

World Vision: Focus on Health

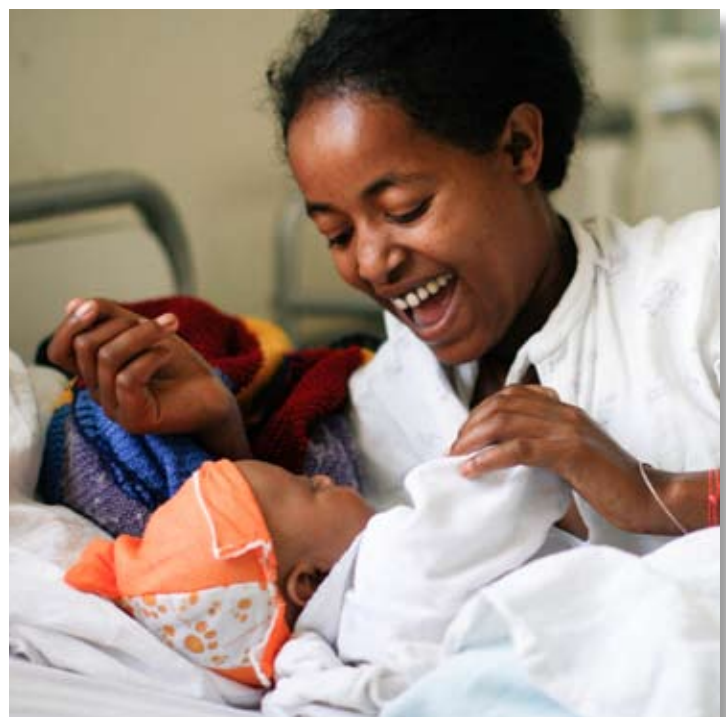
World Vision's health strategy

World Vision (WV) supports global implementation of child-focused, community-based initiatives with government ministries and local and international agencies. WV designs all programming from a community, partnership, multi-sectoral, and integrated perspective, recognizing that transformational development occurs when all vulnerable aspects in a community are addressed. WV offers its partners—foundations, individuals, corporations, governments, and local and international organizations—powerful ways to impact the lives of children around the world. It is able to effectively leverage funds because of these multiple revenue sources, helping to ensure efficiency and keeping overhead low. In fiscal year 2009, WV's revenue was \$2.5 billion (\$1.2 billion from U.S. donors).

WV is committed to improving the health and nutrition of women and children in the areas in which it works, contributing to the global reduction of under-5 and maternal mortality. WV measures its success by whether mothers and children are well-nourished, are protected from infection and disease, and have access to essential health services. As one of the world's largest and most well-positioned relief and development organizations, WV has the potential to make a significant contribution to achieving the health-related Millennium Development Goals (MDGs) by 2015, established in 2000 by world leaders to address poverty and improve development.

WV's approach to improving the health and nutrition of mothers and children is community-based, and child-focused. WV is working toward being more strategic, empowering, and holistic with its development programs. Delivery models are based on three levels: household, community, and national. Preventive care takes place at the **household** level, where behavior change and empowerment are most needed. **Community** groups are strengthened in the second level to address causes of illness, monitor health services, and advocate for healthcare needs. **Nationally**, WV and communities advocate for healthcare by partnering with government and other national stakeholders to ensure delivery of quality healthcare and nutrition services at the community level.

Health gifts-in-kind (GIK) are donated health products such as deworming medicine and pharmaceutical supplies, which constitute a large portion of WV's contribution to health. WV's focused GIK health strategy provides high impact simple products and services for trained community-based health workers to use in homes or first level clinics. More than 2,300 pallets of medical supplies,



personal care products, and basic medical equipment were donated and shipped in fiscal year 2009 to health programs around the world, valued at \$250 million.

Deworming tablets are simple products that have a huge impact on undernutrition, an underlying cause of infant and maternal illness and death. In fiscal year 2009, WV procured and shipped deworming tablets to 36 countries.

A priority focus for WV has always been to *address the health needs of populations affected by disasters and in other emergency situations*. WV is focused on:

- building capacity for emergency preparedness and response
- developing standards and tools for emergency health, nutrition, and HIV and AIDS programming
- providing technical support to its regional and national offices during acute, slow-onset, and ongoing emergencies
- supporting WV's Humanitarian and Emergency Affairs group for rapid and effective humanitarian health responses
- establishing and strengthening partnerships with other organizations

WV recognizes the critical need to advocate for change at all levels, but particularly on an international scale, to make a difference in the structures and systems that keep families in poverty. *The organization regularly participates in policy dialogue with WHO, UNICEF, and the World Bank, and at the G8 and G20 summits. WV also works with international coalitions such as the Global Movement for Children, the Partnership for Maternal, Neonatal, and Child Health, and the International Health Partnership's civil society team to raise awareness and secure increased funding for health.*

World Vision's health programs

WV recognizes that no single technical sector intervention can make a sustainable impact, as the root causes of poverty are sectorally diverse and mutually exacerbating. It has become apparent in partnering with communities that although families value health, they recognize multiple central drivers of livelihood, such as education and economic development, as being prioritized objectives toward improving their overall well-being. WV also recognizes that single sector technical interventions are resource inefficient. These interventions, implemented in a parallel fashion with other development initiatives, become duplicative and isolated. Health projects are implemented in conjunction with other sector projects in water, education, food security, etc. Within the health sector WV focuses on maternal, newborn, and child health (MNCH), nutrition, HIV and AIDS, and infectious diseases.

Maternal, Newborn, and Child Health

WV has established MNCH as a central element of its global health strategy. This priority reaches through subsequent regional and national strategy development to the communities in which WV works. MNCH is addressed through a continuum of care and life cycle approach in order to promote health and nutrition practices and prevent major causes of disease. WV uses the WHO and UNICEF integrated approach in its MNCH programming for the well-being of children and management of childhood illnesses through immunizations, community case management of diarrhea and acute respiratory diseases, and promotion of bed nets for use against malaria. WV places emphasis on maternal and newborn care as well as child health, including community awareness and quality services. The life cycle approach promotes care for mothers and children from pregnancy to delivery, the immediate postnatal period,

The Lancet, one of the world's leading medical journals, published the article "Age-based preventive targeting of food assistance and behavior change and communication for reduction of childhood undernutrition in Haiti: a cluster randomized trial," based on research findings in WVUS' food programming initiative in Haiti. WV and partners determined that preventive feeding lowered stunting, underweight, and wasting rates more than recuperative feeding did. This approach is now being replicated in other projects and countries.

and childhood, recognizing that safe childbirth and newborn care are essential to the health of both the mother and infant, and that a healthy start in life is essential to the long-term health and well-being of the child.

Nutrition

Nutrition is a central element of WV's global health strategy. WV is committed to realizing the objectives of the Millennium Development Goals and to do so works within communities to improve nutrition of children under age 5, women of child-bearing age, and vulnerable groups. Globally, WV monitors six "triggers for action" in communities (stunting, wasting, underweight, iodine fortification, iron-deficiency anemia, and vitamin A deficiency) as well as four indicators closely related to nutrition (diarrhea, immunization, breastfeeding, and access to improved water sources).

WV recognizes the dramatic effect that undernutrition has on the global under-5 mortality and morbidity rates. More than 35 percent of under-5 deaths globally have undernutrition as a proximal causal factor. Every other major disease, and many health complications, capitalizes on the weakened immunity of undernourished individuals. There are also lifelong and irreparable effects of undernourishment in the early stages of infancy. Cognitive development is marginalized, as is general immunity, and studies have demonstrated that the burden of undernutrition has a terrible impact on economic achievement. As such, WV is especially concerned with the health and nutrition of mothers and

Implemented by WV's field partners in **Ethiopia, Ghana, Senegal, Tanzania, and Malawi**, the CIDA- and privately-funded Micronutrient and Health (MICAH) project reached more than 2.5 million direct beneficiaries (including women and children under 5) between 1996 and 2006. MICAH's activities included increasing intake and bioavailability of micronutrients and reducing the prevalence of diseases that affect micronutrient status.

- Exclusive breastfeeding rates from baseline to final in MICAH (vs. non-MICAH areas at final) increased in all countries (Ethiopia 25 to 49 percent, Ghana 17 to 49 percent, Malawi 15 to 69 percent, Senegal 7 percent in 2003 to 22 percent in 2006, and Tanzania 15 percent in 2000 to 21 percent in 2004).
- Significant reductions in the prevalence of anemia in children under age 5 were also shown (Ghana 75 to 31 percent, Malawi 85 to 60 percent, Senegal 84 percent in 2003 to 69 percent in 2006, and Tanzania 88 to 75 percent).
- Significant reductions from baseline to final in stunting of children under age 5 were also documented in all countries.

The WV **India** Pragati Child Survival project has pioneered a community-based MNCH model that brings preventive primary health care assistance to the household level called Timed and Targeted Counseling. This model is founded on a continuum of care, beginning in early pregnancy and continuing through the end of infancy.

Outcomes from the Pragati final evaluation indicate significant household behavioral change using Timed and Targeted Counseling:

- the Expanded Program on Immunization coverage increased from 33 to 53.2 percent,
- proper child feeding practices increased from 38 to 81.2 percent
- use of modern contraception increased from 12 to 27 percent
- the approach, with embedded quality assurance, contributed to extensive capacity building of the project staff, its local partners, and the government health system

infants under the age of two. WV is scaling up well known interventions such as infant young child feeding, positive deviance/Hearth, small-scale fortification of foods, and community management of acute malnutrition (CMAM) as appropriate to respond to communities with undernourished children.

HIV and AIDS

WV is responding to the global scope and impact of HIV and AIDS through its Hope Initiative, through which it integrates HIV and AIDS activities in all its programs. This initiative is working to help all children fulfill their potential by reducing the impact of HIV and AIDS through expanding **prevention**, strengthening household and community capacity to **care**, and promoting **advocacy**. WV integrates HIV and AIDS activities into all programs through the Hope Initiative, focusing on three models-community care

coalitions, church and faith-based organizations, and life skills training (see Global Campaigns on page 5 for more information on the Hope Initiative).

Through government and bilateral grants, public-private partnerships, and private funds, WV implements HIV and AIDS projects in 60 countries, annually serving more than 1.5 million children, chronically ill persons, and faith leaders. Specific projects provide home-based care to people living with HIV and AIDS, support orphans and vulnerable children, educate communities about HIV prevention, and empower people through economic assistance and income generating activities. To care for hardest hit communities, WV increases children's access to nutritional food, health care, and clean water. Projects encourage testing, counseling, and education so that those affected can learn to live with the virus and protect others from infection. To prevent the advancement of HIV and AIDS, WV offers education on how it is spread and how to avoid transmitting it to others. WV also advocates for public policies that promote effective methods of HIV prevention and AIDS care.

WV's Abstinence and Risk Avoidance for Youth project in **Tanzania, Kenya, and Haiti**, has reached 560,000 children and adults with programs promoting abstinence and faithfulness as the best means to prevent HIV. Another 12,600 have been trained as peer educators. Funded by USAID's PEPFAR, the project engages youth, parents, and religious leaders to encourage behavior change.

In **Swaziland**, WV implements the Swazi People Embracing Action and Response against HIV and AIDS (SPEAR) project to reduce the incidence of HIV and AIDS through behavior change of 10- to 19-year-olds in two chiefdoms. Last fiscal year, SPEAR reached 5,500 youth and trained hundreds of youth leaders.

The HIV and AIDS Prevention and Care project in **Uganda** assisted 1,186 OVCs and people living with HIV or AIDS, educated adults about prevention, and boosted food security for 76 households.

Infectious Diseases

WV works to eliminate infectious diseases that are prevalent among children under age 5, including tuberculosis (TB) and malaria. WV supports WHO's Stop TB strategy to dramatically reduce the global burden of tuberculosis by 2015 by ensuring all TB patients, including for example, those co-infected with HIV and those with drug-resistant TB, benefit from universal access to high-quality diagnosis and patient-centered treatment. The strategy also supports the development of new and effective tools to prevent, detect and treat TB. The plan aims to treat 50 million people and prevent 14 million deaths from the disease by 2015.

WV supports the Roll Back Malaria targets of reducing global malaria cases 50 percent by 2010 and 75 percent by 2015, and reducing global malaria deaths 50 percent by 2010 and to near zero by 2015. To achieve these targets, WV is supporting universal coverage of long-lasting insecticidal nets (LLINs), which provide personal protection

In **Zambia**, the USAID-funded Reaching HIV and AIDS Affected People with Integrated Development and Support consortium partnered with the Global Business Coalition on HIV/AIDS, Tuberculosis, and Malaria to distribute almost 500,000 bed nets to more than 122,000 households in 60 of Zambia's 72 districts. This was done through community meetings and a network of 15,000 volunteer Zambian caregivers. A post-distribution evaluation found that 99 percent of households surveyed had at least one LLIN, and 75 percent of beneficiaries were using them.

In **Tanzania**, the Global Fund and PMI-funded Training and Communication for Malaria Control project provides training, supervision, and technical support to health staff to implement a voucher system for LLINs in 21 regions, benefiting 6.9 million infants and pregnant women.

In **India**, the Advocacy, Communication, and Social Mobilization (ACSM) project, funded by USAID, aims to improve communities' knowledge of controlling and caring for TB, improve access to TB diagnosis and treatment, and address the emerging challenges of resistant TB and TB/HIV co-infections. The project benefits 176.6 million people in India, including tribal communities and urban slums.

Technology in use by Indonesian health workers

The December 2004 tsunami left Aceh Besar, one of the districts in Aceh Province, with damaged health facilities and limited remaining midwives, a service identified as paramount to rural village healthcare. Only half the midwives remained after the tsunami, leaving just 600 in connection with 22 medical centers to service a population of 226,000. World Vision established the midwives mobile phone project for one year to facilitate, accelerate, and improve the quality of health services provided by the remaining midwives to mothers and infants through communication technology.

Mobile phones were distributed to 120 midwives in the study group, and a control group of 103 other midwives were monitored during a baseline, mid-term, and end of project survey. The project analyzed the ability of simple voice communication technology to facilitate communication between midwives and doctors and the impact of mobile phones as tools for health statistics data collection.

Major findings included:

- Midwives communicated more frequently with each other, midwife coordinators, and doctors, especially during emergencies, to seek advice and information.
- The mobile phones allowed for patients to initiate a dialogue with the midwives and receive instant diagnosis and advice.
- The midwives study group was more likely to turn to health center personnel for medical information, and they had a higher trust in other sources of health information, than did the control group.
- At the end of the research, the study group increased in their scores on a medical test for standard procedures in the childbirth process as compared with their baseline scores.

to those who sleep under them, by expanding distribution through WV's existing networks. WV uses an LLIN distribution model in which volunteers are trained to distribute the nets at community meetings or household-to-household, demonstrating net hang-up and providing information, education, and communication (IEC) so that the LLINs are used correctly, consistently, and with proper care. WV has years of experience implementing malaria interventions at the community level, mainly in sub-Saharan Africa, including the distribution of LLINs.

WV is also pressing the international community to do more to combat malaria, recognizing that ending the disease is not possible without greater resources and stronger coordination between governments, private businesses, civil society organizations, non-governmental organizations, and—crucially—local communities. WV operates in 63 of the 109 countries where malaria is endemic, and in 12 of the 15 countries targeted in the U.S. President's Malaria Initiative (PMI).

The Global Fund is a public-private partnership that mobilizes funding from numerous bilateral, multilateral, and private sources. It has become a principle source of global finance to fight HIV, TB, and malaria. WV currently operates Global Fund projects in 29 countries worth \$230 million (life of project). Fifteen percent of WV's portfolio responds to malaria, 41 percent to HIV, and 44 percent to TB. WV is a member of the Global Fund Principal Recipient Working Group, contributing to the new Global Fund Implementer's Manual. In addition, three WV health advisers serve on the Developing Countries Delegation to the Global Fund Board.

Global campaigns

The HIV and AIDS Hope Initiative

Launched in 2000, the HIV and AIDS Hope Initiative is WV's commitment to do its part to address an unprecedented crisis in the countries with WV programs. Special emphasis is given to creating partnerships with governments, faith communities, peer agencies, local communities, families, and children. The two highest programming priorities for WV are care for orphans, children living with HIV, and other vulnerable children and their households; and HIV prevention for girls, boys, and youth from the ages of 5 to 24. Also, WV is committed to mobilizing and leveraging the energy, capabilities, and voices of faith communities, as well as children and adults living with and affected by HIV, to increase the reach and impact activities.

WV has identified and developed three project models to address the needs of children and others affected by HIV and AIDS in high-prevalence contexts (HPCs):

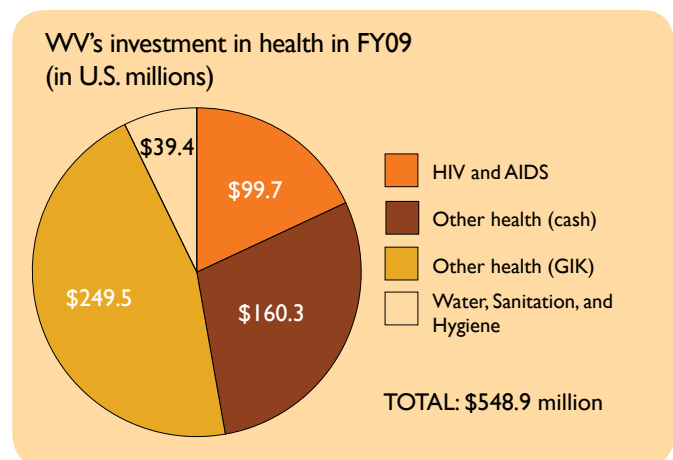
- **Community Care Coalitions:** Mobilizing and strengthening community-based care and support for orphans, children living with HIV, other vulnerable children, and their households. *In fiscal year 2008, 77,300 volunteer home visitors provided care to 998,000 orphans and vulnerable children and 84,000 chronically ill adults.*
- **Channels of Hope:** Mobilizing and equipping churches and other faith communities to respond to the needs of people affected by HIV and AIDS in positive and powerful ways. *In fiscal year 2008, 1,600 Channels of Hope workshops reached more than 50,000 people, including 13,000 faith leaders from 8,400 congregations.*
- **Values-Based Life Skills Training:** Providing training, information, and materials that enable girls, boys, and youth from 5 to 24 years old to develop the knowledge, attitudes, and skills to make healthy life choices and avoid acquiring HIV. *In fiscal year 2008, more than 852,000 children received values-based life skills training and more than 90,000 children were trained as HIV peer educators.*

Child Health Now

In November 2009, WV launched its Child Health Now campaign, a five-year commitment to reducing childhood deaths. The campaign will draw on the lessons learned in WV's 1,600+ community programs where development strategies are fully linked to advocacy efforts with local and national government bodies. Through this campaign, WV will support communities in raising their voices about their right to quality health care and press national governments to meet their responsibilities to children, mothers, families, and communities throughout their country.

WV will also join hands with local government and NGO partners to cooperatively address the critical health-related issues in specific communities. WV's experience has demonstrated that effective health care—through simple, preventive, cost-effective measures—is a leading factor in community development. WV is making a significant financial commitment to health in its own programs of \$1.5 billion over the next five years.

But working locally won't be enough. WV will also urge wealthy nations to fulfill their promises to improve conditions in the developing world. More than 190 world leaders have committed to achieve the UN's Millennium Development Goals by 2015. WV's Child Health Now campaign calls on the international community to rededicate itself to these goals.



WorldVision is a Christian relief, development, and advocacy organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. WorldVision serves all people, regardless of religion, race, ethnicity, or gender.