

Working Together to End Malnutrition

2011–2012
Progress
Report

Nutrition Centre of Expertise





In committing ourselves to the Millennium Development Goals, we pledged to cut child mortality by two-thirds. Time is short. Our success or failure will largely turn on how well we tackle under-nutrition. This will require the vigorous and persistent efforts of many of us working together. Let's commit ourselves to providing the leadership and influence that will help our generation be remembered as one that treated the world's hungriest children as though they were our own.

*Kevin Jenkins,
President and CEO
of World Vision International,*

At World Vision, we envision a world where every child has the opportunity for life in all its fullness. Good nutrition is an essential foundation for health and development, yet malnutrition continues to be the world's most serious health problem and the single biggest contributor to child mortality. As one of the largest private humanitarian organisations, World Vision has made addressing malnutrition a top priority. One of the four key Child Well-Being Outcomes, which define the ultimate aims of our work, is that children are well nourished.

This report highlights the achievements of the Nutrition Centre of Expertise (NCoE) during fiscal years 2011 and 2012. These centred mainly on integrating nutrition priorities within the broader sphere of World Vision's health and nutrition strategy. This strategy prioritises reaching pregnant mothers and children during the first 1000 days with key health and nutrition interventions, implemented at household and community level, in part through strengthening community health workers. Capacity building processes, tools and events have been developed and launched. Partnerships with academics, other NGOs and international agencies have been established and strengthened. Operational research projects have contributed to the global evidence-base, and advocacy initiatives have strengthened the call for action on nutrition. Knowledge management systems have been put in place to facilitate the sharing of expertise and learning. All these initiatives together are building organisational excellence in nutrition and building a better future for children and families in the communities we serve.

Looking ahead we will continue to enhance our integration with promotion of key health and nutrition behaviours at household level, including improving access to health services, while developing a new strategic focus on the integration of nutrition priorities into agriculture and food security initiatives. We will explore opportunities to strengthen our approach and expand our effectiveness and reach through partnerships.

Globally this is an exciting time for nutrition advocates as we witness and help shape a new level of awareness and interest in addressing child malnutrition among the world's leaders. Thank you for joining World Vision in our commitment to ensuring mothers and children are well nourished in the many communities we serve around the world.



Carolyn MacDonald, PhD
WV Nutrition Director and NCoE Lead

WHY NUTRITION? WHY NOW?

Malnutrition continues to be the world's most serious health problem. Malnutrition is the single biggest contributor to child mortality, with 3.1 million child deaths per year linked to malnutrition. Children weakened by all forms of malnutrition often die from diseases which are both preventable and easy-to-treat, such as diarrhoea and pneumonia. Malnutrition also reduces human capital through compromised cognitive development and physical health, which in turn reduces economic growth and development at a community and even a national level.

Most malnutrition is chronic and starts early in life through the combined negative impacts of an inadequate diet, an unhealthy environment and inadequate health care. Chronic malnutrition manifests as significantly reduced height growth, or stunting, and affects one-third of all children in developing countries. However, much of the current burden of stunting could be prevented through targeted interventions in the first 1000 days of life. This period, from conception to a child's second birthday, lays the foundation for lifelong physical and cognitive development.

Millennium Development Goals



WORLD VISION'S RESPONSE

World Vision's nutrition programming is expanding the reach of proven interventions to prevent malnutrition in pregnant women and young children through our integrated health and nutrition package, known as 7-11. The Positive Deviance/Hearth approach is widely implemented to treat underweight children. World Vision also treats acute malnutrition in contexts where it is prevalent, through Community-based Management of Acute Malnutrition (CMAM). Acute malnutrition is usually due to a severe food shortage or period of illness, resulting in a sudden drop in food intake and rapid weight loss (wasting).

Both our preventive and treatment models are implemented in collaboration with communities, government ministries and other partners.

World Vision's nutrition scale-up, led by the Nutrition Centre of Expertise (NCoE), is our contribution to the global movement to end child malnutrition. In addition to scaling up nutrition interventions, World Vision forms strategic partnerships and advocates for nutrition scale-up at both global and national levels. This occurs primarily through our organisational Child Health Now campaign, and as a partner in the global Scaling Up Nutrition (SUN) movement. As the 2015 deadline for the Millennium Development Goals approaches, many nations are not on track to meet their targets for reducing hunger and child and maternal mortality (MDGs 1, 4 and 5). A key reason for this is the continued high prevalence of maternal and child malnutrition. Yet with focused, multi-sectoral, country-led approaches which reach communities with effective interventions, this unnecessary burden of malnutrition can be reduced. International momentum for nutrition has never been stronger and the NCoE is privileged to lead World Vision's contribution.

Together we can end malnutrition!



Implementing Health and Nutrition Strategy

7-11 Interventions

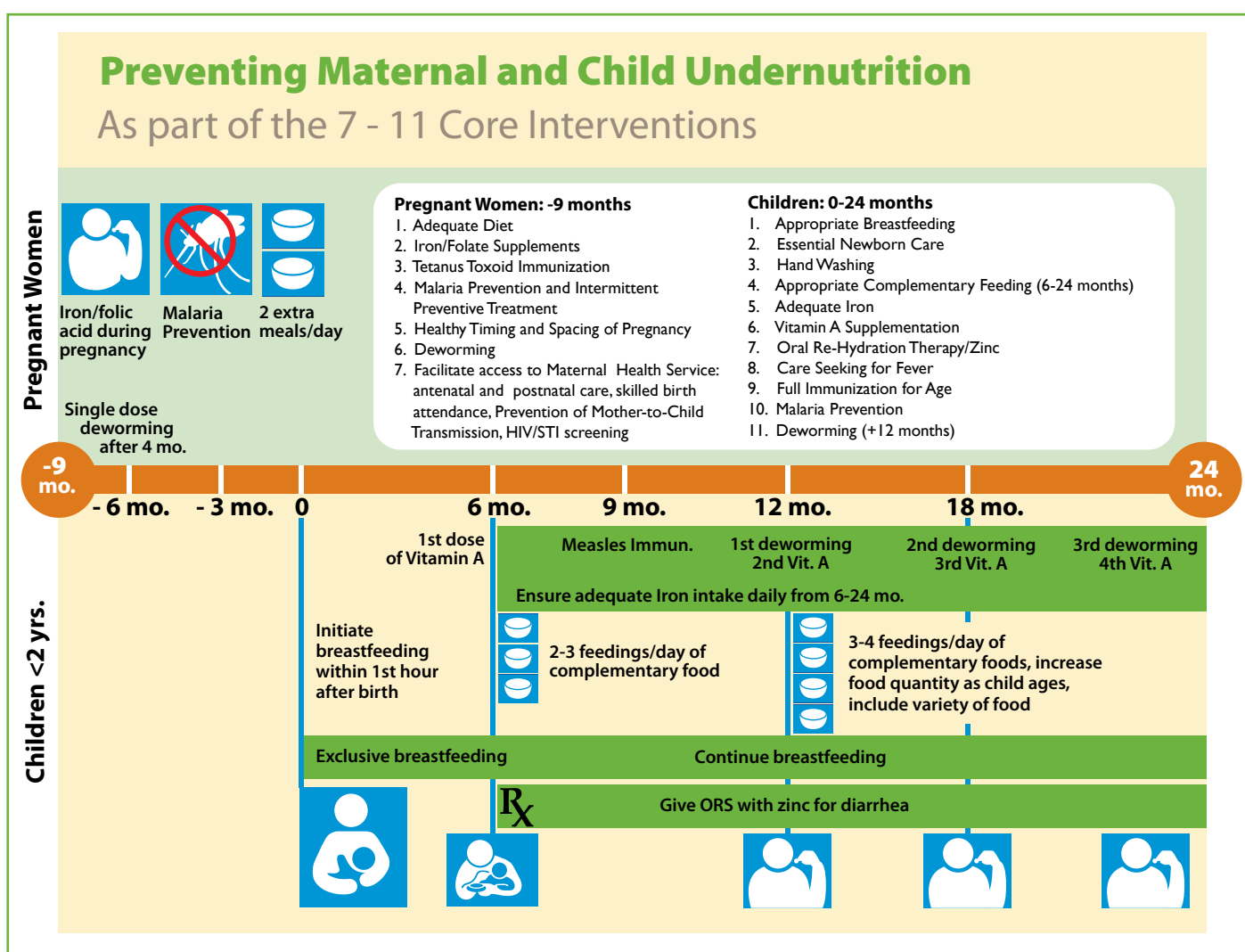
The NCoE contributed nutrition expertise to the development of World Vision's Health & Nutrition Strategy, launched in 2008. At the heart of this strategy is a package of interventions —7 targeted for mothers and 11 for children under two years.

The 7-11 interventions contribute to three nutrition goals:

- Reduce maternal anaemia
- Reduce childhood stunting
- Reduce childhood anaemia

By the end of 2012, 55 countries had prioritized 'improving child nutrition' in their World Vision country strategies and are scaling up World Vision's 7-11 package of evidence-based interventions, as appropriate within each context.

The NCoE developed standards, tools and events to support planning, capacity building, and monitoring/evaluation, and facilitated knowledge sharing within these countries.



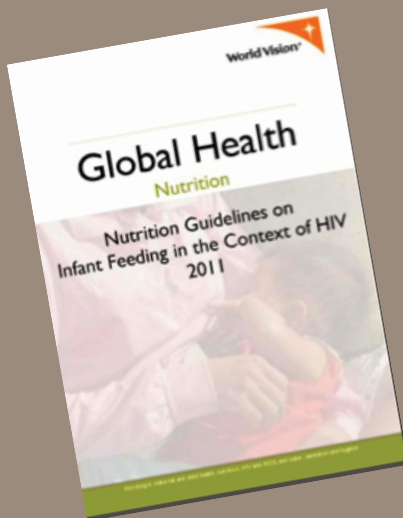
Linking Technical Staff

By the end of 2012, there was a network of over 200 World Vision staff participating in the Interest Group for Nutrition (IGN), led by the NCoE. IGN provides a forum for collaboration and knowledge sharing across its international membership. In an August 2011 survey, Nutrition was ranked one of the strongest functioning Interest Groups in the Health, Nutrition & HIV Community of Practice (COP).

Technical Guidelines

In response to identified capacity gaps, the NCoE worked with partners to develop and revise the following field-friendly policies and technical guidelines in 2011-2012.

- World Vision's Policy Governing the Procurement and Use of Milk Products in Field Programmes
- Nutrition Guidelines on Infant Feeding in the Context of HIV
- Anaemia and its Assessment with Rapid Haemoglobin Test (Hemocue)
- Using Rapid Test Kits to Measure Salt Iodisation at the Household Level
- Infant Feeding in Emergencies: Baby Friendly Tents
- The Development of Ready-to-Use Therapeutic Foods (RUTFs) – World Vision/UNICEF Guidelines for the Selection and Use of New RUTF products in World Vision Programmes



Joint Orientation: JumpStart

The purpose of the Jump Start Initiative (JSI) was to orient World Vision to its new Health & Nutrition Strategy. JSI provided resources and guidance for increased technical staffing, re-focused health and nutrition programming, and capacity building. All Regional Offices and 28 National Offices participated in JSI. In 2011 and 2012, the NCoE facilitated learning events, provided technical guidance and contributed to evaluations in Indonesia, Laos PDR, Philippines and India.

<http://www.wvi.org/hivaids/publication/jumpstart-report-2008-2012>



Improving Quality and Accountability

Design, Monitoring and Evaluation

The NCoE provides nutrition technical guidance to WorldVision's Design, Monitoring and Evaluation framework for multi-sectoral development programmes, as well as leading in the development of monitoring frameworks for nutrition projects.

World Vision's Four Key Child-Well Being Outcomes

1. Children report an increased level of well-being (age 12-18)
2. Increase in children who are protected from disease and infection (0-5 years)
3. Increase in children who are well nourished (0-5 years)
4. Increase in children who can read (by age 11)

Child Well-Being Indicators

World Vision's Compendium of Indicators for Child Well-Being Health and Nutrition Outcomes (#2 and #3 above) were finalized in 2012. As part of the Health & WASH Design, Monitoring and Evaluation Team, the NCoE led in the selection and development of detailed guidance for measuring nutrition indicators, and in 2013 will support the development of the standard monitoring indicators across World Vision's global programmes. The NCoE also supported World Vision's Global Knowledge Management Research & Evaluation Unit in improving field data collection, analysis and reporting on the Child Well-being Outcomes, working with 13 pilot countries.

7-11 ADAPT Tool

The tool provides a capacity building opportunity for field staff in health and nutrition data collection, analysis and intervention planning.

The tool was a valuable asset to programme design, helping staff focus on maternal and child health and nutrition. The ADAPT tool is needed and needed now.

Alieu Bengura, National Health Advisor, WV Sierra Leone

The 7-11 Analysis, Design And Planning Tool (ADAPT) guides field partners in analysis, design and planning of health and nutrition programming. It was initially developed by the NCoE, working together with sector leads in infectious disease, and maternal and child health, and was adapted from the CORE Nutrition Program's Design and Assessment Tool. It was field-tested in November 2010 in Sierra Leone and has since been used in Ethiopia, Swaziland and Uganda. The Health & WASH Team is continuing to refine the tool, based on field learnings. In 2012, an ADAPT tool was drafted to guide field partners in analysis, design and planning of integrated nutrition, health and food security programmes. This tool will be field tested and rolled-out in 2014.

"The benefit of the ADAPT tool was the guidance around analysis. We are very good at data collection but not strong on analysis. Using the data for analysis with community and government partners and World Vision staff together was really worthwhile. One example of the ADAPT process is that grandmothers were identified as key influencing factors of behaviour change around nutrition, as they were responsible for caring for the children, but only a few ADPs were purposefully targeting grandmothers. The ADAPT process gave us a lot of guidance on what to emphasize and who to target."

Catherine Johnson, Program Quality Support Director, WV Vietnam



Esther Indriani is the Maternal Child Health and Nutrition Specialist for South Asia and Pacific region, supporting her colleagues in India, Bangladesh, Nepal, Sri Lanka, Indonesia, Philippines, Pacific and Timor Leste. She has worked at various roles in World Vision since 1999, and says: “I am very fortunate to work in health and nutrition programmes in different countries, to know different strategies and challenges. My passion is to learn more on how to support, promote and protect breastfeeding. It is still a big puzzle for me how breastmilk that is given for free, and so very useful and important for child nutrition and health, could be considered as having less value compared to infant formula.” An International Board-Certified Lactation Counsellor, Esther is convinced that “knowledge about breastfeeding is not enough; it takes skills, support, perseverance, and trust. There are so many layers and depth about breastfeeding that the more I learn, the more I am amazed with this masterpiece created by God.” Working with other colleagues, Esther facilitates the Mother-Baby Friendly Office movement in Asia Pacific National Offices. “It’s still a long journey but I am hopeful that we can support more children, women, families, health workers and companies to ensure every newborn is breastfed exclusively for six months and continues breastfeeding for at least two years. It is one of our 7-11 core interventions and the foundation of good nutrition for life.”



Profiling Nutrition Leaders **Esther Indriani**

“I am glad that nutrition is finally considered as central to development, both globally and for World Vision. I am keen to continue the partnership and collaboration with NCoE, especially in building capacity of National Offices and in working in new areas for Asia Pacific, such as food fortification, community management of acute malnutrition, mobile health technology, and monitoring the International Code of Marketing of Breast Milk Substitutes.

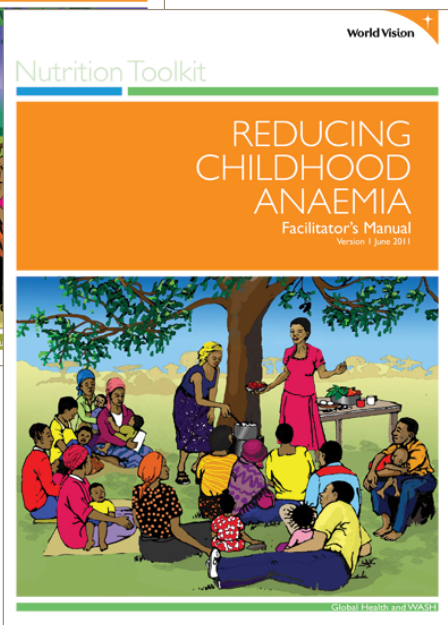
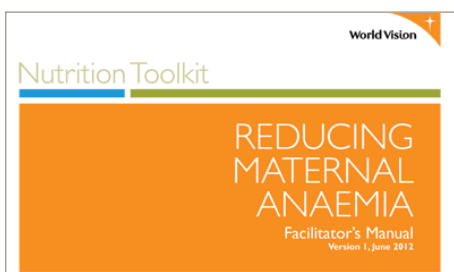
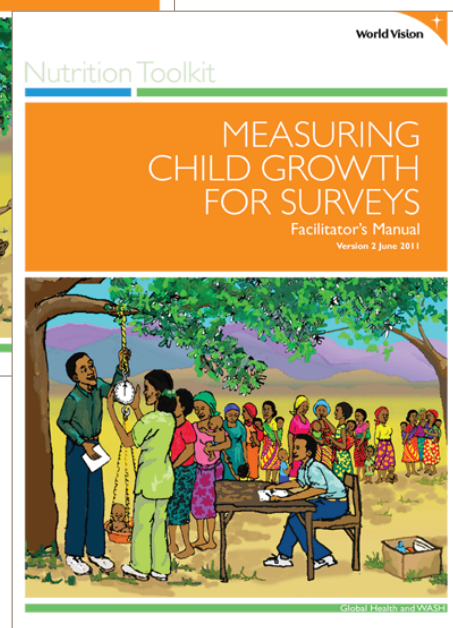
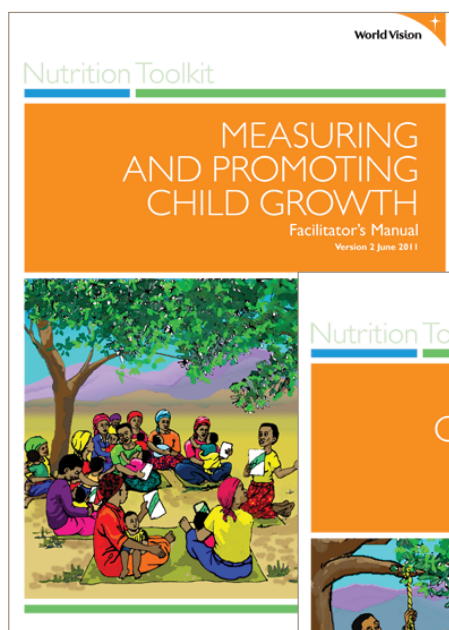
Building Community Capacity

Nutrition Toolkit

The Nutrition Toolkit is a series of training materials developed by the NCoE, together with field and technical partners. The Tools use adult learning principles and build capacity of frontline community workers to achieve our goals of reducing anaemia and stunting. These tools, which each include a Facilitator's Manual, Participant Workbook and templates for visuals and handouts, were completed and launched in 2011-2012.

The materials are amazing and extremely helpful and easy to adapt for training. The workbook is also good and keeps participants engaged because they need to keep up and write the answers.

- WV Solomon Islands



Thank you for your willingness for us to use the [Nutrition] Toolkit globally in our Child Survival Program. It is a tremendous resource for our International Church Partners and will make a wonderful impact on the program once implemented.

- Compassion International

E-learning in Nutrition

Innovative, low cost, field- and environmentally-friendly learning opportunities are urgently needed for strengthening nutrition capacity of field practitioners. To address this need, the NCoE launched its first e-learning course on Reducing Childhood Anaemia in 2012. Ten participants from five countries met regularly online for presentations and discussions, and independently completed practical exercises.

Participant comments on the first e-learning course:

I am a medical doctor, but it was not too easy for me. In our work, we don't stop and reflect on what we are doing, and consider childhood anaemia. It was presented clearly so that now we can know.

– WV Burundi

Even non-technical people can take the course as the content is very practical and helpful for our work.

– WV Sri Lanka

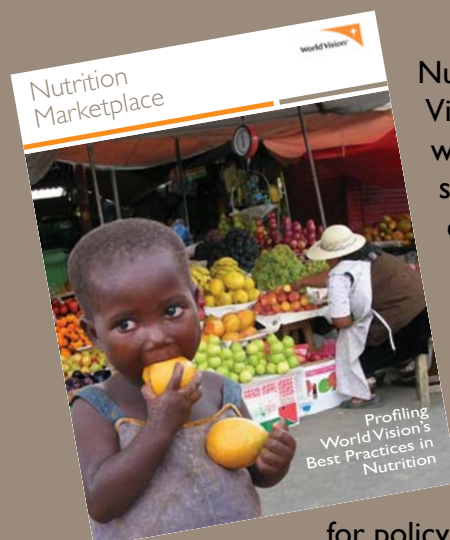
It is very helpful, especially sharing experiences. It's fun to know that even in [different] countries we faced the same challenges.

– anonymous survey response

Nutrition Resource Website

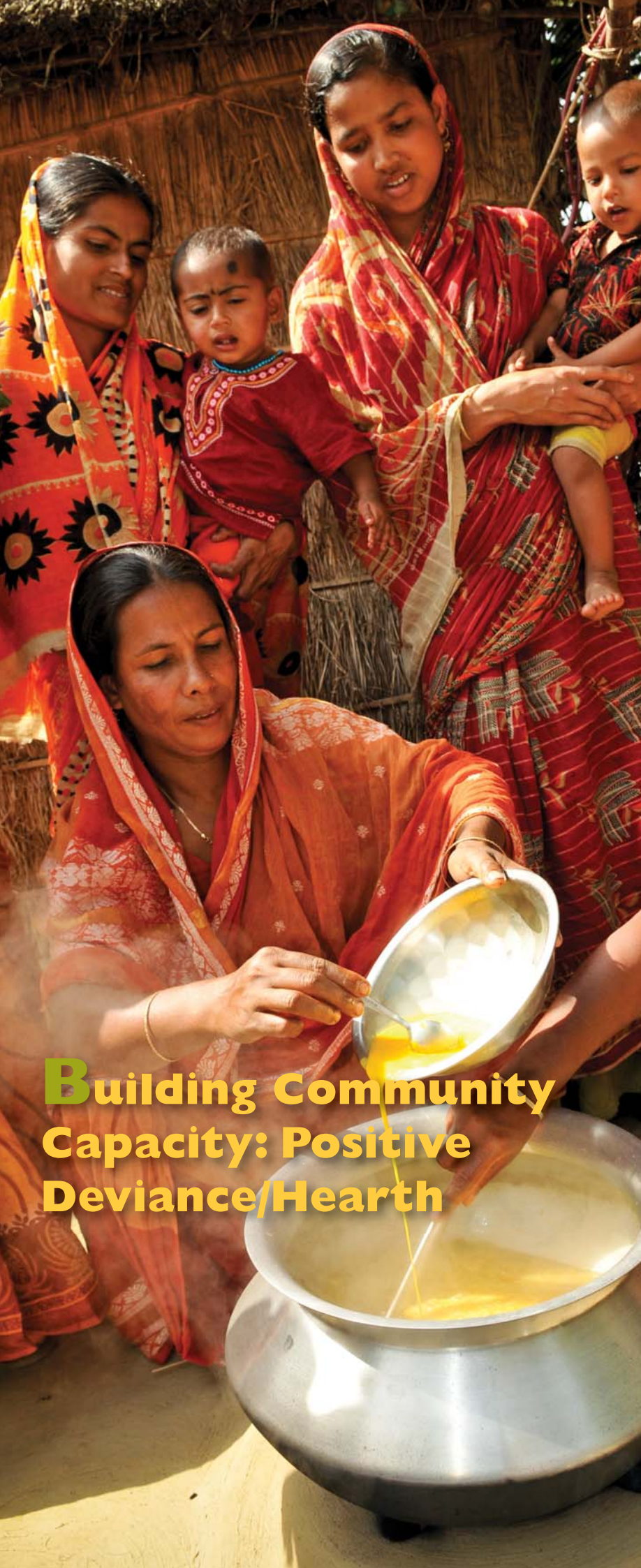
In 2012, the NCoE launched a Nutrition Resource website to make technical resources more accessible to our field and external partners. All NCoE technical resources are available for free download from www.wvi.org/nutrition or by contacting loria_kulathungam@worldvision.ca

Nutrition Marketplace



Nutrition Marketplace: Profiling World Vision's Best Practices in Nutrition was developed to provide a 'one-stop' shop for information on World Vision's community nutrition programming experience. It includes best practices, results, lessons learned, challenges, and resulting advocacy and policy recommendations. Content from the Nutrition Marketplace has been used to design projects, build capital funding campaigns, and advocate

for policy change. It is available at <http://wvi.org/nutrition/publication/nutrition-marketplace>



Building Community Capacity: Positive Deviance/Hearth

Positive Deviance (PD)/Hearth is a community-based intervention for families with underweight preschool children. The 'positive deviance' approach is used to identify behaviours practiced by the caregivers of well-nourished children from poor families and to transfer such positive practices to others in the community with malnourished children. The 'Hearth' or home is the location for the nutrition education and rehabilitation sessions.

The PD/Hearth approach was initiated in the 1970s in Vietnam by Save the Children, and has since been implemented all over the world by many different organisations. World Vision began implementing PD/Hearth in Guatemala and Honduras in 1999. Currently World Vision projects are using PD/Hearth to address child malnutrition in more than 40 countries.

Master Trainer

Since 2010, the NCoE has led a Master Trainer initiative to build capacity and improve programme quality as the reach of PD/Hearth spreads across World Vision field countries. Master Trainers have implementation experience and proven ability to train others in PD/Hearth methodology, applying adult learning principles. Working with experienced PD/Hearth consultants Naomi Klaas and Judiann McNulty, the NCoE developed a Master Trainer curriculum and coordinated training events in partnership with World Vision Canada and the Regional Offices in Asia and Africa. A total of 44 Master Trainers have been certified, who have in turn led multiple training workshops in nine countries. These workshops have resulted in hundreds of community volunteers being trained and implementing PD/Hearth.

PD/Hearth Monitoring and Evaluation

The NCoE worked with partners to finalize a PD/Hearth logframe and standard Monitoring and Evaluation tools for all World Vision PD/Hearth projects to use. These were launched in 2012 and are being scaled up through the Master Trainers and Regional Nutrition Advisors. The greatest constraint to effective monitoring is heavy workload of PD/Hearth volunteers and the difficulty of accurately tracking a large number of children using paper records. The NCoE is developing an online, centralised database, with monitoring data entered via mobile phones (funding dependent).



The field visit part of the Master Training and the community empowerment issues are very vital. There is a mindset that communities do not have the capacity to overcome their problems, but this kind of field visit was helpful to discover the idea that even the poor can have the capacity and a lot of potential to overcome their problems, including malnutrition. We have a lot of things to learn from [each] community.

Dr. Z. M. Babar

The highlight was being allowed to use my ideas to facilitate my own session and also to learn new ways of facilitating and conducting trainings from others.

The highlight was the practical field work; when we went out to the field to conduct the situation analysis ourselves.

The most helpful part was learning from other countries how they are implementing PD/Hearth, how they are monitoring their programmes, and how they are partnering with other key players.

Participant comments on the PD/Hearth Master Training workshop





Profiling Nutrition Leaders **Dr. Z. M. Babar**

Dr. Z.M. Babar, the National Health Coordinator (Nutrition and WASH) for World Vision Bangladesh, was trained in Positive Deviance (PD)/Hearth in 2007. He has since led the scale up of PD/Hearth for WV Bangladesh, with 50 project sites now implementing the model. Data (2011–2012) from over 2,000 PD/Hearth participants shows that more than 75% sustain their nutritional recovery three months after the PD/Hearth session ends.

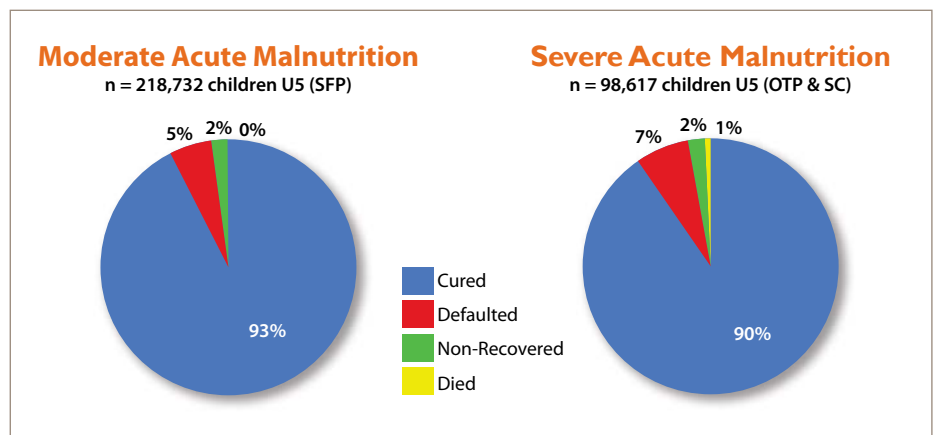
WV Bangladesh hosted the first WV PD/Hearth Master Trainer event in 2010, with 17 participants from nine countries, including both internal and external (Ministry of Health) partners. Dr. Babar was the first Cross-Regional Master Trainer to be certified. He has conducted at least 20 PD/Hearth implementation trainings for WV Bangladesh staff and volunteers. Dr. Babar and his team have also translated the PD/Hearth manual into Bangla and developed many contextually relevant training and communication materials.

Through WV's Global Technical Resources Network Dr. Babar has co-facilitated PD/Hearth trainings in Laos (2011) and India (2012), as well as at a Regional event in Thailand. Dr. Babar presented his work in PD/Hearth at the International Positive Deviance Conference in Indonesia in 2010.

Building Community Capacity: CMAM

Community-based Management of Acute Malnutrition (CMAM) is a methodology for treating acute malnutrition in young children using a case-finding and triage approach. Most malnourished children can be rehabilitated at home with only a small number needing to travel for in-patient care. CMAM was originally developed by VALID International and has been endorsed by WHO and UNICEF. CMAM has been implemented around the world by many governments and NGOs. World Vision's first CMAM project started in Niger in 2006. Since then, World Vision's CMAM programming has expanded to 15 countries, with global technical leadership from the NCoE through the Emergency Nutrition Working Group.

As a result of strengthening internal and external (Ministry of Health) capacity, World Vision and partners treated more than 317,000 children under 5 years suffering from acute malnutrition through CMAM programmes in 12 countries between 2011 and 2012. Approximately 218,732 were treated for moderate acute malnutrition (MAM) and over 98,617 for severe acute malnutrition (SAM) with cure rates of over 90% (see graphs below). Over 84,000 pregnant and lactating women were treated for moderate acute malnutrition.



World Vision benefits from an Institutional Agreement with Valid International to provide CMAM capacity building to field partners (both World Vision and Ministry of Health staff), coordinated by the NCoE. Nine countries/projects have received Valid's support in implementing CMAM.

I have always found NCoE very inspiring because they have been very dedicated in improving nutrition programming and making it more effective by adopting innovative approaches. A major feature of working in WV supported CMAM programmes has been their linkages to other more preventative nutrition programmes.

-VALID International consultant

CMAM.WVNCOE.ORG

World Vision

Home Tally Sheet Inputs Historical Data Reports Raw Data Users Countries Settings Help Français LOGOUT

Welcome to the CMAM Database Management System



TALLY SHEET INPUTS

REPORTS

RAW DATA

Enter Tally Sheets into the CMAM

Create reports from the CMAM database with

Export CMAM Data into Excel spreadsheets

Hello CMAM Team! This is a new System designed to help YOU.

Our CMAM programs have reached 10 different countries. Plans for scaling up programming, both within and between countries/regions, are imminent. This means that we will be reaching and providing quality treatment for more children suffering from acute malnutrition.

Such growth has been the driving force behind the creation of this new CMAM

Sarah Carr/WorldVision

CMAM Monitoring and Evaluation

The NCoE led the development and roll-out of the CMAM Database, a simple online data management system for tracking and reporting CMAM programme monitoring indicators. This system was developed in response to feedback from field staff on the challenges of using the previous Excel database as the primary programme monitoring tool. The CMAM online database was launched in March 2010, with trainings provided by NCoE to World Vision staff at country, regional and global levels, as well as to staff of Valid International, World Vision's CMAM capacity building partner. Twelve country programmes are now using the CMAM Database.

The CMAM Database is very user friendly, uniform and easy to use to retrieve data, and very convenient for data analysis to predict future trends.

-WV Pakistan

It is helpful to generate reports for the situation, even at the village level. Also, everyone involved in the CMAM project can access the online data.

-WV Ethiopia

Strengthening Emergency Nutrition Capacity

Emergency Nutrition Updates

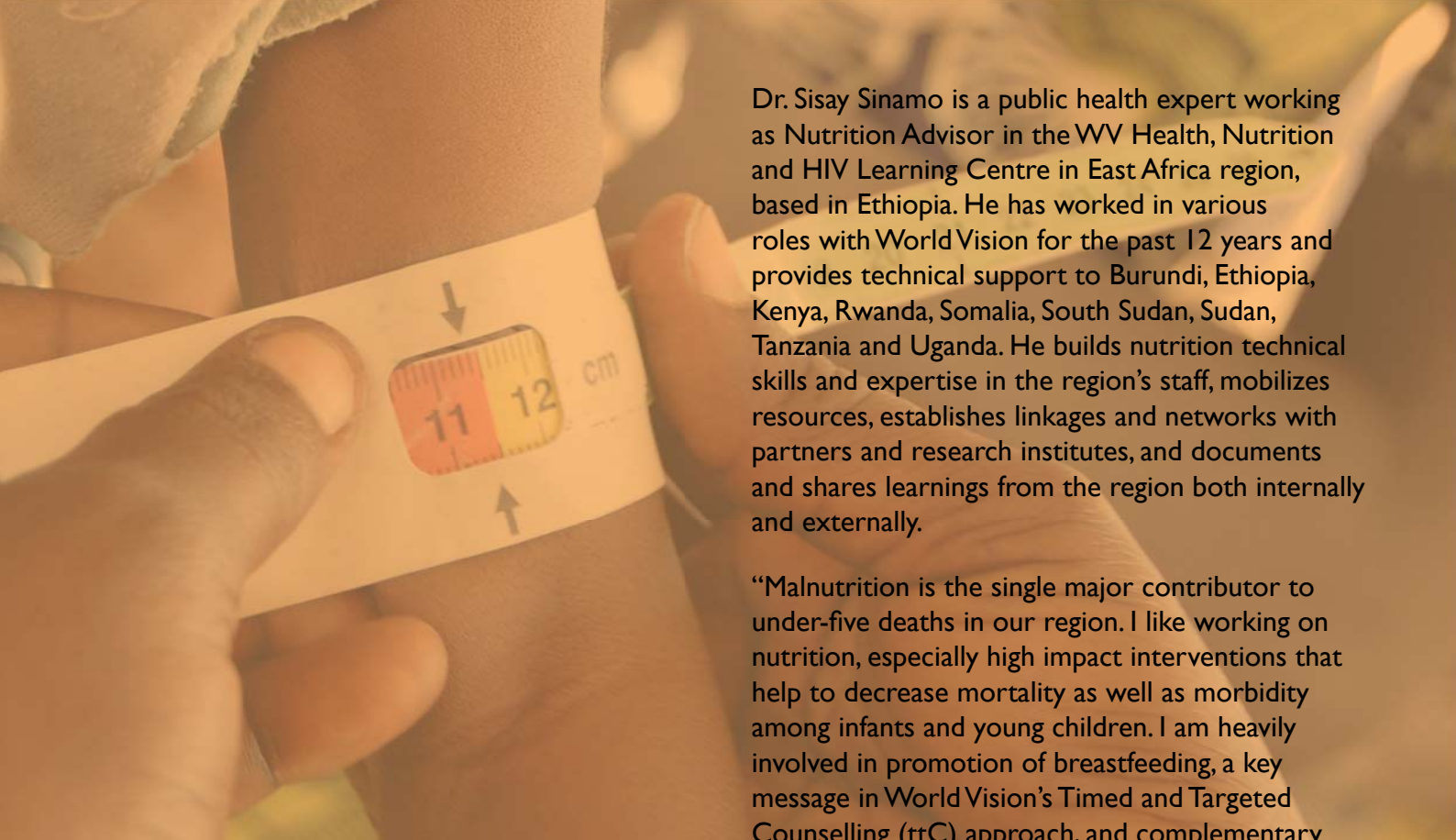
The NCoE produces and distributes a quarterly newsletter on emergency nutrition issues for World Vision staff, with support from World Vision Australia. Each Emergency Nutrition Update (ENU) features technical updates, field stories and lessons learned from World Vision's emergency nutrition programmes. The full ENU archive is available at <http://wvi.org/topics/emergency-nutrition-updates>



World Vision International, represented by the NCoE, is a core member of the Global Nutrition Cluster, a coordinating network of agencies engaged in nutrition responses during humanitarian emergencies. The Global Nutrition Cluster was created in 2005 in order to safeguard and improve the nutritional status of emergency-affected populations by ensuring a coordinated, appropriate response that is predictable, timely, effective and at scale. Its primary focus is to support country-level nutrition cluster coordination through increasing collaboration and partnership among member agencies. World Vision National Office staff also participate in Nutrition Cluster groups at country level.

International Research Partnerships

The NCoE has provided data from over 30 field nutrition surveys to the Complex Emergencies Database (CE-DAT) project of the Centre for Research on the Epidemiology of Disasters, to support global tracking and analysis of the health of emergency-affected populations. The NCoE also provided field survey data to WHO's Health and Nutrition Tracking Service (HNNTS) for a research project which aims to create a simplified tool for predicting the volume of admissions to nutritional rehabilitation programmes.



Dr. Sisay Sinamo is a public health expert working as Nutrition Advisor in the WV Health, Nutrition and HIV Learning Centre in East Africa region, based in Ethiopia. He has worked in various roles with World Vision for the past 12 years and provides technical support to Burundi, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania and Uganda. He builds nutrition technical skills and expertise in the region's staff, mobilizes resources, establishes linkages and networks with partners and research institutes, and documents and shares learnings from the region both internally and externally.

“Malnutrition is the single major contributor to under-five deaths in our region. I like working on nutrition, especially high impact interventions that help to decrease mortality as well as morbidity among infants and young children. I am heavily involved in promotion of breastfeeding, a key message in World Vision’s Timed and Targeted Counselling (ttC) approach, and complementary feeding using Positive Deviance (PD)/ Hearth. These approaches are being scaled up within the region, and some countries, such as Burundi and Rwanda, have already implemented them in all their Area Development Programmes (ADPs). We are documenting the impact of these interventions at the community level, and believe the change we are seeing will contribute to reduce the burden of malnutrition in our operational areas and the respective countries. Community-based management of acute malnutrition (CMAM) is implemented by six of the nine countries in East Africa Region, three of which are considered fragile states. We have learned from past experience that implementing an integrated approach to emergency nutrition programming is essential. The recent operational research in Ethiopia (Infant and young child feeding (IYCF) into CMAM) and the ongoing research (Integration of essential nutrition action and PD/Hearth in the context of CMAM) will provide us and the global nutrition community with information on how to sustain the achievements of the emergency nutrition interventions. Many of our partners have benefited from the online CMAM database, which was piloted in East Africa. We look forward to the release of an online PD/Hearth excel-based monitoring system which will help staff to track progress and achievements efficiently. We invite other colleagues to come and learn from many of the promising experiences in the East Africa region.”



Profiling Nutrition Leaders **Dr. Sisay Sinamo**

Building Evidence Base: Nutrition Research

The NCoE provides leadership to World Vision's nutrition-focused research by defining priority topics; developing partnerships between field offices, funders and research institutions; providing technical support to the design and implementation of research projects; and disseminating findings through publications, conferences, Communities of Practice and professional networks. Our major focus is on scaling-up interventions, refining nutrition approaches and models, and improving the effectiveness of integration between nutrition and agriculture/food security. Major projects, presentations and publications are highlighted in what follows.

Mamanieva (Grandmother Approach)

Purpose: To examine the role of grandmothers to improve infant and young child feeding practices.

Location: Bonthe District, Sierra Leone

Timeline: January 2012-June 2015

Partners: Grandmother Project, Ministry of Health - Bonthe District, Emory University, Njala University, WV Sierra Leone

Funding: WV Germany

Comparing Approaches to Improve Behavioural Practices of Caregivers of Malnourished Children

Purpose: To compare the PD/Hearth approach versus the Care Group approach in improving behavioural practices of caregivers of malnourished children and the rehabilitation of malnourished children in a relatively food secure environment

Location: Soroti District, Eastern Uganda

Timeline: Sept 2012 to March 2014 (Data collection: Dec 2012 to Jan 2014; Preliminary findings available Sept 2013)

Partners: London School of Hygiene and Tropical Medicine, WV Uganda and WV Canada

Funding: WV Canada

Anemia in Young Cambodian Children

<http://jn.nutrition.org/content/142/4/781.full>

Purpose: To examine the prevalence of anaemia in preschool children and to identify contributing factors, particularly genetic Hemoglobin abnormalities.

Location: Three rural provinces and the Municipality of Phnom Penh, Cambodia

Timeline: data collection 2008; publication 2012

Partners: Cambodian National Nutrition Program and National Institute of Public Health, Otago University, WV Cambodia

Funding: WV Canada

CMAM & IYCF Integration Effectiveness

Purpose: Effectively integrate the promotion and protection of infant and young child feeding into CMAM programmes

Location: southern Ethiopia

Timeline: 2011-2013

Partners: Save the Children (lead), WV US, WV Ethiopia, Emergency Nutrition Network, Nutrition Policy & Practice

Funding: Alive & Thrive

Child Health Targeted Impacts Study (chTIS)

Purpose: Evaluation study to examine effectiveness of WV's 7-11 core intervention package on child health and nutrition

Location: Cambodia, Guatemala, Kenya, Zambia

Timeline: 2013-2015

Partners: Johns Hopkins University is lead academic partner. NCoE participates in the chTIS Advisory Group, leading the monitoring and evaluation planning for the nutrition components of 7-11.

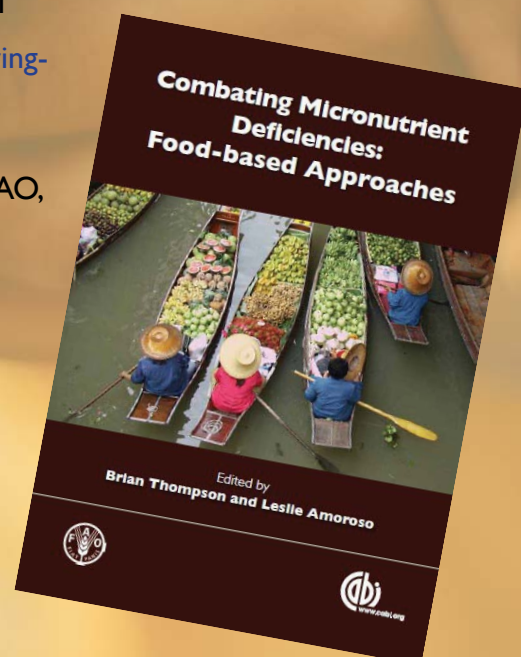
Funding: WVI

Case Studies in UN Food & Agriculture Organization Publications

Small-animal revolving funds: An innovative programming model to increase access to and consumption of animal-source foods by rural households in Malawi. FAO, 2011

<http://wvi.org/nutrition/publication/small-animal-revolving-funds-chapter>

Medium-scale fortification: a sustainable food-based approach to improve diets and raise nutrition levels. FAO, 2012 (in press)



Nutrition Advocacy

From spearheading the civil society movement for nutrition in Uganda to mobilising citizens in rural India to engaging in major international forums, World Vision staff around the world are raising the profile of nutrition. The NCoE partners internally and externally to support nutrition advocacy movements, by direct participation in key forums and networks, and by preparing organisational briefing documents and position papers. The NCoE co-leads World Vision's Nutrition Advocacy Working Group to facilitate internal communication and knowledge sharing and works with WV's global advocacy campaign, Child Health Now.



World Vision launched its 2010-2015 Child Health Now (CHN) campaign as a five-year, (US) \$1.5 billion commitment to reduce preventable child deaths by 2015. Through this campaign, World Vision is joining with communities in over 20 countries to bring greater attention to the need for quality health care and nutrition for mothers, children, families and entire communities. During 2011 and 2012, CHN emphasised the importance of reducing malnutrition. CHN and NCoE staff established a set of key priorities for 2012, which defined objectives and two priority events for nutrition advocacy: the 2012 World Health Assembly and World Breastfeeding Week. Key global engagement documents were developed and launched during the United Nations General Assembly meetings.

Nutrition Barometer (2012)



The Nutrition Barometer assesses governments' political, legal and financial commitments to tackling malnutrition in the 36 countries where 90% of the world's undernourished children live. World Vision joined with Save the Children to produce this report.

The Best Start (2011)

World Vision compiled a wealth of programming experience and global best practices on child nutrition into a report entitled *The Best Start: Saving Children's Lives in the First Thousand Days*. The report lays out eight vital recommendations for countries, with illustrative examples from World Vision programmes.



Key Global Advocacy Moments of 2012



World Health Assembly and World Breastfeeding Week

In May 2012, the 65th World Health Assembly unanimously endorsed The World Health Organization's Comprehensive Implementation Plan for Maternal, Infant and Young Child Nutrition (WHO Nutrition Plan). This plan provides UN Member States with measurable and time-bound targets and a clear framework for reducing maternal and child malnutrition by 2025. The NCoE led in the writing of advocacy materials for numerous World Vision offices around the world to use to motivate their governments to support the WHO Nutrition Plan. In August 2012, the NCoE helped to mobilize World Vision staff internationally to act upon the new WHO Nutrition target to increase breastfeeding through World Breastfeeding Week activities. Many World Vision offices, particularly in Asia, engaged in advocacy to create more supportive environments for breastfeeding among World Vision staff mothers as well as for mothers in the communities where we serve.



Over 30 countries and 100 international organisations, including World Vision, have joined the [Scaling Up Nutrition \(SUN\)](#) movement, a global advocacy effort to mobilise governments, institutions, communities and families to prioritise nutrition as central to national development and imperative for achieving the Millennium Development Goals. The NCoE actively participates in the global SUN Civil Society Network, and supports World Vision staff who are engaged in many national level SUN Task Forces.

Looking Ahead

The NCoE has defined five priority areas with key deliverables for 2013.

1 Integration with Food Security and Agriculture

Expand focus from primarily health interventions to include food security and agriculture interventions, to achieve reductions in malnutrition in contexts where household food insecurity is a major underlying cause of undernutrition.

- Develop strategic guidance for integration of nutrition and food security
- Co-lead World Vision's Agriculture/Nutrition working group
- Develop an assessment, design, analysis and planning tool (ADAPT) for field-level use to improve nutrition outcomes in food security programmes.

2 Capacity Building

Strengthen field capacity on a regular and systematic basis by disseminating completed tools and guidelines and scale-up of effective approaches.

- Launch three new e-learning courses: Reducing Childhood Anaemia, Reducing Maternal Anaemia and Reducing Childhood Stunting
- Roll-out of the face-to-face training tools in the Nutrition Toolkit working with regional office counterparts
- Strengthen PD/Hearth capacity through Master Trainer and Training of Facilitator workshops.
- Strengthen capacity building in CMAM (including internal CMAM database training) with external CMAM experts and scale up CMAM in West Africa Region and Asia Region.

3 External Partnerships

Expand partnerships with other NGOs, private sector, academic and other public institutions; negotiate global level agreements to facilitate national level collaboration, so that World Vision's strengths in community nutrition are leveraged with other agencies to reduce malnutrition.

- Strengthen HarvestPlus and World Vision partnership by initiating biofortification projects in three countries.
- Establish partnership with Royal DSM for fortification initiatives.

4 Research and Evaluation


Provide technical support to nutrition-focused research and evaluation initiatives, in collaboration with external partners. This will build the evidence-base for nutrition interventions and show progress toward World Vision's child well-being targets to improve child nutrition and toward Millennium Development Goals (1, 4 and 5). Technical support will focus on the following projects:

- Research on effectiveness of integrated agriculture-nutrition interventions (various academic and institutional partnerships, including FAO)
- Roll-out of Standard Monitoring Indicators and M&E framework for improving child nutrition
- Complete research on effectiveness of PD/Hearth versus nutrition education in improving behaviour change of caregivers (London School of Hygiene and Tropical Medicine, WV Uganda and WVI)
- Improve CMAM database by adding additional features required by World Vision field partners
- Build and launch PD/Hearth monitoring database

5 Advocacy

Work with internal and external partners to promote increased commitment to nutrition by governments and development partners in policies, implementation plans and resources.

- Follow up commitments made at World Health Assembly 2012, advocating for Comprehensive Nutrition Implementation Plan at the national level
- Support National offices in monitoring compliance to the WHO Code of Marketing of Breast Milk Substitutes
- Continue advocacy for positioning nutrition centrally in post-2015 and scaling up nutrition nationally through participation in SUN Civil Society network



“We have placed technical experts in the Nutrition Centre of Expertise, linked to learning centres worldwide, to help link global momentum with results on the ground. These centres are rooted in practical work in poor communities, providing a unique resource for the global nutrition movement.”

Kevin Jenkins,

President and CEO, WVI. Child nutrition leads to global growth: Advancing maternal and infant health. Global Health, May 2012. 56-57.

World Vision's Nutrition Centre of Expertise

World Vision's Nutrition Centre of Expertise (NCoE) was formally established in 2007 as a centre for nutrition knowledge, research and development. The NCoE provides strategic leadership for strengthening and scaling up nutrition programming and advocacy in World Vision countries. The NCoE defines nutrition strategy and standards for World Vision, and leads in nutrition-focused capacity building, advocacy, research and evaluation, and knowledge management. Our goal is to ensure that mothers and children are well nourished across our global programming reach.

The NCoE is co-owned by World Vision International and World Vision Canada and is part of the Global Health, Water, Sanitation and Hygiene Team (Health and WASH). World Vision Canada hosts a small 'secretariat' of the NCoE, with other team members based in locations around the world. The NCoE works closely with regional counterparts globally, and the services of the NCoE are shared by the entire World Vision Partnership.

The NCoE's primary working relationships are with the Regional Offices; the Global Health and WASH Team; other sector leads at the World Vision International level; and external partners in the international nutrition community.

The NCoE Team 2011–2012

Nutrition Director and NCoE Lead	Carolyn MacDonald
Senior Policy Advisor for Maternal & Child Nutrition	Emily Levitt Ruppert (July 2011–Dec 2012)
Technical Advisors:	
Capacity Building	Miriam Yiannakis
Emergency Nutrition	Colleen Emary/Sarah Carr Magalie Nelson (February 2011–July 2012)
Nutrition	Diane Baik
Research and Evaluation	Bridget Aidam
Tools and Guidelines	Carmen Tse
Project Support Officer, Knowledge Management Advisor	Loria Kulathungam
Project Support Officer	Kathy McConnell



WV Nutrition Centre of Expertise
c/o World Vision Canada,
1 World Drive, Mississauga, ON
Canada L5T 2Y4

carolyn_macdonald@worldvision.ca
1-905-565-6200 ext 3867

For more information
Visit us at: www.wvi.org/nutrition