Clearing away the Rubbish

Viva’s 2015-2016 Network Health Report

and

Statement of Effectiveness

The Network Health Report is Viva’s annual opportunity to assess how effective our chosen model is proving to be in delivering the results that we thirst for. In this year’s report we are using a pictorial analogy to help explain the context:

In this picture the problems confronting children at risk are represented as a rubbish dump encroaching upon a city. The rubbish, which has accumulated due to failed systems (or failed vision) within the city, is not only a source of ill-health but also restricts vision. Without a network, the problem is addressed through trying to help individual children – without reference to the underlying situation that is causing their ill-health (the rubbish dump). Change can only take place if the rubbish can be cleared – which not only removes the immediate sources of ill-health but also allows a new perspective to be gained on the city and its problems. Only at this point can the root problems (the causes of the rubbish) be dealt with meaningfully. We call this a Solution. The local network is portrayed as a bull-dozer, which if sufficiently powered and resourced, can clear a path through the rubbish – and eventually disperse the rubbish dump completely. This is the scenario in each of the 66 cities where Viva partners with a local network, and we refer to these efforts collectively as ‘The Viva Family’:
Contents:

Section A – Clearing away the Rubbish
1. What are we Clearing up?
2. How is the Cleaning-up Operation Progressing?

Section B – The Vehicle: Viva’s Network Model
1. What sort of vehicle is the Network Model?
2. What does the MOT (Network Health Check) tell us about the Network Model?
3. How do Collaborative Programmes fit in?
4. What does an Average Network look like?

Section C – Viva’s Role
1. Tried and Tested Model
2. Network Consultancy
3. Brokering Funds
4. Viva Family of Networks

Section D – Clearing the Smog: Big Solutions
1. Solution-delivery Capability
2. Solution Themes
3. Solution Progress Indicators

Section E – Recommendations

Section F – Therefore…
Section A – Clearing Away the Rubbish

A1. What are we Clearing up?

Viva exists to improve the plight of children at risk – and more specifically to bring improvements to the underlying situation of children at risk. We aspire to emulate societal change similar to that achieved by Lord Shaftesbury in 19th Century Britain. Through his labours, British society came to see it as abhorrent that under-nine-year-olds should work in factories, or that under-18s should work more than ten hours per day – or that children should sweep our chimneys. Yet today we live in a world in which hundreds of millions of children are denied an education and forced to work in dangerous or unhealthy conditions. Every year more than a million children are trafficked into situations of exploitation. Every year more than a hundred thousand children die from domestic violence – and as many again from armed conflict.

Viva operates through 37 different networks across Latin America, Africa and Asia working in more than 66 different cities. Within these neighbourhoods our mandate is to see societal reform – i.e. to see families strengthened, neighbourhoods become safer places in which to grow up, society more accommodating towards children’s needs, and children better protected in times of disaster. These are key examples of clearing the rubbish.

Though we like to imagine solitary heroes, progress like that achieved in Shaftesbury’s name is never achieved by a single individual or even a group. If society is to change then society must be mobilised. Our chosen method for achieving this is the ‘Local Network Model’ explained further in this report. It is through this vehicle that we seek change in the structures that most affect children’s lives – i.e. in the legislation that governs children’s well-being, and in the attitudes of the local populace towards children. In particular we are interested in the degree to which local churches are empowered to work with marginalised children, and in the degree to which children themselves shift from victims to leaders and problem-solvers.
A2. How are we Progressing?

We do not have the strength to clear up the rubbish on our own, and so we must mobilize help to do so. This is why it is critical for us to mobilize the local community – beginning with local churches and other Christian agencies, and progressing on to other influential players within the community. We are also committed to empowering the children themselves – many of whom were once victims of the problems we confront – to raise them up as leaders and change-makers. We are interested in the 'Law of the Few' – i.e. critical thresholds beyond which a group of activists begin to change the society. Whether these critical thresholds are 5, 10 or 20% of a given cohort is something that we need to research further – but the idea that a minority of activists can cause change across the board is well documented.

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1 "The Tipping Point" (Malcolm Gladwell, 2002)
The Viva Family of Networks maintained a membership of 37 in the 2015-16 business year. This was in fact the result of one departure (Challapata in Bolivia) and one new arrival (Eastern Samar in the Philippines). This stability of membership is part of Viva’s strategy to commit to long-term partnership for stable network development.

## A.2.2 Total Participation

In the 2015-16 period, 5,516 agencies (comprising both local churches and other Christian agencies) participated in the 37 partner networks. This is estimated to represent 10% of the total number of churches and Christian child development agencies within the geographic boundaries of the networks.

## A.2.3 Churches engaged in the Solution Process

Viva sees the local church as key to the solution process because local church congregations permeate all of the locations where children suffer the most. The media’s necessary focus on

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2 Networks estimated 54,575 Christian agencies (40,700 churches and 13,875 other agencies) operating within their boundaries (all 37 networks)

3 2013-14: 2,187 church participants (31 networks) / 29,340 churches within boundaries (30 networks)

4 2014-15: 3,068 church participants (36 networks) / 40,600 churches within boundaries (35 networks)

5 2015-16: 4,132 church participants (37 networks) / 36,300 churches within boundaries (33 networks)

6 The percentage given on this row is a ratio between the total number of children living within the boundaries of the network and the number reached by the network. NB – This is based on the total number of children, not the number of ‘marginalised’ or ‘at risk’ children.

7 910,000 children (31 networks) / 42.5 million (28 networks) – no acknowledgement of added ‘collaboration-reach’

8 1.5% through participant programme + 0.3% through collaborations (of 72.8 million children within network boundaries)

9 Explained further on in this report

10 Based only on selected programmes in which children are active as agents of change

11 11,581 children engaged in ‘Good Treatment’, Child Ambassador or Empowerment programmes (19 networks)

12 30,004 children engaged in 18 ‘Good Treatment’, Child Ambassador or Empowerment programmes (18 networks)

13 31,571 children engaged in 18 ‘Good Treatment’, Child Ambassador or Empowerment programmes (16 networks)

14 In 2013-14 the question about formal agreements was more general, and included all civil society groups

15 2014-15: Total Networks holding formal agreements with City Government or Civil Leadership

16 2015-16: Total Networks holding formal agreements with City Govt/Legislators/Law Enforcers, Civil Society Leadership

17 2013-14: 22 Networks claimed to have Govt/Civil Society agreements at either City or National Level
historic abuse within a small number of churches has distracted from the enormous if not pivotal role that local churches play in helping suffering children in some of the most challenging situations on the planet. The percentages given here are based on the ratio between the estimated number of churches within the geographic network boundaries, and the number known to be actively participating in the network development / solution process. We believe that more than 11% of all churches falling within network boundaries are now participating in these networks.

Viva’s ultimate aim is to lift children out of suffering and into a life of all that God intends. To achieve this we must work not only with the children themselves, but also with the adults who care for them, with the institutions that provide them with support, and with the decision-makers who can change the power structures that either accentuate or dissipate the problems faced by children. Of particular interest to Viva is the role of local church congregations whom we believe to be, however flawed or fragile themselves, God’s agents of change within their communities. We have been encouraged to see the participation of church congregations in the Viva family increase markedly over recent years. The 4,132 churches participating in 2015-16 represented a 35% increase on the previous year, or an 89% increase on two years ago.

**A2.4 Children Reached**

1.4 million children benefitted from the activities of the partnership networks in 2015-16. 1,086,000 were reached purely through the individual programmes of network participants; 174,000 were reached purely through collaborative programmes and 167,000 were reached by both. This is a 4.5% increase on the previous year.

**A2.5 Child Beneficiaries engaged as Child Leaders**

One critical pre-requisite of the quest to improve the situation of children at risk is to empower children. Those who enlist child-soldiers are well aware of the potential that children have to take on roles of leadership and influence, and it is tragic that the church is often a step behind in appreciating the potency of children empowered for good. It is essential that children transition from victims to leaders and change-makers, and we are encouraged to see that as a result of the strategic approaches of 16 different collaborative programmes (working in the areas of Child Empowerment, ‘Good Treatment Campaign’ and ‘Child Ambassadors’) more than 31,500 children were able to take on leadership roles within the transformation of their communities in 2015-16.

**A2.6 Child-development staff and Volunteers**

One of the most dramatic changes over the past year has been the 39% increase in the registered number of child-development staff and volunteers. As explained further in B4.4, this has reduced the average staff/volunteer to child ratio from 42:1 to 34:1.
A2.7 Cities signed up to process

Another key requisite of ‘clearing away the rubbish’, is collaborating with city authorities. Even where local government is poorly resourced, its roles in local legislation, law enforcement and planning are all significant in shaping societal change for good or ill. Viva believes that only through engaging with city authorities will Christian children-at-risk networks be able to achieve the degree of change that they desire. In 2015-16, twelve of the 37 networks held formal agreements with either City Government, City Law Enforcers, City Legislators or other Civil Leadership of their Cities.

A2.8 Broader Stakeholder Engagement

As well as local Government, Viva believes that solutions to the biggest issues confronting children will not be found without collaborating with (and developing consortiums with) other key power-brokers within the city. These include Service Providers, Business and Media along with Community, Civil and Religious Leadership. In 2015-16, agreements existed with on average just over a third of these influence bases across all 37 operating locations.

A2.9 National Governments signed-up to process

Viva has chosen to focus on local networks (usually within one neighbourhood of one city), because experience has taught us that national-level collaborations are of no value without grass-roots action. However, there is still a significant value in engaging with national government – especially in small countries where national government is not so distant from city politics (e.g. in Central America), or in locations where Viva partners with multiple networks within one country (e.g. in Argentina, Bolivia or Venezuela). In 2015-16, seven of the thirty-seven networks held some sort of formal agreements with national government. Apart from the CRANE network in Uganda, these were all located in Latin America. Guatemala demonstrated the largest number of national-level agreements – including those with government departments for Childhood (RENAP), Adoption (CAN) and Social Welfare (SBS).

A3 The Trajectory

Our aspiration is the possibility of children no longer suffering diminished childhoods simply because their neighbourhoods failed to service their needs, or failed to believe that it was possible to cater for their needs, or simply failed to believe that children were important.

The statistics above assume that the networks with whom we partner are making progress in ‘clearing a way through the problem’ – i.e. that we they progressing towards the goal. But a network’s trajectory is only as good as its indicators. We don’t want to find ourselves expending our energy to simply contour the mountain. To ensure that our chosen indicators are good, we will need also to regularly review these indicators. It is therefore highly likely that the ‘dashboard’ indicators shown in this year’s report will be modified in subsequent year’s reports. However, we will continue to collect a wide range of data about key stakeholder groups so that trending over multiple years continues to be possible even with differing dashboard indicators.
Section B – The Vehicle

B1. What sort of vehicle is the network model?

We believe in the local Christian community – churches and other Christian agencies who already operate within all of the communities where children suffer, and who are compelled to improve the plight of these children because of their Christian mandate to place the child in the midst and to devote themselves to the least in society. But these congregations of Christians are lacking a few critical weapons in their battle to help these children. At best, each church may be able to address one of the needs of children at risk on their doorstep – which means that most of the needs will not be met. Churches are also commonly ill-equipped for this work, and poorly placed to develop long-term strategies for change. Viva’s network model – to address the problems confronting children at risk through the medium of networks of local churches and other Christian agencies – helps to fill in these gaps, and equip local communities of Christians to offer their very best to the children on their doorstep, and to collaborate around lasting change. Other Collective Action groups call this infrastructure the ‘backbone organisation’, we call it the ‘Network Engine’. When we use this term we are always referring to city-based (urban) networks – though some network engines may offer additional functions. We have represented the network engine as a bulldozer in this report. The purpose of this analogy is to identify with the power of the bulldozer – power which allows it to push through obstacles that individuals or smaller vehicles cannot shift. The network is in reality subtle as well as powerful, and whereas bulldozers are sometimes responsible for indiscriminate deaths out on the rubbish tips, the eyes and ears of a real network are highly tuned to their surroundings. However, the theme of power to overcome obstacles is key to understanding the potency of networks – because the problems faced by children in most network locations have overwhelmed the efforts of many thousands of individual activists.

We believe in a long-term relationship with each network. Our aim is that each year these networks improve their ability to help children within their neighbourhoods – with the ultimate goal of being able to get to the very roots of the causes of brokenness.

Network Function and Phase

Viva has been partnering with such networks for more than twenty years, and in 2015-16 we partnered with 37 network engines in 22 different countries. 16 of these network engines additionally acted as hubs for networks in more than one city and 15 extended their area of concern to National-level policy.

Viva has introduced a grading system which tracks the journey of each such network – beginning with the development of a clear purpose which allows the network to achieve quick wins (Phase 1).
Once this has been achieved, networks are ready to deliver more strategic collaborative programmes which demand more skilful management of people and resources (Phase 2). In 2015-16 there were 198 collaborative programmes across the 37 networks – each run by a subset of the network participants. These are explained further in section B3 below.

At Phase 3, networks begin scaling up their collaborative programmes to the point where the network is in a position to orchestrate a comprehensive solution to one of the primary problems confronting children within their neighbourhood. See Section C for more information about Solution Development.

B2. How is the vehicle performing?

Having chosen to work with the network model, we need total confidence that it is the vehicle for the job – i.e. that it is powerful enough to make in-roads through the problem, sufficient fuel to do the job, and ultimately be able to clear it away.
### Fig. B2. Vehicle Performance – Dashboard Stats

#### B2. The Vehicle – Selected Dashboard Stats

<table>
<thead>
<tr>
<th></th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B2.1 Network Health (Vehicle MOT)</strong>(^{18})</td>
<td>60% 62%</td>
<td>61.2% 62.5%</td>
<td>+8.3% 4%</td>
</tr>
<tr>
<td><strong>B2.2 Situation</strong>: Network constituencies mapped within past 2 years</td>
<td>15 48%</td>
<td>21 75%</td>
<td>16 53%</td>
</tr>
<tr>
<td><strong>B2.3 Programme</strong>: Networks with documented Strategic Plans</td>
<td>n/a n/a</td>
<td>15 40.5%</td>
<td>24 64.9%</td>
</tr>
<tr>
<td><strong>B2.4 Leadership</strong>: Networks with Programme Delivery Teams</td>
<td>5 16%</td>
<td>8 23%</td>
<td>12 36%</td>
</tr>
<tr>
<td><strong>B2.5 Leadership</strong>: Influential people recruited onto steering group(^{21})</td>
<td>(5) (16%)</td>
<td>(9) (26%)</td>
<td>(10) (30%)</td>
</tr>
<tr>
<td><strong>B2.6 Systems</strong>: Networks using Social/Interactive Media</td>
<td>2 7%</td>
<td>8 23%</td>
<td>13 39%</td>
</tr>
<tr>
<td><strong>B2.7 Systems</strong>: Networks with Enforced Membership Fee</td>
<td>n/a n/a</td>
<td>14 40%</td>
<td>15 45%</td>
</tr>
<tr>
<td><strong>B2.8(a) Sustainability</strong>: Total Budget – All Networks ($000 US)</td>
<td>$3,253</td>
<td>$4,166</td>
<td></td>
</tr>
<tr>
<td><strong>B2.8(b) Sustainability</strong>: Funding from local sources ($000 US)</td>
<td>n/a n/a</td>
<td>$229 7.0%</td>
<td>$209 5.0%</td>
</tr>
<tr>
<td><strong>B2.8(c) Sustainability</strong>: Soft Income ($000 US equivalent)</td>
<td>n/a n/a</td>
<td>$471 12.6%</td>
<td>$478 13.0%</td>
</tr>
<tr>
<td><strong>B2.9 Relationships</strong>: Intra-network Health</td>
<td>n/a n/a</td>
<td>59.8% 60.6%</td>
<td>71.6% 61.9%</td>
</tr>
<tr>
<td><strong>B2.10 Relationships</strong>: Inter-network collaborations</td>
<td>n/a n/a</td>
<td>6 20%</td>
<td>8 24%</td>
</tr>
<tr>
<td><strong>B2.11(a) Programme Results</strong>: Performance to Scale</td>
<td>59.9% 61.6%</td>
<td>58.6% 61.6%</td>
<td></td>
</tr>
<tr>
<td><strong>B2.11(b) Programme Results</strong>: Performance to Time</td>
<td>78.7% 78.6%</td>
<td>77.4% 78.6%</td>
<td></td>
</tr>
<tr>
<td><strong>B2.11(c) Programme Results</strong>: Performance to Budget</td>
<td>61.9% 60.6%</td>
<td>59.1% 59.1%</td>
<td></td>
</tr>
</tbody>
</table>

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\(^{18}\) The ‘Improvement in Network Health’ is calculated by using stable questions to work out how much harder this year’s Network Health Questionnaire was than the year before. This figure is then added on to the average network health score for that year. In 2015-16, the average health check score was 61.2% (0.8% lower than previous year). However, the questionnaire had become 9.1% more difficult – which explains the net improvement of 8.3%

\(^{19}\) 2013-14 Network Health Improvement does not include correction for questionnaire difficulty

\(^{20}\) 2014-15 As with 2013-14, figure does not include correction for questionnaire difficulty

\(^{21}\) For the past 3 years, networks have been asked if they have targeted influential people within civil society to strengthen/support the Steering Group. This does not clarify whether such people have joined the steering group.
### B2.1 Improvement in Network Health

#### B2.1(a) Network Health Scores

<table>
<thead>
<tr>
<th>All Networks</th>
<th>Break down of scores 2014-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This Year Overall</td>
</tr>
<tr>
<td>ARGENTINA</td>
<td>63%</td>
</tr>
<tr>
<td>BOLIVIA</td>
<td>13%</td>
</tr>
<tr>
<td>BOLIVIA</td>
<td>73%</td>
</tr>
<tr>
<td>BOLIVIA</td>
<td>15%</td>
</tr>
<tr>
<td>BOLIVIA</td>
<td>5%</td>
</tr>
<tr>
<td>BOLIVIA</td>
<td>52%</td>
</tr>
<tr>
<td>BOLIVIA</td>
<td>55%</td>
</tr>
<tr>
<td>CAMBODIA</td>
<td>62%</td>
</tr>
<tr>
<td>CAMBODIA</td>
<td>64%</td>
</tr>
<tr>
<td>COLOMBIA</td>
<td>63%</td>
</tr>
<tr>
<td>COSTA RICA</td>
<td>73%</td>
</tr>
<tr>
<td>CUBA</td>
<td>13%</td>
</tr>
<tr>
<td>EL SALVADOR</td>
<td>74%</td>
</tr>
<tr>
<td>GUATEMALA</td>
<td>75%</td>
</tr>
<tr>
<td>HONDURAS</td>
<td>73%</td>
</tr>
<tr>
<td>INDIA</td>
<td>56%</td>
</tr>
<tr>
<td>INDIA</td>
<td>72%</td>
</tr>
<tr>
<td>INDIA</td>
<td>51%</td>
</tr>
<tr>
<td>INDIA</td>
<td>76%</td>
</tr>
<tr>
<td>INDIA</td>
<td>54%</td>
</tr>
<tr>
<td>INDIA</td>
<td>74%</td>
</tr>
<tr>
<td>KENYA</td>
<td>54%</td>
</tr>
<tr>
<td>NEPAL</td>
<td>63%</td>
</tr>
<tr>
<td>NICARAGUA</td>
<td>55%</td>
</tr>
<tr>
<td>PANAMA</td>
<td>28%</td>
</tr>
<tr>
<td>PARAGUAY</td>
<td>58%</td>
</tr>
<tr>
<td>PHILIPPINES</td>
<td>75%</td>
</tr>
<tr>
<td>PHILIPPINES</td>
<td>51%</td>
</tr>
<tr>
<td>PHILIPPINES</td>
<td>43%</td>
</tr>
<tr>
<td>PHILIPPINES</td>
<td>66%</td>
</tr>
<tr>
<td>PHILIPPINES</td>
<td>64%</td>
</tr>
<tr>
<td>REP DOMINICA</td>
<td>62%</td>
</tr>
<tr>
<td>SOUTH AFRICA</td>
<td>5%</td>
</tr>
<tr>
<td>TANZANIA</td>
<td>62%</td>
</tr>
<tr>
<td>UGANDA</td>
<td>85%</td>
</tr>
<tr>
<td>VENEZUELA</td>
<td>41%</td>
</tr>
<tr>
<td>ZIMBABWE</td>
<td>72%</td>
</tr>
<tr>
<td>Averages</td>
<td>55%</td>
</tr>
</tbody>
</table>

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22 2014-15 Score adjusted to take into account questionnaire 9% easier
To assess the health of the network engines, we took snap-shots (maybe more accurately ‘X-rays’) using our bespoke diagnostic tool called the ‘Network Health Check’. This tool generates a health score for each snap-shot – and by repeating this process annually we can derive health trends for each respective network engine. This year 85% of the networks that could be assessed for trend23 displayed a positive increase in network health. In general, the improvements were characterised (a) by an increase in the size (participation) of an average network and (b) in improvements in method which result in the network becoming more effective at its job. The downward trends reflect a transition to shorter-term funding packages, an increased incidence of overspend, and a drop in the number of programmes reaching their intended number of beneficiaries.

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Each year we make revisions to the Network Health questionnaire to ensure that it reflects our very latest concepts of an ‘ideal network’. In 2015-16 we finally developed a methodology for measuring trends in network health that could take into account these constant revisions in the questionnaire – based on tracking the performance of stable (control set) questions – explained further in footnote 18 (above). As a consequence, we can speak more confidently about improvements in network health across the board, and we are encouraged to see that the health of the networks improved by an average of 8.3% between 2014-15 and 2015-16.

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23 Network health can only be trended where a network has submitted health scores at both the beginning and end of the year.
B2.2 Network Constituencies mapped within past 2 years

After a big push to get network constituencies mapped in 2013-14, many networks undertook to map the needs of children within their geographic boundaries — along with the existing responses to these needs. As a result there was a spike in the number of networks with recent situation analyses recorded in the network health data for the subsequent year (2014-15). By 2015-16, some of these mapping programmes had passed their sell-by date — hence the drop from 75% to 53% in 2015-16. We believe that it is essential for networks to have an up-to-date mapping document, and continue to encourage networks to map their constituencies, or to revisit existing studies.

B2.3 Networks with documented Strategic Plans

In 2014-15 we began a campaign of strongly encouraging networks to develop strategic plans — usually through organising strategic planning workshops with groups of network participants. As a result of this campaign 15 of the 37 networks had produced a strategic plan by the end of the 2014-15 business period, and this increased to 24 networks (65%) in the 2015-16 business year.

B2.4 Networks with Programme Delivery Teams

The ‘Leadership’ section of the Network Health Check asks about the way the network is governed both on a daily and long-term basis. As networks develop more programme, they find the need to separate off the management of this programme from the general coordination of the network. When we surveyed how many networks possessed separate programme delivery teams two years ago, we found that only 16% of them did. By the 2015-16 Business year, this proportion had increased to 36%.

B2.5 Influential People Recruited onto Steering Group

Networks are most often founded and developed by activists, and can progress in their development for some time whilst consolidating the support and participation of other activists. However, this method will eventually hit a glass ceiling unless the make-up of the Network Steering Group is constantly revised to reflect the age and stage of the network. As the network matures it will need to recruit more influential players from business or civil society who can represent the network in corridors of power as its influence grows. Our results show that over the past 2 years the number of networks targeting the recruitment of influential people onto their boards has increased from 16 to 30% - though we do not have accurate data at present on how successful these campaigns were.

B2.6 Networks with enforced Membership Fees

Membership Fees look unlikely to ever become a major source of revenue for networks en-masse, and in 2015-16 income from membership fees accounted for just a third of one percent of all income. Most networks continue to operate with no formalised membership fee structure. However, a few networks have chosen to make membership fees more central to their funding model – the most notable being Paraguay, which raised 30% of its budget through membership fees in 2015-16.

B2.8 Sustainability and Local Resourcing

The total recorded budget for all 37 networks increased from $3.3 to $4.2 million between 2014-15 and 2015-16. The total augmented budget (which takes into consideration the added value of soft income like volunteer time, free office space and gifts-in-kind) increased from $3.7 to $4.6 million.
Over the same period the funding raised locally dropped slightly from $229K (7% of budget) to $209K (5% of budget). Estimates of soft income from local sources (volunteer time, free office space, gifts-in-kind…), though up slightly in dollar terms from $471K to $478K saw a proportional decline from 12.6% to 10.3% of total augmented budget. Networks are well aware of the need to foster ‘soft’ resources, and have developed all sorts of techniques to improve staff motivation and encourage volunteering. The number offering performance awards to staff increased from 16% to 26%, and the proportion of networks offering added value through shared meals and communal devotions etc… increased from 57% to 69%. As with last year, the listings for soft income do not take into consideration the huge contribution of time and energy from the network participants themselves.

Viva continued to contribute around a third of local network budget, though this average hides significant variations. In fact 14 of the networks received no funding from Viva (above and beyond network consultancy) in 2015-16 whilst the remaining 23 received an average contribution of 71.5% of their budget from Viva.

**B2.9 Intra-network Health**

The health of relationships within networks is assessed in various ways – with specific questions about specific links (e.g. Participants to Coordination Team or Coordination Team to Steering Group). Over the period 2014-15 to 2015-16 the general relational health of the networks was considered to have increased from 60 to 72%. Satisfaction with the Network Steering Group(s) increased from 64 to 73% with particular improvement in the area of Steering Groups endorsing network plans.

**B2.10 Inter-network Collaborations**

Since 2014-15 we have surveyed the relationships between different networks in the Viva Family. This is because the cross-pollination of innovation and good practice is an essential part of network improvement and we are keen to ensure that individual networks get maximum value from their membership of the Viva family of networks. Over the subsequent year the number of networks whose steering groups have visited another network in the Viva family went up from 11 to 16, and the number citing active collaborations between themselves and another network increased from 6 to 8.

**B2.11 Performance of Collaborative Programmes**

Because the chosen priorities of each network are unique to each network, it is difficult to set standard benchmark criteria for the success of network programme. We always ask networks how the execution and outcomes of their programmes matched with expectations, and these figures have usually hovered around 75% performance. We also ask whether programmes were delivered to scale, to budget and to time-frame. On scale, there was a progression towards more pragmatic programmes – with less reaching scales beyond expectation, but also less failing to reach their target group altogether (the latter down from 5% to 1%). On timeliness, the proportion of programmes cited as always on schedule dropped from 78% to 73%, with a slight increase in those listed as ‘pre-launch’. The proportion of programmes reported as staying on budget or operating a surplus dropped from 81% to 74%. In the case of budgetary performance, it is important to note that a third of all collaborations operated entirely on ‘soft’ resources – i.e. with no budget.
B3. Collaborations

B3.1 Collaborations between Network Participants

2015-16 also saw a continued standardization of programmatic methodologies, with the number of templates used by more than one network up from 24 to 28. Across the networks as a whole, 198 different collaborative programmes were run in 2015-16. The most popular of these – as has been the case every year since Viva’s inception, was the World Weekend of Prayer. Second and third place also stayed the same – as collaborative Christmas parties and child empowerment programmes respectively. However whilst the number of Christmas parties stayed relatively static, the number of child empowerment programmes doubled. The number of networks implementing Family Strengthening programmes also saw a 65% increase.

In total these programmes reached 167,000 children who were already under the care of network participants and 178,000 other children otherwise unreached by individual network participants. They also enlisted the support of 103,000 parents/guardians, 4,690 residential care staff, 10,300 teachers/mentors, 52,200 other adults – not to mention the 18 million who watched CRANE’s TV adverts about treating children with more consideration.

B3.2 Collaborating beyond the Network Participants

Though these collaborations were driven by a core group of the churches and organisations within the network, they often enlisted other stakeholders. When we asked the networks which stakeholders were most critical to the success of their work, the response was effectively ‘All of them’. This introduces a potential challenge to the deployment of resources, as many networks will
not have sufficient human resource to maintain relationships with such a diverse array of different stakeholders.

We do not know what informal or exploratory relationships existed with these stakeholders, but we know that ten networks had established formal agreements with the city’s civil leadership, five networks had agreements with business leaders, and nine had agreements with other service providers. In addition to this many agreements were drawn up between the network and children’s families. Most of these were not recorded as the agreements were often drawn up by an intermediary such as a local cluster or savings group. 1,255 agreements were directly drawn up between families and the network itself.
B4. An Average network

B4.1 An Average Network - Participants

Operating within a policy decision to grow the existing networks rather than form new ones, we can see that the overall numbers are increasing. This means that networks, through their vision and activities, are clearly keeping the interest of existing members and attracting new ones, especially amongst the churches. Through increased participation and larger collective action programme more children are being reached through the work of the network. Larger more active networks grow in influence and will therefore begin to engage with the authorities in a more serious way.

In 2015-16 an average network comprised 149 participants (112 churches and 37 organisations). This is an increase of 21% on the previous year. 11% of churches within the geographic boundaries of the network are now participating in the network. 35% of the network participants were registered as network members. Between them these participants deployed the assistance of 987 staff/volunteers (up 31%) to reach 33,830 children through their individual efforts – a 13% increase on the previous year.

In terms of interventions by individual network participants, faith development remained the most dominant, seeing an increase on last year’s proportion from 37% to 58%. This may in part be explained by the increased dominance of church congregations in network participation. Child Participation moved into second position with 28%. Over the period there was a marked reduction in the number of network participants claiming to undertake unilateral family support, education, feeding/nutrition or outreach activities. We need to collect these figures for another year before we can make any definitive conclusions on what they tell us about the work of the network members.

B4.2 An Average Network – Resources

An average network engine consumes $140,000 per year (up from $105,000 the previous year) – though in reality we see a dramatic variation from just $500/year for the poorest network to $840,000/year for the most well resourced. As with last year about a third of this budget (35%) came through funds raised by Viva. The majority of the remaining income was derived from other international sources, with only 5% sourced locally. Though 39% of the participants were registered as members, only a quarter of these paid membership fees – which contributed just 0.4% towards network income. In addition to the cash budget, each network engine also accrued $15,000 worth of soft income in the form of volunteer time, donated office/meeting space, free use of equipment or programme-specific gifts (such as Christmas Shoeboxes). This estimate of soft income does not take into account the huge amount of time contributed towards collaborative programmes by the 987 staff and volunteers of participating churches & organisations.
B4.3 An Average Network – Collaborations

76% of the network’s budget was spent on collaborative programmes – at an average cost of around $24K for each of the six collaborations that it operated. However, this average is skewed by some of the very large programmes operating in certain networks (Typhoon Hyanne Relief effort - $750K, GEC Uganda - $559K). A more realistic perspective is that four of the network’s six collaborative programmes operate with a budget of $3,000 each (the median value) and the remaining two programmes operate with no cash budget at all – depending entirely upon soft income. Each of these six collaborations reached 430 children (median) children who were already under the care of a network participant, along with an additional thousand children (median) who were not. As a result of this collaborative activity, the network reached 4,560 children who would not otherwise have received any support from any of the individual network participants. This additional reach through collaborations brings the total number of children under the care of the network to 38,390 – a 4% increase on the previous year.

To deliver this activity, a typical collaboration also called upon the assistance of 200 parents/guardians, 20 residential care workers, 50 teachers or mentors and 100 other adults. Notable exceptions this typical pattern were the Nepali earthquake relief efforts or Filipino Samar Island relief efforts – which reached 9,500 and 14,500 children respectively, Nepal’s gift box scheme which utilized 35,000 other adults to distribute gift boxes to 40,000 children, or CRANE’s TV campaigns promoting the better treatment of children – which were aired to 18 million ‘other adults’.

B4.4 An Average Network – Key Ratios

The general growth in the size and reach of an average network hides some other important trends: relationships between the size of a network, its participants, its staff/volunteers, and the number of children that it reaches out to.
These underlying ratios imply that an average network is now larger, primarily because it has more participants – whilst the number of network participants has increased faster than the number of children reached. The reason for this is that whilst the average number of staff per network participant has remained steady at just over 6, the number of children cared for by one staff member or volunteer has dropped by a fifth over the past 2 years from 44 to 34.

An average network now reaches 2.6% of the children within its boundaries. This increase from 1.5% in the previous year is due both to an increase in the reach of an average network but also a revision of the average number of children within the network boundaries (down from 2 million to 1.36 million).
Section C: Viva’s Role

C1. Tried and Tested Network Model

As noted in section B, our network model is the centrepiece of our contribution to the fight to make cities a healthier place for children to grow up. This model has been continuously honed over the past twenty years, through work with more than 150 networks in 30+ different countries. Viva’s consultants continuously feedback insights from their work with networks and these observations are used to update our understanding of the ‘ideal network’. This understanding then informs the improvement of tools like the Network Health Check.

In addition to this we have developed a set of programme templates based on popular collaborative methodologies for addressing the needs of children (as explained in B3.1 and B4.3 above). A few of these methodologies – such as the Quality Improvement System – were designed by us at their outset. However, most are ideas that have been observed to work very effectively in one location and which have subsequently been introduced to other localities where children are confronting similar challenges. One example of this was the Celebrating Children course that began in Cambodia, but which Viva introduced to partnership networks in Africa and Latin America. A more recent example is the Good Treatment campaign, which was developed by children in Bolivia as a response to high levels of domestic abuse, and which has since been introduced to networks in Africa and India. Sometimes the original ideas for these programme templates come from outside the Viva Family altogether – as was the case with Child-friendly Church (which originated in the Diocese of Liverpool), or the ‘Daughter’ campaign which originally came from the Stairway Foundation in the Philippines – or the child-safe spaces idea (‘Pete the Penguin’) used with more than 15,000 children on the island of Samar in the Philippines in the aftermath of Typhoon Hyanne, which came from an idea originating in Japan. Whenever ideas are transmitted from one location to another, we are careful to consider not only the linguistic but also the inevitable cultural differences between source and recipient locations.

Some templates are re-introduced not to a different geographic location but to a different stakeholder group. A contemporary example of this is the re-design of the ‘Quality Improvement System’ – first introduced as a way to help groups of small NGOs to improved their approaches to Child Wellbeing, Project Planning/Design, Child Protection, Governance, Financial Accountability and
People Care – with first cohorts undertaking the training in 2005. Since that time, Church congregations have become the dominant stakeholder group in local networks, and hence we have introduced a re-design of the Quality Improvement System which is specifically targeted at church congregations.

C2. Network Building for Steady Growth

Each partnership network benefits from an ongoing relationship with Viva – both through regular communication and occasional visits. Of the 150+ networks that we have partnered with over the past 20 years, almost none have survived on their own outside of the Viva Family support package.

A key component of our active partnership with each network is the setting of key recommendations based on the strengths and weaknesses identified in the network’s health profile. Some networks were issued with a large number of recommendations; some with only a few. The graph (right) maps the improvement trend for each network (blue) against the proportion of the previous year’s recommendations that were actually implemented (in red). Though the red line fluctuates wildly, it is possible to draw a couple of useful observations from it. Firstly we can see that on average less than half (42%) of the actions recommended by Viva were implemented within the monitoring period. This is an observation that we will come back to in our recommendations section. Secondly we observe a more subtle pattern, as represented by the green line, which suggests that networks who fail to implement a basic number of recommendations will see their health stunted.

The greatest year-on-year improvement (of 16.1%) was displayed by the Filipino national network PCMN\(^2\) which received significant additional investment through the Typhoon Haiyan relief effort.

C3. Brokering Resources

Through our position as the backbone organisation supporting the partnership networks, Viva is well-placed to broker funding for individual networks or groups of networks – by matching the needs of specific collaborative programmes against the particular interests of certain philanthropic foundations or even statutory funders. In addition to this Viva’s core fundraising bases in the UK, USA and Hong Kong also mobilise the support of individuals and churches. In total Viva brokered $1,447,000 for local networks in 2015-16 – a 24% increase on the previous year, and equated to 36% of total local network funding.

This said, our commitment to encourage the long-term sustainability of the networks means that we must assist each network in its journey towards increased self (local) sufficiency. This is a far more

\(^2\) PCMN does not appear on the graph in figure 2.2 because of incomplete data on implementation of recommendations issued in 2014-15.
difficult challenge, as Networks raised only 5% of their funding from local sources in 2015-16, and a third of networks raised no income at all from local sources. We continue to explore options for assisting networks to generate more of their income locally – and are supporting income generation schemes such as the market-gardening project pioneered by the Harare Network in Zimbabwe.

C4. Viva Family of Networks

Some Networks comment that the thing they prize most about partnership with Viva is not the Network Model, nor the Network Consultancy nor the Brokering of resources – but rather the opportunity to be part of an international family of networks committed to the common cause of eradicating some of the most intractible problems facing marginalised children in the world today. This value of the ‘Viva Family of Networks’ began nearly 20 years ago when we organised annual conferences for networkers – often associated with International and regional ‘Cutting Edge Conferences’. More recently we have re-instated these opportunities for network staff to meet their compatriots from other networks through the organisation of regional gatherings in Central America, South America, Africa and India. We have also standardized our survey of all networks through the Network Health Check – to incorporate questions about visits and collaborations between networks (as explained further in B2.9 above).
Section D – Big Solutions

D1. Networks capable of delivering solutions

<table>
<thead>
<tr>
<th>Indicators of Solution-delivery capability</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1.1 Networks with documented solution strategies</td>
<td>Total</td>
<td>%</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>25%</td>
<td>14</td>
</tr>
<tr>
<td>C1.2 Networks deemed capable of delivering solutions(^{25})</td>
<td>n/a</td>
<td>n/a</td>
<td>6</td>
</tr>
<tr>
<td>C1.3 Networks with Solution Strategies underway</td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

Each network’s capability (‘phase’) is assessed yearly (see definitions in B1 above). Only Networks reaching phase 3 and above are sufficiently advanced to begin developing solution strategies. This is because these are the networks which – in our rubbish-dump metaphor – have cleared enough rubbish to gain a perspective of the city or neighbourhood and the causes of the rubbish accumulation. They have also freed up space in which innovation can occur.

In 2015-16, five networks were deemed to have achieved phase 3. These were La Paz, Oruro, Guatemala City, Philippines (Hub) and Kampala.

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\(^{25}\) 2013-14 and 2014-15 claims on ‘network phase’ were not rigorously enough enforced
D1.3 Bounding the Problem

Networks must be delivering tangible change for children. Because of their collective identity they have the potential, through their joint action programmes, to bring about wide-scale change in addition to changing individual children’s lives. We have to formulate ways to measure wide-scale change and design programmes that can begin to deliver it. Choosing a city or community with geographical boundaries defines the limits in which the action and the measurement of change takes place.

Over recent years we have begun to align the networks into thinking about their strategic focus and specific area of need that they are best placed to address. It was then helpful to start thinking how the network might bring about significant change, enough to begin to solve that need or issue, and so internally we began to terms these programmes ‘solutions’.

D2. Choosing a Solution Theme

In 2015-16 for the first time we asked each network to nail their colours to the mast by choosing a solution theme (1 out of 9 options) that would define the ultimate goal of the network. Nearly half of the networks (16 networks) selected ‘child protection’ as their ultimate goal. In terms of number of children represented, the theme of ‘Exploitation-free Cities’ (selected by 8 networks) was as significant. The totals show that over 1,000,000 children were impacted by these themed solution programmes (70% of the total children reached by Viva’s partner networks) with both predominant themes above impacting over 400,000 children each.

Figure 1 - Chosen Solution Matrix
When looking at individual collaborative programmes being delivered:

a) we could identify 54% of them that directly related to the solution themes, whereas 46% were more general capacity building of the members and network. (In future we would expect the themed focus to increase but for the health of the network and the broad interests of the members we would expect a range of programmes and a good percentage of capacity building still to be on-going)

b) Even though networks had named a specific focus they were still running programmes associated with other themes too – on average networks were delivering 2.05 themed programmes. (This could be seen as part of the defining process as a network develops and explores it’s focus but conversely we might prefer this number to increase so that as the network grows it does not become just a single themed network but has a wider outlook at the issues of children at risk in their locality.)

Over the course of the last year more work has been done in defining the different solution themes, and through discussion with the networks greater clarity has emerged. Titles such as ‘safe cities’ and ‘child protection’ are too generic and should be happening in different ways in all locations. Whilst this has been a good start we expect to use more tightly defined solution types in future years.
Section E - Recommendations

Recommendations regarding the principles of Network Development

1. The task of input and analysis is still perceived as taking too long in relation to the time spent implementing the recommendations that result. Viva has made a policy decision to run the full NHC every two years with a limited version recording key numbers and programmes delivered on alternate years. The emphasis will then be placed on the recommendations and the tracking of changes made over the two year period. In doing so we would hope that network growth will improve more significantly as changes are positively targeted.

2. There has been a conscious decision to measure influence both in terms of numeric reach and engagement with authorities. As this is relatively new we need networks to be measuring this relevant information more accurately to ensure that trend information is meaningful.

3. Similarly the move towards ‘Solutions’ is relatively new and will take a number of iterations to become consistently measureable. In future we expect greater clarity of solution themes and higher numbers of programmes designed to implement these themes. We need networks to progress through the phases, with more in Phase 3 ready for delivering solutions. Similarly we would hope that more networks begin to engage wider stakeholders to engage at city level, as we introduce further phase 4 and 5 into the model and NHC tracking.

4. If we want to change the situation of children then we need to align the networks to grow in the direction of a focused strategy, and to draw others across the city to begin to working together.

5. Viva will be putting more emphasis on network fundraising so would hope that the in-country funding would increase over the coming years.

6. We will place more emphasis on correlating actions of the network consultants with the changes achieved through the NHC scores

7. This report for the first time tries to explore the context into which the network health is important – we will continue to develop this theme in the coming years.

Recommendations on the Technical improvement of Network Health Monitoring

1. Feedback from users indicates that the improvements made over the last year to the input and saving mechanisms have resolved the main issues experienced, without further need of development.

2. There continues to be a system reliance on one key individual to operate the whole NHC system – this is an organisational risk that needs to be addressed.

3. Continue exploring whether there is a generic statistic that we can collect for each child in each network as a more robust indicator of progress.

4. Use NHC to survey the number of staff/volunteers supporting each network engine.

5. Find more effective way to enquire about cooperation with other stakeholders – as current enquiry methods miss cooperation/agreements via third parties

6. Find a way to distinguish between stakeholders engaged with face-to-face versus those remotely (e.g. through TV campaigns)
Section F – Therefore....

What are the implications for Viva?

As the NHC tool has been refined over many years we have confidence in its integrity and ability to demonstrate relative strength over the full range of criteria that defines health and effectiveness. This has been proven to be sensitive to downturns as much as improvements. For a number of years we have maintained that the input process and scores achieved is much less significant than resultant actions planned and implemented to target positive improvement over the next period. To this end the network consultant for each network provides their assessment of the results with up to 10 recommendations for improvement.

As Viva is in regular contact with each network and visits at least once a year our consultants/facilitators are usually aware of most changes in circumstance and emphasis as they happen. Because the NHC report covers the previous year it effectively records these changes and the effect they have on the network’s ‘engine’ both in the specific area, or in the overall balance of the network. What could otherwise have been dismissed as the consultant’s subjective opinion now has clear evidence, through information provided by the network itself, to substantiate the statements and recommendations of the consultant. We believe that the networks need to do more to implement these recommendations and by only conducting the NHC every 2 years we can invest the time saved into pursuing and monitoring the implementation of the recommendations in a more intentional way. Correlating Viva actions against NHC improvement will also provide evidence of the added value of Viva.

The change in report format this year illustrates our intent to measure the impact of the network and not just its inherent organisational capacity. The format is purposely experimental to gauge opinion as to which areas to further develop and deepen. In the past couple of years we have introduced new questions that started to explore the measurement of influence, the groups we are partnering with and the formal agreements in place that build a picture of engagement in the decision making level of the city. We have also started to track the journey towards solutions and with some adjustments to the latest developments of our model will provide an accurate picture of the key themes that Viva is beginning to focus on. We will review and refine the questions of the future questionnaire to provide even more targeted information that can demonstrate the network impact.

From the results over the past few years the networks are clearly growing in:

a) **Participation** – implying that they must be attractive and relevant to some degree.
b) **Numerical Significance** – with an average of 149 players in the network reaching over 35,000 children they must be potentially the biggest provider of care for children in the city.
c) **Health** – with overall scores improving year on year
d) **Strategic Direction** – creating strategic plans with a themed focus that helps attract attention and funding, and furthers Viva’s focus on solutions

All these trends demonstrate that Viva’s network development model, and the technical support and advice of its consultants/facilitators, are working well. We have more work to do to demonstrate the ‘impact’ of what collective action programmes can achieve and how the network can have ‘influence’ across the city, but have started to take steps in the right direction. We clearly have more work to do but believe we are currently ‘on track’.

Brian Wilkinson & Martin Hull 28th September 2016