



Global Health & Nutrition
ANNUAL REPORT 2008

Empower • Equip • Advocate



Advancing maternal and child health for communities to flourish



The Global Health and Nutrition team accomplished a number of significant goals in 2008 to make a difference in the health and well-being of children, families and communities. This first Annual Report for the team provides an overview of our start-up work, including goals, strategy, programme strengthening, capacity building and hiring of staff.

In addition to taking critical steps to help our national offices improve health and nutrition programming at the community level, we added a full complement of talented staff at global and regional levels, including those with technical skills in maternal and child health, nutrition, infectious diseases and more. The health and nutrition strategy was nearly finalised for broad distribution and a first phase strategy for pregnant mothers and children under two years of age was completed.

Other key accomplishments were:

- **Designing a health and nutrition model:** We completed an initial design of the comprehensive and integrated model, and began work on a set of guidelines and tools that uses existing community structures to deliver interventions at household, community and national levels.
- **Establishing the Nutrition Centre of Expertise (NCoE):** In just six months, the NCoE produced an impressive list of nutrition products and tools and began a targeted nutrition programme in Asia. A review of the NCoE yielded a number of recommendations to improve operations, hiring and communication.
- **Enhancing food crisis programming:** We worked closely with the regions to develop a comprehensive emergency response plan for countries with the greatest food shortages and high numbers of severely malnourished children.
- **Implementing health programmes in Africa:** Ten countries launched programmes that are refocused on the new maternal, child health and nutrition model.
- **Developing a Community of Practice (CoP):** The foundation for a Health and Nutrition CoP was laid and a set of knowledge management and communication pieces were created to provide technical input and updates to staff.
- **Contributing to the Global Health Campaign:** The team worked with our policy and advocacy colleagues to develop a specific model, narrative, outcomes and draft policy for World Vision's Global Health Campaign.

There is much to celebrate with these achievements, as they bring us closer to meeting our goal of ensuring that every child enjoys good health and experiences life in all its fullness. We look forward to collaborating with many internal and external partners to help fulfill children's right to health.

Martha Newsome

Senior Director for Global Health and HIV and AIDS Hope Initiatives

About World Vision

Founded in 1950, World Vision is a Christian humanitarian organisation serving children, their families and communities in conditions of poverty in 98 countries, primarily through programmes of transformational development, disaster management and promotion of justice.

Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.

'Our vision for every child, life in all its fullness; Our prayer for every heart, the will to make it so.'

About Global Health and Nutrition

Our achievement goals

World Vision 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-five and maternal mortality. World Vision will measure 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 well-positioned relief and development organisations, World Vision 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.

Our guiding principles

The Global Health and Nutrition team believes that all children should experience 'life in all its fullness' and retain their full God-given potential for learning and life through good health.

Guiding principles of the team are:

- integrating health and nutrition outcomes with multiple sectors, such as water, education, sanitation and food security to maximise impact on child well-being;
- partnering with communities to achieve sustainability, and with other organisations to maximise flexibility, efficiency and coherence with national and global agendas;
- promoting high-impact, low-cost and evidence-based health and nutrition interventions through a life cycle approach to prevent diseases in children;
- building the capacity of World Vision's staff to assist and empower communities in effectively caring for their children and strengthening existing health systems.





Who we are

The Global Health and Nutrition team is a group of professionals dedicated to improving child health, nutrition and well-being through holistic approaches. Staff are based across a globally distributed health network – from the United States to Kenya to Australia. This team includes technical and regional advisors as well as staff who support critical functions such as monitoring and evaluation, resource development, knowledge management and learning and partnerships.

Our approach

World Vision's approach to improving the health and nutrition of mothers and children is Christian, community-based and child-focused. While moving away from service delivery, World Vision is working towards being more strategic, empowering and holistic with its development programmes.

The Global Health and Nutrition team's delivery models are based on three levels, which are:

- household: focusing primary health and nutrition education and behaviour change at the household level, empowering caregivers and children to keep themselves healthy;
- community: building the capacity of community groups to address and monitor local causes of illness, death and malnutrition; advocate for quality health service delivery; monitor home-based care services; and
- national: emphasising advocacy and partnerships with government and other stakeholders to ensure delivery of quality health and nutrition services at the community level.



What we do

The Global Health and Nutrition team provides strategic leadership to World Vision on appropriate focus and direction for health programming. There are four main areas in which the team works:

- Programming: designing appropriate strategies to reduce child deaths, illness and under-nutrition. Programme models are designed to be needs-aligned, evidence-based and outcome-oriented. Staff work with the regions to scale up programmes with proven health outcomes.
- Technical assistance: gathering and disseminating relevant information to continually improve quality based on global best practices. Programming models are used for specific situations to guide practices. The Nutrition Centre of Expertise (NCoE) is the organisational mechanism that builds capacity and systems to significantly improve the quality of nutrition programming and its impact on pregnant women and young children.

- Capacity building: guiding and empowering field-based staff on skill-building requirements and tools and developing appropriate outcome measures. A priority objective for the team is connecting World Vision health personnel to capitalise on learning.
- Advocacy and collaboration with global partners: developing appropriate health policy and advocacy models together with the Advocacy team that reflect World Vision's core values and programmatic focus. The team encourages strategic approaches at an international level from the health policy platform.

Millennium Development Goals

The United Nations Millennium Development Goals are development targets agreed on by the world's countries and the world's leading development institutions.¹ Of particular relevance to the Global Health and Nutrition team are health-related goals 1, 4, 5 and 6.

Goals	Targets
Goal 1: Eradicate extreme poverty and hunger	<p>Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day</p> <p>Target 2: Achieve full and productive employment and decent work for all, including women and young people</p> <p>Target 3: Halve, between 1990 and 2015, the proportion of people who suffer from hunger</p>
Goal 4: Reduce child mortality	Target 1: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
Goal 5: Improve maternal health	<p>Target 1: Reduce by three quarters the maternal mortality ratio</p> <p>Target 2: Achieve universal access to reproductive health</p>
Goal 6: Combat HIV and AIDS, Malaria and other diseases	<p>Target 1: Have halted by 2015 and begun to reverse the spread of HIV and AIDS</p> <p>Target 2: Achieve by 2010, universal access to treatment for HIV and AIDS for all those who need it</p> <p>Target 3: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</p>

A list of all the MDGs is available at <http://www.un.org/millenniumgoals/bkgd.shtml>.



¹ - United Nations. <http://www.un.org/millenniumgoals/bkgd.shtml>, accessed on 24 Feb 2009.



Killer diseases keep killing²

Nearly 9.7 million children died before their fifth birthday in 2006. Every day, more than 26,000 children under the age of 5 die around the world. Almost all live in 1 of 60 developing countries, and most die from preventable causes. Undernutrition is also responsible for 35 per cent of the disease burden in children under-five.³

The five main diseases that threaten children under-five are: pneumonia (19 per cent), diarrhoea (17 per cent), malaria (8 per cent), measles (4 per cent) and AIDS (3 per cent).

Yet, children are most at risk of dying during their first day and month of life. Neonatal mortality accounts for almost 40 per cent of all under-five deaths and for nearly 60 per cent of infant (under-one) deaths. A child is about 500 times more likely to die in their first day of life than at 1 month of age.

Additionally, a child without a mother is more likely to die before reaching age two than infants whose mothers survive. More than half a million women die each year from pregnancy-related causes. In the developing world, only 59 per cent of births take place with the assistance of a skilled attendant.

Global good news

Although the challenges in reducing child mortality are vast, research and global funding from many nations and institutions have led to improvements over the years.

- The annual number of child deaths has halved over the past 46 years, from roughly 20 million in 1960 to under 10 million in 2006.⁴
- Measles vaccination efforts have resulted in a 74 per cent drop in measles deaths between 2000 and 2007 worldwide – a drop of about 90 per cent in eastern Mediterranean and Africa regions.⁵
- Low-tech, evidence-based and cost-effective measures (i.e. vaccines, antibiotics) could save the lives of 6 million of the almost 11 million children who die each year.⁶
- Neonatal mortality could be reduced by 18 per cent to 37 per cent by using a combination of community outreach programmes and family-community care strategies at 90 per cent coverage, evidence suggests.⁷
- In developing countries as a whole the per cent of births attended by a skilled health professional has increased by more than a quarter (from 42 per cent to 53 per cent) over the decade.⁸

2 - Statistics in this section, unless otherwise indicated, are from: The State of the World's Children. New York: UNICEF, 2008.

3 - The Lancet. 'The Lancet's Series on Maternal and Child Undernutrition: Executive Summary'. <http://www-tc.iaea.org/tcweb/abouttfc/tcseminar/Sem6-ExeSum.pdf>, accessed on 3 Mar 2009.

4 - The State of the World's Children. New York: UNICEF, 2008.

5 - WHO. 'Measles'. <http://www.who.int/mediacentre/factsheets/fs286/en/>, accessed on 13 Feb 2009.

6 - UNICEF. 'Goal: Reduce child mortality'. <http://www.unicef.org/mdg/childmortality.html>, accessed on 13 Feb 2009.

7 - DFID. 'The State of the World's Children Report 2008: Key facts and figures'. <http://www.dfid.gov.uk/news/files/state-world-children-facts.asp>, accessed on 13 Feb 2009.

8 - UNICEF. 'Goal: Improve maternal health'. <http://www.unicef.org/mdg/maternal.html>, accessed on 2 Mar 2009.

Fighting malnutrition and diseases through Gifts-in-Kind

Thanks to World Vision's growing Gifts-in-Kind (GIK) deworming and micronutrient product donation programme, an estimated 10,000 children in south-eastern Rwanda have benefited from GIK medicines that stop infestations of intestinal worms and thus help fight malnutrition.

A recent WV Rwanda GIK distribution included 100,000 capsules of Vitamin A and 340,000 tablets of Mebendazole in partnership with local health authorities in the Bugesera district of Rwanda. Both Mebendazole and Vitamin A are very important for children's health.

'Mebendazole is de-worming medication that kills parasites and treats several worm infections caused by poor hygienic conditions', explained Dr. Olufemi Owoeye, National Health Coordinator in WV Rwanda.

According to Dr. Owoeye, Vitamin A deficiency also is a concern. 'Vitamin A deficiency is estimated to affect thousands of children in Rwanda. Millions of children in developing countries become blind each year owing to Vitamin A deficiency, with a high prevalence in Africa', he explained.

'We believe that these medicines will irreversibly and positively affect the lives of our children', said Edward Munyaburanga, Executive Secretary of Bugesera district. 'We are happy for this assistance, for it will lend a hand to the goal of government to ensure better health to Rwandan children'.



Children receiving medication.





Year In Review

Strengthening programming

In 2008, the Global Health and Nutrition team prioritised two initiatives to scale-up health programming and achieve greater health outcomes for children:

- develop staffing capacity at the regional level and
- assist national offices in beginning a re-design and re-direction of funding to align with the new health and nutrition strategy and focus.

The Global Health and Nutrition team provided recruitment support to enable the Asia, Africa and Middle East and Eastern Europe regions to grow significantly in their health and nutrition staff capacity, along with financial assistance from WV Canada and WV Australia (see Staffing on pg. 14).

Asia led the way in developing new health and nutrition programming in line with the health and nutrition strategy. The Nutrition Centre of Expertise (NCoE) provided assistance for three sub-regional workshops that would begin the design of the programmes. India, Indonesia, Cambodia, Philippines and Laos received funding and initiated the re-design of their existing programmes and capacity building processes, targeting over 65 Area Development Programmes (ADPs) in the planning stage. Bangladesh, Nepal, Sri Lanka and Myanmar also began work on scaling-up their health and nutrition programmes.

Africa initiated programming for an emergency nutrition intervention in six countries with both private and public resources. The NCoE coordinated institutionalising and scaling up Community-based Management of Acute Malnutrition (CMAM) by supporting the region to develop proposals, expand staffing, strengthen capacity building and track results for CMAM.

WV Canada and WV Australia provided funds to the Africa region to expand coverage of the CMAM programme in Ethiopia, Kenya, Zimbabwe and the Democratic Republic of the Congo in FY09. The assessment of where intervention was needed was conducted and cross-referenced with food-crisis countries.

The Africa region also organised two events to begin preparation of national office health programming re-design. In FY09, the following countries will lead re-design efforts: Mali, Ethiopia, Kenya, Rwanda, Tanzania, Malawi, Zambia, Swaziland, Zimbabwe and South Africa.



The Latin America and Caribbean region requested initiative funding to conduct an assessment on two current projects targeted for scale-up: Holistic Child Health in Peru and Youth Health Advocacy in Brazil. Reports and recommendations were provided from these assessments.

As well as assisting regions in scaling-up their health programmes, the Global Health and Hope Initiative teams also facilitated the last grant submission process of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) – one of World Vision's largest donor funding streams. Six proposals that were submitted were successful, launching new work for national offices. The Global Health and Nutrition team manages the GFATM portfolio, which includes health programmes in GFATM target areas: HIV and AIDS, malaria and TB. The portfolio consists of 23 grants in 21 countries and is valued at over US\$150 million.

Aidspan, the GFATM watchdog agency, commended WV Armenia for being the fourth top GFATM grant performer. In addition, the GFATM awarded WV Armenia's grant with six sequential 'A' ratings to acknowledge that it is meeting or exceeding grant expectations. WV Thailand, Guatemala and Somalia had similar success, leading Aidspan to rank World Vision as #7 on its list of best performing international non-governmental organisations (NGOs). In all of these countries, World Vision is a Principle Recipient (PR) of the GFATM grants and therefore one of the largest GFATM NGO PR partners.



Developing and aligning strategies

Health and nutrition

World Vision's health and nutrition strategy details the strategic core focus on improving maternal and child health and facilitating access to primary health care. Building on this work, the Global Health and Nutrition team identified which specific activities health practitioners should implement now as part of a first-phase approach.

The team reviewed evidence-based international recommendations, consulted with field and support office staff as well as external partners and discerned which interventions (practices) should be implemented for maximum impact. They prioritised 18 interventions (e.g. breastfeeding) that should be applied as a package called '7-11'. Seven of the interventions address maternal issues related to MDG 5 (improve maternal health), while 11 address issues that pertain to children under two and relate to both MDG 1 (eradicate poverty) and MDG 4 (reduce child mortality).

Along with this start-up strategy, the team developed a health and nutrition sector goal, three operational definitions for World Vision's child well-being outcomes and a three-tiered delivery model for interventions.



The first tier of the delivery model is working with families at the household level, where preventive health care needs to take place and where behaviour change and empowerment are most needed. The strategy emphasises community health workers having the capacity to provide timed and targeted counselling directly to families in need.



The second tier of the delivery model is strengthening community groups and investing in their ability to address local causes of illness, monitor health services and translate their grass-roots primary health care needs into an advocacy agenda.

The third tier advocates for women and children on a national level, and partnering with government and other national stakeholders to improve health service delivery. At this level, World Vision will assist communities in working with government to improve

the level and quality of their services. The partnership between World Vision, communities and governments is essential to Global Health and Nutrition's principles of empowerment and sustainability.

Health Gifts-in-Kind (GIK)

Health GIK are donated health products such as deworming medicine and pharmaceutical supplies that constitute a large portion of World Vision's contribution to health.

Last year, the Global GIK group (a network of GIK support offices, national offices and Global Health and Nutrition staff) worked on aligning its GIK strategy with the global health and nutrition strategy and creating a health GIK Product List that addresses nutrition and maternal and child health.

Development of a focused GIK health strategy was initiated in order to help guide international GIK health activities in the coming years. The Global GIK group will increasingly focus on providing more high impact simple products and services for trained community-based health workers to use in homes or nearby first level clinics.

For example, de-worming tablets are simple products that have a big impact on malnutrition – an underlying cause of infant and maternal illness and death. In FY08, the Global GIK group procured and shipped a record number of de-worming medicines – enough to de-worm over 12 million people.

More than 2,500 additional pallets of medical supplies, personal care products and basic medical equipment were also donated and shipped in FY08 to support health programmes around the world. The total value of health GIK shipped exceeded US\$250 million.

Emergency health

A priority focus for World Vision has always been to address the health needs of populations affected by disasters. To fulfil this commitment, a working group was established to develop an emergency health strategy for directing World Vision's emergency health work.



As well as strengthening its own capacity in emergency health, World Vision worked to improve the wider humanitarian health response by participating in health and nutrition clusters (sectoral groups) at national and global levels and providing input to technical and policy documents. World Vision also hosted and facilitated a global nutrition cluster meeting in Nairobi, Kenya, in which other NGOs and UN agencies reviewed progress against plans and shared latest developments in emergency nutrition.

In FY09, the Global Health and Nutrition team will strengthen World Vision's work in emergency health, nutrition and HIV and AIDS by focusing on:

- building capacity for emergency preparedness and response;
- developing standards, tools and frameworks for emergency health, nutrition and HIV and AIDS programming;
- providing technical support to regional and national offices during acute, slow-onset and ongoing emergencies;
- supporting World Vision's Humanitarian and Emergency Affairs (HEA) group for rapid and effective humanitarian health responses; and
- establishing and strengthening partnerships with other organisations and representing World Vision's emergency health, nutrition and HIV programmes in key internal and external forums.



Partnering and advocating

Partnerships and press

The Global Health and Nutrition team worked extensively to develop external partnerships and represent World Vision's work to a broader audience in 2008. A few of the highlights are:

- World Vision featured its health work at the Global Health Council's annual conference for the first time. It also provided support for three presentations at the event that included staff from Zambia, Malawi and Armenia.



- The Global Health and Nutrition team produced a short promotional video in Indonesia highlighting World Vision's health strategy, called *Thrive Under Five: World Vision's Health Strategy*. It aired on Global Health TV in June 2008, and will air again at the Global Health Council in May 2009.
- World Vision strengthened a partnership with the International Federation of the Red Cross and USAID on Avian Influenza preparedness, leading to a joint preparedness simulation exercise in Geneva.
- The Nutrition Centre of Expertise (NCoE) developed a significant partnership with the Academy for Educational Development's (AED) A2Z programme on micronutrient and child blindness, in which technical experts from A2Z assisted the development and facilitation of three sub-regional nutrition workshops in the Asia region.
- The NCoE managed an organisational agreement with Valid International (VI) in which VI supports and builds capacity to World Vision's national offices implementing Community Management of Acute Malnutrition projects.
- The Global Health and Nutrition team initiated two important partnerships with NetHope, a non-profit consortium of leading international NGOs, and Microsoft Unlimited Potential, a group marketing Microsoft products for developing countries, to enhance World Vision's information technology initiatives.
- A WV US staff member, Dr. Mark Maire, was appointed as a delegate to the NGO board members of Roll-Back Malaria, enabling World Vision to have strategic and technical influence in the programme (especially in community systems strengthening for malaria control and treatment).
- The *Lancet*, one of the world's leading medical journals, published research findings based on WV US's food programming initiative in Haiti in 'Age-based preventive targeting of food assistance and behaviour change and communication for reduction of childhood under-nutrition in Haiti: a cluster randomised trial'.⁹



9 - The Lancet 2008, 371 (9612), 588-595.

Speaking up and out

World Vision recognises 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 opportunities are plenty for those who have a will, such as World Vision.

Advocacy is an essential component of the new health and nutrition strategy. As such, the Global Health and Nutrition team works closely with World Vision's Policy and Advocacy unit to identify opportunities and call for policy change that will improve the health of women and children.

World Vision participated in policy dialogue with the World Health Organisation, United Nations Children's Fund (UNICEF), the World Bank and the G8 last year. It also worked with international coalitions such as the Global Movement for Children (GMC), the Partnership for Maternal, Neonatal and Child Health (PMNCH) and the International Health Partnership's (IHP) civil society team to raise awareness and secure increased funding for health. In 2008, World Vision was one of three civil society representatives on the Country Support Working Group of the PMNCH. It provided important feedback on key IHP documents, such as civil society engagement and compact development.

World Vision also participated in the UN High-Level Meeting on the MDGs in September and affirmed its commitment to helping to achieve the health-related MDGs. World Vision distributed a briefing paper called 'Last Chance' that highlighted the need for urgent action to achieve the MDGs and announced its efforts to do so, including annual investment figures in health.

In FY09, World Vision will continue to engage with global institutions and participate in civil society coalitions with a strategic focus on maternal and child health.



As part of its advocacy work, the Global Health and Nutrition team helped develop initial themes, a policy strategy and campaign elements for a World Vision Global Health Campaign. The campaign will be a first of its kind for World Vision, and it has the potential to significantly contribute to international policy changes given the organisation's global reach and history of working within communities.



The Global Health Campaign will work to improve maternal and child health by urging governments to effectively address the unacceptably high levels of maternal, child and newborn mortality rates. As a first step, World Vision participated in a coalition at the World Health Assembly, urging over 50 health ministers to sign a statement reaffirming their commitment to the right to health. World Vision also helped organise a special event at the UN High-Level Meeting in September in order to encourage heads of state and private sector leaders to commit to ensuring MDGs 4 and 5 on maternal and child health are back on track in the next few years. The event contributed to an additional US\$2 billion being dedicated to the two MDGs.

The Global Health Campaign also will help facilitate access to primary health care by linking the local level demand for state health (and health-related) services to the state supply of services. This will thereby reinforce the chain of accountability and ensure quality, sustainable and relevant service delivery that will save children's lives. Governments must develop resource-effective systems and structures to respond to the needs of their citizens, particularly poor and marginal communities.

Building a team

Staffing

Building a strong Global Health and Nutrition team, which consists of core and shared service sub-teams, is essential to implementing World Vision's health strategy and directing its health portfolio.

The following new positions were filled in the core team:

- Nutrition Director
- Maternal and Child Health Director
- Infectious Diseases Director
- Emergency Health Director
- Health Policy Advisor
- Knowledge Management Coordinator

The team also supported WV US and the Global GIK group in their hire of a Health GIK Advisor.

The shared services sub-team, created under Martha Newsome's leadership to serve both Global Health and Nutrition and the Hope Initiative, includes three groups:

- Operations and Resource Development
- Learning and Partnerships/Models of Learning
- Shared Support Services



The Global Fund Unit that sits within Operations filled two new positions:

- Monitoring and Evaluation Specialist
- Global Fund Programme Advisor

In addition to expanding its own team, Global Health and Nutrition also assisted the Asia, Africa and Middle East and Eastern Europe regions to grow significantly in their health and nutrition staff capacity. New positions were filled in maternal and child health, nutrition and more. This increase has completely transformed World Vision's ability to launch new health programmes.

Community of Practice (CoP)

A Health and Nutrition CoP was formally established in 2008 to connect health practitioners and other staff throughout World Vision, enabling them to share knowledge and resources on best practices. The goal for the year was to build a solid foundation for future growth and development.

The Global Health and Nutrition team worked closely with Global Knowledge Management, using its principles of CoP growth and formation, to outline a strategy for building the CoP and collaborated with other Children in Ministry/Integrated Technical Teams leaders to develop CoP models and structures. The Nutrition Working Group also began participating in the Programme Management Information System 1.0 pilot to test the CoP database.



Nutrition Centre of Expertise (NCoE)

The NCoE was launched in early 2008 to provide organisational-wide service and support for nutrition programming. It is a resource for nutrition expertise and a centre of knowledge, resource and development for World Vision.

The goal of the NCoE is to establish and maintain effective leadership for the nutrition sector, enabling World Vision to incorporate quality nutrition programming in places where it works – from emergency to development contexts. The NCoE is a part of the Global Health and Nutrition team and is hosted by WV Canada. It includes both NCoE specialist positions and WV Canada's nutrition and health staff.



In FY08, a project plan was developed, staff were hired and new systems were put in place (protocols, communications plan, six-month review etc.) to initiate full functioning of the new entity.

Key highlights of the NCoE's efforts to reach their goal and objectives were:

- **Developed a strategy and supported implementation:** With input from the regions as well as partnering institutions, the NCoE team developed a global approach to addressing malnutrition in both development and emergency contexts. The first phase of the approach involved integrating the nutrition strategy with the global health strategy and subsequently the emergency health strategy. From February to September, the NCoE facilitated contextualisation of the nutrition strategy in Asia.
- **Built staff capacity in nutrition:** Four key approaches to capacity building were identified: face-to-face workshops, distance education, mentoring and a nutrition toolkit. The NCoE conducted three sub-regional workshops in Asia, leading each country to draft action plans for scaling up quality nutrition interventions. The first phase of a CMAM Institutional Capacity Building Agreement between World Vision and Valid International was nearly completed.
- **Created programme models and guidelines:** The NCoE shared Asia's contextual nutrition model with the Global Health and Nutrition team and facilitated integration with the health and nutrition first phase model for interventions (7-11). The NCoE also developed guidelines for national level programme implementation of the nutrition supplemental funds and revised guidelines for prioritising nutrition.
- **Engaged in partnerships and advocacy:** In addition to developing partnerships with AED/ A2Z and Valid International (see page 12), the NCoE presented the WV Canada/Mongolia ground-breaking work of scaling up the Mongolia 'Sprinkles' programme (which provides sachets of micronutrients that can be added to food in the home) at the 2008 Innocenti Micronutrient Forum pre-meetings. The NCoE also participated in international working groups, workshops, steering groups and strategy meetings such as Infant Feeding in Emergencies.



Changing cultural practices to reduce child mortality

When Sarita Burman delivered her son, Sahil, in the local hospital, and began feeding him colostrum (milk secreted during the first week after labour) and exclusively breastfeeding him, she was one of a few in her community who followed these practices to ensure children survive. Her mother-in-law was careful to make sure Sarita ate nutritional food and drank wholesome daliya and milk, instead of the usual tea and water.

For ages, the Burman community in Gudgawa, India, had followed the practice of isolating pregnant and new mothers for various cultural reasons and serving them only tea and water for a period of time. They believed that starving the mother would lead to a small child and therefore safe delivery.

The community also had practiced feeding the child a mixture of honey, water and herbs rather than colostrum for cultural reasons. Improper prenatal care and feeding practices such as these have contributed to the high infant mortality and malnutrition rates in the area. By breastfeeding, mothers reduce the risk of child mortality.

Sahil's low birth weight was a great concern for his parents. When World Vision counsellors advised Sarita to start exclusively breastfeeding her child and to give him colostrum, she was very reluctant to since first milk is traditionally offered to the gods.

After much convincing, Sarita fed her son colostrum and also continued to exclusively breastfeed him under close supervision. Now, at three months, Sahil is a strong baby and is growing well.

'I am thankful to World Vision for sharing the right knowledge', said Sarita as she tenderly held her baby.

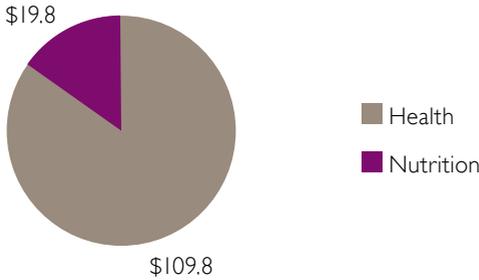


*Sarita Burman holding her son, Sahil
at three months of age.*

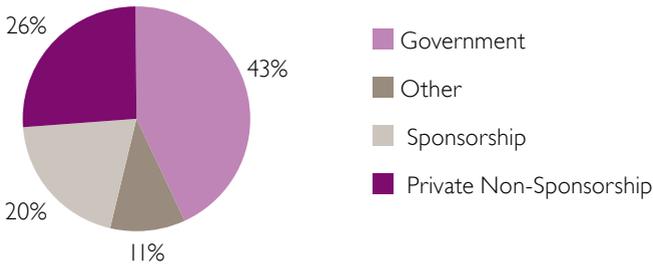


Financial profile

Committed Funds to Health and Nutrition (in US millions)



Funding Sources



In FY08, World Vision allocated a total of US\$129.6 million in cash to the field for Health and Nutrition programmes. Of that US\$129.6 million, about US\$55.8 million was derived from government grants and about US\$34.2 million from private non-sponsorship (e.g. corporate donations).

When considering World Vision's integrated, holistic approach to overall health and nutrition programming (not depicted in above graphs), 50 per cent of World Vision's committed funds to Water and Sanitation (US\$18.3 million) can be added to the cash to the field total for Health and Nutrition - bringing the total to US\$147.9 million. Product donations from Gifts-in-Kind, also part of World Vision's broad investment in health, constitute an additional US\$303 million.



Looking ahead

The Global Health and Nutrition team will continue to build upon the strategic framework it has set forth to achieve real and lasting health gains for children. Although it will take time to align all of World Vision's health programmes, the team believes in World Vision's ability to make a significant contribution to the MDGs.

The following are three-year, high-level objectives for Global Health and Nutrition:

- Establish world class maternal and child health and nutrition programming within private and public funded ministry.
- Support the Global Health Campaign to establish World Vision as a global health 'voice' on child health.
- Develop evidence-based, integrated, focused and contextualised health and nutrition project models.
- Develop maternal and child health and nutrition strategic targets in all regions.
- Improve World Vision's emergency health, nutrition and HIV components of HEA preparedness and response.

On a programmatic and team level, Global Health and Nutrition will:

- Provide research, monitoring and evaluation and documentation for Global Health and Nutrition and Hope Initiative core project models.
- Demonstrate effectiveness of core project models to achieve Global Health and Nutrition, Hope Initiative and child well-being outcomes.
- Develop strategic partnerships and networks with external agencies to achieve Global Health and Nutrition and Hope Initiative deliverables.
- Develop and maintain knowledge management and learning systems.
- Develop and maintain fully functioning Global Health and Nutrition and Hope Initiative Communities of Practice, including Global Technical Resource Networks.
- Provide effective administration, human resources, finance and communications support to achieve deliverables.

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