



WORLD VISION CANADA

Results Reporting

FY2020

Contents

| | |
|--|-----------|
| Acknowledgments | 4 |
| 70 years of impact: | 6 |
| FY2020 at a glance* | 7 |
| Who we are | 8 |
| What we do | 8 |
| Our foundation | 8 |
| Financial Accountability | 9 |
| Summarized Statement of Revenue and Expenditures | 10 |
| How the gifts are put to work | 11 |
| Fragile Regions funding breakdown | 12 |
| How we work | 13 |
| Understanding Our Programmes | 13 |
| Impact Framework | 15 |
| Reaching the Most Vulnerable | 19 |
| Livelihoods | 20 |
| Health | 23 |
| Child Protection and Participation | 25 |
| Education | 28 |
| Water, Sanitation and Hygiene (WASH) | 30 |
| FY2020 Results | 32 |
| The shift toward most fragile | 32 |
| Annual Monitoring Results | 34 |
| Life-giving essentials | 36 |
| Graduating Communities | 37 |
| COVER – COVID-19 Emergency Response | 38 |
| World Vision response timeline | 38 |
| Monitoring projects in the context of COVID-19 | 39 |
| COVID-19 Response's Global Results | 39 |

| | |
|---|-----------|
| Project Highlights | 43 |
| World Food Programme Partnership | 43 |
| The cost of conflict for Syria's children: 10 years on | 45 |
| Beirut Explosion: assessing and responding to needs | 48 |
| ENCORE (ENRICH COVID-19 response) | 50 |
| Community-based Management of Acute Malnutrition (CMAM) | 52 |
| STEP | 53 |
| SUSTAIN | 55 |
| Learnings | 58 |
| Agile in adversity | 58 |
| Donate with us , Invest with us | 60 |
| Committed to Gender Equality | 64 |
| Health and Gender | 66 |
| Joint Gender Equality initiatives | 67 |
| Enhanced ownership | 68 |
| Quantifying community resilience in South Sudan: | 69 |
| Changing design implementation to improve results | 72 |
| Child Health and Nutrition Impact Study | 74 |
| External Engagements | 75 |
| Appendix | 84 |
| Country Data tables | 84 |
| Gift-in-Kind shipments | 87 |
| Graduating Communities | 89 |
| COVID-19 Response - Country tables | 114 |

Acknowledgments

This report was prepared by World Vision Canada. We are grateful for the time and input given by colleagues across the organization.

A special thanks to World Vision International colleagues Jamo Huddle and the team behind the One Year On report for the COVID-19 Response, Loria Kulathungam, Collen Emary, Giorgos Filippou, Anna Pokhsrryan, and the staff and volunteers that courageously continue to (safely) service children and communities through the COVID-19 Pandemic.

Main contributors: Monique Strassburger, Phoebe Leung, Nick Chachua, Alexandria Santesso, Carolina Budiman, Abena Thomas, Sarah Tinsley, Josh Folkema, Miriam Chang, David Mbugua, Mirette Bahgat, Nancy Del Col, Philip Makutsa, Julie McKinlay, Ari Uotila, Paula Quinlan, Matilda Filipeu, Asrat Tolossa, Laura Snyder, Marcellin Danhoundo, Sherri-Ann Lyon, Miguel Moreno, Maya Thomas, Chris Ortiz, Shanaz Sutherland-Edwards, Merydth Holte-McKenzie, Kioko Munyao.

Copy editor: Samson Okalow

Design and layout: Kristel Dimalanta

Cover photo: Ben Adams

Acronyms

ANC – Antenatal Care

AP – Area Programme

ASRHR – Adolescent Sexual and Reproductive Health

CESP – Community Empowerment and Sponsorship Plan

CHW – Community Health Worker

CMAM – Community-based Management of Acute Malnutrition

CPP – Child Protection and Participation

CVA – Citizen Voice and Action

ECD – Early Childhood Education

FGM – Female Genitalia Mutilation

FO – Field Office

FY – Fiscal Year

GAC – Global Affairs Canada

GIK – Gifts-in-Kind

GC – (World Vision's) Global Centre

HF – Health Facility

IDP – Internally Displaced Persons

MAM – Moderate Acute Malnutrition

MEAL – Monitoring, Evaluation, Accountability and Learning

MHM – Menstrual hygiene management

MVC – Most Vulnerable Children

PHC – Primary Healthcare Clinics

RMNCAH – Reproductive, maternal, neonatal, child, and adolescent health

RUTF – Ready-to-use therapeutic food

SAM – Severe Acute Malnutrition

SDG – Sustainable Development Goal

SO – Support Office

SRH – Sexual and Reproductive Health

TVET – Technical and Vocational Education and Training

VSL – Village Savings and Loans

WASH – Water, Sanitation and Hygiene

WFP – World Food Programme

WVC – World Vision Canada

WVI – World Vision International

70 years of impact:

Looking back – but going further

In October of 2019, I visited the Democratic Republic of Congo, one of the most fragile places in the world. Children growing up here face multiple threats including civil conflict, grinding poverty, gender-based violence and deadly illnesses like Ebola.

I sat with 16-year-old Rachette, hearing about her battle to survive Ebola – not only the virus, but the brutal stigma that followed. It left her family isolated. World Vision worked with her school and local faith leaders, helping people understand how viruses work and how stigma can devastate. I left knowing that, while Rachette's path would be difficult, World Vision and her community would be supporting her along the way.

Little did we know that, a few short months later, the world would be rocked by a global pandemic. I immediately thought of Rachette and others like her, girls and boys who have overcome the unthinkable only to face an insidious new killer. While the world ground to a halt, it was clear that this was no time for World Vision to put on the brakes.

Within hours of the World Health Organization's declaration of a pandemic, World Vision launched the largest humanitarian response in our history, reaching more than 50 million people in 70 countries. Of these 22 million were children.¹ We provided critical support like healthcare, COVID-19 education, economic support and child protection.

This kind of response is not unusual for us. It's in our very blood. Throughout our 70-year history, World Vision's commitment to caring for children has never been postponed or shuttered. And in the decades to come, we'll continue to follow Jesus' example by going further for the world's most vulnerable children, no matter the crisis.

The impact we achieved together this year – with God's guidance and thanks to your generous support – is well worth bringing into the light. Thank you and may God bless you.



A stylized, handwritten signature in black ink that reads "M Messenger".

Michael Messenger
President, World Vision Canada

¹ March to September 2020



FY2020 at a glance*

General

- In FY2020, World Vision Canada funded 750 projects in 55 countries.
- 22 other planned projects had to be carried forward to FY2021 due to implementation impediments, including COVID-19.
- The shift in our portfolio to reach more fragile contexts continues. The share of our funding going to the most fragile countries increased to 33.1% from 30.3% in FY2019.

Development Programs

- Child sponsorship funded 542 projects in 204 communities in 44 countries.
- 24 sponsorship communities graduated from our programs.
- Received \$59,766,193 in grants from sources such as government and agency partners.

Fragile & Humanitarian

- The global World Vision Partnership support for the COVID-19 pandemic reached 70 countries.
- In addition to the COVID-19 response, 25 countries were part of the additional 29 emergencies responded to by World Vision Canada in FY2020.
- In partnership with the World Food Programme, we provided \$102 million in food and cash transfers to 3.1 million people, 42% of them in the most fragile countries.

Advocacy

- World Vision Canada's Committed to Gender Equality report highlighted 18 gender assessments and 7 project baseline studies in 18 countries.
- 268 national and local policy changes on COVID-19 that we campaigned for with other offices were passed, helping to improve the lives of children and their families.

*This Annual Report covers our activities and performance for the period October 1, 2019 to 30 September 30, 2020 – our financial year

Who we are

Our vision for every child, life in all its fullness.

Our prayer for every heart, the will to make it so.

World Vision Canada is a Christian relief, development and advocacy organization. Our focus is on helping the world's most vulnerable children overcome poverty and experience fullness of life.

We are part of the global World Vision Partnership that has 34,000 employees in over 90 countries. For over 70 years we've worked with communities, donors, partners and governments to create opportunities for children and their families to create better futures

WHAT WE DO

Transformational development that is community-based and sustainable, focused especially on the needs of children. This includes ensuring families have access to clean water, nutritious food, education, healthcare, child protection and economic opportunities. We empower communities and guide them to set their own goals and equip them so that progress made is sustained long after we've left.

Emergency relief that assists people affected by conflict or disaster. When disaster strikes we are on the ground quickly to provide immediate support – and we stay, helping people to rebuild their lives and communities

Promotion of justice that seeks to change unjust structures that affect the poor. We equip children, their communities

OUR FOUNDATION

Our Christian faith is the foundation for all we do and we strive to follow the teachings of Jesus Christ. We believe that every child has the God-given right to reach their full potential. We serve all people, regardless of religion, race, ethnicity or gender. And we collaborate with people of all faiths – and none – who share common values of compassion, love and mercy.

As an organization grounded in faith, we are respected, not only in Christian context, but in Muslim, Buddhist, Hindu and other communities. This foundation enables us to connect with people of other faiths and build deep levels of trust.

Financial Accountability

Driven by our mission. Inspired by our partners.

World Vision adheres to the highest standards of financial accountability, following best practices for transparency by providing access to our annual impact report, financial statements and donation breakdowns. For external reviews of World Vision, visit [Imagine Canada](#), [Charity Intelligence Canada](#) and the [Canadian Centre for Christian Charities](#).

In this fiscal year, World Vision Canada anticipates raising \$352 million in total revenue for its community development, emergency relief and advocacy work, of which approximately 12.7% will be used for necessary fundraising. In cases where donations exceed what is needed or where local conditions prevent program implementation, World Vision Canada will redirect funds to similar activities to help people in need. World Vision Canada is federally incorporated and located in Mississauga, Ontario.

For more information, or for a copy of our latest audited financial statements, visit our website at www.worldvision.ca. You may also send an email to customerservice@worldvision.ca.



SUMMARIZED STATEMENT OF REVENUE AND EXPENDITURES

Year ended September 30, 2020, with comparative figures for 2019 (in thousands of dollars)

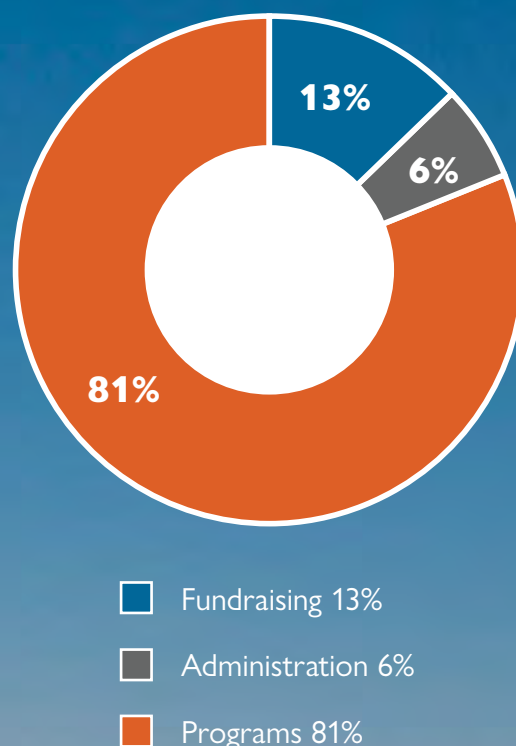
| REVENUE | 2020 | 2019 |
|---------------------------|----------------|----------------|
| Cash Donations | 217,603 | 231,999 |
| Gifts-in-Kind | 116,222 | 116,393 |
| Grants | 59,766 | 63,666 |
| Investment & Other Income | 780 | 950 |
| TOTAL REVENUE | 394,371 | 413,008 |

| EXPENDITURES | 2020 | 2019 |
|--------------------------------|----------------|----------------|
| Programs | | |
| Relief, Development & Advocacy | 324,182 | 320,806 |
| Public Awareness & Education | 2,809 | 4,017 |
| Fundraising | 43,672 | 62,822 |
| Administration | | |
| Domestic | 19,636 | 20,771 |
| International | 4,560 | 4,683 |
| TOTAL REVENUE | 394,371 | 413,008 |

| | | |
|--|--------------|-------------|
| Excess (Deficiency) of Revenue over Expenditure | (488) | (91) |
|--|--------------|-------------|

EXPENDITURES

Figure 1: World Vision Canada's annual statement of total expenditures (five-year average)



HOW THE GIFTS ARE PUT TO WORK²

Table 1: Percentage of expenditures per area of focus

| Areas of Focus | 5-year average |
|---|----------------|
| Livelihoods | 50.4% |
| Food | 30.9% |
| Environment and Climate Change ³ | 17.9% |
| Economic Empowerment ⁴ | 1.6% |
| Health | 16.7% |
| RMNCAH | |
| Nutrition | |
| Infectious/Communicable Diseases | |
| Mental Health | |
| Community Empowerment & Child Rights | 8.5% |
| Child Protection | |
| Child Participation | |
| Other ⁵ | |
| Education | 7.4% |
| Early Childhood Development | |
| Basic Education | |
| Technical and Vocational Training | |
| Water, Sanitation & Hygiene | 3.9% |
| Water | |
| Sanitation | |
| Hygiene | |
| Public Awareness | 1.2% |
| Partnership with Christian and other Faith Leaders | 0.2% |
| Developing Global Strategies for Helping Children | 8.1% |
| Monitoring and Evaluating Programs from Canada | 3.6% |

Most of our interventions are done through long-term commitments to communities. Our 5-year average table shows the consistency of our work. Although there are fluctuations over the years, our model continues to be based on our areas of focus, which include our main sectors and the supporting areas. For instance, in FY2020 the Environment and Climate Change area, which includes Disaster Management, was above the five-year average at 21.1%, similar to the Food portfolio at 32.9%, while Education was below average at 5.8%.

² We are currently in a process to review and standardize the nomenclature used by our sectors and sub-sectors to better align with our work in the field. Note that some names have changed from previous reports.

³ Previously, the “Environment and Climate Change” sub-sector was called “Disaster Management.” This sub-sector includes a variety of approaches to not only manage disasters, but also the proactive work to reduce their impact and take care of the environment. Note that our work in Fragile and Humanitarian includes all sectors and it’s not all included in this line item.

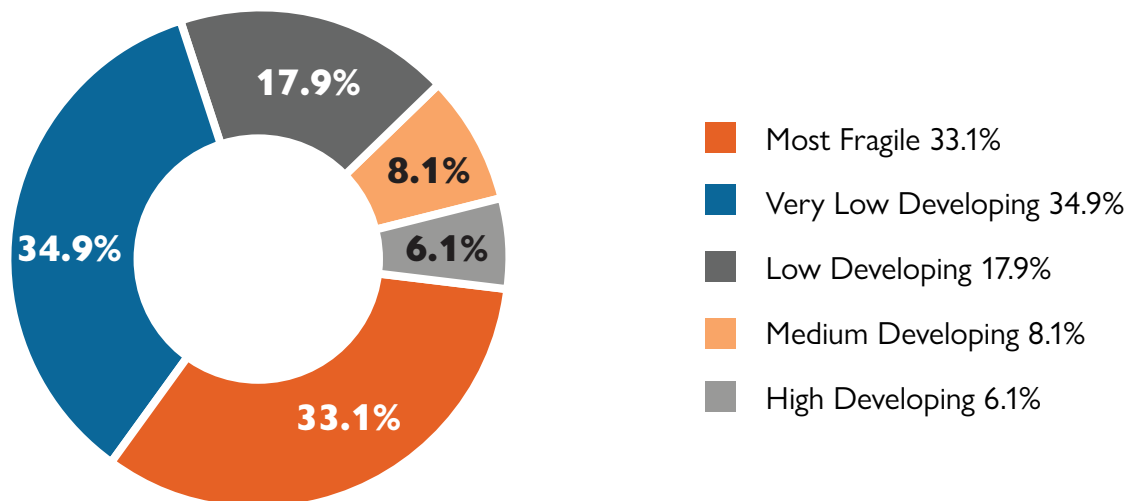
⁴ Previously, in the Annual Impact Report the “Economic Empowerment” sub-sector was called “Sustainable Livelihoods.”

⁵ Includes work with partners, participation of the community in monitoring processes, their ownership of projects and their social accountability.

FRAGILE REGIONS FUNDING BREAKDOWN

Fragility Index methodology on [Page 18](#)

Figure 2: FY2020 Expenditure breakdown by fragile region



MOST FRAGILE

- Afghanistan
- Central African Republic
- Chad
- Democratic Republic of Congo
- Iraq
- Syria
- Mali
- Niger
- Somalia
- South Sudan
- Sudan

- Ethiopia
- Haiti
- Kenya
- Malawi
- Mozambique
- Sierra Leone
- Tanzania
- Uganda
- Zambia
- Zimbabwe

LOW DEVELOPING

- Bangladesh
- Guatemala
- Honduras
- India
- Jerusalem West Bank Gaza

- Laos
- Lebanon
- Mauritania
- Myanmar
- Nepal
- Philippines
- Rwanda
- Senegal

MEDIUM DEVELOPING

- Bolivia
- China
- Colombia
- El Salvador
- Ghana
- Indonesia
- Nicaragua
- Vanuatu

HIGH DEVELOPING

- Armenia
- Brazil
- Dominican Republic
- Ecuador
- Georgia
- Mexico
- Mongolia
- Peru
- South Africa
- Sri Lanka

VERY LOW DEVELOPING

- Angola
- Burundi
- Cambodia

How we work

UNDERSTANDING OUR PROGRAMMES

World Vision is organized as a global partnership between:

SUPPORT OFFICES

that raise funds, provide technical support and project line management for international grants;

FIELD OFFICES

that execute programs; and

REGIONAL OFFICES AND THE GLOBAL CENTRE

that provide overall line management, administrative, logistical, audit/financial and HR services.

In the field, our Operational Areas include both development, and fragile and humanitarian projects. These are the geographic locations where local programming is planned and implemented. Operational Areas have one or multiple sector or theme-focused projects; and if funded by child sponsorship it will also include a Community Engagement and Sponsorship Plan project.

Often the Operational Areas are what is known as a Sponsorship Community (or Area Programme) with a large portion of funds generated through child sponsorship fundraising. But many times, they also include Grants, Gifts-in-Kind and other funding streams or revenue streams like the Gift Catalogue. These other non-sponsorship-funded projects can also operate completely outside the sponsorship umbrella, covering larger geographic areas such as a health zone or school district in accordance with national office and donor strategic priorities.

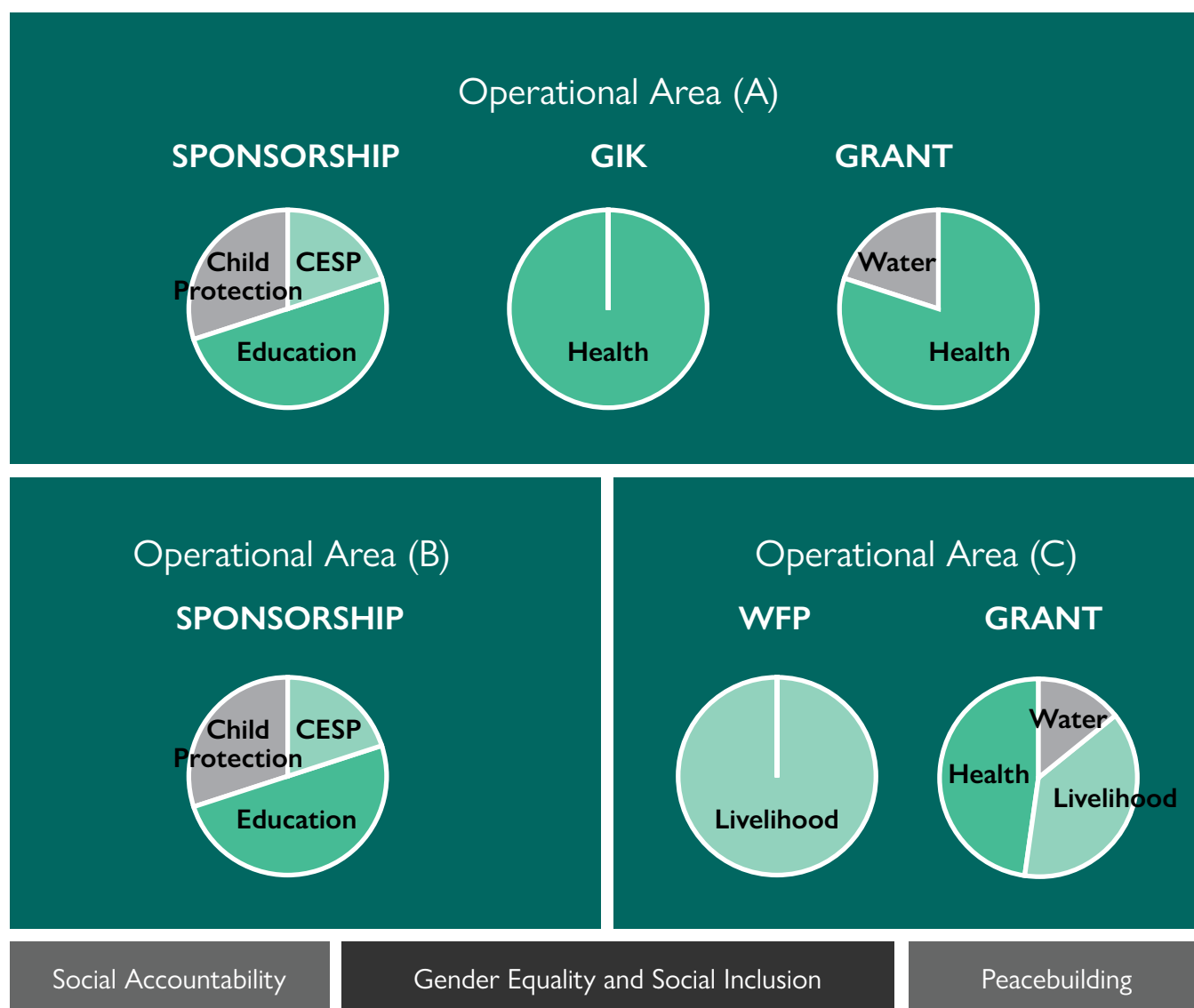
It is important to note that in some contexts, the sponsorship model is not the most effective or appropriate means of meeting community needs. In those contexts, our program work is focused on evidence-based technical approaches. These approaches are based on industry standards and community/stakeholder engagement, and which utilize multiple different funding sources as most appropriate.

Our advocacy also expands across all our work. This spans from local-level advocacy interventions to improve social accountability, country-level efforts to change policies, to international initiatives that aim to change the way we approach certain topics such as child labour.



Figure 3: An example of how sectors align with the different funding sources an Operational Area receives and its relation to the country's portfolio. CESP stands for Community Empowerment and Sponsorship Plan, GIK for Gifts-in-Kind and WFP for World Food Programme.

COUNTRY'S PORTFOLIO



Note: Proportion (and choice) of each sector is based on the country's strategy, donor strategic priorities, and the specific needs of communities within a country, which can differ. Therefore, programming interventions vary as a means of responding to identified priorities and needs.

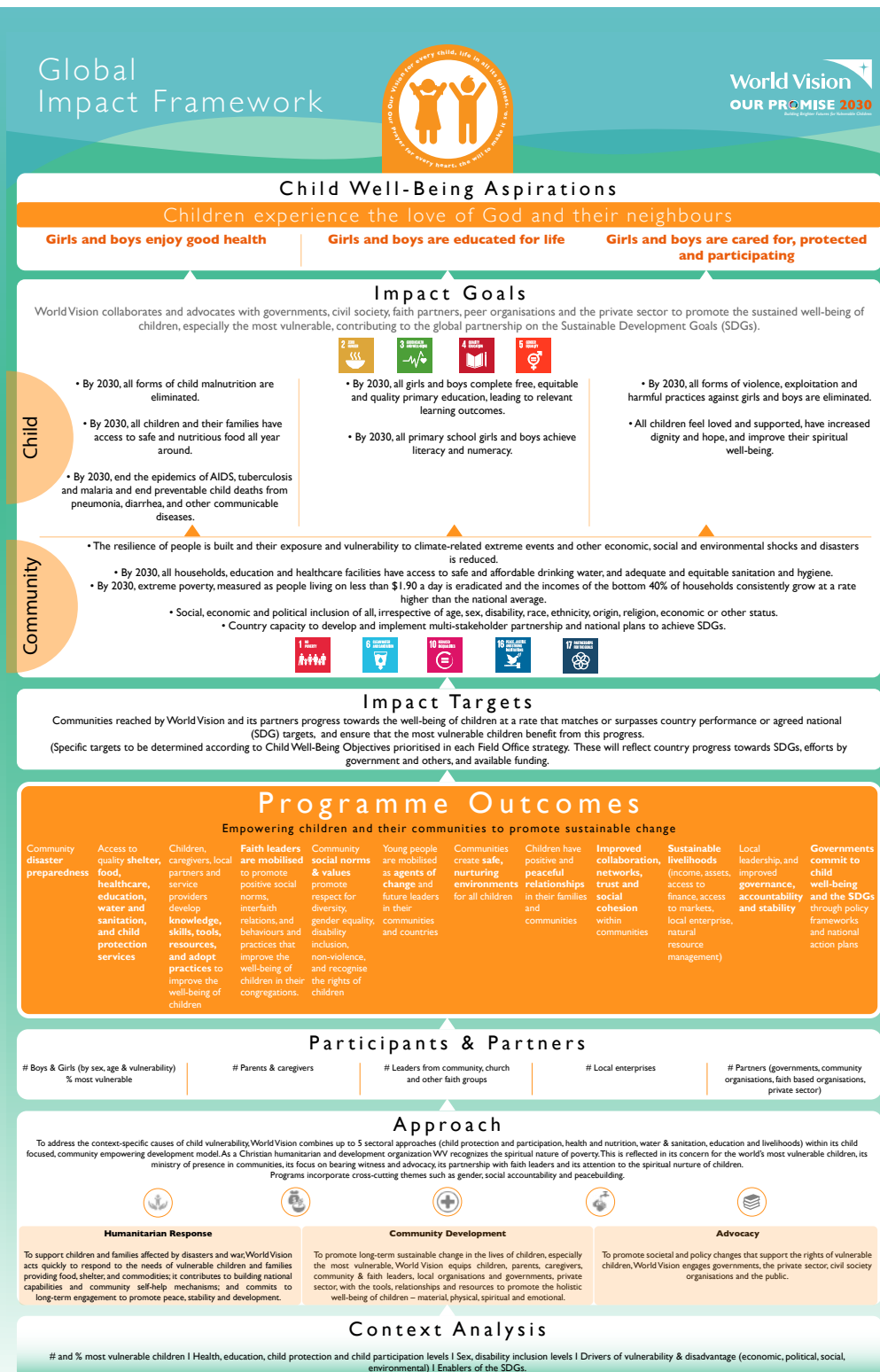
Collecting data through Monitoring and Evaluation

World Vision Canada works in accordance with World Vision International's design, monitoring and evaluation standards. We also align with globally recognized monitoring, evaluation, accountability and learning (MEAL) standards to ensure effective program implementation and measurement of impact on child well-being across our funding portfolio. Our impact teams conduct annual data reviews to report on achievements supported by Canadians. Programs are also monitored and evaluated to report on quality implementation of their designs.

IMPACT FRAMEWORK





The path to change

Figure 4: Global Impact Framework



World Vision's Global Impact Framework ensures that outcomes are aligned to [Our Global Strategy](#) and the [Sustainable Development Goals \(SDGs\)](#). This framework is based on decades of experience as a Christian humanitarian, development and advocacy organization. The framework shows how World Vision programs contribute to our global child well-being and impact goals.

Starting from a context analysis, programming begins with in-depth assessment, including gender and human rights assessment, to identify context-specific drivers of vulnerability and inequality. Through participatory approaches, our programs are implemented and measured against our impact targets. These targets are aligned with the Sustainable Development Goals and ultimately, they aim to contribute to our four child well-being aspirations:

| | | | |
|--|--|--|---|
|  Children experience the love of God and their neighbours. |  Girls and boys enjoy good health. |  Girls and boys are educated for life. |  Girls and boys are cared for, protected and participating. |
|--|--|--|---|

World Vision involves the target community throughout the project lifetime – programs are thoroughly discussed with communities and the local administration. Monitoring and evaluation of successes and measuring impacts is not done in a silo, but rather jointly, and lessons learned are used to improve the project. World Vision also creates accountability mechanisms to ensure the voices of the target communities are heard and their recommendations are taken into account.

Every year, a global World Vision Partnership annual report is released which includes an update on how we are delivering on our global strategy, and our focus on impacting children's lives in the future.

In line with our global impact framework, World Vision's fragile contexts framework outlines a conceptual direction for approaches that address root causes of fragility and the deepening of sustainable impact.

Our fragile contexts framework makes it clear that meeting lifesaving needs in many fragile contexts remains essential. This work is underpinned by humanitarian principles, and by applying these principles in both disasters and conflict and ensuring we can access the most vulnerable children and their families, and keep our staff safe from harm. The framework recognizes the importance of survival interventions and calls for additional approaches that help reinforce resilience; it emphasises the importance of introducing approaches that help children and communities adapt to dealing with risk and reduce dependency on aid.

This work includes building stronger networks, interpersonal, intercommunal, interreligious and group ties and building peaceful coexistence. Underpinning this integrated approach is a deeper analysis and shared understanding of the root causes of fragility and the need to build greater flexibility in programming to be able to respond to rapid and frequent fluctuations in the operating environment, while continuing to apply a principled approach. At the heart of this framework is the agility to integrate and shift from meeting immediate humanitarian needs (Survive) to addressing root causes to transform communities (Thrive). (See Figure 5)

Such multi-sectoral programmatic agility entails designing and implementing risk-informed integrated programming aligned to building resilience over the long term. The framework also envisions sustained and bold advocacy to anticipate and respond to major risks and threats facing the most vulnerable girls and boys, and their families and communities.

Figure 5: Fragile Contexts Framework

Fragile Contexts Framework

THRIVE



Within increasingly stable environments we help people to:

- Address their priorities for child well-being
- Address underlying causes of fragility
- (Re) Establish positive relationships across divisions
- Hold the state accountable for provision of quality basic services

We help institutions and faith leaders to:

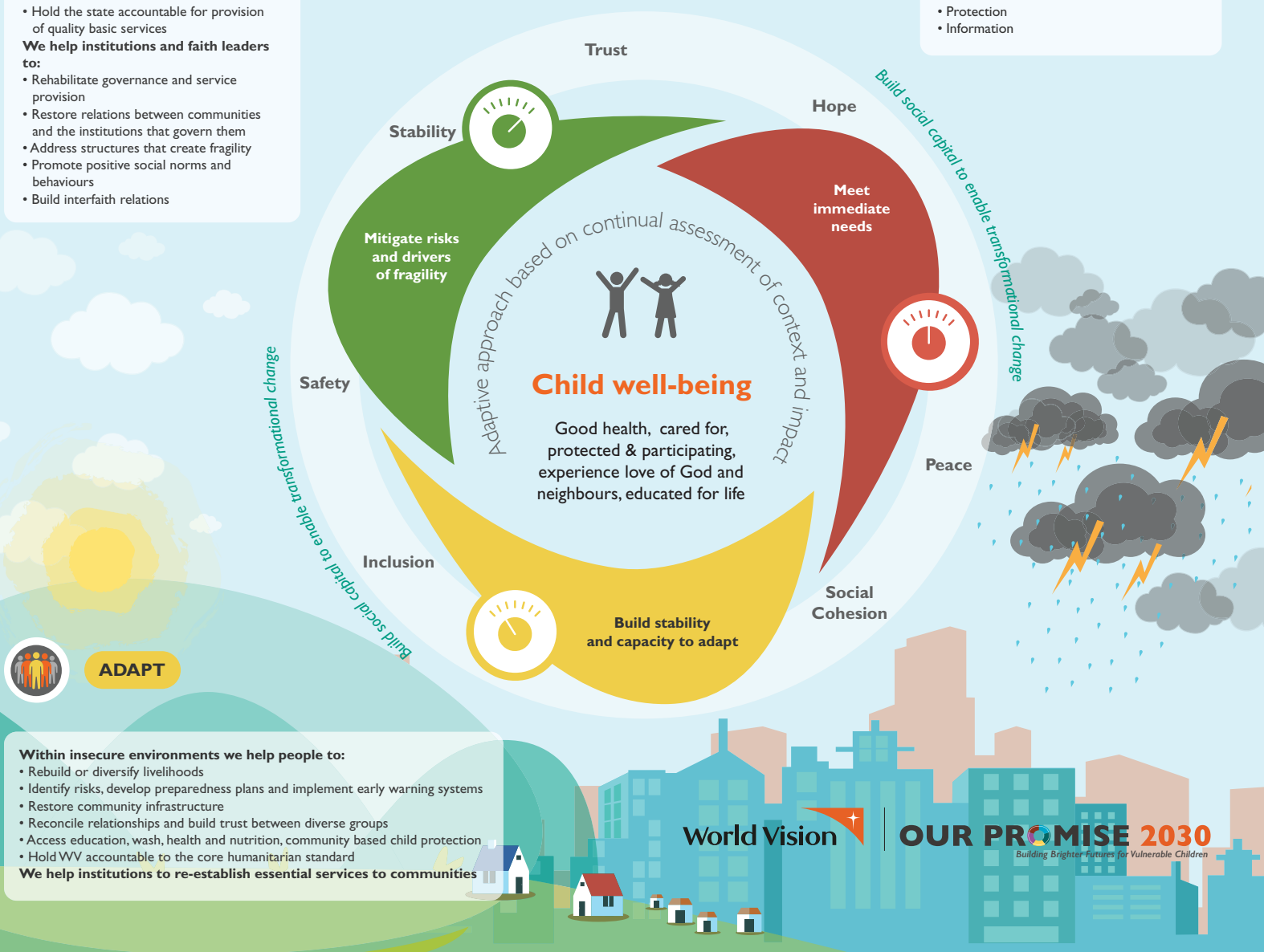
- Rehabilitate governance and service provision
- Restore relations between communities and the institutions that govern them
- Address structures that create fragility
- Promote positive social norms and behaviours
- Build interfaith relations



SURVIVE

Within crisis environments we help people meet their immediate needs for:

- Food and non-food items
- Health and nutrition
- Water and sanitation
- Shelter
- Protection
- Information



Within insecure environments we help people to:

- Rebuild or diversify livelihoods
- Identify risks, develop preparedness plans and implement early warning systems
- Restore community infrastructure
- Reconcile relationships and build trust between diverse groups
- Access education, wash, health and nutrition, community based child protection
- Hold WV accountable to the core humanitarian standard

We help institutions to re-establish essential services to communities

Understanding Fragile Contexts

In fragile contexts, political and social stresses result in extreme vulnerability of children to violence, exploitation, abuse, and neglect. In some fragile and conflict-affected contexts, the government is unable or unwilling to ensure the basic rights and well-being of its population and lacks the capacity to manage conflict without violence. In extreme cases, the state may be either non-existent or actively involved in perpetrating violence against its people. Fragility and conflict is neither fixed nor immutable, but moves along a spectrum. It can affect entire countries or be contained in smaller areas called pockets of fragility, and can cross borders to affect neighbouring states that are vulnerable to instability.

The World Vision Fragility Index ranks national operational contexts according to three main sources: [Maplecroft Global Risk Analytics](#), the [Fund for Peace](#); and the [Institute for Economics and Peace](#). These data sources are some of the best and most up-to-date, but are retrospective and do not indicate a forecast. The index measures only average national fragility and does not account for sub-national pockets of fragility.

To see the list by fragility group of countries in which World Vision Canada worked, see the [Fragile Regions breakdown](#) section.

How we are shifting where we work

In order to align with our strategy to shift to more fragile contexts, global technical experts provide guidance to Field Offices on how to choose new communities to operate.

For in-country shifts (moving to a different Operational Area after the closure of earlier projects, or community graduation in the case of sponsorship), the basic principle is to shift into an area of the country that is considered more fragile and poverty-stricken. A better understanding of contexts and technical approaches now allows us to go further. What was once done on a case-by-case scenario is now being integrated into a framework to determine vulnerability markers. A key measure is to assess the concentration of Most Vulnerable Children (MVCs) and fragility in an area and prioritize new programming there.



*'Most vulnerable children are children whose quality of life and ability to fulfil their potential is most affected by extreme **deprivation** and violations of their rights. These children often live in **catastrophic situations** and **relationships** characterized by violence, abuse, neglect, exploitation, exclusion, and **discrimination**'*

– World Vision International's MVC guidance document

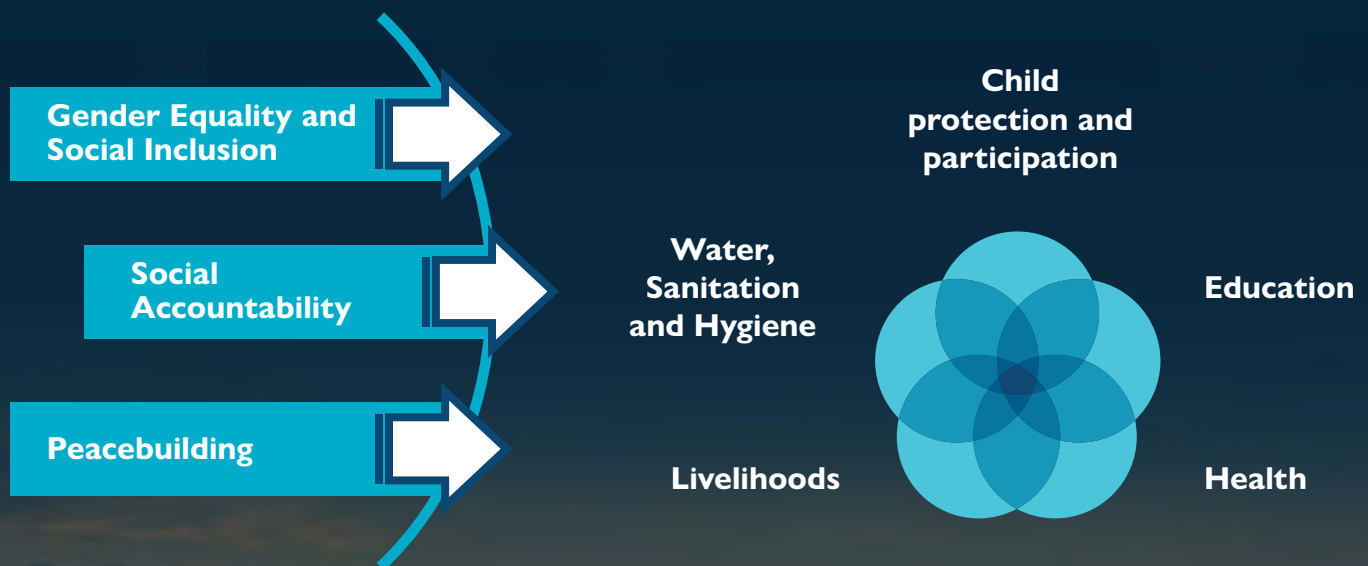
At the Country level, World Vision's Global Centre maintains a global level country categorization framework based on the fragility index which helps to guide Support Offices in making country level exit/country entry decisions.

Reaching the Most Vulnerable

World Vision collaborates and advocates with governments, civil society, faith partners, peer organizations and the private sector to promote the sustained well-being of children and address the Sustainable Development Goals.

To address the causes of child vulnerability, World Vision focuses on five sectors within its child-focused, community-empowering development model. Programs are also designed to integrate cross-cutting themes that permeate all sectors we work on.

Figure 6: World Vision's cross-cutting themes (left) and sectors (right)





LIVELIHOODS

Food | Environment and Climate Change | Economic Empowerment

Food and nutrition insecurity

Food insecurity refers to the lack of secure access to sufficient amounts of safe and nutritious food for normal human growth and development, and an active and healthy life. The Food and Agriculture Organization's State of Food Security and Nutrition Report 2020 estimated that 690 million or 8.9% of the global population were undernourished at the end of 2019, with the majority, 381 million, in Asia, and more than 250 million in Africa. The number of undernourished people is growing faster in Africa than in any other region of the world.

The number of hungry people has been on an upward trend since 2014 and is expected to exceed 840 million by 2030. The COVID-19 pandemic was estimated to have added an additional 83 million to 132 million people to the ranks of the undernourished in 2020⁶. The pandemic has strained food supply chains across the world. Beyond inadequate energy intake, 2 billion people did not have regular access to nutritious and sufficient food in 2019, with 340 million children suffering from micronutrient deficiencies. One main reason why millions of people around the world suffer from hunger, food insecurity and malnutrition is because they cannot afford the cost of healthy diets.

Besides COVID-19, other disasters constitute a significant threat to nutrition and food security. These include crop and livestock pests and diseases, wildfires, droughts and floods among others. The agricultural sector is particularly vulnerable to natural hazards and disasters. One of the most direct ways disasters affect agriculture is through reduced production. Between 2008 and 2018, approximately US \$108.5 billion was lost as a result of declines in crop and livestock production in Least Developed Countries and Lower Middle-Income Countries following disasters⁷. In Africa, loss over the period amounts to US\$30 billion.

⁶ Available at <http://www.fao.org/documents/card/en/c/ca9692en>

⁷ FAO, 2021. The impact of disasters and crises on agriculture and food security. <http://www.fao.org/documents/card/en/c/cb3673en>



Global poverty reduction

Global poverty has been declining over the years, especially since 1998. However, the rate of this decline has been slowing, largely driven by armed conflicts and climate change⁸. Using the January 2021 forecasts from Global Economic Prospects report,⁹ the World Bank now expect the COVID-19-induced additional poor (under the \$1.90-a-day poverty line) to rise to between 119 million and 124 million globally with around 60% living in South Asia.^{10,11} The poorest people, in both high and least developed countries alike are the ones suffering most: from lost jobs, vulnerability to the disease because they live and work in high-risk settings, and lack of health care and social protection. Also, it is estimated that by 2030, climate change could push as many as 100 million people into poverty.¹² This means the global poverty target level of 3% (total population) by 2030 may not be realized.

Furthermore, an estimated 1.7 billion adults can not access banking services¹³, and over 192 million people are unemployed¹⁴, making it difficult for parents to bring in income and save for their children's future and basic needs (such as education, nutrition, clothing and health). According to the Global Findex Database, in low-income countries only 11% of people ages 15+ saved at a financial institution compared to 55% in high-income countries. Lack of income frequently prevents children from attending school due to the high costs of education. This can lead families to sometimes take desperate negative measures such as child marriage, withdrawal from school, or forced child labour. Destitution can also lead to children being placed in care institutions where violence is often widespread. According to the World Health Organization¹⁵, helping vulnerable families to progressively achieve and sustain income growth can contribute to ending violence against children.

8 World Bank, 2020. Poverty and shared prosperity 2020: Reversals of Fortunes. Washington, DC.

9 World Bank, 2021. Global Economic Prospects, available at <https://www.worldbank.org/en/publication/global-economic-prospects>

10 Global Economic Prospects, WB, 2021 <https://www.worldbank.org/en/publication/global-economic-prospects> and post

11 WB, 2021 available at <https://blogs.worldbank.org/opendata/updated-estimates-impact-COVID-19-global-poverty-looking-back-2020-and-out-look-2021>

12 Hallegatte, Stephane, Mook Bangalore, Laura Bonzanigo, Marianne Fay, Tamaro Kane, Ulf Narloch, Julie Rozenberg, David Treguer, and Adrien Vogt-Schilb. 2016. Shock Waves: Managing the Impacts of Climate Change on Poverty. Climate Change and Development Series. Washington, DC: World Bank. doi:10.1596/978-1-4648-0673-5. License: Creative Commons Attribution CC BY 3.0 IGO

13 Global Findex Data, World Bank 2018

14 World Employment and Social Outlook: Trends 2018

15 INSPIRE: Seven Strategies for ending violence against children (2016)

World Vision's approach to Livelihoods

World Vision is working hard to break the cycle of intergenerational poverty by 2030. By using integrated, evidence-based approaches, we help the most vulnerable families regain their dignity, become economically self-reliant and have the means to provide for their own children. These are our building blocks:



- 1 HOUSEHOLD:** Empowering households to provide for their children, especially through women's economic empowerment.
- 2 COMMUNITY:** Mobilizing groups and communities to strengthen productivity, resilience, environmental stewardship, market access and financial inclusion (cash, savings, credit).
- 3 SYSTEM-WIDE:** Influencing system-wide changes to promote sustainable employment opportunities, inclusive market systems and positive social and gender norms.

In contexts that are both politically and environmentally fragile, and exposed to significant disaster and climate risk, Livelihoods interventions place much greater focus on building social, economic and environmental resilience and adaptive capacity. The interventions do this by providing temporary food and cash safety nets, and ensuring vulnerable households can manage and mitigate disaster risk effectively. This helps families avoid slipping further into extreme poverty.

During a disaster where people are frequently dislocated from home, and in the recovery period immediately afterwards, the objectives are primarily to (1) save lives and alleviate human suffering arising out of disaster or conflict, and (2) protect and strengthen livelihoods for rapid recovery and long-term resilience in a dignified way. As such, restoration of all assets, services and stakeholder relationships in the Livelihood's framework is critical to achieving a sustainable recovery for affected households. Facilitating the protection and return of households and communities to activities that provide opportunity for sustainable, meaningful income generation is central to Livelihoods interventions in Fragile Contexts.



HEALTH

Health, freedom from hunger and malnutrition are basic human rights. Protecting and promoting children's rights to good health and nutrition, particularly for the most vulnerable children, is essential to achieving inclusive, equitable and sustainable development¹⁶. Despite global progress in reducing child deaths and maternal mortality since 1990, 5.2 million young children still died before their fifth birthday in 2019. Among these deaths, 1 million newborns die on the day they are born¹⁷, and 2.4 million babies do not survive their first month of life, with [premature birth](#) and birth complications being the leading causes of death¹⁸. It is estimated that approximately 15 million babies are born premature every year. And malnutrition of all forms still contributes to more than 30% of child deaths worldwide, which points to the far-too-slow progress toward the Global Nutrition Targets for 2025¹⁹.

From conception to age 3, 80% of a child's brain is formed. During this critical period, good health, adequate nutrition and nurturing care are foundational to children's physical and cognitive development, future learning, productivity and achieving their potential. And yet, among children under 5 years of age in low middle-income countries (LMICs) worldwide:

- **149 million** are chronically malnourished (stunted), which could restrict their brain development especially in the first 1000 days of life;
- **49.5 million** are wasted²⁰ with the most severe cases facing 9 times higher risk of dying; and
- **2 out of 5** suffer from anemia^{21,22}, which increases their vulnerability to infections and affects their ability to learn.

16 Especially for [Sustainable Development Goals 2,3,4,and 6](#)

17 UNICEF 2018, Every Child Alive: The urgent need to end newborn deaths, available at https://www.unicef.org/publications/files/Every_Child_Alive_The_urgent_need_to_end_newborn_deaths.pdf

18 <https://www.who.int/data/gho/data/indicators>

19 <https://www.who.int/nutrition/global-target-2025/en/>

20 Global Nutrition Report 2020

21 <https://www.who.int/data/gho/data/indicators>

22 <https://www.who.int/data/gho/data/indicators>

Iron deficiency anemia also affects 1 in 3 women of reproductive age. This negatively impacts girls' and women's capacity to learn and the energy levels they need to pursue full and productive lives. Severe anemia during pregnancy also doubles the risk of women dying during and after childbirth. Sadly, approximately 810 women die every day from severe bleeding, infections and high blood pressure related to pregnancy and childbirth. A startling 99% of these preventable deaths occur in developing countries²³. 225 million women would like to delay or avoid pregnancy, but can not access contraception due to availability or limitations on access²⁴. Among women who survive childbirth, almost 1 in 5 mothers in low middle-income countries (LMICs) experience postpartum depression, which interferes with their well-being and ability to care for their newborn and children. Furthermore, the COVID-19 pandemic is expected to increase the burden and impact of these health and nutrition challenges globally.²⁵

In fragile contexts and countries experiencing conflict, the health and nutrition situation is worse. These settings bear a disproportionate weight of the global disease burden, child and maternal mortality. Together they account for:

- **More than 70%** of cases of epidemic-prone diseases, such as cholera, measles and meningitis;
- **60%** of preventable maternal deaths;
- **53%** of deaths in children under age 5; and
- **45%** of infant deaths.

By 2030, two-thirds of the world's extreme poor will be found in fragile contexts, the majority of whom will be children.²⁶ Women, children, and adolescents are uniquely and disproportionately affected by conflict and fragility, whether by gender-based violence, lack of adequate nutrition, broken state-societal relations, or insurmountable barriers to basic quality health services.²⁷ In addition to urgent the response to save lives and address immediate nutritional, physical and mental health needs, health systems need to be strengthened to deliver services to and engage affected communities in ways that are effective and durable in fragile context, and to also contribute to addressing drivers of fragility itself.²⁸

23 WHO 2014 - Maternal Mortality fact sheet Available at https://apps.who.int/iris/bitstream/handle/10665/112318/WHO_RHR_14.06_eng.pdf

24 https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/global_health-sante_mondiale/improving_health-ameliorer_sante.aspx?lang=eng

25 World Vision, Aftershocks available at <https://www.wvi.org/publications/COVID-19-aftershocks-secondary-impacts-threaten-more-childrens-lives-disease-itself>

26 <https://www.worldvision.ca/WorldVisionCanada/media/our-work/influencing-governments/Making-Children-Our-Priority-White-Paper-World-Vision-Canada-November-2019.pdf>

27 <https://www.worldvision.ca/WorldVisionCanada/media/our-work/influencing-governments/Making-Children-Our-Priority-White-Paper-World-Vision-Canada-November-2019.pdf>

28 World Vision International (2019) A Brighter Future for Children in Fragile Contexts

World Vision's approach to Health

World Vision's Health sector addresses and advocates on the leading causes of illness and mortality in children under 5 years through integrated actions at individual, interpersonal, community and societal/ policy levels, and in humanitarian, fragile and development contexts. Interventions are mainly family and community centred, focusing on behaviour change, community and health system strengthening, and advocacy.

CONTINUE | Our main target group continues to be children 0 to 5 years

STRENGTHEN | In alignment with World Vision's child protection minimum requirements, World Vision's field offices ensure meaningful participation of older children in World Vision's programs. Our offices also address intergenerational health challenges such as the effects of adolescent malnutrition on low birth weight and prematurity, and the effects of child marriage on maternal and under-5 mortality.



Learn more about World Vision's new Health Sector approach for 2020-2030:



CHILD PROTECTION AND PARTICIPATION

In 2020, World Vision estimated up to 85 million more girls and boys may be exposed to physical, sexual and/or emotional violence over three months as a result of COVID-19 quarantine. We believe as many as 13 million extra child marriages predicted by UNFPA taking place between 2020 and 2030 will occur in the years immediately following the crises, with at least 4 million more girls married in the next two years.





A national assessment supported by World Vision and coalition partners in Bangladesh revealed beatings by parents or guardians had increased by 42% and calls to the child helpline were up 40%.²⁹ Close to 300 million children aged 2 to 4 worldwide (75%) are regularly subjected to violent discipline (physical punishment – 63%; and/or psychological aggression – 67%) by their parents or other caregivers at home. Many children are also indirectly affected by violence in the home: 1 in 4 children (176 million) under the age of 5 live with a mother who has been a recent victim of intimate partner violence.³⁰ Although children of all ages are at risk, it can be particularly harmful for young children that experience violent discipline, since it can not only increase the potential for physical injury but also because of children’s inability to understand the motivation behind the act or to adopt coping strategies to alleviate their distress. According to Straus et. Al, “children experience [corporal punishment] as highly stressful and stress is known to interfere with cognitive functioning and to result in changes in brain functioning. Regardless of the mediating process, it was hypothesized [and tested] that corporal punishment slows the rate of further cognitive development, with the result that four years down the road, the children who were hit by their parents may fall behind the average even more.”³¹

Girls are particularly vulnerable to violence in all its forms. According to UNICEF, female genital mutilation (FGM) has been performed on at least 200 million girls and women in 31 countries with representative data on prevalence. Mali (83%), Mauritania (51%) and Indonesia (49%) rank at the top for prevalence of FGM among girls aged 0 to 14 years old. While there has been an overall decline, progress has been uneven with some countries still having a high FGM prevalence.

Children living in conflict and disaster areas are especially in need of protection. They are disproportionately vulnerable to violence due to conflict itself, displacement, separation from families, loss of family livelihoods, lack of educational opportunities, limited community infrastructure and safety nets, food insecurity, and/or power imbalances. As a result, they are at increased risk of physical and sexual violence, psychological distress, injury, early marriage, child labour, trafficking and recruitment into armed groups. An estimated 535 million children — a quarter of the world’s children — live in countries affected by conflict or disasters.³² Furthermore, at least 70.8 million people around the world have been forced to flee their homes due to conflicts and natural disasters. Among them are nearly 25.9 million refugees, over half of whom are under the age of 18.³³

29 See World Vision’s Aftershocks Collection

30 UNICEF, 2017. A familiar face – violence in the lives of children and adolescents, available at <https://data.unicef.org/resources/a-familiar-face/>

31 Straus, Murray A., and Mallie J. Paschall, ‘Corporal Punishment by Mothers and Development of Children’s Cognitive Ability: A longitudinal study of two nationally representative age cohorts’, *Journal of Aggression, Maltreatment & Trauma*, vol. 18, no. 5, 2009, pp. 459–483, available at <https://www.tandfonline.com/doi/full/10.1080/10926770903035168>

32 UNICEF, 2016, https://www.unicef.org/publications/index_94527.html

33 UNICEF, 2019

World Vision's approach to Child Protection and Participation

The goal of child protection is to strengthen the protection of boys and girls from abuse, neglect, exploitation, and other forms of violence. World Vision uses a **systems approach** to address root causes of violence against girls and boys. This approach consists of empowering key actors to work together to create a protective environment that cares for and supports all children, especially the most vulnerable.

The backbone of World Vision's approach are Child Protection and Advocacy groups, consisting of formal and informal partners from across the ecology of the child. These groups coordinate and implement interventions that focus on five domains of change:



- 1 EMPOWER GIRLS and BOYS** with life skills, resilience, and psychosocial well-being and support so that they can be influential protection actors in their environment.
- 2 TRANSFORM ATTITUDES, NORMS AND BEHAVIOURS** of children, parents, faith communities and community members while promoting positive norms and practices.
- 3 STRENGTHEN SERVICES AND SUPPORT MECHANISMS** and the capacity, coordination and collaboration of formal and informal actors to prevent, protect and respond to child protection incidents.
- 4 IMPROVE LAWS AND ACCOUNTABILITY** through advocacy (at all levels) and including citizen voice in the quality and provision of services by service providers and local duty bearers
- 5 ADDRESS OTHER ROOT CAUSES** through other sectoral interventions.

EDUCATION

The large global investment in improving girls' and boys' access to education has largely succeeded. The world is moving toward gender parity in out-of-school rates and the gender gap among children of primary school age is decreasing.³⁴ However, for the most vulnerable children, access to quality learning is still a challenge. Refugee children are five times more likely to be out of school than other children. And girls in these conflict-affected contexts are 2.5 times more likely to be out of school than boys.³⁵

The COVID-19 pandemic and school shutdowns have exacerbated access issues for vulnerable children, especially for girls who face the additional risk of early forced marriage and early pregnancies. As a result some of these girls may never return to school again. World Vision estimates that over one million girls in sub-Saharan Africa are facing this risk. A lost education is catastrophic to young mothers, their children, and their communities. If countries across sub-Saharan Africa fail to ensure the continued education of adolescent mothers, the region could see its economy suffer from a further US\$10 billion loss in GDP above and beyond the immediate, crippling effects of COVID-19.³⁶

However, even before the pandemic, an estimated 617 million children and adolescents, 60% of them female, were not achieving minimum proficiency in reading and mathematics.³⁷ And to overcome these shortcomings, there is a need for interventions not only on behalf of school-age children but also in early childhood care and education.

A decade ago, an estimated 250 million children under age 5 in low- and middle-income countries were at risk of not attaining their developmental potential: and considering the COVID-19 era and the 155 million pre-school age children affected by school closures, this number could increase, undermining efforts deployed in health and education.³⁸ The opportunity continues to lie in investing in early childhood care and education, which can produce economic returns equal to roughly 10 times its cost, with the benefits from enhanced child development being the largest part of the economic return.³⁹

Figure 7: Child Protection and Participation systems approach



34 UNESCO, Fact Sheet No. 48, February 2018, available at

<http://uis.unesco.org/sites/default/files/documents/fs48-one-five-children-adolescents-youth-out-school-2018-en.pdf>

35 UNICEF. Education Uprooted. September 2017. www.unicef.org/media/files/Education_Uprooted_DIGITAL.pdf

36 World Vision International, 2020, COVID-19 Aftershocks: Access Denied, available at

<https://www.wvi.org/publications/report/coronavirus-health-crisis/COVID-19-aftershocks-access-denied>

37 Report of the Secretary-General, The Sustainable Development Goals Report 2018 United Nations, Sustainable Development Goals, Education: <http://www.un.org/sustainabledevelopment/education>

38 UNESCO, 2021, Right to pre-primary education: a global study, available at <https://unesdoc.unesco.org/ark:/48223/pf0000375332>

39 UNESCO, 2015, The Global State of Early Childhood Care and Education, available at <https://unesdoc.unesco.org/ark:/48223/pf0000233558>



World Vision's approach to Education

Educating girls and boys for life is at the heart of World Vision's approach to education. In line with the UN's Sustainable Development Goal 4 (SDG4), we invest in and provide access to quality education for millions of girls, boys, adolescents and youth, including the most vulnerable, hardest to reach and those with disabilities. We do this in safe and nurturing learning environments. World Vision's education programming is child-centered, gender-transformative, inclusive, community-based, and focused on life-long learning and skills acquisition. Our education programming follows a life-cycle approach from infancy to youth, supporting early cognitive development, preparing children for school and lifting the learning outcomes for girls and boys equally.

With a strategic focus on improved learning outcomes for all children, we address the global learning crisis by ensuring girls and boys enroll and stay in school and build a strong foundation for lifelong success through literacy. We prioritize gender-transformative approaches that reach both in- and out-of-school girls and boys with quality learning opportunities and address barriers to access, transition and completion, such as early marriage, household poverty and harmful traditional practices.

As part of our Education-in-Emergencies approach, World Vision promotes the need to work with the formal education system and to encourage and support a child's re-entry into the formal education system after the emergency. Where the formal system may have been weakened or eroded by enduring crisis, World Vision strives to empower and build capacity in the system as a whole to respond to children's needs and better prepare for future shocks. World Vision promotes education programming that complements, rather than competes with, the formal system to ensure a child's learning is uninterrupted and is recognized. Where necessary and appropriate, World Vision supports the implementation of non-formal education initiatives as a short-/medium-term response to the absence of a sufficient, quality, formal education system.

WATER, SANITATION AND HYGIENE (WASH)

In the last 20 years, billions of people have gained access to safe drinking water, improved sanitation and hygiene education, but many countries still have a long way to go to fully realize the Sustainable Development Goal's ambition to achieve 'universal' access 'for all' and to 'leave no one behind'.⁴⁰ In the least developed countries, people – often women and girls – may walk an average of 6 kilometers a day to fetch clean water. According to UNICEF, over 700 children under age 5 die every day of diarrhoeal diseases due to lack of appropriate WASH services. In areas of conflict, children are nearly 20 times more likely to die from diarrheal disease than from the conflict itself.⁴¹

Nearly 800 million people worldwide lack access to an improved water source, and an estimated 2.5 billion people lack access to improved sanitation.⁴² The root causes for lack of safe WASH practices vary depending on context. Root causes can include poverty, geography (i.e. desert terrain), geology, policy and cultural norms.

The *Progress on household drinking water, sanitation and hygiene 2000-2017* report highlights important considerations to provide schools with a safe and clean environment so as to not become hubs for the transmission of COVID-19, especially as schools reopen following lockdowns in many countries. According to the report, globally nearly one in three schools (31%) lacked basic drinking water services (affecting nearly 600 million children) and over one third (37%) lacked basic sanitation services (affecting nearly 700 million children). Two in five schools (43%) lacked basic hygiene services, affecting more than 800 million children around the world. In the least developed countries, 49% of all schools have no handwashing facility at all.⁴³ This lack of WASH facilities at schools can (and will) prevent students (especially girls) from attending school, potentially reducing their educational achievements.

Inadequate sanitation is estimated by the WHO to cause 432,000 diarrheal deaths annually and is a major factor in several neglected tropical diseases, including intestinal worms, schistosomiasis, and trachoma. Poor sanitation also contributes to malnutrition. A WHO study in 2012 calculated that for every US\$1 invested in sanitation, there was a return of US\$5.50 in lower health costs, more productivity, and fewer premature deaths.⁴⁴

Gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services often cause girls' and women's menstrual health and hygiene needs to go unmet. According to the World Bank, at least 500 million women and girls globally lack adequate facilities for menstrual hygiene management (MHM), which can affect adolescent girls' participation in education. A meta analysis of 138 studies by the World Bank on the status of menstrual hygiene among adolescent girls in India found that a quarter of the girls did not attend school during menstruation because of the lack of adequate toilets.⁴⁵

40 JMP, *Progress on household drinking water, sanitation and hygiene 2000-2017* available at <https://data.unicef.org/resources/progress-drinking-water-sanitation-hygiene-2019/>

41 UNICEF, retrieved April 2021 at <https://www.unicef.org/wash>

42 <https://www.usaid.gov/what-we-do/water-and-sanitation>

43 JMP, *Progress on household drinking water, sanitation and hygiene 2000-2017* available at <https://data.unicef.org/resources/progress-drinking-water-sanitation-hygiene-2019/>

44 WHO, retrieved in April, 2021 at <https://www.who.int/news-room/fact-sheets/detail/sanitation>

45 World Bank, 2017, *The Rising Tide: A New Look at Water and Gender*, available at <https://openknowledge.worldbank.org/handle/10986/27949>

World Vision's approach to Water, Sanitation and Hygiene

World Vision's WASH programs bring safe water, improved sanitation and hygiene practices to communities around the world. World Vision prioritizes the accessibility of water and sanitation facilities for the most vulnerable, including people with disabilities and those on the socio-economic margins, often women and girls.

Key areas:



- 1 SELF SUPPLY:** Villages or households taking the initiative to pay their own resources for developing the water supply services/facilities.
- 2 COMMUNITY WASH SERVICES:** WASH services developed by communities in collaboration with NGOs, governments, the private sector and donors. These water schemes serve populations ranging from a few households to large communities with water taps and water kiosks.
- 3 WASH IN SCHOOLS:** World Vision works in schools to promote potable water services and use, improved/VIP latrine use and hygiene education, including menstrual hygiene management
- 4 URBAN WASH:** World Vision works with municipal councils or urban local authorities in partnership with the private sector and donors. World Vision's involvement in medium-to large-scale urban WASH initiatives is relatively new and requires special competencies and skills such as WASH advocacy, tariff setting, revenue collection and engagement with the urban private sector.
- 5 WASH IN EMERGENCIES:** Providing gender responsive WASH services in refugee/IDP (Internally Displaced Persons) camps and disaster-struck populations.

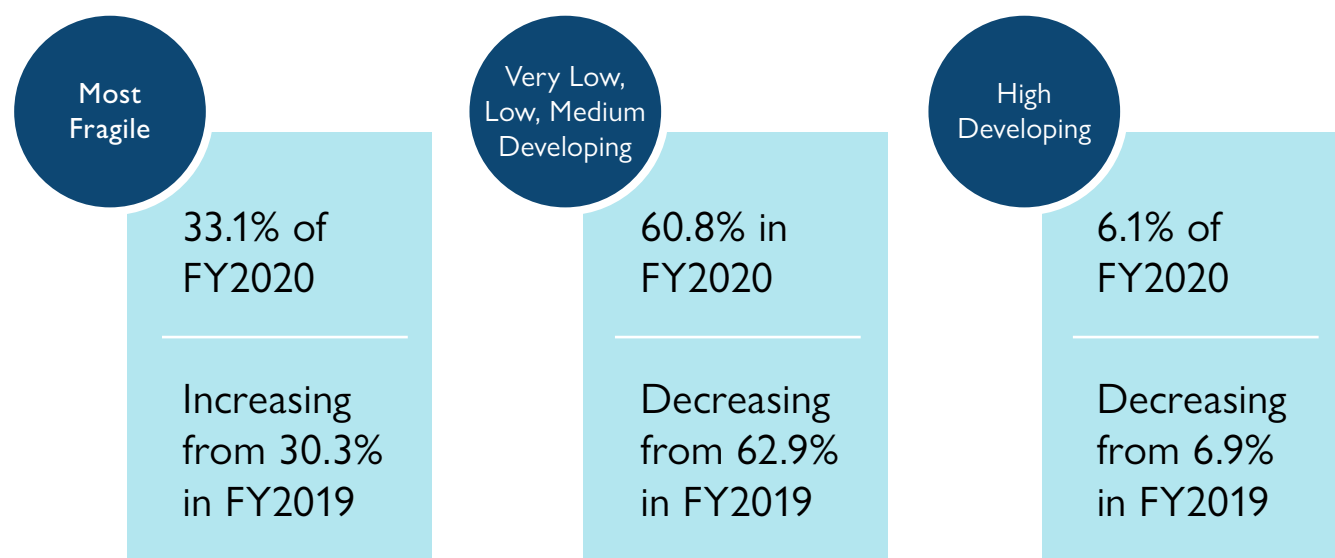
FY2020 Results

THE SHIFT TOWARD MOST FRAGILE

Through our global strategy, [Our Promise](#), we are shifting how we respond and aligning our humanitarian, development, and advocacy efforts to expand our impact on the most vulnerable children living in fragile contexts. To support this shift our portfolio mix is changing. From FY2019 to FY2020, funding allocated to the most fragile countries increased while funding allocated to the least fragile decreased.

See the countries in each region in our [Fragile Regions breakdown](#) section (Page 12).

Figure 8: Comparison of percentage of expenditure per fragile region for FY19 and FY20



Our sponsorship communities

For the past several years this shift has also meant transitioning out of some of our least fragile contexts. For instance, sponsorship communities that graduated from Chile in 2014, Thailand in 2016, Romania and Costa Rica in 2017, Armenia, Brazil, Mexico and South Africa in 2020, were the last ones supported by Canadians in those countries. But that does not mean the work there has ended. Local funding and international grants continue to operate under local World Vision offices to continue to serve their own areas of fragility and reach their most vulnerable children.

It is important to remember that fragility and conflict is neither fixed nor immutable, it moves along a spectrum. It can affect entire countries or be contained in smaller areas called 'pockets of fragility.' It can even cross borders and affect neighbouring states that are vulnerable to instability. Child Sponsorship as a programming model may not be appropriate to some of the most fragile contexts, especially during conflict, but we will continue to assess and push our work to fragile areas as we learn and grow.

Table 2: Number of Area Programmes funded by sponsorship that
1. completed and 2. started their life cycle with World Vision Canada.

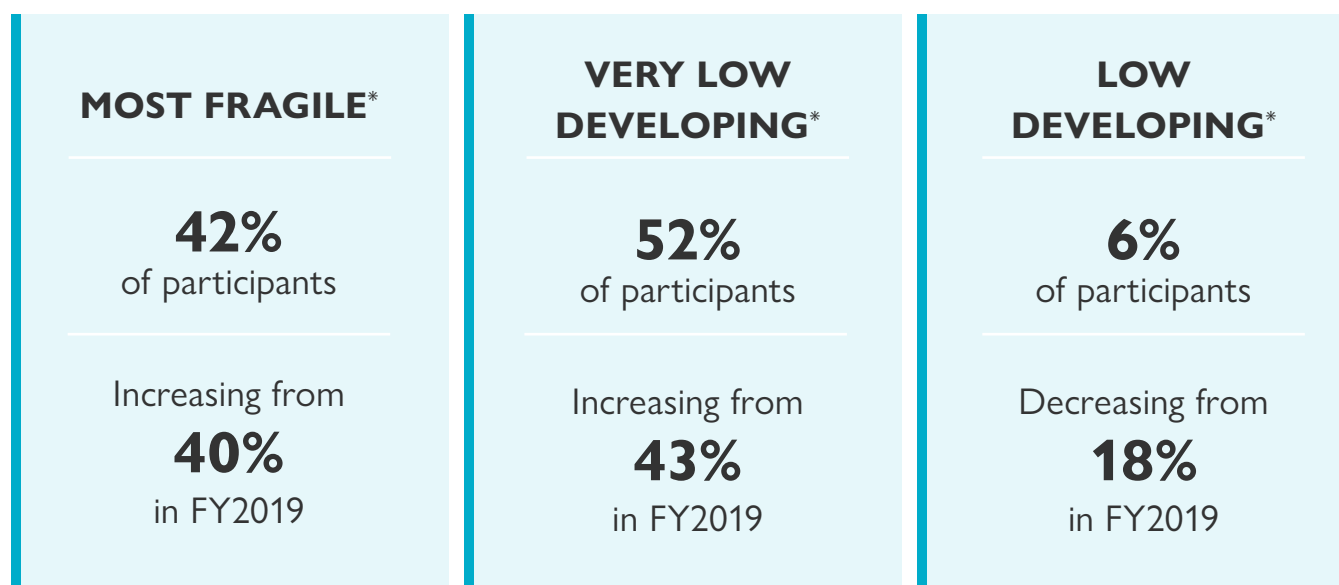
| | Graduating Communities (FY20) | New Communities (FY20) |
|----------------------------|--|-------------------------------|
| Most Fragile | 2 | 3 |
| Very Low Developing | 4 | 1 |
| Low Developing | 6 | 2 |
| Medium Developing | 3 | 3 |
| High Developing | 9 | 0 |

*Please note that because of restrictions due to the COVID-19 pandemic the start of new communities was compromised for FY2020 (and FY2021), but the trend of moving toward more fragile contexts continues and plans for FY2022 are in progress

Our food and cash distribution in partnership with the World Food Programme

Finally, an important avenue of our work in the most fragile regions of the world is the food and cash distributions done in partnership with the World Food Programme. Although in this area we already operate in countries with higher levels of fragility the shift to more fragile contexts even there continues.

Figure 9: Comparison of percentage of participants in food and cash distributions in partnership with the World Food Programme per fragile region, for FY19 and FY20



*Most Fragile - FY19 39.5% | FY20 42.0%; Very Low Developing - FY19 42.9% | FY20 51.9%; Low Developing - FY19 17.6% | FY20 6.1%

ANNUAL MONITORING RESULTS

We are in constant communication with our field offices to monitor Canadian-funded projects. Each year, we engage in a review process that identifies key achievements, challenges and opportunities from annual reports.

Here are some additional results achieved in FY2020 in communities we support through child sponsorship, gifts-in-kind and our partnership with the World Food Programme. Country breakdown data can be seen on the Appendix, [Page 84](#). For community-level breakdown, see the [community pages](#) on the World Vision Canada website.

- **Livelihoods**

- **Food**

- 77 groups of farmers are joining forces to produce and sell their products, helping them to build more profitable businesses so they can provide for their children.
 - 3,104,113 people, including 2,017,692 children, benefited from food assistance in 17 countries in partnership with the World Food Programme.
 - In total, 198,497 schoolgirls and 206,820 schoolboys received food assistance to improve school enrolment by tackling child hunger.
 - 108,723 metric tons of food distributed to meet the basic food needs of vulnerable families.

- **Environment and Climate Change**

- 105 committees are actively helping families prevent and cope with disasters, helping children stay safe and families to recover more quickly if they happen.
 - 115 neighbourhoods have an updated disaster plan, which maps local threats and how to best save people's lives and property in a crisis.
 - 8,466 people were trained on how to prevent and cope with future disasters, helping children to stay safe and families to recover more quickly if they happen.

- **Economic Empowerment**

- 533 families started a small business, empowering them to earn a living and meet their children's basic needs.
 - 1,900 savings groups are running in the community, empowering members to save money, earn interest, access loans, and better provide for their children.
 - 26,176 women and men are active members of a local savings group, helping them to grow their businesses and provide for their children, now and in the future.

- **Health**

- 211 joint plans have been made between local partners who help malnourished children, to help more children recover.
 - 2,505 malnourished children in our nutrition program gained 400 grams in one month, helping them to recover.
 - 11,933 pregnant women and new mothers took part in health and nutrition training, so mothers are better prepared to help their babies grow healthy and strong.
 - 66 training courses were provided for our local partners who work with severely malnourished children, so they can help more children recover.

- **Child Protection and Participation**

- 431 activities planned with local partners took place, empowering the community to care for and protect children.
- 51,585 adults learned about child protection and how to report abuse, including harmful practices, strengthening families to care for and protect children.
- 6,377 girls and boys took action to help end violence against children, empowering them to speak out against harmful attitudes and practices.
- 4,310 meetings were held by the community to advocate for better child protection services, helping to hold the government to account for improving them.

- **Education**

- 6,970 books with local stories in the local language were given to reading camps, inspiring more children to read outside of school.
- 12,270 children now go to after-school literacy activities, helping them learn to read and write.
- 215 reading clubs were started, running weekly after school to give children extra help and encourage a love of reading.
- 245 teachers who completed our preschool training scored 80% or more in their test, helping them to prepare young children to do well at school.

- **Water, Sanitation and Hygiene**

- 122 water committees learned how to manage, maintain, and repair their local water source, helping children and their families have clean, disease-free water for the long term.
- 111,442 more people now have clean water within 30 minutes of their home, helping to free community members, especially women and girls, from a life spent gathering water.
- 2,678 specific girls' and boys' toilets are now in schools, giving students of different genders privacy, especially girls so they don't have to miss school when they have their period.

- **Partnership with Christian and other Faith Leaders**

- 412 faith-based groups are partnering with us to help improve children's lives.





LIFE-GIVING ESSENTIALS

Thanks to our corporate partners, we have shipped millions of life-giving essentials in FY2020 alone. See what we have been able to accomplish together in the past three years. Country breakdown can be seen in the Appendix, [Page 87](#).

Table 3: Number of life-giving essentials shipped to countries across the globe

| | FY2018 | FY2019 | FY2020 |
|--|------------|------------|------------|
| Metric tons of food distributed | 136,527 | 124,744 | 108,723 |
| Yards of fabric shipped | 490,961 | 352,980 | 76,782 |
| Pairs of rain boots shipped | 13,039 | 16,377 | 1,658 |
| Number of items of clothing shipped | 22,103 | 46,826 | 150,043 |
| Number of books shipped | 15,330 | 2,157 | 399,333 |
| Number of bicycles shipped | 3,340 | 1,320 | 32 |
| Number of school supplies shipped | 0 | 268,953 | 156,631 |
| Number of Ready-to-Use Therapeutic Food (RUTF) packets shipped | 1,890,000 | 4,590,000 | 2,025,000 |
| Number of tablets of deworming medicine shipped | 10,068,000 | 27,556,000 | 26,899,000 |
| Number of birthing kits shipped | 0 | 12,755 | 5,981 |
| Number of solar panels shipped | 414 | 1,442 | 3,381 |
| Number of re-usable menstrual hygiene kits shipped | 100 | 3,583 | 4,082 |

GRADUATING COMMUNITIES

Each year, we also celebrate sponsorship communities that have completed their partnership with World Vision. As one can guess, the level to which a World Vision community is able to advance in their measures of success (such as reducing stunting rates or improving access to water) relates to their specific context and the external factors that influence that context, such as natural disasters, conflict and the country's overall level of fragility.

For the past several years we have been working to standardize many of our approaches and indicators through Technical Programs. Unfortunately, due to the length of World Vision's stay in sponsorship communities, the benefits of these improvements will be largely seen in the coming years when evaluations under the new guidelines will be conducted.

In the Appendix, [Page 89](#) we present some highlights of the 24 communities that graduated in 2020. Due to the long process of transition, evaluations may be conducted closer or further from the exit point according to local contexts.⁴⁶

MOST FRAGILE

Niger

- Gobir Yamma
- Ouallam

VERY LOW DEVELOPING

Ethiopia

- Hidhabu Abote
- Jeju

Haiti

- Cobocol

Zambia

- Katete

LOW DEVELOPING

Bangladesh

- Jhinaigati

Mauritania

- Konkossa

Philippines

- South Cotabato
- Misasmis Oriental
- South Cebu West

Senegal

- Paroumba

MEDIUM DEVELOPING

Bolivia

- Nueva Esperanza

Ghana

- Anyima-Mansie
- Kintampo South

HIGH DEVELOPING

Armenia

- Talin
- Yerevan

Brazil

- Serrana

Mexico

- Manos Unidas
- Unidos Caminando

South Africa

- Atlantis
- Thaba Nchu
- Umvoti

Sri Lanka

- Kiran

⁴⁶ It is also important to note that the evaluation time horizon (the period evaluations cover) are typically around 4-5 years – not the 12-15 (sometimes greater) lifetime of an Area Programme. This has implications for what we can understand about the changes in the communities and the way we shift our resources every cycle to tackle new areas.

COVER – COVID-19

Emergency Response

- World Vision is responding* to the devastating impact of COVID-19 in more than 70 countries.
- Our US\$350 million response aims to reach, 72 million people, including 36 million children, especially the most vulnerable.**

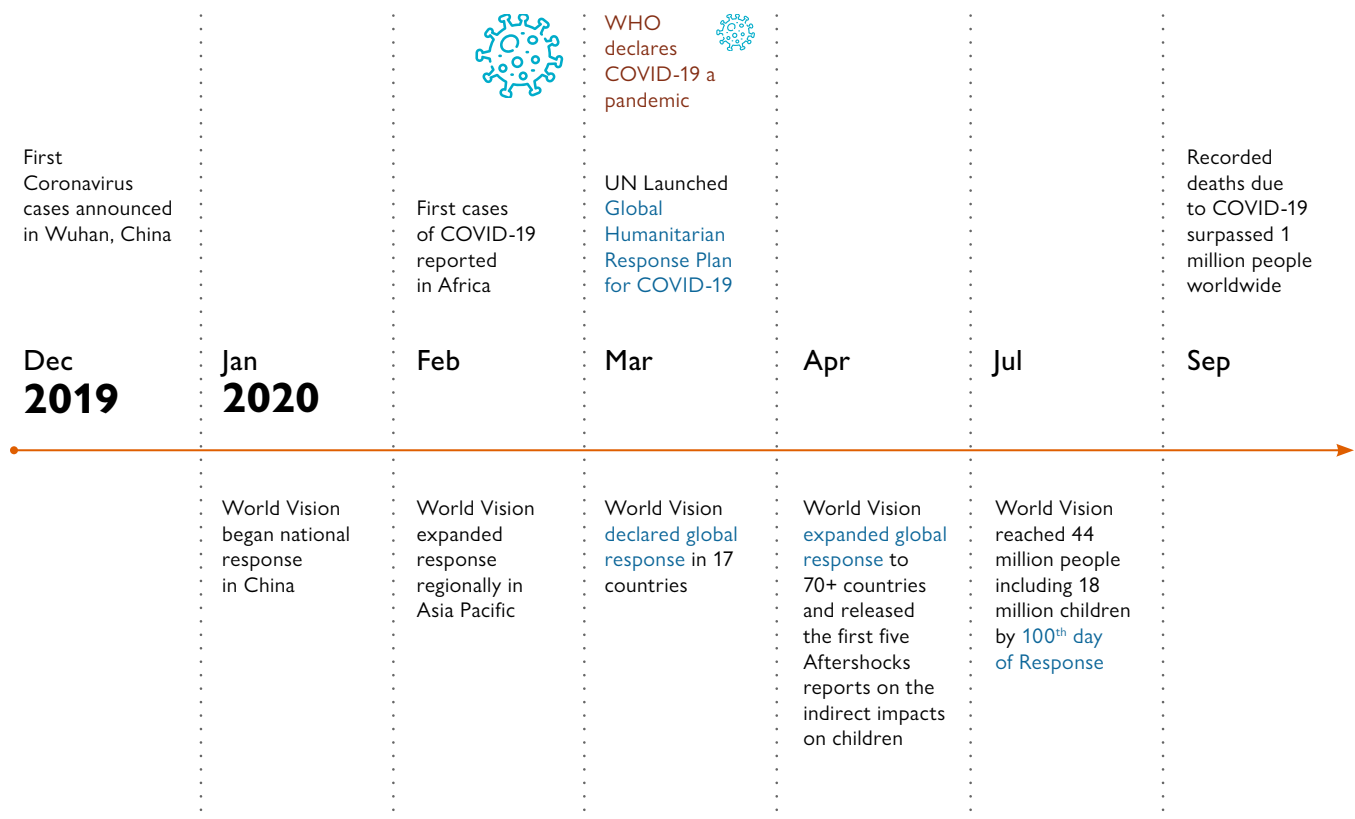


RESPONSE GOAL

To limit the spread of COVID-19 and reduce its impact on vulnerable children and families

WORLD VISION RESPONSE TIMELINE

Figure 10: World Vision's COVID-19 response timeline



*Responding includes filed programming and/or fundraising

**Includes funding and reach for all World Vision offices

COVID-19 has changed life as we know it. Millions of people have died and the devastating aftershocks of the virus have driven adults out of work, children out of school, forced girls and boys into extreme vulnerability, and are now threatening millions with hunger and desperation.

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. In the face of the most harrowing health crisis in a century, World Vision immediately launched the largest humanitarian response in our 70-year history. We pivoted all 34,000+ staff working in nearly 100 countries, utilizing our decades of humanitarian experience, to respond in a way that ensured our program quality and accountability to children and their families remained at the heart of our work.

MONITORING PROJECTS IN THE CONTEXT OF COVID-19

Is the data safely accessible?

Depending on the timeline, data collected from project participants and/or partners may not be safely accessible. For example, collecting monitoring data becomes more difficult with social distancing measures in place. As much as possible we anticipated and documented how using these tools presented other challenges. Technology may leave out key participants who do not have access and/or the ability to use it. For instance, women and girls are often further disadvantaged when there is a reliance on technology versus face-to-face interactions because of low literacy levels and in many contexts less access than men to devices. We also considered any ethical issues involved with the use of phones and whether participants in that context are likely to feel comfortable providing information remotely.

A closer look at context monitoring

Context monitoring is a systematic collection of information about conditions and external factors relevant to the implementation and achievements of a strategy, set of projects, and activities. During the past year it has become even more critical because of the extent to which the evolution of the pandemic and its second-order impacts (like economic recession) are interacting with existing country factors such as conflicts, state fragility, and climate crises. (See learnings on [Page 58](#))

COVID-19 RESPONSE'S GLOBAL RESULTS

The data presented in this section are the results for the global World Vision Partnership's COVID-19 response in FY2020 (data up to September 30th, 2020). The overall information for the first year of the global World Vision Partnership response can be seen in the [One year on](#) report (data up to February 2021)⁴⁷. More than 50 million people, including over 22 million girls and boys in 70 countries benefitted from the COVID-19 response from March to September 2020.

OBJECTIVE 1 – SCALE UP PREVENTIVE MEASURES TO LIMIT THE SPREAD OF DISEASE

- **114,686 faith leaders** worked with us to share information about COVID-19, helping to teach people how to avoid catching and spreading the virus.

⁴⁷ World Vision Canada's contribution accounts for 12% of the total pooled funds of the global World Vision partnership COVID-19 response.

- **2,640,758 hygiene kits** including soap, jerry cans, and handwashing supplies were given to community members, helping to protect children and their families from COVID-19.
- **29,321,305 people** learned how to protect themselves against COVID-19 through direct contact with World Vision staff or volunteers, helping to curb the spread of the virus in their community.
- **83,910 handwashing stations** with soap and water were set up in public spaces, helping to protect children and their families from COVID-19.

OBJECTIVE 2 – STRENGTHEN HEALTH SYSTEMS AND WORKERS

- **137,860 community health workers** were trained to support communities during the COVID-19 pandemic, helping to protect children and their families.
- **417,283 people** in quarantine or isolation for COVID-19 were given support, helping to meet their physical and emotional needs.
- **442,064 cleaning and sanitizing kits** were given to health facilities, helping them to better protect patients from COVID-19.
- **7,661,434 face masks** were given to health facilities and workers, helping to stop the spread of COVID-19 in the community.

OBJECTIVE 3 – SUPPORT CHILDREN AFFECTED BY COVID-19 WITH EDUCATION, CHILD PROTECTION, FOOD SECURITY, AND LIVELIHOODS

- **1,445,174 children** learned about COVID-19 in age-specific ways, helping them to stay healthy and protect themselves.
- **3,032,363 community members** were trained to help them earn an income during COVID-19, so they can better provide for their families and children.
- **3,032,363 families** were given farming tools and livestock as part of our COVID-19 response, helping them to earn an income and provide for their children.
- **50,309 teachers** were trained or supported as part of our COVID-19 response, giving them supplies and skills to help them teach children remotely.

OBJECTIVE 4 – COLLABORATE AND ADVOCATE TO ENSURE VULNERABLE CHILDREN ARE PROTECTED

- **268 national and local policy changes** on COVID-19 that we campaigned for were passed, helping to improve the lives of children and their families.
- **974 events and meetings** were held where World Vision advocated for child protection at regional and global levels, working to end abuse and exploitation, such as violence against children in the context of COVID-19.

Working with Partners

Partnering to combat the pandemic and its impacts was central to much of World Vision's work. At the country and community level faith leaders, community health workers and local organizations proved key collaborators in preventing the spread of the virus and bolstering hard-pressed health services. World Vision's advocacy work was also amplified through key partner engagements from grassroots to global levels. Central to this work was the need to protect children from the harm caused by the secondary impacts of lockdown and social distancing regulations. World Vision listened to children to ensure response activities addressed their age- and gender-specific issues and concerns, and that these were brought to the attention of leaders and partners at all levels. Other advocacy priorities included: improving flexibility and transparency of funding flows, increasing direct funding to non-governmental organizations, the equitable distribution of vaccines, and the creation of the 'humanitarian buffer' to ensure vulnerable populations such as refugees and displaced people receive vaccines.

Key partners, actions, and roles included:

- **Working with partners COVAX⁴⁸ and World Health Organization, World Vision**
 - served as a civil society organization representative on the working group focused on ensuring vaccine demand; and
 - provided guidance, data and analysis on reasons for vaccine hesitancy/acceptance (Barrier Analysis tool).
- **GAVI, The Vaccine Alliance**
- **Coalition for Epidemic Preparedness Innovations (CEPI)**
- **London School of Hygiene and Tropical Medicine**
- **United Nations Office for the Coordination of Humanitarian Affairs (OCHA)**
 - contributed to the United Nations' Global Humanitarian Response Plan for COVID-19
- **United Nations High Commissioner for Refugees (UNHCR)**
 - co-lead for faith-based organization task force
 - weekly coordination on COVID-19
 - child rights initiative as part of The Global Compact on Refugees
- **United Nations Children's Fund (UNICEF)**
 - joint recommendations on children at the United Nations' Special Session of the General Assembly on COVID-19
 - co-chair, east and southern Africa demand working group
 - ending violence against children
- **World Food Programme (WFP)**
 - high-level Political Forum on Sustainable Development
 - school meal programs' take-home rations
- **Collaborative Cash Delivery Network**
 - global co-lead

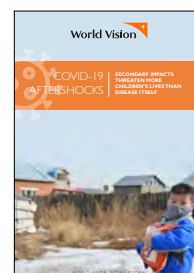
⁴⁸ COVID-19 Vaccines Global Access, abbreviated as COVAX, is a global initiative aimed at equitable access to COVID-19 vaccines led by the Global Alliance for Vaccines and Immunization, the World Health Organization, the Coalition for Epidemic Preparedness Innovations, and others.

Aftershocks

One month after COVID-19 was declared a global pandemic, World Vision released the first of a series of five Aftershocks reports, setting projections about the dimension of indirect impacts of the coronavirus on children in different contexts. Our Ebola response experience, global footprint, and expertise allowed us to establish concrete predictions and recommendations for all humanitarian actors.

COVID-19 Aftershocks: Secondary impacts threaten more children's lives than disease itself

World Vision's first Aftershocks report considers what would happen if the devastating indirect impacts of the 2015–2016 Ebola outbreak on children were replicated in the 24 most fragile countries covered by the United Nations' COVID-19 humanitarian appeal.



COVID-19 Aftershocks: A perfect storm

This report looks at the impact of violence on girls and boys. We predict a major spike in cases of children experiencing physical, emotional and sexual violence, both now and in the months and years to come.



COVID-19 Aftershocks: Out of time

World Vision gives further evidence that the most vulnerable families and their children are the hardest hit in such crises. This is based on analysis of rapid assessments from 24 countries across Latin America, sub-Saharan Africa, and Asia, that confirms the alarming predictions of increased child hunger, violence, and poverty due to the economic impact of COVID-19.



COVID-19 Aftershocks: Access denied

This report spotlights teenage pregnancy, a vulnerability that is known to be exacerbated by school closures in times of crisis and risks the continued education of vulnerable children. World Vision estimates that as many as 1 million girls across sub-Saharan Africa may be blocked from returning to school due to pregnancy during COVID-19 school closures.



COVID-19 Aftershocks: Deadly waves

World Vision looks at the findings of surveys, historical trends of pandemics, and what a second wave of COVID-19 may look like as well as providing recommendations to prevent or mitigate additional, potentially deadlier, waves of COVID-19.



Project Highlights

WORLD FOOD PROGRAMME PARTNERSHIP

Food | Health | Environment and Climate Change

On October 9, 2020, the World Food Programme won the Nobel Peace Prize for fighting hunger at a time when the current COVID-19 pandemic threatens to unravel decades of hard work around the world. Announcing the prize, the Nobel Committee said it wished “to turn the eyes of the world toward the millions of people who suffer from or face the threat of hunger.”

The Rome-based agency, established in 1961 by Dwight Eisenhower, has the ability to do what no single private aid agency can do – coordinate and manage massive multinational relief efforts. The agency was recognized “for its efforts to combat hunger, for its contribution to bettering conditions for peace in conflict-affected areas and for acting as a driving force to prevent the use of hunger as a weapon of war and conflict,” said Berit Reiss-Andersen, chair of the Norwegian Nobel Committee.

“Working alongside the WFP, I’ve seen children’s lives transformed with more energetic, happier students, better grades, and a chance to succeed in life,” said Andrew Morley, World Vision International President & CEO. “This, in turn, is connected to families’ security, health, livelihoods, the economy – and ultimately peace. So we congratulate our colleagues at the World Food Programme for this award, and look forward to our continued partnership.”

The global World Vision Partnership is WFP’s largest non-governmental partner and has been for 16 years. In 2020 alone, World Vision Canada and the World Food Programme together reached 3.1 million people with life-saving food- and nutrition-boosting services. More than half (65%) of those were children. In total, we provided \$102 million dollars in food and cash transfers, with 42% of recipients in the most fragile countries. In FY2021 we project \$113 million dollars in food and cash transfers to meet basic needs of vulnerable families.

FY2020 RESULTS

Figure 11: FY2020 results of food and cash distributions in partnership with the World Food Programme

**108,723
METRIC TONS**
of food distributed

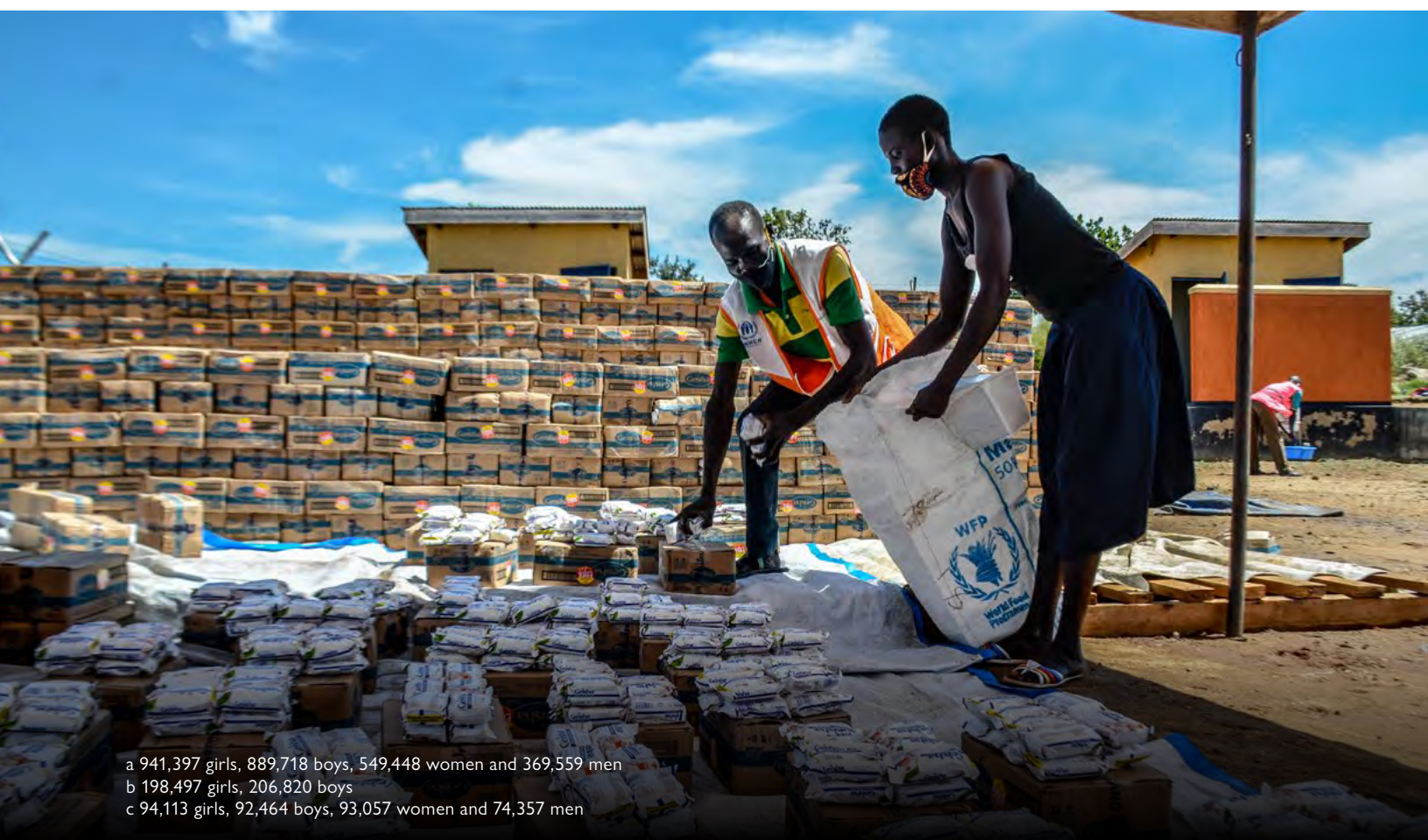
\$4.436M CASH
distributed

2,750,122 PEOPLE
received food distribution^a, including
405,317 school children^b

353,991 PEOPLE
benefitted from cash transfers^c

3,104,113 PEOPLE
(1,035,510 girls, 982,182 boys, 642,505 women and 443,916 men)
received food assistance (in-kind and cash), including 64,943 pregnant and/or lactating women

\$102M IN CASH-BASED AND IN-KIND ASSISTANCE



a 941,397 girls, 889,718 boys, 549,448 women and 369,559 men

b 198,497 girls, 206,820 boys

c 94,113 girls, 92,464 boys, 93,057 women and 74,357 men



THE COST OF CONFLICT FOR SYRIA'S CHILDREN: 10 YEARS ON

Environment and Climate Change | Community Empowerment & Child Rights |
Health | WASH | Education | Food

Today, Syria is one of the most dangerous places in the world to be a child.

During 10 years of war, around 600,000 people including 55,000 children, have been killed. Nearly 12 million people, half the population, have been forced from their homes, displaced inside their own country or across its borders.⁴⁹

Children and their families live in constant fear of violence that threatens death or sexual assault, particularly against women and girls. The COVID-19 pandemic is making the situation even worse.

World Vision recently released a report, [Too high a price to pay: the cost of conflict for Syria's children](#), which investigates the impact that 10 years of war has had on Syria's economic growth and on its human capital, with a specific focus on Syria's children. This is accompanied by a survey of almost 400 Syrian children and young adults living in Syria, Lebanon and Jordan revealing the tremendous human costs of this conflict in their own words.

⁴⁹ "Nearly 585,000 people have been killed since the beginning of the Syrian Revolution," Syrian Observatory for Human Rights, January 2020.
<https://www.syriahr.com/en/152189/>

Our data shows that the economic cost of conflict in Syria after 10 years is estimated to be over US\$ 1.2 trillion. Even worse than the financial losses, is the fact that we are on the brink of trapping a generation of Syrians in a cycle of poverty and violence if the conflict does not end.

To support the continued response in 2020, World Vision Canada implemented the **Integrated Emergency Health, Nutrition, Protection and WASH** project. It was designed amidst a military operation by the government of Syria forces in the south and east of Idlib governorate in North West Syria. The violence and the military actions resulted in 900 thousand additional internally displaced people being added to the estimated 2.7 million in need of humanitarian assistance (OCHA, 2019) when the project was designed.

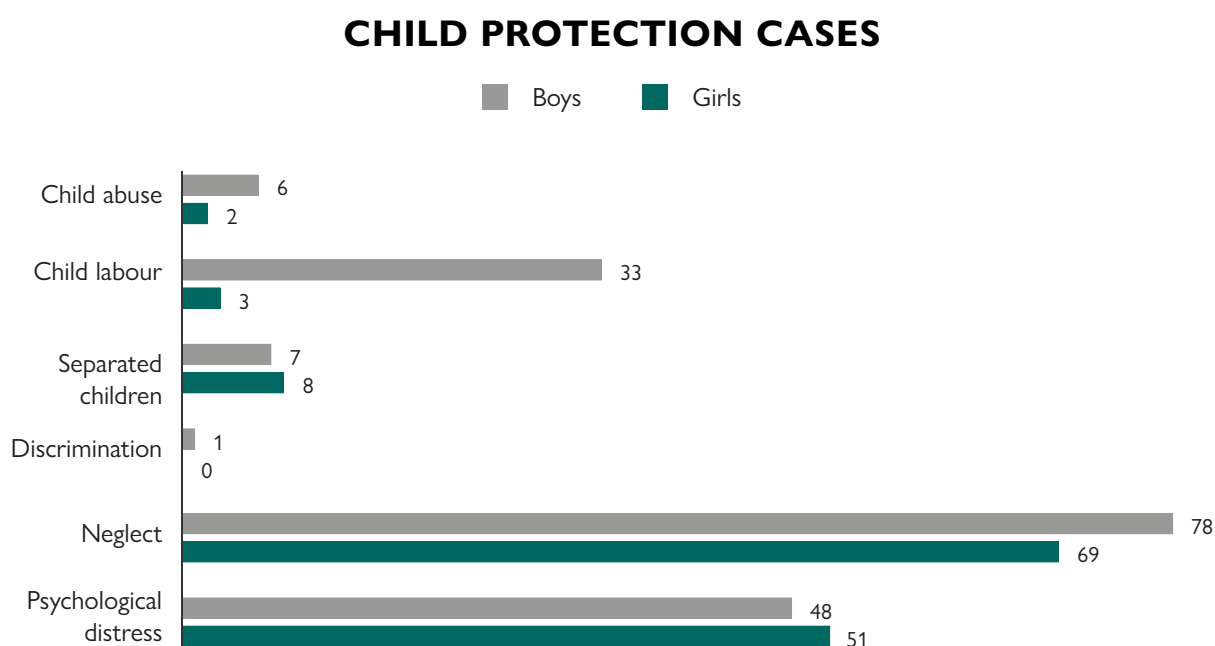
The project's ultimate outcome was to save lives and alleviate human suffering among conflict-affected and the most vulnerable women, girls, boys and men of Idlib Governorate in northern Syria. It aimed to directly impact 57,260 beneficiaries including 15,790 women, 17,316 girls, 16,114 boys and 8,040 men by providing increased immediate access to gender responsive, essential and lifesaving health, nutrition, WASH and protection services to IDPs (internally displaced persons) and host communities. The final results of the project showed that all the interventions directly impacted conflict-affected and the most vulnerable 86,792 people, including 34,171 women, 13,910 men, 19,457 girls and 19,254 boys. This overachieved against the planned target by 52%.

(Baseline conducted in May 2020, and endline evaluation in December 2020.)

- The project made noteworthy progress in **increasing access to essential services**. The end of project evaluation revealed that **69.4%** of respondents consider their health, WASH and protection needs are met. This is significantly higher than during the baseline (**14.5%**) and the target is achieved.
- **65.3%** of the respondents reported that their access to health services has increased, meaning that the target is achieved.
 - 24,500 women and girls received services in targeted communities. Those include assisted delivery through skilled birth attendants, sexual and reproductive health (SRH) consultations, delivery kits to pregnant women, baby kits to babies delivered by skilled birth attendants as well as delivery services to women and girls in targeted communities.
- As the end of project evaluation revealed, **access to preventative emergency nutrition services has significantly improved**. This was reported by **85.6%** of caregivers. The target of **60%** was overachieved.
 - (12 females and 8 males) trained on screening and basic nutrition topics.
 - Community health worker teams visited 7,535 households. They referred 76 boys, 127 girls and 120 lactating and 93 pregnant women with moderate acute malnutrition (MAM) cases and 31 boys and 39 girls with severe acute malnutrition (SAM) cases. The project overachieved the total target, due to the latest displacement wave and the high need in the targeted camps.

- **83.7% of the respondents reported availability of at least one protection service in their community, significantly increasing from baseline values (67.5%).**
 - The final project evaluation revealed 77.8% of vulnerable girls and boys accessing counselling and support services, and who have demonstrated an improvement in their well-being, with the percentage of girls (84.4%) higher than boys (69.5%).
 - 457 parents/caregivers (145 men and 312 women) participated in parenting skills sessions.
 - During the project's life, Child Protection Case Workers identified, registered, followed up and provided support to 306 cases (173 boys and 133 girls) of children at risk.

Figure 12: Number of child protection cases registered by the case management service



- The evaluation showed that 73.4% of the households in targeted areas can explain the reason for using water purification means. Though the target is achieved and there is slight increase compared to baseline, the change is statistically not significant ($p\text{-value} > .05$).
 - The team raised the community awareness about the importance of water hygiene and the use of purification means for 20,602 beneficiaries (4,688 men, 4,810 women, 6,013 boys, and 5,091 girls).
 - To support the response to COVID-19, 4,000 kits containing a surgical mask, 70% alcohol hand sanitizer, home chlorine, surface wiping cloth, liquid soap were distributed.



BEIRUT EXPLOSION: ASSESSING AND RESPONDING TO NEEDS

Environment and Climate Change | Community Empowerment & Child Rights | WASH

In the wake of the Beirut explosion, World Vision Canada reached 20,901 people with life-sustaining assistance, aided by our fundraising and awareness partnership with the Humanitarian Coalition and the Government of Canada. Together with Canadian donors, fellow members of the Humanitarian Coalition and Canada's government, we helped raise \$18.2 million for the humanitarian response. Our COVID-aware response included items like food parcels, disinfection kits, psychosocial support and masks.

A massive explosion shook Beirut on August 4th, 2020, killing 178 people and wounding more than 6,000, while 30 people are still reported missing. The blast caused damage to thousands of buildings in a 10 kilometre radius, affecting more than 300,000 people. Preliminary estimates show that the explosion caused between US\$3.8 and US\$4.6 billion in damage to physical stock. Losses, including changes in economic flows as a result of the decline in the output of the economic sectors, are estimated to be in the range of US\$2.9 and US\$3.5 billion.

On August 5th, the Government of Lebanon declared a two-week state of emergency in Beirut. It is estimated that up to 1,000,000 people have been affected and are in need of some form of assistance as a result of the explosion. **Three months later, the explosion in the Port of Beirut continues to exacerbate the grim economic and food security situation in Lebanon. With soaring unemployment rates and salary cuts, many families have been struggling to make ends meet, with an estimated one million people in Lebanon living below the poverty line. The Lebanese Pound is deteriorating in its value daily, creating an economic contradiction of increasing poverty and rising prices; and a spike in COVID-19 with cases being on an upward trend since before the explosion, straining the country's already overstretched health systems.** In October, a total of 2,505 new COVID-19 cases were recorded, which is a record high for Lebanon. These impacts are felt among Lebanese and non-Lebanese communities and social tensions continue to grow in many parts of the country.

The largest part of the first phase of the response was focused on livelihoods, both shelter and cash assistance. Here are some highlights of this reporting period (August to December 2020):

The households in need of support to repair their damaged homes were identified. This was done by World Vision's engineering unit identifying the gaps in relation to rehabilitation needed for damaged homes. As such, World Vision's assigned contractors are currently conducting rehabilitation works in 31 houses in different communities in addition to starting a new batch of assessments in another 150 houses that were either mapped or referred to World Vision from different actors. The team is also finalizing the data for a total of 200 houses that might be eligible to receive cash for assistance with appliances.

A vulnerability tool was developed by World Vision's technical team comprising several open- and close-ended questions. The tool aimed to capture 11 vulnerabilities identified by the technical team. A scoring system was developed to help guide the decisions about household eligibility. The scoring relied on a complex system adopting conditional filtering to generate scorecards under each criterion. This was followed by a weighting system for the criteria to yield a final comprehensive score.

The initial scoring system was further recalibrated during November 2020 to help the scale better respond to the deteriorating economic situation and to the recalibration of the Survival and Minimum Expenditure Basket (SMEB) values. The scoring would therefore be more sensitive to empirical evidence. Below are the final vulnerability criteria used:

- A. Single-headed elderly household (64+) or single-headed below age household (<18).
- B. Head of household suffers from a severe chronic illness.
- C. Family dependency ratio.
- D. Families with no working member and no fixed/monthly income.
- E. Families with more than one-member suffering from a chronic illness or immunodeficiency, or with a disability.
- F. Families with a single woman head of household (for example, widow divorced, or the only adult in the family).
- G. Households with income below SMEB.
- H. Households engaged in negative coping mechanism during the past 2 months (to access essential needs).
- I. Households with food storage at home that serves for less than 2 weeks.
- J. Households with a lactating or pregnant woman.
- K. Households with sponsorship registered children.

It is important to note that this vulnerability and eligibility tool is used across different outcomes yet amended slightly per specific assistance type, such as Multi-Purpose Cash Assistance (MPCA), cash for appliances or cash for microbusiness. Based on close coordination with the main actors, it was agreed that World Vision would cover the Sin El Fil community under the MPCA. During this reporting, a sample of 4,785 families was

collected from diverse actors in the community, including the municipality, local community-based and faith-based organizations, churches, scouts and through current World Vision programs. The data was then compiled into one list of 2,968 families. A team of four casual workers was recruited and trained to run the assessment tool with all the aforementioned families. Starting in December, the workers launched the phone assessments with the families to enter their data into the tool. After this step is completed, the data will be analysed by the MEAL team to calculate the scoring per family and prioritize them based on their vulnerabilities. Then the team will launch the multi-purpose cash assistance with a total of 486 families for a period of 3 consecutive months.

In the short-term, to aid families in the immediate phase post-explosion, a total of 359 blankets, 499 mattresses, 267 tarpaulins and 1,117 children goody bags were provided to the affected families targeting a total of 2,750 beneficiaries divided into 944 men, 975 women, 425 boys and 406 girls. Also, a total of 449 households were provided with disinfection kits to help them protect themselves especially with the serious outbreak of COVID-19 in the country, reaching a total of 1,844 people (290 girls, 313 boys, 656 women and 585 men) including 9 people with disabilities.



ENCORE (ENRICH COVID-19 RESPONSE)

Environment and Climate Change | Health

Program in partnership with Nutrition International, Harvest Plus, the Canadian Society for International Health, the University of Toronto, and the Government of Canada.

Through Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia, or ENRICH: 1000 Day Journey, World Vision Canada partners with international and local organizations to empower some of the most vulnerable women and children in Bangladesh, Kenya, Myanmar and Tanzania to realize their full potential. Multi-sectoral, cost effective, high-impact interventions have worked to improve the health and nutrition status of women and adolescent girls, newborns and children.

With the global outbreak of COVID-19 in late 2019 to early 2020, World Vision and its ENRICH partners sought to expand the program's gender-responsive implementation strategies to slow and contain the spread of COVID-19 while mitigating aftershocks and secondary health and social impacts. A total of \$720,000 was re-allocated for COVID-19 response from the existing program budget, and later a total of \$5 million in new funding was approved by GAC to expand pandemic control efforts to: **strengthen community health promotion** to delay, slow and stop the spread of COVID-19; **improve health systems and health workforce capacity** and **strengthen community-based social services** to minimize the gendered impact of the pandemic on health systems, social services, and economic activity, particularly for women and girls.

RESULTS:

- Community members reached through COVID-19 health promotion:
 - Bangladesh: 501,514
 - Kenya: 900,000
 - Myanmar: 123,284
 - Tanzania: 3,146,871
- 630,785 Personal Protective and other medical equipment procured and distributed (including surgical masks, gowns, face shields, infrared thermometers, oxygen tanks, bottles of hand sanitizer and more).
- 3,107 health facility and district medical staff trained on COVID-19 prevent and treatment.
- 2,133 community health workers/volunteers trained on COVID-19 prevention.
- 3,978,742 people reached through radio messages on COVID-19 prevention.
- 3,891 community leaders and 883 multi-faith leaders trained on COVID-19 prevention.
- 1,114 Youth Girl Club members trained on COVID-19 prevention.

OTHER HIGHLIGHTS:

- Household Food Security was boosted through additional food and/or seeds and tools distribution through ENCORE to both communities within and outside of ENRICH catchment areas.
- Targeting most vulnerable households, including super-cereal for children under 5.
- The distribution of super-cereals (micronutrient enriched foods) and other food items (rice, cooking oil, etc.) provided additional nourishment for children as well as a social protection safety net for families.

COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM)

Health | Community Empowerment and Child Rights

World Vision Canada provides lifesaving treatment for children suffering from acute malnutrition, or wasting, in both fragile and stable contexts, with support from Canadians and other World Vision offices. World Vision uses the [CMAM](#) model, which strengthens communities to identify and treat malnourished children.

In collaboration with Ministries of Health, the global World Vision partnership treated 96,250 children under 5 years of age for acute malnutrition (47,146 with severe wasting and 49,104 with moderate wasting) through CMAM programming in 12 countries in 2020.

In addition, 32,644 pregnant and breastfeeding women in four countries received support through targeted supplementary feeding programs.

Since 2010, more than 2 million women and children under 5 have been treated through World Vision's CMAM programs. World Vision's CMAM performance outcomes have consistently exceeded global Sphere standards⁵⁰.

Here is a highlight of what we have been able to accomplish for the past four years:

Table 4: Results compiled through the CMAM database for FY2017 to FY2020

| INDICATORS | FY2017 | FY2018 | FY2019 | FY2020** | SPHERE STANDARDS |
|---|--------|--------|--------|----------|------------------|
| # of children with severe wasting treated | 43,899 | 28,213 | 42,976 | 47,146 | NA |
| Cure rate | 85.8% | 86.4% | 89.9% | 89.2% | >75% |
| Death rates | 0.9% | 0.4% | 0.7% | 2.4%*** | <10% |
| Default rates; non-recovered* | 11.3% | 13.2% | 9.4% | 8.5% | <15%; NA |

*Non-recovered primarily due to underlying medical issues

**Although World Vision supported CMAM programming in 22 countries in FY2020, the numbers reported here correspond to 12 of those that currently use the CMAM database.

***Although we are still exceeding global Sphere standards, we are investigating the reasons why there is an increase in the death rates and what implications this may have for future programming.

50 The Sphere Project, now known as Sphere, was created in 1997 by a group of humanitarian non-governmental organisations and the Red Cross and Red Crescent Movement. Its aim was to improve the quality of their humanitarian responses and to be accountable for their actions.



STEP

Education | Economic Development

Program in partnership with the Entrepreneurial Network Enablis, Développement International Desjardins and the Government of Canada

Skills Training for Employment Program (STEP) was a three-year project (2017-2020) to increase the economic prosperity of youth in the Kolda region of Senegal through a vocational training program for employment. At the same time it incorporated the gender dimension and used the Youth Ready model.

STEP targeted youth aged 18 to 24 with special attention to out-of-school and unemployed youth who were functionally illiterate, while focusing especially on encouraging the inclusion of women, youth with disabilities and other vulnerable groups.

Over the last four years, STEP has directly reached: 1,282 youth (of which approximately 878 are female), 24 private sector individuals (5 females and 19 males), 82 educators (27 females and 55 males) and 262 out of school youth (116 females and 146 males). This exceeded the initial program targets of 1,084 total youth and 100 out-of-school youth.

For its final project evaluation, World Vision Canada engaged Harry Cummings & Associates, Inc., to conduct data analysis and report writing. Below we highlight some of the findings during evaluation in 2020 (baseline in 2017):

- 100% of administrative staff and trainers rated their satisfaction in organizational management and systems of their professional training institution as highly satisfied or satisfied, up from 65% in 2017. This overachieved the target of 80%.
- 67% of professional training institutions (8 out of 12) were implementing and making visible procedures and services that improve admission/school attendance of young people, especially women. Those include gender-inclusive policy and committees, rehabilitation of infrastructure,

equipment support flexibility in fees payment and reduced tuition fees. Up from 29% (5 out of 17) in 2017. Due to four private institutions being unable to collaborate with the project and one closing in 2018, the comparison against the target of 50% (8 out of 17) becomes nuanced, but it is still considered achieved.

- 50% of professional training institutions (4 out of 8) were using appropriate technologies for training, up from 0% in 2017. This underachieved the target of 80% (13 out of 17).
- 67% of youth beneficiaries (725 [426 females, 299 males] out of 1084) obtained an internship or job opportunity in the private sector, up from 0 in 2017. This overachieved the target of 30% (360 out of 1084).
- 28% of youth business plans (17 out of 60) that were submitted to a financial institution were approved for a loan, up from 0 in 2017. This overachieved the target of 50% (30 out of 60).
- 52 youth businesses started with savings or other external funding, up from 0 in 2017. This overachieved the target of 50. Some started their activities with capital from savings groups; others submitted business plans to a financial institution and received loans, while others received parental support to start their businesses.
- 73 partnership agreements were established between professional training institutions, public and private sector companies to support training for youth, up from 6 in 2017. This overachieved the target of 26.

According to Harry Cummings & Associates, Inc.: “We can conclude that the STEP programming was a successful intervention overall. Comparisons from the baseline to endline evaluations in the STEP performance measurement framework table show that the program successfully met (and often exceeded) most of the target goals established at the baseline.”

Furthermore,

- survey and focus group data show that stakeholders felt that they had benefitted from the program in a meaningful way;
- participants also reported high levels of satisfaction with the program across the board;
- survey results show success in encouraging female education; and
- data from program stakeholders suggest that the benefits of STEP will be maintained moving forward:
 - Teachers and Administrators noted that the technological improvements at their TVET will remain in place, as a benefit, for a long time.
 - Teachers and Administrators plan to continue teaching the Youth Ready model.
 - The connections made between the TVETs and local employers will also be maintained. Employers noted that they are keen to continue supporting young professionals to encourage more entrepreneurship and a healthy job market.

SUSTAIN

Health | Community Empowerment and Child Rights

Program undertaken in partnership with The Hospital for Sick Children (SickKids), PRAXIS Tanzania and the Government of Canada.

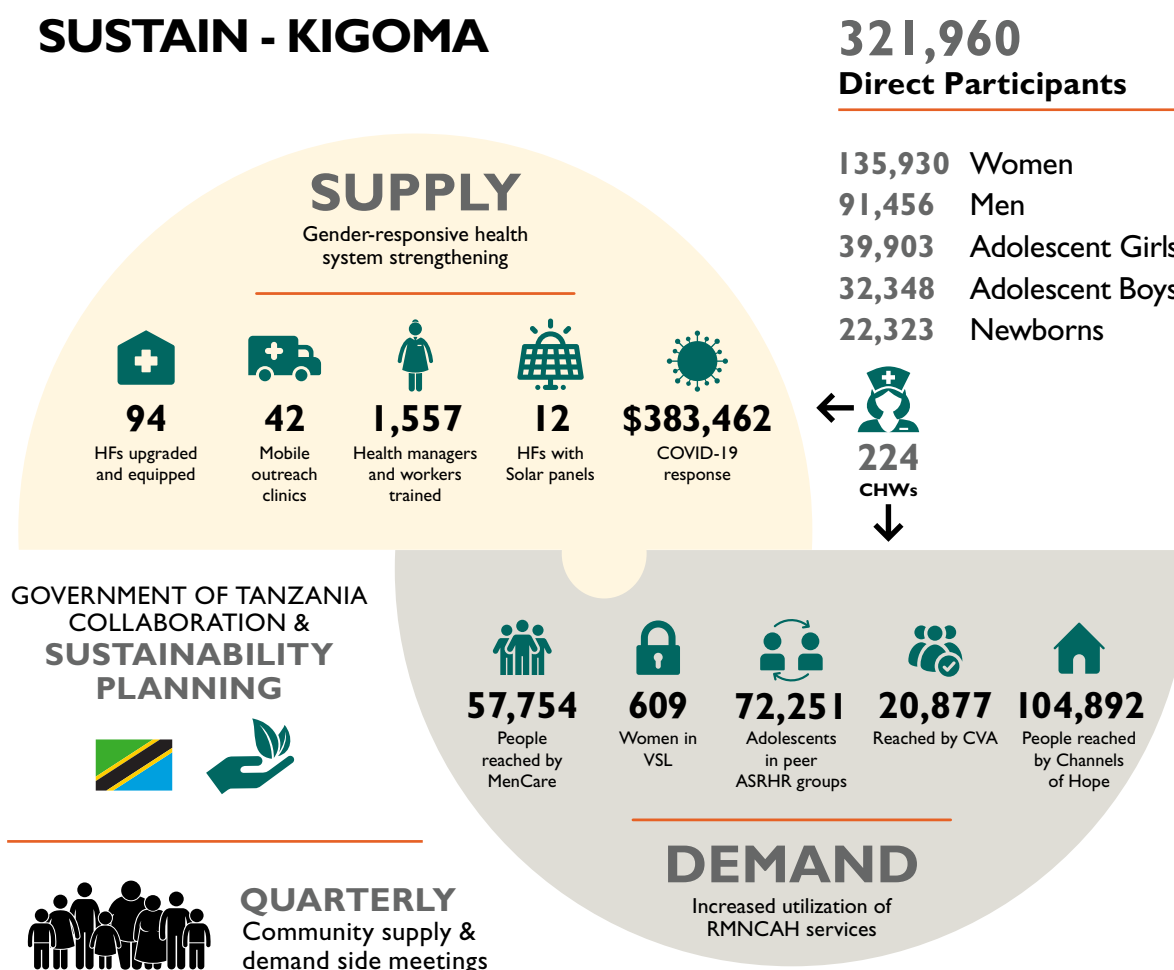
Supporting Systems to Achieve Improved Maternal, Newborn and Child Health (SUSTAIN)

- **Kigoma**, was an \$11.9 million Global Affairs Canada-funded grant, implemented by World Vision in the Kigoma region of Tanzania. It operated from 2016 to 2020, directly reaching 321,960 people (135,930 Women; 91,456 Men; 39,903 adolescent girls; 32,348 adolescent boys; 22,323 newborns)

Focused on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), SUSTAIN worked to improve the delivery of quality, gender-responsive RMNCAH services (“supply”) and increase the utilization of RMNCAH services by women and their families (“demand”), with a focus on enhancing gender equality.

Major successes included enhanced gender equality and male participation in RMNCAH, improved health-seeking behaviours across community groups of women, men and youth, increased range of health services provided, and increased capacity of health-care workers.

Figure 13: Overall (output) results for SUSTAIN-KIGOMA



HIGH-LEVEL IMPACTS IN HEALTH FACILITIES (2017-2020)

- **31.8%** increase in live births with skilled personnel – from 67% to **98.8%**
- **71.5%** increase in women who attended at least four Antenatal Care visits – from 28.5% to **100%**
- **23%** increase in the variety of RMNCAH services provided – from 62% to **85%**
- **23%** increase in a minimum of five Antenatal Care services provided – from 69% to **92%**
- **46%** increase in Comprehensive Emergency Obstetric and Newborn Care services – from 31% to **77%**

SUSTAIN has made numerous gender-responsive changes on the **supply side** of RMNCAH services, enabling the health system to become more gender-responsive and adolescent-friendly:

- **Increased access to adolescent friendly and gender-responsive services:** Adolescent friendly services are now offered in health centres and dispensaries with dedicated spaces, or clinic days or hours specific to adolescents. The gender responsiveness of facilities has improved across all health centres and dispensaries.
- **Increased access to quality RMNCAH services:** Nearly all health centres and dispensaries are providing preventive and curative child health services for children under 5. Health facilities are now able to provide caesarean sections, blood transfusions and manage neonatal emergencies. They are providing ANC services and family planning services to include providing modern contraceptives to unmarried adolescents.
- **Improved confidence amongst health staff in providing quality and respectful care:** The project had a very positive impact on the capacity of health professionals. Significant improvements to the equipment and theatres, and access to 24-hour electricity and water enabled health professionals to reliably provide essential RMNCAH services. Coupled with supportive supervision and gender-responsive training, having the right tools to do their job has made them feel confident and better equipped to respond to health emergencies.

On the **demand and enabling environment side**, SUSTAIN has contributed to numerous impactful gender equality results, through a shift in norms and practices. SUSTAIN's gender transformative approaches engaged women, men, girls and boys to challenge and address discriminatory gender norms and socio-economic, cultural barriers that hinder women and girls' access to RMNCAH services and reinforce unequal gender relations. These efforts have resulted in:

- **Improved health-seeking behaviour amongst women and girls of reproductive age:** By engaging a variety of community groups, health rights and promotion messages were disseminated to the wider Kigoma community through a variety of means. This broad reach contributed to enhancing health-seeking behaviours of women and girls. Delivery in health facilities improved and increased access to health services was evident.

- **Positive shift in attitudes amongst men:** Community members noted the positive effect on the attitudes of men - impacting their health-seeking behaviours, shared-decision making with partners, improved social cohesion, enhanced support for their wives, and a higher sense of commitment to child well-being and rights. Both men and women expressed improvements in workload distribution, with men playing a more active role in household tasks and raising children.
- **Communities upholding the rights of girls and women:** Community members reported a significant reduction in gender-based violence. In the SickKids-conducted qualitative surveys, women consistently showed a shift in men's attitudes toward their daughters and gender equality. Community members explained that there is now an increased awareness among adolescents on their sexual and reproductive health (ASRHR), including delaying pregnancy and marriage.
"In the Channels of Hope and Baba Bora (MenCare) sessions we have been informed that it is important to allow children to access reproductive health information at the health facility. In this community we used to think that if the children are taught about reproductive health issues they will be spoiled and engage in sexual behaviours, but we came to realize that this is not correct, because the things which our children are taught are actually preparing them to be good mothers and fathers in the future." -Male Participant
- **Enhanced ASRHR Knowledge and Behaviour Change:** Schools have also reported significantly reduced rates of teenage pregnancies and school dropouts have been eliminated. Now there are open discussions among school adolescents on menstrual hygiene, girls and boys report reduced workloads at home, and students are relaying their learning on the importance of family planning to their families.
"During the youth clubs, I guide my fellow students so that they can have self-determination, prevent pregnancy, how they can take care of their bodies and how they can avoid sexually transmitted diseases. Together we challenge the aspects that subject us to early pregnancy, sexual transmitted infections and violence." -Female youth peer educator

SUSTAIN's successes belong to the men and women of Kigoma. Joint ownership, strong collaboration and participation between community members, World Vision and the Government of Tanzania led to significant improvements in the health and rights of women and children in Kigoma. Sustainability will be assured through the Government of Tanzania's signed Sustainability Plan, stating its commitment to continue providing supportive gender-responsive supervision, conducting maternal and perinatal death surveillance and response, outreach clinics, and maintaining rehabilitated clinic infrastructure; as well as their commitment to continuing Channels of Hope, CVA, MenCare and Peer-to-Peer ASRHR groups.

Through SUSTAIN-Kigoma, all project participants and partners leveraged new innovations and refined best practices experienced in implementing gender transformational RMNCAH programming. The lessons learned in addition to COVID-19 response integration and the results of ASRHR programming through Peer-to-Peer Education, will all service as a guide to future World Vision programming in Tanzania and globally.

Learnings

AGILE IN ADVERSITY

HOW WORLD VISION ADJUSTED THE WAY WE WORK TO ENSURE A LIFE IN ALL ITS FULLNESS FOR EVERY CHILD, EVEN DURING A PANDEMIC

By Jamo Huddle, World Vision International

How can we understand our work, what we have accomplished, and where we need to adjust and improve? We should ask ourselves these questions as individuals, teams, and as an organization. However, we must also ask community members and other external stakeholders so we can understand the impact of our work from their perspective. When there is so much urgent work to be done, it can be easy to set aside the ever-present need to reflect on these questions and focus on getting things done. But those questions are essential to ensure we respond in a way that meets the changing needs of children and communities. Therefore, despite the pressing activities we needed to accomplish in order to address the emerging indirect impacts of the pandemic over the last year, we chose to implement our first ever global real-time learning (RTL) process. The RTL enabled a diverse group of people inside and outside the organization to help us to reflect on what we have done and give us input on how we can improve in the future.



We probed. We analyzed data from each field office to get a clear picture of our accomplishments and gaps regionally and globally.

We persisted. As the COVID-19 pandemic continues, so does our Response. This learning journey will continue throughout 2021 as offices and teams across the Partnership implement their learning action plans.

Four overarching themes emerged from the RTL process⁵¹:



- 1** While much of the world was shutting down, World Vision stayed open, alongside other frontline responders, to ensure the most vulnerable children, families, and communities were served. Staff kept operations going, even as countries locked down, and, in some countries, staff were designated 'essential workers' to facilitate travel to hard-to-reach areas to ensure we continued to reach the most vulnerable.
- 2** We took a big, and sometimes messy, journey and marched off the map together. Collaborations were quickly built across previously siloed groups in the organization as staff worked to resolve longstanding and new challenges. There was some initial confusion around roles and responsibilities, but this lessened over time.
- 3** We made locally-appropriate programme adaptations that were globally important. There was no single adaptation that worked everywhere – rather staff worked within local contexts to figure out what they could do to meet their objectives.
- 4** We worked within and around systems and processes designed for a more predictable, stable world. The clear focus on 'what' was to be achieved gave people space to figure out 'how' to achieve it within, or despite existing systems.



Looking deeper into these themes World Vision created a report compiling lessons learned in response to the pandemic called [Agility in adversity – How COVID-19 changed the way World Vision works.](#)

⁵¹ World Vision 2021, *Agile in adversity* available at https://www.wvi.org/sites/default/files/2021-03/RTL_final_15032021-1_0.pdf

~~DONATE WITH US~~, INVEST WITH US

Impact Investing: World Vision Canada's Origin Capital learnings and how that changed the way we tackle "impact"

In 2015, the UN estimated that achieving the Sustainable Development Goals by 2030 would require an additional investment of \$2.5 trillion annually. To put this funding gap in perspective, total global philanthropic contributions, including Official Development Assistance (ODA), sits in the hundreds of billions of dollars.

These sobering statistics caught the humanitarian aid sector's attention and made it painfully clear how insufficient our efforts have been. Simply put, we have been driving billions of dollars toward solving problems that require trillions. A solution to filling this massive gap would require us to look beyond philanthropic capital to the much larger pool of global investment capital (~USD \$200 trillion).

This is where Origin Capital stepped in. The goal was to mobilize new approaches that would allow World Vision to access the much larger pool of investment capital so that we could do more for more children. The challenge was that raising and deploying investment capital required us to think and act in new ways.

Origin Capital's mission (was) to develop high-impact investments that (would) allow Canadians to build wealth responsibly while also tackling the root causes of global inequality.

Creating this wasn't easy. It required the organization to develop new muscles and travel a path that wasn't (and still isn't) certain. However, World Vision Canada couldn't afford to ignore this vast, untapped potential in both financial and impact opportunities; but even more, we needed to learn.

It is true that by leveraging economies of scale and management talent, large non-profits such as World Vision Canada can deliver improved services at lower cost. But the non-profit sector still has a lot to learn and change to truly leverage opportunities in impact investing. Combined with that, the regulatory framework in Canada hasn't caught up to these innovations (with the UK and European countries further ahead). Finally, potential supporters are still learning of the possibilities of such ventures, and although many are enthusiasts, many more remain skeptical of what is possible.

The reality is that impact investing as a sector is forging a new path at the intersection of the for-profit and non-profit worlds, and it is breaking down the barriers between them. Unfortunately, neither charitable law, nor securities regulations, have kept pace with the rate of change, which meant that Origin Capital straddled two different regulatory environments: the rules and regulations governing a) registered Canadian charities and b) the sale of financial securities.

This led Origin Capital to be a brand and not a separate legal entity. We needed the brand to separate this innovative new work around raising investments from what we regularly do: raising donations. On the other side, these investments were unsecured as we were operating within a charity. While many supporters were not deterred by the fact that these were unsecured, scaling this beyond existing supporters to the broader market faced many hurdles. Because they were unsecured they could not be sold by traditional market players and because we were a charity the investments could not be rated by a bond agency.

This further limited the broader market's ability to feel confident in investing. Finally, the intention was that this be an impact first, investment second approach, meaning the returns were concessionary (3%) so that we were not burdening clients downstream. For many people the return was still important and it was difficult to sell an investment with lower rates of return. In the end, these barriers limited what we could do and how much we could push in this sector to innovate.

With low margins to operate and without being able to generate enough capital to make the model feasible, World Vision Canada decided to close the operations of Origin Capital in January 2020. We decided that we could no longer raise investment capital under the brand, but as an organization we would continue to find other ways to support the impact investing space.

LEARNINGS INTO ACTION

We learned a lot, that was clear. But without acting on that knowledge much of what was discovered would have disappeared when we closed Origin Capital.

World Vision Canada ultimately recognized that Impact Investing is a good notion, but the entire concept of how we value the impact a project has in society is the real asset.

If we can design, collect, manage, analyze and report data in a different way we could shift how we approach not only the “innovative” side of our portfolio, but everything we do. To do that we needed:

- New skills
- Smarter data
- Cross-functional teams
- A new way of work

NEW SKILLS: RAISING THE BAR

In the interconnection between the Education and Livelihoods sectors sits the ‘skill development’ side of our work. And just like scaling up interventions in the field depends on developing new skills, we also can’t scale up innovative models from Canada if the teams (and systems) do not have the correct capabilities.

In a nutshell we need to be more rigorous, to integrate financial and social metrics and increase transparency and accurate reporting. One area in particular seems to be lacking in the sector as a whole: the integration of financial and social metrics.

In order to value the impact of a project this integration is not only desirable, but necessary. Conducting cost-benefit and cost-effectiveness analyses is part of this equation. But the reality is that it is not trivial to conduct such analysis in a large portfolio. The goal is not only to have actionable evidence at the project level, but also comparable and actionable evidence at the program and portfolio views.

The new skills involve a variety of areas, including finance, programs, systems automation, data analytics and more. In-house it meant some skills could be acquired through personal development, others through cross-training, and others yet through hiring new professionals. A new type of analyst was needed, and we needed to raise our own bar.

SMARTER DATA: YOUR IMPACT MEASUREMENT IS ONLY AS GOOD AS YOUR DATA

That said, high-quality data collection is difficult and resource intensive. From issues with connectivity, to accuracy, to information that gets “lost in translation” with field partners, figuring out the best and easiest way to collect data is an iterative process. Collection methods must be designed using lean processes and in close collaboration with teams in the field.

And good collection only happens with good designs — designs that learn from data-driven feedback from analysis done in previous projects with data that is properly managed and stored. Considering the size and breadth of our portfolio, none of this would be possible without robust systems to support this process. No reliability of results, or responsibility in the use of resources (such as time) could be achieved otherwise.

Finally, from the analysis side, this would include employing rigorous econometrics to understand how investments affect the financial and social well-being of communities. This information helps us not only to communicate results openly, but also enables us to make better decisions about how funds are used. The strength of your data is in the choices it can support.

CROSS-FUNCTIONAL TEAMS: THE BRIDGE BETWEEN IT, MONITORING & EVALUATION, AND FINANCE

A big part of the answer comes down to creating solutions that are not siloed, that integrate the various aspects of impact measurement. If instead of handoffs we could put all capabilities in one room and one team, we could use this opportunity to streamline the process.

The idea of bridging this gap relies on professionals communicating daily, iterating and pushing one another to understand not only what is happening on the other “side,” but on how we can integrate each others’ work into a full cycle that ultimately is able to put forward an end-to-end solution.

Origin Capital clearly showed that we currently sit in a deadlock where financial and program information are not fully integrated. This result of a historical path can either be accepted as the status quo, or it can be challenged and reinvented. This is the crossroads where we currently sit.

A NEW WAY OF WORK: THE NEED TO ‘FAIL FAST’

We are a large organization, currently working in over 90 countries, with over 34,000 staff, and we’ve been in existence for more than 70 years. All that to say that we know change is necessary, but that it takes effort and time.

Origin Capital’s learnings made sure we were not blind to the challenge, but it was not enough in terms of what was (and is) needed to be discovered. We needed a new mindset, one that would allow us to try, to test, to invent and to fail — yes, fail — and would celebrate the failures needed in order to build the foundation of the work. Providentially, World Vision Canada was also going through a transformation, an agile transformation.

Agile transformation is the process of transitioning an entire organization to a nimble, reactive approach based on agile principles. That was the glue.

THE RESULT

In April 2020, a pilot agile SCRUM team was put together: The Impact Hub. Its aspiration was to deliver maximum, efficient, and effective⁵² impact⁵³ in the lives of vulnerable girls and boys, and that every supporter should understand how their contribution achieves greater impact through World Vision.

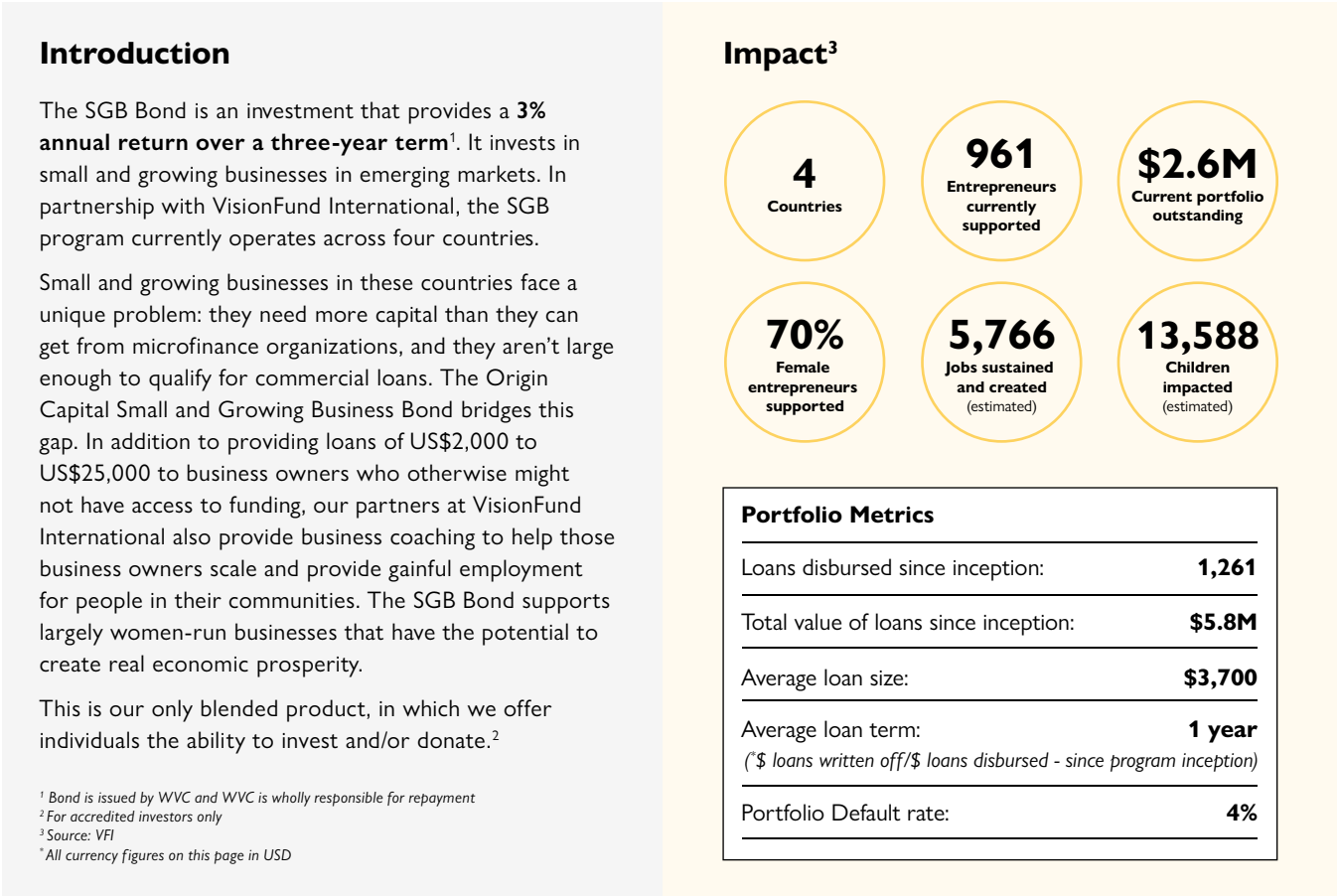
In a few months, the experience already showed results on what was possible and the need to expand the concept to not one more but two more teams. So was created the Impact Value Stream.

In September 2020, team members from four areas (Digital IT, Programs & Policy, Program Finance, Advanced Analytics and Innovation) were joined in the three cross-functional SCRUM teams to tackle both the business-as-usual and the new solutions needed to be implemented.

This report is one of the first external deliverables the new team tackled. We hope it has been an interesting (albeit long) read. The learnings from this? Well, you will have to wait for the FY2021 edition. See you then!

Origin Capital’s Small Growing Business (SGB) Bond - FY2016 - FY2019 results

Figure 14: Summary of results for the SGB bond from FY2016 to FY2019.
*Entrepreneurs supported and portfolio outstanding in September 2019



52 Efficient and effective is defined at both doing more with less and choosing the right interventions that will ultimately generate social change for the most vulnerable.

53 Impact is defined as a change in positive or negative outcome for the most vulnerable over and above what would have occurred regardless, or in the place, of an alternative intervention.

COMMITTED TO GENDER EQUALITY

A synthesis of experiences of women and girls around the world

To gain a global understanding of how gender inequality impacts communities where we work, World Vision Canada reviewed 18 gender assessments and seven project baseline studies that were conducted over the past three years (2016 to 2019) in 18 countries: Bangladesh, Bolivia, Colombia, Democratic Republic of the Congo (DRC), Ecuador, El Salvador, Ethiopia, Guatemala, Haiti, Honduras, Kenya, Mozambique, Myanmar, Pakistan, Peru, South Sudan, Tanzania and Uganda.⁵⁴ Through listening to women, girls, men, boys and community leaders, we found that despite some glimmers of hope, many women and girls are not able to access the necessary resources and protections they need to enjoy a life in all its fullness. In many settings, women and girls are disproportionately affected by gender inequality in all its forms.

In particular, the major themes raised by women, girls, men, boys and community leaders when discussing their needs are listed below. These themes are often interconnected and reinforce one another:



- 1** Unequal decision making
- 2** Unequal access to resources
- 3** Gendered cultural norms and beliefs
- 4** Sexual and gender-based violence (SGBV)
- 5** Early marriage and early pregnancy
- 6** Menstrual hygiene management

⁵⁴ World Vision Canada, 2020, Committed to Gender Equality available at <https://www.wvi.org/publications/report/committed-gender-equality>.

In the [Committed to Gender Equality](#) report we have summarized what we heard and how each theme influences access to and experiences of education; sexual and reproductive health and rights (SRHR); maternal, newborn and child health; and livelihoods for women and girls. World Vision Canada is committed to gender equality as a critical part of our organization's vision for life in all its fullness for every child.

This review reflects World Vision's commitment to gender equality principles, and highlights many of the persistent challenges to gender equality commonly faced by girls and women in the places where we work. Conducting gender assessments is often the first step in understanding the world in which women, girls, men and boys live, and ensuring our programming reduces gender inequality. We have used these findings to inform and shape our work in the areas of

- sexual and gender-based violence prevention and response;
- menstrual health management;
- education and school programs that reduce barriers for girls;
- child protection;
- early child marriage prevention; and
- empowering women in leadership and decision-making capacities.

On December 14, 2020, the governments of Canada and Bangladesh, with the Government of Japan, hosted the [Nutrition Year of Action launch](#). In total, US\$3 billion was committed. WVI President Andrew Morley [committed US\\$500 million to fight malnutrition](#) and told global nutrition leaders that eliminating malnutrition – especially for women and girls – is a top priority for World Vision. WV Canada President Michael Messenger presented the [new Gender Transformative Framework for Nutrition](#), developed by a coalition of agencies led by World Vision.





HEALTH AND GENDER

The [Enhancing Nutrition Services to Improve Maternal and Child Health \(ENRICH\) project's Gender Analysis](#), which was conducted in March 2018, revealed pervasive gender inequalities that contribute significantly to poor nutrition and health outcomes among adolescent girls, and pregnant and lactating women and their children in Thakurgaon district, Rangpur division, Bangladesh. To address the particular health risks and vulnerabilities facing girls during adolescence and to harness their potential as community mobilizers, ENRICH created Adolescent Girl Power Groups (AGPGs) in 2017 in five sub-districts of Thakurgaon as a space to build girls' voice, agency and status, and to enable them to claim their health and protection rights.

When the COVID-19 pandemic hit in early 2020, project staff identified a critical opportunity to take stock of the progress AGPGs have made to date, while also attempting to understand how the groups had helped the girls mitigate the impact of the virus. Field research was carried out in Thakurgaon district between September 21 and September 28, 2020. The results show that participation in the AGPGs over the past two to three years has contributed to girls' confidence, self-worth, social networks, mobility, and health knowledge, while elevating their status and decision-making power within their families and communities.

The AGPGs have achieved this success by empowering adolescent girls through increased knowledge and confidence, which has in turn enabled them to challenge and transform some gender norms and unequal power relations at both the household and community level, affording them greater agency in the decisions that impact their lives. Beyond increased power and agency at the individual level, AGPGs have proven to be a source of collective agency, challenging discriminatory gender norms and promoting gender-responsive health, nutrition and hygiene practices as a group.

Despite the widespread implications of the pandemic for the health, psychosocial and economic well-being of the AGPG girls and their families, the research revealed a high level of resilience and adoption of healthy coping strategies among the girls. The focus of the AGPGs shifted seamlessly to public health promotion, raising community awareness to help contain the spread of the virus. This serves as a testament to the model's flexibility and versatility under unforeseen circumstances.

The research also suggests that the AGPGs were instrumental in laying the foundation for more equitable and harmonious interactions and decision-making inside households before the pandemic hit. These shifts generated by daughters' participation in the AGPGs may have prevented families from resorting to discriminatory coping strategies that threaten the health and rights of girls. The AGPGs have served as effective platforms for girls to both individually and collectively challenge the discriminatory social norms that perpetuate gender inequality and advocate for their health rights, resulting in more gender-responsive attitudes and practices in their families and communities. The groups have allowed girls to re-imagine their lives beyond marriage and childbearing, and build a brighter, fairer future for themselves.

JOINT GENDER EQUALITY INITIATIVES

SUSTAIN - Quarterly ward monitoring meetings as a catalyst for demand-side groups to plan joint gender equality initiatives

In May 2019, SUSTAIN began to conduct joint quarterly meetings among demand side volunteers and actors. This enabled community-level data collection, and expanded into reflection and action planning meetings, which were valuable for project planning and making adjustments where needed. The community members jointly discussed challenges and identified solutions and a way forward to improve gender responsiveness of FP/RMNCAH issues faced by women and men, adolescent girls and boys.

Through the process we learned: This quarterly ward-level meeting was a key catalyst and amplifier of gender equality, due to the regular nature and wide cross-section of community groups participating on both the supply and demand sides.

This is an important lesson learned for SUSTAIN and other future projects. It is necessary to work with a variety of community groups in order to collectively achieve greater impact, particularly with regard to the demand-side/gender equality results. It was also extremely beneficial for communications and joint troubleshooting, planning and ownership. These meetings enabled the wider community to learn about gender equality and trends in their communities. What was most impactful was that it led to these groups to further collaborate to achieve an amplifying effect for gender equality in each ward. The joint ventures of participants from MenCare, CoH, CVA and peer-to-peer educators resulted in a synergy of impact in gender equality results throughout the communities.

Demand-side groups provided their ward-level data, and each was kept track of by SUSTAIN Project Officers, one per each of the six districts in Kigoma. This data formed the basis of the Outputs Tracking Worksheet, reported to Global Affairs Canada on an annual basis. After data collection, each volunteer group (CHWs, CoH, CVA, MenCare) convened to discuss common successes and lessons. Significant successes were reported to the wider group followed by ward meetings to develop both joint and individual action plans. This has enhanced SUSTAIN's Monitoring and Evaluation procedures and management, helping to outline both strength and growth areas, which has informed focus areas for the project and resulted in more targeted project implementation and higher performance.

ENHANCED OWNERSHIP

SUSTAIN - Working closely with all levels of government throughout the project led to enhanced ownership and sustainability of results.

Through lived experience in other projects and contexts, World Vision learned that it is vital to connect with all levels of government in all project plans and implement activities in a joint manner. In the case of the SUSTAIN project, this enabled the development of a Phaseout and Sustainability Plan, which was signed by the Government of Tanzania. This lesson was enacted by SUSTAIN staff at the outset of the project. It contributed significantly to the success of SUSTAIN, as can be seen from most indicators and from consolidated participant responses. This was vital in terms of capacity-building and eventual sustainability of the project results.

Joint ownership, strong collaboration and participation between community members, World Vision and the Government of Tanzania led to significant improvements in the health and rights of women and children in Kigoma. Sustainability was assured through the Government of Tanzania signing SUSTAIN's Sustainability Plan, stating its commitment to: continue providing supportive gender-responsive supervision; conducting maternal and perinatal death surveillance and response; outreach clinics; maintaining rehabilitated clinic infrastructure; and to continuing Channels of Hope, CVA, MenCare and Peer-to-Peer ASRHR groups.

This is an important lesson learned for SUSTAIN and other future projects because it is a commitment to uphold the project intervention activities and resultant outcomes. This signed Sustainability Plan is being provided to Global Affairs Canada, as part of World Vision Canada's Final Conclusion Report on SUSTAIN.





QUANTIFYING COMMUNITY RESILIENCE IN SOUTH SUDAN:

The FEED project (Fortifying Equality and Economic Diversification).

Technical Brief

Ecology and Society 25(2):12. <https://doi.org/10.5751/ES-11450-250212>

The Republic of South Sudan is an oil-rich country bordered by Sudan, Ethiopia, Kenya, Uganda, the Democratic Republic of Congo, and the Central African Republic. In 2005, the Sudanese People's Liberation Movement and the Government of Sudan signed the Comprehensive Peace Agreement that ended Africa's longest running civil war. In the immediate period of peace, South Sudan became the world's youngest nation. For the international development community, humanitarian efforts during this period shifted to recovery efforts. However, the resumption of conflict in 2013 switched development programming back to life-saving humanitarian support. The FEED (Fortifying Equality and Economic Diversification) project took place within this conflict environment.

The FEED Team was a consortium project, made up of World Vision, Oxfam and CARE. FEED was a food security, livelihoods and gender equality project that began in April 2015 and ended March 2018. The project supported 214,144 people (135,645 females and 79,499 males) to meet the basic security needs and reduce vulnerability amongst households in seven former states of South Sudan. The overall purpose of the Team's work was to reinforce the programming decisions and interventions of the FEED project.

FEED's work was two-fold: to provide the quantification of resiliency and use principal components analysis (PCA) as an analytical tool to accurately identify factors that demonstrated household and community resilience. Resilience in this project was defined as the ability of a group or community to adapt to shocks and stressors in the system; being resilient largely depends on the goals achieved.

Quantification of resiliency, especially in unstable and vulnerable environments like in South Sudan are difficult to obtain; however, the study demonstrated that this is entirely possible. The FEED consortium’s concept of resilience was informed by previous context analysis undertaken by the World Food Programme (WFP) in 2015⁵⁵. Specifically, the WFP looked at absorptive, adaptive, and transformative capacities for South Sudan, relative to level of resiliency. **See Table 5 below** for full details of characteristics entailed in absorptive, adaptive and transformative capacity.

Table 5: Absorptive, Adaptive and Transformative capacities

ABSORPTIVE

- Coping strategies (e.g., reducing meals/portion sizes, selling household assets, begging, withdrawing children from school, etc.)
- Livestock ownership
- Expenditure
- Psychosocial strength
- Savings and informal safety nets
- Conflict management and justice systems

ADAPTIVE

- Livelihood risk diversification
- Improved access to productive and fertile land
- Income source reliability and sustainability
- Skilled household labor
- Seasonal migration and remittances
- Educated household head
- Early warning and disaster mitigation systems

TRANSFORMATIVE

- Access to markets and infrastructure
- Access to quality education
- Support for land and livelihoods
- Access to water and sanitation
- Access to health services
- Access to credit and formal safety nets or social protection
- Youth employment and empowerment
- Women’s empowerment,

In turn, the WFP study helped shape the FEED Team to develop a survey tool and collect household level data. Due to wide variances in the data set (survey was not designed for quantitative data analysis), PCA was used. PCA reduces the number of variables within a data set while preserving as much critical information as possible. As a statistical standardization tool, PCA enabled the Team to clearly identify and understand key factors responsible for developing resiliency, in South Sudan. **See Table 6 on the next page.**

At the same time, the PCA methodology also allowed for aggregation of household level data to higher level system data, essentially revealing village- or county-level populations that are resilient. What this meant for development programming was that interventions that contributed to building more resiliency could be scaled and amplified. For example, by focusing on households with high scores on PC (Principal Component) labels related to gender equality and women’s empowerment, the FEED project exceeded its target to enhance women’s asset ownership and management by 228%. The project also trained 24,027 female and 25, 098 male participants in gender-based violence prevention and response. Highly targeted programming in these areas corresponded with high-level household scores in Transformative Resilience capacity.

55 World Food Programme (WFP). 2015. Resilience context analysis. Resilience to shocks that impact food security and nutrition in South Sudan. United Nations World Food Programme, Nairobi, Kenya.

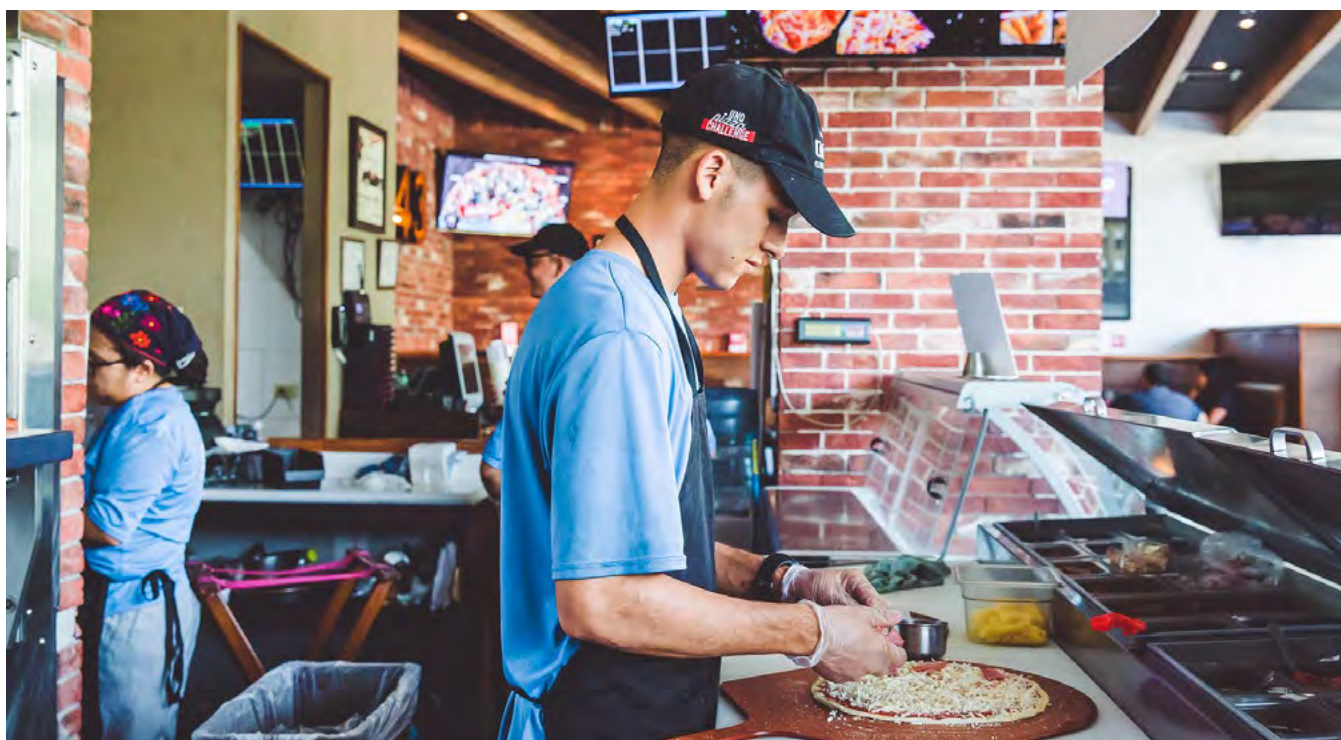
To view all identified key characteristics that primed households to become more resilient In South Sudan, please see Table 6. Below, for example, households with high positive scores on PC1 in Absorptive Resilience capacity, were those that avoided negative coping strategies such as limiting adult food consumption so that children ate or sold household assets to purchase food in times of food scarcity. On the other hand, households with low scores on the same PC1, do not practice (or have no access to) positive coping strategies.

Table 6: Principal components analysis (PCA) results that inform programming and interventions (South Sudan 2015 dataset)

| PRINCIPAL COMPONENT | PC LABEL | PROGRAMMING IMPLICATIONS |
|----------------------------|---|--|
| Absorptive PC1 | Avoidance of negative coping strategies | Strengthen capacities for positive coping strategies to food scarcity, e.g., grain storage facilities. Educate about the risks of negative coping strategies, such as harvesting immature crops. |
| Absorptive PC4 | Absence of conflict, and household assets | Strengthen community-scale capacity to avoid or mitigate conflict, such as establishing “peace committees.” |
| Adaptive PC1 | Organized disaster management | Strengthen capacity at the community level for disaster management, e.g., establish disaster management committees. |
| Adaptive PC2 | Disaster management (not organized) | Strengthen household disaster management capacity, e.g., awareness of beneficial and harmful agricultural practices, and conservation practices. |
| Adaptive PC5 | High education and income | Strengthen awareness and capacity for good farming practices with respect to conservation (a factor with negative association with this PC). |
| Adaptive PC6 | Awareness of conservation, disaster, and conflict | Strengthen awareness and capacity for good farming practices with respect to conservation (a factor with negative association with this PC). |
| Adaptive PC7 | Stable income and education | Develop capacity in income generating activities. |
| Adaptive PC8 | Secure income | Develop capacity in income generating activities. |
| Transformative PC1 | Gender and women’s empowerment | Undertake gender equality programming. |
| Transformative PC2 | Community-level social capital | Foster community capacity in common interest groups such as farmers’ groups, cooperatives, traders’ groups, and local NGOs. |
| Transformative PC3 | Agricultural success and access to financial institutions | Develop capacity for access to financial institutions such as bank loans and self-help groups. |

A second phase of FEED project started and leveraged findings from the original project. In FEED II, the greater emphasis on gender equality, women's empowerment, and awareness of gender-based violence were directly linked to factors that supported a resilient household.

In short, the study in South Sudan showed that it is possible to identify and quantify a community and household's measure of resiliency. Furthermore, by employing a quantitative analysis view at the survey and data collection design stage, projects can be set up for successful identification of factors that point to the meaningful interventions that can lead to greater resiliency within a population. Using PCA as a tool to develop indices and measures of resiliency, programming can be targeted to help families and communities to withstand socio-political stressors such as the conflict situation in South Sudan demonstrated.



CHANGING DESIGN IMPLEMENTATION TO IMPROVE RESULTS

Youth Ready Impact Evaluation

Youth employment and educational opportunities are limited in El Salvador and Honduras. A large portion of the countries' youth population face significant barriers to completing secondary and post-secondary schooling, and to engaging in formal employment in the labour force. To improve opportunities for youth, World Vision implemented the Youth Ready training program.

A total of 2,964 youth graduated from the Youth Ready program in 2019. From those, 1,358 completed additional vocational technical training. Six months after graduation, 427 youth had found employment, 397 had started their own business and 434 resumed their studies.

World Vision Canada engaged Limestone Analytics to design and conduct a quasi-experimental evaluation using difference-in-differences analysis in 2019 (baseline in 2018) to assess the impact of the Youth Ready program in El Salvador and Honduras. The assessment evaluates the impact of the program on participant outcomes approximately one year after beginning the program and around six months after completing the program's training.

The evidence consistently suggests that the Youth Ready program in El Salvador and Honduras succeeded at increasing labour market opportunities for participants following secondary school. From the final report, we learned as compared to the control group:

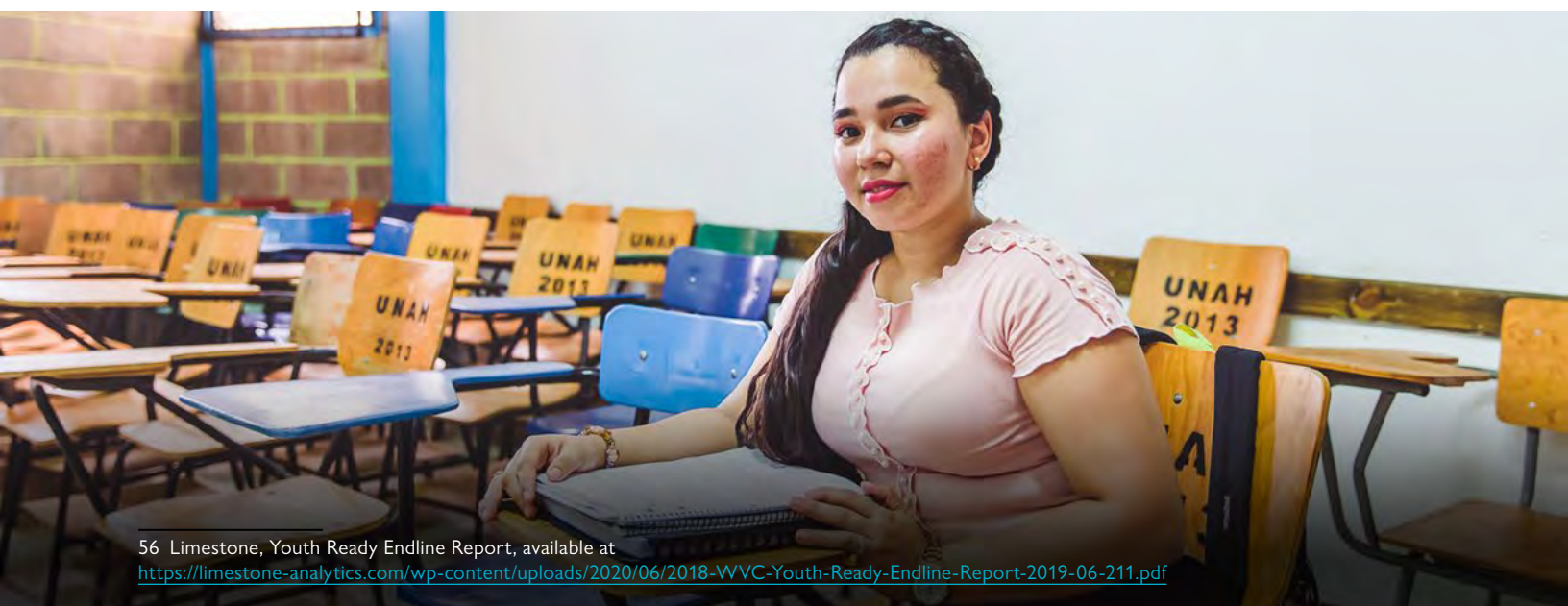
- Participants were 15% more likely to be working for money by the end of the program (statistically significant, 1.2-29.0%, 95% CI, P=0.035).
- Participants were 9.4% more likely to graduate from secondary school (statistically significant, 0.7-18.1%, 95% CI, P=0.033).

Lessons in Action

During implementation, assumptions regarding attrition rates of out-of-school youth (i.e. leaving the program) were not realized. Registering out-of-school youth in the program was already harder than expected and more left the program than anticipated. This led the project managers to change the strategy and also focus on in-school youth.

Limestone's evaluation shows that “the impact of the program on labour market outcomes is much stronger for in-school participants. This suggests that a program like Youth Ready may have the greatest impact as a preventative measure, reaching at-risk youth before they leave school and enter the formal labour market.”

They conclude with “The shift in implementation strategy to focus treatment on youth enrolled in school likely increased the impact of the program.”⁵⁶



⁵⁶ Limestone, Youth Ready Endline Report, available at <https://limestone-analytics.com/wp-content/uploads/2020/06/2018-WVC-Youth-Ready-Endline-Report-2019-06-211.pdf>

CHILD HEALTH AND NUTRITION IMPACT STUDY

The Child Health and Nutrition Impact Study (CHNIS) evaluated the effectiveness of three community systems strengthening approaches at sites in Cambodia, Guatemala, Kenya and Zambia, in partnership with Johns Hopkins University and an academic partner in each country. The three approaches – Timed and Targeted Counselling (TTC), Citizen Voice and Action (CVA), and Community Health Committees (COMM) – aim to raise awareness of preventive health and nutrition practices, support practice change and strengthen local health systems. They were chosen for bundled study based on evidence demonstrating the effectiveness of each and a hypothesis that providing support on multiple levels has the potential to deliver greater impact than a basic approach.

Study Design:

CHNIS was a five-year, multi-country quasi-experimental evaluation, studying a bundle of three approaches. A local academic team in each country was partnered with Johns Hopkins' researchers to carry out the evaluation. A mixed-method approach was taken combining results from population-based surveys with qualitative interviews with implementing teams, community members, community health workers (CHWs) and health facility staff. The study used the difference-in-differences statistic to determine whether intervention sites outperformed comparison sites.

Three research briefs were published in 2019 on key findings related to [Maternal and Child Health](#), [Nutrition](#) and [Community Systems Strengthening](#).

The results have been used to increase the efficiency and effectiveness of World Vision's maternal, neonatal and child health programs, as well as guide decisions about scale-up of these approaches globally. The process documented both success factors and challenges related to implementation, while assuring program quality. Importantly, the results were shared in the communities that participated in the research so they could benefit efforts to improve maternal and child health. Study findings contribute to the global evidence base of effective community-based approaches for preventing malnutrition and addressing preventable maternal and child deaths, with four articles published in peer-reviewed journals:

- [Association of Mother's Handwashing Practices and Pediatric Diarrhea: Evidence from a Multi-Country Study on Community Oriented Interventions.](#)
- [Impact of community-oriented interventions on pediatric care-seeking practices: A multi-country study in Cambodia, Guatemala, Kenya and Zambia.](#)
- [Applying an Equity Lens to Maternal Health Care Continuum in Rural Communities of Cambodia, Guatemala, Kenya and Zambia.](#)
- [Measuring pediatric quality of care in rural clinics – a multi-country assessment – Cambodia, Guatemala, Zambia and Kenya.](#)

EXTERNAL ENGAGEMENTS

An important part of our learning process is engaging the public and sharing findings with peers and the general public outside our organization. This takes place in various forums. Below are some of the engagements and studies shared.

Public Engagement

GENDER EQUALITY/ ENRICH:1000 DAY JOURNEY,

Online - Social Media Key Moment for Father's Day, **Total Reach: 246,616**

Shared a [video](#) of Rick Campanelli and Sirajul from Bangladesh. The video highlighted the MenCare project in detail, including how ENRICH's gender transformative work engages men. The key moment also included a [video](#) featuring Raymond who is modeling positive male gender roles in his community in Kenya. Social media influencer Ariba Pervaiz created an [Instagram Post](#) and [Youtube video](#) speaking about gender norms in Canada and connecting to ENRICH:1000 Day Journey activities.

MNCH, GENDER EQUALITY, NUTRITION/ ENRICH:1000 DAY JOURNEY,

Online - World Breastfeeding Week Key Moment, **Total Reach: 194,449**

Raised awareness on the importance of exclusive breastfeeding within the first 6 months of life and the support provided to mothers via the ENRICH: 1000 Day Journey project. Included social media [Instagram](#) and [Facebook](#) and [influencer](#) engagement.

COVID-19,

Online - Video, **Total Reach: 58,052**

Top-performing youth post featured eight WVC Campus Groups with 28 students talking about how their world views have changed since the COVID-19 pandemic. Their answers connected local concerns to global care for the most vulnerable people and leveraged Abacus Research highlighting youths sentiments on the pandemic.

CHILD LABOUR,

Online- Petition, **Total Signatures: 7,761**

A direct-to-target email and twitter action/petition was launched targeting Canada's Minister of Labour in advocating for Supply Chain Legislation to be passed in Canada.

COVID-19,

Online- Petition, **Total Signatures: 6,167**

Launched a version of WVC's COVID-19 petition on Care2.com that reiterated the call-to-action for Canada to join a global effort to help prevent COVID-19's devastating impact on children in the world's margins.

Articles, Peer-reviewed Journals, Conferences and Presentations

FY2020

- **Virtual Panel Presentation: Tafere M** (Sept 30, 2020). CCRDA Faith and Development Programming. CCIC conference the role of faith on humanitarian response.
- **Virtual Panel Presentation: Dibaba A** (Sept 28, 2020). Zinc Rice in Bangladesh. Improving Nutrition Security with Biofortified Crops: Lessons from COVID-19 on the path to scaling up, HarvestPlus Biofortification Webinar <https://www.harvestplus.org/knowledge-market/in-the-news/harvestplus-webinar-focused-path-scaling-biofortification-amid-covid-19>
- **Journal Article:** Edward A, Krishnan A, Ettyang G, Jung Y, Perry HB, Ghee AE, Chege J. “Can people-centered community-oriented interventions improve skilled birth attendance? Evidence from a quasi-experimental study in rural communities of Cambodia, Kenya and Zambia.” BMC Pregnancy and Childbirth, (Sept 05, 2020). <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-020-03223-0> (CHNIS)
- **Virtual Panel Presentation: Nancy Del Col** (September 28, 2020). Hosted by Children Believe. Eliminating Child, Early and Forced Marriage (CEFM) – Strengthening Alignment and Partnerships in the New Reality – Key Learnings and a Way Forward. Hosted by Children Believe. Presented on WV’s Aftershocks: Access Denied report about the impact of COVID-19 on teenage pregnancy in sub-Saharan Africa and the resulting barrier to school access.
- **Report:** [Aftershocks: Access Denied](#) (August 2020). This report spotlights one particular vulnerability that is known to be exacerbated by school closures in times of crisis and risks the continued education of vulnerable children: teenage pregnancy. World Vision estimates that as many as 1 million girls across sub-Saharan Africa may be blocked from returning to school due to pregnancy during COVID-19 school closures.
- **Submission:** Lessons from FEED. (August 2020) Submission to Government of Canada’s International Climate Finance Consultation.
- **Article:** Kipkoech C, Yugi A, Mbembe M, Kosgei P, Ngetich P, Wesonga J, Dibaba A. “Utilizing edible insects as a protein source in children under 2 years.” (2020). <https://reliefweb.int/sites/reliefweb.int/files/resources/Study-Edible%20Insects%20as%20Protein%20Source%20for%20Children.pdf>
- **Journal Article:** Bunch MJ, Pathan S, Battaglia AG, Greer-Wootten B, Mascoll A, Russell T, Folkema J. “Quantifying community resilience in South Sudan: The FEED project (Fortifying Equality and Economic Diversification).” Ecology and Society 25 (2):12, (2020).
[online] URL: <https://www.ecologyandsociety.org/vol25/iss2/art12/>

- **Virtual Panel Presentation: Mbugua D** (July 16, 2020). Sierra Leone SATISFY Results. At Food Security Policy Group (FSPG) Leaders in the Field: A Case for Investing in Inclusive, Resilient Food Systems. Virtual event launching report: <https://cooperation.ca/wp-content/uploads/2020/06/FSPG-Synthesis-Report-2020-ENG-Final.pdf>
- **Virtual Panel Presentation: Mirette Bahgat**, along with WV Indonesia, WV India and Save the Children Bolivia (July 2020). COVID-19 and the Localization of Child Protection Interventions. Round table session at Global Alliance for Child Protection on behalf of International Child Protection Network of Canada, virtual event, July 2020.
- **Virtual Panel Presentation: Asrat Dibaba** (July 2, 2020). Nutrition and WASH Marketplace Session (https://youtu.be/sf9_lgMQDis). Panel presentation at PMNCH & Core Group Lives in the Balance: A COVID-19 Summit for the health and well-being of women, children and adolescents, virtual event, July 2, 2020.
- **Report: COVID-19 Aftershocks: Out of time** (July 2020). Millions of parents and caregivers have lost incomes and jobs due to COVID-19, forcing them to expose their children to harmful and dangerous circumstances, such as begging or child marriage. World Vision has conducted rapid assessments in 24 countries across Latin America, sub-Saharan Africa, and Asia confirming alarming predictions of increased child hunger, violence, and poverty due to the economic impact of COVID-19.
- **Panel Presentation: Holte-McKenzie M** (July 2020). CanWaCH learning event. Integrating a Gender Lens in HR Policies and Practices. <https://canwach.ca/learning/integrating-a-gender-lens-in-hr-policies-and-practices/>
- **Virtual Panel Presentation: Maereg Tafere** with Rev. Dr. Elaine Neuenfeldt (ACT Alliance), Reyhana Patel (Islamic Relief Canada) and facilitated by Laura Solberg (CCRDA) (June 8, 2020). Importance and Challenges of Faith Competencies in working with international communities. CCRDA Faith & Development Virtual Panel.
- **Virtual event: Pandemics and the Refugee Crisis: What Canadians Think and What's Next** (June 2020) Live virtual event featuring never-before-seen data on Canadians' attitudes. Hosted by World Vision Canada President Michael Messenger and World Vision policy advisor Tiyahna Ridley-Padmore, the event featured a panel of experts including: The Honourable Bob Rae, PC, CC, O.Ont, QC, then Canada's Special Envoy on Humanitarian and Refugee Issues; David Coletto, CEO of Abacus Data; and Anne-Marie Connor, National Director of World Vision Democratic Republic of Congo.
- **Workshop presentation: Mbugua, D.** Empowering women, tackling climate change, improving livelihoods: A case study of the SATISFY project in Sierra Leone (June 2020). Presented at the FSPG/GAC-organized "Leaders in the Field" online workshop.
- **Report: Aftershocks: Perfect Storm** (May 2020) This report predicts a major spike in the cases of children experiencing physical, emotional, and sexual violence, both now and in the months and years to come, due to COVID-19.

- **Virtual Panel Presentation:** Miriam Chang with Riccardo Lampariello (Terre des hommes), Dr. Marelyze Gorgens (World Bank), Claudia Jeuch (Cloudera Foundation) (April 30, 2020). Multi-Stakeholder Approach to Digital Health & Nutrition Amidst COVID-19 Response: ALeDIA - Alliance for e-Diagnostic. Global Digital Health Network monthly meeting.
- **Report:** [COVID-19 Aftershocks: Secondary impacts threaten more children's lives than disease itself](#) (April 2020). As many as 30 million children are at risk of disease and death because of the secondary impacts of the COVID-19 pandemic. The report considers what would happen if the devastating secondary impacts of the 2015-2016 Ebola outbreak on children were replicated in the 24 most fragile countries covered by the UN's COVID-19 humanitarian appeal.
- **Roundtable:** Responsible Business Conduct Strategy. Renobales A. (March 2020). Participated in Global Affairs Canada roundtable review of its Responsible Business Conduct strategy along with other NGOs, companies and stakeholders.
- **Event:** Abena Thomas/ENRICH: 1000 Day Journey (Feb 4, 2020). Gender Equality Through Disruption. WVC in partnership with Humber College and the Bhutan Foundation, for Canada's International Development Week.
- **Panel Presentation:** Abena Thomas/ENRICH (Feb 2020). Counting Complexity: Adventures in Missing the Point. Panel discussion at Centennial College for Canada's International Development Week.
- **Panel Presentation:** Laura Snyder/PINKK (Feb 2020). Climate Change & Nutrition: Food for Thought. International Development Week event hosted in partnership with the University of Ottawa's International Development and Globalization Student Association, Nutrition International and World Vision Canada.
- **Journal Article:** Sall NS, Begin F, Dupuis JB, Bourque J, Menasria L, Main B, Vong L, Hun V, Raminashvili D, Chea C, Chiasson L, Blaney S. "A measurement scale to assess responsive feeding among Cambodian young children." *Maternal and Child Nutrition*, (2020 Jan 30: e12956. doi: 10.1111/mcn.12956) <https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12956>
- **Journal Article:** MacDonald CA, Aubel J, Aidam BA, Webb Girard A. "Grandmothers as Change Agents: Developing a Culturally Appropriate Program to Improve Maternal and Child Nutrition in Sierra Leone." *Current Developments in Nutrition*, Volume 4, Issue 1, January 2020, nzz141, epublished Dec 2019. <https://doi.org/10.1093/cdn/nzz141>
- **Podcast:** The best social return on investment? The case for delivering micronutrients during the first 1,000 days of life. Melani O'Leary, David O'Leary and Jeff Baikowitz. Impact Investing Podcast, December 2019.
- **Side Event:** Beyond the Headlines: Experiences and Solutions in Fragile Contexts at the CCIC Global Summit on Canada's Global Leadership in Ottawa, Nov 27-28, 2019 (At this event, WVC also launched the white paper, "[Making Children Our Priority: How Canada Can Do Better for the World's Most Vulnerable Girls and Boys](#)")

- **Poster Presentation:** Dibaba A, Thomas A, Mbugua D, Munyao K, Davis T, Irvine D, Crass S, Alexander C (Nov 2019). Qualitative Evaluation for Program Improvement: Experience from Midterm Qualitative Program Review of ENRICH Project in Bangladesh, Kenya, Myanmar and Tanzania. Poster presentation at American Evaluation Association Conference, 11-16 November 2019, Minneapolis, MN. In addition, Global Affairs Canada presented evaluation results from WVC SUSTAIN and ENRICH grants in an oral session.
- **Presentation:** (Nov 2019). **Born on Time Consortium.** From preterm births to non-communicable diseases: CHWs' potential to tackle prevention through nutrition. 2nd International Symposium on Community Health Workers, Bangladesh.
- **Panel Presentation:** Holte-McKenzie M (Nov 2019) Gender Equality in the Workplace: Turning the Lens Inward. CanWaCH-hosted panel at the CCIC Global Summit on Canada's Global Leadership in Ottawa
- **Poster Presentation:** Gidebo A (Oct 2019). Breaking the barriers to adolescent SRHR with evidence-based interventions and monitoring. Poster presentation at Canadian Conference on Global Health, Ottawa, Canada, October 2019.
- **Poster Presentation:** Chang M, Rabadi H, Hinn G (Oct 2019). Role of female community health workers in promoting equity in Early Childhood Development in West Bank, Occupied Palestinian Territory. Poster presentation at Canadian Conference on Global Health, Ottawa, Canada, October 2019.
- **Poster Presentation:** Sarker JA, Chatterjee AR, Thomas A, Dibaba A (Oct 2019). Citizen Voice and Action (CVA): A local-level advocacy methodology for advancement of women and children's health and rights in rural Bangladesh. Poster presentation at Canadian Conference on Global Health, Ottawa, Canada, October 2019.
- **Conference Workshop:** Dibaba A, Thomas A, Gillespie M (Oct 18, 2019). Data driven participatory project management for improvement of project outcomes, Canadian Conference on Global Health (CCGH), Ottawa, Canada, Oct 16-19, 2019
- **Panel Presentation:** Dibaba A (Oct 17, 2019). The First 1000 Days will determine a child's life, in The Power of Image: Video explorations of maternal, newborn and child health topics. Panel/video presentation at Canadian Conference on Global Health, Ottawa, Canada, October 2019.
- **Event:** ENRICH Midterm Evaluation Roundtable session/learning event and PhotoVoice exhibit hosted by Global Affairs Canada, Ottawa, Canada, Oct 9, 2019.

FY2019

- **Workshop Presentation:** Miriam Chang and Riccardo Lampariello (Tdh Switzerland) on behalf of the ALeDIA Consortium (September 9, 2019). ALeDIA: Alliance for eDiagnostic. Presented at the Data 4 Health Workshop in Geneva, Switzerland, hosted by the Cloudera Foundation.
- **Article:** Smyth R, Dibaba A, Thomas A, Malimbwi M, Mtimbwa F, Bukuru N. "Acceptability and perceived usability of a non-invasive haemoglobin monitor among community members and health workers in Tanzania." Field Exchange, issue 61 (2019). Emergency Nutrition Network.
<https://www.enonline.net/fex/61/haemoglobinmonitortanzania>
- **Article:** Baik D. "World Vision's Positive Deviance/Hearth programme: multi-country experiences. Field Exchange, issue 60, (July 2019): 11. www.enonline.net/fex/60/worldvisionsprogramme
- **Journal Article:** Zakus D, Moussa M, Ezechiel M, Yimbessalu JP, Orkar P, Damecour C, Ghee AE, MacFarlane M, Nganga G. "Clinical evaluation of the use of an mHealth intervention on quality of care provided by community health workers in southwest Niger." Journal of Global Health, (2019).
- **Journal Article:** Hackett K, Lafleur C, Nyella P, Ginsburg O, Lou W, Sellen D. "Impact of smartphone-assisted prenatal home visits on women's use of facility delivery: Results from a cluster-randomized trial in rural Tanzania." PLOS One, (2019). <https://doi.org/10.1371/journal.pone.0199400>
- **Side event and presentation: Born on Time Ethiopia** (August 19-20, 2019).
2nd annual Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Research Conference, Addis Ababa, Ethiopia.
- **Webinar:** Straight Goods: [Canadian Business Insights on Modern Slavery in Supply Chains](#). Phung K, Greig D, Lewchuk S (July 2019) Presented the key findings of the May 2019 Straight Goods: Canadian business insights on modern slavery research report through a webinar of approximately 100 members of the Canadian Supply Chain Management Association.
- **Journal Article(s): Collection:** "Rapid Access Expansion (RAcE) of integrated community case management of malaria, pneumonia and diarrhea collection." Journal of Global Health, (June/July 2019).
<http://www.jogh.org/col-race.htm>
- **Journal Article:** Hackett K, Kazemi M, Lafleur C, Nyella P, Godfrey L, Sellen D. "'It makes you someone who changes with the times': health worker and client perspectives on a smartphone-based counselling application deployed in rural Tanzania" Health Policy and Planning, czz036, (June 2019). <https://doi.org/10.1093/heapol/czz036>
- **Journal Article:** Hackett K, Lenters L, Vandermorris A, LaFleur C, Newton S, Ndeki S, Zlotkin S. "How can engagement of adolescents in antenatal care be enhanced? Learning from the perspectives of young mothers in Ghana and Tanzania." BMC Pregnancy and Childbirth, (2019): 19:184. <https://doi.org/10.1186/s12884-019-2326-3> <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-019-2326-3>

- **Journal Article:** Edward A, Jung Y, Chhorvann C, Ghee AE, Chege J. "Association of Mother's Handwashing Practices and Pediatric Diarrhea: Evidence from a Multi-Country Study on Community Oriented Interventions." JPMH, (June 2019). <https://doi.org/10.15167/2421-4248/jpmh2019.60.2.1088>. (CHNIS)
- **Poster Presentation:** Rabadi H, Hinn G, Kulathungam L, Chang M, Cox Misawa M (June 2019). It takes empowered women to bring about change in fragile contexts. Digital poster presentation at Women Deliver Conference, June 2019.
- **Poster Presentation:** Dibaba A, Martirosyan A, Irvine D, Marshall C, Thomas A, Gillespie M, Chang M, Main B, Berloni C (June 2019). Contribution toward universal Maternal and Child Health and Nutrition coverage in Bangladesh, Kenya, Myanmar, Pakistan and Tanzania: The experience of the ENRICH program. Digital poster presentation at Women Deliver Conference, June 2019
- **Panel Presentation:** Deconstructing the Gendered Causes of Malnutrition (June 3, 2019), WVC with 1,000 Days, Action Contre la Faim, CARE, Nutrition International, Power of Nutrition, Promundo, Save the Children UK, WaterAid, WFP. Panel presentation at Women Deliver Conference, June 2019.
- **Panel Presentation:** A question of rights: the power of gender equality to prevent preterm birth (June 5, 2019). Born on Time Consortium (Global Affairs Canada, Johnson & Johnson, Plan International Canada, Save the Children Canada, and World Vision Canada). Panel presentation at Women Deliver Conference, June 2019.
- **Event:** Women Deliver 2019 Conference (June 2019) World Vision co-sponsored this global event in Vancouver as a means of demonstrate the intersection of gender equality and women's empowerment within World Vision's programming and positioning. Our participation included: Hosting or co-hosting 17 side events, receptions, engagements, and workshops (many of which were standing room only!); 60+ World Vision attendees from eight different offices, including WV Kenya, WV Mozambique, and WV South Sudan; Side meetings with global partners such as The Power of Nutrition and GAVI the Vaccine Alliance; A passionate and vocal youth delegation of 12 young women, who led multiple events (including one proclaimed by Women Deliver's youth team as their conference favourite!).
- **Research report:** [The Straight Goods: Canadian Business Insights on Modern Slavery in Supply Chains](#) (May 2019) Phung K, Greig D, Lewchuk S. Collaborative research between World Vision, the Schulich School of Business' Centre of Excellence in Responsible Business (COERB) and the Shareholders Association for Research and Education (SHARE) analyzes Canadian companies' experiences with and perspectives on modern slavery in supply chains.
- **Roundtable presentation:** Straight Goods. Phung K, Greig D, Lewchuk S. (June 2019) Employment and Social Development Canada (ESDC) hosted roundtables in Toronto and Ottawa attended by a mix of CSOs, investors, individual companies, industry associations, and lawyers. At the government's request, the roundtables in Toronto and Ottawa featured a presentation of the key findings of the May 2019 Straight Goods: Canadian business insights on modern slavery research report.
- **Event:** Health for All: The Journey to Empower Every Woman and Child to Thrive. (April 2019). Photographs and stories from Born on Time featured in a curated art exhibit at World Health Day celebrations hosted by Canadian Partnership for Women and Children's Health (CanWaCH).

- **Panel Presentation:** Nancy Del Col with Greer M, Phillips A, Tokwani M and Zwier-Marongedza J. (April 2019). Drivers of Sustainability: World Vision's community approach to education programming in Dominican Republic, Ethiopia, Rwanda and Zimbabwe. Community-based approaches to ensuring sustainability in WV program approaches for addressing literacy skill development and girls' access to education. Presented at Comparative International Education Society (CIES2019) in San Francisco, US, 14-18 April 2019.
- **Journal Article:** Blaney S, Menasria L, Main B, Chhorvann C, Vong L, Chiasson L, Hun V, Raminashvili D. Determinants of undernutrition among young children living in Soth Nikum District, Siem Reap, Cambodia. *Nutrients*, (2019 Mar 22); 11(3). pii: E685. doi: 10.3390/nu11030685
- **Event:** The Politics of Global Health: A Conversation with the Experts. (March 2019) We hosted a global health event along with Conservative MP Len Webber (who travelled to Kenya with World Vision in 2018) at the University of Calgary. The panel featured World Vision's Abena Thomas, a U of C faculty member Jennifer Hatfield and MP Webber. **Panel presentation:** Women's Economic Empowerment: A Path to Reducing Inequalities in Fragile Contexts and Reaching SDGs, 1, 5, 8, and 10 (March 2019) Panel presentation at 63rd UN Commission on the Status of Women.
- **Panel Presentation:** Respect and Dignity in Gender Transformative Storytelling, Photo Exhibit and Panel Discussion during Canada's International Development Week, February 2019.
- **Event:** Taking Action: The case for caring at home and abroad. (Feb 2019) Event in Markham with Member of Parliament and President of the Treasury Board Jane Philpott. The event was attended by approximately 100 people and featured a panel focused on caring for the most vulnerable in Canada and internationally.
- **Presentation:** Lewchuk S (Jan 2019). Child labour in global supply chains. Alongside Shareholder Association for Research and Education (SHARE) at a meeting of federal, provincial and territorial labour ministers and officials in St. John's, Newfoundland. WVC's input was further cited in a Departmental press release.
- **Poster Presentation:** Mbugua I, Lema M, Dibaba A, Cox Misawa M. (Nov 2018). Citizen voice and action (CVA) as a local level advocacy methodology for the advancement of women and children's health and rights in rural Tanzania. Poster presentation at Canadian Conference on Global Health, Toronto, Canada, Nov 19-21, 2018.
- **Oral Presentation:** Peter A. (Nov 2018). The Boma Health Initiative: Health Pooled Fund, South Sudan. Poster presentation at Canadian Conference on Global Health, Toronto, Canada, Nov 19-21, 2018.
- **Event:** Canada in the World 2 (November 2018). We organized an event, with the Minister of National Defense and the local Member of Parliament in Kelowna, where students from Okanagan College and UBC-Okanagan were able to engage the Minister on Canada's contributions to peace operations and Canada's role in protecting the most vulnerable.

- **Event:** Foodies Who Give a Fork (November 2018). Co-hosted with Results Canada and Nutrition International on Parliament Hill, we partnered with Chef Denis Prescott to showcase the importance of nutrition. MPs from all three main parties were in attendance and Kamal Khera, Parliamentary Secretary for International Development, delivered remarks along with a Nutrition International nutrition specialist from Kenya.
- **Event:** How to make sustainable change in our global community. (November 2018) The youth representative (also a Member of the Prime Minister's youth council) that participated in a World Vision Parliamentary Delegation hosted a youth event in Ottawa. The event included Member of Parliament Pam Damoff, as well as several World Vision staff, all sharing about our work and what the Parliamentary Delegation observed.
- **Journal Article:** Menasria L, Blaney S, Main B, Vong L, Hun V, Raminashvili D, Chhea C, Chiasson L, Leblanc CP. "Mitigated impact of provision of local foods combined with nutrition education and counseling on young child nutritional status in Cambodia." *Nutrients*, (2018 Oct 6, 2018); 10(10). pii: E1450. doi: 10.3390/nu10101450.
- **Poster presentation:** Dibaba A, Thomas A, Gillespie M, Chang M, Main B, Berloni C. (Oct 2018). Improvement of Health Service Delivery through Integrated Health Systems Support Approach in Bangladesh, Kenya, Myanmar, Pakistan and Tanzania. Poster presentation at 5th Global Symposium on Health Systems Research (HSR2018). Liverpool, UK, October 8-12, 2018.
- **Poster presentation:** Tetteh-Matey S, Aidam BA, Marquis GS, Aryeetey R, Colecraft E. (October 2018). Building capacity to improve nutrition-related knowledge and delivery of services by providers in the Upper Manya Krobo district of Eastern Ghana. Poster presentation at African Nutritional Epidemiology Conference (ANEC VIII) in Addis Ababa, Ethiopia, October 1-5, 2018.
- **Journal Article:** Marquis GS, Colecraft EK, Kanlisi R, Aidam B, Atuobi-Yeboah A, Pinto C, Aryeetey R (October 2018). "An agriculture–nutrition intervention improved children's diet and growth in a randomized trial in Ghana." *Matern Child Nutrition*, (2018): 14(S3):e12677.
<https://doi.org/10.1111/mcn.12677>
- **Event:** Canada in the World 1. (September 2018). We organized an opportunity for students from the Rosedale School for the Arts in Toronto to engage and influence the Minister of Foreign Affairs in advance of her hosting an international meeting of women foreign ministers.

Appendix

COUNTRY DATA TABLES

Note on data gathering: The data below has been gathered through Project Monitoring Records, directly through World Vision's Horizon database and World Vision's Food dataset.

Data from October 2019 to September 2020

| CODE | INDICATOR STATEMENT | INDICATOR DEFINITION |
|--|---|---|
| Livelihoods (Environment and Climate Change; Economic Empowerment, Food) | | |
| 1.LV.DM.1 | Number of people trained on how to prevent and cope with future disasters, helping children to stay safe and families to recover more quickly if they happen | # of individuals, including children, trained in disaster risk reduction |
| 1.LV.DM.2 | Number of committees actively helping families to prevent and cope with disasters, helping children to stay safe and families to recover more quickly if they happen | # of functional disaster preparedness groups or committees |
| 1.LV.DM.3 | Number of neighbourhoods have an updated disaster plan, which maps local threats and how to best save people's lives and property in a crisis | # of communities with updated disaster preparedness plans (DPPs) |
| 1.LV.EP.1 | Number of women and men active members of a local savings group, helping them to grow their businesses and provide for their kids, now and in the future | # of savings group members |
| 1.LV.EP.2 | Number of savings groups running in the community, empowering members to save money, earn interest, access loans, and better provide for their kids | # of functional savings groups |
| 1.LV.EP.3 | Number of families that started a small business, empowering them to earn a living and meet their kids' basic needs | # of households involved in starting a small business |
| 1.LV.FD.1 | Number of people who received food assistance to meet basic needs of vulnerable families | # of people who received food assistance |
| 1.LV.FD.2 | Number of metric tons of food distributed to meet the basic food needs of vulnerable families | # of metric tons of food distributed |
| 1.LV.FD.3 | Number of groups of farmers joining forces to produce and sell their products, helping them to build more profitable businesses so they can provide for their kids | # of Producer Groups participating in Local Value Chain Development (LVCD) project |
| Health | | |
| 2.HE.1 | Number of malnourished kids in our nutrition programme that gained 400 grams in one month, helping them to recover | # of children participating in PD/Hearth sessions who gained at least 400 grams in one month |
| 2.HE.2 | Number of pregnant women and new mothers that took part in health and nutrition training, so mothers are better prepared to help their babies grow healthy and strong | # of pregnant mothers and mothers with children 0-23 months in program area who received nutrition and infectious disease counselling |
| 2.HE.3 | Number of joint plans made between local partners who help malnourished children, to help more kids make a recovery | # of new and current joint plans with partners |

| CODE | INDICATOR STATEMENT | INDICATOR DEFINITION |
|------------------------------------|--|--|
| 2.HE.4 | Number of training courses provided for our local partners who work with severely malnourished children, so they can help more kids make a recovery | # of training opportunities organised to build partners organizational capacities around CMAM programming. |
| Child Protection and Participation | | |
| 3.CP.1 | Number of adults learned about child protection and how to report abuse, strengthening families to care for and protect children | # of community members reached through awareness raising sessions and access to child protection information |
| 3.CP.2 | Number of girls and boys that took actions to help end violence against children, empowering them to speak out against harmful attitudes and practices | # of children who meaningfully participate in actions that support ending violence against children |
| 3.CP.3 | Number of meetings held by the community to advocate for better child protection services, helping to hold the government to account for improving them | # of community-led monitoring and dialogue/lobbying processes and meetings conducted by communities on child protection |
| 3.CP.4 | Number of activities planned with local partners, empowering the community to care for and protect children | # of activities planned with partners that have been implemented |
| Education | | |
| 4.ED.1 | Number of kids now going to after-school literacy activities, helping them learn to read and write | # of children currently attending after-school literacy activities |
| 4.ED.2 | Number of teachers who completed our preschool training and scored 80% or more in their test, helping them to prepare young kids to do well at school | # of teachers who completed at least 80% of the sessions offered for teacher training; AND score at least 80% correct on all post-tests |
| 4.ED.3 | Number of reading clubs started, running weekly after school to give kids extra help and encourage a love of reading | # of Unlock Literacy reading clubs meeting minimum standards |
| 4.ED.4 | Number of books with local stories in the local language that were given to reading camps, inspiring more kids to read outside of school | # of locally relevant and developmentally appropriate reading materials procured and/or developed and distributed to community reading camps |
| Water, Sanitation and Hygiene | | |
| 5.WS.1 | Number of new people that have clean water within 30 minutes of their home, helping to free community members, especially women and girls, from a life spent gathering water | # of people with access to a basic drinking water source in communities |
| 5.WS.2 | Number of specific girls' and boys' toilets build in schools, giving students of different genders privacy, especially girls so they don't have to miss school when they have their period | # of improved, sex-separated latrine stalls, on premise of education facilities |
| 5.WS.3 | Number of committees that learned how to manage, maintain, and repair their local water source, helping kids and their families to have clean, disease-free water for the long term | # of WASH committees formed or reactivated and trained, with a resource mobilization system setup for maintenance and repair |
| Faith and Development | | |
| 6.FC.1 | Number of churches and faith-based groups that are partnering with us to help improve children's lives | # of Faith-Based Organizations participating in programming and/or advocacy focused on improving child well-being |

| Row Labels | 1.LV. DM.1 | 1.LV. DM.2 | 1.LV. DM.3 | 1.LV. EP.1 | 1.LV. EP.2 | 1.LV. EP.3 | 1.LV. FD.1 | 1.LV. FD.2 | 1.LV. FD.3 | 2.HE.1 | 2.HE.2 | 2.HE.3 | 2.HE.4 | 3.CP.1 | 3.CP.2 | 3.CP.3 | 3.CP.4 | 4.ED.1 | 4.ED.2 | 4.ED.3 | 4.ED.4 | 5.WS.1 | 5.WS.2 | 5.WS.3 | 6.FC.1 |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Afghanistan | | | | | | | 2124 | 71.85 | | | | | | | | | | | | | | | | | |
| Angola | | | | | | | 10866 | 998.17 | | | | | | | | | | | | | | | | | |
| Bangladesh | | | | 350 | | | 190058 | 2237.09 | | 967 | | 90 | | 441 | 1442 | 176 | 120 | | | | 32 | | | 3 | |
| Bolivia | | | | | | | | | | | 126 | | | | 100 | | | | | | | 201 | | 5 | |
| Burundi | | | 25 | 11022 | 45 | | 240516 | 2115.77 | | 916 | | | | | | | | | | | | | | 16 | |
| Cambodia | | | | | | | | | | 65 | | | | | | | | | | | 834 | 3471 | | 5 | |
| CAR | | | | | | | 235984 | | | | | | | | | | | | | | | | | | |
| Central African Republic | | | | | | | | 3727.75 | | | | | | | | | | | | | | | | | |
| Chad | | | | | 18 | | | | | | | | | 268 | 146 | | 36 | | | 38 | 1557 | 1171 | | | 160 |
| China | 112 | | 1 | | | | | | | | 9 | | | | | | | | | | | | | | |
| Colombia | | | | | | | | | | | | | | | 50 | | | | | | | | | | |
| Democratic Republic of the Congo | | | | 1185 | 88 | | | | | 190 | 624 | 1 | | | | | | 1101 | | | 776 | 2335 | 15 | 2 | |
| Dominican Republic | | | | | | | | | | | | | | | | | | | | 18 | | | | | |
| DRC | | | | | | | 152307 | 4093.78 | | | | | | | | | | | | | | | | | |
| Ecuador | 2662 | | | | | | | | | | | | | | | 4 | | | | | | | | | |
| El Salvador | 11 | | | | | | | | | | | | | | | | 3 | | | | | | | | |
| Ethiopia | | | | | 42 | | | | | | | | | | 120 | | | | 75 | | 1600 | 1450 | | | 16 |
| Georgia | | | | | | | | | | | 10 | | | | | | | | 18 | | | | | | |
| Ghana | 1942 | 28 | 20 | 250 | 36 | | | | 5 | | | | 13 | 12696 | | 10 | | 521 | 67 | 55 | | 1703 | | 16 | 34 |
| Guatemala | | | | | 6 | | | | | | | | | | | | | | | | | 1056 | 2609 | 4 | |
| Haiti | | | | | | | 17117 | 601.15 | | | | | | | | | | | | | | | | | |
| Honduras | 804 | | | | | | | | | | | | | | | | | | | | | 1008 | | 18 | |
| India | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indonesia | | 15 | 9 | | | | | | | 6 | 746 | | | 493 | | | 89 | 449 | 40 | | | | | | 21 |
| Jerusalem, West Bank and Gaza | 101 | | | | | | | | | | | | | | 117 | | | | 14 | | | | | | |
| Jordan | | | | | | | 28028 | 17.2 | | | | | | | | | | | | | | | | | |
| Kenya | | | | | | | 212302 | 11164.12 | | | | | | | | | | | | | | | 3 | 1 | 47 |
| Lebanon | | | | | | | | | | | 4 | | | | | | | | | | | | | | 2 |
| Malawi | | | | 1657 | 73 | | | | | | | | | | | 8 | | 6172 | | | | 2132 | | | |
| Mali | 59 | | | | | | | | 26 | 162 | | 58 | 9 | 4569 | 116 | 4 | 24 | | | | 30 | 13834 | | | |
| Mauritania | | | | | 51 | | | | 22 | | | 10 | 2 | 1300 | | | | | | 20 | | | | | 7 |
| Mexico | | | | | | | | | | | | | 4 | | | | 4 | | | | | | | | |
| Mongolia | 2016 | | 6 | 660 | 30 | 48 | | | | | | 9 | | | | | | | | | | | | | |
| Mozambique | | | | | 85 | | 306043 | 7791.69 | 2 | | | | | | | | | | | 16 | | | | | |
| Nepal | | | | | | | | | | 43 | 8733 | | | | | | | | | | | | | | |
| Nicaragua | | | | | | | | | | | | | | | 3319 | | | | 16 | 34 | | 283 | 10 | 10 | |
| Niger | 15 | | | | | | 359 | | | | | | | | | | | | | 18 | 9 | 4547 | | 17 | |
| Peru | | 4 | 1 | | | | | | | | | | | | 178 | | 6 | 180 | | 2 | | | | | 11 |
| Philippines | | | | | 415 | 103 | | | | | | 15 | | | | | | | | | | | | | |
| Rwanda | | | | 6849 | 200 | | | | 20 | | | | | 19984 | | 4039 | | | | | | 33963 | 6 | | |
| Senegal | 130 | | 10 | 1122 | 598 | | | | | | | 3 | | 11019 | | 2 | | 50 | 15 | | | | | | 14 |
| Sierra Leone | | | | 65 | | | | | | | | | | | | 15 | 10 | | | | | | | | |
| Somalia | | | | | | | 157735 | 1220.64 | | | | | | | | | | | | | | | | | |
| South Africa | | | | | | | | | | | | | 30 | | | | | | | 6 | | | | | |
| South Sudan | | | | | | | 506928 | 14872.26 | | | | | | | | | | | | | | | | | |
| Sri Lanka | | | | 252 | | 382 | | | | 106 | 375 | | 8 | | 86 | 51 | 134 | | | | | 1056 | | 3 | |
| Sudan | | | | | | | 221095 | 8102.75 | | | | | | | | | | | | | | | | | |
| Tanzania | 153 | 58 | 43 | 2764 | | | 246310 | 19802.71 | | | 1200 | 11 | | | 418 | | 5 | | | | | 43212 | 24 | 3 | 96 |
| Uganda | | | | | | | 419594 | 27232.4 | | | | | | 630 | 285 | | | 1010 | | | | | | | |
| Zambia | 44 | | | | | | | | | | | | | | | 1 | | | | 8 | | 2152 | 11 | 19 | |
| Zimbabwe | | | | | 5 | | 156747 | 4673.25 | 2 | 50 | 120 | | | 185 | | | | 2787 | | | | | | | |
| Total | 8049 | 105 | 115 | 26176 | 1692 | 533 | 3104113 | 108722.58 | 77 | 2505 | 11933 | 211 | 66 | 51585 | 6377 | 4310 | 431 | 12270 | 245 | 215 | 6970 | 111442 | 2678 | 122 | 408 |



GIFT-IN-KIND SHIPMENTS

Note on data gathering: The data below has been gathered through Shipment Records added to World Vision's gift-in-kind database. All columns represent # of items shipped.

From October 2019 to September 2020

| Country | Yards of fabric | Bicycles | Books | Birthing kits | Items of clothing | Deworming tablets | Pairs of boots | RUTF packets | School supplies | Re-usable menstrual pads | Solar panels |
|----------------------------------|-----------------|----------|---------|---------------|-------------------|-------------------|----------------|--------------|-----------------|--------------------------|--------------|
| Afghanistan | | | | | | | | 270,000 | | | |
| Angola | | | | | | | | 540,000 | | | |
| Burundi | 15,430 | | 4,824 | | 49,222 | 7,000,000 | 1,658 | 270,000 | | | 728 |
| Canada | | | | | 8,000 | | | | | | |
| Democratic Republic of the Congo | | | | | | 1,249,000 | | 405,000 | | | 884 |
| El Salvador | | | | | 15,221 | | | | 40,152 | | |
| Ghana | | | 12,119 | | 186 | | | | 35,800 | | 365 |
| Honduras | | | | | | | | | | | 520 |
| Indonesia | 1,834 | | | | | | | | | | |
| Malawi | | | 36,104 | | 14,970 | | | | | | |
| Mali | | | | | | 7,400,000 | | | | | |
| Mauritania | 21,959 | | 183,186 | | | | | | | | |
| Mongolia | | | | | 13,568 | | | | | | |
| Nicaragua | | | 975 | 1,800 | 41,891 | | | | 68,495 | | |
| Niger | 15,349 | | 10,210 | | 6,985 | | | | 12,184 | | |
| Sierra Leone | | | 70,936 | | | | | 270,000 | | | |
| Somalia | | 32 | | 4,181 | | | | 135,000 | | 4,082 | 520 |
| South Sudan | 15,346 | | | | | 6,500,000 | | 135,000 | | | 364 |
| Sri Lanka | 6,865 | | | | | | | | | | |
| Uganda | | | | | | 4,750,000 | | | | | |
| Zimbabwe | | | 80,979 | | | | | | | | |

From October 2018 to September 2019

| Country | Yards of fabric | Bicycles | Books | Birthing kits | Items of clothing | Deworming tablets | Pairs of boots | RUTF packets | School supplies | Re-usable menstrual pads | Solar panels |
|-------------|-----------------|----------|-------|---------------|-------------------|-------------------|----------------|--------------|-----------------|--------------------------|--------------|
| Afghanistan | | | | | | | | 270,000 | | | |
| Angola | | | | | | | | 1,485,000 | | | |
| Burundi | | | | | 29,526 | 9,606,000 | 1,869 | 540,000 | 93,824 | | |
| Cambodia | 493 | | | | | | | | | | |
| El Salvador | 15,552 | | 2,157 | | 13,239 | | 3,823 | | 39,305 | | |
| Ethiopia | | | | | | 5,000,000 | | | | | |
| Guatemala | | | | | | | 5,040 | | | | |
| Honduras | 35,386 | | | | | | | | | | |
| Indonesia | 3,503 | | | | | | | | | | |
| Malawi | | | | 7,759 | 4,061 | 3,600,000 | 605 | | 85,824 | 50 | |
| Mali | | | | | | 6,500,000 | | | | | |
| Mauritania | 16,572 | | | | | | | | | | |
| Nicaragua | 30,277 | | | | | | 5,040 | | | | |
| Somalia | 161,382 | | | | | 2,650,000 | | 2,160,000 | | | 1,442 |
| South Sudan | | | | | | 200,000 | | 135,000 | | | |
| Sri Lanka | 5,569 | | | | | | | | | | |
| Zambia | 84,247 | | | | | | | | | | |
| Zimbabwe | | 1,320 | | 4,996 | | | | | 50,000 | 3,533 | |

From October 2017 to September 2018

| Country | Yards of fabric | Bicycles | Books | Items of clothing | Deworming tablets | Pairs of boots | RUTF packets | Re-usable menstrual pads | Solar panels |
|----------------------------------|-----------------|----------|--------|-------------------|-------------------|----------------|--------------|--------------------------|--------------|
| Angola | | | | | | | 270,000 | | |
| Burundi | | | | | | 3,865 | 270,000 | | |
| Cambodia | 28,479 | | | | | | | | |
| Democratic Republic of the Congo | | | | | | | 135,000 | | |
| El Salvador | | | | | | 5,000 | | | |
| Indonesia | 16,302 | | | | | | | | |
| Mali | | | | | | | 135,000 | | |
| Mongolia | | | | 12,429 | | | | | |
| Nicaragua | 39,778 | | | | | 4,174 | | | |
| Philippines | 24,566 | | | | | | | | |
| Somalia | 139,609 | | | | 1,300,000 | | 675,000 | | |
| South Sudan | | | | | 1,420,000 | | 405,000 | | |
| Zambia | 86,461 | | | 9,674 | 7,348,000 | | | 100 | |
| Zimbabwe | 155,766 | 3,340 | 15,330 | | | | | | 414 |

GRADUATING COMMUNITIES

Talin, Armenia (2005–2020)

23,428 people (2,114 girls, 3,449 boys, 9,647 women and 23,428 men)

Talin Area Programme started its activities in 2005 with the goal of improving children's quality of life by protecting them from violence and neglect, and by ameliorating deep-rooted poverty. The quality and accessibility of education was poor; both schools and preschool facilities were not properly equipped to provide the needed level of education. The capacity of teachers also posed a significant challenge. Unemployment also drove poverty and health services in the area were underdeveloped.

Sectors: Health, Education, Child Protection and Participation

Table 7: Compilation of results for Talin's Area Programme

| | BASELINE | TARGET | EVALUATION |
|---|--|------------------------------------|---|
| Children are cared for, protected and participating: | | | |
| % of children, parents/caregivers who would report a case of child rights violation (total children 282; adults 326)v | Children: 24.60% Parents: 20.1% (2015) | Children: 34.60% Parents: 30.1% | Children: 33.3%* Parents: 44.8%* (2020) |
| % of surveyed farmers stating increased capacity to run economically effective agricultural activity | 16.6% (2009) | 30% | 37.5%* (2012) |
| Children enjoy good health: | | | |
| Prevalence of stunting in children under five years of age | 22.9% (2006) | 20.0% | 17.0% (2015) |
| % of children exclusively breastfed until 6 months of age | 42.9% (2006) | 50.0% | 29.8%** (2015) |
| % of primary healthcare clinics (PHC) providing counseling on healthy child growth and development, nutrition (sick childcare, breastfeeding, and danger signs) | 15.6% (2006) | 20.0% | 95.1% (2012) |
| Children are educated for life: | | | |
| % of children, parents/caregivers and teachers of targeted communities state improved quality of education connected with World Vision's operation | Children: 23.0% Parents: 19.4% (2012) | NA | Children: 33.7% Parents: 57.5%* (2020) |
| % of children in targeted facilities who perceive their schools as open, welcoming and being a learning environment | 41.5% (2009) | 50% | 97.0%* (2012) |
| % of children currently enrolled in and attending early childhood centres | 52.5% (2015) | NA | 61.0% (2018) |

"The qualitative and quantitative analysis confirmed that there are significant improvements around almost all child well-being aspirations. Notably, the contribution of [World Vision Armenia] to these improvements was emphasized by different stakeholders and beneficiaries. The rating of the quality, accessibility and availability of education, healthcare and CP services revealed solid improvement compared with the period of 10 years ago."
– Evaluator, Prisma LLC"

*Statistically significant, with a p-value < 0.00

** In contrast to quantitative data qualitative interviews suggest an improved situation regarding breastfeeding practice rate among the target population. Healthcare specialists and AP staff mentioned that significant work has been done towards popularization of exclusive breastfeeding practices among the target population and the overall situation of awareness among them has improved.

The data analysis and document review showed that during the last several years Talin AP has made huge efforts to prepare solid ground in order to sustain the achieved results. Overall, WV partners expressed their willingness and preparedness to continue activities which are somehow associated with WV. Particularly, financing of the ECD centers by local municipalities, maintaining educational clubs, among them Peace Road club, Impact club, Debate club and 'Armat' laboratories by targeted schools. The established day-care center will continue its cooperation with community social workers and CP network in the work with [most vulnerable] families; parental schools at [four] ambulatories and the motherhood school at Talin hospital will continue to provide awareness raising sessions to caregivers according to Ministry of Health (MoH) standards. 'Progress Youth' and 'Lyupin' NGOs will continue to empower youth and develop their skills in different sectors." – Evaluator, Prisma LLC

Yerevan, Armenia (2009-2020)

105,936 people (37,850 girls, 14,054 boys, 42,167 women and 11,867 men)

Following Armenia's independence from the Soviet Union, most of the factories and research institutions were closed. Job loss and chronic unemployment among these former workers led to poverty. At the same time tension grew between this group and other parts of the community who were seen to place less value on education and hygiene. This played out in conflict among schoolchildren. Underpinning this were weak civic structures and poor-quality services.

Sectors: Child Protection and Participation, Health, Education

Table 8: Compilation of results for Yerevan's Area Programme

| | BASELINE | EVALUATION |
|--|--------------|--------------|
| Children are cared for, protected and participating: | | |
| % of interviewed children reporting that their parents are supportive of their rights | 75% (2010) | 98% (2015) |
| % of children ages 8-18 actively working for a better future for their community (in particular, participating in planning, implementation and monitoring of community programs) | 24% (2010) | 32.5% (2015) |
| Children enjoy good health: | | |
| Prevalence of stunting in children under five years of age | 18% (2010) | 11.3% (2015) |
| Mean dietary diversity score for ages 7-59 months | 5.35 (2010) | 5.92 (2015) |
| % of children exclusively breastfed until 6 months of age | 46.3% (2010) | 48.1% (2015) |
| Children are educated for life: | | |
| % of youth who have a learning opportunity that leads to a productive life | 57.9% (2015) | 66.7% (2019) |
| # of kindergartens provided with developmental furniture and toys | -- | 5 (2019) |
| % of children currently enrolled in and attending early childhood centres | -- | 85.9% (2019) |

During meetings with partners, agreements were reached that schools will continue to work with parents on positive discipline, and teachers will continue to work with children during teachers' classes. Teachers learned about and will use our peacebuilding model to nurture peaceful relationships among peers and toward each other. Preschool teachers will work with parents based on the early childhood education model to coach them on methods for child-positive upbringing.

The community social support unit has enough capacity to work with the most vulnerable families. Finally, the Youth for Development Foundation will continue to provide training for children and youth to help empower them with life skills.

Jhinaigati, Bangladesh (2006-2020)

87,263 people (18,723 girls, 18,435 boys, 25,245 women and 24,860 men)

The Jhinaighati community is located in a rural area about 200 kilometres north of Dhaka, capital of Bangladesh. Although one of the most densely populated countries in the world, a majority of Bangladesh's citizens live in rural areas like Jhinaighati. Powerful monsoons hit the area annually from May to October, often causing severe flooding, crop damage, and casualties. Most families in this community live well below the poverty line. World Vision's Jhinaighati Area Programme was initiated to tackle the root causes of poverty, mother and child mortality and inequality of education.

Sectors: Livelihoods, Child Protection and Participation, Education

Table 9: Compilation of results for Jhinaighati's Area Programme

| | BASELINE | EVALUATION |
|---|-----------------|-------------------|
| Children enjoy good health: | | |
| % of children ages 11-23 months who are fully immunized | 44% (2006) | 67% (2014) |
| Prevalence of stunting in children under five years of age | 49% (2004) | 23% (2011) |
| Prevalence of underweight in children under five years of age | 43% (2004) | 25% (2011) |
| % of people who practice hygienic sanitation | 31% (2004) | 80% (2019) |
| % of mothers that had four or more antenatal visits | 39% (2016) | 47% (2019) |
| Children are educated for life: | | |
| Literacy rate (7-year-old students) | 33% (2007) | 71% (2014) |
| Basic education completion rate | 55% (2014) | 60% (2017) |

World Vision has equipped the local community to engage and own their community's sustainable development initiative. This was accomplished through a combination of knowledge, skill and practices empowerment, and behavioral change.

Every community formed a village development committee. In total, 57 village development committees are working through 171 sub-committees to improve the capacity of families, communities and organizations to contribute to sustained child well-being.

Nueva Esperanza, Bolivia (2004-2020)

45,285 people (13,302 girls, 13,760 boys, 9,238 women and 8,985 men)

Nueva Esperanza is the name of three community neighbourhoods near the city of Cochabamba, Bolivia. Most families here are indigenous Aymará and Quechua farmers who moved to escape the poverty they experienced in the Andean highlands. They came hoping for a better life, but in Nueva Esperanza, which means “New Hope,” they found a different kind of poverty.

In this rapidly growing suburban area, there were few jobs and limited government services like schools and health-care centres. There was minimal access to clean water, and very little sanitation and waste management. The physical environment was similarly challenging: the terrain was salty in some areas and rocky in others, making agriculture difficult. As a result, most people sought work in the small trades, transportation or service industries, while trying to grow enough food on the side to feed their families.

Sectors: Child Protection and Participation, Education, Health, Livelihoods, WASH

Table 10: Compilation of results for Nueva Esperanza's Area Programme

| | BASELINE | EVALUATION |
|--|------------|--|
| Children enjoy good health: | | |
| Prevalence of stunting in children under five years of age | 35% (2004) | 28% |
| # of bathrooms built | -- | 753 |
| # of water access points built | -- | 4 water wells, 2 water tanks, 4 drinking water pipelines |
| # of families benefiting from the new water points | -- | 1,500 |
| # of water associations to care for water sources | -- | 6 |
| Children are educated for life: | | |
| Literacy rate at the end of basic education | * | 72% |
| Graduation rate, children in primary and secondary school | ** | 99% |

Over the life of the program's 16-year intervention, the community managed several projects that benefitted quality of life for children. In cultural spaces, children, adolescents, and youngsters developed artistic abilities, strengthening 'Youth Houses' and proposed these Houses work in their own communities. Other projects considerably improved communities' living standards.

World Vision's project implementation and management empowered networks of children, adolescents, and youngsters. Their actions have driven adult-centred municipalities to request greater participation for children and adolescents in decisions that affect the latter's lives.

Due to differences in methodology a direct comparison cannot be made, but note that:

*38% of 6- to 11-year-old children in the influence area had reading comprehension problems in 2004.

**25.8% of children in classrooms were older than the age for that grade in 2004. Over the life of the program's 16-year intervention, the community managed several projects that benefitted quality of life for children. In cultural spaces, children, adolescents, and youngsters developed artistic abilities, strengthening 'Youth Houses' and proposed these Houses work in their own communities. Other projects considerably improved communities' living standards.

Serrana, Brazil (2008–2020)

24,972 people (9,108 girls, 9,666 boys, 3,099 women and 3,099 men)

The Serrana Area Programme is located in a region of extreme poverty in the Brazilian state of Alagoas. Historically, this poverty has been the result of exploitation of people's work and denial of social rights.

Another key factor influencing program actions was a 7-year period of drought. Its effects made the production of family agriculture impossible, which negatively impacted income generation.

Sectors: Child Protection and Participation, WASH, Livelihood and Education

Table 11: Compilation of results for Serrana's Area Programme

| | BASELINE | EVALUATION |
|--|--------------|--------------|
| Children are cared for, protected and participating: | | |
| # of families involved in small animal breeding and family enterprises | -- | 400 (2018) |
| Children enjoy good health: | | |
| # of wells constructed through the Water for All Program | -- | 210 (2012) |
| # of children provided with school meals in early childhood education, elementary I & II | -- | 5,525 (2018) |
| Children are educated for life: | | |
| School approval rate (passing rate) for grade 3 (age 8) | 75.5% (2009) | 96.2% (2019) |
| School approval rate (passing rate) for grade 2 (age 7) | 91.8% (2009) | 98.7% (2019) |
| % of children who can read and write in Portuguese | 11% (2013) | 35% (2017) |

The communities in the program area committed to continuing the search for partnerships with other institutions in municipal, state and national terms. These partnerships aim to strengthen the actions developed by the family farmer, which provide opportunities and life transformation.

Additionally, food security was enhanced by empowering women through self-esteem improvement, financial independence and self-care. This expanded income-generating activities where the environment was conducive to production in terms of available water resources and other inputs.

Hidhabu Abote, Ethiopia (2002-2020)

103,441 people (31,809 girls, 30,253 boys, 20,696 women and 20,683 men)

World Vision has been supporting the community since 2003 through a variety of development projects. Initial assessment showed the district was in relatively deep poverty. World Vision supported development needs such as: access to a safe and adequate water supply; improved crop and livestock production and productivity; and the creation of alternative income sources and employment opportunities.

Drought is a reoccurring problem in the community, which affects crop production and leads to food shortages. As a result the community has been motivated to maximize water irrigation such as through canals and motorized pumps.

Sectors: Health, WASH, Livelihoods, Education, Child Protection and Participation

Table 12: Compilation of results for Hidhabu Abote's Area Programme

| | BASELINE | TARGET | EVALUATION |
|---|------------------------------|--------|--------------|
| Children are cared for, protected and participating: | | | |
| % of households who are capable of providing well for their children | 31.9% (2004) | 50% | 72.7% (2019) |
| Prevalence of child early marriage | 70.0% (2004) | 4.8% | 1.1% (2019) |
| % of households with two or more income sources | 14.8% (2004) | 30% | 27.5% (2019) |
| % of parents/caregivers who feel their community is a safe place for children | 30.0% (2004) 46.9% (2016) | -- | 67.3% (2019) |
| Children enjoy good health: | | | |
| % of households with year-round access to sufficient food | 27.3% (2004) | 45% | 86.1% (2019) |
| % of mothers who received at least four antenatal care consultations | 45.3% (2016) | -- | 93.8% (2019) |
| % of children under 5 who are underweight | 24.6% (2004) 11.1% (2016) | -- | 5.1% (2019) |
| % of households using an improved drinking water source | 2.5% (2004) 68% (2016) | -- | 89.0% (2019) |
| % of households with access to improved and safe sanitation facilities for defecation | 3.0% (2004) 67.4% (2016) | -- | 82.2% (2019) |
| Rate of diarrhea among children under 5 | 24.6% | -- | 18.0% |
| Children are educated for life: | | | |
| % of children currently enrolled and attending a structured learning institution | 73.2% (2016) | 97% | 71.5% (2019) |
| % of preschool children enrolled in early childhood development (ECD) | 30.8% (2016) | -- | 49.0% (2019) |
| % of grade 5 children who can read with comprehension | 15.0% (2004) | -- | 83.3% (2019) |

According to the evaluation team, “the programs had been implemented at a reasonable level of efficiency and effectiveness.” Despite the presence of many roadblocks, these programs transformed the community and made reasonable achievements toward their primary goal: improved child well-being among the families and communities as measured by the established indicators.

Jeju, Ethiopia (2002-2020)

160,105 people (48,774 girls, 50,521 boys, 30,162 women and 30,648 men)

World Vision prioritized Jeju because its social infrastructure was particularly underdeveloped. Only 50% of the community had access to health services and there were just six health institutions. The enrolment rate for primary school was 32% and there were only 25 schools. Sanitation and potable water coverage was also very low at 4% and 12.5%, respectively.

Sectors: Livelihoods, Education, Child Protection and Participation, WASH, Health

Table 13: Compilation of results for Jeju's Area Programme

| | BASELINE | TARGET | EVALUATION 2019 |
|--|------------------------------|--------|--------------------|
| Children are cared for, protected and participating: | | | |
| % of households capable of providing well for their children | 31.7% | -- | 79.8% |
| % of child early marriage | 9.5% (2004) | -- | 1.7% |
| % of households with two or more income sources | 11.3% (2004) | 30.0% | 29.0% |
| % of parents/caregivers who feel their community is a safe place for children | 16.5% (2004) 65.1% (2016) | 72.0% | 95.5% |
| Children enjoy good health: | | | |
| % of households with year-round access to sufficient food | 25.3% (2004) | -- | 76.9% |
| % of mothers who received at least four antenatal care consultations | 23.3% | -- | 98.7% |
| % of children under 5 who are stunted | 32.0% (2004) | 25.0% | 14.0% |
| % of households using an improved drinking water source | 12.5% (2004) 35.8% (2016) | 59.7% | 92.9% |
| % of households with access to improved and safe sanitation facilities | 4.0% (2004) 76.8% (2016) | -- | 87.4% |
| Rate of diarrhea among children under 5 | 42.4% (2004) | -- | 15.8% |
| Children are educated for life: | | | |
| % of children currently enrolled and attending a structured learning institution | 50% | -- | 85.2% |
| % of preschool children enrolled in early childhood development (ECD) | 40.6% | -- | 64.7% |
| % of children in grade 5 who can read with comprehension | 31.5% | 40.0% | 78.9% |

According to the evaluation team, “the program was successful in achieving [its] child well-being objectives, impactful and created a visionary community that tries to rely on its own.” The program identified, planned and accomplished a diverse, integrated range of projects and activities. Overall performance was reasonable given the challenges faced by the program during implementation (including high inflation and high staff turnover both at government offices and AP levels).

Anyima-Mansie, Ghana (2008-2020)

39,486 people (9,147 girls, 8,252 boys, 11,334 women and 10,753 men)

Anyima-Mansie (pronounced An-ee-mah Man-see) is a rural community 460 kilometres from Accra, Ghana's capital city. The program weathered some key challenges during its operation. These included a flood that displaced some families and an outbreak of cholera, which called at critical times for education on handwashing.

Traditionally, girls and boys experienced different a variety of child protection issues such as child marriage, teenage pregnancy and child labour (charcoal burning, selling and farming) among others.

Sectors: Education, WASH, Child Protection and Participation

Table 14: Compilation of results for Anyima-Mansie's Area Programme

| | BASELINE | TARGET | EVALUATION 2019 |
|---|---------------|--------|--------------------|
| Children are cared for, protected and participating: | | | |
| # of advocacy groups formed | -- | | 5 (2019) |
| % of adolescents who know of the presence of services and mechanisms to receive and respond to reports of abuse, neglect, exploitation or violence against children | 60.75% (2010) | -- | 74.74% (2018) |
| % of children with a birth certificate | -- | -- | 31.67% (2018) |
| % of children under 18, married | -- | -- | 1.05% (2018) |
| Children enjoy good health: | | | |
| % of children under 5 who are fully immunized | 46% (2009) | 96% | 95% (2013) |
| % of boys, girls, men and women who have basic knowledge of HIV transmission modes, prevention and care management | 0% (2009) | 50% | 93% (2013) |
| # of Water and Sanitation Teams (WSMT) formed and trained on water management | -- | | 44 (2019) |
| Children are educated for life: | | | |
| % of children able to use numeracy skills (minimum competency) | 25% (2009) | 35% | 44.3% (2013) |
| % of children able to read appropriate materials | 25% (2009) | 35% | 17.1% (2013) |
| Rate of primary school enrolment | 35% (2009) | 56% | 65% (2013) |
| # of Early Childhood Education centres coached on Learning Roots training | -- | | 50 (2019) |

The Anyima-Mansie Area Programme collaborated with its partners to ensure sustained access to WASH services, reading with comprehension among students and protection of children from all forms of abuse. To ensure that all water facilities are functional, the program trained all 22 Pump Mechanic Volunteers (PMVs) to troubleshoot, diagnose, and repair and maintain water facilities.

All existing partnerships that were formed with key partners/stakeholders — the Kintampo South District Assembly and its decentralized departments, community level leaders/groups and community members — were empowered through refresher training focused on the sustainability of the project interventions.

To sustain child protection interventions, the AP collaborated with several government bodies, including the Department of Social Welfare and Community Development, Department of Children, and the National Commission for Civic Education. Together they worked to sensitize all program communities on the effects of some harmful social and cultural practices that cause vulnerability. The communities were also educated on reporting and referral mechanisms for child abuse. To this end, the AP formed and trained a District Child Protection Committee (DCPC) and linked to the Kintampo South District Assembly to monitor and support the former's activities. Additionally, the DCPC will work with the district's child parliament to speak to issues concerning children and child abuse, including child marriage. Through this collaboration, children have become empowered to protect themselves against abuse.

Kintampo South, Ghana (2005-2020)

40,656 people (10,687 girls, 9,969 boys, 7,930 women and 7,130 men)

The Kintampo South community is located in Midwest Ghana. A primarily rural area, 80% of its people rely on agriculture for income. Most in the community live in simple, thatched roof structures made of wooden stakes plastered with clay and sand.

Launched in 2005, the Area Programme was necessitated by the high incidence of waterborne disease and high under-5 child mortality rate. These issues were attributed to exposure to unsafe water, and sanitation- and hygiene-related challenges.

Sectors: WASH, Education, Child Protection and Participation

Table 15: Compilation of results for Kintampo South's Area Programme

| | BASELINE | EVALUATION |
|---|---------------|-----------------------------|
| Children are cared for, protected and participating: | | |
| % of adolescents who know of the presence of services and mechanisms to receive and respond to reports of abuse, neglect, exploitation or violence against children | 54.75% (2010) | 65.26% (2018) |
| % of children with a birth certificate | -- | 49.03% (2018) |
| Children enjoy good health: | | |
| % of households with access to potable water | 35% (2008) | 73% (2013) 82.11% (2018) |
| % of households with sufficient drinking water from an improved source | -- | 50.53% (2018) |
| Rate of diarrhea in children under 5 | -- | 11.58% (2018) |
| % of youth trained on HIV prevention | 48% (2008) | 61% (2013) |
| % of mothers with children under 6 months practicing exclusive breast feeding | 70% (2008) | 84% (2013) |
| % of households recording deaths of children under 5 | 13% (2008) | 3% (2013) |
| Children are educated for life: | | |
| District gross enrolment rates at the secondary level | 39.6% (2008) | 56.2% (2013) |

As World Vision transitions out of the area, the area program still has a high proportion of parents or caregivers who believe child marriage is acceptable (14.89%). As part of efforts to address this and reduce children vulnerability and abuse, a District Child Protection Committee (DCPC) made up of 20 men and four women was formed and trained to co-ordinate and strengthen child protection efforts. Additionally, the DCPC will work with the district's child parliament to speak to issues concerning children and child abuse, including child marriage.

Through implementation of the Integrate Health and WASH projects, safe water was delivered to communities to eradicate the outbreak of diseases such as guinea worm, dysentery and cholera. As expanded under the child well-being objectives, children's ability to read improved and enrolment rates, especially for girls, increased.

Harmful traditional practices, which previously increased child vulnerabilities in the communities, have been reduced. Children not only understand child protection issues but also know where to report cases of abuse.

Cobocol, Haiti (2001-2020)

10,092 people (2,378 girls, 2,427 boys, 2,691 women and 2,596 men)

The journey with the Cobocol Community started in 2001. Initially, while the different groups in the region shared the same challenges, there was little sense of community among them. There was no drive to undertake group activities or community initiatives.

This made life more difficult given Haiti is subject to natural disasters that happen almost yearly. From the hurricanes to floods, lives are lost and homes and crops are destroyed. The 2010 earthquake, followed by a cholera epidemic, remains among the most devastating experiences for Haitians and international NGOs operating in the country. A massive exodus of the rural population, especially youth, to cities has since become common across the country.

Sectors: Water, Sanitation and Hygiene, Health, Child Protection and Participation

Table 16: Compilation of results for Cobocol's Area Programme

| | BASELINE | TARGET | EVALUATION (2020) |
|--|-----------------|---------------|------------------------------|
| Children are cared for, protected and participating: | | | |
| % of children under 5 whose births were registered | 77.2% | 81.6% | 86.1% |
| Children enjoy good health: | | | |
| % of households that treat their drinking water | 73.7% | 87.2% | 78.8% |
| % of household that have access to clean water | 62.2% | 78.9% | 67.3% |
| % of households that have handwashing facilities | 64.1% | 81.8% | 90.0% |
| % of children under 5 with diarrhea in the past two weeks | 14.3% | 15.0% | 7.4% |
| % of children under 5 with acute respiratory infection taken to an appropriate health provider | 31.8% | 45.1% | 33.3% |

| | BASELINE | TARGET | EVALUATION (2020) |
|---|-----------------|---------------|------------------------------|
| % of mothers who report they had four or more antenatal visits while pregnant with their youngest child | 67.5% | 72.9% | 75.7% |
| % of infants whose birth was attended by a skilled birth attendant | 44.5% | 65.8% | 50.6% |
| % of children exclusively breastfed until 6 months of age | 71.3% | 72.3% | 80.5% |

Community members uniting to self-organize into community groups, and then into a federation of groups, significantly impacted the entire community and improved child well-being. Residents learned about community organizing and shared common challenges. They then took action together to shape a clear vision and influence a new generation.

The introduction of Income Generating Activities (IGA) groups, led in the majority by women, was a successful initiative. This resulted in the diversification of other small-scale commercial activities, increased savings and credits to women for small-scale economic activities. These new approaches changed peoples' outlook in terms of opportunities for their community,

The local committee (called a Federation) received training on several developmental activities. It now networks with the local and national government. It also connects with other community-based organizations operating at a regional level and interacts with faith-based organizations across the area. These organizations hail from sectors including IGAs, potable water, agriculture, health and education (such as adult literacy, youth activities and sewing centers).

Members of each sector received training, and shared these skills and competences with other community members including youth and women. These groups will take over operation of the program's activities following World Vision's transitions out of the community.

Konkossa, Mauritania (2002-2020)

56,410 people (8,064 girls, 7,444 boys, 6,400 women and 2,032 men)

The Kankossa community is located in the south of Mauritania, approximately 700 kilometres from the capital, Nouakchott. The program operated in the context of two significant droughts and one major infrastructure development. The first drought, from 2002-2003, triggered a food deficit that threatened famine in Kankossa. During this period, the Area Programme supported and facilitated a major relief operation that benefited 28,493 people.

A second drought struck in 2012. This led some farmers to migrate to the major cities, while others moved to border regions or left the country entirely. As a result some of the AP's annual action plans were modified and there was a shift to an emergency program.

Finally, the program was positively impacted by the construction in 2015 of a tarmac road linking Kankossa to the country's second largest city, Kiffa, to facilitate commerce.

Sectors: Health, Education, Livelihoods

Table 17: Compilation of results for Konkossa's Area Programme

| | BASELINE | EVALUATION |
|---|--------------|--------------|
| Children are cared for, protected and participating: | | |
| % of households who receive enough credits | 19% (2016) | 33% (2018) |
| Children enjoy good health: | | |
| Immunization rate | 45% (2004) | 94.8% (2012) |
| Severe malnutrition rate | 13.5% (2004) | 2.4% (2018) |
| Health-care coverage | 45% (2004) | 100% (2018) |
| Children are educated for life: | | |
| Enrolment rate | 81% (2004) | 95% (2018) |
| Retention rate | 29.5% (2004) | 93% (2018) |
| College entry success rate | 29% (2004) | 66% (2018) |
| % of students who can read with comprehension in Arabic | 7.5% (2004) | 83.5% (2018) |
| % of students who can read with comprehension in French | 7.5% (2004) | 27.5% (2018) |

During the life of the program, children's lives were significantly changed. Most important was the awareness among parents of child rights and protection following training, sensitization and exchange visits organized by the program. By the program's second phase children themselves emerged as actors of change and organized in children's clubs. In these clubs they participated in recreational activities where they received advice and counselling from a trained elder about how to succeed in life. They also organized activities to contribute to the development of their communities.

Manos Unidas, Mexico (2005-2020)

9,270 people (2,419 girls, 2,168 boys, 2,443 women and 2,240 men)

The string of towns and settlements that comprise Manos Unidas is located in the Northern Mountains in the state of Chiapas. The municipality is home to the Ruta Zoque culture whose members share a language (and variants) spoken by nearly 90% of the population.

The inhabitants' status as indigenous people, who number about 13,000, has historically conditioned their development: educational lag and a lack of opportunity are some of the main challenges they face. The Area Programme is located three hours by car from the state capital, Tuxtla Gutiérrez, and its main town has at least some basic services, such as water, electricity, a drainage system, and street lighting; however, most communities within the Area Programme are completely rural and have access only to electricity.

Over 50% of the population are children and adolescents, so families are large and often living in overcrowded conditions. It is also customary for women to get married at a very early age, making teenage pregnancy common along with childhood illnesses linked to early pregnancy. This in turn limits access to education because family members are obliged to find income-generating work, typically in the trades or childcare in the capital, instead of pursuing school.

Sectors: Education, Health, Child Protection and Participation

Table 18: Compilation of results for Manos Unidas' Area Programme
The insights for the Final Report (2019) for the area program was collected through focus groups in a qualitative format.

| | BASELINE | EVALUATION |
|--|----------|-----------------------|
| Children are cared for, protected and participating: | | |
| # of youth networks in operation | -- | 17 (2019) |
| % of child protection cases that were followed up | 100% | 100% (8 cases) (2017) |
| # of children receiving birth certificates | 550 | 1,212 (2017) |
| Children enjoy good health: | | |
| # of health centres opened as a result of advocacy done by community members | -- | 1 (2019) |
| # of children with increased access to health facility | -- | 6,500 (2019) |
| # of women who attended four or more prenatal visits | 78% | 77% (2017) |
| Rate of diarrhea in children under 5 | 12% | 6.4% (2017) |

The network of parents and community volunteers monitored the well-being and protection of children. The network took into account indicators such as health status, school retention, immunizations, disabled children, and other elements that could be channelled through community leaders to the relevant authorities. The most successful area was Health.

The community's thinking changed to recognize that while material benefits are important they do not last long without the community training and organization that can fully exploit those benefits. Community leaders expressed their dedication to collective work through partnerships because they allow for greater impact and include different ways of thinking and points of view.

As a result their vision for development incorporated the actions necessary to improve conditions for children: Projects were designed with more rigor and focused action. This benefitted sectors of the population, including children, that had previously been excluded.

Unidos Caminando, Mexico (2007-2020)

7,348 people (1,596 girls, 1,569 boys, 2,069 women and 2,114 men)

Unidos Caminando, which in Spanish means "walking together," is in the state of Chiapas, on Mexico's southern border with Guatemala. The population has a high concentration of indigenous Tzotzil families, as well as families of mixed racial descent. Indigenous families generally tend to live in small, distinctive and remote settlements, and retain many of their customs. The poverty rate sits at 85% with most earning a modest living from subsistence agriculture or as labourers on large plantations growing coffee, allspice, and bananas.

Homes are often in poor condition; about half have dirt floors and are made out of mud or clay. Many people lack a safe supply of drinking water and electricity.

Family breakup is common as people, mostly men, move out of the area in search of work. Families are increasingly headed by single women. However, in recent years more women are migrating seasonally to work in the maquilas (free-trade factories), or as domestic help in larger cities. This is disruptive and sometimes devastating for children.

Sectors: Education, Health, WASH, Child Protection and Participation, Livelihoods

Table 19: Compilation of results for Unidos Caminando's Area Programme

| | BASELINE | EVALUATION ^{**} |
|--|---------------|--------------------------|
| Children are cared for, protected and participating: | | |
| # of schools trained in child protection that currently run programs coaching youth in mutual respect, combatting violence and substance abuse | -- | 7 (2019) |
| # of committee members trained and ready for disaster response* | -- | 200* (2019) |
| Children enjoy good health: | | |
| # of caregivers currently involved in programs that improve children's nutrition | -- | 600 (2019) |
| # of women who attended four or more prenatal visits | 15.0% (2012) | 78.3% (2016) |
| Stunting rate | 31.95% (2012) | 31.51% (2016) |
| Rate of diarrhea in children under 5 | 12.2% (2012) | 7.9% (2016) |
| Children are educated for life: | | |
| % of caregivers who do early stimulation practices with their children | 12.0% (2012) | 17.3% (2016) |

Youth trained in child protection worked with communities in the region, taking action with girls and boys on issues related to rights and violence against children.

Community leaders, volunteers and teachers also enabled partnerships and coordinated activities to benefit children and foster child participation. Parents joined with these community leaders and teachers to work on issues related to children's rights and violence. This included generating community protection plans, and analyzing and discussing the varied challenges faced by children in their communities.

In each of the communities is a disaster reduction committee whose main objective is to alert the population about any type of disaster that might occur, identify risk areas, and, if necessary, support families. These committees are part of the municipality's civil protection network and are the link between the town hall and the community.

In the Health sector, community leaders, teachers, and parents involved religious leaders in analyzing and reflecting on relevant issues for the protection of girls and boys. Churches and religious leaders particularly helped advocate for the care of girls, love, and good interpersonal relationships among family members.

*Supported their community during the 2017 earthquake in the region

**The insights for the Final Report (2019) for the area programme was collected through focus groups, in a qualitative format, making comparisons with previous data precarious.

Gobir Yamma, Niger (1999–2020)

20,881 people (5,731 girls, 5,291 boys, 4,568 women and 5,291 men)

Prior to the program's start, poverty and a lack of protection for children and their well-being, especially girls, were key issues in the community. Many socio-cultural practices and beliefs excluded child rights. At the same time the prevalence of malaria and an agriculturally dependent economy made daily life challenging.

Program activities began with the objective of fostering the well-being of children and families by strengthening community systems so that community members could organize and mobilize to access quality basic social services and achieve sustainable food security. In 2006, an unprecedented food crisis gripped the town of Guidan Sori in the program area. Heads of families were forced to migrate, leaving mothers as heads of household and negatively impacting the population's well-being.

Sectors: Education, Health, WASH

Table 20: Compilation of results for Gobir Yamma's Area Programme

| | BASELINE | EVALUATION |
|---|---------------------------|---|
| Children are cared for, protected and participating: | | |
| # of grain banks | 8 (1999) | 67 (2018) |
| # of people practicing crop irrigation | 10 (1999) | 733 (2018) |
| Children enjoy good health: | | |
| Prevalence of acute malnutrition | 51.4% (1999) 16.3% (2006) | 3.5% (2017) |
| % drinking water coverage | 45% (1999) | 80% (2017) |
| # of water points constructed | | 172 boreholes and 5 Mini-AEPs (drinking water supply) |
| Rate of diarrhea in children under 5 | 12.2% (2012) | 7.9% (2016) |
| # of latrines constructed | | 16 blocks of (made up of 27 cabinets) |
| Immunization coverage | <30% (1999) | 80.6% (2019) |
| Children are educated for life: | | |
| % of parents who can read, write and count | 19% (2001) | 52% (2016) |
| % of children who can read, write, count and express themselves | 20% (2001) | 65% (2016) |

Implementation of child sponsorship significantly improved the well-being of communities in general and children in particular. In schools, classes once conducted in huts are now held in permanent structures and equipped with materials, providing children and their teachers with better learning and working conditions. Other program components helped parents improve their cash income, increase access to drinking water, and helped households' ability to meet their food needs.

Sustainability will be ensured by a variety of community groups and organizations working in close collaboration with the town hall and technical services. These groups include Peer Educators, WASH Committees, the Federation of Restorative Craftsmen, Commune's Child Protection Committee, unions of women's groups, and many more.

Ouallam, Niger (2001–2020)

38,161 people (3,128 girls, 2,798 boys, 16,440 women and 15,795 men)

Hot and dry, Ouallam is 100 kilometres from the capital, Niamey. Rainy season extends from June to September, but rainfall is otherwise scarce and irregular. This weather pattern played a key role in Niger's experience of significant food crises in 2005, 2010 and 2012. With food production low but prices high, families struggled to find income to buy enough food to meet their daily needs.

Sectors: Child Protection and Participation, Health, Livelihoods, Education

Table 21: Compilation of results for Ouallam's Area Programme

| | BASELINE | EVALUATION |
|---|------------------------------|--------------|
| Children enjoy good health: | | |
| % of children aged 0 to 5 months who are underweight | 22% (2014) | 15% (2018) |
| # of boreholes equipped with motor pumps | -- | 124 (2018) |
| % with access to potable water | Not available | 99% (2018) |
| Household use of hygiene and sanitation facilities | National average: 6% (2018) | 37.9% (2018) |
| Children are educated for life: | | |
| % of children who are functionally literate | 5% (2012) | 17% (2015) |
| # of classrooms built and equipped | -- | 20 (2020) |
| Children are cared for, protected and participating: | | |
| # of grain banks created | -- | 10 (2020) |
| % of children ages 12-18 with a birth certificate | National average: 29% (2018) | 96% (2018) |
| % of households where one or more women have an income | 20% (2014) | 32% (2018) |
| # of savings groups created | -- | 97 (2020) |

Overall, significant progress was made toward achieving the objectives defined by the Area Programme.

These included improvements in hygiene and sanitation as a result both of changing community behaviour and improved access to drinking water.

The education intervention contributed to improvements in schooling, children's rights and the socio-economic integration of young people who are out of school.

World Vision also helped set up market gardens across 11 sites involving more than 600 households. These gardens allowed for food diversification through fruit and vegetable production to help prevent the malnutrition of children.

South Cotabato, Philippines (1999–2020)

388,370 people (78,975 girls, 82,199 boys, 111,326 women and 115,870 men)

The South Cotabato Area Programme was initiated by World Vision, working together with partner communities and churches on the island of Mindanao to provide assistance to children in poverty. The program area's ethnic and cultural diversity called for an inclusive partnership with the indigenous people (locally called lumads), Muslims and migrant Christians.

South Cotabato was among the Mindanao provinces that had for years experienced armed conflict affecting many families. In this context, the initiative Local Capacities for Peace (LCP) was a strategic program during the AP's early years. Its goal was to empower the three groups in the area to promote peace and create more social and economic opportunities.

Sectors: Child Protection and Participation, Health, Livelihoods

Table 22: Compilation of results for South Cotabato's Area Programme

| | BASELINE | EVALUATION |
|---|---|--|
| Children are educated for life: | | |
| % improvement in functional literacy, grade 4 students | Functional Literacy Pre-Test 17.4% (all grade 4 pupils) | Literacy Post-Test 34.29% (all grade 4 pupils) |
| % improvement in functional literacy, grade 6 students | 48.39% (all grade 6 pupils) | 87.50% (all grade 6 pupils) |
| % of children currently enrolled in and attending a structured learning institution | 59% (2016) | 70% (2019) |
| Children enjoy good health: | | |
| Malnutrition rate | 18% (2003) | 5% (2016) |
| Children are cared for, protected and participating: | | |
| Average household income | Php3,813 (2008) | Php7,215 (2012) |

With differing beliefs, cultures and religious doctrines, convening all stakeholders to tackle child poverty and well-being was challenging. This was why the approach set at the program's start was one of peacebuilding and inclusive development, and it proved successful.

The local partnership in South Cotabato AP also understood that inclusive development meant including children in the structures and mechanisms established to address issues that children face. Children's participation to the program cycle ensured the interventions were appropriate.

The 'tri-people' composition of every activity was maintained during the first half of the program's life. However, in the program's last two phases participation from a wider range of community members was enhanced to advocate for the sustainability of the various interventions.

Misamis Oriental, Philippines (2000-2020)

The Misamis Oriental community is located on the northern coast of the island of Mindanao. Rugged and punctuated by a wide variety of terrain, it has experienced tidal waves and flash floods over the years. Three major disasters occurred during the life of the program, destroying livelihoods, negatively affecting the health and education of children and disrupting the Area Programme's development activities. Despite these challenges, the Misamis continued to pursue development and was able to recover with the support of World Vision and other stakeholders from the community.

Leading issues assessed at program start included widespread poverty, poor health and nutrition among children, and a high incidence of child abuse such as trafficking and exploitation.

Sectors: Livelihoods (Economic Development and Disaster Risk Reduction), Health, Child Protection and Participation

Table 23: Compilation of results for Misamis Oriental's Area Programme

| | BASELINE (2016) | TARGET | EVALUATION (2020) |
|--|--------------------|------------|----------------------|
| Children are cared for, protected and participating: | | | |
| % of households who can provide basic needs of children | 68% | 75% | 82% |
| % of households with income above poverty threshold | 14% | 75% | 35% |
| % of households where one or more adults are earning an income | 17% | 75% | 80% |
| % of households with the means to save money | 17% | >25% | 24% |
| % of adults who would report a case of child abuse | 40% | 75% | 98% |
| % of households aware of ways to prevent or lessen the negative impacts of hazards | 40% | NA | 65% |
| Children enjoy good health: | | | |
| Prevalence of stunting in children under age 5 | 39.60% | Low - <20% | 4.77% |
| Prevalence of wasting in children under age 5 | 22.30% | < 5% | .94% |
| % of children exclusively breastfed until 6 months of age | 45% | 70% | 71% |
| % of children receiving minimum dietary diversity | 84% | 95% | 78% |
| % of children and youth ages 12-18 with a comprehensive knowledge of HIV and AIDS | 1% | 80% | 51% |
| % of families with access to safe water sources | 63% | NA | 78% |

Today families are better able to provide for the well-being of children through their participation in various livelihood projects. A federation of Savings and Investment groups was formed to support family access to livelihood opportunities and used the income to meet the needs of the family including food and education for children. (These groups will later form a cooperative in order to promote sustainability.)

Malnourished and sick children were cared for through the Pinoy Nutrition Hub (PD Hearth) and by referral to health partners. Finally, both children and adults had their capacity to weather disasters increased, including by partnering with local government to produce comprehensive disaster management plans.

South Cebu West, Philippines (1999-2020)

66,650 people (11,997 girls, 7,998 boys, 27,940 women and 18,626 men)

Located south of the capital, Manila, the South Cebu West community is a hilly area with limited arable land. Farming is the major source of household income, but production is further limited by the need for fertilizer. Fish production is also important, but marine resources are being rapidly depleted by improper waste disposal that is damaging the coral reef.

An Area Programme for the region was prioritized due to the low family income, high rates of child malnutrition and child protection issues. Natural disasters, including Typhoon Haiyan in 2013 and El Nino-related drought in 2015, also added to the challenge. Both farming and fishing families were devastated. However, the community is gradually recovering with the program's assistance.

Sectors: Livelihoods (Economic Development), Health, Child Protection and Participation

Table 24: Compilation of results for South Cebu West's Area Programme

| | BASELINE (2015) | TARGET | EVALUATION (2019) |
|--|----------------------------|---------------|------------------------------|
| Children are cared for, protected and participating: | | | |
| % of parents or caregivers able to provide well for their children | 81% | 81% | 85% |
| % of households with income above the poverty threshold | 14% | NA | 37% |
| Children enjoy good health: | | | |
| Prevalence of stunting in children under age 5 | 46.5% | 28% | 31.9% |
| % of children underweight, under age 5 | 20.6% | 12.7% | 20.5% |
| % of children exclusively breastfed until 6 months of age | 24% | 65.9% | 47% |
| % of children receiving minimum dietary diversity | 82% | 95% | 61.23% |
| % of adolescents reporting access to HIV/AIDS education in school | 50% | 80% | 63.7% |

Overall, the Area Programme made a significant impact on the lives of children and their families. Inclusive programming widened the coverage and reach of its advocacy and implementations. Intensifying child protection campaigns resulted in the passing of favourable resolutions and a budget allocation of 1% for children's welfare and development at the district level.

The positive impact of World Vision project models was a result of their integration into existing government programs such as the Community Managed Savings and Credit Association. In one municipality, for example, 70%-80% of members are saving and being educated on financial literacy.

The project models for nutrition and farming will be continuously employed in addressing malnutrition. This includes a sustainability component on food availability through backyard gardening.

Between the existing level of engagement, and with implementation of these project models, community partners have both the capacity and readiness to continue implementing interventions.

Paroumba, Senegal (2003–2020)

44,390 people (12,293 girls, 13,491 boys, 9,636 women and 8,979 men)

When World Vision began the Area Programme in Paroumba, the community faced stark poverty, chronic food deficits, low livestock production and limited access to health care. Program activities focused on building sustainable mechanisms that could facilitate transformational development for the well-being of children.

Sectors: Child Protection and Participation, Education, Livelihoods (Economic Development)

Table 25: Compilation of results for Paroumba's Area Programme

| | BASELINE | EVALUATION |
|--|---|--|
| Children are educated for life: | | |
| Enrolment rate among boys and girls | 55% for boys 54% for girls (2010) | 75% for boys 81% for girls (2015) |
| Drop-out rate among boys and girls | 2.64% for boys and 0.77 for girls (2010) | 0.28% for boys 0.46% for girls (2015) |
| % of schools with drinking water | 51% (2010) | 67% (2015) |
| Children are cared for, protected and participating: | | |
| % of households with access to credit | 0% (2004) | 85% (2015) |
| % of households benefiting from production infrastructure | 22% (2010) | 52% (2015) |
| Children enjoy good health: | | |
| % of births attended by qualified personnel in a health facility | 24.56%(2010) | 39.83% (2015) |
| % of women who gave birth to their youngest child in a health facility | 31.71% (2010) | 58.47% (2015) |
| % of children ages 0-5 with malnutrition | 30% (2010) | 9% (2015) |

“The qualitative and quantitative analysis confirmed that there are significant improvements around almost all child well-being aspirations. Notably, the contribution of World Vision to these improvements was emphasized by different stakeholders and beneficiaries. The rating of the quality, accessibility and availability of education, healthcare and Child Protection services revealed solid improvement compared with the period of 10 years ago.”
– Prisma LLC (evaluator)

The AP helped set up infrastructure, including schools, health posts, health huts, boreholes, honey factories, and fish farms. In each locality, management and monitoring committees were created to ensure continuity following the program's end.

Atlantis, South Africa (2006-2020)

80,697 people (13,952 girls, 14,441 boys, 27,038 women and 25,266 men)

The semi-urban community of Atlantis is located 45 kilometres from Cape Town. During South Africa's apartheid era, Atlantis was the target of an economic plan called the Industrial Decentralisation Policy where people of mixed race (black and white) were uprooted from their homes and relocated to Atlantis. The community became an industrial centre as companies responded to economic incentives to move there.

However, in the 1990s the incentives began to dry up and many businesses pulled out or collapsed, eventually plunging the community into unemployment and poverty. Disillusionment and hopelessness set in, giving way to alcoholism, drug abuse, gang activity and crime.

Sectors: Education, Child Protection and Participation

Table 26: Compilation of results for Atlantis' Area Programme

| EVALUATION* | |
|--|---------------------------------------|
| Children are cared for, protected, and participating: | |
| % of caregivers that know basic child rights | 94% |
| Children enjoy good health: | |
| # of children receiving a nutritious meal at school every day | 1,500 (2019) |
| % of caregivers received HIV testing | 89.4% (2019) |
| % of mothers that attended four or more antenatal visits while pregnant with their youngest child | 63.2% (2019) |
| Children are educated for life: | |
| # of families that received training in early childhood education and are applying knowledge at home | 829 (2019) |
| # of children receiving early education in ECD centres | 2,500 |
| # of children engaged in extra-curricular activities | 1,000 (grade 7) 4,500 (grades 1-3) |
| # of children that participated in career guidance | 3000 (2019) |
| # of parent support groups established | 3 (2019) |

Due to the high levels of gang activity in the community, the AP developed a relationship with the Atlantis Community Police Forum and the neighborhood watch. The program equipped these two groups with resources and equipment such as reflector jackets, torches, bicycles and batons for safety and night visibility. They used this equipment to walk the community and was an effort that contributed to a decrease in the crime rate.

The program also signed a memorandum of understanding with a general practitioner, Dr. M. E. Petersen, who provided emergency medical assistance for registered and non-registered children for less than the actual cost of consultation and medicine. This memorandum ensured that children in need of emergency medical assistance could receive care.

*Note: Due to staff changes, the COVID-19 pandemic and its restrictions, the evaluation process in South Africa for FY2020 was compromised. Qualitative evaluations are being done in FY2021 to evaluate the investment done in the communities. The table presents the results available at the time of this report's publication.

Additionally, for more than nine years a group of youth made continuous submissions to parliament, advocating for the appointment of a commissioner for children. That submission was ultimately accepted by the provincial parliament with one of the registered children in the World Vision program making the children's submission.

Thaba Nchu, South Africa (2008-2020)

62,164 people (13,478 girls, 15,399 boys, 18,686 women and 14,601 men)

Located in the rural area of the Motheo District Municipality, Thaba Nchu is challenged by a high unemployment rate, high prevalence of HIV and AIDS, and food insecurity of households and children. There is little food production because of limited access to startup capital and inputs such as seed and seedlings. The HIV and AIDS epidemic has also left the area with a large number of orphans and otherwise vulnerable children.

Sectors: Livelihoods (Economic Development), Education, Child Protection and Participation

Table 27: Compilation of results for Thaba Nchu's Area Programme

| | BASELINE | EVALUATION* |
|--|-----------------|--------------------|
| Children are cared for, protected and participating: | | |
| % of adults who are aware of child protection committees or a social worker in their community | -- | 72% (2019) |
| % of children that feel they participate in decisions that affect them | -- | 89% (2019) |
| # of faith leaders engaged in child protection and advocacy (CPA) | -- | 346 (2019) |
| Children enjoy good health: | | |
| # of households that have a vegetable garden in their backyards | -- | 50% (2019) |
| % of households involved in egg production | 5% (2009) | 14% (2014) |
| Children are educated for life: | | |
| # of youth clubs providing peer support | -- | 15 (2019) |
| # of children that received life skills training | -- | 8,000 (2019) |

Child well-being was negatively impacted in 2020 due to the COVID-19 pandemic and its restrictions. This resulted in school closures, loss of income, food insecurity, increased rates of gender-based violence and child abuse. In its final year, the Area Programme placed more emphasis on building the capacity of government departments, community-based organizations and caregivers in child monitoring, resource mobilization and the Child Protection and Advocacy (CPA) model. This was done to ensure these entities would be able to sustain the work accomplished in Education and Economic Development.

*Note: Due to staff changes, the COVID-19 pandemic and its restrictions, the evaluation process in South Africa for FY2020 was compromised. Qualitative evaluations are being done in FY2021 to evaluate the investment done in the communities. The table presents the results available at the time of this report's publication.

Umvoti, South Africa (2008-2020)

People (9,866 girls, 7,800 boys, 16,307 women and 12,269 men)

Upon its establishment in 2008, Umvoti Area Programme was designed to contribute to achieving children's well-being and improved livelihoods for the Umvoti community. At the time of the program's start the community was faced with serious challenges including: HIV and AIDS and its impact on infected and affected families; water scarcity and poor sanitation; and poor health and nutrition among families and children.

During the course of program work the region experienced not only devastating floods, but also its worst drought in 30 years and was declared a disaster area. This had a negative impact on livelihoods and the protection of children who had to walk long distances and skip classes to fetch water. Then the downturn in the global economy from 2014 to 2015 led to a reduction in AP budgets as support was reduced almost by half.

However, the program enjoyed support from all major political parties, which enabled community development.

Sectors: WASH, Health, Education, Child Protection and Participation

Table 28: Compilation of results for Umvoti's Area Programme

| | BASELINE | EVALUATION |
|---|--------------|---|
| Children enjoy good health: | | |
| % of population using unimproved drinking water who use an appropriate treatment method | 24% (2012) | 40% (2014) then provided 38 community water tanks and rehabilitated 10 springs (2019) |
| % of households using safe water storage containers | 54% (2012) | 83% (2014) |
| % of households with access to improved sanitation facilities (non-defecation) | 4.2% (2012) | 20.1% (2014) |
| % of parents or caregivers with appropriate hand – washing behavior | 68% (2012) | 87% (2014) |
| Prevalence of HIV among clients tested (district information) | 11.4% (2012) | 6.1% (2014) |
| % of youth who report avoiding risky HIV behaviour | 6% (2012) | 39% (2014) |
| Children are educated for life: | | |
| # of children benefitting from bicycles to attend school | -- | 600 (2019) |
| Enrolment rate in primary school | | 91% (2019) |

In partnership with the district government, 1,200 toilets were constructed, 10 springs rehabilitated and 38 communal water tanks provided. With access to safe, sustainable drinking water, and sanitation and hygiene services for school children, waterborne diseases were prevented or reduced. Children were then also able to spend more time in class and less time fetching water.

The AP's Life Skills and Peer Education program, which used World Vision models such as Peace Road and Young People as Agents of Change, built capacity in 92 children (46 girls and 46 boys) to lead peer education in their schools and communities. This work brought significant change to Umvoti's children; during follow-up discussions one of the children shared that she is now in control of her life thanks to the program and is currently leading a peer education program in her school.

Note: Due to staff changes, the COVID-19 pandemic and its restrictions, the evaluation process in South Africa for FY2020 was compromised. Qualitative evaluations are being done in FY2021 to evaluate the investment done in the communities. The table presents the results available at the time of this report's publication.

The AP implemented savings groups for women and youth to expose them to business and micro-finance opportunities, which ultimately help sustain the care of children. The AP also noted a related improvement in children's financial literacy and numeracy.

Kiran, Sri Lanka (2005-2020)

29,928 people (4,616 girls, 4,876 boys, 10,357 women and 9,043 men)

Kiran in eastern Sri Lanka is a region whose chief issues are early marriage, alcoholism, malnutrition, poverty and unemployment.

Over the course of the Area Programme's life, most of the villages in the area were devastated by civil conflict and the 2004 tsunami (which struck just one month before the AP's official start). These affected life and property, and almost 80% of the population was as a result living below the poverty line.

Sectors: Health, Livelihoods (Economic Development), Education, Child Protection and Participation

Table 29: Compilation of results for Kiran's Area Programme

| | BASELINE | TARGET | EVALUATION |
|---|-----------------|---------------|-------------------|
| Children are cared for, protected and participating: | | | |
| % of households who faced a disaster and were able to employ an effective disaster-risk reduction or positive coping strategy | 32% (2016) | 60% | 69.3% |
| % of households incorporating Disaster Risk Reduction measures into their livelihood activities | 35.6% (2016) | 60% | 50.6% |
| % of functional disaster management committees in program impact area | 30% (2016) | 80% | 100% |
| % of parents or caregivers able to provide well for their children | 48.1% (2015) | 90% | 73.3% |
| Children enjoy good health: | | | |
| Prevalence of stunting in children under five years of age | 30.7% (2015) | 10% | 16.5% |
| Prevalence of low birth weight | 15.5% (2015) | 10% | 16.5% |
| % of households that report having sufficient access to health services | 45% (2015) | 80% | 89.9% |
| % of individuals with practicing adequate hygiene | 70.6% (2015) | 60% | 82.8% |
| Children are educated for life: | | | |
| % of children ages 3-5 attending early childhood education | 83.6% (2016) | 90% | 50% |
| % of children who are functionally literate | 55% (2016) | 60% | 57% |
| % of children who feel supported within families and communities | 45% (2016) | 80% | 76% |

World Vision's work with government stakeholders and community volunteers achieved reasonable results for improving Health. However, Education and Livelihoods have seen less marked improvement, an outcome stakeholders and community members attribute to the economic impact of the 2019 violence and to COVID-19.

Katete, Zambia (2010-2020)

47,387 people (5,906 girls, 5,467 boys, 18,608 women and 17,406 men)

While full implementation of program activities officially began in 2010, World Vision's research and preparatory work in Katete was underway by 2008. The prioritized challenges were high illiteracy levels, high under-5 child mortality (compounded by high incidence of HIV/AIDS) and traditional practices that hindered the progress of children such as initiation ceremonies and cattle herding by young boys.

Together with the community the program tackled these challenges within the context of a stable political environment, albeit with dwindling national economic performance and climate change.

Sectors: Health, Education, Livelihoods (Economic Development)

Table 30: Compilation of results for Katete's Area Programme

| | BASELINE | EVALUATION |
|---|--------------|--------------|
| Children enjoy good health: | | |
| # of children exclusively breastfed | 53% (2011) | 77% (2018) |
| % of children 0-59 months with fever who were appropriately treated | 15% (2011) | 12.3% (2018) |
| % of women who gave birth to their youngest child at a health facility | 90% (2015) | 97% (2019) |
| Prevalence of HIV/AIDS | 17% (2011) | 13% (2018) |
| % access to sanitation facilities (access to a pit latrine) | 91% (2015) | 96% (2019) |
| % access to hygiene facilities (handwashing stations, soap and water) | 7% (2015) | 82% (2019) |
| % of children under 5 with diarrhea in the past two weeks | 30% (2015) | 18% (2019) |
| % of children 0-59 months sleeping under a long-lasting insecticide-treated (LLIN) mosquito net | 75% (2015) | 70% (2019) |
| Children are educated for life: | | |
| Improvement in functional literacy among grade 7 students | 64.5% (2015) | 98.8% (2017) |
| Children are cared for, protected and participating: | | |
| % of households with access to income sources from farming | 69% (2015) | 70.5% (2019) |
| % of households that own livestock | 53% (2011) | 77.8% (2018) |
| % of families that faced a disaster and were able to employ an effective disaster risk reduction strategy | 63% (2015) | 85.3% (2019) |
| % of households with access to credit facilities | 54% (2015) | 56.9% (2019) |

Evaluation findings showed that the programs improved access to health services including institutional birth deliveries, skilled birth attendants and diarrhea treatment for children as seen in improved WASH activities. A working partnership was also created with the Ministry of Education through the District Education Board Secretaries (DEBS) Offices in the target districts.

Other results indicated the AP strengthened the capacity of local leaders in key ways. Specifically, they were now able to identify and mobilize communities for activities around conservation farming, reading camps and maternal child health.

COVID-19 RESPONSE - COUNTRY TABLES

Note on data gathering: The data below has been gathered through Project Monitoring Records, directly through World Vision International's COVER dataset.

Data from March 2019 to September 2020

| CODE | INDICATOR STATEMENT | INDICATOR DESCRIPTION |
|------|---|--|
| A.1 | Number of people reached with preventive behaviour messaging [e.g. hand and respiratory hygiene; isolation; WASH behaviours] (Direct) | Direct recipients who have received preventive behaviour messaging (e.g. handwashing, social distancing, good respiratory/"cough hygiene" behaviours like coughing into your elbow and not your hand, etc.) using different channels. Disaggregated by sex. |
| A.2 | Number of comprehensive hygiene kits distributed | A comprehensive hygiene kit may include soap and case, laundry detergent, sanitary pads, jerry can, tippy tap materials and bucket with tap or 2-litre aftaba (pitcher) for handwashing based on availability of items in respective country. |
| A.3 | Number of community-level public handwashing stations established or maintained | Public handwashing stations must be established in a place that makes handwashing convenient during critical times (within the communal areas). Both soap and water for handwashing must be present at the designated location. |
| A.4 | Number of faith leaders disseminating preventive measures for COVID-19 | The sum total of individuals disseminating preventive behaviour messaging (e.g. handwashing, social distancing, etc.). Disaggregated by sex. Faith leaders are people of all genders who are recognised by their faith community, both formally or informally, as playing authoritative and influential leadership roles within faith institutions to guide, inspire or lead others |
| B.1 | Number of Community Health Workers (CHWs) trained or supported to provide community-based services (e.g. home support, contact tracing) | The sum total of the individuals who completed/attended training which may include courses, workshops, or training sessions that build or update skills relevant to the response ⁴ , such as: (type of training. Ex. how to promote behaviour change; how to detect and report violence against children) as relevant to respective country. Disaggregated by sex. Supported: Having received any type of training, rehabilitation, supplies, or resources. |
| B.2 | Number of face masks distributed (including to health facilities, health workers, and caregivers) | The sum total of face masks distributed, regardless of type. |
| B.3 | Number of disinfectant kits distributed (e.g. alcohol-based spray/floor cleaner/ toilet cleaner, sanitizer) to health facilities | Disinfectant kits may include alcohol-based spray, floor cleaner, toilet cleaner, sanitizer based on availability of items in respective country. |
| B.4 | Number of people supported in quarantine and/or isolation spaces | The sum total of individuals supported either in quarantine or isolation spaces. Disaggregated by sex and age (where possible). |

| CODE | INDICATOR STATEMENT | INDICATOR DESCRIPTION |
|------|---|--|
| C.1 | Number of children reached with targeted age-specific health education | The sum total of all children who receive any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes (e.g. handwashing training, good respiratory/cough hygiene practices, etc.). Health education should be delivered in a way that is appropriate for the target age group (e.g. using appropriate language, levels/types of activities and examples, etc.) Disaggregated by sex, age and RC (for children, ages 0-3; 4-6; 7-12; 13-17). |
| C.2 | Number of teachers provided with training and support | The sum total of teachers (any individuals whose professional activity involves the transmitting of knowledge, attitudes, and skills in a formal or non-formal educational setting) who receive training or support. Training and support can include courses, workshops, training sessions, supplies or resources that build or update ability and skills relevant to the support and provision of remote learning/home schooling. Disaggregated by sex. |
| C.3 | Number of individuals supported with livelihoods training | The sum total of individuals who receive any type of training (e.g. courses, workshops, training sessions, etc.) on livelihoods (e.g. technical skills training, vocational skills, entrepreneurship, etc.). Disaggregated by sex and by type of training. |
| C.4 | Number of households provided with physical (livelihood) assets (e.g. livestock, agriculture, tools, etc., EXCLUDING cash and vouchers) | The sum total of households (one or more people living in shared space and sharing critical resources such as water, hygiene/sanitation facilities, or food preparation areas) who receive livelihood physical asset/support (e.g. livestock, agriculture, tools, etc.). Disaggregated by HoHH (head of household) sex. |
| D.1 | Number of policy changes: New or amended policies and products adopted or operational challenges addressed at the national or local level on COVID-19 | To qualify, policy change needs to be linked to one of the following: a new policy that has come into law (it cannot be in draft form); a policy change/ amendment; stopping a (harmful) amendment/legislation/policy change from being passed; an agreed upon change to implementation; influence on programs, operations, and/or access in humanitarian contexts. These can be related to normal government policies as well as humanitarian operational issues. In all cases, only reported when World Vision has made a significant contribution. |
| D.2 | Number of external engagements where WV is advocating on global COVER advocacy priorities including ending violence against children in the context of COVID-19 | # of external engagements where WV is advocating on regional and global level COVER advocacy priorities including ending violence against children in the context of COVID-19. |

| COUNTRIES | A.1 | A.2 | A.3 | A.4 | B.1 | B.2 | B.3 | B.4 | C.1 | C.2 | C.3 | C.4 | D.1 | D.2 |
|----------------------------------|-----------|-----------|--------|--------|--------|-----------|---------|--------|---------|-------|---------|---------|-----|-----|
| Afghanistan | 91,359 | 78,511 | 30 | 729 | 1,144 | 28,418 | 1,014 | | | | 720 | 720 | | 5 |
| Albania & Kosovo | 2,282 | | | 48 | | | | | | | 911 | 911 | | |
| Angola | 572,657 | 480 | 1,817 | 3,932 | 1,937 | 9,212 | 324 | | 8,332 | 213 | 263,269 | 263,269 | 2 | 63 |
| Armenia | 11,707 | 2,689 | | 46 | 1,142 | 4,200 | | | | 106 | 454,026 | 454,026 | 2 | 27 |
| Bangladesh | 2,021,248 | 1,415,361 | 7,398 | 2,611 | 1,586 | 1,340,886 | 552 | | 55,553 | | 206,304 | 206,304 | | |
| Bolivia | 231,051 | 85,101 | 336 | 622 | 1,447 | 125,081 | 6,164 | 421 | 30,503 | 683 | 363,408 | 363,408 | 10 | 8 |
| Bosnia & Herzegovina | 1,115 | 2 | 1 | 72 | | | 57 | | | | | | 1 | 64 |
| Brazil | 500,271 | 124,907 | | 697 | | 15,774 | 131,331 | 1,024 | 65,593 | 305 | 145,657 | 145,657 | 10 | 27 |
| Burundi | 4,043 | 9,265 | | 126 | 2,684 | 75,300 | 1,040 | 675 | | | | | | |
| Cambodia | 930,051 | 13,650 | 18 | 32 | 47 | 347,408 | | | 2,134 | 1,172 | 2,034 | 2,034 | | |
| Central African Republic | 181,837 | 2,381 | 332 | 2,522 | 150 | 620 | 5 | | | | 94,742 | 94,742 | | |
| Chad | 283,527 | 3,354 | 12 | 392 | 44 | 25,500 | 40 | 521 | | 176 | 140 | 140 | | 2 |
| Chile | 9,751 | 3,364 | | 30 | 320 | 700 | 810 | | | | 396 | 396 | | 16 |
| China | 233,305 | 47,579 | | | | 263,514 | | | | | | | | |
| Colombia | 150,907 | 32,040 | 82 | 621 | | 2,021 | 60 | | 3,635 | | 936 | 936 | 6 | 36 |
| Costa Rica | | | | | | 5,610 | | 3,561 | | | 6,633 | 6,633 | 5 | 6 |
| Democratic Republic of the Congo | 2,263,338 | 25,772 | 843 | 5,570 | 5,358 | 828,996 | 32,320 | 24 | 8,947 | 121 | 3,936 | 3,936 | 32 | 27 |
| Dominican Republic | 138,737 | 13,865 | 6 | 208 | | 14,955 | 88 | 7 | 2,708 | 54 | 60,540 | 60,540 | 2 | 1 |
| Ecuador | 57,905 | 3,812 | | 3,043 | 56 | 61,565 | 917 | 121 | | 1,048 | 344 | 344 | 3 | 34 |
| El Salvador | 181,174 | 4,012 | | 7,255 | | 133,100 | 14,603 | 95,036 | 595 | | 18,021 | 18,021 | 4 | 45 |
| Eswatini | 541,877 | 32,906 | 1,944 | 2,410 | 12,035 | 751,745 | 8,272 | | 5,036 | 15 | 10,219 | 10,219 | | 10 |
| Ethiopia | 340,569 | 18,058 | 13,425 | 16,679 | 3,993 | 73,694 | 12,326 | 902 | 24,250 | 716 | 134,991 | 134,991 | 1 | 3 |
| Georgia | 10,962 | 12,431 | | | 91 | 1,800 | | | 10,634 | | 24,102 | 24,102 | | |
| Ghana | 241,703 | 4,381 | 638 | 748 | 566 | 170,506 | 1,742 | 4 | 21,333 | 555 | 16,889 | 16,889 | 3 | 16 |
| Global/Regional Advocacy | | | | | | | | | | | | | 67 | 187 |
| Guatemala | 1,500,500 | 6,065 | | 1,338 | 235 | 129,364 | 576 | 26 | | 586 | 13,746 | 13,746 | | 25 |
| Haiti | 248,687 | 5,537 | 205 | 7,331 | 82 | 9,381 | 50 | | 137,109 | 7,220 | 48,955 | 48,955 | 8 | 28 |
| Honduras | 31,673 | 75,330 | 5 | 6,091 | 2,362 | 94,758 | 16,145 | 1,330 | | 5,704 | 4,595 | 4,595 | 3 | 7 |
| India | 738,702 | 28,164 | 215 | 1,381 | 4,908 | 806,742 | 56,353 | 5 | 21,832 | 699 | 51,514 | 51,514 | 3 | 3 |
| Indonesia | 326,089 | 9,680 | 1,332 | 276 | 2,133 | 406,062 | | | 4,972 | 91 | 21,852 | 21,852 | 24 | 18 |
| Iraq | 115,017 | 298 | | | 10 | 28,690 | 339 | | 317 | | 758 | 758 | | |
| Jerusalem, West Bank, Gaza | 10,648 | 14,603 | | | 358 | 77,646 | 5,645 | 27,651 | 8,767 | 247 | 7,684 | 7,684 | 2 | |
| Kenya | 1,113,878 | 5,044 | 2,115 | 6,034 | 16,522 | 103,729 | 5,374 | 168 | 19,363 | 380 | 47,377 | 47,377 | 8 | 8 |
| Laos | 40,767 | 24 | 769 | 12 | 133 | 92,750 | 590 | 3,600 | 4,637 | 92 | 5,735 | 5,735 | 1 | 3 |
| Lebanon | 45,838 | 35 | | 12 | | 132,869 | 328 | 6 | 4,015 | 39 | 9,374 | 9,374 | 5 | 11 |
| Lesotho | 19,971 | 4,599 | 8 | 1,780 | 554 | 78,340 | | 1,192 | 1,625 | 105 | 952 | 952 | | 29 |
| Malawi | 288,943 | | 652 | 4,528 | 575 | 22,850 | 5,579 | | | 8,467 | 8,960 | 8,960 | 2 | |
| Mali | 201,005 | 4,556 | 151 | 666 | 176 | 39,065 | 6,570 | | | | 3,570 | 3,570 | | 7 |

| COUNTRIES | A.1 | A.2 | A.3 | A.4 | B.1 | B.2 | B.3 | B.4 | C.1 | C.2 | C.3 | C.4 | D.1 | D.2 |
|------------------|-------------------|------------------|---------------|----------------|----------------|------------------|----------------|----------------|------------------|---------------|------------------|------------------|------------|------------|
| Mauritania | 273,046 | 9,444 | 276 | 91 | 105 | 370 | 2,239 | 41 | | | 3,575 | 3,575 | | 4 |
| Mexico | 957,319 | 2,392 | 4 | 119 | | 72,684 | 16,245 | | | 928 | | | | |
| Mongolia | 146,885 | 74 | | 246 | 352 | 86,265 | 16,532 | 3,473 | 2,460 | | 14,910 | 14,910 | 1 | 4 |
| Mozambique | 559,659 | 25,333 | 235 | 7,599 | 2,464 | 36,730 | 1,012 | | 14,494 | 390 | 64,647 | 64,647 | 6 | |
| Myanmar | 395,856 | 78,131 | 1,791 | 27 | 1,205 | 209,555 | 2,184 | 1,736 | 96,286 | | 168,313 | 168,313 | 1 | 16 |
| Nepal | | 44,498 | 76 | | | 3,868 | 1,032 | 3,300 | | | | | 1 | 3 |
| Nicaragua | 2,281,724 | 51,194 | | 9,362 | 2,532 | 45,477 | 773 | | 39,589 | 2,357 | | | 2 | 5 |
| Niger | 326,307 | 836 | 519 | 143 | 143 | 115,262 | 396 | | 6,967 | 270 | 6,728 | 6,728 | | 38 |
| Papua New Guinea | 117,338 | | 163 | | 218 | 5,313 | 400 | | | 11 | 355 | 355 | | |
| Peru | 49,288 | 28,037 | | | | 3,540 | 10,834 | 129,906 | 44,712 | 1,350 | 49,886 | 49,886 | 1 | 30 |
| Philippines | 637,943 | 1,826 | 25 | 173 | | 110,854 | 7,112 | 1,746 | | | 22,789 | 22,789 | 4 | 2 |
| Romania | 33,669 | 5,316 | | 3 | 31 | 8,804 | 221 | | | 717 | 3,421 | 3,421 | 1 | |
| Rwanda | 38,661 | 240 | 446 | 73 | | 272 | 20 | | | | 8,110 | 8,110 | | |
| Senegal | 578,304 | 123 | 825 | 1,182 | 2,481 | 81,546 | 15,758 | 95 | 1,497 | | 177,938 | 177,938 | 2 | 8 |
| Sierra Leone | 439,783 | | 273 | 366 | 5,200 | 4,872 | 406 | 1,514 | 4,850 | | 16,700 | 16,700 | 4 | 3 |
| Solomon Islands | 3,200 | 500 | | | | 500 | | | | | | | | |
| Somalia | 541,533 | | 285 | 1,126 | 4,378 | 30,274 | 77 | 136,795 | 13,584 | 66 | 6,703 | 6,703 | | |
| South Africa | 91,955 | 9,987 | 2,278 | 902 | 2,328 | 7,026 | 862 | 89 | 4,481 | 1,124 | 12,503 | 12,503 | | 7 |
| South Sudan | 1,327,417 | 1,914 | 1,739 | 1,185 | 2,211 | 50,249 | 4,999 | 35 | 2,698 | 208 | 59,313 | 59,313 | 1 | |
| Sri Lanka | | 21,894 | 985 | 52 | 702 | 490 | 606 | | | | | | | |
| Sudan | 210,920 | 11,301 | 369 | 829 | 26,519 | 6,118 | 1,010 | 11 | | 147 | 80,460 | 80,460 | | 1 |
| Syria Response | 135,492 | 16,359 | | | 65 | 9,750 | 57 | | 65 | 267 | 3,363 | 3,363 | 1 | 5 |
| Tanzania | 247,524 | 477 | 1,583 | 1,772 | 7,089 | 24,167 | 6,928 | 3 | 80 | 2,016 | 15,775 | 15,775 | 1 | 7 |
| Thailand | 23,793 | 172,507 | 235 | 16 | 3,550 | 110,171 | 17,596 | 451 | | 1,409 | 112,376 | 112,376 | 2 | 3 |
| Timor | 46,046 | 7,848 | 1,607 | 12 | 147 | 300 | 7 | | | | | | 2 | 2 |
| Uganda | 3,504,869 | 13,926 | 31,879 | 2,363 | 11,828 | 70,860 | 5,599 | 540 | 44,617 | 1,903 | 12,320 | 12,320 | 4 | 12 |
| United States | | 1,700 | | | | 74,516 | | | | | | | | |
| Vanuatu | 17,932 | 1,321 | 195 | 19 | | | | | | | | | | |
| Venezuela | | | | 1,836 | 7 | 11,600 | | | | | | | | 3 |
| Vietnam | 299,407 | | 459 | | | 36,900 | 4,039 | | | | 59,712 | 59,712 | 15 | |
| Zambia | 1,168,548 | 32,635 | 3,199 | 2,746 | 2,437 | 98,502 | 9,512 | 384 | 85,468 | 6,888 | 55,133 | 55,133 | | 89 |
| Zimbabwe | 1,183,793 | 13,089 | 2,130 | 4,602 | 1,220 | 41,748 | 6,394 | 890 | 641,436 | 1,464 | 44,043 | 44,043 | 15 | 16 |
| Total | 29,321,305 | 2,640,758 | 83,910 | 114,686 | 137,860 | 7,661,434 | 442,064 | 417,283 | 1,445,174 | 50,309 | 3,032,363 | 3,032,363 | 268 | 974 |



World Vision is a Christian relief, development and advocacy organization working to create lasting change in the lives of children, families and communities to overcome poverty and injustice. Inspired by our Christian values, World Vision is dedicated to working with the world's most vulnerable people regardless of religion, race, ethnicity or gender.