: Relevance, effectiveness, efficiency, impact, and sustainability of the program activities. Evaluations comprise a mixture of quantitative data (household surveys, secondary data from the program region, etc.) and qualitative data (e.g., group discussions, expert interviews, ranking methods, etc.). A mixture of methods helps mitigate the weaknesses of individual methods by using complementary approaches.



SIGNIFICANCE AND LIMITS OF OUR IMPACT MONITORING

In order to gather data that demonstrate the contribution of the activities to measurable changes in a program, the impact hypotheses agreed upon with our program partners (local actors such as committees, governmental and non-governmental organizations, churches, and public authorities) are tested through monitoring and evaluations. For our example, the following questions are significant:

- > Have the teachers' skills improved after training?
- > Are the teachers applying their knowledge in their teaching?
- > What other factors influence whether the quality of instruction has improved and whether children can read and write?
- > Have other actors been active in this area?

There are many qualitative data gathering methods that are appropriate for this purpose and that make it possible to show to what extent program activities contribute to changes. A further possibility for identifying the effects of the program activities (net effects) is a quasi-experimental evaluation design with comparison groups. Mainly for the following reasons, World Vision has only occasionally performed evaluations with comparison groups:

- > Evaluation designs with comparison groups are methodologically laborious and costly.
- > In many cases, various actors (public authorities, non-governmental organizations, etc.) are active in our program areas, so it is methodologically laborious to ensure that no other factors aiming to contribute to the well-being of the local population with similar measures are actually affecting the putative control group (spill-over effects).

IMPORTANT PRINCIPLES OF OUR WORK: PARTICIPATION AND PARTNERSHIP

Development cooperation takes place in a complex environment. A variety of actors and structures interact with and influence each other and pursue specific interests. A program automatically becomes part of this structure of relationships and interests. Therefore, the extent to which an activity leads to a desired result in such a context depends on many factors. However, it is essential to consider the complex environment in which the program activities are implemented so possible measurable effects can already be incorporated in the planning and implementing stages.

In order to implement this in practice, principles such as partnership and participation are core elements of our work. World Vision has its own local structures and staff. They cooperate with pre-existing local and international organizations, groups, institutions, and the target groups. The goal of our work is for the local actors relevant to the program to take a responsible role in planning, implementation, monitoring, and evaluation. Involving partners and target groups, as well as providing purposeful technical support, should empower the local population to achieve the intended impacts and, as far as possible, also continue to generate positive change after the end of the program. Therefore, it is important to us as an organization to promote and launch development processes with consideration of the available local resources and the knowledge and skills of the actors on site in order to promote the sustainability of activities. Analyzing the application of these principles to our work is also the task of the evaluations performed.





The impact of our work in the area development programs

SELECTION OF PROGRAM EXAMPLES

For this impact report we examined all 34 evaluations from 2012 and 2013 that WorldVision Germany carried out in area development programs supported by private funding. Following we will present the detailed results of three health and three education programs. The six selected evaluation examples from the area development programs reveal both positive and negative impacts, both successes and failures, but also methodological challenges for evaluations. The individual examples are meant to illustrate the work of World Vision Germany in various regions and sectors as well as the variety of our program work. In addition, we examined an evaluation on disaster preparedness, for preventative work as part of. This was a disaster risk reduction humanitarian aid program in Niger financed with funds from the German Foreign Office. Concluding with the meta-evaluation of the quality of the methodology performed by the Center for Evaluation which should demonstrate transparently the methodological challenges in the evaluations of programs financed by World Vision Germany.

EXAMPLES OF DEVELOPMENT COOPERATION AT WORLD VISION

We would like to present the impact of our program work comprehensively based on examples of our so-called special focus programs in the sectors of health and nutrition as well as education. The following aspects are dealt with in the example programs from Africa, Asia, and Latin America:

- > What concrete goal does the program work pursue and how should it be achieved?
- > How has people's situation changed (a comparison analysis of the initial and final evaluation data)?
- > To what extent has World Vision's work contributed to changes?
- > What have other actors (including authorities, local groups, and non-governmental organizations) contributed to the changes?
- > How have external factors (e.g, natural disasters, military conflicts) influenced the goals and effects of the program?



The core of our work is the so-called "first 1,000 days" of a child's life from the time in the womb (from the start of pregnancy) to the end of the 2nd year of life. Measures are especially effective in this critical period, since 50% of a human's development occurs during this phase of life. The human body can never make up for deprivations during this period (e.g., due to unfavorable nutrition practices) in its development. If, in the first 1,000 days of its life, a child has received balanced nutrition and treatment in the event of illness, this has a positive impact on its entire life. The person becomes more resistant to disease and other negative influences.

There are numerous international medical studies that name simple, efficient, effective, and inexpensive measures that contribute to improved material and child health worldwide.⁵ Taking the scientific evidence into account, World Vision has specified a set of coordinated measures for pregnant women (7 measures) and young children (11 measures) in order to contribute to reducing maternal and child mortality.

Many of the measures and approaches illustrated relate to behavioral changes. Therefore, World Vision wants to raise awareness of the necessity of these measures among the people in the program areas. If people change their behavior and health and nutrition practices and integrate the measures into their everyday lives, this makes a significant contribution to reducing child and maternal mortality and improving general health.

To achieve such behavioral changes, the home environment, existing health services, and the socio-cultural environment are incorporated along side the individuals themselves. Thus, World Vision's approach works on the level not only of the family but also of the community (traditional and religious leaders) and the environment (health care professionals; political and economic leaders; social and gender norms). With this holistic approach, World Vision aims to ensure that individuals are surrounded by a favorable environment that promotes change. Since only if the awareness of all local participants has been raised to the same level, and do not contradict each other's messages, and strengthened health care facilities are available can people change their attitudes and thus their behavior – and only then do the measures activities reach a sustainable impact.

The graphic on the next page illustrates, through examples, the various approaches and measures in the area of health and explains how they have a positive impact on the living conditions of people in the program areas.

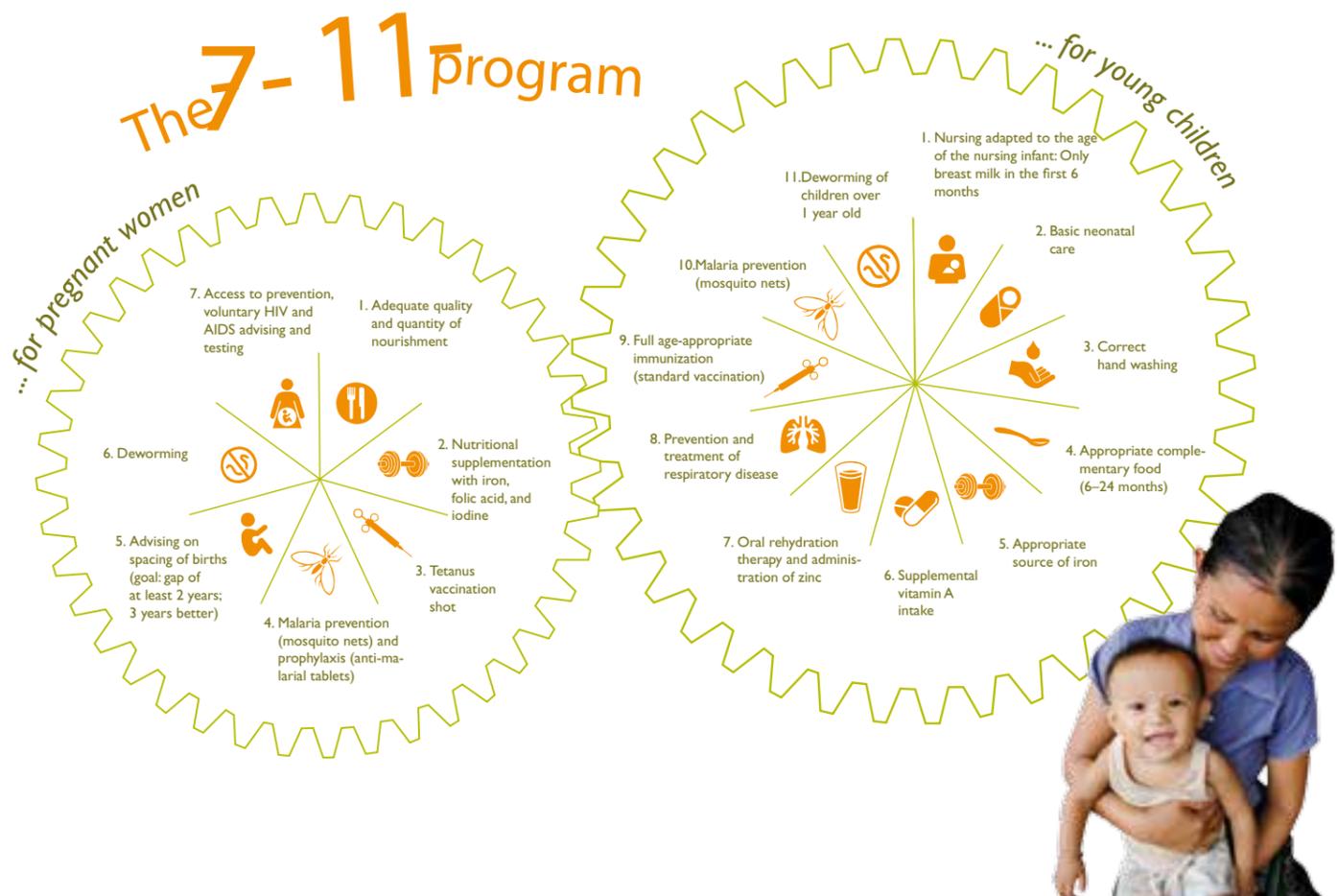
⁵The Lancet (2014) "Advancing Social and Economic Development by Investing in Women's and Children's Health: A New Global Investment Framework", volume 383, issue 9925, pages 1333–1354.

Focus: Health and nutrition

The area of health and nutrition is a central pillar of World Vision's work. The goal of World Vision's global strategy is to improve health and nutrition, especially of women and children, in a sustainable way in the program areas in order to contribute to reducing maternal and child mortality (UN Millennium Development Goals nos. 4 and 5). To achieve this, World Vision works through long-term area development programs to contribute to enabling people in impoverished areas to have access to nutritious food all year round. Additionally, we promote the strengthening of local health services as well as water/sanitation/hygiene.

World Vision has developed various program models for work in the area of health and nutrition, which are based on the World Health Organization's recommendations. For these activities to have a positive impact on the living conditions of needy families, it is essential to adapt them to the respective context. The way, the problems and needs of the local population are analyzed, and people – including local government agencies, as far as possible – are actively involved in implementing the aid activities.⁴ Development cooperation can only have a long-term, sustainable impact if the necessary activities are planned and carried out together by the actors involved.

⁴World Vision also carries out (long-term) aid programs in some countries without a functional governmental system, so local authorities can only be involved in the work to a limited extent.



How do we work?

EXAMPLE HEALTH

BACKGROUND SITUATION



6.6 million CHILDREN

UNDER 5 DIED IN 2012

primarily of *pneumonia, complications of premature birth, diarrhea, or malaria.*

More than **50%** OF DEATHS can be prevented by *simple and inexpensive* measures.

About **45%** OF DEATHS are related to *malnutrition.*

350,000

WOMEN die a year

during *pregnancy* or due to *birth complications.*



ACTIVITIES OF WORLD VISION

POLITICS/ADMINISTRATION

- Advocacy for food security and agricultural policy

DOMESTIC ENVIRONMENT

- Vegetable gardens and raising livestock
- Training on balanced nutrition
- Food distribution
- Treatment with therapeutic supplemental nutrition and enriched food
- Distributing seed and agricultural equipment

COMMUNITY LEVEL

- Training and advising on efficient cultivation methods
- Access to means of production (capital, land, ...)
- Supporting the infrastructure

Food security

ACHIEVED

Sufficiently diverse and nutritious food is available to all family members the entire year.

COMMUNITY LEVEL

- Training and supporting volunteer health care workers
- Raising awareness of the relationship between malnutrition and disease and for preventative measures

POLITICS/ADMINISTRATION

- Advocacy for public promotion of mother-child health and improvement of national protocols

DOMESTIC ENVIRONMENT

- Advising and consulting with the families (home visits)
- Promoting use of the health services

Health & nutrition

FOCUS: THE FIRST

1,000 DAYS of mother and child

ACHIEVED

- Lower incidence of diarrhea
- In the first 6 months, mothers nurse infants exclusively
- Mothers nurse 6–24 month old babies and introduce complementary food
- Lower incidence of malaria
- Lower incidence of HIV infection
- Children are completely vaccinated
- Pregnant women receive adequate balanced nutrition

POLITICS/ADMINISTRATION

- Advocacy for improving health services and adequately equipping the facilities
- Supporting health care staff

COMMUNITY LEVEL

- Promoting use of the health services
- Strengthening personal responsibility
- Raising awareness for use of the health services
- Making access to clean drinking water possible

DOMESTIC ENVIRONMENT

- Promoting health care and drinking water supply

Health services, water, and hygiene

ACHIEVED

- Improved access to and use of health services
- Further training of health care staff
- Equipping the health centers with materials and medications

GOAL

Mothers & children ...



RECEIVE *healthy nutrition*



BENEFIT FROM *preventative health care measures*



HAVE ACCESS TO *medical care AND clean drinking water*



BOLIVIA	
PROGRAM NAME	Tekove
PROGRAM NUMBER	BOL-172919
PROGRAM DURATION	1999 to 2017 (anticipated)
EVALUATION	2013 (interim evaluation)
BASELINE	2007 (interim evaluation)
LANGUAGES	Spanish, Guaraní
LIVELIHOOD	primarily small-scale agriculture
RESIDENTS OF THE PROGRAM AREA	8,250
FOCUS	health, in addition: education, food security, children protection, and participation

Program example: Tekove, Bolivia

The Tekove area development program is located in the south-eastern lowlands of Bolivia. The climate is semi-arid with occasional droughts and poor soil. Temperatures in summer rise as high as 45 °C and fall in winter as low as -4 °C. Many families have no access to clean drinking water – especially during the dry season, though many also all year round.

The goal of the health program within the Tekove area development program is the promotion of mother-child health. It was determined during the 2013 evaluation that child mortality in the program region has declined by around 35%. In addition, the mortality rate has declined from 31 out of 1,000 live births (2007) to 11 out of 1,000. The incidence of diarrhea and parasitic diseases has fallen in the past six years from 40.5% to 12%. A relationship between the steep decline in disease and improved drinking water supply is obvious: Today about 64% of the population have access to clean drinking water (2007: 58%) within at most a 30 minute walk.

In the area of water and sanitation, World Vision has supported the construction and renovation of a gravity-feed water system together with the community and the families so that people in 13 villages now have access to clean drinking water. The communities have started a water committee to maintain the systems. World Vision trained the members and provided them with tools and transportation. This grounds the knowledge locally for the long term. World Vision set up rain gutters and cisterns to collect rain water for families who could not be connected to the water supply. New latrines were built in seven schools to improve hygiene and prevent infectious diseases.

Sufficient and balanced nutrition plays a critical role in the healthy development of children. World Vision has already achieved a lot in this area: acute undernourishment among children under five has declined from 19% (2009) to 16% (2013). World Vision staff have supported families with malnourished children and, for instance, set up communal vegetable gardens

and supported cattle and sheep breeding (for milk and meat consumption). As a result, the families have a greater variety of food for balanced nutrition. In addition, they have learned to prepare adequate and nutritious meals for their children from locally available foods. According to the results of the evaluation, 96% of the families trained apply these nutrition practices. However, the foods are still not diverse enough so that children can be supplied with all necessary nutrients. In addition, many families lack the income to apply the nutrition practices learned. Therefore, work is being intensified in the areas of income generation and agriculture, which support the families in being able to give their children adequate balanced nutrition. Another goal is to raise awareness among the families so that they make providing their children with nourishment a priority and use an appropriate portion of their resources for regular balanced nutrition for the children.

In the area of health, the local authorities and health centers are the only actors in the program area besides World Vision. To reduce the rate of child mortality, the Bolivian government has created universal insurance for mothers (and mothers-to-be) and young children, which should ensure adequate care during pregnancy and for young children. However, in practice the rural population is unfortunately often excluded from many of the services provided. Therefore, World Vision along with the local population is doing advocacy work so that the families in Tekove also receive access to these and other public services.

World Vision already cooperates closely with the local authorities in Tekove so that they, in the long term can take control of the development of their region themselves. In the area of preventative health care, World Vision supports the authorities in conducting training for volunteer health workers, for instance. Those tasked with responsibility for health issues should contribute to improved medical care for the village residents by raising awareness of disease prevention among families, monitoring children's nutritional condition during home visits, and referring families to health centers in serious cases. The 2013 investigation showed that 73% of the patients who visited a health care facility had been referred there by the health worker (1999: 63%). In remote areas in particular there are not always health care

centres and the routes to the nearest facility may be long. By connecting them to the states infrastructures, the sustainability of the activities (training of health care aids) is ensured so the families will have better access to medical care in the long term.



OVERVIEW OF FIGURES	2007	2013
Access to clean drinking water	58%	64%
Child mortality (per 1,000 births)	31	11
Incidents of diarrhea in children under 5	40.5%	12%
Acute undernourishment	19% (2009)	16%



Recommendations of the evaluation team

- Further expand year-round drinking water supply and improve the water quality through training on maintenance of the systems and water storage.
- Increase focus on chronic undernourishment in young children in the new program cycle.
- Further empower the population to stand up for its rights itself vis-à-vis the state, i.e. making the population aware of them through corresponding training, supporting it in pointing out existing deficiencies to the responsible authorities, and formulating corresponding demands in writing.



BURUNDI	
PROGRAM NAME	Cankuzo
PROGRAM NUMBER	BDI-190683
PROGRAM DURATION	2008 to 2023 (anticipated)
EVALUATION	2013 (interim)
BASELINE	2008/2009
LANGUAGES	Kirundi, French (official language), Swahili
LIVELIHOOD	primarily agriculture
RESIDENTS OF THE PROGRAM AREA	about 26,400
FOCUS	health, in addition: education, food security

Program example: Cankuzo, Burundi

The Cankuzo area development program is located in eastern Burundi. The civil war from 1993 to 2000 left many traces in the country. Therefore, World Vision gradually introduced a transition from humanitarian aid to long-term development cooperation in 2007.

Expanding local primary medical care is fundamental for the improvement of health. The Ministry of Health and the employees of the local (public) health centers are important partners in this process, who were trained as part of the program. This strengthened their skills in advising families on dealing with and treating the most frequently occurring illnesses in children. In addition, their knowledge of hygiene, the correct use of mosquito nets, and the significance of clean drinking water was expanded.

Awareness of the relevance of preventative and follow-up care for the birth of a child was increased through awareness campaigns and home visits. The evaluation showed that 80% of pregnant women now visit the health stations for preventative and follow-up care. However, further work is necessary here, since so far only 50% of these women appear at their appointments on a regular basis. The professional supervision of births has also increased: While in 2008 over 40% of women in the program area gave birth at home according to the Ministry of Health, now only 16.5% do. At the same time, the number of births in health stations rose from 33% to 59.7% according to the evaluation results. In the whole country, only about 25% of births are supervised by medical personnel by comparison.

Awareness-raising work was also able to raise the vaccination rate significantly – an important component in the improvement of young children's health. The percentage of children between 12 and 59 months old with full immunization was increased from 89% (2011) to 100% (2013).

Other important topics of awareness-raising work are dealing with and preventing preventable diseases such as diarrhea, pneumonia, and malaria. For example, the prevalence of malaria can be drastically reduced by sleeping under treated mosquito nets.

However, despite awareness-raising work, it was only possible to increase the number of people sleeping under a mosquito net a night from 48% to 50%. Nonetheless, only 13.5% of those people, compared to 37% previously, now sleep under untreated nets, which are much less effective than treated ones. It was possible to increase the number of children sleeping under treated nets from 40.8% to 50.7% and of pregnant and nursing mothers from 39% to 53.7%. That is an important contribution to improving the health of mothers and children.

Besides malaria, diarrhea, especially in nursing infants and young children, is a frequent disease in Cankuzo. The 2013 evaluation revealed that 16.5% of children under five had diarrhea within two weeks before investigation; 21% of these children were treated with oral rehydration therapy (2009, 33% of children had fallen ill). Mothers now learn to prepare this special saline solution during preventative examinations in health stations. In the whole country, only 10% of the children who fell ill were treated with oral rehydration therapy.

The most frequent causes of diarrhea are consumption of contaminated drinking water and inadequate hygiene. Together with local water committees and other partners (including the Red Cross and Catholic Relief Service), World Vision worked



to increase access to safe drinking water. While only 77% of households had access to clean drinking water at the start of the program, today 83.3% do. However, 11.8% of households still get their water from unsafe sources and 4.8% from rivers. Only 11.5% of the households surveyed in the evaluation claimed to boil or treat their drinking water before consumption. Most said they had no access to the corresponding means and assumed they were getting their water from a safe source.

Ultimately, healthy and balanced nutrition is an important component of the healthy development of children, already starting in the womb. Therefore in Cankuzo, mothers, other guardians, and staff of the health centers receive targeted training on treating malnourished children and preparing healthy and balanced meals from locally available foods. For example, World Vision takes the approach that mothers with malnourished children should learn from other mothers from their village who have access to the same financial means but whose children are better nourished. This helps the women recognize differences in how they prepare meals (e.g., cooking times) or how they select ingredients.

Thanks to these various activities, the percentage of underweight children has fallen from 33% to 26.7%. However, that is still not reflected in the numbers, especially in the area of long-term impacts of malnutrition, and there remains much to do. The percentage of children who were malnourished over a long period of time and are now too small for their age has risen from 41% to 46.7%, for example. Efforts in this regard must be further intensified in the coming program cycles in order to establish sustainable changes in habits and nutrition and ensure access to sufficiently substantial nutrition.



OVERVIEW OF FIGURES

	2008/2009	2013
Women who gave birth at home	40%	16.5%
Incidence of diarrhea in children under 5	33%	16.5%
Access to clean drinking water	77%	83.3%
Incidence of underweight in children under 5	33%	26.7%
Chronic undernourishment	41%	46.7%

Recommendations of the evaluation team

- Intensify involvement of the target population in the planning process
- Introducing simple methods of local advocacy in order to improve the quality of the health services. In the process, the population should be supported in knowing its rights, monitoring their current application, and demanding them from the responsible authority in the next step.
- Intensify capacity building of the partners so they can make an increased contribution to the program goals independently



VIETNAM	
PROGRAM NAME	Nong Son
PROGRAM NUMBER	VNM-182967
PROGRAM DURATION	2008 to 2021 (anticipated)
EVALUATION	2013 (interim evaluation)
BASELINE	2008
LANGUAGES	Vietnamese
LIVELIHOOD	primarily agriculture (rice, corn, cassava, peanuts)
RESIDENTS OF THE PROGRAM AREA	32,929
FOCUS	health, in addition: self-organization, agriculture, education

Program example: Nong Son, Vietnam

The Nong Som area development program is located in the Vietnamese highlands in one of the poorest regions of the country. Difficult conditions with inadequate health care, meager harvests, and insufficient income opportunities lead people increasingly to move away to big cities with high population densities such as Ho Chi Minh City, Hanoi, or Da Nang to find more lucrative employment and improve their living conditions. So that the people of Nong Song can also find perspectives in their home region, WorldVision promotes the improvement of primary health care which in turn contributes to the prevention of diseases especially for children.

For example, health care workers trained by World Vision now deal with hygiene and prevention and treatment of everyday illnesses in their villages and offer the population training on parenting and nutrition. Grounding this knowledge in the program area should contribute to residents having contacts on site to address for less serious complaints instead of simply ignoring them, for instance due to the distance to the health care stations and the high transportation costs and lost work hours. Since 2008 World Vision has trained a total of 31 villagers as health care workers. The 2013 survey revealed that many health care workers still have much to learn in order to help in case of illnesses. Many residents also said that they often do not trust the advice of the volunteer workers.

Nonetheless, the evaluation report emphasizes the health care workers' contribution to improved health care in the program area is already important today. There have already been some positive developments in the area of medicine in Nong Song: Household surveys showed that 40.2% of families now know how to provide for their families (2008: 20%). Also, in the past five years, the number of people visiting the nearest health facility when ill rose by 10% to 90.6%. In addition the evaluation showed that more and more residents are following hygiene rules. According to a household survey, the number of families who take simple but important hygiene measures (e.g., hand-washing after using the toilet and before meals)

increased by 38%. Furthermore, 83.2% of the people in the program area (2008: 25.3%) know how to prevent diseases carried by contaminated water.

In order to reach as many people as possible, necessary knowledge on health and hygiene is also disseminated in theatrical performances and concerts. Thanks to the awareness-raising activities and improved hygienic conditions, the incidence of the most frequent infectious diseases in Nong Son (diarrhea and pneumonia) have been reduced by 14.9% since 2008. Since awareness-raising work is primarily done by the health

OVERVIEW OF FIGURES	2008	2013
Households have basic knowledge of primary medical care for children	20%	40.2%
People know how to prevent transmission of disease through contaminated water	25.3%	83.2%
Access to sanitary facilities	20.2%	58.2%
Incidence of diarrhea in children under 5	25.5%	10.3%
Chronic undernourishment in children under 5	29.1%	26.5%

care workers trained by World Vision, the obvious conclusion is that the volunteers' work has made a significant contribution to these positive developments.

To create the prerequisites for improved hygiene, World Vision has promoted the expansion of the sanitary infrastructure. Since the start of the program, 433 households have been supported with toilets. This contributed to 58.2% of the residents of Nong Son having access to improved sanitary infrastructure in 2013 (2008: 20.2%).

Improved access to clean drinking water is also very important for child health. Therefore, World Vision improved the drinking water supply at 16 schools in the program area and dug a well for each. In addition, many awareness-raising events were held at the community level. According to the evaluation report, a large part of the population was shown to be very well informed about the dangers of using contaminated water. In this context, the rainy season is an especially great challenge, since severe monsoon rains regularly cause the wells to overflow and become contaminated. Although the government has gotten involved in decontaminating well water and the population has been trained in this themselves, but again and again the residents still end up drinking contaminated water during the rainy season. Thus there is still a need for awareness-raising in this regard in order to demonstrate alternatives to the residents and make them aware of the dangers.

Since 2008, the incidence of diarrhea in children under five has fallen by 15.2% to 10.3%. This development reinforces the assumption that hygiene conditions, access to water, and treatment of diseases have improved in the program region. The home care rate also shows this: 81.7% of acutely ill children received proper care from their family members (2008: 30%). For the behavioral changes in the area of health to be as sustainable as possible, World Vision has also supported the establishment of 18 nutrition clubs, in addition to training the health care workers. In these groups, the mostly female participants learn how to prepare balanced and nutrient-rich meals from locally available foods. At the meetings, the participants also learn how to help children with childhood illnesses, fevers, or diarrhea. Top-

ics related to healthy development and corresponding support for the youngest children are addressed.

The work with the families has contributed to an improvement in the nutritional situation of the children in Nong Son. Acute undernourishment declined in this period from 10.1% to 6.3%. Furthermore, in 2008 29.1% of the children were still chronically undernourished, while 26.5% were in 2013. These figures suggest that more and more children are receiving adequate and balanced nutrition over a longer time period. Reversing tendencies of chronic undernourishment requires a long-term change in behavior; some of the impacts, especially in young children, are irreversible. This very fact illustrates that a decline, no matter how small, indicates an important change. This must be pursued further in the coming years.



Recommendations of the evaluation team

- Provide refresher training for the health care workers and providing informational material (e.g., illustrated cards, posters, handbook)
- Strengthen knowledge of the relationship between health and hygiene in the population to increase the use of sanitary facilities
- Intensified commitment to the area of nutrition to lower the rate of undernourishment in young children
- Targeted sensibilization of fathers and grandmothers on their contribution to mother-child health. They have an important responsibility in providing adequate and diverse food (also in cultivating such foods in agriculture) and using family income appropriately to improve health.



**Success story:
Impacts in the area of nutrition**

"No mother, no matter how poor, will just stand by idly while her child gets thinner and weaker. Nor will I. But not until my youngest child, Hleu, was almost two was I able to reverse this terrible development" says Huong, mother of three children from the Nong Son district in the Vietnamese province of Quang. The reason: "At that time I took part in a mothers' meeting where I and the other women discussed establishing a nutrition club in our village with the support of World Vision."

Huong recalls the time before: "Hleu only weighted 5.5 pounds at birth – a pound less than normal newborns." The birth had been difficult. After seven days in the local health station, the mother took her child home. The rainy season had just begun. The mud stuck to her feet, but the road also seemed harder to her than usual for another reason: as a farmer (36), she wondered anxiously how she would get her children, and especially this tiny, weak little daughter, through the coming hard times between the harvests.

Her two sons, who were already in the first and fifth grade, needed pens, notebooks, and clothing for the new school year. There was hardly more than handful of rice in the kitchen pantry. She and her husband would borrow rice from other farmers again and pay it back later by helping in other farmers' fields.

Huong and her husband do not cultivate their own parcel of land; instead they work on the 7500 square foot rice field of her parents-in-law. Their village is flooded almost ev-

"At this time I took part in a mothers' meeting where I and other women discussed establishing a nutrition club in our village with the support of World Vision."

ery year in the rainy season. The wide river, which serves as the main water supply for daily needs in the dry season, becomes a danger in the rainy season. When the floodwaters wear away at the houses, parents bring their children to safety in schools at higher altitudes.

World Vision investigated the impacts of all these conditions with local partners and determined that many families like the Huongs have undernourished children, and their low earnings do not suffice to provide for their needs. Huong and 17 other mothers also discussed this at their first meeting in September of 2010 before deciding to establish a nutrition club and get advice from World Vision.

The club now has 26 members, all parents with children under five, and meets regularly once a month. At the meetings they get new information on preparing healthy meals with locally available foods and exchange experiences. Other topics that encourage and advance healthy child nutrition are also discussed: Correct care for young children, hygiene, disease prevention, and vegetable cultivation methods that increase yields. Huong also received a calving cow to improve family income. "Without the support of World Vision, my husband and I would still have to fight for jobs as agricultural workers, and I don't know when we would have ever raised the money for a cow" says Huong with conviction. "Livestock farming is now our own business and provides money for feeding and educating our children" she says with a smile.

Instead of worrying about her daughter's life, this mother is now looking forward to Hleu's school enrollment: "She is no longer undernourished and has developed healthily thanks to our nutrition club." The positive trend can also be seen with other families, since the percentage of undernourished children has fallen by about 5% in three years.

The nutrition club now also serves as a savings bank for small investments and emergency funds. Each member pays the equivalent of about 35 cents per month into the communal pool from which interest-free credit is issued in turns. This way, women in the countryside can maintain their existence or even expand it, e.g. by purchasing seed or poultry to ensure adequate and healthy nutrition for their children. At the same time, the women support each other in solving their problems independently and escaping poverty.

What has changed in the small world of this village, World Vision would like to achieve on a larger scale as well. Huong is one of 600 mothers in 24 nutrition clubs supported by the area development program in Nong Son.





Focus: Education

Education is an important step in escaping poverty. As part of long-term development programs, World Vision works to make access to education possible for needy and especially disadvantaged children. Only through a good education can children gain the important knowledge and skills they need for a productive and fulfilling life. Above all, it is important that the children actually are learning when going to school. According to a UNESCO study 250 million children worldwide are unable to read write or do basic mathematics although half of them have gone to school for at least four years.⁶

Currently, World Vision is in a transition process in the area of education. In the past – as in many other organizations worldwide – there was a focus on infrastructural measures to ensure the access to education. World Vision used to invest primarily in building schools, kindergartens, and sanitary facilities, and in equipment. World Vision remains committed to supporting children, especially the most vulnerable, to receive a good quality education.

However, the new focus of our work will be the improvement of the quality of education. This should make the children's learning outcomes measurable. The percentage of children who can read with comprehension at age eleven will give information about the success and effectiveness of our activities. If a child

can read, it will have more opportunities in later life to acquire new knowledge – an important basic prerequisite for life-long learning.

With the second new cornerstone in the education area, World Vision aims to strengthen the subjective well-being of children. However, this goal will not be achieved through education measures alone but also in cooperating other areas, such as child protection, only when a child feels that it is safe, accepted, and taken seriously in its environment, the best foundations for learning is laid.

To be able to support this important process adequately, World Vision cooperates with the Ministries of Education and other relevant partners in each respective country. Different activities may be necessary depending on the age group and social context. Therefore World Vision has developed a catalog of activities for every age range, which we would like to present in more detail below: Early childhood education and development, basic education, and education and life skills for youth support. This integrated approach is made clear in the graphic on the following page.

⁶UNESCO (2014): Global report "Education for All." Teaching and learning: Achieving quality for all. EFA Global Monitoring Report 2013/14, S.8 (accessible online at: unesdoc.unesco.org/images/0022/002256/225654GER.pdf)

EARLY CHILDHOOD EDUCATION AND DEVELOPMENT

A child's first years lay the foundation for healthy growth and good development. World Vision's activities in the area of early childhood education and development already begin in the womb and accompany children through their development to the transition to basic education in school. It is the goal of the projects and programs to support children, families, and communities in helping children reach their full developmental potential. Early childhood education and development projects always have to integrate aspects from the fields of health, nutrition and child protection to ensure a healthy development of a child.

BASIC EDUCATION

The highest goal in this area of basic education is improving children's learning outcomes, since school attendance alone does not mean that children can actually read, write, and do mathematics. Not until they succeed at learning do children start to have fun learning something. Therefore, World Vision cooperates with the local partners in the following areas:

EDUCATION AND LIFE SKILLS FOR YOUTH

Young people need support, often also after graduation or when returning to the school system. Depending on the context, World Vision creates special trainings or expands existing learning opportunities together with local partners. For example, children who have dropped out of school are supported with additional tutoring when returning to everyday school life or, if they are too old for that, with learning opportunities.

The following examples from the education area show which activities World Vision uses to support children and young people in various regions and contexts. Since the work in the education sector has changed in recent years, activities that will rarely be carried out in the future are also illustrated. In many cases however, the political conditions only permit a portion of the planned approaches.



How do we work?

EXAMPLE EDUCATION

BACKGROUND SITUATION



WORLDWIDE

250 MILLION CHILDREN WITHOUT BASIC KNOWLEDGE

ALTHOUGH APPROX. **50%** OF THEM HAVE HAD AT LEAST **4** YEARS OF SCHOOLING

ACTIVITIES OF WORLD VISION

POLITICS/ADMINISTRATION

- Advocacy for improving and/or expanding:
 - Early childhood learning centers
 - Training of preschool teachers

COMMUNITY LEVEL

- Creating structures for mutual support (e.g.: mothers' groups, volunteer training, setting up and equipping learning centers)

DOMESTIC ENVIRONMENT

- Raising awareness for specific support practices (e.g., playful learning and positive parenting practices)
- Raising awareness for self-monitoring of child development

POLITICS/ADMINISTRATION

- Conducting teacher trainings for teachers
- Advocacy for improving the quality of teaching in schools

COMMUNITY LEVEL

- Creating and/or strengthening school boards and a safe learning environment
- Compiling locally relevant learning material

HOME ENVIRONMENT

- Raising awareness for the significance of education

POLITICS/ADMINISTRATION

- Advocacy for expanding/creating:
 - Vocational training and second chance learning opportunities
 - Structures for returning to the formal and informal education systems

COMMUNITY LEVEL

- Raising awareness for children and youth participation
- Creating youth groups for mutual support

DOMESTIC ENVIRONMENT

- Awareness of the significance of education

EARLY CHILDHOOD
education & development



Basic education



Education & Life skills
FOR YOUTH

BASIC LIFE SKILLS

- Sensory development
- Spatial perception
- Gross motor skills
- Fine motor skills

ESSENTIAL LIFE SKILLS

- Rhythm
- Verbal expression
- Sensory integration

- Critical thinking skills
- Handling emotions
- Communication skills

APPLIED LIFE SKILLS

- Social skills
- Social responsibility

- Healthy lifestyle
- Community engagement/participation
- Entrepreneurial skills
- Peace-building skills
- Self-protection skills
- Environmental protection
- Resilience

GOAL



CHILDREN LEARN
life skills

CHILDREN CAN
read, write,
AND *do math-*
ematics

CHILDREN/YOUNG
PEOPLE *complete*
their schooling

YOUNG PEOPLE ARE
prepared for profes-
sional life






PERU	
PROGRAM NAME	Acoria
PROGRAM NUMBER	PER-188759
PROGRAM DURATION	2008 to 2023 (anticipated)
EVALUATION	2012 (interim evaluation)
BASELINE	2009
LANGUAGES	Quechua, Spanish
LIVELIHOOD	agriculture
RESIDENTS OF THE PROGRAM AREA	17,453 people
FOCUS	Early childhood education, also: health, education, economic development

Program example: Acoria, Peru

The Acoria area development program is located in the highlands of the Peruvian Andes. People live under very difficult conditions: The soil is poor; the climate is harsh, and many villages are located in remote areas. Well-trained teachers and doctors are often not willing to work in such remote and underdeveloped regions.

Early childhood support for children under five plays an important role in the program. The main objective is to contribute to the healthy and age-appropriate development of the children in the program region. In 2012 the first interim evaluation since the start of the program took place. Among other things, information on the healthy and age-appropriate development of children under five was gathered as part of a household survey. The analysis of the data revealed that 44.8% of children between three and five could capture and understand the content and meaning of stories, pictures, or other texts. In comparison, only 16.9% could in 2009. An age-appropriate development can now be seen in a total of 87.2% of the children in the areas of language, motor skills, and social behavior (2009: 41.2%).

Parents' behavior towards their children has also changed. It had long been customary to leave children to themselves. Many parents were not aware of their children's needs, so they could not support their development, and warning signals were often not recognized. In contrast, 50.9% of those surveyed (2009: 37.8%) now confirm that they are engaged with their children at home, play with them, read to them, and ensure that they receive balanced nutrition. For 53% of 302 children under five, their size is appropriate for their age (2009: 31.3%), which indicates that they do not suffer from chronic malnutrition. Their physical and social development is adequate for their age. Thus the situation of children under five has significantly improved.

These figures indicate a positive trend. But to what extent have World Vision's activities contributed to these changes? Important steps were the teacher trainings and the equipping of 15 pre-school centers. For in the long term, the locals responsible for education, alongside the families, must ensure age-appropriate

childcare and healthy growth for their children. Together with the village communities, the centers were set up and equipped. The leadership, administration, and daily childcare programs were then handed over to the communities. Interested mothers took part in further training in order to be able to run the centers and offer activities for the children two to three times a week.

Together with local and publicly funded programs, World Vision works to improve the holistic development of children. For example, in Acoria the authorities built 19 centers in which children are cared and provided for and the women from the villages took over the childcare, many of whom were trained by World Vision.

OVERVIEW OF FIGURES	2009	2012
children between 3 and 5 can appreciate and understand the content and meaning of stories, pictures, or other texts	16.9%	44.8%
age-appropriate developmental in the areas of language, motor skills, and social behavior in children under 5	41.2%	87.2%
size of children under 5 is appropriate for their age	31.3%	53%
children under 3 experience early childhood care	37.8%	50.9%

In regions where there are no regular preschool offers or too few, children between three and five are supported with a government childcare program. Together with the Ministry of Education, World Vision trained over 20 staff members in pedagogical and educational methods and put on small reading and theater contests.

The program interventions led to better quality in childcare which is demonstrated by the improved developmental level of the children. More work must be done to also reach those parents and children who have not taken advantage of the offers yet. In addition, children with disabilities need to be given greater consideration.

The preschool offers for children between three and five should also be expanded further in the coming years in cooperation with the Ministry of Education, as currently 35% of children do not attend any institution and thus are at a disadvantage when they get to school.



Recommendations of the evaluation team

- Further training for mothers focusing on early childhood development in order to ensure sustainable care and expand the offers
- Work towards recognition of the trained mothers by the

- Ministry of Health and jointly carry out further training
- Training volunteer health care workers and expanding the cooperation with the health centers



MALAWI

PROGRAM NAME	Kunyinda
PROGRAM NUMBER	MWI-172032
PROGRAM DURATION	1999 to 2016 (anticipated)
EVALUATION	2013 (final evaluation)
BASELINE	2008 (interim evaluation)
LANGUAGES	Chichewa, Sena
LIVELIHOOD	agriculture
RESIDENTS OF THE PROGRAM AREA	35,615
FOCUS	Education, also health, agriculture, and nutrition, HIV and AIDS, water and hygiene

Program example: Kunyinda, Malawi

Kunyinda is located in the southwest of Malawi in the lowlands of the Shire River on the border to Mozambique. Compared to the rest of the country, the climate in the program area is hot and dry. Population growth in the region is very high at 3% per year.

The goal of the program is improving the quality of schooling. World Vision cooperates very closely in this regard with the public structures, on both the district and the local level. A total of 85 events and campaigns have been organized in cooperation with the Ministry of Education, the school administration committee, parent-teacher associations, and the population.

With numerous awareness-raising activities, the significance of education for all children in all phases of their lives was illustrated to the population and advocacy campaigns promoted the improvement of the school infrastructure. And finally the Ministry of Education hired a total of 39 additional teachers in 2013. Thus, despite an increasing number of students, it was possible to increase the ratio of teachers to students in instruction from 1:117 (2012) to 1:106 (2013). However, even though this

represents progress, the number of students per teacher is still far above the national average of 76 recommended by UNESCO⁷ and the national recommendation of 60.

With the number of children constantly increasing due to high population growth, World Vision has also contributed to improving the infrastructure: World Vision promoted the construction of nine new school buildings and supported the renovation work on nine existing facilities. In addition, numerous toilets and washing facilities were installed in a total of 17 schools in the program area in order to improve the hygiene conditions and create a safe environment.

The awareness-raising activities also addressed the problem that many children leave school before completing their education. While it was possible to improve the school enrollment rate, a relatively large number of students still drop out of school. Girls drop out disproportionately: While in the first four grades about as many girls as boys attend school (with even a small



⁷The World Education Report estimates the demand for new teachers in Malawi at 15% per year between 2011 and 2015 in order to lower the recommended ratio from 74 to 40 students per teacher. In contrast, the current growth is estimated at 1% per year. UNESCO (2014): Global report "Education for All". Teaching and learning: Achieving quality for all. EFA Global Monitoring Report 2013/14, S.8 (accessible online at: unesdoc.unesco.org/images/0022/002256/225660e.pdf)

OVERVIEW OF FIGURES	2008	2013
Student-teacher ratio	1:117 (2012)	1:106
Number of children required to attend school who actually do	79.1%	89.2%
Number of children who complete primary schooling at the prescribed age	11.7%	26%

tendency for more girls to attend), in the seventh and eighth grades, six out of 10 students are boys, and four out of 10 are girls. In the four-year secondary school, only three out of ten students are girls. The number is particularly striking for girls from 12 to 15. The drop-out rate for girls is especially high at schools with no toilets or no appropriate toilets. At this age, girls are ashamed of attending to their personal hygiene outdoors and are also afraid of sexual assault. Therefore, attendance at schools without sanitary facilities is often impossible for girls. Early marriage of young girls and early pregnancies (24.9% of those 15 to 19 and 82.3% of those 20 to 24 are already mothers) are further causes for dropping out of school.

These topics are also addressed in the information and training activities. For instance, in 2013 136 of the 163 dropouts were girls, and only 27 were boys. Therefore, World Vision staff cooperates intensively with the local AGLIT (Adolescent Girls Literacy) organization. Last year it was possible to lower the dropout rate from 8% (2012) to 6.8% (2013).

To prevent children leaving school before completing their education, besides the awareness-raising activities and introduction of kindergartens to better prepare children for instruction, World Vision supports the schools and communities with numerous activities so children who have left school prematurely can be reintegrated into the school system or can be allowed to graduate in another way. Younger children are encouraged to resume attending school, and parents through awareness-raising activities be convinced of the significance of schooling. From 2010 to 2013, a total of 1,274 dropouts (990 of them girls) received instruction in afternoon courses in order to catch up and graduate. This is particularly an option for students who are already too old to be integrated into regular schooling.

The number of school-age children required to attend school who actually do attend rose sharply by 11%, from 2008 to 2013 so that a total of 15,167 children attend school today. If we look at the relevant numbers of school-age children required to attend school who actually do, a striking increase can be seen: While only 67.5% of the children attended school in 1999, 79.1% did in 2008 and 89.2% in 2013. This allowed the program region to approach the national average, which was 90.7% in 2010, according to the Ministry of Education however with enormous differences between the countryside and the city.

Overall it was possible to raise the number of children completing primary education at the intended age from 11.7% (2008) to 26%. The reasons that the rate remains low are factors such as late enrollment, repeating grades, and premature leaving school.

Despite much progress, there remains much to do to improve the quality of instruction and to convince parents and children of the value of education. Unfortunately, school attendance does not automatically lead to the desired reading and writing skills: The evaluation in Kunyinda revealed that 53.8% of the eleven-year-old students could read the national language Chichewa. This indicator, which is methodologically laborious to research, has only been applied for a few years, so there was no initial value in Kunyinda that would make it possible to discern a trend. The data on final exam passing rates also suggest that more effort is needed in the area of schooling to improve the quality. In 2013 only 58.6% (525 students, of which 40.4% were girls) of all primary school graduates in Kunyinda passed the final exam.



Recommendations of the evaluation team

- In the remaining final years of the program, continue to focus on quality in the area of education and especially continue to strengthen the capacities of the local actors.
- In the area of secondary schooling, continue to attempt

to improve conditions (hygienic conditions, safety, raising parent awareness, dealing with the topics of early marriage and early pregnancy), especially for girls.



MYANMAR	
PROGRAM NAME	Hlegu
PROGRAM NUMBER	MYA-185813
PROGRAM DURATION	2008 to 2023 (anticipated)
EVALUATION	2013 (interim evaluation)
BASELINE	2009
LANGUAGES	Primarily Burmese
LIVELIHOOD	Agriculture
RESIDENTS OF THE PROGRAM AREA	39,314
FOCUS	early childhood education, also: Health

Program example: Hlegu, Myanmar

The Hlegu area development program is located in the south-west of Myanmar, about 25 miles from the capital Yangon. Due to the isolation of the country over decades, local civil society is often still very weakly developed especially in the rural regions. Thus the public authorities are the main partners of the area development program. Participation of the target groups, especially in planning and goal-setting, is still very weak. However, as the country opens up, there have been more and more chances in recent years for the population to organize. World Vision supports people in taking advantage of these options as far as possible and takes into account the fact that there are certain limiting conditions for program work set by the government.

In Hlegu, the focus of the work in the area of education is early childhood education. This is due, among other things, to political conditions that (still) make it difficult for non-governmental organizations to work actively for improved quality of education for girls and boys in the school sector.

Although the early childhood education area is promoted by the state, the measures have so far not been implemented to a great degree, especially in rural areas. Before World Vision's work in Hlegu, there were no kindergartens at all. So with the cooperation of the villagers six kindergartens were constructed and equipped and 18 people trained as kindergarten teachers. This increased the percentage of children between 3 and 6 attending kindergarten to 22%. In discussions, parents and teachers said that the children now have improved social behavior and self-confidence. The quality of care varies a great deal. About half of the kindergartens follow a specified daily routine including pedagogical instruction. However, in some kindergartens the quality of the care does not meet the expectations. This is due, among other things, to the fact that, although the mostly young mothers have received training financed by World Vision, they did not have any pedagogical experience.

Various primary teachers said that the children are well prepared for primary school and performed better. This is a great success of the program work. The population attributes the following positive changes to the kindergartens:

While preparation for primary school is progressing largely positive in the kindergartens, there are challenges in secondary schooling attributable to the political conditions. As it was not really possible to implement World Vision's usual educational

Positive change	Effects
Kindergartens	Parents can pursue other activities while the children are safely cared for
	Higher income, thus more time available
	Increased self-confidence in children
	Children are better able to express themselves
Primary schools better equipped	Transition to primary school is easier
	Children experience a successful start to their schooling
	Despite all efforts, there are too few classrooms and teachers
	After the cyclone, it was possible to quickly resume schooling thanks to reconstruction

approach, namely training teaching personnel due to the political conditions, primarily infrastructural activities were carried out. In cooperation with the target groups and public partners, schools were built and equipped, e.g. with toilets and well pumps, in order to improve the conditions of schooling. After Cyclone Nargis, which also severely devastated parts of Myanmar in 2008, twelve schools were rebuilt as part of the emergency aid program. Thanks to this rapid aid, it was possible to limit the negative impacts of the natural disaster in the area of education. A total of 26 schools received teaching and learning materials, and almost 11,000 children were given school materials.

Besides improved access to primary schooling, a goal of World Vision was to increase the population's awareness of the significance of education. This seems to have been achieved in the past years. In the evaluation, both men and women in five villages considered schooling and early childhood care the second and third most important positive changes in the past years from the 19 changes listed. Besides radio campaigns, the numerous informational events in cooperation with the educational authorities also contributed to this. For instance, short theater pieces illustrated the significance of education and children's rights.

Challenges in the area of education include a lack of kindergarten teachers. Even though all six facilities currently have personnel, according to the kindergarten committee it is very difficult to motivate volunteers within the village community. At the moment World Vision covers two thirds of the salaries, and the parents cover one third. In addition, childcare on three out of five days is financed by program funds. The intent is for the support from program funds to decline successively in future. Advocacy work is relevant for schooling, since primary and secondary schools are very poorly equipped, and there is a lack of classrooms and qualified teachers (in many schools there are only three teachers for six classes). The lack of teachers falls within the government's responsibility and can only be influenced through advocacy work.

The progress so far in the area of early childhood care is a great success for the target population. If the country continues to open up politically in coming years, World Vision will be able to pursue the partnership in education approach more intensely.



Recommendations of the evaluation team

- Introduce income-generating activities for the committee managing the kindergartens to make better salaries possible for the kindergarten teachers
- Prepare plan for the sustainability of the kindergartens together with the partners and target population in order to ensure that the activities can continue without program funds
- Train the kindergarten and program team committees to improve the quality of childcare.
- Promote self-reliance of the committees to strengthen sustainability
- Introduce methods of local advocacy so the population can document grievances and pass them on to those responsible.
- Offer more activities for young people and involve them intensively in planning and implementing programs; this will also strengthen their leadership qualities.



Top right: Children in the reading camp
Left: Construction of the library

Success story: Impacts in the education area

Nathalie Buzeba no longer wants to go without books. When the peasant from Burundi can take a break or has finished her farming chores and housework, she wants to read. This is not easy, since bookshelves and magazine racks are not to be found on every corner in the countryside. Libraries are also still rare, even in schools.

Without the necessary reading material, it is difficult for many children in Burundi and other African countries to learn to read and write. According to government surveys, about 39% of children in second grade nationwide can read a few sentences. However, significantly fewer can in the countryside – about 26% in Cankuzo. Therefore World Vision now supports the production of books and readers on site.

"We need a lot more reading material like this" says Nathalie with a grin, pointing at a little book of only 10 pages which she is currently reading with her daughter Diella in order to practice with her. Diella borrows books from a reading club not far away set up by World Vision. Although she is only in first grade, she can already read whole sentences and is doing well in school.

Nathalie likes the books from the reading club: "The stories are humorous and instructive." The entire village first laughed at a story on the topic of alcohol but then reflected on it. "In the story, a child passes a village brewery with its mother. The child stops and says: 'This place smells like my father.' " Nathalie also likes book in which small animals are more clever than big ones.

"In my school days, we couldn't read something like this" recalls the 48-year-old mother. She only attended school till the 6th grade. Her two older children also cannot read and write well, since there were no books before World Vision came to Cankuzo. "People were lucky if they got their hands on a little bible, but there weren't many of those either" recalls Nathalie, pointing to a sentence for her daughter to read out loud.

Owning books and papers is still a luxury for most families in this East African country. Since Nathalie does not have enough paper, her daughter practices writing on banana leaves for example, or draws her letters on the door of the house.

Therefore World Vision provides many communities in Africa with templates for books, so-called "shellbooks", which can be filled with information and stories using specially



Owning books and papers is still a luxury for most households in this East African country.

developed software and trained employees from the population. In this way, people not only get reading material in their native language but are also able to determine the content themselves.

The books, produced locally and printed by World Vision, are tried out in reading camps and mainly lent to primary students. Besides selected reading aids, mothers and fathers are also involved in the exercises. "Winning the parents over is sometimes a challenge, since education is mostly perceived as a job for the schools" reports Fidèle Nindagiye, who works for World Vision in Burundi. "We also invite the parents to meetings and give them tips on how to support their children with reading, storytelling, and writing in everyday life. This can be done while cooking or shopping and during many other activities."

Nindagiye is fascinated by the great demand for readers and the children's and parents' noticeably increased motivation to read: "I have even observed children who can't even read coming to the reading camps. They obviously like it when someone reads aloud and makes a game of talking through the story with them. The children become really animated."

The reading camps are also a special place for children with disabilities. "I was especially pleased that a hearing-impaired child who had hardly spoken before suddenly began to talk in the reading camp" reports the World Vision employee. "This experience showed us that we should pay even more attention in the future to including children with disabilities in the reading support."

However, in the long run World Vision cannot meet the demand for books in Cankuzo with donations alone. Therefore, the local employees are testing models in which the population

participates financially in constructing village libraries. There are possible starting points with savings groups, and government education programs.

Meanwhile, Nathalie's desire for more books and stories, for her daughter as well, has already been fulfilled to an extent. In September of 2013, World Vision opened the first multi-generational library together with the primary school in Cankuzo and the country's Minister of Education.





Disaster risk reduction

In recent years the frequency and intensity of natural disasters such as earthquakes, hurricanes, and floods have increased significantly. They cause extensive damage in developing countries in particular. It is often the case that, due to inadequate precautions and a lack of financial resources, the affected population is barely able to cope with such disasters.

However, the experiences of recent years also show that good disaster risk reduction can prevent or at least reduce a great deal of the damage. Every euro invested in disaster risk reduction saves up to seven euros in disaster relief and subsequent reconstruction. Therefore World Vision Germany has declared the expansion of disaster risk reduction a focus of its Strategy 2017.

Disaster risk reduction is the prerequisite for any sustainable development, especially in countries most threatened by natural disasters. The goal is to reduce the negative consequences of such events and safeguard the natural resources of the population. This is done through a number of different activities, each adapted to the specific local conditions and disaster risk.

It involves building earthquake- and weather-resistant houses in earthquake-prone areas, building levees, dams and digging ditches in flood plains constructing water reservoirs for drought periods, supporting drought-resistant agriculture, and developing early warning systems. However, it is also important to create awareness in the local population of the necessity of disaster risk reduction. This is done through targeted training in preparing risk analyses, emergency management and evaluation plans, including simulations, and creating emergency management committees.

Finally, it is also important to bring all actors involved in disaster risk reduction together in order to proceed in a coordinated fashion as the local population needs the support of ministries, city governments and municipal administrations, civil organizations, and the private sector.





NIGER	
PROGRAM NAME	Strengthening local disaster risk reduction Capacities (six communities)
PROGRAM REGION	Zinder
PUBLIC DONOR	Foreign Office
PROGRAM NUMBER	197998
PROGRAM DURATION	May 1, 2012 through October 31, 2013
EVALUATION	2013
RESIDENTS OF THE PROGRAM AREA	136,000 people (20,000 beneficiaries)
LANGUAGES	Hausa and French
LIVELIHOOD	Agriculture (sedentary small farmers and livestock farmers)

Disaster risk reduction in Niger

BACKGROUND SITUATION

The Zinder region is located in the economically disadvantaged and semi-arid regions of Niger. Due to the weather, there are few possible harvest times in this region but cyclically recurring droughts and sudden flooding. The residents are sedentary small farmers and livestock breeders. Agricultural production is dependent on rainfall; hardly any other irrigation methods are available. Livestock breeding relies exclusively on the use of grasslands.

The communities in the program region have no disaster risk reduction structures. The result is that the population, especially children under five, pregnant and nursing women, and older people are especially heavily affected again and again by droughts and the floods that often follow them.

PROGRAM GOAL

The goal of the program work was to reduce the damage due to natural disasters such as drought and flooding for the people affected in six communities through disaster risk reduction and management in order to safeguard their natural resources.

To achieve the success of the program, a catalog of measures was planned, consisting of two components. The first component included the participatory creation of local capacities; the

second component dealt with promoting behavioral changes in children, women, and other community members, also in the area of early warning. For this purpose, disaster risk reduction committees were founded, equipped, and trained in six rural communities of the Zinder region. The goal of these committees is to impart the knowledge of disaster risk reduction they have acquired to the local population and to make preparations for emergencies.

PROGRAM ACTIVITIES

Within the scope of the program, six disaster risk reduction committees with a total of 72 members were founded as planned. With the support of World Vision, these committees trained 70% of the beneficiaries on how to better protect their families and households against the impacts of natural disasters. Nearly 80% of the beneficiaries received information on how to protect their village communities. The committees' training and informational events on the topics of early warning, hazard maps, and disaster risk reduction and management reached just under 2,700 beneficiaries. Nearly 6,000 beneficiaries took part in awareness-raising meetings on the topic of disaster risk reduction.

In addition, 30 teachers and 120 students were trained with basic knowledge of disaster risk reduction, how to behave in the event of a disaster, and the evaluation and use of early warning systems. The participants in these trainings passed their knowledge on to 41 schools and just short of 7,000 people.

Furthermore, radio broadcasts in the local language of Hausa were produced that introduced the program and provided information on disaster risk reduction. The radio broadcasts also introduced the role of the communities and committees, as well as the early warning system. But what impact have the activities had?

The problematic security situation and associated mobility restrictions on World Vision staff were challenges. These included

the danger of attacks and kidnappings and the generally unstable security situation in the North Nigeria border region. For example, the staff members had to return to Zinder by 6 p.m. on work days before darkness fell. This reduced the staff members' time working in the villages.

RESULTS OF THE EVALUATION

The disaster risk reduction committees and the early warning system training improved the attitude of the local population towards the existing hazards early on. In the Damagaram Takaya commune, where an increased flood risk was identified, the initiative of the committee and the mayor made it possible to raise the levee and thus safeguard the sowing process before the heavy rainfalls in August of 2012.

Overall, World Vision was able to contribute to the beneficiaries in the program areas feeling better prepared in the event of a disaster. For example, the residents who have been trained now know that they can reduce the impacts of disasters on their livestock by getting pregnant animals to safety first in an emergency.

Further, knowledge of disaster risk reduction has not only been increased but has also already been applied in practice. According to the evaluation report, 50% of the beneficiaries know the evacuation route in their village; just under half of them have already used it once. About 45% of the beneficiaries listened to the radio broadcast on disaster risk reduction, and 60% took part in a disaster simulation. Thus the evaluation shows that many of the activities have had a positive impact and contributed to increasing the local population's knowledge.

IMPLEMENTATION CHALLENGES

In the course of the program, it became clear that despite anticipatory planning, not all activities could be carried out at the desired times. For example, the members of the disaster risk reduction committee could not carry out any trainings or awareness-raising activities during the rainy season, since they had to

till their fields. Better planning should take this fact into account for future programs.

A further challenge was encouraging the beneficiaries to take over independent responsibility for the program work and to contribute themselves. While this worked very well in some communities, for example when residents took responsibility for building a dam themselves, other communities took less initiative. The evaluation team learned from this how important it will be for future programs to specify precisely, already in the program planning phase, how to appeal even more strongly to self-reliance in the affected communities in order to anchor program content and goals more strongly.

DATA-GATHERING CHALLENGES

In the results and impacts presented, it is not yet possible to rule out the possibility that there were other factors that contributed to the achievement of the program goal. The contributions of other actors and contextual factors were not considered extensively enough to show the impact of the program more precisely.

An important insight that is reinforced by the evaluation is that disaster risk reduction is most effective when training, awareness-raising activities, strengthening local actors' ability to act, and knowledge transfer – i.e., more the "soft components" and materials – are combined with infrastructural improvements (repairing houses and streets, creating dams/levees to combat flooding, etc.).

Innovative data gathering

- 160 households were surveyed for the quantitative part of this evaluation. In addition, data gathering and analysis software based on the open data kit, (opendatakit.org) which can be used on Android smartphones, was used with the support of SMAP Consulting (smap.com.au). The questionnaire developed by World Vision staff members was loaded onto smartphones, and the interviewers read the questions using an app during the survey and entered the responses directly into the smartphone. The data was uploaded to a server as soon as an Internet connection was available and were available immediately for analysis regardless of the location. This procedure is environmentally friendly, for example it would have been necessary to print at least 160 questionnaires in this case. This technology also had other advantages:
- Immediate data entry reduces the possible of errors that could arise in analyzing the questionnaires.
- Better data quality, since no handwritten documentation has to be deciphered
- It is no problem to prepare multilingual questionnaires, which is especially important for the international context of humanitarian aid and development cooperation.
- Data are gathered and uploaded to a server and are available for analysis in more or less real time regardless of the location. Various tools for data analysis are available on the SMAP server. The use of complex statistics is also possible after the data are exported.



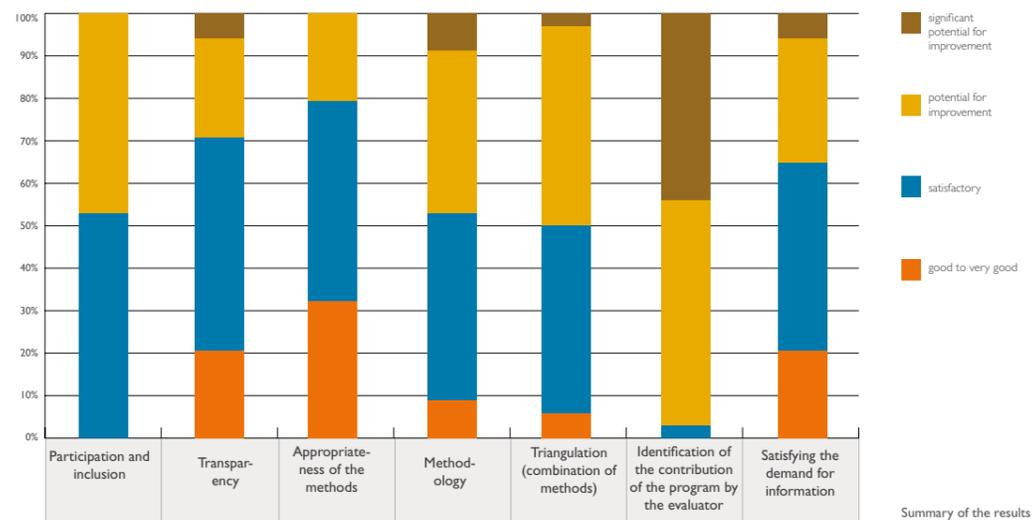
Assessment of the evaluations by CEval

At the request of World Vision Germany, the Center for Evaluation (CEval) performed a meta-evaluation on the basis of evaluation reports on 34 long-term World Vision area development programs. To assess the quality of the evaluation reports, a two-stage analysis method was applied (the quality of the programs themselves was not subject of the analysis). In the first step, the criteria prepared by World Vision – participation and inclusion, transparency, appropriateness of the methods, methodology, triangulation (combination of methods), and the identification of the program contribution – were assessed on the basis of various sub-criteria, which finally were aggregated in a second step. In addition, the Center for Evaluation introduced a second criterion to assess the degree to which World Vision satisfies the demand for information through the evaluations.

The illustration shows that the majority of the evaluation reports fulfill many of the criteria to at least a satisfactory degree. In the process, the appropriateness of the methods selected (11 good to very good reports, 16 satisfactory) and the degree of transparency (7 good to very good reports, 17 satisfactory) is especially notable. However, the survey also showed that numerous evaluations exhibit potential for improvement in regards to participation and inclusion, methodology, triangulation (combination of methods), and satisfying the demand for information. Furthermore, the evaluation teams had particular difficulties in

separating other factors such as public development programs, activities of other donors, or environmental changes and clearly identifying World Vision's contribution. Nonetheless, it can be seen that on balance, a very heterogeneous picture emerged. In the meta-evaluation report, the Center for Evaluation was able to indicate some evaluation reports that could point the way forward for future surveys.

In order to improve future evaluations, the Center for Evaluation suggests, among other things, that, in the call for proposal, World Vision already stipulate that the evaluation results must be organized alongside the indicators for a program and summarized accordingly, and the changes to be monitored must be explicitly embedded in an adequate program theory. In order to identify the program's contribution appropriately, it is also necessary to make more use of quasi-experimental evaluation designs beyond simple comparison of results with targets, since the latter does not make it possible to separate the contribution of the area development programs from the contributions of other actors (e.g., public organizations) or other factors (e.g., environmental changes). This makes it difficult to draw conclusions about the contribution World Vision has made to the changes observed in a particular time period in the program area.



Conclusions and recommendations

As a general rule, it is possible to determine from the program examples that the living conditions of children and families have improved in the areas of health, nutrition, and education. The following conclusions and recommendations arise now that the impact report has been written and on the basis of the insights acquired from the meta-evaluation performed by the Center for Evaluation:

- > It can be noted favorably that the planned evaluations were performed for all sponsorship financed programs and evaluation reports are available.
- > Most of the 34 evaluations performed in the last two years meet the minimum methodological standards.
- > The analysis of the program's contribution holds potential for improvement in nearly all evaluations reports. More focus should be placed in future on working out the contribution of a program in a more methodologically systematic way. The quasi-experimental designs proposed by CEval are one possible approach to this. However, it must be noted that such an evaluation design is costly and not always applicable in practice. It is not always possible to find appropriate comparison groups in our working contexts. However, examination of the possibility of using evaluation designs with comparison groups or alternative methods for assessing our contribution should always be examined beforehand. This has not always been done systematically so far, as CEval's analysis shows clearly. Therefore in future, task statements and evaluation designs should demonstrate how a program's contribution to the changes can be identified, especially when no quasi-experimental design is considered possible or sensible.
- > The task description for the evaluator should already explicitly specify the preparation of the data for the evaluation reports alongside the logic of the indicators specified in the planning document. This makes it easier to inspect and analyze the data, especially for third parties.
- > Accompanying evaluations during the course of a program only allow the sustainability of programs to be assessed to a limited extent. Therefore, emphasis should be placed in the coming years on further methodological development and on performing ex-post evaluations. These can only be performed in the form of summaries, since not only are they methodologically laborious, but the financing must also be planned well.





www.worldvision.de

World Vision Deutschland e.V.
Am Zollstock 2-4 • 61381 Friedrichsdorf
Telephone: (06172) 763-0 • Fax: (06172) 763-270
info@worldvision.de

Berlin office
Luisenstraße 41 • 10117 Berlin

Bank account for donations: Taunus Sparkasse
IBAN: DE 5751 2500 0000 0000 2216 (BIC: HELADEF1TSK)

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