

World Vision South Africa Child Wellbeing Report 2014



Foreword

To God be the glory, great things He has done. It is with grateful, hopeful and humble hearts that World Vision South Africa presents our 2014 Child Wellbeing Report.

The fiscal year (FY) 2014 was truly a watershed year for the South African office. It was a year of great change, transition and challenge; one that speaks of prayerful, consistent and determined efforts by our staff to:

1. Radically improve programme delivery efforts to those who need it most
2. Strengthen and streamline our efforts in conjunction with trusted partners
3. Innovate and find creative solutions to needs of South African children that we have not been able to meet
4. Actively use our collective voice for the amplification and awareness of issues close to our hearts.

The report outlines the strides made in FY14 in directly impacting and decreasing the vulnerability of over 300 000 South African children, with celebratory achievements in health, education and child protection – in both programming and sponsorship. In particular, we are satisfied to see the deepening levels of engagement in advocacy at the national, provincial and local levels, as a result of focus and active investment on the part of the National Office (NO). The contribution to the creation, improved implementation and delivery of government policies related to children's health and protection has extended our indirect impact to over 10 million children countrywide. This is against an annual advocacy target of reaching 1.25 million children.

At the local level, the increasing role and importance of Citizen Voice and Action and partnerships with churches rolling out and implementing the Channels of Hope models (especially Gender and Barefoot) have been a critical part of our programming approach. They have inspired positive behaviour change in communities and among children, reduced gender-based violence, informed communities of their rights to health and education services, and motivated them to demand these rights from government in a responsible, peaceful manner.

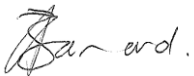
FY14 also saw an increase in partnerships at all levels. No less than 32 MoUs were signed with various partners – ranging from national government, universities, churches and other ecumenical partners, to NGOs and private companies. These partnerships have helped WV South Africa to raise our profile as a trusted organisation that is contributing to the wellbeing of children in support of the Millennium Development Goals and Vision 2030 for South Africa. It has also helped us avoid duplication, advocate for child-friendly policies and improve the quality of our programme and sponsorship delivery.

As an NO, we are excited about the continued commitment of our staff to the ministry in South Africa, their spiritual growth and the strength and unity within our leadership team. In FY14 there was also an increased focus on governance levels within WVSA, most notably embarking on the application of KING III principles in our operational processes and procedures. Through continued engagement and dialogue with our Board of Directors, they have been a guide and strong support system, especially as we look forward to an equally challenging year ahead.

We would like to deeply thank all our partners who have contributed to the achievements shown within this report. We would also like to thank our generous donors who have allowed us to continue this work.

Most of all, we give thanks to God for His faithfulness.

In Christ,



Paula Barnard
National Director

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Acronyms and Abbreviations

ADP	Area Development Programme
AIDS	Acquired Immune Deficiency Syndrome
ANA	Annual National Assessment
BEEP	Bicycle Education Empowerment Programme
CCG	Community caregiver
CDPP	Community Disaster Preparedness Plan
CHAT	Congregational Hope Action Team
CHN	Child Health Now
COH	Channels of Hope
CPF	Child Protection Forums
CVA	Community Voice and Action
CWBA	Child Wellbeing Aspiration
CWBO	Child Wellbeing Outcome
CWBR	Child Wellbeing Report
CWBT	Child Wellbeing Target
DM&E	Design Monitoring and Evaluation
DoE	Department of Education
DoH	Department of Health
ECD	Early Childhood Development
FY	Fiscal Year
HEA	Humanitarian and Emergency Affairs
HIV	Human Immune Virus
HH	Household
IYCF	Infant and Young Child Feeding
KMP	KwaMaphumulo
KZN	KwaZulu-Natal
LQAS	Lot Quality Assurance Sampling
MDGs	Millennium Development Goals
MNCH	Maternal, Newborn and Child Health
MoU	Memorandum of Understanding
NO	National Office
ORS	Oral Rehydrating Solution
OVC	Orphaned and Vulnerable Children
PMTCT	Prevention of Mother-to-Child Transmission
RC	Registered Children
SANAC	SA National Aids Council
SGB	School Governance Board
SARO	Southern Africa Region Office
SMT	Senior Management Team
TB	Tuberculosis
VBLS	Value-based lifeskills
VCT	Voluntary Counselling and Testing
WASH	Water Sanitation and Hygiene
WVSA	World Vision South Africa

Executive summary

World Vision South Africa's FY 14 strategic mandate and target¹ was to positively impact not only the lives of 333,000 South African children directly - through programming and sponsorship, but also 1.3 million children indirectly, through advocacy and policy influence initiatives. With a National Office budget of \$15 million, spread across 16 Area Development Programmes and 8 special projects, the annual target was exceeded this year – impacting directly 360,000, and indirectly 12.6 million children.

The WVSA FY14 Child Wellbeing Report details the progress made in all 6 of WVSA's strategic objectives to improve the wellbeing of these orphaned and vulnerable children. In summary, some of the main achievements and recommendations under each Strategic Objective are:

Strategic Objective # 1: Curb Infant, Under 5 and maternal mortality rates.

Positive change was shown in Infant and Young Child Feeding with a 61.3 % increase² (from 33.45% in FY13 to 53.98% in FY14) in exclusive breastfeeding across four ADPs. Six ADPs focused on food security initiatives to curb malnutrition of children, resulting in a 14.2% increase (from 47.51% in FY13 to 54.27% in FY14) in household food security access in five of them. Seven out of eight ADPs had above 80% of children consuming Vitamin A, significantly higher than the 2014 country national average of 60%. 86% of children 6-23 months were reported to be fully immunized based on data from 9 ADPs. This is higher than the country national average of 80.4% as well as higher than the WVSA national strategy target of 80%. Over 95% of mothers were found to be delivering in a hospital, attended by skilled health workers. 90.82% of pregnant mothers from 9 ADPs were offered and accepted counselling and treatment for HIV during their most recent pregnancy, far exceeding the WVSA national strategy target of 50%. Progress was seen in knowledge and positive attitudes of youth towards HIV/AIDs, although voluntary testing still remains low. The report recommends continued support for health systems strengthening through partnering with Community Care Givers and Department of Health community initiatives such as the Phila Mntwana health centres. Exclusive breastfeeding should continue to be a strong focus, with an increased focus placed on complementary feeding for children 6-23 months. Higher level nutrition data (stunting and wasting) could not be collected for this report from primary or secondary sources. Efforts will continue to monitor this data through strengthening partnerships with local clinics and continued discussions with the Department of Health. Youth should continue to be involved in HIV awareness and prevention programs but with a stronger focus on encouraging HIV testing.

Strategic Objective # 2: Improve provision of quality age appropriate education for boys and girls.

Great progress was seen in the literacy levels of children in four ADPs as evidenced by a 39.5% increase (from 54.45% in FY13 to 76% in FY14) in the number of children that can read with comprehension. This highlights the innovative strategies these ADPs have implemented in the past year, which included teacher training at the Rhodes Institute and partnership with the COUNT program to encourage creative, family and community based numeracy strategies. Overall data from 8 ADPs showed 62.84% of children were reported to be able to read with comprehension. This is 12% above the WVSA FY14 national strategy target of 50%. An overall 2.3% increase in enrolment and attendance was seen in 12 ADPs (83.75% in FY13 to 85.78% in FY14) as a result of improved school governance, improved school facilities, and support of scholar transportation with the provision of 6 000 bicycles from the Bicycle Education Empowerment Programme (BEEP) to vulnerable children in 58 schools. The report recommends a continued focus on improving the quality of education in partnership with the Department of Education both in ECDs and primary schools through teacher training and materials support. More ADPs should also adopt the approach of Ixopo and Umzimkhulu ADPs in partnering to encourage creative literacy and numeracy strategies with strong involvement from parents and volunteers.

Strategic Objective # 3: Expand children's awareness and experience of God's love.

Change in this objective is evidenced most by the growing trend of children deciding to take up leadership roles in the spiritual nurture of other children in their communities. Evidence of positive behaviour change was also seen as children and youth learned to value themselves in God's eyes. This has been accomplished with all sixteen ADPs creating opportunities for children to experience the love of God through youth camps, children's parliaments and Bible clubs. The report recommends continued engagement of youth in value based life skills programs, youth camps and Bible clubs. It also reiterates the importance of encouraging children themselves to lead spiritual initiatives within their schools, Churches and communities.

¹ This is the year 2 target on a 3 year strategy – FY13-15.

² Percentage increases and percentage reductions are calculated in this report as a percentage change. This is calculated by taking the difference between the figures, divided by the starting value and multiplied by 100. E.g. (53.98%-33.45%)/33.45% x 100 = 61.3% change.

Strategic Objective # 4: Increase household income.

Qualitative evidence points to improvements in the lives of the beneficiaries supported directly with income generating activities. LQAS monitoring data shows a 48% increase in 3 ADPs of caregivers able to provide well for their children (from 32.2% in FY13 to 47.85% in FY14). The report recommends a continued focus on income generation with a stronger focus on business skills development, and market access.

Strategic Objective # 5: Reduce the incidence and prevalence of violence against women and children.

Reported cases of gender based violence saw a 39% reduction in two years (11% in FY12 to 6.67% in FY14) through the contributions of the Channels of Hope (CoH) for Gender programme. Three ADP evaluations have shown an overall 17.8% increase (from 54.03% in FY13 to 63.69% in FY14) in the proportion of caregivers who felt their community was a safe place for children, and an 11.6% increase (from 72.67% in FY13 to 81.13% in FY14) in those willing to report cases of child abuse. This highlights the impact of efforts to strengthen child protection systems. The report recommends continued strengthening of the CoH for gender program within ADPs and the need to explore CoH for child protection as a programming model. Continued focus should also be placed on child protection systems strengthening and the Child Protection and Advocacy model.

Strategic Objective # 6: Be an authoritative voice influencing implementation of health, education and child protection policies and practices.

In the areas of children's health and child protection, significant achievements in advocacy were seen this year. WVSA exceeded their national strategy target to contribute to four policies, by contributing to six. These included the approval of four new national level government policies that were passed – two on maternal and child health, one on HIV/AIDs testing and one on regulating circumcision. WVSA was also instrumental in the improved implementation of two existing national policies - one on the implementation of the Phila Mntwana health centers, and one on the implementation of the Children's Act. It is estimated that 12.6 million children will benefit from these new policies passed and the existing policies better implemented. WVSA has continued to lead efforts with partners on 'Action 2015' to 'Stop at Nothing' to ensure that child friendly Millennium Development Goals are set for Post-2015. The report recommends continued policy engagement particularly related to child health and child protection centred around the 'Action 2015' efforts. It also recommends a deepening of Citizen Voice and Action programs at the ADP level in the areas of health, education and child protection.

Introduction

In the 2013-2014 Fiscal Year (FY14) World Vision South Africa (WVSA) completed the second year of its three-year strategy that aims to directly impact 1 million of the most vulnerable children and indirectly impact 4 million over a three-year period (333 000 directly and 1.3 million indirectly specifically for FY14). With \$15 million invested in 16 Area Development Programmes (ADPs) and eight special projects, WVSA exceeded this target in FY14 by directly impacting 360 000 children and indirectly 12.6 million.

The WVSA Child Wellbeing Report (CWBR) is a summary of the accomplishments of the WVSA overall strategy and summarises all work carried out by the organisation and our partners for the fiscal year of Oct 2013-Sept 2014 (FY14). It summarises WVSA's contribution in FY14 to all six strategic objectives, to 10 Child Wellbeing Outcomes (CWBOs), to all four Child Wellbeing Aspirations (CWBA) and to all four Child Wellbeing Targets (CWBTs). Below is a summary of WVSA's six strategic objectives and the outcomes, targets and aspirations measured under each one.

WV South Africa Strategy FY13-FY15

Our Strategic Goal: To make a measurable [real] contribution [positive impact] to the wellbeing of 5 million children [in South Africa] living in poverty [at risk; vulnerable].

We will achieve this through 6 strategic objectives & 10 CWBOs contributing to all 4 CWBAs & 4 CWBTs

Strategic Obj. # 1 Curb infant, under 5 and maternal mortality

1.1 Children are well nourished
1.2 Children are protected from infection disease and injury
1.3 Children and their caregivers access essential health

CWBA 1/CWBT 2-3:
Children enjoy good health

Strategic Obj. # 2: Improve provision of quality age-appropriate education for boys and girls

2.1 Children read, write and use numeracy skills
2.2 Children access and complete basic education

CWBA 2/CWBT 4: Children are educated for life

Strategic Obj. # 3 Expand children's awareness and experience of God's love

3.1 Children grow in their experience of God's love

CWBA 3/CWBT 1:
Children experience love of God and neighbours

Strategic Obj. # 4 Increase HH income

4.1 Parents or caregivers provide well for their children

CWBA 4/CWBT 1:
Children are cared for, protected and participating

Strategic Obj. # 5 Reduce the incidence and prevalence of violence against women and children

5.1 Children cared for in a loving safe, family and community environment with safe places to play
5.2 Children celebrated and registered at birth
5.3 Children are respected participants in decisions that affect their lives

Strategic Obj. # 6 Be an authoritative voice at all levels, influencing implementation of health, education and child protection policies and practices (Crosscutting all CWBOs)

34 indicators contributing to these CWBOs will be highlighted in this report with advocacy as a cross-cutting strategic objective integrated throughout the report's findings. Seven national strategy objective indicators from the balance score card are highlighted throughout the report with their corresponding targets and achievements for FY14. Six of these targets were exceeded. Table 1.1 shows the balance score card indicators measured under each CWBO with the target and achievement. (See Annex 2 pg. 41 for a full list of indicators measured in this report including all Standard indicators and balance score card strategy indicators).

Table 1.1 FY14 WVSA Balance Score Card Strategy Indicator Targets and Achievements

CWBO	WVSA Strategy Balance Score Card Indicators	FY14 Balanced Score Card Target	FY14 Balanced Score Card Achieved
1.1 Children are well nourished	- Proportion of children 0-6 months exclusively breastfed	30%	45.65%
1.2 Children are protected from infection disease and injury	- Proportion of children 6-23 months who have received age-appropriate immunisation according to national standards - Proportion of women offered and accepted counselling and testing for HIV during most recent pregnancy, and received test results	80% 50%	86% 90.82%
1.3 Children and their caregivers access essential health	- # of policy submissions	4	6
2.1 Children read, write and use numeracy skills	- Proportion of children who can read with comprehension	50%	62.84%
5.2 Children celebrated and registered at birth/CWBT #1	- Proportion of youth who report having birth registration documents - Proportion of youth with sufficient access to food	93.17% 75%	90% 88.36%

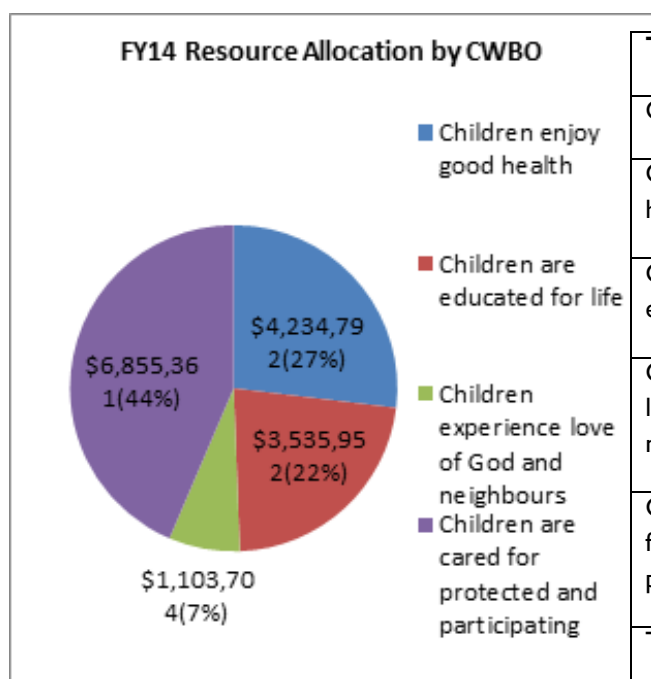


Table 1.2: FY14 Direct beneficiaries

CWBOs	Women	Men	Girls	Boys	Total
Children enjoy good health	98360	52698	94757	81481	327296
Children are educated for life	14153	12631	39580	38441	104805
Children experience love of God and neighbours	0	0	3506	2646	6152
Children are cared for, protected and participating	54170	32394	58287	43157	188008
Total	166683	97723	196130	165725	626261

The above pie chart shows the distribution of the \$15 million budget for FY14. Almost half of the budget (44%) went towards care and protection of children, which includes the sponsorship budgets. The second highest sector was health with 27% of the budget, followed by education with 22% and spiritual nurture with 7%. This budget allocation includes contributions to both programmes and advocacy initiatives under each of these CWBOs. Table 1.1 shows the distribution of direct beneficiaries per CWBO. Overall WVSA has made a significant impact in the lives of many children in the past year through both programming and advocacy efforts. We have also made strides in improving several partnerships with government at national, provincial and local levels to ensure that we are avoiding duplication and are maximising our ability to impact child wellbeing.

Progress

Recommendation from FY13 report	Progress made
<p>Health:</p> <ul style="list-style-type: none"> - Include critical nutrition indicators such as stunting, wasting, underweight - Continue to enhance partnerships with the Department of Health and other government departments to ensure continuous capacity building of health Community-Based Organisations (CBOs) for sustainability and increased community involvement, particularly in ADPs that recorded low levels of Voluntary Counselling and Testing coverage. - Reinforce the rollout of Child Health Now (CHN), 7/11, Citizen Voice and Action (CVA), and Integrated Management of Childhood Illness in first and second cycle ADPs as they redesign and revise their Detailed Implementation Plans (Umvoti, Mbashe and Nkonkobe). - Strengthen partnerships with government, universities and other FBOs and CBOs on child health. 	<ul style="list-style-type: none"> - Unfortunately data on stunting, wasting and underweight was still very difficult to find from both primary and secondary sources including local clinics and DoH. We will continue to pursue strategies to collect this data including partnerships with local clinics and continued discussions with DoH. - Stronger partnerships with the Department of Health (DoH) have been developed in the past year, particularly in Free State and KwaZulu-Natal (KZN) where Memorandum of Understandings (MoUs) are being signed with the DoH. Also through the implementation of Phila Mntwana Health Centres in KZN. - CHN and CVA have continued to be rolled out and strengthened across ADPs. More work will be done on Integration and Management of Childhood Illness (IMCI) and 7/11 through finalising upcoming redesigns and the Health Technical approach. - There have been several health policy advances due to better government partnerships on health (see pg. 20-21). WVSA also participated in the Child Gauge Report with the University of Cape Town and other partners. This report monitors the situation of children in South Africa, in particular the realisation of their rights.
<p>Education:</p> <ul style="list-style-type: none"> - There is still a need for strong partnerships with local district education and social development departments to promote 100% child enrolment. - ADPs running education programmes should continue to facilitate the formalisation of Early Childhood Development (ECD) centres, getting them registered and ensuring that they have access to grant funding to increase educational activities. 	<ul style="list-style-type: none"> - Partnerships with the Department of Education (DoE) are continuing to strengthen especially in Umzimvubu, Ixopo and Umzimkhulu to coordinate education efforts. Other partnerships were made with an NGO called COUNT to promote numeracy strategies that have contributed to an increase in pass rates. - ECD centres were strongly supported, which led to the formalisation of 10 ECD centres as registered in partnership with Department of Social Development. This also included training of teachers and provision of supplies. ECD children's psychomotor skills were developed, as well as gross and fine motor skills.
<p>Child protection:</p> <ul style="list-style-type: none"> - Roll out the concept of child protection forums in ADPs such as Atlantis, Thaba Nchu, Khaukhelo, Umzimkhulu, and Mbashe, which recorded the highest cases of child abuse. 	<ul style="list-style-type: none"> - Child Protection Forums rolled out in five more ADPs this year, including Orlando East, Ixopo, Kodumela, Mbekweni and Thaba Nchu. These forums advocate for child protection in the communities and schools.
<p>Monitoring:</p> <ul style="list-style-type: none"> - Continue to collect Lot Quality Assurance Sampling data to build up monitoring data and create comparisons over time. This measurement should also include the measurement of literacy outcomes. - There should be more consistency in the presentation of the NO strategic objectives within the document, as per the challenge identified above. In the advocacy realm as well, there is an indicator on # of CVA functional groups within the strategy, but it is not utilised. 	<ul style="list-style-type: none"> - LQAS monitoring data was collected again this year in eight ADPs and improvements were made to the data analysis process leading to some comparisons that were able to be made with last year's data. Literacy outcomes were collected through FLAT in both FY13 and FY14 allowing for progress to be shown. - Data was presented in this year's report according to each strategic objective on health, education, advocacy, and economic development. Strategic indicators were integrated throughout the report.
<p>Variety of data:</p> <ul style="list-style-type: none"> - Include qualitative data within the report to strengthen the evidence. Quotes from evaluation processes should be incorporated in the relevant report sections. 	<ul style="list-style-type: none"> - Much more qualitative data was collected from ADPs this year in the form of stories and videos. These are used in reports as illustrated below.

Methodology

This report was prepared in a participatory manner involving multiple stakeholders from the National Office (NO) to the ADP level. This included the participation of ADP managers, local stakeholders, and technical teams (gender, advocacy and child protection). Reflection meetings were conducted with DME Team and other stakeholders including the Regional Programme effectiveness Team on the previous report's recommendations and planning on how FY14 was to be conducted. Data was collected and synthesised from all sources by the Design Monitoring and Evaluation (DME) team and 5 days were spent with all DME officers, the DME advisor, and the Program Quality Team Leader to analyse the data together. The report was presented to four members of the Senior Management Team (SMT) including the National Director, Integrated Ministry Director, Program Quality Team Leader and Advocacy Team Leader and all of them gave feedback and recommendations. The report was endorsed by all four with the final endorsement by the National Director. The regional programme effectiveness team and the regional child protection and gender team also reviewed and contributed recommendations to the first draft.

The main sources of outcome level data presented in this report are from five evaluations, one baseline and the Lot Quality Assurance Sampling (LQAS) monitoring surveys conducted in eight ADPs. FY13 had four evaluations and eight ADPs with LQAS monitoring data to compare FY14 data with. Unfortunately the large numbers of evaluations conducted in FY13 meant that only four ADPs had LQAS monitoring data to compare between FY13 and FY14. Five ADPs evaluated in FY14 could compare their data to baseline where the indicators were the same. The baselines used for this comparison were conducted in FY12 when a large-scale process was undertaken to ensure all ADPs in South Africa had baseline data.

The limitations of this report includes the large numbers of evaluations conducted in FY13 and FY14 meaning comparison LQAS monitoring data was not available for both years for several ADPs. Also the process of standardizing indicators over the past 5 years meant that the indicators in the evaluations conducted were not always able to compare with baselines. At times missing data and questions asked in different ways also made data comparison difficult (e.g. no diarrhoea indicators were measured in previous years). It was also very difficult to find secondary data for stunting, wasting and underweight for our ADP areas meaning that we were not able to show higher level results for nutrition.

Data sources for FY14

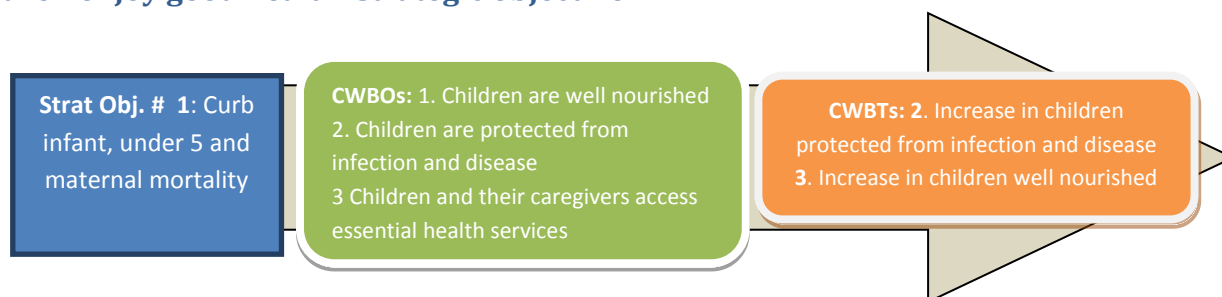
Type of Report	ADPs	#	Tools	Sample
Baselines	Giyani	1	Caregiver YHBS FLAT	371 HHs 87 youth 114 children
Evaluations	Atlantis, Mbekweni, Umvoti, Thaba Nchu, Khauhelo	5	Caregiver YHBS	2 911 HHs 1 300 youth
LQAS Monitoring	Kodumela/Enable, Mbashe, Nkonkobe, Umzimkhulu, Ixopo, Umzimvubu, Okhahlamba, Thusalushaka	8	LQAS	95x8 = 760 HHs
FLAT	Kodumela/Enable, Mbashe, Nkonkobe, Umzimkhulu, Ixopo, Umzimvubu, Okhahlamba, Thusalushaka	8	FLAT	5 schools per ADP, 19 children per school: 8x95 = 760 children
Annual Reports	All 16 ADPs	16	Monthly reports, case studies, financial reports	
Special project reports	GREAT project, EBEH, Orlando, Mangaung, BEEP, Child Protection, Child Health Now, Family Impact	8	Monthly reports, case studies, financial reports	
Other reports	Psycho-social Distress Screening report, stories and videos prepared by WV SA communications team, 12 ADP monthly reports	30		
Total		75		

Context

Enablers	Disablers
<p><i>External Partnerships:</i></p> <ul style="list-style-type: none"> An increasing awareness of WVSA and willingness to partner has resulted in new relationships being built with provincial and national governments including 32 MoUs signed in FY14. <p><i>Internal to WVSA:</i></p> <ul style="list-style-type: none"> WVSA's new leadership has continued to set a positive way forward in improving systems and processes and staff morale to achieve the three-year strategy More involvement and engagement of the Board of Directors The NO reviewed internal processes such as procurement and approval limits and decentralised them to Clusters and ADPs, enabling them to be more efficient in implementing activities that impact the wellbeing of children 	<p><i>External Political:</i></p> <ul style="list-style-type: none"> National elections were held in South Africa in May 2014 meaning that government departments were focused on this for a good part of the fiscal year. This delayed programme implementation, particularly where government involvement and support was needed for programme activities <p><i>Internal to WVSA:</i></p> <ul style="list-style-type: none"> High turnover of staff was a reality in several ADPs with recruitment delays that slowed programme implementation Lack of national technical staff for health and education meant less support for upholding technical standards in these projects.

Achievements

Children enjoy good health: strategic objective # 1



Despite South Africa's wealth, children under 5 and their mothers suffer from many of the same causes of death as other countries in southern Africa. These include a lack of good nutrition and infectious diseases such as diarrhoea, respiratory illness and HIV/TB. Stunting is the most common problem in terms of under-nutrition and is at 28% in South Africa.³ This is caused through a lack of exclusive breastfeeding for children under six months (at only 8% nationally)⁴ and a lack of appropriate complementary feeding for children 6-23 months. In addition children are not taken for regular growth monitoring or given appropriate micro-nutrients such as regular Vitamin A supplements. These factors are due to a lack of knowledge by caregivers, and also lack of access to health services, particularly in rural areas. Lack of care-seeking behaviour to prevent and respond to infectious diseases is evident in that the Department of Health reports that in 2014 only 64.8% of under-5s with signs of pneumonia were taken to health centres for treatment and only 40% of < 5s were given Oral Rehydrating Solution within 24 hours of having diarrhoea.

This strategic objective also includes the prevention of infectious diseases among youth and adults, in particular the spread of HIV/AIDs. South Africa continues to have the largest population living with HIV/AIDs with 5.6 million (10% of the population) in

³ UNICEF/WHO: 2013

⁴ World Bank, Nutrition at a Glance: South Africa

2012.⁵ Leading causes include a lack of knowledge on how to prevent the virus, stigma around getting tested, and high unemployment of youth leading to drug abuse, alcoholism and violence, often linked to the further spread of the virus.

WVSA has adopted the following models for achieving strategic objective #1:

- Training of community caregivers in partnership with DoH in improved Infant and Young Child Feeding practices and sensitisation of mothers around these issues
- Support for outreach campaigns (immunisation and Vitamin A) together with DoH and promotion of outreach centres such as the Phila Mntwana Health Centres in KwaZulu-Natal to reach more under 5s with growth monitoring, immunisation and micro-nutrients
- Channels of Hope for HIV and Gender, and Value-Based Life skills for youth to increase knowledge and healthy practices around HIV/AIDs for prevention, but also to care and counsel those that are living with the disease.

Resources table

Table 1.1: FY14 resources and beneficiaries for strategic objective # 1

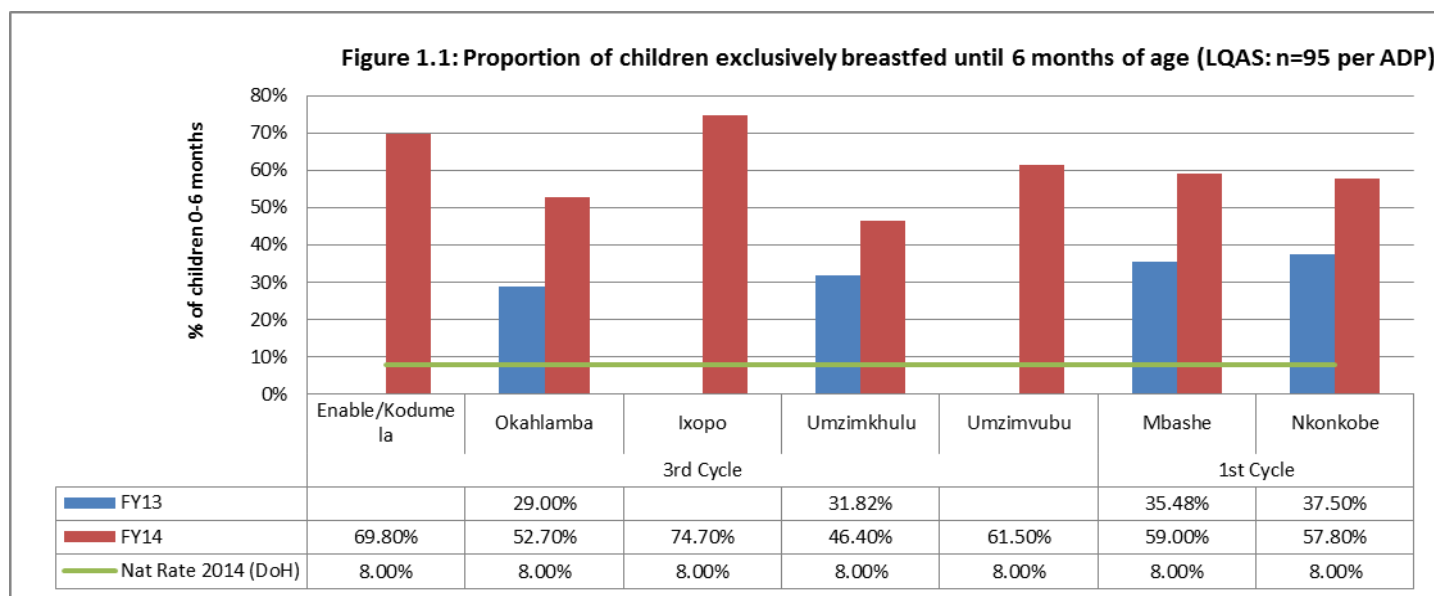
# of projects contributing	15
Amount spent	\$2,667,473 (HIV/AIDs: \$1,746,717; Health/Nutrition: \$694,743; WASH: \$226,013)
Sources of funding	Sponsorship
# of technical staff	Advocacy staff for CoH models: 2; development facilitators: 19
Models used	7-11, CoH for HIV, CVA
Key partners	Department of Health, community health CBOs, community caregivers
Beneficiaries	W: 86 884; M: 41 774 G: 71,952; B: 59 551

CWBO 1: Children are well nourished

Standard indicators:


- Proportion of children 0-6 months exclusively breastfed (**Strategy Indicator**)
- Proportion of children 6-23 months receiving complementary feeding
- Proportion of children under five attending Growth Monitoring and Promotion
- Proportion of households with year-round access to sufficient food for the family's needs
- Proportion of children 6-23 months receiving Vitamin A tablets in the last six months

Exclusive breastfeeding



⁵ Statistics South Africa, Millennium Development Goals Country Report, 2013

Exclusive breastfeeding was measured by LQAS in seven ADPs in FY14 and in four ADPs from FY13 (Figure 1.1). There has been a



Hats given to reward mothers and children in Umvoti ADP 'I am a breastfeeding child!'

clear increase in the practice in all four ADPs that were measured both years. Taking an average of 11 ADPs that measured this indicator, exclusive breastfeeding was at 45.65% (n=1297: 4 evaluations, 7 LQAS). This means all ADPs are well above the country national average of 8% measured by the DoH and also above the WVSA national strategy target of 30% for FY14.⁶ Looking at evaluation data for Umvoti ADP for the same indicator, 61.88% of children were exclusively breastfed, nearly double the percentage measured in the Giyani baseline (34.3%) which is a brand new ADP in a similar rural setting. This highlights the impact of the strong focus that Umvoti ADP has placed on exclusive breastfeeding, finding creative ways such as competitions and prizes to encourage mothers to adopt the practice. Caregivers of children 0-6 months in the seven ADPs were also asked how frequently they took their child for growth monitoring. An average of 82.5% (n=760) responded that they regularly attended growth monitoring. Kodumela ADP, in its final year of implementation, achieved 100% of caregivers reporting this practice.

Complementary feeding

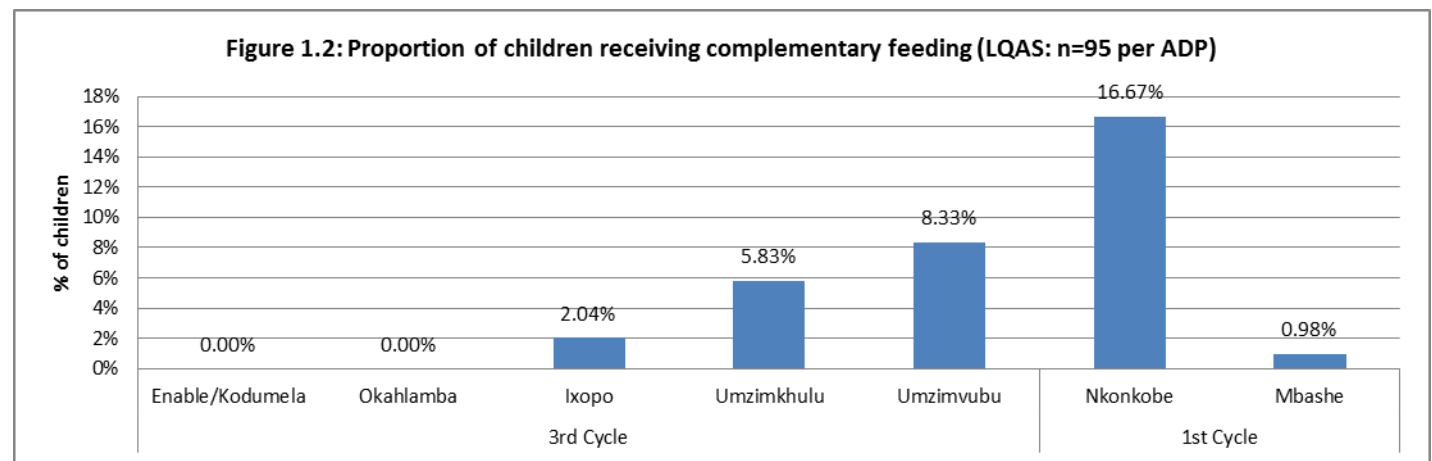


Figure 1.2 summarises the rate of complementary feeding for children 6-23 months from LQAS monitoring in seven ADPs. This is defined as children 6-23 months who have received food from at least four food groups in the past 24 hours with the minimum food frequency (four times if not still breastfeeding, three times if still breastfeeding). The data shows there is still a lot of work to be done for this specific age group. The majority of ADPs were under 10% with only Nkonkobe exceeding this at 16%.

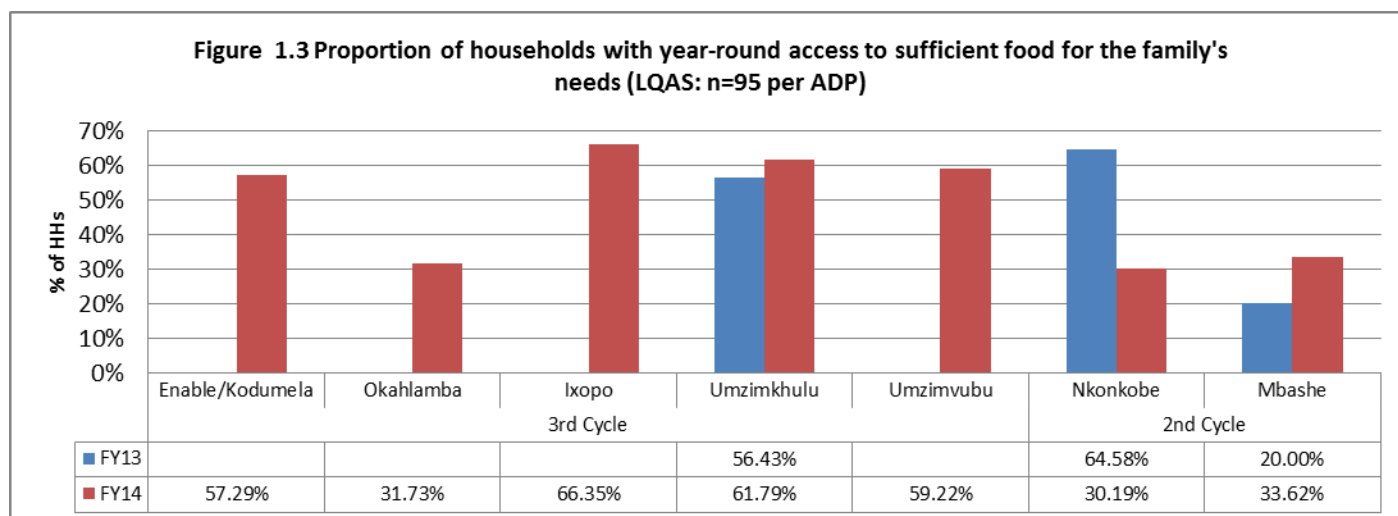
Looking at the individual indicators that make up complementary feeding, only two ADPs: Umzimvubu and Kodumela had over 50% of caregivers responding that they were still breastfeeding. Sufficient diet diversity was under 30% for all ADPs except for Nkonkobe. Food frequency was a bit better with around half the ADPs (Okahlamba, Umzimkhulu, Umzimvubu and Thusalushaka) around or above 50% of caregivers reporting their children were eating at least four times a day. So it would seem diet diversity is the indicator causing the complementary feeding to be so low. Nkonkobe ADP appears to be a positive anomaly for complementary feeding at 16.67% compared to the other ADPs that were under 10%. Their assistance to 36 school gardens to enhance school nutrition for 4 723 children and assistance of 15 community gardens could be having a positive ripple effect into the practices of feeding their younger siblings at home. This should be looked at further though to determine what the cause is for this high trend.

Proportion of households with year-round access to food

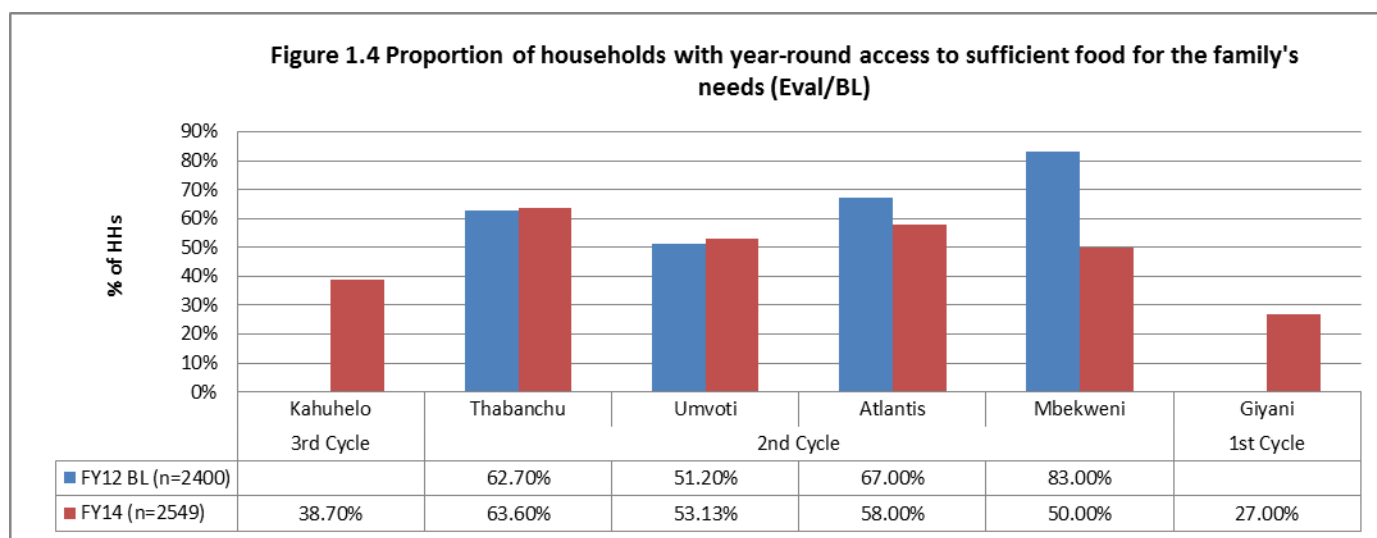
Household access to food is key in contributing towards the nutrition of children. To this extent WVSA has supported farmers to

⁶ It should be noted that the LQAS surveys asked the question 'Are you exclusively breastfeeding?' rather than the standard question asking if they had liquid the previous day. This is likely the reason for the high values although they were asked in the same way both years meaning the data is comparable. The evaluation and baseline data for Umvoti and Giyani were asked using the standard question.

increase their production and supported communities with other income-generating activities (Strategic Obj. # 4, pg. 28) to strive to increase year-round access to food that contributes to children being well nourished.



According to the LQAS monitoring data (Figure 1.3) there have been increases in respondents reporting year-round access to sufficient food in both Mbashe (68% increase) and Umzimkhulu ADPs (9% increase). The Umzimvubu FY13 evaluation reported 47.2% for this indicator with FY14 LQAS monitoring data at 59.22%, showing that there have likely also been some improvements there. It would seem that ADPs in their third cycle were generally higher than those in their second cycle for FY14 with the exception of Okahlamba ADP which is only at 31.73%. The large size of this ADP could be a reason for this. Nkonkobe ADP is also an anomaly with a significant decrease from 64.58% to 30.19%, which should be looked into further.



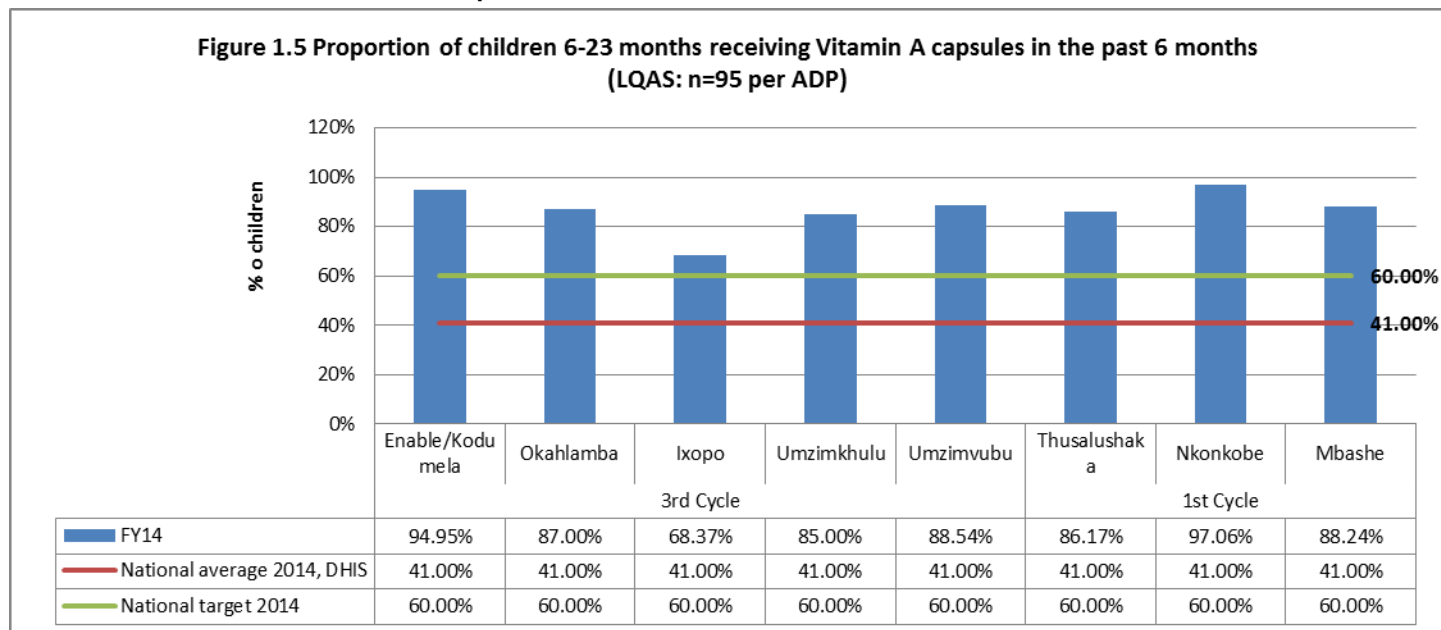
Looking at the same indicator for FY14 evaluations done in five ADPs compared to baselines (Figure 1.4) there have been slight increases shown in Thaba Nchu (1% increase) and Umvoti (3.7% increase) but decreases in Atlantis (13.4% decrease) and Mbekweni (37.7% decrease).

Five out of the six ADPs mentioned above, which budgeted more on food security, had significant progress in terms of households with year-round access to sufficient food for their family needs (Mbashe, Umzimkhulu, Umzimvubu, Ixopo and Thaba Nchu ADPs). Taking the average of these five ADPs represents a 14.2% increase (from 47.51% in FY13 to 54.27% in FY14) for this indicator. Atlantis and Mbekweni have not put as much focus on this in their programming, perhaps explaining the decreases shown. Ixopo as the highest ADP shown at 66.35% is encouraging given the emphasis they have placed on supporting farmers with training, inputs and access to markets. It is also notable that Giyani, being a new ADP was only at 27% for this indicator, highlighting the impact of programming in all other ADPs that are further along in their cycles.

WVSA's contribution within these six ADPs has included the following:

- 700 backyard gardens were supported in FY14, helping to increase access to nutritious foods at household level
- Six ADPs supported school nutrition programmes that included gardens in schools, as well as linking the schools to farmers to supply them. For example, KwaMaphumulo (KMP) ADP has a strong school nutrition programme whereby 105 service providers provide 122 schools with a weekly supply of vegetables that are 70% sourced from small-scale farmers in the area
- Ixopo ADP partnered with the NGO LIMA with expertise in market-led agriculture to support the municipality and farmers in implementing a strategy to increase production and value addition of crops.

Micronutrient intake: Vitamin A consumption



LQAS data obtained across eight ADPs showed that Vitamin A coverage among children is higher than both the country national average (41%) and target (60%). Data was not available for FY13 to compare to LQAS FY14 data. However, Okahlamba ADP's measurement of 87% for LQAS monitoring data in FY14 seems to be an improvement on their 2013 evaluation which reported 74% coverage of Vitamin A.

WVSA's contributions towards achieving these high rates of Vitamin A access for children include:

- Over 1 000 Community Caregivers (CCGs)⁷ trained in the past year are working with local clinics and conducting campaigns to encourage Vitamin A consumption
- Mobile clinics in Umzimkhulu and Nkonkobe ADPs increased access to Vitamin A for children in rural areas
- The Phila Mntwana (Child Be Healthy) Centres in KZN Province that have been initiated by the DoH in the past year and supported by WV with inputs and training have been making a big difference in improving access to services. These locally-based child community diagnostic centres offer a health promotion package including growth monitoring, Oral Rehydration Solution (ORS), breastfeeding, immunisation, and Vitamin A supplements. Okahlamba ADP directly supported 14 of these centres in the past year through training of CCGs and inputs. It is hoped that this initiative will continue to contribute to further improvements in this indicator.

"Our clinic is far away, you cannot walk such a distance carrying a baby. But now that we have this centre we get all the urgent help we need"

Beneficiary of Phila Mntwana Health Centre,
Okahlamba ADP, June 2014, 0:00-4:39

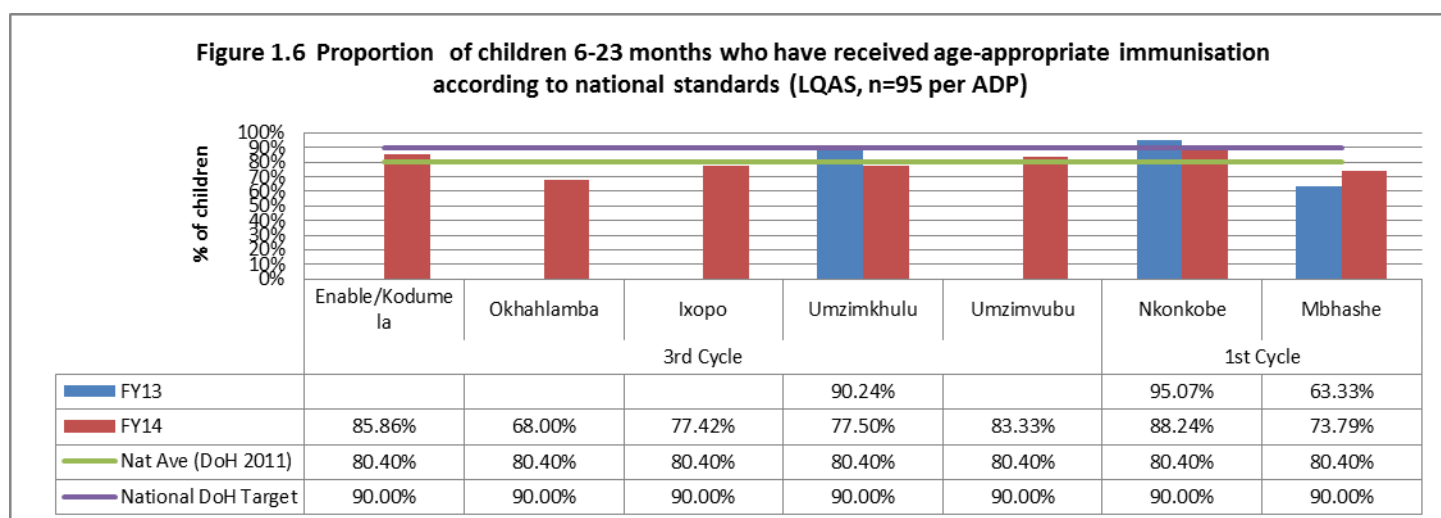
<http://youtu.be/g3B3P3ac54U>

⁷ Community Care Givers is the term for Community Health Workers that will be used in this report. Some of these are volunteers some are paid staff of the DoH. All are linked to local clinics and the DoH strategy.

Standard indicators:

- Proportion of children 6-23 months who have received age-appropriate immunisation according to national standards (**Strategy Indicator**)
- Prevalence of diarrhoea in children under 5
- Proportion of children under 5 with diarrhoea who received correct management or effective treatment of diarrhoea
- Proportion of population using improved sanitation facilities
- Proportion of households with appropriate hand washing behaviour (at least twice a day with soap or ash)
- Proportion of women offered and accepted counselling and testing for HIV during most recent pregnancy, and received test results (**Strategy Indicator**)
- Proportion of parents or caregivers who know the three modes of mother to child transmission of HIV
- Proportion of parents or caregivers aware of methods of preventing mother-to-child transmission
- Proportion of youth with a comprehensive knowledge of HIV and AIDS
- Proportion of youth who have positive attitudes towards people living with HIV and AIDS

Coverage of essential vaccines among children



The South African DoH has set a national target for full immunisation coverage of 90%, with all districts achieving 80% coverage. So far five ADPs – Enable/Kodumela, Umzimvubu, Nkonkobe (Figure 1.6 above), Thaba Nchu (88.5% FY14 evaluation) and Giyani (90.5% FY14 baseline) – of the nine ADPs that measured this indicator have surpassed the country national average, but none have reached the target. The WWSA national strategy target for this indicator in FY14 was 80% which was surpassed looking at the average of 86% achieved for 9 ADPs (n=1336, 7 LQAS and 2 evaluations). These results can be attributed to a strong partnership with DoH in conducting immunisation campaigns, mobile clinics, Phila Mntwana centres and the training of CCGs to monitor children's health cards. Comparison was possible only in three ADPs that conducted LQAS in both FY13 and FY14. There is a 16.5% increase shown in Mbhashe of children receiving age appropriate immunisation. Looking closer at the gender breakdown, findings indicate that in five of the nine ADPs measured (Enable/Kodumela, Okhahlamba, Ixopo, Nkonkobe and Mbhashe) there were 3.5 times more girls unvaccinated than boys (20 boys unvaccinated, 80 girls unvaccinated). This discrepancy should be looked into further in partnership with other gender programming interventions.

Prevention and treatment of diarrhoea

Nationally, diarrhoea contributes to an estimated 5% of infant deaths.⁸ Poor sanitation, lack of access to clean water, and inadequate personal hygiene are responsible for the majority of childhood diarrhoea cases. The prevalence of diarrhoea, measured as caregivers reporting watery stool in the past two weeks, is 17.95% for children 0-6 months old, 29.83% of children 6-23 months old (LQAS

⁸ District Health Barometer, 2013/2014

data 7 ADPs, n=665) and 15.91% for children under 5 (Eval/BL data 2 ADPs n=964).⁹ The LQAS data reported an average of 49.6% of caregivers for children 0-6 months and 56.7% of caregivers for children 6-23 months that sought treatment at a public or private clinic. The same data showed 103 children out of 298 (34.5%) who had diarrhoea were given correct treatment (homemade broth and ORS). Only 55 out of 298 (18.5%) of children were given highly effective treatment (ORS and Zinc) showing that there is a need for more mobilisation around care-seeking behaviours and highly effective treatment of diarrhoea.

Looking at prevention of diarrhoea, on average 66.22% of households had access to an improved drinking water source (eight ADPs surveyed through LQAS: n=760). However, ADPs like Nkonkobe have 93.4% access to improved water and yet is among the highest for prevalence of diarrhoea (41% of children 6-23 months) indicating that the problem could be caused more from sanitary practices than from the source of drinking water.

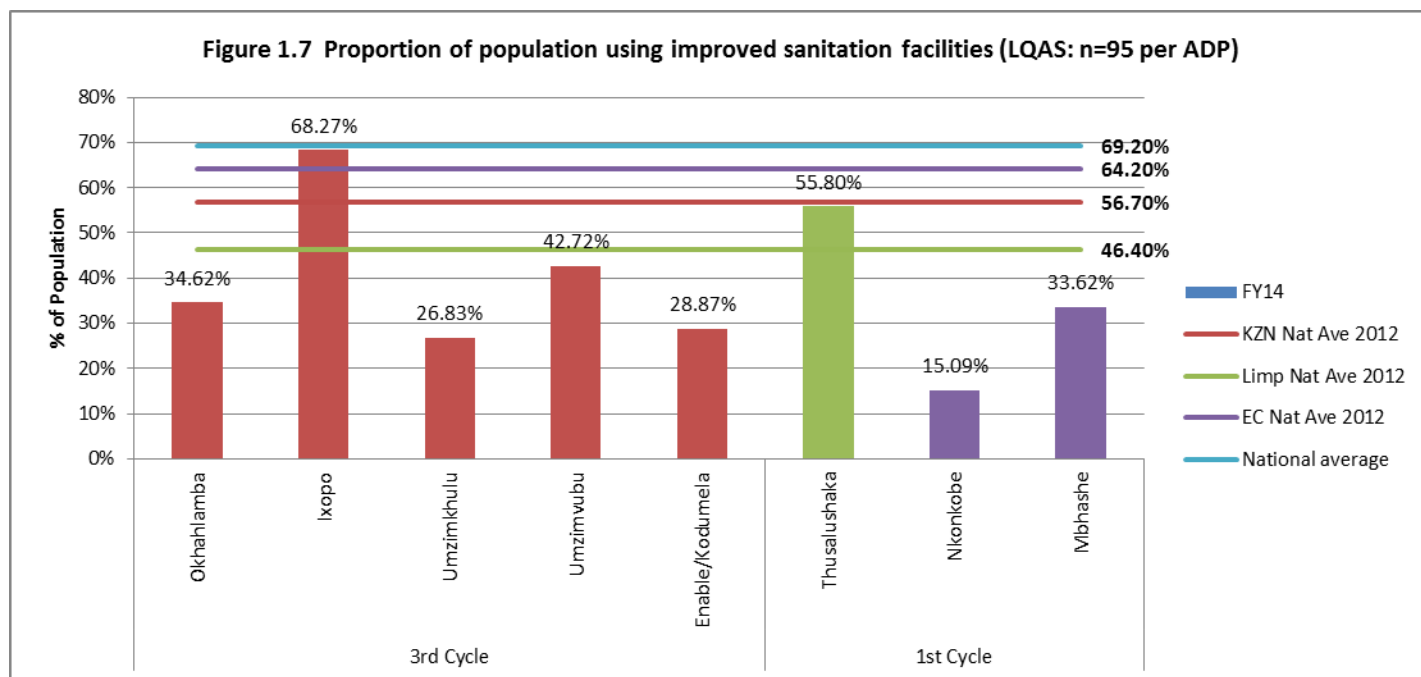


Figure 1.7 shows LQAS monitoring data on access to improved sanitation facilities (including ventilated improved latrines and septic systems). Although 100% of HHs in the LQAS survey said they had some type of latrine, the data in six of the eight listed ADPs shows that improved latrines are in less than 50% of HHs. Figure 1.7 compares the LQAS data to the averages from the 2014 Child Gauge Report for each province. Eastern Cape has the highest national average at 64.2%, but both EC ADPs (Nkonkobe and Mbhashe) were well below this average. KZN and Limpopo each have one ADP that surpasses their provincial averages (Ixopo and Thusalushaka). Looking at evaluation data, Umvoti ADP measured improvements in access to sanitation at household level through their FY14 evaluation which came to 79.77% compared to 63.1% at baseline, also achieving higher than the KZN national average for 2012. This was largely through sensitisation at community level on appropriate sanitation practices.

Triangulating this data with diarrhoea rates there is a clear correlation with good sanitation practices leading to decreased diarrhoea. Ixopo ADP has the lowest rate of diarrhoea (15% for 0-6 months and 19.4% for 6-23 months) and the highest rate of improved sanitation facilities (68.27%). Nkonkobe has one of the highest rates of diarrhoea (41% for 6-23 months) and the lowest for improved sanitation facilities (15.09%).

⁹ Unfortunately there is no data from FY13 on diarrhoea for comparisons in this section

Figure 1.8 Proportion of households with appropriate handwashing behaviour (at least twice a day with soap or ash) LQAS n=95 per ADP

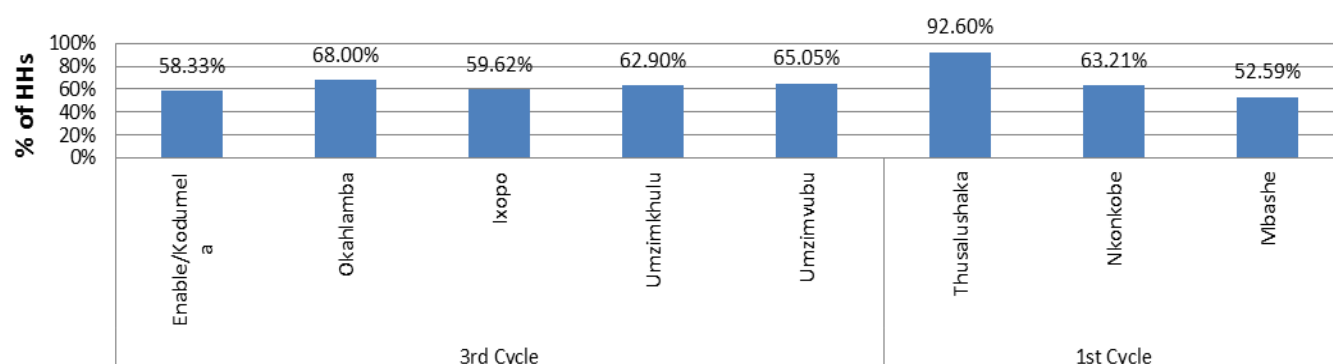
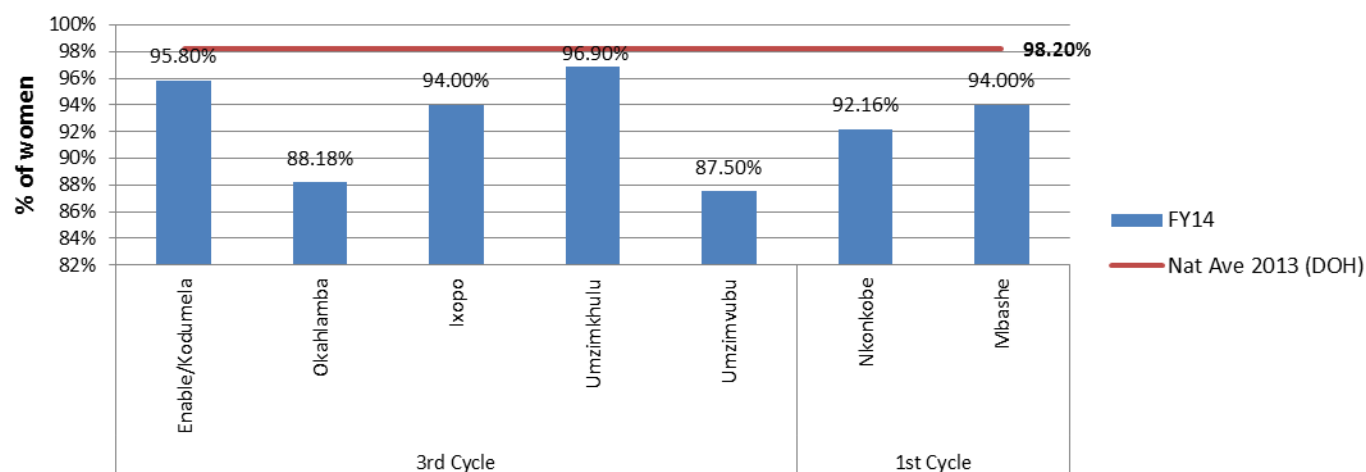


Figure 1.8 shows LQAS monitoring data on handwashing, measured as washing hands at least twice a day with soap or ash. All eight ADPs were above 50% for this indicator with Thusalushaka being the highest at 92.6%. Thusalushaka is the only ADP to have a fully designated WASH project with over 1 200 people reached this past year with messaging on hygiene and sanitation. The success of these programme interventions is also shown as they were one of the only ADPs to surpass the provincial average for access to sanitation facilities (55.8%: Figure 1.7). Other ADPs could perhaps learn from this example and devote more resources to encouraging sanitation practices to prevent the prevalence of diarrhoea in target communities.

HIV/AIDS

Prevention of mother-to-child transmission

Figure 1.9 Proportion of women who were offered and accepted counselling and testing for HIV during most recent pregnancy, and received their test results (LQAS n=95 per ADP)



FY14 LQAS monitoring data shows all seven ADPs were between 75%-95% of pregnant women who were offered and accepted counselling and testing for HIV during their most recent pregnancy and received their test results (Figure 1.9). Taking an average of 9 ADPs that measured this indicator in FY14 (n=775: 2 evaluations, 7 LQAS) the overall percentage is 90.82%. This is not quite as high as the Country DoH national average but is still high compared to many other countries in southern Africa, showing the commitment that the government has placed on ensuring this testing is a regular and mandated part of Antenatal Care (ANC). It also well exceeds the FY14 WVSA national strategy target for this indicator which was 50%. WVSA's contribution to these results is through training of CCGs and mobilising women to attend their ANC visits.

Caregivers were also asked if they were aware of the three modes of mother to child transmission (through pregnancy, delivery and breastfeeding) and if they knew of methods to prevent mother to child transmission in three evaluations (n=1589) and seven LQAS monitoring surveys (n=665). Taking an average of all 10 ADPs (n=2254), it was found that 48.35% of caregivers surveyed knew ALL three modes of transmission and 71.07% knew of methods to prevent it. Unfortunately there was no comparison data for this indicator in FY13. However Kodumela as a transitioning ADP that has put a lot of focus on this area did exceptionally well in this indicator with over 72.92% of caregivers aware of all three modes of transmission and 94.79% aware of ARVs to prevent transmission. Further evidence from the FY13 Millennium Development Goal (MDG) report shows that mother to child transmission fell to 2.7% in 2011, a significant drop from previous years and this is likely to have dropped further since then as a result of the progress that has been made through efforts of government and partners.

The key drivers behind these results by WVSA and DoH have included:

- The decentralisation of HIV testing, Antiretroviral (ARV), Tuberculosis (TB) and Prevention of Mother to Child Transmission (PMTCT) services into public health care facilities in all provinces and healthcare staff systematically conducting testing as part of all ANC visits
- Mobilisation and awareness done by CCGs around attendance of ANC visits

Youth and HIV/AIDS

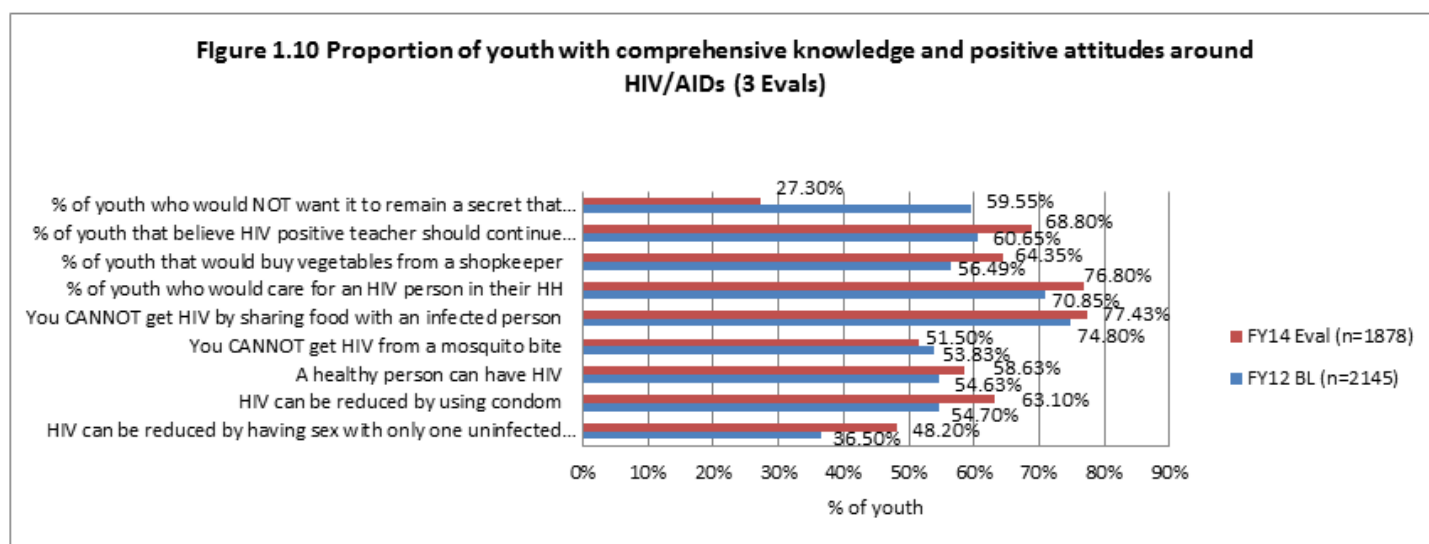
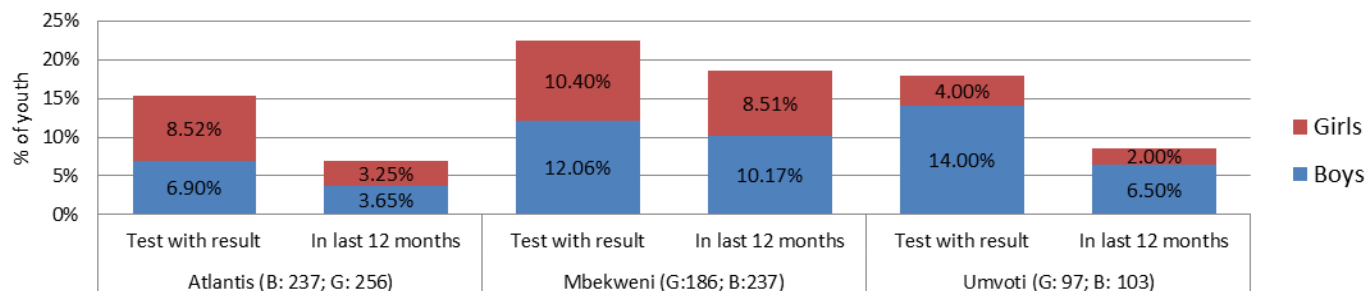


Figure 1.10 shows the averages of three evaluations conducted in FY14 (Atlantis, Mbekweni and Umvoti). The data shows a positive increase in seven of the nine statements measuring the knowledge and positive attitudes of youth towards HIV/AIDS compared to the FY12 baseline. All three of these ADPs focused significant effort and budget on campaigns and initiatives to educate youth on HIV/AIDS which contributed to these results. The 2013 MDG report for South Africa noted that 48.5% of the population had a comprehensive, correct knowledge of HIV/AIDS. This also shows a measure of success noting that at least 50% of youth surveyed demonstrated a correct understanding of the HIV facts and myths listed above. The MDG report also noted that the prevalence of HIV/AIDS in the population age group 15-24 years had decreased by 10% showing the impact nationally of all partners' efforts to reduce the spread of the disease.

Figure 1.11 Proportion of youth who have been tested for HIV and received their test results (Evals: n=1116)



Despite these positive increases in knowledge, the rates of youth that have reported they were actually getting tested for HIV, ever or in the last 12 months, is quite low compared to all the awareness that has been done. Figure 1.11 shows under 25% of youth surveyed in all ADPs have ever received their test results and under 20% within the last 12 months. There is some equality in terms of girls and boys getting tested in Atlantis and Mbekweni. However Umvoti appears to have fewer girls tested with only 4% ever compared to 14% of boys and 2% in the past twelve months compared to 6.5% of boys. The MDG report notes that targets that remain unachieved also include the use of condom at last high risk sex (59.9% against a target of 100%) and the percentage with comprehensive knowledge of HIV/AIDs (48.5% against a target of 95%).¹⁰ Clearly there is still work to be done in these areas.

WVSA's contribution through programmatic strategies to achieve these results included:

- Creative strategies such as plays, songs, poems in schools and clubs to raise awareness and reduce stigma against HIV/AIDs
- Channels of Hope (CoH) for HIV/AIDs to encourage pastors to spread messaging on preventative practices as well as mobilise support groups for those living with HIV/AIDs
- Some ADPs have started to adopt more creative strategies to encourage testing including holding a sports tournament where testing and counselling services are invited to come and wide-scale testing of youth is encouraged
- Working with CCGs to continue to encourage attendance of ANC visits to ensure PMTCT

Children using drama and song to educate their peers about HIV/AIDs in Umzimkhulu ADP:
<http://youtu.be/ISm5a1Lzv5I>

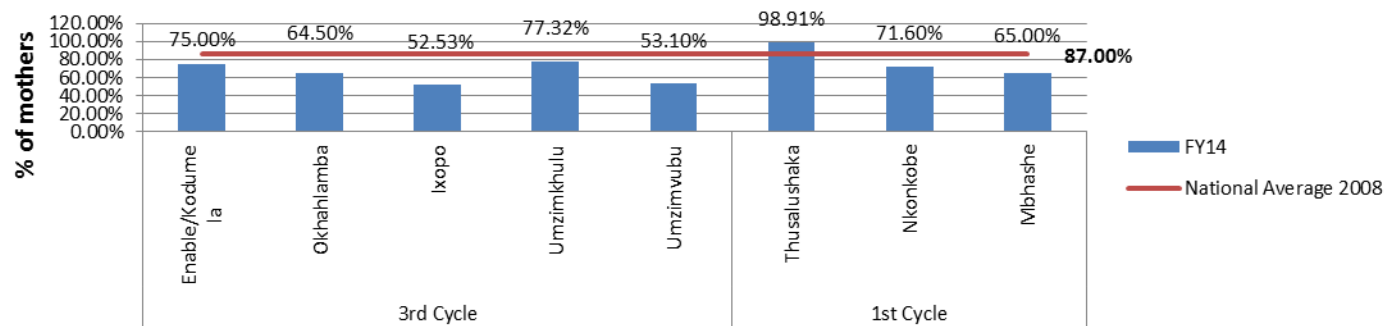
CWBO 3: Children and their caregivers access essential health services

Standard indicators:- Proportion of mothers who report they had four or more ANC visits while pregnant with youngest child

- Proportion of mothers who gave birth in a public health facility or private clinic
- Proportion of children whose births were attended by a skilled birth attendant
- # of policy submissions (**Strategy Indicator**)

Antenatal care visits

Figure 1.16: Proportion of mothers who report that they had four or more antenatal visits while they were pregnant with their youngest child (LQAS, n=95 per ADP)

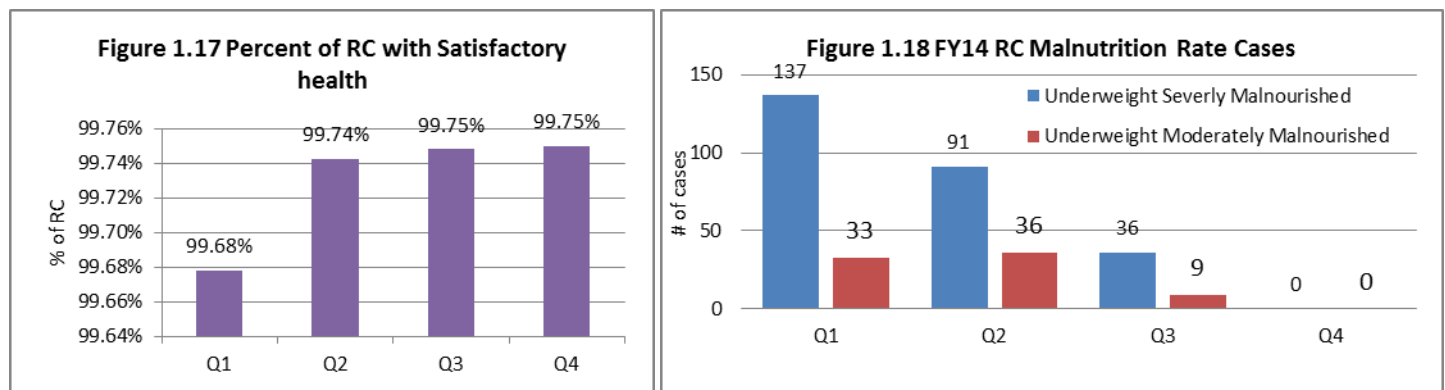


¹⁰ MDG report 2013 p.81

LQAS monitoring data from eight ADPs shows that the proportion of mothers attending all four ANC visits was less than the national average in most of our ADPs. This is largely due to late attendance of the first visit. On average, 98% of women from the same survey reported to be attending at least one visit with 41.2% attending their first visit when they were 0-3 months pregnant, 53.5% when they were 3-6 months pregnant and 5.2% attending when they were 7-8 months pregnant. Triangulating this data with the proportion of women who consumed iron for 90 days (measured in the same ADPs through LQAS monitoring) shows a positive relationship with ANC attendance. Kodumela/Enable (57.3%), Umzimkhulu (38.14%) and Nkonkobe (49.02%) were the highest for proportion of women who consumed iron folate for the full 90 days, and they are also among the highest for ANC attendance for the full four visits (75%, 77.32% and 71.6% respectively). This shows again the importance of early attendance of ANC visits to ensure the full amount of iron supplements are taken. WVSA's contribution towards both of these indicators is to work with CCGs to mobilise women to attend their ANC visits early and assisting with strategies to overcome barriers that women may be facing in attending these visits such as cost of transportation to reach the clinics.

On average the indicators for child births were encouraging with 93.83% of births attended by a skilled birth attendant (eight ADPs, n=1036) and 93.06% of mothers gave birth at a public health facility or private clinic (eight ADPs, n=1044). Almost all ADPs were above the country national average of 91% for percentage of births attended by a skilled birth attendant. This is evidence of government and partners' efforts to provide health facilities close by for delivery, as well as encouraging positive behaviours for use of these services.

Registered Children health data



The graphs above show positive trends in the RC health data from the STEP system, summarising all ADPs for Q1-Q4 of FY14. Figure 1.17 shows an increase of 0.07% in the number of RC that had 'satisfactory' health between Q1 and Q4. These figures were all around 99%. Figure 1.18 shows a reduction in cases of severely and moderately malnourished children to 0 by the end of FY14.

WVSA's contribution to achieving these results includes:

- Improved RC monitoring processes at community level together with community volunteers to diagnose and refer cases of malnutrition among RC and other children
- Finding creative ways to facilitate monitoring such as the Bicycle Education Empowerment Programme special project that gave bicycles to Community Care Agents in Giyani to assist in monitoring children. This has enabled them to monitor and refer children to health facilities as necessary more quickly and efficiently.

"The bikes could not have come at a better time. Before I had one, I used to visit only five families a day, but now I can cover up to 12 families a day." CCG, Giyani ADP
<http://youtu.be/3zlmWVR7BHI>

Advocacy gains in health: Policy engagement and # of policy submissions

National

- WVSA has contributed to three new health policies this year at the national level expected to impact an estimated 6 259 000 children from 0-5 across the country:
 - Renewed HIV/AIDS testing policy*: written contribution made through the South African National AIDs Council specifically on the role the church should play in mobilisation, awareness raising, training and capacity building. Channels of Hope was

proposed as a model to include in the policy that would engage churches as a key partner in encouraging HIV/AIDs testing. The submission was acknowledged by South Africa National AIDs Council (SANAC) and integrated into final policy

- *Review of the National Maternal Newborn Child and Women Health Framework 2012–2016*: WVSA participated in review workshop with other partners and ensured that the new framework included a call for budget support to implement the framework, and a community level focus for implementation including training of CCGs and educating community groups on health policy through the Citizen Voice and Action model. Feedback was acknowledged and implemented in revised framework
- *Every Newborn Action Plan*: WVSA, through the CHN campaign, led the formation of the South African coalition of the Maternal and Child Health (MNCH) forum, of which WV is a member on the global level. WVSA's lobbying led to the signing of the 'Every Newborn Action Plan' by all partners
- The Global Week of Action and CHN campaign, May 2014, reached 4 065 558 people through media advocacy, church engagements, social media, and events in ADPs and across the country with partners
- WVSA is one of the two WV priority countries strongly pushing the Action-2015 agenda to 'Stop at Nothing!' to ensure that post-2015 MDG goals are child friendly. WVSA was involved in leading several coalitions of other NGOs, participating in consultations with government and helping to draft the 2015 MDG report.

Provincial

- WVSA has been recognised for their contribution to improving the health of children by the provincial departments of health in Free State and KZN. MoUs have been prepared to be signed to reinforce the partnership. WVSA is now part of the Free State HIV/AIDs coalition that monitors access to healthcare in Free State
- WVSA has been an important partner with KZN provincial health department in the *implementation* of the policy on Phila Mntwana Health Centres through support to establish and equip these centres and provide training for CCGs. An estimated 700 000 children have been impacted by the better implementation of this policy.

Local

- There are nine active CVA committees in nine ADPs that have been trained and are pushing for reforms in local health services
- Thaba Nchu and Khauhelo ADPs and the Mangaung programme re-mobilised 10 clinic committees that have been trained in CVA. Their role is to represent the needs of the clinics and keep the DoH accountable for the standards they are committed to. In Thusalushaka the establishment of a clinic committee and improved engagement with the DoH led to the community reporting a more efficient supply of medicine in the clinic after this concern was raised through the CVA process.

Sustainability

Partnerships	Strong partnership with the DoH has contributed to sustainability in all our programming areas. Strategic discussions are being conducted with DoH at national, provincial and district levels where this was not happening before. Partnering with local health CBOs, pastors, local churches and CCGs (both those paid by DoH and volunteers) has also been critical to ensuring that local actors are able to continue motivating positive health behaviour change and disease prevention activities at community level. For example, KMP ADP is going into its final year and is mobilising its pastors' groups as key actors to sustain HIV/AIDs prevention activities once the ADP closes.
Household resilience	There is evidence of household resilience in the face of infection and disease, particularly around high levels of immunisation and Vitamin A consumption achieved, increased knowledge by youth around HIV, and high levels of PMTCT knowledge and uptake. In particular it is encouraging to see Kodumela ADP, which is going into its final year, consistently achieving the highest results compared to other ADPs (Vitamin A, iron folate, PMTCT and immunisation)
Local & National Advocacy	National and provincial advocacy achievements highlighted above with regard to new policies created and implemented also ensure sustainable change has been upheld and monitored by the government. CVA is a key model in ensuring sustainability and the clinic committees that are becoming more active in Mangaung and Khauhelo are seen as key structures to continue ensuring health services are provided adequately now that WV has transitioned out of these areas.

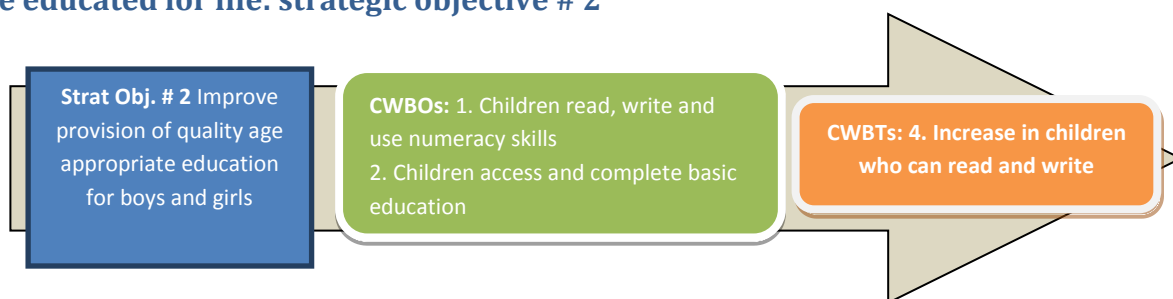
Key learnings

- Infant and Young Child Feeding (IYCF) programmes have focused on exclusive breastfeeding leading to positive results but have not sufficiently focused on complementary feeding of children 6-23 months to ensure they are getting adequate food frequency and especially diet diversity
- Sanitation programmes may need to be given more weight in the DIPs of ADPs since diarrhoea rates remain quite high. Thusalushaka ADP as the only ADP that has had an exclusive programme focused on this, has shown positive results.
- Sensitisation and awareness around HIV/AIDs among youth does not always result in an increase in testing. There is still stigma involved that needs creative strategies to address this.
- Gender disaggregation in data shows negative trends continuing to occur such as a higher proportion of girls unvaccinated than boys.

Recommendations

- ADPs should continue to focus on exclusive breastfeeding and place a stronger focus on complementary feeding, specifically encouraging dietary diversity for children 6-23 months old. Current behaviour change strategies should be examined to determine if they are the most effective or whether other strategies are needed such as increased counselling and follow up with pregnant and lactating mothers. Potential barriers such as employment demand for working mothers and school going mothers should be looked into as well
- Continue to support and expand the Phila Mntwana initiative in KZN through setting up centres (through advocacy and provision of supplies) and training of CCGs to staff these centres. Also through mobilisation of community together with CCGs in the use of these centres to monitor growth promotion, nutrition, Vitamin A provision and immunisation of children under 5. Consider expanding these centres to include cooking demonstrations and information on IYCF
- Explore the expansion of CoH for MNCH. Thaba Nchu ADP is leading the way, having already trained 30 of their church leaders in MNCH. This should continue to be pilot tested in this ADP and others
- Document Kodumela's strategies for monitoring and follow up with children in partnership with CCGs to learn from them before they transition this year
- Continue to deepen CVA engagement at the community level involving clinic committees
- Encourage other ADPs to follow the example of Thusalushaka in designating more focus and resources to hygiene practices and treatment and prevention of diarrhoea as it has shown to cause behaviour change
- Investigate further the barriers towards youth not getting regular HIV testing and come up with creative strategies to improve this indicator
- Investigate further the gender gap in children being immunized especially in Enable/Kodumela, Okhahlamba, Ixopo, Nkonkobe and Mbashe and look at strategies to address the issue
- Continue to engage in child friendly health policy development and implementation with a specific focus on 'Action 2015' for FY15.

Children are educated for life: strategic objective # 2



The South African government placed a strong emphasis on education in the lead up to 2015, and had already attained its MDG goal of universal education in 2010. The education sector received 20% of the country's budget in 2013 amounting to around 6% of GDP, ensuring that everyone has access to free education. 94.7% of learners were reported to have completed primary school, but only 43% finished secondary school.¹¹ The MDG 2013 report recommends a stronger focus on learner performance with regular testing

¹¹ Statistics South Africa, Millennium Development Goals Country Report, 2013

and training for teachers, particularly in the areas of mathematics and science. There is also a need to improve the support systems outside of school through parents and facilitators of after school homework clubs to ensure that learning is reinforced at all levels.

WVSA has focused predominantly on improving learner outcomes and on ECD in our education programmes over the past year through the following approaches:

- Support of inputs and training to reinforce the capacity of ECD centres
- Teacher training to improve literacy and numeracy teaching methods
- Support for parents and facilitators of after school homework clubs to coach numeracy through simple methods, in partnership with the COUNT program
- Training of School Governance Bodies (SGB) to improve understanding of education policies and governance strategies (including CVA)
- Supporting learners with bicycles through BEEP to decrease dropouts.

Resources and beneficiaries table

Table 2.1: FY14 resources and beneficiaries for strategic obj. 2

# of projects contributing	8
Amount spent	\$2,546,817
Sources of funding	Sponsorship
# of technical staff	Development facilitators: 19
Models used	Partnership with COUNT NGO for numeracy strategies, CVA
Key partners	Department of Education, Rhodes University, COUNT NGO, SGBs
Beneficiaries	W: 14 153; M: 12 361; G: 39 580; B: 38 441

CWBO 1: Children read write and use numeracy skills

Standard indicators – Proportion of children who can read with comprehension (**Strategy Indicator**)

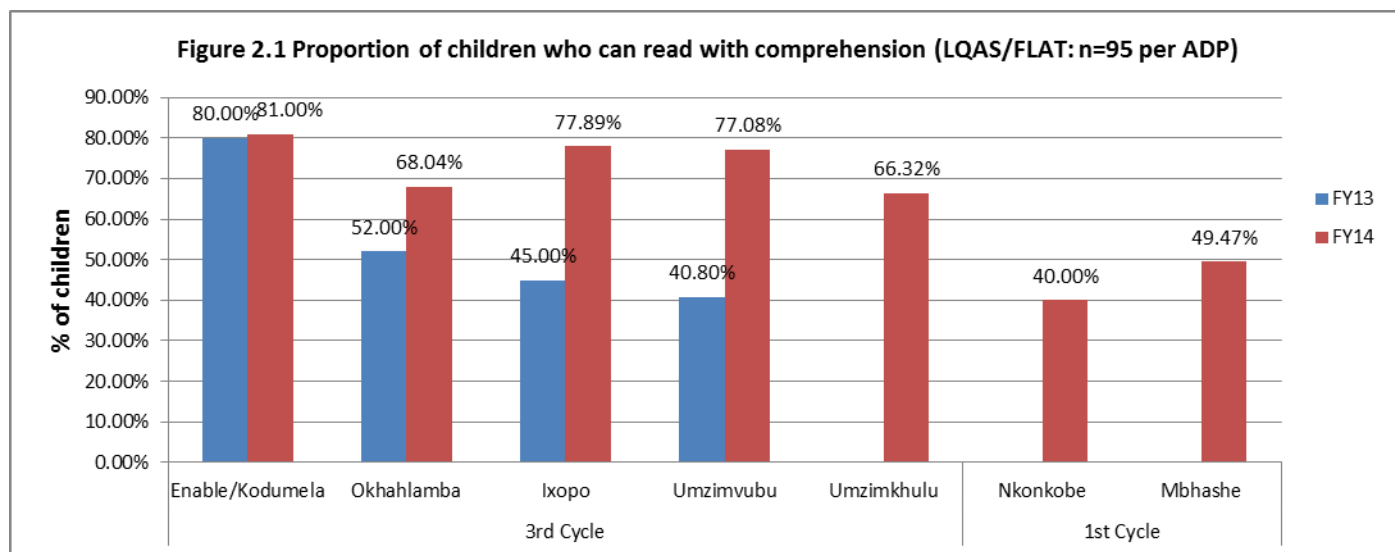


Table 2.1: Annual National Assessment scores – Umzimvubu and Umzimkhulu ADPs

	Ikhosa		Math	
	FY13	FY14	FY13	FY14
Umzimvubu	42.00%	56.00%	40.00%	53.00%
Umzimkhulu	57.30%	73.50%	56.10%	67.50%

FLAT was conducted in eight schools using LQAS (randomly selecting 19 students from age 9-11 from a randomly chosen school in each of the five Supervision Areas). Comparing four ADPs that conducted FLAT in FY13, there has been an overall 39.5% increase (from 54.45% in FY13 to 76% in FY14) with remarkable progress in Okhahlamba, Ixopo and Umzimvubu. Ixopo and Umzimvubu have almost doubled in the percentage of children who can read with comprehension. Figure 2.1 also shows Nkonkobe and Mbhashe ADPs in their 1st cycle are lower than 50% compared to the other 5 ADPs in their 3rd cycle that are all over 65%, showing the impact of education interventions in older ADPs. Similarly, Giyani ADP as a brand new ADP measured FLAT in their baseline as 42.9%, which is lower than all of the ADPs measured above apart from Nkonkobe. Taking an average of all 8 ADPs measured there are 62.84% of children that can read with comprehension (n=865: 7 LQAS, 1 baseline) which is 12% above the WWSA FY14 national strategy target of 50%.

Some innovative education interventions in the past year have led to the high results seen in Ixopo, Umzimkhulu and Umzimvubu. 90 teachers from the three ADPs were trained at the Rhodes Institute to improve teaching strategies, including language and mathematics. In addition 11 schools including nine teachers from Ixopo and Umzimkhulu adopted the COUNT programme which is a comprehensive mathematics teaching programme involving learners, parents and teachers.

"We are now able to count and we pass maths!" Learner, Umzimkhulu

ADP, Nov 2014, 3:36-5:07

<http://youtu.be/llLb2ArrJJA>

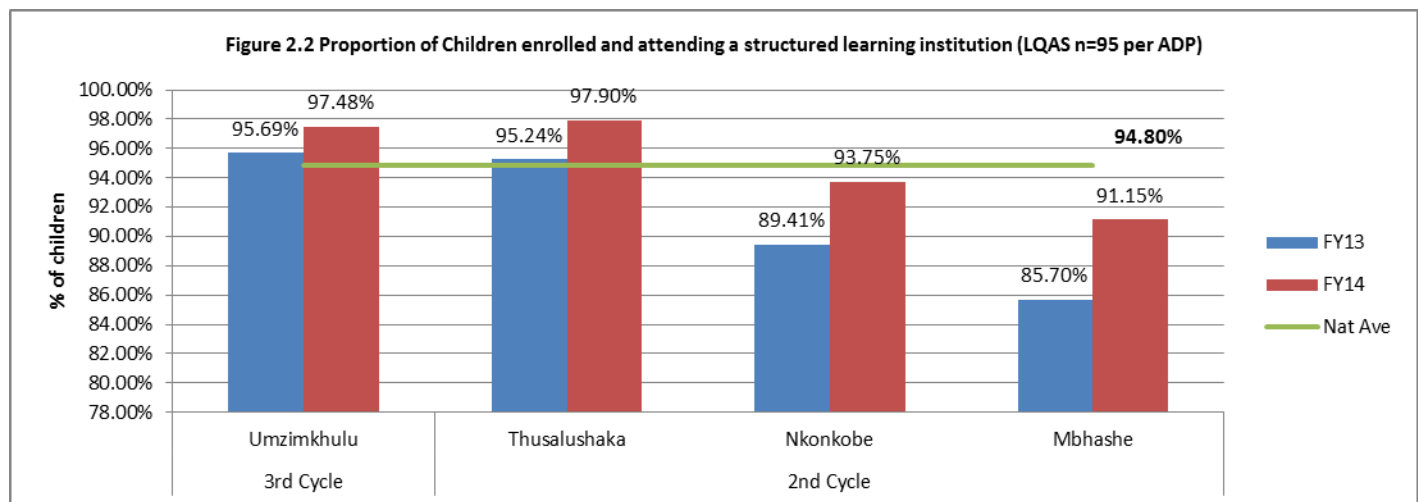
The increase in Annual National Assessment pass rates from the schools involved in these programmes shows the impact of the interventions done in table 2.1 for Umzimvubu and Umzimkhulu. Ixopo ADP also showed an increase in average pass-rate from the 20 schools targeted from 56% in FY13 to 61% in FY14.

In addition, 66 primary school teachers and 218 ECD teachers were trained in the past year across the seven ADPs implementing education projects. Other ADPs such as Okhahlamba and Ixopo put a strong focus on supporting school libraries with books and desktop computers to increase access to learning resources.

CWBO 2: Children access and complete basic education

Standard indicators

- Proportion of children enrolled in and attending a structured learning institution
- Proportion of parents involved in children's education



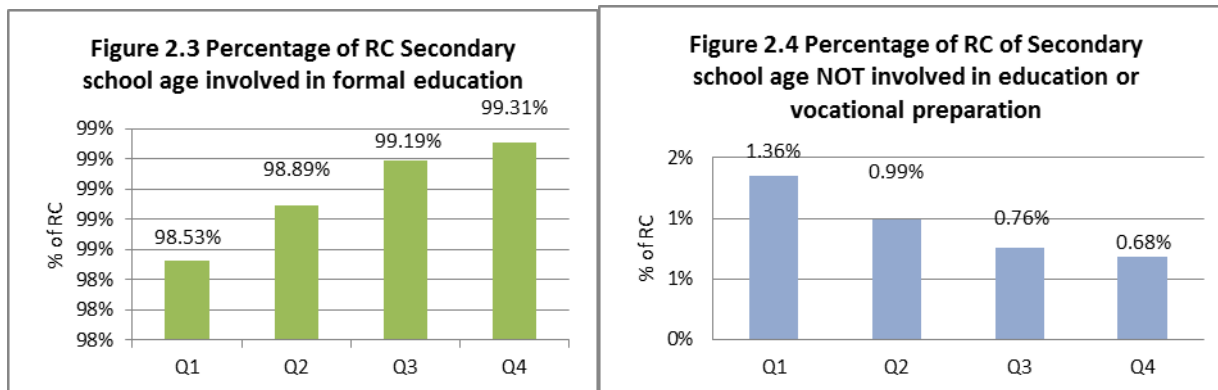
LQAS monitoring data conducted in four ADPs in FY13 and FY14 shows an increase in enrolment in all ADPs with Umzimkhulu and Thusalushaka achieving higher than the national average. Aggregating all the data for this indicator, children enrolled and attending a structured learning institution has shown a 2.4% increase from an average of 83.75% (13 ADPs, n=2655) in FY13 to 85.78% (12 ADPs, n=2496) in FY14. An average of 61.97% (eight ADPs, n=965) of parents reported that they were involved in their children's education through attending meetings and helping with homework.

WWSA's contribution to these positive results includes:

- Over 190 ECD schools supported with items like mattresses, water purifiers, school supplies, fencing, fire equipment, boreholes, latrines, solar panels and general renovations
- Over 200 primary schools supported with items such as furniture, school supplies, kitchen equipment, first aid kits and solar energy geysers
- 6 000 bicycles distributed to 54 schools in eight ADPs (Mbekweni, Enable/Kodumela, Thusalushaka, Giyani, Nkonkobe, Umzimvubu and Mbhashe). Six of these ADPs where bicycles have been distributed show an increase in enrolment
- Over 3 000 foldable desks delivered to ECD centers
- CVA committees and school governance boards mobilised to hold government accountable to provide the required services to schools.

*"Now that I have a new bicycle I feel safe."
"Now we get home in time and we are not late to school." Children who received bicycles, Nkonkobe ADP, July 2014*
<http://www.youtube.com/watch?v=GbtAvzHz6XY>

RC education data



According to the STEP data for FY14, the percentage of RC of secondary school age involved in formal education has shown a 0.79% increase (Figure 2.3). The percentage of RC of secondary school going age NOT involved in education or vocational preparation has decreased to 0.68% (Figure 2.4).¹² This is an indication that the community and the schools in partnership with World Vision have advocated for all children to attend school. Effective RC monitoring processes and the involvement of local structures such as the traditional leaders and school governing boards have ensured that RC in particular attended secondary school.

Sustainability

Partnerships	A strong partnership with the DoE has been critical to the sustainability of education initiatives. Local partnerships with SGBs and teachers have also been pivotal in building their capacity to improve the quality of education in schools.
Household resilience	Household resilience to keep children in school has been impacted by the provision of bicycles including training on how to maintain them so they can be used by children for many years.
Local Advocacy	The integration of the CVA model for SGBs is just beginning in some ADPs and will be key to achieving sustainable outcomes in terms of helping these actors hold the DoE accountable for services to schools. This will continue into FY15 as a key sustainability activity.
Local Ownership	Volunteers and parents were trained through the COUNT program how to coach students in after school homework clubs to improve their mathematical skills and help them take ownership for their children's learning outcomes. Unfortunately some of these volunteers were not motivated to continue due to lack of incentive. This has been a learning that will be taken forward and facilitators who are already employed by the government for community development work will be trained next year.

Key learnings

- Partnering with NGOs that have expertise around specific learning methodologies as was done with the COUNT programme is effective in achieving learning outcomes. This needs to be supported by different systems and procedures within schools, including the role of SGBs and families

¹² Unfortunately primary school information was not available on STEP the time of this report due to problems with the system

- Using government-paid community development workers as facilitators for programmes like COUNT would be a better way to ensure the facilitators stay motivated to continue their work
- Distribution of bicycles has an impact on both the safety of children in getting to school as well as ensuring they arrive on time.

Recommendations

- Continue to implement BEEP as a means to encourage children to get to school on time and have more time to do their homework after arriving home on time
- Replicate the COUNT programme and Rhodes University training in other ADPs to reinforce teachers,' parents and community volunteers' capacity to improve the literacy and numeracy of children. Utilize community workers that are already paid by government incentives wherever possible for this program.
- Continue to invest in equipment and supplies for schools as needed with a special focus on ECDs, in partnership with the DoE
- Continue to encourage CVA for education committees and SGBs to hold the DoE accountable for equipping schools with necessary resources.

Children experience love of God and neighbours: strategic objective # 3¹³



Resources

Table 3.1: FY14 resources and beneficiaries for strategic obj. 3

# of projects contributing	15
Amount spent	\$114,569
Sources of funding	Sponsorship
# of technical staff	Advocacy staff for CoH models: 2, development facilitators: 19
Models used	CoH for Gender and HIV, Value Based Lifeskills Training
Key partners	Department of Health, community health CBOs, community caregivers
Beneficiaries	G: 3 076; B: 3 076

Despite the fact that South Africa is almost 80% Christian, the reality of poverty and violence within communities means children are often not experiencing God's love to the full. This means they are not growing up learning of their value in God's eyes and the fact that they are loved unconditionally. All WVSA programmes have tried to integrate an awareness and experience of God's love into activities involving children. Children's view of themselves as a beloved child of God is a critical foundation to their own self-image, which then impacts other behaviours as well.

¹³ This was a new strategic objective that was added at the end of FY14 noting that it is a critical part of WVSA's ministry and needed to have a place in the strategy. It will be more fully developed with appropriate indicators in the next strategy revision.

CWBO 1: Children grow in their awareness and experience of God's love

Standard Indicators:

- Proportion of children that reflect positive values
- Proportion of children that have opportunities to demonstrate God's presence in their lives
- Proportion of children that are able to express their faith

Positive values and demonstrating God's Presence

In FY14, quantitative and qualitative data indicate that children continue to grow in their awareness and experience of God's love through reflecting positive values and having opportunities to demonstrate God's presence in their lives. WVSA conducted the 'Participatory Health and Hygiene Education Programme' (PHHE) in partnership with Family Impact South Africa in seven ADPs, reaching 18 schools, 4 797 learners, 34 educators and 51 homes. Its sessions focused on teaching children positive values such as Biblical concepts of self-image, the body, family and relationships and health and behaviour. Health clubs were formed alongside educators within the schools to encourage continued discussion around these issues. The programme evaluation saw an increase from 47% to 67% of children who reflect positive values and an increase from 20% to 60% of children who demonstrate effective knowledge of health and hygiene concepts.

Okhahlamba ADP took a similar approach and organised four youth retreats in FY14 for 200 children to strengthen them in Value-Based Lifeskills. The aim was to introduce children to the love of God and help them understand who they are in Christ. An effort was made to invite children from remote areas in the ADP, 90% of whom had never been in an environment where Jesus Christ was preached. Backed up by praise and worship, motivational talks, educational games and dance, it was a fun-filled, life changing experience for the young minds.

"I did not know what step to take towards building a relationship with God but when I arrived here I was empowered. They have taught us not to do bad things with our bodies because we are the image of God." Youth in Okhahlamba ADP, May 2014

<http://www.youtube.com/watch?v=Sj8YGXfjRh0>

Children expressing their faith

Children have also grown in their experience of God's love through their own participation in preaching and praying for others in their community. More than 300 boys and girls in Nkonkobe ADP (many of them orphans and vulnerable children) participated in sharing the gospel for Easter services at a community hall in Middledrift. Parents and teachers marvelled as they listened to teenagers expounding on the seven utterances of Jesus on the cross. 13-year-old Lukho Gila preached about the importance of forgiveness. *"It's never easy to forgive people who wrong you, more especially those who do it on purpose, as it was the case with Jesus, but you have to forgive,"* he said. Lukho has been appointed at his family's church as the children's church leader, and also preaches at children's gatherings. He is the latest in a not so long list of child preachers in the area, thanks to World Vision's educational and other activities based on Christian values, which take place in this area. *"They're remarkable youngsters,"* says Rev Thanduxolo Novoyi, a community pastor, who has spent most of his life equipping young people to be true followers of Christ. He is one of the pastors who has championed the mission of World Vision, in ensuring that children love God.

"We also learn the word of God that tells us God is everything, nothing is impossible with God."

Giyani ADP, Nov 2014, Min 2:38

http://youtu.be/3j_T0wuSf-g

70 Children involved in youth groups and 50 children involved in child parliaments in Giyani ADP facilitated by WV proved to be strong leaders in the past year encouraging and helping one another. They met every weekend to discuss issues affecting them such as teenage pregnancies and child abuse. They also learned about the Bible and took time to visit 5 vulnerable children every Tuesday to pray with them and encourage them. All of these activities have made many children understand God's love and express love to their colleagues, friends and family members.

Sustainability

Partnership	Partnership with church leaders and pastors in achieving this outcome has been the key to sustainability particularly through the CoH models, but also through involving Sunday School teachers in children's activities.
Local Ownership	Children themselves have proven to be key leaders if given the capacity and opportunity to be involved – such as in the child parliaments. This almost certainly is giving them skills to be key influencers in the future.
Transformed Relationships	Children have improved their relationships and experience with God through the spiritual nurture activities conducted during this fiscal year.

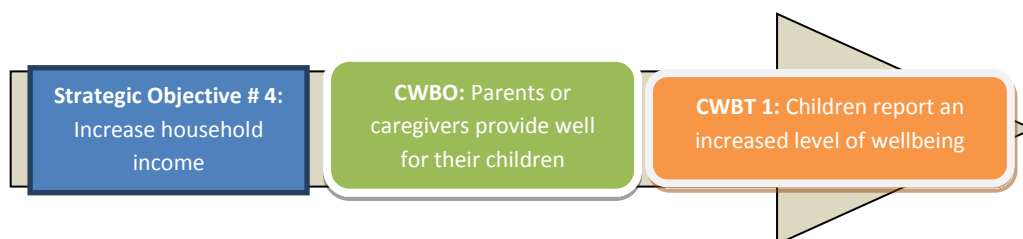
Key learnings

- Spiritual nurture of children is the core foundation that can bring vulnerable children closer to God and experience God's love and that of their neighbours. Building children's self-esteem should be spiritually grounded. It is a critical foundation that influences positive behaviours and leads to healthy and productive lifestyles
- Children can participate in sharing God's love with their peers and even with adults as seen in Giyani and Nkonkobe ADPs.

Recommendations

- The high incidence of Christianity in SA makes this a welcoming environment for teaching children Biblical concepts that raise self-esteem. This in turn can contribute to other CWBOs such as children being in good health. More ADPs should follow the examples of Okhahlamba and Giyani and integrate this into their children's clubs
- Children's participation should be encouraged in churches – even in teaching and leading others in the church, such as is happening at Nkonkobe
- CoH should continue to be a focal programme for reinforcing good behaviours in the areas of Gender, HIV/AIDs and MNCH.

Children are cared for protected and participating: strategic objective # 4



The Vision 2030 National Development Plan sees economic development as the key to improving wellbeing. It aims to completely eliminate the number of South Africans living below the poverty line (less than R419, \$42.20, per month and reduce inequality (Gini coefficient to fall from 0.69 to 0.6) by 2030. This will be achieved by increasing employment from 13 million in 2010 to 24 million by 2030, doubling per capita income and increasing the share of national income of the bottom 40% from 6% to 10%. Its focus is particularly on helping youth to find employment and on reducing gender inequality to ensure that women have the same opportunities as men to earn a living.¹⁴

Given the South African context where many people have access to R1 000 a month of social benefits in the communities where we work, WVSA's goal is to not only increase household income, but also encourage that this money is spent on the needs of children.

WVSA will contribute to this objective through the following strategies:

- Focus on improving farmers' production through inputs, training, value addition and linkage to markets in rural areas
- Support cooperatives and small business enterprises with inputs and training
- Focus on youth employment through career counselling, vocational training and linkages to post-secondary bursaries, internships and training programmes
- Increasing access to credit and savings through training of savings groups.

Resources and beneficiaries table

Table 4.1: FY14 resources and beneficiaries for strategic obj. 4

# of projects contributing	10
Amount spent	\$3,081,549
Sources of funding	Sponsorship
# of technical staff	Development facilitators: 19

¹⁴ National Planning Commission: National Development Plan: Vision for 2030, 11 November, 2011

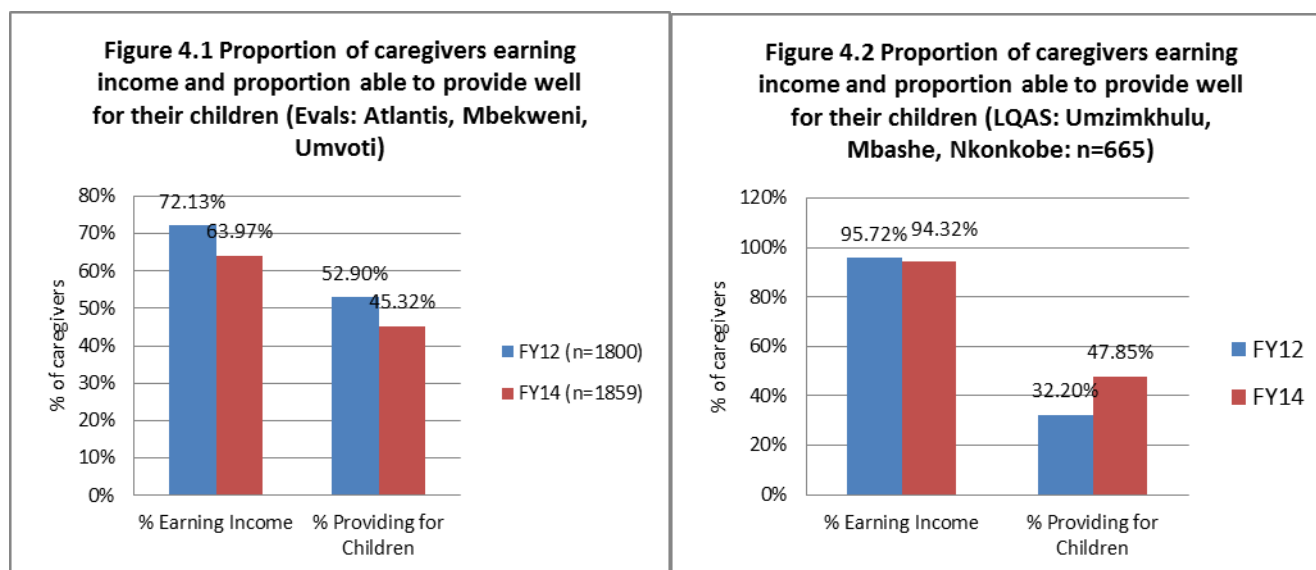
Models used	Village savings and loans groups, Business skills training, Value based life skills
Key partners	Department of Agriculture, Department of Economic Development, local municipalities, LIMA
Beneficiaries	W: 12 240; M: 6 824; G: 12 165; B: 10 233

CWBO 1: Parents or caregivers provide well for their children

Standard Indicators

- Proportion of caregivers earning an income
- Proportion of caregivers providing well for their children

Economic development



Six ADPs had data for comparison purposes for economic development indicators. This includes three ADPs comparing baseline and evaluation (Atlantis, Mbekweni and Umvoti: Figure 4.1) and three ADPs comparing LQAS monitoring data (Umzimkhulu, Mbashe and Nkonkobe: Figure 4.2). The data collected on the proportion of HHs earning an income included government grants received as 'income' noting that whatever the source of income, it is hoped that caregivers and parents would be spending it for the benefit of their children. The indicator on providing well for children was taken to include the provision of clothes and shoes only (since blankets may not be purchased on an annual basis). In the evaluations conducted both income and expenditure on children appears to be decreasing. The LQAS monitoring data has the proportion of caregivers earning an income staying relatively the same around 95%, and the ability of caregivers to provide for children showing encouraging progress with a 48% increase from 32.3% to 47.85%.

It is worth noting that the data shown above compares only two years. As economic development is a more intensive activity reaching fewer beneficiaries, it will take longer to have a widespread change. Change seems to be more apparent from the qualitative evidence of beneficiaries supported with Income Generating Activities (IGAs) in the past year. Over 650 IGAs were funded in FY14 ranging from poultry projects, agricultural projects, handcrafts and small businesses. Beneficiaries clearly testify that these have increased their income and ability to provide for their children. An example is Boiteko sewing project in Khauhelo, where a women's group was assisted with sewing equipment and training on how to run a business. The project benefited not only 30 of the women's own children, but it also provides uniforms for other vulnerable children in the community. Okhahlamba women's Bed & Breakfast is another IGA initiated by the women themselves and supported by WV. The women are seeing clear benefits for their children and orphans in the community, and they have even started their own crèche from their profits.

"Our main aim is to provide for our children and orphans in the community." Member of women's B&B IGA, Okhahlamba ADP, July 2014, mins 0:00-3:06
<http://www.youtube.com/watch?v=OZ1e8mUk1j8>

Other contributions made by WVSA to support economic development have included:

- 100 vulnerable children's HHs have been provided with livestock such as sheep or goats as IGAs
- Over 2 500 youth supported with career counselling, vocational training and Value Based Life Skills (VBLS) to help them succeed in life
- 192 people have been trained in savings and loans and savings groups are now operational within 10 ADPs.

Sustainability

Partnership	In ADPs such as Ixopo and Umzimkhulu the support of the municipality and a national NGO Lima have been key to helping them to develop their products to be more marketable and linking them to markets.
Household resilience	Household resilience has been seen through the testimonies of beneficiaries supported through the project noting that their income has increased and their ability to provide for their children and other vulnerable children in the community.
Local Ownership	The Khauhelo final evaluation noted that several small businesses were still running well. The evaluation concluded that even those businesses that had not succeeded were still positively impacted as the beneficiaries could use their skills gained to start other businesses. Another example of local ownership is a business forum in Orlando that was supported by WV with training on proposal development, taxation and other business management skills. This resulted in the forum winning a bid for road construction from the government worth R86 million. As a result, this forum is now fully independent and no longer requires support from the project.

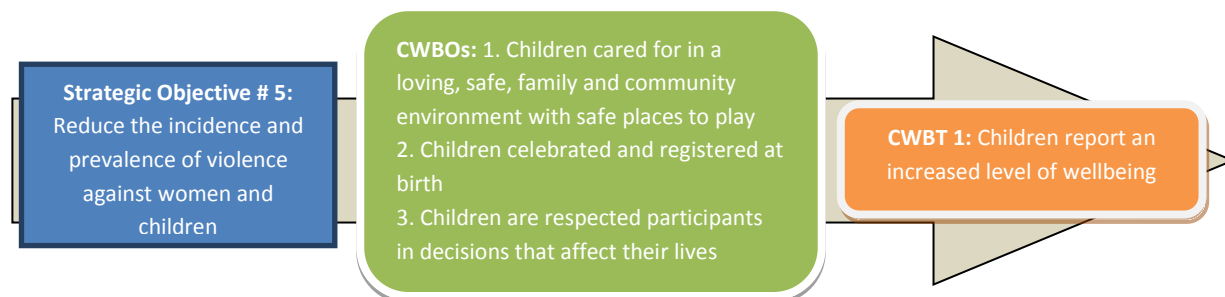
Key learnings

- It is difficult to achieve widespread improvements in economic development indicators over two years, but change can be seen in the lives of the beneficiaries who were directly supported with IGAs. Perhaps quantitative data for these indicators in future should therefore be collected from direct beneficiaries supported by the programme
- A focus on women's IGAs such as the sewing project in Khauhelo and the B&B initiative in Okhahlamba are shown to have a direct impact on improving the lives of children of the whole community.

Recommendations

- Need to continue support for IGAs (especially agriculture related IGAs in rural areas) expanding beyond just training and inputs and also focusing on business skills and market linkages
- ADPs should partner with other NGOs and organisations that have market development and business expertise as Ixopo ADP has done since this is not WV's expertise
- ADPs should continue training in savings and loans and offer support for savings groups

Children are cared for protected and participating: strategic objective # 5



A recently published WV global study conducted by Ipsos Reid found that 63% of South Africans¹⁵ believe that violence against children has become more frequent in the last five years. It also found that half of South Africans felt not much was being done to prevent this and two-thirds (67%) thought that more should be done to protect children from violence. Most respondents cited that the causes of violence against children were alcoholism or substance abuse (69%) or previous abuse (64%).¹⁶ Other causes could be

¹⁵ South Africans with internet access

¹⁶ Ipsos Reid and World Vision: Fearing Wrong Report: Global views on violence against children, December 2014

attributed to a lack of knowledge around child rights and a lack of systems, particularly at community level, to effectively report cases of child abuse. Gender-based violence also continues to be a large problem and it is estimated that a woman in South Africa is killed every six hours by an intimate partner.¹⁷

Interestingly the majority of gender equality indicators reported in the MDGs are performing well, such as women's equal access to education and employment. This suggests that more deep-rooted beliefs around gender inequalities are manifesting themselves particularly at household level. The role therefore of key influencers in the community such as pastors and spiritual leaders is key to reversing this trend and is the reason that WVSA has put much of its focus on the Channels of Hope for Gender model and others including:

- Channels of Hope for Gender: training pastors in a Biblically-based view of gender equality and assisting them to be key influencers around these issues within their churches
- Barefoot programme, VBLS, and 'Take a girl child to work': helping children and youth to understand the importance of gender equality and encouraging girls to have the same opportunities as boys
- C-Change programme focusing on community conversations; specifically targeted at men around issues of gender equality
- Support for child protection forums, and reinforcing child protection systems at community and municipality level
- Training and awareness on children's rights

Resources and beneficiaries table

Table 5.1: FY14 resources and beneficiaries for strategic obj. 5

# of projects	15
Amount spent	\$2,914,431
Sources of funding	Sponsorship
# of technical staff	Advocacy staff for CoH models: 2; development facilitators: 19
Models used	CoH for Gender, Child Protection Advocacy, CVA
Key partners	Department of Social Development, church leaders, pastors, local NGOs/CBOs, community development workers
Beneficiaries	W: 53 406; M: 36 494; G: 68 927; B: 54 854

CWBO 1: Children cared for in a loving, safe, family and community environment with safe places to play

Standard Indicators

- % increase in reported incidents/prevalence of child abuse or GBV
- Proportion of parents/caregivers with changed perceptions towards men and women's relationships
- Proportion of youth who report having experienced any physical violence in the past 12 months
- Proportion of parents who would report a case of child abuse in the correct location
- Proportion of parents who feel their community is a safe place for children
- # of policy submissions (**Strategy Indicator**)

Gender based violence

According to LQAS surveys done in eight ADPs (n=760), an average of 6.67% caregivers reported incidents of GBV in the past 12 months. This is a 39% reduction from the baseline of reported incidents of GBV of 11% in FY12 that was reported in the WVSA national scorecard - showing great progress. One of the major programs that contributed to this decrease was the CoH for Gender program involving partnership with Churches to strive to influence deep rooted cultural and religious beliefs on inequality between men and women. Although there was no widespread data collected on change in perceptions, data from pre-and post-tests conducted in Atlantis and Mbhashe ADPs following CoH for Gender training give an indication of the changes in perceptions that this program is contributing to.

¹⁷ Data from the Medical Research Council of South Africa

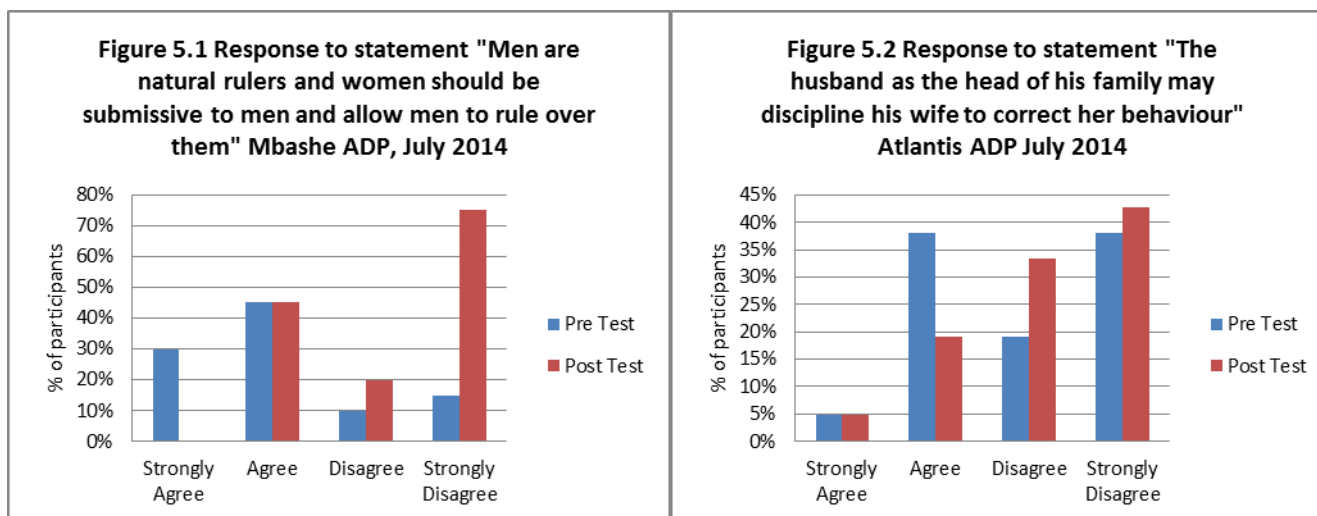
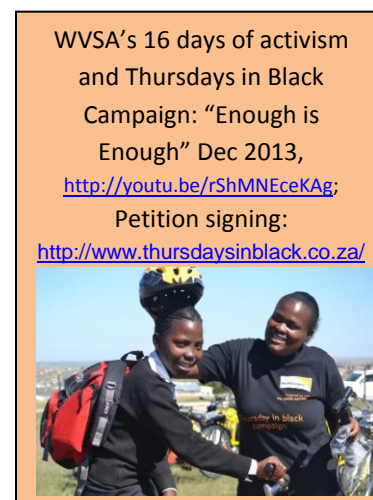


Figure 5.1 shows that the percentage of respondents who strongly disagree that men should rule over women in Mbashe has increased by 60% at the end of the training compared to the beginning. Figure 5.2 shows the percentage of respondents who agree that a husband should discipline his wife to correct her behaviour in Atlantis has decreased by 20%. Similarly, Mbashe has increased by 50% for those who strongly disagree with this statement. Mbashe also increased by 30% of respondents in the post-test who strongly agreed that a woman can accuse her husband of rape.

WVSA has contributed to the reduction in GBV in the past fiscal year through the following interventions:

- CoH for Gender implemented in 13 ADPs including 19 workshops for 602 participants (254 men, 348 women) in the past year to mobilise key faith and community leaders in the prevention of GBV.
- 94 congregational leaders actively involved in advocacy against GBV and an estimated 2 809 vulnerable children who are being supported by the Congregational Hope Action Team (CHAT) groups created.
- In Thaba Nchu ADP 20 churches and pastors have now established more than 20 CHATS and trained over 500 community members (267 F, 233 M). As a result women in the area are now starting to occupy leadership positions previously reserved for men and GBV is being addressed.
- WVSA joined other partners in participating in the Thursdays in Black (TiB) campaign in solidarity against all forms of sexual and gender-based violence. 16 days of activism were held: Orlando conducted a door-to-door campaign that reached 1 194 households benefitting 11 323 indirect beneficiaries. Thusalushaka ADP held a march to launch the Thursdays in Black (TiB) Campaign where 222 community members participated (55M:167F including learners) and Ixopo launched the TiB campaign attended by 171 community members (71M:100F including learners 30M:16F). Faith leaders actively joined in this campaign and it continues to spread.
- CoHG was further refined through the development and pilot testing of an ecumenical version of the manual that is now being developed into an official CoH programme. WVSA was a leader in this process through hosting the Global ToT in July, 2014 which brought together WV staff from around the world and some key CoH pastors from South Africa. A follow-up regional training was facilitated in Zambia in September by WVSA's Pontsho Segwai (Gender & Development Coordinator) and a pastor from Thaba Nchu who has become an experienced CoH trainer



Children experiencing violence

Data was collected on the proportion of youth that report experiencing physical violence from both the caregiver and the youth perspectives. According to LQAS surveys done in eight ADPs (n=760), an average of 9.86% of caregivers reported that there were incidents of child abuse in the past 12 months. Triangulating this with the LQAS data from the YHBS in 7 ADPs showed 16.6% of youth that reported they experienced some form of physical violence within the past 12 months (n=665). Figure 5.3 presents data

from two evaluations (Atlantis and Mbekweni) and one baseline (Giyani) to further understand what types of violence are being experienced and the gender disaggregation of the same.

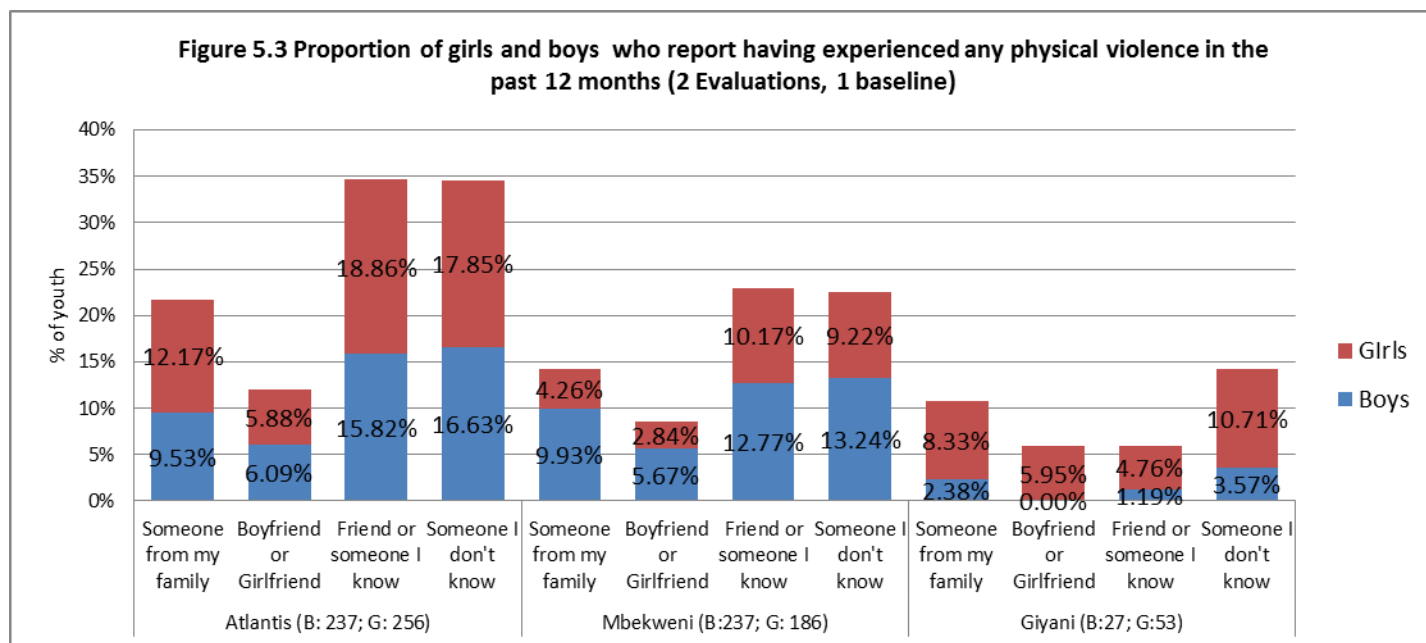


Figure 5.3 shows a higher proportion of youth experience violence from 'a friend or someone I know' and 'someone I don't know.' A higher proportion of girls are also experiencing violence. For example in Atlantis where girls and boys were surveyed almost equally but 63.8% of girls were experiencing violence compared to 56% of boys. The fact that Atlantis is an urban program perhaps explains the higher rates of violence shown compared to Mbekweni as semi-urban and Giyani as rural. With child protection data it is also not surprising to see lower results in a new program such as Giyani (compared to Atlantis and Mbekweni that are in their 3rd cycle) because children may be afraid to report it or perhaps they don't even understand their experience as violence.

WVSA programmes in the past fiscal year have put a lot of emphasis on community-based child protection systems, such as child protection forums, child protection campaigns, sensitization on child rights and advocacy for child protection related issues (see specific outputs below). This has contributed to positive improvements seen in the number of parents willing to report cases of child abuse and the number of parents with the perception that their community is a safe place for children looking at the comparisons between baselines and evaluations for 4 ADPs (Atlantis, Mbekweni, Thabanch and Umvoti).

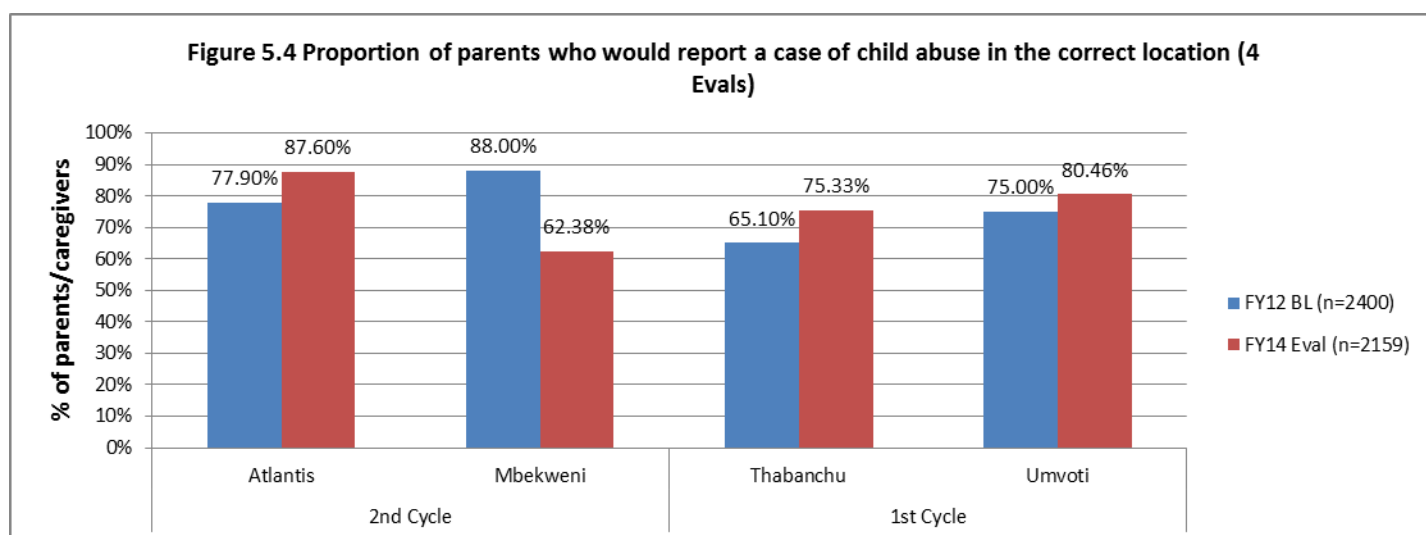


Figure 5.4 shows a 12.45% increase in Atlantis, a 15.7% increase in Thaba Nchu and a 7.2% increase in Umvoti in the proportion of parents who would report a case of child abuse at the correct location. Overall this represents an 11.6% increase (from 72.67% in

FY13 to 81.13% in FY14) for these 3 ADPs. LQAS monitoring data shows an average of 70.66% for this same indicator (six ADPs, n=570). The sensitization around child protection issues and raising awareness of mechanisms for reporting cases of abuse are clearly having an impact in Atlantis, Thabanchu and Umvoti. Mbekweni seems to have had a large drop in this indicator which should be looked into further to determine the reasons why this might be the case.

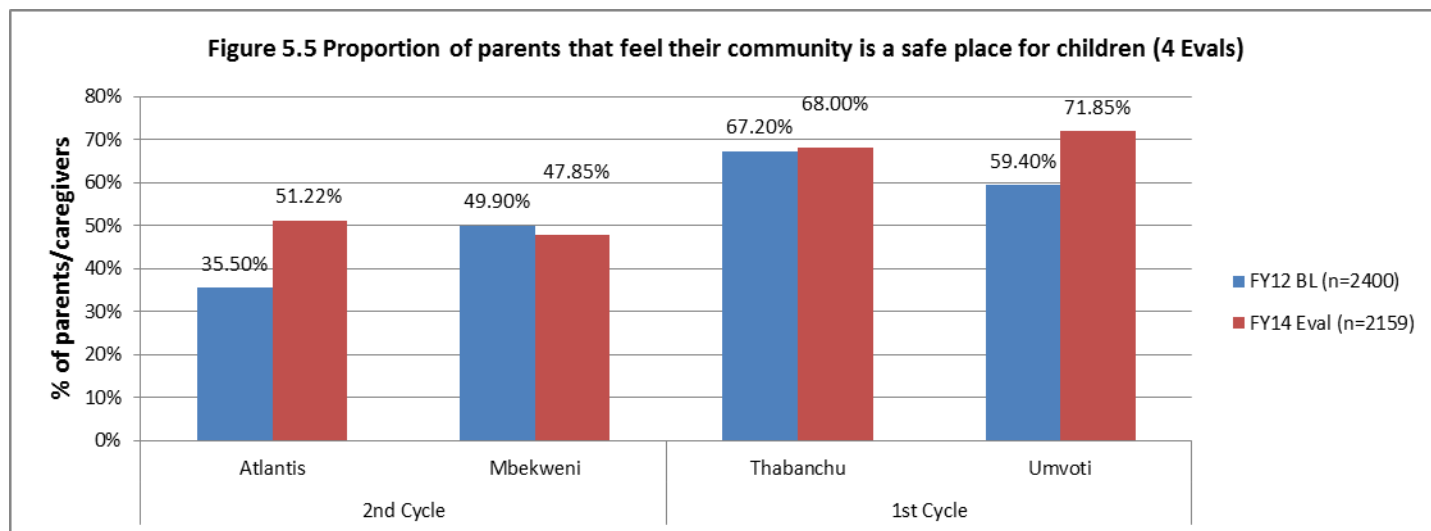


Figure 5.5 shows great improvement between baselines and evaluations in Atlantis (44.2% increase) and Umvoti (21% increase) in the proportion of parents that now feel their communities are a safe place for children. Mbekweni and Thaba Nchu stayed roughly the same on this indicator. Overall Atlantis, Thabanchu and Umvoti show a 17.8% increase (from 54.03% in FY13 to 63.69% in FY14) in the proportion of caregivers who feel their community is a safe place for children. The FY14 LQAS monitoring data from eight ADPs showed an average of 64.5% for the same indicator (n=760). It is evident that the work in Atlantis and Umvoti around child protection systems strengthening and efforts to reduce substance abuse is having an impact on the number of parents that feel their community is a safe place. Atlantis and Mbekweni are still only around 50% though perhaps due to the continued experience of violence in these ADPs (Figure 5.3 pg. 33) and their urban and semi-urban context compared to Thabanchu and Umvoti which are more rural. 64.5% overall from the LQAS data is also still quite low showing the need for all partners to continue focusing on efforts to reduce violence and create a safe environment for children and youth to thrive.

WVSA's contribution to these results has included;

- Child Protection Forums rolled out in five more ADPs this year, including Orlando East, Ixopo, Kodumela, Mbekweni and Thaba Nchu. These forums advocate for child protection in the communities and schools.
- 15 campaigns were carried out in FY14 to increase awareness on child protection issues. For example, the door-to-door campaign in Orlando East child protection project reached 1 194 HHs directly with a further 11 323 HHs receiving pamphlets describing types of abuse, safe use of social media and where to report cases of abuse. A 5km run in Orlando for 500 primary school children (286 boys, 214 girls) was another strategy to raise awareness and further emphasise the right of a child to play.
- Training in the Child protection and advocacy model for CBOs, police and community leaders
- Efforts to strengthen child protection reporting systems, bring perpetrators to justice and encourage community members to report cases of abuse have occurred in all ADPs.
- Training and awareness on children's rights
- Policy submissions and policy engagement on child protection issues as reported below

Children articulate their rights.
Nkonkobe ADP, Nov 2014,
<http://youtu.be/LqtDzQbwU1U>

Advocacy gains child protection: Policy engagement and # of policy submissions

National child protection advocacy gains:

- WVSA contributed to a new law on circumcision: WVSA's botched circumcision submission to national government defending the rights of children became a national discussion. The follow-up submission for the July 14, 2014 civil society meeting was

adopted by the coalition (Yezinga) and included in a promulgated law (using the majority of language directly from the WV submission) in an effort to regularise circumcision in the country. This new law is expected to impact an estimated 6 247 000 boys between 12-17 in Eastern Cape, Limpopo and Mpumalanga who would have been at risk from botched circumcisions

- WVSA translated the UNICEF child-friendly Children's Act into five local languages of isiZulu, isiXhosa, Sesotho, Sepedi and Afrikaans. This was commended and distributed by the Department of Social Development, potentially impacting 15 million school-going children
- WVSA introduced the Department of Cooperative Governance and Traditional Affairs to the national level Child Protection Forum. Since WVSA introduced them, they have become active members at a national level CPF. This is helping to ensure that traditional leaders are participating and engaged in developments and decisions taken to protect children
- WVSA participated on the Child Gauge editorial committee produced annually by the Children's Institute at the University of Cape Town to monitor government and civil society progress towards realising children's rights. This is a high profile document that informs policies at national government level. The theme of the 2014 publication is 'Preventing violence against children'. WVSA gave input on their CPA models in particular
- WVSA introduced the child protection Analysis, Design and Planning Tools (ADAPT) tool to Department of Social Development national level CPFs.

Provincial/local level child protection advocacy gains:

- In this financial year, ADPs have made a strategic move to join the CPFs facilitated by the Department of Social Development. In the last FY there were four ADPs (Umzimkhulu, Kwamaphulo, Umvoti and Umzimvubu) represented in their local level CPF and this FY, five more joined (Orlando East, Ixopo, Kodumela, Mbekweni and Thaba Nchu), bringing the total to nine. This initiative ensures that CPFs are capacitated in using ADAPT to gather data on child protection.

CWBT # 1: Children Report an Increased level of Wellbeing

Standard Indicators:

- Proportion of youth who report having birth registration documents
- Proportion of youth with sufficient access to food (**Strategy Indicator**)
- Proportion of youth who have a strong connection with their parent or caregiver
- Proportion of youth who rate themselves as thriving on the ladder of life

CWBO 2: Children celebrated and registered at birth

Proportion of youth who report having birth registration documents

Data for birth certificates from four ADPs (Thusalushaka, Umzimkhulu, Mbhashe and Nkonkobe) shows a slight decrease in youth reporting they have birth registration documents from an average of 97.67% in FY13 to 95.72% in FY14 (n=380). Taking an average of 11 ADPs that measured this indicator is 93.17% (n=1879: 3 evaluation, 8 LQAS). This is only slightly lower than the WVSA national strategy target of 90%. ADPs have worked together with government social workers to raise awareness amongst parents and youth of the importance of birth registration, and follow up with support to specific families where children are lacking this. These activities have contributed to this indicator remaining high. It is an indicator that may not need additional focus in the next strategy review due to the high rates already present.

Proportion of youth with sufficient access to food

According to data collected from nine ADPs, 88.36% of youth report having sufficient access to food (seven ADPs LQAS monitoring: n=665, two ADP evaluations: n=920). This is slightly higher than the Child Gauge Report South Africa country national average of 86.3%¹⁸ It also exceeds the FY14 WVSA national strategy indicator target of 75% for children whose basic food needs are met. Triangulating this indicator with data in Strategic Objective #4 for parents providing well for their children, it seems to align with the increases seen in 3 ADPs (Umzimkhulu, Mbhashe, Nkonkobe) where 47.85% of caregivers were able to provide for their children in FY14 compared to 32.2% in FY13 (Figure 4.2 pg. 29). The qualitative evidence under Strategic Objective #4 of changes in caregivers'

¹⁸Child Gauge Report, 2014, p. 102 NB: This indicator was measured very similar to the WV standard one as the proportion of children living in households where children are NOT reporting that they are hungry "sometimes," "often" or "always"

lives as a result of increased income through IGAs supported could also be contributing to the high proportion of youth reporting sufficient access to food.

Proportion of youth who have a strong connection with their parent or caregiver

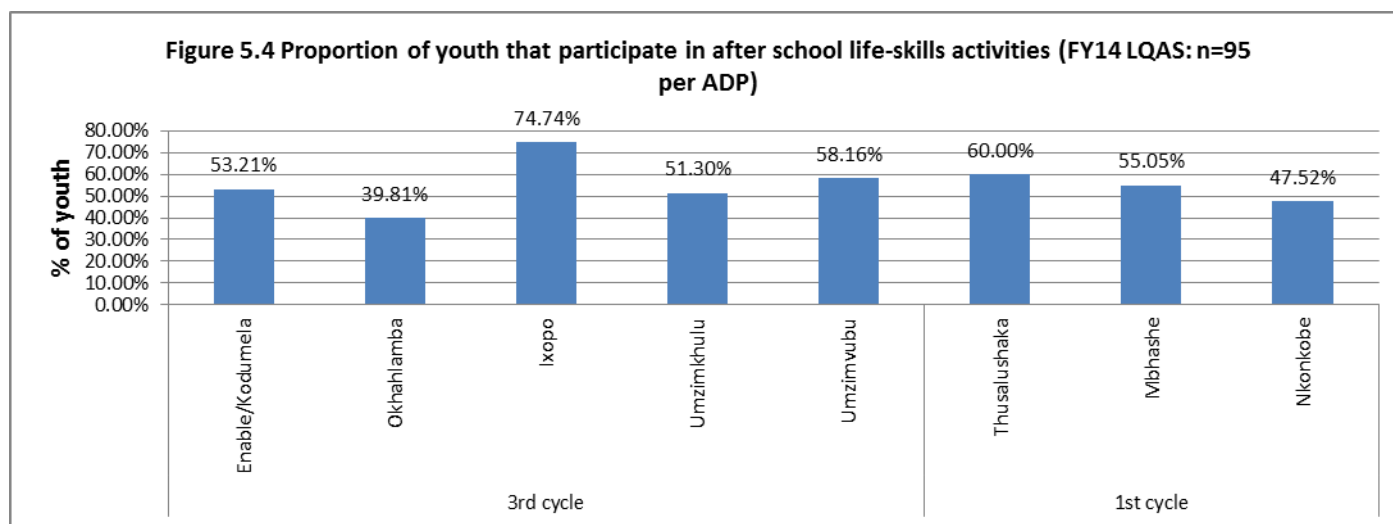
WVSA measured the proportion of youth with a strong connection to their parent or caregiver through the YHBS in two evaluations (n=1270) and eight LQAS monitoring surveys (n=760). The average of all of these was 57.17%. Comparing LQAS data from FY13 and FY14 in 4 ADPs (Thusalushaka, Umzimkhulu, Mbhashe and Nkonkobe) shows a decrease in the average of this indicator from 77.16% in FY13 to 60.46% in FY14. Given that three of these ADPs (Thusalushaka, Mbhashe and Nkonkobe) are still only in their first cycle, this decrease could be as a result of increased awareness amongst youth on child protection issues and violence being wrong and therefore they are rating themselves lower if they are experiencing violence from their parent or caregiver. However this should be looked into further for an explanation as to why this decrease is occurring.

Proportion of youth who rate themselves as thriving on the ladder of life

The proportion of youth that rate themselves as thriving on the ladder of life has increased in two ADPs that conducted evaluations in FY14. Mbekweni ADP had 26.2% in their FY12 baseline and 42.08% in their FY14 evaluation. Atlantis ADP had only 3% in their FY12 baseline and 64.91% in their FY14 evaluation showing a remarkable improvement. Triangulating this with other data it does not seem to align with the high rates of violence still seen amongst youth in Atlantis and Mbekweni (Figure 5.3 pg. 33). It could be that the work done with youth in HIV/AIDs where their comprehension, attitudes and perceptions of the disease are shown to have improved (Figure 1.10 pg. 18) is contributing to their higher perception of their quality of life. In Comparing LQAS data from three ADPs (Umzimkhulu, Mbhashe and Nkonkobe), the average for this indicator has actually decreased from 50.59% in FY13 to 36.91% in FY14 (n=285). Overall this indicator could depend on the age of youth that happen to be interviewed, as their responses could depend on the realization they have of their situation in life based on the maturity of their age. However it is also something that should be looked into further in the ADPs where decreases are shown.

CWBO 3: Children are respected participants in decisions that affect their lives

Standard indicator – Proportion of youth who participate in after school life skills



"The child parliament has helped us because we don't walk around anymore with problems, we speak out our problems to our friends and they help us come up with solutions." Child Parliament, Giyani, Nov 2014 http://youtu.be/3j_T0wuSf-g

Figure 5.4 shows that in most ADPs over 50% of youth were participating in after school lifeskills activities. Thaba Nchu evaluation reported 52.67% for this indicator. The majority of youth surveyed indicated that these activities include homework clubs and sports clubs. An effort has been made in five ADPs to increase the depth of child participation through forming child parliaments. Giyani ADP in particular has led the way in mobilising child parliaments where 50 children and youth come together on a weekly basis to deal with the barriers preventing

"As a teenager from Soweto, I feel now more than ever, I have everything I need to make it in this life." Orlando Project Nov, 2014 <http://youtu.be/dlpU-9YHixc>

them from reaching their goals. WVSA also celebrated the attendance of Kagiso (ex-sponsored child from Soweto) to the Annual Nelson Mandela Children's Parliament in Cape Town where he represented the children of Gauteng at a joint sitting with 100 peers aged 11-17 from all nine provinces. This is evidence of the type of participation hoped to be inspired in individual children in all child parliaments.

Encouraging child participation also includes helping children to start engaging in their community's development even from a young age. In Umvoti children have decided to come together and establish their own egg laying chicken project. With a total of 60 chickens, these entrepreneurs have negotiated markets with the local shops. And they are making enough profit to support needy children from the community with school uniforms and groceries. They have also started a children's club called Soul Buddies that they use to assist with monitoring other children in their community. This has been linked to the ADP sponsorship programme as a Sponsorship in Programming (SIP) innovation. *"Our main aim is to generate new ideas to solve problems of our society; we know we have the solutions!"* explained the Umvoti children's forum chairperson, Mqondisi Mthembu (15). He believes no one can solve their problems better than them and that *all they need is support*.

Sustainability

Partnership	The key to sustainability for this strategic objective has been local ownership and partnership with churches through the CoH for Gender programme. In addition better partnership with all actors, including community, government and the SA Police system has led to improved systems of child protection within our programming areas.
Transformed relationships	It is clear from the Atlantis and Mbhashe pre- and post-test results that transformed relationships have emerged from the CoH for Gender training through changed perceptions of what relationships between men and women should look like. Church leaders and pastors as key influencers in the community have become leaders in the continued fight against gender-based violence within our programming areas.
Local Ownership	Local ownership of child protection reporting systems has been key, as has ensuring that they are linked to other structures to ensure that systems are in place to protect children in the long-term. Child parliaments have shown evidence of sustainability through being linked to schools and teachers who sponsor them, and through empowering the children to organise themselves.

Key learnings

- Addressing gender-based violence requires significant behaviour change that cannot be achieved through campaigns and sensitisation alone. Models such as CoH for Gender and C-Change, which address both men and women, are key to motivating behaviour change
- Perceptions on gender can be addressed even from a young age through models such as the Barefoot programme that has been piloted in Umzimkhulu.

Recommendations

- Continue to deepen the focus on CoH for Gender by rolling out the full cycle and ensuring that proper follow up and monitoring is occurring at ADP level. Collect more widespread data on the change in perceptions occurring as a result of this program.
- Continue with child protection related campaigns but ensure that this is matched by a focus on strengthening child protection systems and structures at community and municipal levels
- Umzimkhulu ADP piloted the Barefoot programme this year, which is a CoH programme on gender focused on children. An evaluation will be done in FY14 and the results of this should indicate its take-up in other ADPs
- Continue to deepen CVA programs at ADP level and widen this to include child protection issues
- Look into the reasons for decreases shown in certain ADPs for the proportion of youth with a strong connection with their caregiver and the proportion of youth rating themselves as thriving on the ladder of life
- Expand children's parliaments in other ADPs as in the Giyani model to expand children's engagement and ensure that their voices are heard
- ADPs should continue to advocate for recognition of children's parliaments by provincial and national parliaments for linking local level resolutions to higher ones
- Encourage children's meaningful participation in economic development activities, particularly for youth, giving them skills training and involving them in the development process of their community.

Disaster Management

- ADPs have supported some minor disasters that have occurred during the year. For example Umzimvubu supported 69 HHs with food parcels and blankets to homeless families after a veld fire occurred.
- Seven ADPs have Disaster Preparedness Plans in place and have conducted training with community members and leaders on how to better prepare in the event of a disaster in their community
- WVSA recently employed a point person for the first time for HEA and disaster mitigation but unfortunately she has resigned and a replacement is still being found.

Most vulnerable children

WVSA focused its programming on vulnerable children wherever possible in the past fiscal year. Vulnerability in this context includes children striving to have their basic needs met, child-headed households, disabled children, children living far away from key services (such as schools) and those who have experienced harm or abuse. Most ADPs have a specific list of vulnerable children that they use to guide the interventions that they do. Below are a few specific examples of how this has been done in the past year:

- The 5 000 bicycles distributed by BEEP and partners selected children to receive bicycles who were vulnerable through the long distance that they had to walk to school (particularly girls who were reporting feeling unsafe while walking).
- Over 100 vulnerable children such as orphans and single parent households have received small livestock to enable them to provide for their children
- Giyani ADP has had a special programme for people living with disabilities, helping them to grow vegetables and raise chickens to earn an income. This not only supports the 11 physically challenged men and women directly involved, but also helps other disabled children and families to have hope for their future. The ADP also trained them in facilitation skills and public speaking and they have been invited by government to speak
- Several campaigns have been conducted in this past year to raise the profile of vulnerable children facing issues of gang violence and drug abuse. Atlantis ADP participated in the International Children's Day of Broadcasting on 5 March 2014. This year's theme was 'Focusing on children in emergency situations' where rehabilitated youth used the airwaves on Atlantis radio to share how drug abuse and gang violence has become an emergency and needs urgent attention
- Umvoti ADP has made an effort to involve vulnerable children in child monitoring processes to encourage the most vulnerable to be full participants in contributing to their communities
- 50 wheelchairs were given to physically challenged children in Mbhashe ADP, enabling them to gain mobility and have the same opportunities as other children in the community.

"We are sending a message out there that even our children who are disabled, they can grow up to be empowered and make an income every day." Giyani ADP manager, Nov 2014,
<http://youtu.be/VCG9bLx6o1Y>

Program Accountability

Efforts were made in the past year to increase programme accountability, both at community and local government level. A new child protection policy was approved and implemented to ensure that WVSA staff and donors are accountable to children in all interactions that take place directly with children, and to make sure there is a mechanism in place to respond to incidents that may occur. In addition, all WVSA staff have been oriented and trained in child protection. Other examples of programme accountability within the past year include:

Providing information	Consulting with communities
<ul style="list-style-type: none"> ✓ Efforts were made whenever possible to share information with communities on the organisation's mission and values. ADPs that started their redesign included Ixopo, Umzimkhulu and Okhahlamba ✓ Efforts were made in Giyani and Orange Farm ADPs in particular as new ADPs to sensitise communities on the meaning of child sponsorship and WV's core values. 	<ul style="list-style-type: none"> ✓ 15 ADPs involved community representatives in the annual budgeting process to make decisions on resource allocation for the next year.

Promoting participation	Collecting and acting on feedback and complaints
<ul style="list-style-type: none"> ✓ Communities were regularly consulted on beneficiary selection. For example, the BEEP project in determining selection of children who should receive bicycles ✓ All 15 ADPs made efforts to promote child participation. Five in particular did this through child parliaments where children were allowed to drive their own issues and activities, as supported by the ADPs. 	<ul style="list-style-type: none"> ✓ In Thusalushaka, Umvoti, and Giyani local structures such as home based care givers, ECDs and community care givers were directly involved in child monitoring. This allowed community members to feel more comfortable to voice their views and any complaints they had with the involvement of these local partners.

Learnings from the CWB reporting process

- The FY14 LQAS process using mobile technology provided substantial data for use in this report and should continue to be replicated. The goal for FY15 will be enabling more ADP ownership and involvement in this process, reducing the surveys so we only collect the most important data needed, and ensuring that the highest quality of sampling is adhered to by all enumerators
- The collection of qualitative stories and evidence through video and narratives by WVSA Communications team was very helpful to draw on in the production of this report
- Aligning the report structure and indicators to the WVSA strategy enables it to double as the WVSA Annual Report. This alignment should continue to be followed
- The continued standardization of outputs and reporting on these outputs using Horizon in the coming months will enable easier aggregation of output level information next year
- Missing data such as nutrition data (stunting, underweight and wasting) will continue to be sought out next year through partnerships with local clinics and continued discussions with DoH
- National strategy indicators and balance score card targets should be reviewed in FY15 as part of the WVSA national strategy review process to improve alignment with the widespread breadth of data collected in this report.

Annex 1

Limitations on the length of this report meant that all the data collected could not be shared. Also some data was aggregated for the purpose of analysis, but some Support Offices may wish to see the data separated according to their own ADPs. The attached dashboard houses all data collected from the past few years and can be filtered according to Support Office, indicator or ADP. It will continue to be added to for the purpose of tracking change at ADP level.



South Africa DME
dashboard FY14.xlsx

Annex 2

Standard and WVSA Strategy Indicators measured in FY14 CWBR

CWBO	Relevant Standard and WVSA Strategy Indicators
1.1 Children are well nourished	<ul style="list-style-type: none"> - Proportion of children 0-6 months exclusively breastfed (Strategy Indicator) - Proportion of children 6-23 months receiving complementary feeding - Proportion of children under five attending Growth Monitoring and Promotion - Proportion of households with year-round access to sufficient food for the family's needs - Proportion of children 6-23 months receiving Vitamin A tablets in the last six months
1.2 Children are protected from infection disease and injury	<ul style="list-style-type: none"> - Proportion of children 6-23 months who have received age-appropriate immunisation according to national standards (Strategy Indicator) - Prevalence of diarrhoea in children under 5 - Proportion of children under 5 with diarrhoea who received correct management or effective treatment of diarrhoea - Proportion of population using improved sanitation facilities - Proportion of households with appropriate hand washing behaviour (at least twice a day with soap or ash) - Proportion of women offered and accepted counselling and testing for HIV during most recent pregnancy, and received test results (Strategy Indicator) - Proportion of parents or caregivers who know the three modes of mother to child transmission of HIV - Proportion of parents or caregivers aware of methods of preventing mother-to-child transmission - Proportion of youth with a comprehensive knowledge of HIV and AIDS - Proportion of youth who have positive attitudes towards people living with HIV and AIDS
1.3 Children and their caregivers access essential health	<ul style="list-style-type: none"> - Proportion of mothers who report they had four or more ANC visits while pregnant with youngest child - Proportion of mothers who gave birth in a public health facility or private clinic - Proportion of children whose births were attended by a skilled birth attendant - # of policy submissions (Strategy Indicator)
2.1 Children read, write and use numeracy skills	<ul style="list-style-type: none"> - Proportion of children who can read with comprehension (Strategy Indicator)
2.2 Children access and complete basic education	<ul style="list-style-type: none"> - Proportion of children enrolled in and attending a structured learning institution - Proportion of parents involved in children's education
3.1 Children grow in their experience of God's love	<ul style="list-style-type: none"> - Proportion of children that reflect positive values - Proportion of children that have opportunities to demonstrate God's presence in their lives - Proportion of children that are able to express their faith
4.1 Parents or caregivers provide well for their children	<ul style="list-style-type: none"> - Proportion of caregivers earning an income - Proportion of caregivers providing well for their children
5.1 Children cared for in a loving safe, family and community environment with safe places to play	<ul style="list-style-type: none"> - % increase in reported incidents/prevalence of child abuse or GBV - Proportion of parents/caregivers with changed perceptions towards men and women's relationships - Proportion of youth who report having experienced any physical violence in the past 12 months - Proportion of parents who would report a case of child abuse in the correct location - Proportion of parents who feel their community is a safe place for children
5.2 Children celebrated and registered at birth	<ul style="list-style-type: none"> - Proportion of youth who report having birth registration documents (Strategy Indicator) - Proportion of youth with sufficient access to food (Strategy Indicator) - Proportion of youth who have a strong connection with their parent or caregiver - Proportion of youth who rate themselves as thriving on the ladder of life
5.3 Children are respected participants in decisions that affect their lives	<ul style="list-style-type: none"> - Proportion of youth who participate in after school life skills