

Impact Report 2015

World Vision UK

Prepared by the Evidence and Accountability Unit



World Vision®



EVERY CHILD FREE FROM FEAR

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Executive summary

This is the sixth, annual *Impact Report* produced by World Vision UK. Our aim is to account for the resources entrusted to us, inspire our supporters and staff with the progress being made, and learn from the successes and failures in order to improve the effectiveness of our programming.

Drawing from the 22 evaluations and outcome assessments of our long-term programmes, and reviews of our advocacy and humanitarian work, conducted in 2015, we analyse the breadth, depth and sustainability of the impact of our activities. The transparency and accuracy of our analysis in our full technical report is reviewed by Oxford Policy Management, who provide recommendations about further improvements to our impact reporting¹.

Breadth of impact

In 2015, World Vision UK supported a total of 317 projects across 38 countries, funded by a combination of institutional and individual donors.

The total number of beneficiaries was 7,008,898. Of these 4,037,779 were children.

Depth of impact

Our programmes are increasingly using standardised indicators to track improvements in child well-being, particularly in our health and education programming, and by aggregating the changes in our programme areas from the baseline to the evaluations conducted in 2015, we can begin to paint a picture of the nature of change we are contributing to (see figure 1, opposite).

We work to build long-term momentum in communities to solve the problems affecting the well-being of children. For example, the work in our Bhojpur programme in India (page 13) helped children to notice, value and bring excluded children back into formal schooling, and the project in Zambia (page 11) supported the community to monitor the quality of health services and through this to lobby for a new health centre. These are typical of our long-term programmes.

The Ebola case study in Sierra Leone (pages 17-19) details how our humanitarian programming has been responding to very immediate threats to child well-being. In particular we explore how our Christian identity enabled us to partner closely with faith leaders and so increased our effectiveness in combating Ebola.

Informed by our programming experience, we advocate for policies that prioritise the needs of the most vulnerable children. A review of our contribution to the process of shaping the 2030 Agenda for Sustainable Development revealed a collaborative, consistent, and effective contribution to coalitions which created an environment for the inclusion of key child protection targets in the new Goals, such as that of ending child marriage. The review noted how we can do more to engage our supporters in calling for the UK Government and other influential policy makers to prioritise the needs of the world's most vulnerable children.

Sustainability of impact

In our long-term programming, we've identified five drivers of, or factors which support, sustainability. This has helped us to analyse the extent to which the gains in child well-being might be sustained after we complete our programme. Overall we're seeing a greater focus on ownership, partnership, transformed relationships, local and national advocacy, along with resilience programming, which suggest that impact will be sustained, though this is uneven and we recognise areas in need of improvement.

We remain committed to improving the quality of evidence and this section shows overall progress, particularly in demonstrating our contribution to change and the level of transparency in our evaluations. We still have more to do to include the most vulnerable in assessing the effectiveness of our programmes, and we champion a greater voice for beneficiaries in all of our programming.

PREVIOUS PAGE: Women and children in Uganda carrying jerry cans of water home from a borehole drilled in 2015. Second in the line is Erick, 7, followed by his sister Doreen, 8, another sister Winfred, 8, and mother Christine, 27. © 2015 / World Vision **FRONT COVER:** Phea, 12, from Cambodia. © 2015 Alexander Whittle / World Vision

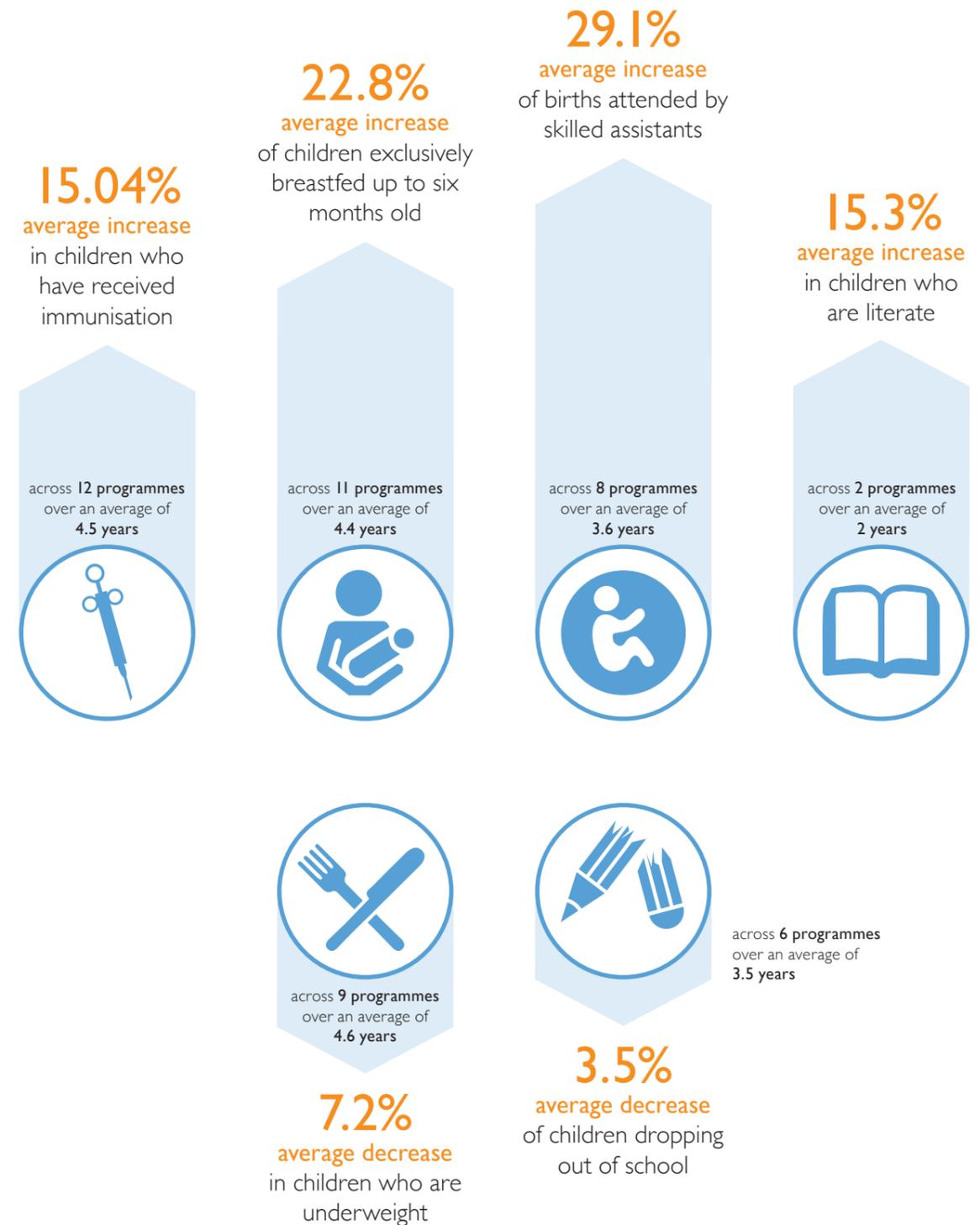


Figure 1: A snapshot of progress this year, drawing on programme evaluations conducted in 2015.

¹See our technical report at www.worldvision.org.uk/our-work/impact

Introduction

This is the sixth, annual, *Impact Report* prepared by World Vision UK. The purpose of the report is to:

- account for the resources entrusted to us: both to our donors and to the communities we aim to serve,
- inspire our supporters and staff with the progress being made and the continuing challenges we face and,
- improve the effectiveness of all of our programming by learning from both successes and failures.

This report is being written as we come to the end of our 2011-2015 strategy, and at a time when a significant number of our long-term programmes have been completed and the first set of global goals (Millennium Development Goals) are being replaced by the 2030 Agenda for Sustainable Development.

As such, this year the *Impact Report* focuses on sustainability, addressing the question of whether the impact we are witnessing will continue beyond the end of our programme of activities. So the report examines three dimensions of impact: how many children we're

reaching with our programming (breadth of impact), the extent to which our programmes improve child well-being (depth of impact), and whether the hard fought changes in child well-being will continue into the future (sustainability of impact).

Finally we conclude with an analysis of the quality of evidence, recognising that our analysis of impact is only as strong as the data upon which it is based.

If you want to explore any aspect of impact further we have produced an accompanying technical report. This can be found at www.worldvision.org.uk/our-work/impact, where you can also find a short 'Impact video' which highlights some of the positive changes in one part of child well-being, their health, in Zambia, just one of the 38 countries in which World Vision UK has funded programming.

We hope you enjoy the 2015 *Impact Report*.

BELOW: "Now I have lots of friends!" Pooja, 13, (top centre) with friends from Apple children's club in Patna Urban ADP, India.
© 2015 Alfred S Ling / World Vision



How World Vision works to impact the lives of children

As the largest international children's charity, World Vision is a global organisation delivering local level programmes in 70 countries and advocating for change in nearly 100. World Vision UK contributes funding and expertise to support programmes in 38 of these countries. These are designed and implemented by World Vision's National and Regional Offices in partnership with local organisations.

As a child-focused agency, all of World Vision's activities are oriented towards greater child well-being including their health, education, protection, relationships and participation². We do this in three main ways:

Long-term development – the basic model is the Area Development Programme which lasts for about 15 years. We work with families, communities and partners to improve child well-being, drawing from experience and latest sector thinking to identify the most effective interventions. In particular World Vision UK contributes expertise in the areas of child protection, maternal and newborn child health, nutrition and food security, local advocacy and how best to operate in fragile contexts.

Humanitarian response and resilience – this includes both the immediate response to disasters (providing food, water and shelter and creating 'safe zones' for vulnerable children) and also work with communities to help them recover from and withstand future disasters. These responses are short-term, lasting typically from one month to one year.

Advocacy – increasingly we're working in partnership with communities to give them a voice to influence decision making at the local, national and international levels. As World Vision UK we particularly work with the UK Government so that its actions benefit the world's most vulnerable children.

TOP: Children reading a book at a desk supplied by Makindube Area Development Programme. © 2015 / World Vision **MIDDLE:** Haja, a sponsored child in Sierra Leone, uses an emergency water supply during the Ebola response. © 2015 Jonathan Y Bundu / World Vision **BOTTOM:** Child rights campaigner in Mozambique. "As girl children we face a number of challenges. Out there we have to hide from those seeking to do us harm, it wouldn't be fair to do the same at home to escape early marriage," said Cátia.
© 2015 Persilia Muianga / World Vision



²For more information on World Vision's child well-being outcomes see our technical report at www.worldvision.org.uk/our-work/impact

Methodology

Our approach to impact reporting

World Vision UK's working definition of impact is "significant or sustainable change in people's lives brought about by a given action or series of actions."³ Wherever possible this report seeks to highlight evidence of progress, or lack of progress towards this definition. Given the shorter timescales over which change is measured in our humanitarian responses, we rely more on output indicators, though wherever possible seeking to understand the wider impact of our programmes. Measuring the impact of our advocacy work is challenging given the long-term nature and complexity of policy making, and so we focus on how we contribute to the broad coalitions that are then able to influence decision makers.

Breadth of impact

The best available data for capturing the coverage of our programming still remains the total number of people directly benefitting from World Vision UK supported programmes. This section analyses the numbers by sector, geography and theme. The beneficiary totals include only those directly supported through service delivery, community empowerment, training and awareness raising work, either funded by World Vision UK in 2015 or which had received funding in previous years that sustained activities into 2015⁴.

Depth of impact

To analyse the nature of change in child well-being, we draw from the programme evaluations and outcome assessments, reviews of our humanitarian and advocacy work, and, where helpful for illustrative purposes, programme annual reports. We are increasingly using standardised indicators to measure progress in child well-being, though this is easier in some sectors (such as child health) than in others (such as child protection, for which standardised indicators are more difficult to develop, and accurate information harder to collect). Where we have used standardised indicators across a number of programmes, we aggregate the change from baseline to evaluation to create an overall picture of the progress we have contributed to.

A theory of change is included where possible to help explain how we believe change happens, and what our contribution is, from needs to activities to outcomes to impact. It describes the change we want to make and the steps involved in making that change happen, and we draw

from quotes and case studies to illustrate this. We then identify conclusions and lessons we can learn from these evaluations.

Sustainability of impact

We use the same evaluations conducted in 2015 to explore the extent to which our programmes feature the five 'drivers' of sustainability that, based on a literature review and our own experience, we believe help ensure that communities are able to sustain child well-being beyond the point that our programme ends.

Impact Report limitations

The quality of the analysis and learning is only as good as the quality of data upon which it is based, and for the past four years we have been closely monitoring, and seeking to improve the quality of evidence as captured in programme evaluation reports.

Another limitation of our impact reporting approach is that, by only drawing from evaluations conducted in 2015 and focusing on a number of priority sectors for World Vision UK, we have to leave out some aspects of our programming that did not come up for evaluation that year (for example we did not conduct any evaluations of our child protection projects), and by being selective in the sectors that we analyse, in line with our strategic priorities, we are not able to do justice to programming areas like food security and economic development. In the technical report, we are able to explore more fully aspects of impact like the potential for greater accountability to communities, including providing them with mechanisms to give feedback, for enhancing our impact.

REVIEW BY OXFORD POLICY MANAGEMENT

"World Vision UK's *Impact Report 2015* continues to demonstrate World Vision's commitment to internal reflection, learning and consequent adaptation of its systems and processes. The report overall, and particularly in the section on sustainability, indicates that World Vision UK has put considerable effort and resources into improving its analysis of, and reporting on, impact."

RIGHT: A lack of basic infrastructure can make childhood in Myanmar hard – but also fun. "I love going to school walking together with my friends every day. It is fun. I love riding the boat as well as riding the small truck," said Aye Aye referring to using different kinds of transport to go to school depending on the season. © 2015 / World Vision

Breadth of impact



³Roche (1999) *Impact Assessment for Development Agencies*, Oxford: Oxfam.
⁴See the technical report for further detail on how this is calculated.

Breadth of impact

In 2015, World Vision UK supported a total of **317 projects across 38 countries** funded by a combination of institutional and individual donors.

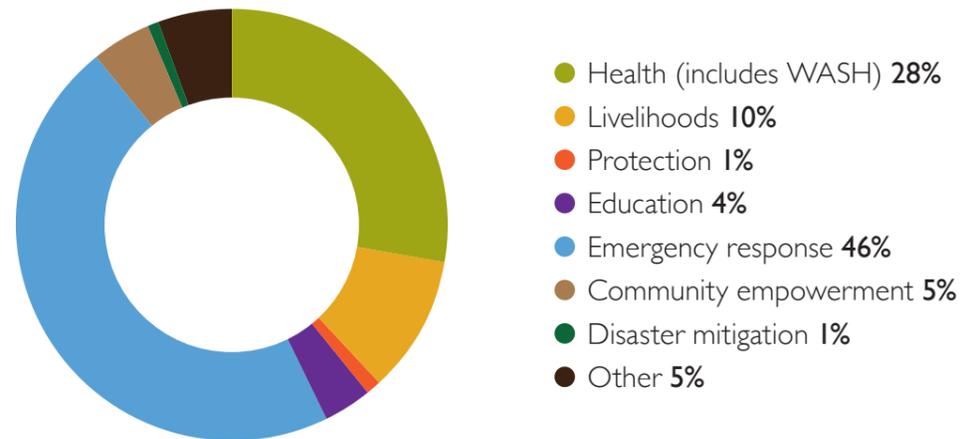
Total number of people benefitting: 7,008,898.
Of these 4,037,779 were children.

This total annual number of beneficiaries is 17 per cent lower than last year. This is primarily due to a number of projects, which reached a large number of people, coming to an end. This is noteworthy given that our programme remittances grew by 30 per cent since last year at the same time. This highlights the fact that cost per beneficiary varies greatly depending on the type and location of projects funded, and in particular we recognise that supporting programmes that seek to reach the most vulnerable children will require a greater investment.

Child beneficiaries per region and sector

World Vision UK's strategy prioritises the most vulnerable children, many of whom live in what are referred to as 'fragile states'. These are countries failing to provide basic

Figure 2: Beneficiaries by sector in 2015



⁵These are, in alphabetical order: Afghanistan, Chad, Central African Republic, DRC, Mali, Pakistan, Somalia, South Sudan, Sudan, and Syria. In 2015, World Vision UK funded programmes in all of these countries except Chad.

services to their populations because they are unwilling or unable to do so. In 2015, 88 per cent of the children we reached were in fragile states (up from 87 per cent in 2014). We also measure how many were located in the 10 most fragile states in which the World Vision partnership operates, and this was 12 per cent⁵.

In 2015, we reached most children through emergency response. This is due in part to the large scale response to Ebola in Sierra Leone, West Africa where we operated in 12 out of the 14 districts across the country.

The full breakdown of beneficiaries by our operating regions is: West Africa 45 per cent, Southern Africa 22 per cent, East Africa 14 per cent, Asia 11 per cent, Middle East and Eastern Europe 6 per cent, and Latin America and the Caribbean 1 per cent.

RIGHT: Melisa, age 2, is staying with his parents and sister in an abandoned brick factory on the outskirts of the Serbian city, Subotica. By the time they arrived, the Hungarians had closed the border to Serbia. In the month that the family has been traveling, they've exhausted their resources. The last of their money went to a smuggler who disappeared with the cash. Now they are dependent on aid for everything. So now they stay, waiting, trying to figure out what they can do next.
 © 2015 Laura Reinhardt / World Vision

Depth of impact



Health

Our first child well-being aspiration is that girls and boys enjoy good health.

We seek to build a movement for change in communities on health as for other sectors. For example, we may spearhead campaigns to seek out the most malnourished children and build capacity in community-based monitoring of children and services. This brings together new and existing community groups such as mothers and community-based health workers, farmers and village leaders to work on the three pronged approach represented below in figure 3.

Number of children who have received immunisation

15.04 per cent average increase across 12 programmes over an average of 4.5 years.

Proportion of children exclusively breastfed for the first six months of their lives

22.8 per cent average increase across 11 programmes over an average of 4.4 years.

Proportion of births attended by skilled birth assistants

29.1 per cent average increase across eight programmes over an average of 3.6 years.

Number of children who are underweight

7.2 per cent average decrease across nine programmes over an average of 4.6 years.

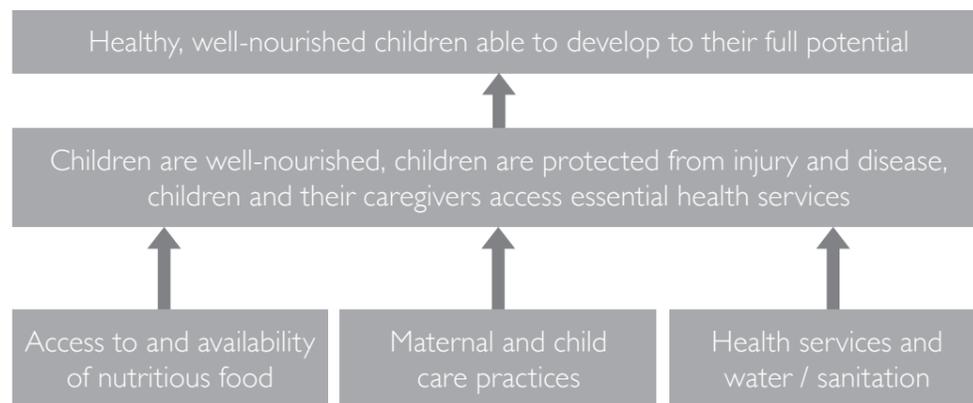
The overall pattern of change is very positive. However, digging into the figures shows where there is still some way to go. For example, positively we see that in Rattanak Mondol, Cambodia there was a 29 per cent positive change in immunisation, now 79 per cent and just below the target of 80 per cent, however it's still in the category of 'action required' according to World Vision health thresholds⁶.

The case study opposite is an example from Zambia of how change is being achieved.

TOP RIGHT: "I enjoy eating soya porridge because its gives me energy and gives me strength," says Tembe, 7, from UK-funded Keembe ADP in Zambia, before she goes to play. © 2015 / World Vision



Figure 3: Simple World Vision theory of change for child health



⁶See page 4 of World Vision International's Global Child Well-being Report at www.wvi.org/sites/default/files/2014%20CWB%20Summary%20Report.FINAL-revised1.pdf

ZAMBIA: STRENGTHENING HEALTH SYSTEMS

Project: Citizen Voice and Action, 2011-2015

Beneficiaries: 5203 males and 5348 females (including children)

Location: Nalusanga Ward, Mumbwa District, Central Province, Zambia.

CONTEXT

Mumbwa District is a rural area 150 km west of the capital city, Lusaka. The population of Nalusanga Ward would walk approximately three hours each way to access primary and emergency health services. Due to the long distance, pregnant women had to choose to deliver babies at home or attempt to make the journey to the nearest facility. Both options are risky for both mother and child.

ACTIVITIES

World Vision introduced its Citizen Voice and Action (CVA) model which makes the community more aware of their entitlements and supports them in pushing for the relevant authorities, in this case the Zambian health service, to actually deliver on them. For example, the health service standards stipulate that a health facility should be within 5-10 km of communities, and that communities with a population above 7,000 should have their own health facility. Mumbwa residents were trained and empowered by the CVA project to work closely with community leaders and traditional leaders in mobilising the community through meetings on service delivery standards.

Residents approached the traditional leadership to request that the District Medical Office build a health post in their community. The chiefs were able to, in turn, press the district representatives to review the existing health system in the area, using face-to-face meetings and joint letter campaigns. The government responded by providing the resources to construct a health post for the catchment area.

RESULTS

- Use of primary health care services more than tripled per month.
- 1,612 community members reported improvement in health services.
- In addition, 200 households in the community constructed standardised latrines to improve sanitation.



BOTTOM RIGHT: Nalusanga health post © 2015 Andrew K. Nswana / World Vision

Education

The second of our child well-being aspirations is that children are 'educated for life'.

This includes children accessing and completing basic education, being able to read, write and use numeracy skills. We also want to support children to prepare for economic opportunity, make good judgments, protect themselves, manage emotions and communicate ideas.

As with our health programming, we work to inspire a movement for change in communities, bringing everyone on board: parents, children and young people, teachers, other NGOs and education authorities to tackle the issues.

Aggregated data across two programmes shows that **literacy has increased by 15.3 per cent over an average of two years.**

The chart below shows the nine programmes which measured functional literacy; the absence of baselines in seven of these programmes means that we only know the rate of literacy at the time of evaluation plotted against our agreed global thresholds.

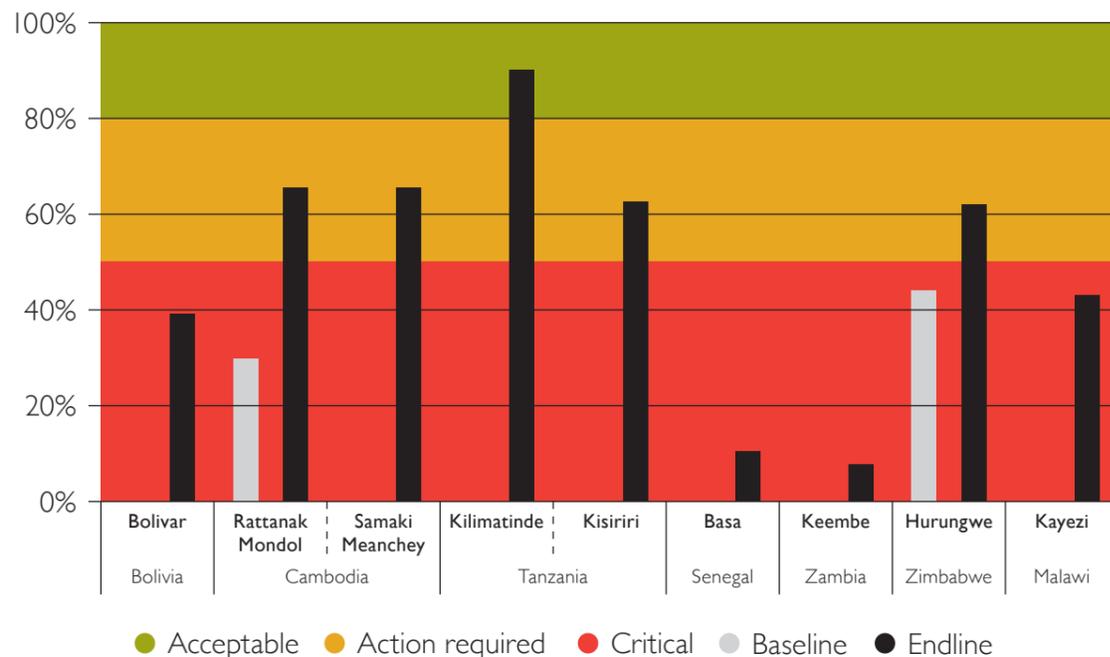
Functional literacy

Most progress against baseline has been made in our Area Development Programme in Rattanak Mondol, Cambodia. The strategy in this programme was to improve school management and community involvement in the running of schools. The evaluation report suggests this is due to increasingly child-centred teaching methods and an increase in school directors applying a school improvement plan. In our Hurungwe programme in Zimbabwe, we have an improvement, moving out of the 'critical' threshold to 'action required'. However, the overall picture reinforces the need for effective literacy programmes.

In the Kayezi programme in Malawi, the evaluation report suggests there is pressure on schools. This may be due to an increase in enrolment and that more lobbying is required to ensure more teachers are brought into the area.

The case study opposite, from our Bhojpur (India) programme 2015 annual report, shows how change is being achieved in education.

Figure 4: Levels of literacy by the end of primary school across programme evaluations in 2015. Thresholds as defined by World Vision's Global Child Well-being Report 2014.



TOP: Most of our long-term programmes in India include remedial education centres, such as this one (pictured) in Khariar ADP. Tanu, 8, from UK-funded Bhojpur ADP told us about some of the skills she's learnt at her local centre: "I am very happy to be part of this centre now I am able to read, write and do simple arithmetic. I have also learned cleanliness." © 2014 Alfred S Ling / World Vision

INDIA: EDUCATING FOR LIFE

Throughout the year, our Area Development Programme in Bhojpur involves children attending children's clubs and an activity camp for several days called 'Life Skills for Transformational Development'. The programme includes lively play and creative activity alongside awareness seminars on subjects such as child rights and child labour. These interventions help children to discover their potential and value. The programme staff described the effect seen in the 24 children's clubs in the target area (17 villages): "Children standing up for their rights and engaging themselves in development of others".

Children in the New Sunrise children's club have reached out to excluded children from a low caste group in society, who are least likely to attend school due to discrimination.

In India, many World Vision programmes include tuition centres for excluded children or those who need extra support. These are safe spaces enabling children to catch up in basic literacy and numeracy. The intention is that children enter formal school when they are ready.

Children's club members have been visiting and monitoring the presence of excluded children in the



tuition centres. "I felt some children are ready for the enrolment in primary school," says Meenu studying in class seven.

Nine excluded children were invited by the children's club members, introduced to the head teacher and enrolled into formal school.

In our Bhojpur Area Development Programme, there are 26 tuition centres with 1,140 children attending regularly.

BOTTOM: Children's club members visiting excluded children. © 2015 / World Vision

Child protection

Our third and fourth child well-being aspirations go beyond health and education and include children being cared for, protected and participating and enjoying loving relationships. We have a particular focus on child protection, as we seek to contribute to every child being free from fear.

Our detailed Theory of Change for child protection⁷ identifies how all actors play a role in protecting children, as summarised by the following diagram on the different parts of the child protection system.

Depending on the context, different parts of the child protection system need to be strengthened and our child protection programming is often integrated into other activities, working with both adults and children to build community capacity and understanding of child rights. So while during 2015 there were no evaluations of our focused child protection projects and so no headline changes in the number of children who live free from violence, abuse and exploitation, we can report on how we are strengthening the protective environment around

children, including how we are empowering girls and boys, how schools are becoming safer environments, and how by engaging with faith communities we can help change what is seen as 'normal' and so protect children from harmful traditional practices.

Empowering girls and boys

We believe that empowering children is fundamental to enabling them to protect themselves. In seven World Vision National Offices (Tanzania, Somaliland, Sierra Leone, Nepal, India, the Democratic Republic of the Congo (DRC) and Cambodia), we are implementing and monitoring focused child protection projects funded by DFID. Just in 2015 in these projects, we trained 16,695 children to better understand what their rights are and to give them the confidence to protect themselves.

Partnering with communities

One of the riskiest places for children can be school, where they could be subjected to violence, exploitation or abuse. In our wider child protection and education programming, we can see progress in making schools a safe space for boys and girls. One indicator of this is the level of children dropping out of school. In 2015, we have data from six of our evaluated programmes and in all but one programme there was a welcome decline and **on average 3.5 per cent fewer children dropped out of school over an average period of 3.5 years**. The biggest change was seen in our Kayezi Area Development Programme, in Malawi, which reported a 15 per cent decline from 22 per cent to 7 per cent. The evaluation report points to better school buildings and facilities as a direct factor, and describes an increase in engagement between the community and education authorities on education issues.

Figure 5: World Vision's systems approach to the protection of girls and boys



PARTNERING WITH CHURCHES AS 'CHANNELS OF HOPE' FOR CHILD PROTECTION IN MALAWI

'Channels of Hope' for Child Protection is our programme model that empowers and builds capacity in faith communities to address harmful traditional practices toward children. In 2015, Queen Margaret University, Edinburgh, conducted a study to explore the impact of workshops conducted with local faith leaders, their spouses and other community members in two communities, Chingale and Namachete⁸.

The report noted that 'many participants reported that attending the workshop had been transformational of their perspectives regarding the protection of children and its relationship to their religious ministry. The key child protection issues identified by participants included non-school attendance, forced labour, child marriage and harsh physical punishment'.

The report also concluded that, by virtue of this project linking closely to the Community Voice and Action (CVA) programme in the communities, 'a number of developments in establishing a more protective



environment could be identified. These included stronger links with government structures and village authorities and the broader connection of religious leaders with other parties interested in promoting child protection such as teachers'.

ABOVE: In Malawi, a pastor involved with our Channels of Hope work, speaks with members of his congregation. © 2015 / World Vision

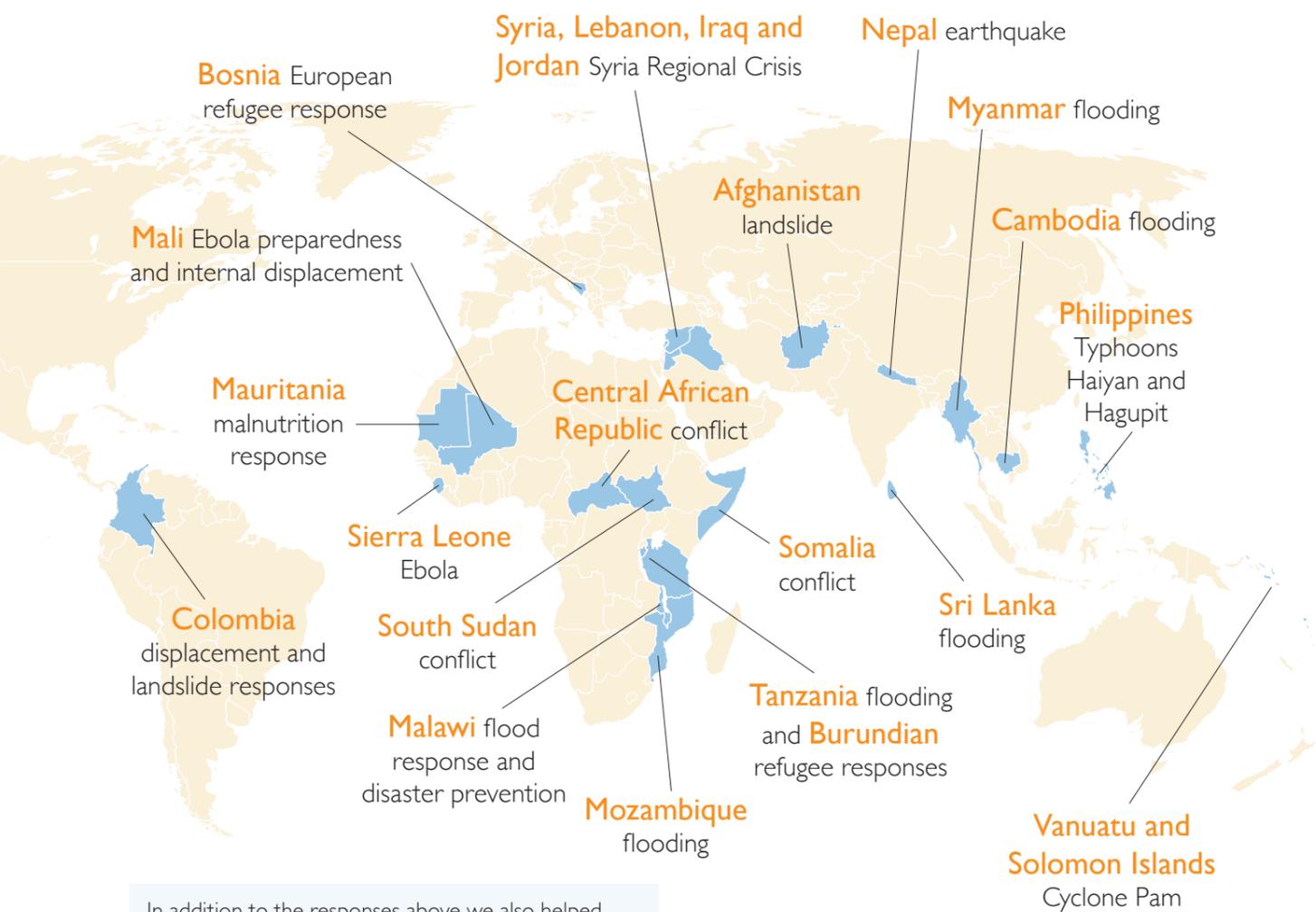
⁷Child protection theory of change: www.iicrd.org/sites/default/files/CPTOC%20WVInt%271.pdf

⁸The full report is located at www.wvi.org/es/node/67631

Emergency response

In 2015 our emergency responses have helped

3,319,611 people in **31** countries
1,870,531 of them were children



In addition to the responses above we also helped families in **Sudan, Democratic Republic of Congo, Uganda, Kenya, Niger and Zimbabwe** with life saving food assistance with funding received from the World Food Programme.

Figure 6: Emergency responses funded by World Vision UK in 2015

Our emergency responses tackle the most immediate threats to children's well-being. The map overleaf illustrates the range of responses we've supported, and our case study of the Ebola response demonstrates how timely, targeted responses can make a real difference.

Ebola Virus Disease

Karen from World Vision in Sierra Leone answers some questions about our response:

What has World Vision done to combat the Ebola virus?

In close collaboration with the Government of Sierra Leone, we reached an estimated 1.56 million people through our Ebola Emergency Response. Highlighted activities include:

Health

- 5.4 million personal protective equipment items (suits, gloves, face masks, goggles, etc.) delivered to health workers.
- 1,020 health care professionals and 950 community health workers trained in infection prevention and control.
- 7,000 hygiene kits distributed to 200 schools.
- 36,533 safe and dignified burials conducted by 800 trained burial workers, in partnership with CRS and CAFOD.

Education

- 36,000 teachers trained in psychosocial first aid for children, using a training manual co-produced by the Ministry of Science, Education and Technology, World Vision, UNICEF, and other NGOs.
- 30,000 radios distributed to children to support broadcast education during a nine-month school closure.
- 2,686 schools cleaned by 13,430 volunteers, organised by World Vision in partnership with the World Food Programme (360 metric tons of food were provided to volunteers and their families).



ABOVE: Safe burial teams played a vital role in slowing the spread of Ebola. © 2014 Bruno Col / World Vision BELOW: "More than just a radio," says Oamaru, 10, from Sierra Leone. He and his sister Frances had lessons by radio while schools were closed. © 2015 Sahr Ngaujah / World Vision



Child protection and advocacy

- 1,100 children were spoken to for the *Children's Ebola Recovery Assessment*, published in partnership with Plan International and Save the Children.
- 3,000 members of local Mothers' Clubs and Community Welfare Committees trained in child protection legislation, parenting and psychosocial first aid skills.
- 500 citizens mobilised to advocate for improved health services during Global Week of Action, resulting in a policy paper.

Livelihoods/food security

- 8,861 rural families (approx. 44,304 people) supplied with 306 metric tons of food.
- \$500,000 banked by 550 Savings Groups (women and men) trained by World Vision.
- 500 farmer provided with seeds, tools and training in post-harvest management.
- 50 women's groups equipped in vegetable production; 450 acres cultivated.

Faith leader engagement

- 460 ministers and imams and 150 paramount chiefs trained on Ebola prevention (See 'Religion and Ebola: learning from experience', *The Lancet*, July 2015).

Logistics

- 302 vehicles, including ambulances and burial team trucks, maintained and serviced.
- 12 inter-agency Ebola-response Command and Control Centres managed across the country.



TOP: A safe burials team at work. © 2014 Jonathan Bundu / World Vision
MIDDLE: Faith leaders joining the effort to eradicate Ebola. © 2014 Jonathan Bundu / World Vision
BOTTOM: Supplies for the Ebola response being unloaded. © 2014 Marilyn K. Yee / World Vision



What was the context the teams were operating in?

Before the outbreak, Guinea, Liberia and Sierra Leone were among the world's poorest countries. Ebola overwhelmed their already fragile health systems; frontline health workers were some of the first to succumb to the virus while treating others. At the beginning of the epidemic, nurses and doctors did not even have plastic gloves, let alone personal protective equipment, to protect themselves and others.

The inadequacies of the health care systems in the three most-affected countries help to explain how the Ebola outbreak got this far. Spain spends over \$3,000 per person on health care; for Sierra Leone, the figure is just under \$300. The United States has 245 doctors per 100,000 people; Guinea has ten. The particular vulnerability of health care workers to Ebola is therefore doubly tragic: as of July 2015 there had been 875 cases among medical staff in the three West African countries, and 509 deaths⁹.

What has World Vision done to strengthen health and social systems in Sierra Leone to ensure they are ready for the next outbreak?

In collaboration with the Ministry of Health and Sanitation, we've trained 1,020 health care professionals and 950 community health workers in infection prevention and control. We also influenced public knowledge, attitudes and practices regarding Ebola by training 460 ministers and imams and 150 paramount chiefs, who in turn informed their communities about prevention, e.g. avoid body contact; wash hands regularly with soap; and cease traditional practices, such as washing deceased family members before burial. Communities are equipped with the knowledge needed to combat future outbreaks.

What are the long-term implications and impact of Ebola on Sierra Leone?

The Ebola outbreak reversed Sierra Leone's economy from being one of the world's fastest growing economies to facing serious economic challenges. The country will need long-term support to recover from Ebola. The effects of the epidemic have ravaged almost every sector – health, education, agriculture, and livelihoods. The Government of Sierra Leone has appealed to the UN for \$804 million to fund its two-year post-Ebola recovery plan to revamp the economy, and improve public services, including health, water and energy.

Children have been particularly affected by the crisis. Their lives were disrupted by the nine-month national

school closure. In the *Children's Ebola Recovery Assessment* report we conducted with Plan International and Save the Children, many of the 1,100 children surveyed report increased levels of child exploitation and abuse stemming from the Ebola crisis.

We have served in Sierra Leone for almost 20 years. We're committed to supporting the well-being of children and their families through the recovery period and beyond via our community development work. We currently have 58,000 sponsored children in Sierra Leone – none of whom contracted Ebola, in large part because of our effective community engagement early in the crisis. We hope that our generous donors and sponsors will continue to support us in this critical work.

How did we work with other faith-based partners?

We are part of SMART (Social Mobilisation and Respectful Burials Through faith-based alliance). SMART is a UK government-funded consortium comprising of World Vision, Catholic Relief Services (CRS) and the Catholic Agency for Overseas Development (CAFOD). Our 63 burial teams have conducted safe and dignified burials for 36,533 people in Sierra Leone since November 2014, contributing significantly to the containment of Ebola infections.

To combat stigmatisation, SMART launched public information broadcasts, reaching a large audience across Sierra Leone with the message that burial workers are pivotal in combating Ebola.

Ebola is extremely limited.

**It cannot cripple hope;
it cannot shatter love.**

**Ebola cannot corrode faith;
it cannot destroy peace.**

**It cannot kill friendship;
it cannot suppress memories.**

**Ebola cannot silence courage;
it cannot invade the soul.**

It cannot steal eternal life.

**Ebola cannot conquer
the spirit of Sierra Leone.**

– Anonymous

⁹See www.economist.com/blogs/graphicdetail/2016/01/daily-chart-12

UK-based advocacy

In addition to the local and national level advocacy that World Vision UK funds and supports and that our World Vision National Offices implement, World Vision UK also conducts advocacy with the UK Government and influential international organisations on priority areas, particularly child protection and humanitarian issues.

Our child protection advocacy saw us join the Foreign and Commonwealth Office's steering group for the Preventing Sexual Violence in Conflict Initiative; co-host an event with partners including the Department for International Development (DFID), which focused on putting girls at the centre of efforts to end violence against women and girls; and supporting youth advocates in DRC, Uganda and Kosovo.

We engaged with DFID and parliamentarians through learning events, regular meetings, party conferences, and processes including the Civil Society Partnership Review. This included work on protracted crises, child labour, and specific humanitarian emergencies such as those in the Central African Republic and Syria.

During the year, we also actively contributed to the Turn Up to Save Lives coalition that saw the UK Government legislate their commitment to spend 0.7 per cent of GNI on overseas aid, the action/2015 coalition in support of the Sustainable Development Goals, and through BOND and other sector working groups.



ABOVE: World Vision Ambassador Sue Tinney and her husband Sam campaigning with our CEO Tim Pilkington to highlight the Sustainable Development Goals. Sue works with our Public Affairs team to project the voices of sponsored children in parliament with MPs and Ministers. © 2015 Sarah Klassen / World Vision

Our influence on the 2030 agenda for sustainable development

Each year we identify one priority policy area, and conduct a review to explore the extent to which we've been able to influence decisions in this area, and to identify lessons for our future advocacy work. In 2015, the review, which included interviews with 11 internal and external stakeholders, explored our contribution to the process to develop new Global Goals for Sustainable Development. The Goals are the successor to the Millennium Development Goals which covered the period 2000 to 2015 and the framework for international development cooperation up until 2030.

The outcome of this process is that the goals substantially reflected our priorities in child protection, maternal and newborn child health, nutrition and food security, and fragility.

Our policy influence rated four out of six on our influence scale, which indicates that it had some influence. We were part of a coalition or one of a number of voices calling for the same thing, but contributed something significant to the case and power of the argument being made. According to one former Government minister, this was particularly true for our advocacy for including child marriage in the goals. In line with our commitment to learn, it was noted that the weakest aspect of this process for us was public and supporter engagement, bringing the UK public into the process.

RIGHT: Sujita (centre) lost her home to Nepal's earthquake. She's now living under the tarpaulin we gave to her family. Her niece Sushmita (red dress) and Swikriti (pink dress) say they feel safer and more comfortable here. They can also sleep better as they were very afraid and could not sleep in the open before. © 2015 / World Vision

Sustainability of impact



Our overall goal is the sustained well-being of children especially the most vulnerable, however it has been a challenge to assess the extent to which our impact on child well-being is 'sustained'. In order to do this better, we have identified five 'drivers' of sustainability which, based on experience, are seen to be crucial for ensuring that communities build on what has been achieved within a programme to benefit future generations of children.

For this year's *Impact Report* we drew from the 19 long-term development programme evaluations conducted in 2015 and assessed the extent to which these five drivers were present and how they might be contributing to sustained impact.

1: Ownership

Definition: where the programme vision and priorities are developed with and owned by the community and local partners after an in-depth discussion on child well-being in their own context. There are clear plans for how local people will continue to hold each other accountable for improving child well-being once our programme has ended.

The top right hand photo shows Marcelo Fábica in Bolivia, newly elected Well-being Secretary, presiding over a community meeting. He was elected during the meeting and upon accepting the position, he said, "I never thought to leave this meeting having a new responsibility, but you have entrusted me and I only ask you to support me in everything we will do for the good of our community."

We looked at 17 programmatic evaluations for evidence of community ownership. Eight of these were found to present positive evidence of community ownership of development, and nine presented mixed evidence; some positive examples where community ownership can be identified but also evidence of a lack of ownership or a threat to the existing ownership.



TOP: Monthly meeting of Kisivillque community, in the Mosoj Punchay ADP, Bolivia. © 2015 / World Vision **BOTTOM:** Mosoj Punchay Area Development Programme in Bolivia. © 2015 / World Vision



ABOVE: Porfidio from Bolivia, shows us the work his class has done. This activity, developed by World Vision with the school, teaches children about their rights and values. © 2015 / World Vision

What did we see?

Shared vision and priorities

The evaluations indicate the need for shared discussion of child well-being with the community and local partners, to generate a collective vision and priorities which are so essential for community ownership.

In our Samaki Meanchey Area Development Programme (ADP) in Cambodia, we held discussions with a variety of stakeholders and the evaluation report describes how, "Community members became increasingly active in assessments of local need and prioritisation of sectoral projects and activities". "Community members helped to identify issues to be addressed, which community leaders then shaped into development proposals for submission to local government and NGOs with great success."

In our Hurungwe ADP in Zimbabwe however, the lack of shared vision and priorities, and risk to sustainability in many elements of the programming was attributed to the lack of involvement of community leaders in project design. A household survey confirmed that "41.6 per cent were not involved, 32.7 per cent lowly involved, 14.3 per cent moderately involved and only 7.9 per cent highly involved".

What can we learn?

In order to sustain community ownership, it's essential that the motivation of the responsible community members is maintained. The evaluation report from the Samaki Meanchey programme in Cambodia noted that it was likely that the village development committees and community support groups would continue their voluntary commitment. In contrast, the evaluation report of a maternal, newborn and child health programme in Uganda, reported that one "threat to the sustainability is the lack of motivation especially in terms of financial benefits. Lack of motivation has already led to withdrawing of some village health teams... unless the Ministry of Health and district local governments begin to budget appropriately for motivation, monitoring and supervisory support, ongoing supervision of and support for [the teams] will be impossible". This is a reminder that local ownership is a necessary, but not sufficient, condition for development. There has to be higher level government buy-in.

2: Partnership

Definition: working with others in the development of an area. This includes the government at different levels (i.e. village, district, state) who retain primary responsibility for supporting child well-being in the long-term. Other bodies include the police and non-governmental organisations such as the media, financial institutions, faith-based organisations and charities large and small, general and specialised.

Of the 19 evaluation reports we reviewed, 14 mentioned partnership as a driver within the project approach. Eight showed good evidence of positive partnerships. Seven showed mixed results and four showed poor or limited evidence of partnership within the respective projects.

What did we see?

Working in partnership also includes strengthening community-based organisations to enable their working partnership with government and non-government organisations.

One example of this is savings groups, common across our programming for income generation and women's empowerment.

In another example, the photo below right shows World Vision Armenia and Armenian Church representatives in a workshop to develop a new joint strategy and action plan for working with their most vulnerable community members in reducing the number of cases of violence and abuse against children. They are often key partners in implementing child well-being activities.

BELOW LEFT: Nutrition support by a self help group in Myanmar. This group is from the Hlaing Thar Yar Area Development Programme in Myanmar and raises its own income to distribute food supplements to pregnant and breastfeeding women in their community. © 2015 Stephanie Fisher / World Vision **BELOW RIGHT:** World Vision Armenia and Armenian Church representatives meet in a workshop to share experiences in the Child Protection field. © 2015 Nune Hayrapetyan / World Vision



UMOZA SMALLHOLDER FARMERS ASSOCIATION

In 2005, World Vision Malawi encouraged the farmers in Kayezi ADP area to form an association to market farm produce to improve food security and the economic status of the 3000 households in the area. Today, Umoza Smallholder Farmers Association has a total of 550 members over the 22 villages. The group distributes in kind loans, for example passing livestock when the need arises. 141 famers have benefited from this programme. The association also plays an active role in making sure that children go to school.

The *Kayezi Evaluation Report* predicts that, "Even if World Vision pulls out the association will continue its operations. They (Umoza Smallholder Farmers Association) explained that the association was established by the people who will still be in Mpherembe hence they cannot allow it to die out."

ABOVE: Members of Umoza Smallholder Farmers Association hard at work. Kayezi ADP, Malawi. © 2016 / World Vision

What can we learn?

Strong ownership of child well-being and a willingness to participate in the development process are key factors in leading to effective partnering. In Armenia, a Citizen Voice and Action project reported that participating in the community planning process encouraged people to become more confident in demanding better services from government service providers. Our Kayezi (Malawi) and Nirman (India) Area Development Programmes and our Armenia Citizen Voice and Action project represent

very different contexts, but all have evidence of good partnership and participation. What appears critical is a favourable context to ensure successful partnering. The partners must be willing to work together in addressing poor service provision. In our Rattanak Mondol programme in Cambodia, it was mentioned that the context has changed and now the government "approves of" community empowerment. In another programme, the relationship with government was said to have been "difficult".

3: Transformed relationships

“Unity, knowing each other.” This was mentioned as a major achievement at the final stakeholder meeting, North Tripura programme evaluation in India.

Definition: men, women, girls and boys care for each other, for their community, for their environment, and the wider world. Relationships within households and communities are defined by trust, equitable gender relations, conflict prevention and resolution, voluntary sharing of time and resources, and the valuing and protecting of all children, especially the most vulnerable.

Much of World Vision’s programming is designed to facilitate the transformation of relationships to improve children’s well-being beyond our involvement in a programme area. Training often focuses on topics such as social ethics, domestic violence, child rights and child protection and aims to improve how community members relate to one another. Youth groups and children’s clubs seek to facilitate stronger relationships and build the capacity of Community Based Organisations (CBOs) that gives people a greater ability to serve their own community. The local advocacy Citizen Voice and Action tool is designed to improve the dialogue and relationships between communities and the government.

What did we see?

Many of the evaluation reports cite examples of community contribution and cohesion, while five specifically mention a **change** in community solidarity or unity, all of which were positive.

In four of these instances, the positive change in community cohesion was attributed to the process of working together in community groups. In our Samaki Meanchey ADP, Cambodia, anecdotal evidence suggested that increased social cohesion and solidarity has been helped by Community Based Organisations like the Village Development Committees, Village Health Support Groups, Rice Bank and Cow Banks. These local organisations are created and elected by the local community, with support by World Vision Cambodia. In our Hlaing Thar Yar (Myanmar) and Kilimatinde (Tanzania) ADPs, the increased cohesion was explained by the formation of these groups and the fact that the participants were meeting regularly and forming closer bonds with one another through the group.

However, in Hlaing Thar Yar, the ADP staff noted that sometimes there are misunderstandings and mistrust between CBO members, and that sometimes the funding from one CBO is monopolised by one individual.

What can we learn?

On the basis of this evidence, it seems that the relationship between the community members and the community groups does have an impact on the sustainability of their work. And that the sustainability can be threatened by a lack of understanding and trust between the two parties, caused by a lack of transparency, accountability, and dialogue.

LEFT: Thant Zin, 4, Naung Naung and Chit Ko Ko, both 3, play, sing and learn together in the Early Childhood Care and Development centre at Hmawbi ADP, Myanmar. © 2015 / World Vision **RIGHT:** These children are from Lezha in Albania, a UK-funded ADP. They are educating and raising awareness on online security. © 2016 / World Vision



4: Local and national advocacy

Definition: ongoing activities by citizens and local groups to hold government service providers accountable for the quality and quantity of services delivered, for the community and children, against plans and policies, based on regular assessments.

Activities also focus on building collaborative dialogue between communities and decision makers at the local and national level, to press for wider systemic changes which will reach beyond the borders of our programmes.

National engagement will often be undertaken in collaboration with coalition partners who share our objectives.

Citizen Voice and Action (CVA) is our primary approach to community level advocacy. It’s a social accountability methodology which aims to improve the dialogue between communities and government to improve services that impact the daily lives of children and their families.

Of the 19 evaluation reports reviewed, seven mentioned advocacy as a driver within the project approach. Six evaluation reports showed good evidence of positive

change, two showed mixed results and 12 showed no or limited evidence of advocacy within the respective projects.

What did we see?

In one portfolio of Citizen Voice and Action projects, 185 communities, across six countries (Kenya, Uganda, Malawi, Zambia, India and South Sudan) have reported improved access to quality health and education services. In India for example, community members from Nav Prahbat School Management Committee monitor the facilities and services provided to the schools. Through the activity of this group schools got repaired, the food contractor was changed, teachers were appointed, a road to the school was constructed, and food grain was supplied.

IN NEPAL, A SCHOOL TEACHER IN LAMIKHAL said “Since last year, the health post is operating full days and all hours. They provide service even after the office hour if patients request. So more people come there for the services in recent years.”





What can we learn?

Analysis suggests that progress in advocacy has been the result of:

Partnering

Continual strengthening and quality of collaboration between communities, service providers and local governments; growing partnerships with other development actors (see partnership section).

Use of by-laws

Communities and local governments worked together to secure by-laws, ordinances and laws to ensure access to education and abolition of early marriages in Malawi and improved health and sanitation in Uganda. The by-laws provide a local mechanism for addressing local problems.

Community radio

Other important drivers in the achievement of these results include the promotion and adoption of community radios. These have broadened, and added to, avenues for dialogue and engagement in Zambia, Kenya and Uganda.

Context

We have anchored our work around current decentralisation reforms in Kenya, Uganda, Zambia and Malawi which has enabled us to align citizen engagement processes within the emerging, supportive constitutional and regulatory frameworks.

ABOVE: A Citizen Voice and Action project score card in Zambia, following a monitoring meeting where features of the education system were ranked by the community. This information is used to develop an action plan for improving the quality of the schools.
© 2016 Andrew K. Nswana / World Vision RIGHT: A farmer in Nirman, India, where yield increase has expanded due in part to the embankment protecting farming land from the sea, constructed following the super cyclone in 1999. © 2013 / World Vision

5: Household and family resilience

Definition: families and households develop resilience to changing shocks and stresses. They can prevent, prepare for, mitigate and recover from disasters, adapt to external factors and transform their well-being on a pathway of growth to progress out of poverty.

We structure progress towards resilience under the following three headings.

Absorb shocks and stresses – people anticipate and prepare well for disasters and recover quickly from shocks and stresses, such as flooding and drought. At a family level this could mean taking part in risk education, doing preparedness planning, savings, traditional social safety net, insurance etc.

Adapt to a changing environment – by innovating, learning and engaging in diversified, sustainable livelihoods and management of natural resources.

Transform risk into opportunities – though effective economic growth, access to financial services and markets, access to public services and a transformed environment, promoting progress out of poverty.

13 of our long-term programme evaluation reports covered this area, of which five achieved a good standard of progress overall, showing strong evidence of progress in all three areas. Six achieved a mixed standard where progress towards indicators was positive in places with challenges remaining. Two achieved a poor standard where progress towards indicators is low or evidence is hard to find.

What did we see?

Our Nirman ADP (India) is an example of good standards. The evaluation reported a 33 per cent rise in food secure households, and significant disaster risk reduction work to prevent losses caused by cyclones across all affected villages. Nirman also demonstrated evidence of reducing malnutrition (17 per cent reduction in children who were underweight) and levels of poverty (18 per cent reduction in the 'very poor' household category). Furthermore, it highlighted a large number of Community Based Organisations capable of continuing the development process beyond the support of World Vision.

The report for our Namacurra ADP in Mozambique makes more difficult reading. Whilst there has been an increase in formal school attendance, only 14 per cent of households reported an increase in income in the last three years. 74 per cent of households reported either a decrease, or no change in income from agriculture in the last three years and 66 per cent of households experience some food insecurity during the year. Participants explained that the levels of poverty have not changed because they obtain their income from their crops, which had been affected by floods, droughts, and pests, stressing that these natural hazards are the main barrier to increasing agricultural productivity. The context in Namacurra is doubly challenging because of a prevailing expectation of handouts, rather than self-reliance. This comes from having been a refugee camp with relief operations. The recommendations in this case include identifying and encouraging best practice, where initiative and commitment are resulting in improvements.

What can we learn?

Our evaluations suggest an increasing focus on building household and family resilience through addressing risks – be they natural or social. Furthermore, programmes which have shown most progress have made ground in all three areas of resilience (absorptive, adaptive and transformative). Where programmes have seen a good standard of progress, evaluation reports now underscore the need to improve the accountability of local service providers.



Quality of evidence

The reliability of the data we use to make claims about changes to child well-being is of huge importance. We have been prioritising efforts to improve the quality of evidence for a number of years. The table below (table 1) shows the ratings this year according to an external review undertaken according to the BOND principles of evidence quality¹⁰.

The chart on the following page (figure 7) shows the average scores by year for each of the five evidence principles. The black line overlaid on the graph highlights the minimum standard as defined by the tool.

During 2015, we have focused on improving the quality of our planned evaluations and reviews. The scores in the chart on this page demonstrate the success of this approach. In all five criteria areas there is a positive improvement compared to last year. Triangulation of data

(using different sources of data to strengthen the reliability of the findings) is especially difficult if there is no baseline survey for comparison and this is part of the reason why this area is lagging behind. We now conduct baselines on all new programmes, to ensure we have strong quantitative data on changes in child well-being.

We have developed a standardised approach to evaluation design which includes session plans for each of the key steps; including a methodology for aggregating and analysing qualitative data and triangulation of the sources of information. Where this has been applied it has made a significant difference to the way we're able to confidently report on changes made at the community and household level.

	Country	Project	TOTAL
1	Armenia	Citizen Voice & Action	58
2	Bolivia	Bolivar	42
3	Cambodia	Rattanak Mondol	50
4	Cambodia	Samaki Meanchey	50
5	India	Nirman	67
6	India	North Tripura	54
7	Malawi	Tilitonse	54
8	Mozambique	Namacurra	67
9	Myanmar	Hlaing Thar Yar West	65
10	Nepal	Child Health Now	32
11	Tanzania	Kilimatinde	58
12	Tanzania	Kisiriri	45
13	Senegal	Basa	43
14	Senegal	Patiana	44
15	Senegal	Citizen Voice & Action (Kaffrine)	35
16	Sierra Leone	DEC Ebola Response	45
17	Uganda	Citizen Voice & Action	48
18	Zambia	Keembe	60
19	Zimbabwe	Hurungwe	60
20	Malawi	Kayezi	52

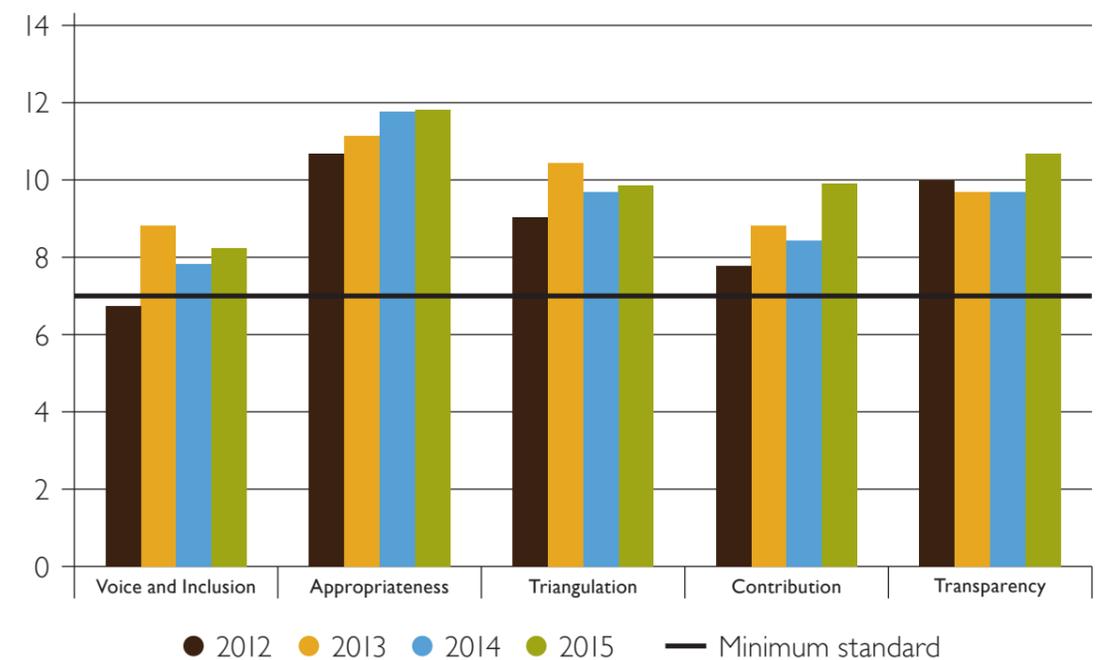
Table 1: Evaluation report ratings as assessed using the BOND principles for evidence quality.

55-74	Good
35-54	Minimum
0-34	Weak



ABOVE: Children involved in telling the story of change in their lifetime during an end of programme evaluation. This is a River of Life exercise, which can be used to hear and include the voices of the people who benefit. © 2016 / World Vision

Figure 7: Evaluation report ratings across the five BOND principles



¹⁰BOND is the membership body for organisations in the UK working in international development. The BOND principles for evidence quality have been welcomed as providing an industry standard and can be downloaded from the following website: www.bond.org.uk/effectiveness/monitoring-and-evaluation

Conclusions

What we have learned

Breadth of impact: the lower numbers of children reached in our programming, at a time when we are investing increasing resources, is a reminder that while counting beneficiary numbers is a very helpful way of understanding the scale of our efforts, our priority to reach the most vulnerable children will push us towards more fragile contexts, and may increase the cost per beneficiary. It is also a reminder that we continually need to assess the nature of the impact through our different programme approaches, given that some programmes are able to affect children more profoundly than others.

Depth of impact: where we have the most comparable data, we're seeing encouraging improvements in health and education indicators, though at the same time we continue to identify areas where the change is minimal or where change may be significant but improvements are still vital to move out of 'critical' or 'action required' thresholds. In considering the impact of our child protection programming, alongside that of our humanitarian programming, we continue to see how our ability to engage with faith leaders creates a significant opportunity to influence the way that communities protect themselves from diseases like Ebola, or protect their children from violence, exploitation and abuse.

A review of our advocacy work in the UK highlighted the effectiveness of continuing to work in broad coalitions. The potential for us to engage our supporters even more is vital for ensuring that the cries of the most marginalised and oppressed children are heard by decision makers.

Sustainability of impact: we are at the early stages of monitoring how sustainable our impact is. Identifying five key drivers is a positive step, and our analysis of the 2015 evaluation reports suggests that most of the drivers are evident in most of our programmes. Comparison across programmes in different countries highlights the importance of context, particularly the building of trust and strengthening of relationships at the local level. This then provides a foundation for communities owning, partnering and advocating for their children to enjoy life in all its fullness.

Our analysis and learning is only as good as the evidence that we collect in our evaluations, and we are able to report continued progress in the quality of evidence, particularly in understanding our contribution to change, though there is still room for improvement.

How will we apply this?

These lessons will inform our strategic review in 2016, alongside other analysis as we consider how we can make the biggest impact on children in the next five-year period. While we don't know the detail of that strategy yet, the following underlying themes are likely to remain central:

- Our commitment to reaching the most vulnerable children will mean we will face the challenge of programming in fragile contexts, and we will need to continue to understand how best to programme to maximise the impact we have and be agile and adaptable to what are often rapidly changing operating environments.
- We will continue to play our part within our wider World Vision partnership to strengthen our monitoring and evaluation so that we can more deeply learn from our programming and improve its effectiveness, whether that be in long-term development, humanitarian or advocacy programming.
- Our long-term presence in communities, alongside our commitment to be accountable and listen to those we seek to serve, enables us to have an authoritative voice in public policy debates, and we will continue to advocate for long-term systemic change, even as we quickly respond to humanitarian crises.

RIGHT: Mya, 4, from UK-funded Hlaing Thar Yar ADP in Myanmar, plays at the Early Childhood Care & Development Centre (ECCD). Her teacher uses a method specifically designed for three to five year olds' well-being. The ECCD was set up according to the area's Community Based Organisations (CBO) standards. In 2015, we completed our Area Development Programme here, with the goal that communities will continue contributing to these positive changes in their children's lives. © 2014 Khaing Min Htoo / World Vision





“When I grow up I want to
manage a big factory.”

Paulos, 11, from Malawi
© 2015 / World Vision

EVERY CHILD FREE FROM FEAR

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