

2023

ANNUAL RESULTS REPORT





ON THE COVER

*Eleven-year-old Davan,
who wants to be a singer
when she grows up,
enjoys riding a bike in
her Cambodian village.*

ACKNOWLEDGEMENTS

This report was prepared by World Vision Canada and made possible through extensive time and input from colleagues across the organization. We owe the utmost respect and gratitude to the staff and volunteers across the world who have continued to serve children and communities worldwide in the face of countless challenges in 2023.

INDIGENOUS LAND ACKNOWLEDGEMENT

We acknowledge that the land on which our head office is located, in the Region of Peel, is part of the Treaty Lands of the Territory of the Mississaugas of the Credit. For thousands of years, Indigenous people inhabited and cared for this land. In particular, we acknowledge the territory of the Anishinabek, Huron-Wendat, Haudenosaunee and Ojibway/Chippewa peoples; the land that is home to the Metis; and most recently, the territory of the Mississaugas of the Credit First Nation, who are direct descendants of the Mississaugas of the Credit. We are grateful for the opportunity to work on this land, and we give our respect to its first inhabitants.

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ACRONYMS + DEFINITIONS

ACPHA Alliance for Child Protection in Humanitarian Action

ARI Acute respiratory infections

BCR Benefit-cost ratio

CAAFG Children associated with armed forces or groups

CBA Cost-benefit analysis

CHW Community health worker

CMAM Community-based Management of Acute Malnutrition

CVA Citizen Voice and Action

DALY Disability-adjusted life year

DRR Disaster risk reduction

ECaP Empowering Children as Peacebuilders

ECCE Early childhood care and education

ECD Early childhood development

ECW Education Cannot Wait

EYOS Equivalent years of schooling

FGM Female genital mutilation

FMNR Farmer-Managed Natural Regeneration

GAC Global Affairs Canada

GDP Gross domestic product

GESI Gender equality and social inclusion

GIK Gifts-in-kind

GTFN Gender-Transformative Framework for Nutrition

INGO International non-governmental organization

MP Member of Parliament

NGO Non-governmental organization

PLW Pregnant and lactating women

PSRS Public sector revenue strategy

RUTF Ready-to-use therapeutic food

SDG Sustainable Development Goal

SGBV Sexual and gender-based violence

SRHR Sexual and reproductive health and rights

TVET Technical and Vocational Education and Training

WASH Water, sanitation and hygiene

WFP UN World Food Programme

WVC World Vision Canada

WVI World Vision International

Humanitarian assistance addresses immediate and short-term needs following a crisis. Often called “relief” work, it seeks to save lives and help communities rebuild.

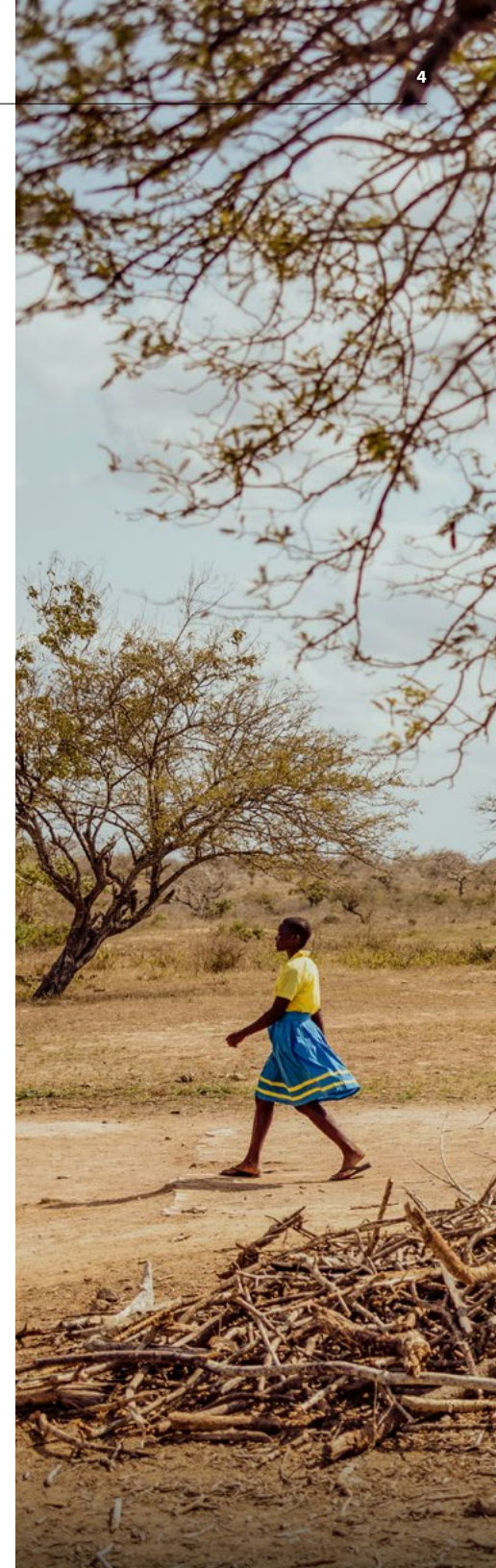
Development assistance addresses long-term, systemic issues that drive poverty and injustice, particularly focusing on social and economic development in lower- and middle-income countries.

Gender responsive work seeks to reduce gender-based inequalities by assessing and responding to the different needs and interests of women, men, boys and girls, and by incorporating the views of women and girls.

Gender transformative work takes specific measures to address root causes of inequality that change social structures, cultural norms and gender relations in order to achieve more shared and equal power dynamics and control of resources, decision-making and support for women’s empowerment.

The term “community” is used in this report when talking about the groups of people we partner with—people who live in the same place and share common characteristics, values and social ties. While local government decision-makers and institutions are included in this general definition, throughout the report we may place specific emphasis on our partnerships with governments, which are essential to ensuring our programs are sustainable and able to stand the test of time.

Financial numbers in this report are provided in Canadian currency, unless otherwise stated.



LETTER FROM OUR PRESIDENT



Michael Messenger

Michael Messenger
President, World Vision Canada

During a visit to Ethiopia, Netshete's daughter shows Michael Messenger how she feeds the chickens that World Vision provided.

BUILDING MOMENTUM FOR LASTING CHANGE

When I travelled to Tigray in northern Ethiopia earlier this year, I was inspired to see the steps—both big and small—that people are taking to overcome the effects of climate change, conflict, and rising costs, as well as disruptions to education and livelihoods. Despite facing so many hardships, many of the people I met there moved ahead with courage and resilience. They demonstrated that small steps forward ultimately lead to measurable change and real transformation.

This momentum is changing the lives of people like Netshete Goitum and her daughter. They were displaced twice from their home during the Tigray conflict. When peace finally arrived, Netshete took the step to start a business with the one rooster and four hens she received from World Vision. Today, her chickens lay eggs daily, giving a consistent source of food for her daughter, and income from selling the extra eggs to help cover expenses for the family.

World Vision is committed to working where most needed—responding to emergencies and partnering with communities to build these incremental changes that move people toward a better future.

As we live out our Christian faith and calling, we're guided by a single goal: the sustained well-being of children, especially the most vulnerable.

The steps we've taken in the past allowed us to collectively achieve so much in the last fiscal year: recognition as an A+ high-impact international NGO, expanding public sector partnerships to deliver more impact, and building on landmark advocacy wins that saw supply-chain transparency to address child and forced labour and the passing of a law that will remove the legal barriers to send emergency aid to Afghanistan.

As you review this report, I invite you to become more familiar with our strategic investments and impact in areas of need around the world. If you're inspired by any of our successes and learnings, please share it with your networks.

We are so grateful for the critical role you play in our mission that seeks to build momentum to bring hope, joy and justice for all children. Together, we envision a world where every person can participate in creating lasting change in the lives of vulnerable children and in making an eternal impact for God's kingdom.

SNAPSHOT REPORT:

2023 BY THE NUMBERS



OVERALL PROGRESS

This report accounts for World Vision Canada's program work completed in fiscal year 2023, from October 1, 2022 to September 30, 2023.

MORE THAN
16.5 million

GIRLS, BOYS AND ADULTS
WERE REACHED THROUGH
OUR PROGRAMS

\$427 million

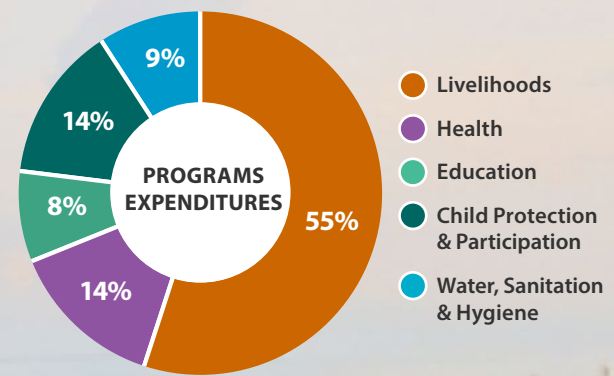
WAS INVESTED IN AREAS OF NEED
AROUND THE WORLD

280
PROGRAMS AND
35

GIFT-IN-KIND SHIPMENTS
WERE CARRIED OUT IN
55 COUNTRIES

45%

OF OUR INVESTMENT
WENT TO SUPPORT THE MOST
FRAGILE COUNTRIES



LIVELIHOODS



5,614,088
people reached through
126 programs with
\$236.6 million invested

4,233,973
people received food
and cash assistance*

97,876
people were active
members in 4,900
savings groups

\$48 million
in economic benefits
were generated
through our Savings
4 Transformation
programs over
three years

HEALTH



8,795,574
people reached through
72 programs with
\$59.2 million invested

3,410,780
children received
deworming treatment

81,740
girls and boys were
treated for malnutrition

6,274
lives were saved through
our Community-based
Management of Acute
Malnutrition programs
over three years

EDUCATION



1,793,942
people reached through
101 programs with
\$35.5 million invested

97,442
children received
school supplies and
educational resources

150,522
girls and boys attended
in-school or after-school
literacy activities

Girls and boys who completed
our Unlock Literacy programs
demonstrate reading skills
that are at least
**two years more
advanced** than
children who don't

CHILD
PROTECTION +
PARTICIPATION



2,779,614
people reached through
179 programs with
\$59.2 million invested

239,672
people were trained on
child protection issues

22,849
children under
age 18 received
birth certificates

For every dollar
invested in our Positive
Parenting programs,
more than \$4
is generated in mental
health benefits

WATER,
SANITATION
+ HYGIENE



1,032,844
people reached through
70 programs with
\$36.5 million invested

395,296
people gained access to
safe drinking water

95,078
people received
emergency water,
sanitation and
hygiene kits

4,901
lives were saved and
over 2.5 million
disease cases prevented
through our WASH
programs over
three years

* In partnership with
the UN World Food
Programme.

When looking across sectors, the level of investment will not correlate in a linear way to the number of people reached. For example, infrastructure projects like drinking water systems are costly to build in comparison to widescale deworming campaigns which are quite inexpensive—yet both reach large numbers of people with multiplying benefits. Unique participants are considered for each sector, but may be counted more than once across the different sectors.

In 2023, each program implemented an average of three projects. The number of people reached and the level of investment are calculated based on a project's primary sector. Since programs involve multiple projects and can span different sectors, the total program count of 280 shared on page 7 does not reflect the combined total of programs in each sector.



WORKING IN COMMUNITIES

292,113

girls and boys were sponsored in 35 countries.

14

sponsorship communities graduated to self-sufficiency.

6

new sponsorship communities were established.



ENGAGING WITH GOVERNMENTS

Bill S-211

was passed, following our 11-year advocacy campaign for supply chain legislation to address child and forced labour in Canadian supply chains.

Bill C-41

was passed, creating mechanisms to allow Canadian organizations to provide assistance in Afghanistan, thanks to efforts from World Vision and our coalition partners.

*The Refugee Education Council partnered with the Government at the Education Cannot Wait High-Level Financing Conference, where Canada announced **\$87.5 million in funding** for education in emergencies.*



RESPONDING TO CRISES

*We responded to **28 emergencies**, including those in fragile contexts, in **31 countries**.*

*Over **5.7 million people** were reached through our response efforts.*

***22,337 emergency kits** were distributed to support families in dire need.*



WORKING IN PARTNERSHIP

13 million+

resources like clothing and school supplies were shipped to 15 countries, thanks to gift-in-kind partnerships.

275,198

individuals and corporations were engaged as donors.

***2 joint fundraising appeals** with the Humanitarian Coalition—for the Türkiye-Syria Earthquake and the East Africa crisis—allowed us to work together to reach more Canadians.*

We identified three lessons learned in 2023

1. A cost-benefit analysis of our **water, sanitation and hygiene (WASH) program** model revealed that we had a positive impact on reducing diseases and death, especially for children under the age of five—and it excelled in specific conditions.
2. Our acute **malnutrition program** interventions made a significant impact in preventing deaths and illnesses for children under five years old, but a cost-benefit analysis showed certain requirements will help attain better cost efficiency.
3. How we collect data in our programs is essential to more efficient tracking, accurate data and better program outcomes. We identified five lessons learned as we've moved to **digital data collection**, and how we can optimize this for the future.



OUR IDENTITY + VISION

*OUR VISION FOR EVERY CHILD, LIFE IN ALL ITS FULLNESS.
OUR PRAYER FOR EVERY HEART, THE WILL TO MAKE IT SO.*

WHO WE ARE

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

WHAT WE DO

Grounded in more than 70 years of experience and expertise, World Vision works alongside communities, supporters, partners and governments to change the way the world works for children—impacting lives for generations to come. What does this work look like?

- **Emergency relief** for people affected by conflict or disaster—providing both immediate, practical help and longer-term support in rebuilding lives.
- **Transformational development** that is community-based and sustainable, focused especially on the needs of children.
- **Promotion of justice** that advocates to change unjust structures affecting the poor—empowering children, their communities and local partners with tools that address the root causes of injustice.

In every aspect of our work, World Vision is focused on a future where all children have what they need to live healthy lives that are full of promise: nutritious food, healthcare, education, protection from harm, clean water and economic opportunities.

WHY WE DO IT

Simply put, we are inspired and motivated to do this work because of our Christian faith. We believe in upholding, restoring and honouring the dignity and value of every human being, and we work alongside the poor and oppressed as a demonstration of God's unconditional love. We find joy as we partner with children in all their talent, strength and spirit—and see great things result. Lives are changed, and whole life stories transformed.

World Vision serves all people without distinction of any kind*. We collaborate with those from other faiths (and none) who share our common values of compassion, love, justice and mercy.

OUR CREDENTIALS

- We're a Top 10 International Impact Charity with [Charity Intelligence Canada](#). We have a 5-star rating including High demonstrated impact and A+ for our results reporting.
- We've reached more than 59 million people over the past seven years, with programs in more than 60 countries.
- We are part of the World Vision Partnership that reaches around the globe, with more than 34,000 employees in nearly 100 countries spanning six continents.

* As per United Nations' Universal Declaration of Human Rights.





2023

OUR
STRATEGIC
APPROACH

WHERE WE WORK

Focusing where we're most needed



World Vision is committed to improving the lives of the most vulnerable girls and boys—wherever they are in the world.



World Vision is guided by a single goal:

The sustained well-being of children, especially the most vulnerable.

To reach this goal, we must first meet children (and their families) *where they are*—and understand their needs—before we can work with them toward immediate and long-term solutions.

World Vision identifies “vulnerable” girls and boys as those under 18 who experience **two or more** of the following realities (understanding these factors may shift according to the environment):

- **Children in abusive, violent or exploitative relationships**
- **Children living in extreme poverty and deprivation**
- **Children who face discrimination that prevents them from accessing services and opportunities**
- **Children who are most susceptible to the negative effects of emergencies and protracted crises**
- **Children with disabilities or life-threatening health conditions**
- **Children who live without care and protection**

We are deeply saddened by the fact that children encounter such complex threats and challenges across the globe. Our founder, Bob Pierce, once prayed “May my heart be broken by the things that break the heart of God.” We continue to pray that prayer, as we know that children in need break God’s heart.

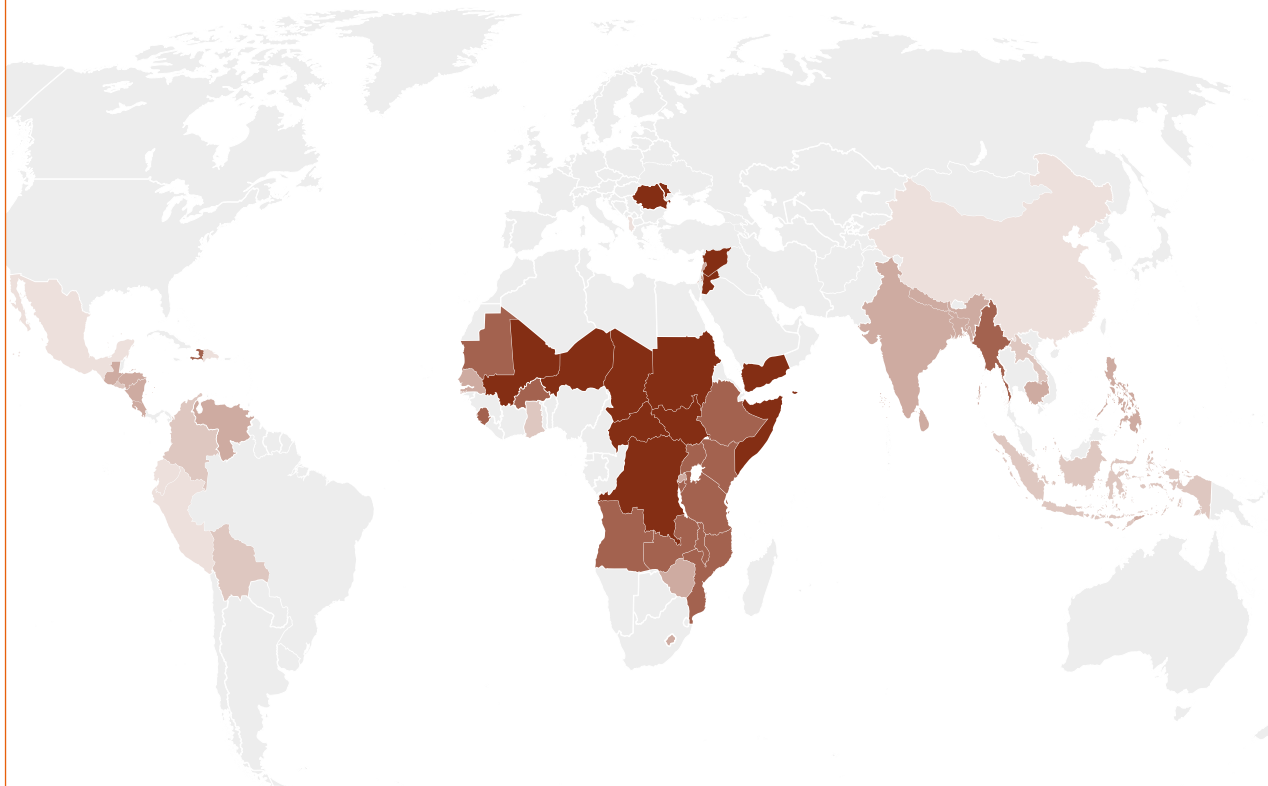
We find at-risk girls and boys in every setting where we work—from high developing countries like the Philippines and Peru to the most fragile regions of Iraq and South Sudan.

Moving our priority to fragile contexts

Over the past five years, we have increasingly shifted our focus toward [fragile contexts](#)—areas fraught with extreme poverty, chronic instability, conflict and violence. In fact, 45 per cent of our investment was used to support the most fragile countries and pockets of fragility in countries last year. Why? These are the most difficult environments for vulnerable girls and boys.

In fragile contexts, political and social stresses put children in harm's way, exposed to the worst kinds of violence, exploitation, abuse and neglect. These settings provide less protection against factors that accelerate extreme child vulnerability, including gender inequality, social exclusion and the impacts of climate change. In some places, governments are unable or unwilling to uphold basic rights and ensure the well-being of their citizens, or lack the capacity to manage conflict without violence. In extreme cases, the state may be non-existent, or actively involved in perpetrating violence against its people. According to the Organisation for Economic Co-operation and Development (OECD), fragile contexts are home to a quarter of the world's population, but account for three quarters of people living in extreme poverty worldwide.¹

If we're committed to reaching the world's most marginalized children, we need to be where they are.



We prioritize locations where girls and boys are in harm's way, exposed to violence, exploitation, abuse and neglect.

MOST FRAGILE

Central African Republic, Chad, Democratic Republic of the Congo, Jordan, Mali, Moldova, Niger, Romania, Somalia, South Sudan, Sudan, Syria, and Yemen

VERY LOW DEVELOPING

Angola, Burkina Faso, Burundi, Ethiopia, Haiti, Kenya, Malawi, Mauritania, Mozambique, Myanmar, Sierra Leone, Tanzania, Uganda, and Zambia

LOW DEVELOPING

Bangladesh, Cambodia, Guatemala, Honduras, India, Jerusalem, West Bank and Gaza, Lebanon, Lesotho, Nepal, Nicaragua, Philippines, Rwanda, Senegal, Sri Lanka, Venezuela, and Zimbabwe

MEDIUM DEVELOPING

Bolivia, Colombia, El Salvador, Ghana, Indonesia, Laos, and Vanuatu

HIGH DEVELOPING

China, Dominican Republic, Ecuador, Mexico, and Peru



We work for systemic change, targeting the underlying causes of inequality.

World Vision compiles and maintains a yearly fragility ranking of the countries where we work*. This helps us to plan our work where the needs are greatest. Even so, these categories are never fixed—situations change rapidly and although we track trends, our data does not predict the future. Instability can be felt across entire countries, reach beyond national borders, or be contained in smaller areas—even neighbourhoods of cities—called “pockets of fragility.”

World Vision has developed a [Fragile Contexts Programming Approach](#) tailored to our work in fragile contexts—one built on the need to be agile in these rapidly shifting environments. Our approach ensures families have the tools to survive, addresses the underlying issues that threaten their stability, and ultimately seeks a future where they can thrive.

Long-lasting change through long-term commitments

Creating a reality where the most vulnerable children can experience full and flourishing lives requires systemic change, with stable and well-functioning institutions that support their well-being. This calls for community-led advocacy work holding governments accountable to their commitments, country-level efforts to improve policies, and international initiatives to change the way we approach issues that affect children.

This kind of work—and sustainable change—takes time. World Vision typically works with a community for at least 12 years, with most of the staff being hired locally or within the country to create sustainable change. Consider World Vision’s efforts pushing for legislation to eliminate child labour from the supply chains of Canadian companies. After 11 years advocating for the protection of children, a law was finally passed, and came into force on January 1, 2024, to ensure that Canadian companies report on whether there is any sign of child labour in their supply chains and provide accountability on how they will address this. We expect this to contribute to long-lasting change in the lives of vulnerable girls and boys worldwide.

The gap between rich and poor continues to widen. Global conflicts, climate change and the rising cost of living are leading to a polycrisis that is deepening inequality and pushing more families to live on the edge of survival. We believe it’s not enough to help them merely survive. By investing in recovery and then long-term stability and growth, we’re working toward a future where their children can flourish and succeed.

* The World Vision Fragility Index ranks fragility 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. Note: the index measures average national fragility and does not account for pockets of fragility within otherwise stable countries.

HOW WE WORK

Partnering with people



Our child sponsorship approach works through our child-focused community engagement.

LEARN MORE



The underlying causes that push children and families into a vulnerable state are complex, multifaceted and not just determined by the geographical context where they live. Hunger experienced by a family, for example, may lead to increased stress and gender-based violence in the home. Economic pressure may push parents to have their young daughters married, alleviating the burden of another mouth to feed. Discrimination against girls may deprive them of an education, diminishing their self-autonomy and ability to determine their future. Beyond material needs, the spiritual well-being of individuals and communities drives meaning and purpose, making it integral to understanding.

Identifying these root issues can be complicated, and requires that we begin with the people experiencing vulnerability. It's only through strong collaboration with communities, families and children themselves that we can hope to see long-term, transformational change.

Our work begins and ends with the people we serve.

- Early in the planning stages of a project, World Vision engages with community members, local organizations, churches and other faith groups, government and decision-makers. We conduct gender, human rights and needs assessments, holding community consultations to identify the specific challenges families are facing. This involves bringing people together ensuring their voices are heard as they define what they need to both survive and thrive.
- Once the community has identified their objectives and plans are set, we work alongside them to carry out the projects. This requires strong connections between governments and community leaders, and healthy relationships between families, local organizations and churches and other faith groups as we work toward shared goals.
- World Vision staff are in constant communication with community members over the course of a project, but formal sessions also create spaces to debrief, discuss progress and lessons learned, and make adjustments to our activities when needed.
- “Community Summits” create opportunities to set plans and evaluate progress collectively, while accountability mechanisms like help desks invite people to speak directly with World Vision staff about concerns or suggestions. This helps ensure people’s experiences are being heard and their recommendations given careful attention. Our follow-up to community feedback is also tracked.

Working in partnership with community members means everyone involved has a deeper, shared understanding of the underlying issues we’re working to address. Keeping our eye on those set goals, we can adapt our plans toward them if and when the environment rapidly changes. To be this agile, our programming approaches must account for risk, integrate work across [our five sectors](#), and remain focused on the long-term goal of building stronger, more resilient communities.

Promoting localization throughout our work

At World Vision, localization entails empowering local actors to lead development and humanitarian program work. It is about shifting decision-making power, resources and responsibilities to local actors, organizations and communities. Our core values, beliefs and operational approaches inherently resonate with the principles of localization.

In the 1970s, World Vision’s leaders made the bold, God-inspired decision to “internationalize” the organization, divesting authority from the founding U.S. office and forming a global Partnership of separate, equal and interdependent entities. These entities are primarily led and managed by national staff, and our organizational leadership has significant representation of individuals from across the globe.

During the 2016 World Humanitarian Summit in Istanbul, Türkiye, a commitment to localization emerged to address inefficiencies. World Vision signed the Grand Bargain, pledging to support local responders and enhance operational efficiency, emphasizing a balanced integration of global expertise and local empowerment for more effective and sustainable outcomes in the field. In 2021, the Grand Bargain 2.0 refined these commitments².

We recognize that local actors are present and working in their communities before external interventions are introduced, and they will remain long afterward. We emphasize a gender-transformative approach to localization that integrates gender equality principles, challenges power dynamics, and elevates the voice of women and marginalized groups.

World Vision is currently developing performance metrics that align with the Grand Bargain commitments to assess our progress in localization. These metrics include:



PARTNERSHIP

More genuine and equitable partnerships, and less sub-contracting with local and national actors including those too-often overlooked, such as women-led and disabled people's organizations



CAPACITY STRENGTHENING

More effective support for strong and sustainable institutional capacities for local and national actors (and less undermining of those capacities by INGOs/UN)



FUNDING

Improvements in the quantity and quality of funding for local and national actors



VISIBILITY

Increased presence of local actors in international policy discussions and public recognition and visibility for their contribution to global development



VOICE

Fuller and more influential involvement of communities, including marginalized groups in how global aid is used in their local context



COORDINATION & LEADERSHIP

Greater leadership presence and influence of local actors in leadership and coordination mechanisms



In 2023 faith leaders gathered at the World Vision headquarters in Kigali, Rwanda, to speak about the partnership between World Vision and the Church in Rwanda.

The transparency of our Christian identity often gives us credibility in local communities, creating trust and mutual respect within diverse cultural and faith groups.

The role of faith

With 84 per cent of the global population identifying themselves with a religious group, faith plays a vital role in our world.³ Religious belief systems and cultural norms help to guide the thoughts, priorities and actions of families and communities. They influence how people see their ability to change their circumstances, break free of poverty or contribute to social change. Religious beliefs can also influence views on equal opportunities for girls and boys, as well as the acceptance of harmful traditional practices that undermine children's rights and well-being. As Christians, we understand the transformative impact of faith in our own lives.

Yet despite the importance of faith in people's lives, humanitarian and development projects often overlook this element, and miss a vital component of transformational change.

Our faith identity is an asset in our work

As a Christian organization, World Vision is uniquely positioned to engage with diverse faith communities. We often work in places where the majority of people follow faiths other than Christianity,



In one community in Bangladesh, girls weren't given the same educational opportunities as boys since girls were expected to get married and look after the husband's family. World Vision partnered with a nationally prominent Muslim imam and expert on child protection to speak with the community about the harm children face as a result of child marriage, child labour, physical punishment and a lack of disability inclusion. This inspired a change in views, leading more than 630 faith leaders to be trained on child protection measures, including Muslim imams, Hindu priests, and Christian pastors and nuns.

so we are intimately aware of how faith shapes local communities. We serve wholeheartedly in these places, finding common ground through our shared identity being made in the image of God and desire to care for and protect marginalized children.

Our Christian identity and focus on community empowerment can help to establish credibility and positive relationships with influential local faith-based organizations and faith leaders—who are often more trusted by local communities than societal or governmental leaders.⁴ With a long-term presence in their communities, faith-based organizations are valuable partners in ensuring that projects and approaches are appropriate for the local context, and that progress made is sustainable into the future.

These partnerships are especially critical in fragile contexts. Where government institutions are weak and unable to provide basic services, faith actors can be one of the few institutions that remain.

Using evidence-based approaches, World Vision engages with faith leaders and their communities to effectively tackle deeply-rooted problems like stigma, inequality, abuse and exploitation—working toward a world where all children can flourish and succeed.

- **Our network of faith-based partnerships is broad and deep**, with over half a million local faith actors including Christians of multiple denominations, Muslims, Buddhists, and Hindus. We work together in diverse social and political contexts, harnessing their power and influence to advance gender equality and combat gender-based violence, including traditional practices such as early and forced marriage.
- **We partner with faith leaders and communities to change harmful social norms**, addressing barriers to children's rights and well-being on issues including gender equality, child protection and health.
- **We support faith-based individuals to increase social cohesion** and build peace as they engage their communities on important and sensitive topics.
- **We equip families and faith leaders to value and nurture children holistically**—support for children that is sensitive to their faith has been shown as a vital source of resilience for children who are facing challenges.

Faith is an essential component of World Vision's holistic approach, enriching and strengthening our partnerships with communities as we work toward change together. As we live out our Christian faith and calling with boldness and humility, we are clear on our identity and mission while being open to learning from others.

OUR OBJECTIVES

Guided by global priorities and local need



We partner with communities to understand their specific and complex challenges, and the needs identified by the community guide our plans.

The objectives set for each program are guided by our partnership with the community. Not every challenge that is raised can be addressed. However, we work together to focus on the issues that are causing the most harm to children and families, and where we can do the most good for those most in need.

Even so, the circumstances that drive families into poverty and instability are complex, interrelated and interdependent; we believe addressing them requires a holistic understanding of the context—formed by engagement and feedback from communities—and a holistic approach to the solution. Our work may involve projects that integrate livelihoods, health, education, child protection, and water, sanitation and hygiene services—with a steady focus on gender equality and social inclusion—as we work together to accomplish the community's goals.

These objectives are defined and co-owned by the community, with World Vision providing facilitation and support. They ultimately feed into the [Sustainable Development Goals](#) (SDGs)—targets adopted by the United Nations in 2015 to end poverty, protect the planet, address gender inequality and ensure that all people enjoy peace and prosperity by 2030. The SDGs collectively inform our understanding of poverty and guide us in our mission.

Here are the main SDG targets that World Vision's work contributed to in 2023.

SUSTAINABLE DEVELOPMENT GOALS



By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than US\$1.25 a day.



By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.



By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.



By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.



Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.



By 2030, achieve universal and equitable access to safe and affordable drinking water for all.



By 2030, substantially reduce the proportion of youth not in employment, education or training.



Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States.



By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.



Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.



By 2030, provide legal identity for all, including birth registration.



Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including thorough north-south, south-south, and triangular cooperation.

EVALUATING OUR APPROACH

Data-led decision-making



Data collection and analysis is a fundamental aspect of World Vision's work. We partner with communities to measure the results of our joint efforts and ensure that our data collection methods equally hear the voices of men and women to ensure that the historical power imbalances are accounted for. This keeps us accountable to the children and families we serve, as well as to the donors who support us.

We begin collecting data in the early stages of project planning and assessment. Over the course of a project, continuous data collection cycles, assessments and, where appropriate, evaluations, allow us to analyze the changes that communities are experiencing. Data can be quantitative and qualitative in nature and these changes can be positive or negative. We use those learnings to make short-term changes and improvements, while informing the way future projects are planned.

Increasing our focus on real impact.[™]

Evaluating our effectiveness is the most accurate way to know that a community is indeed better off, and that we are truly doing more for the girls and boys we serve. However, in the world of international development, words like **progress**, **change** and **impact** are often used interchangeably. That creates confusion for people trying to understand the effect of our work—because when it comes to results measurement, these words carry specific meanings.

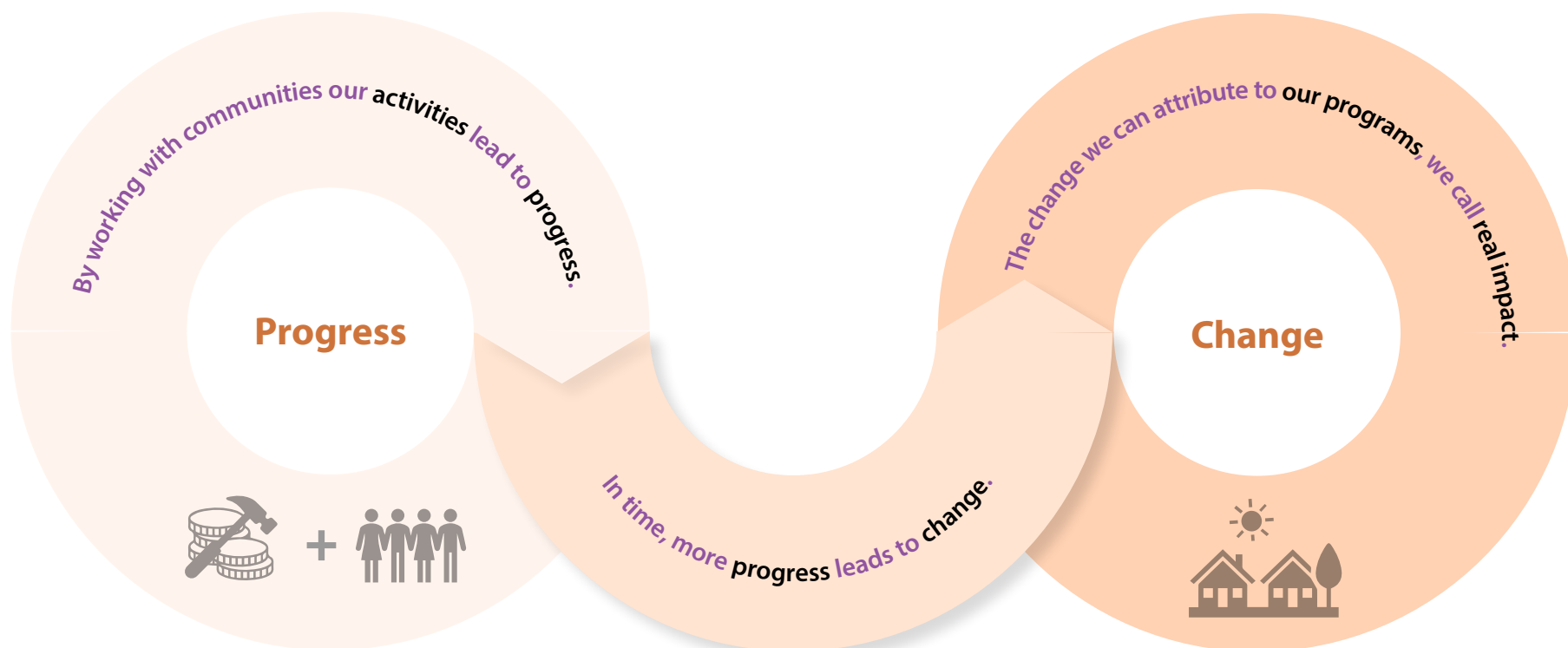
Measuring impact determines our effectiveness—it is the most accurate way to see that a community is better off because of our work.

Progress reflects the results of our activities—things like how many women received business training, how many malnourished boys were treated, how many gender-sensitive latrines were installed. We have a high degree of certainty with these results simply by doing quality work with communities as we implement projects.

Change is the transformation that results from a project's progress—how many women increased their profits, how many boys recuperated from malnutrition, how many more girls are attending school thanks to gender-sensitive latrines. Culture, environment and behaviour all play roles here, so we have less certainty with the results—and measurable change may take years to see.

Impact is the true measure of transformation. The Organisation for Economic Co-operation and Development defines impact as “positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.” This means that real impact looks beyond the basics of what happened in a given project and seeks to understand what role the project had in creating those particular effects in a community over a period of time.

Working together with communities toward real impact.™



World Vision takes this a step further as we design our projects: we don't just strive for positive impact—we focus on **sustainable, long-lasting, transformative impact** that can only be achieved through close partnerships with communities and their governments and institutions, addressing the root causes of poverty and injustice.

It's important to note that at times, circumstances like a country's sudden change in stability may force us to alter course, and helping families simply survive the present must take precedence over longer-term solutions. Even so, with our community-led program approaches and strategies that put families at the centre, we're working toward change that transforms people's lives and sets a new trajectory for the generations that follow.

These are long-term goals; some may only be achieved through the work of multiple projects, and even then the results may not be seen until after the projects come to an end. This makes impact measurement all the more important, because it tells us whether our work is creating the right kind of change.

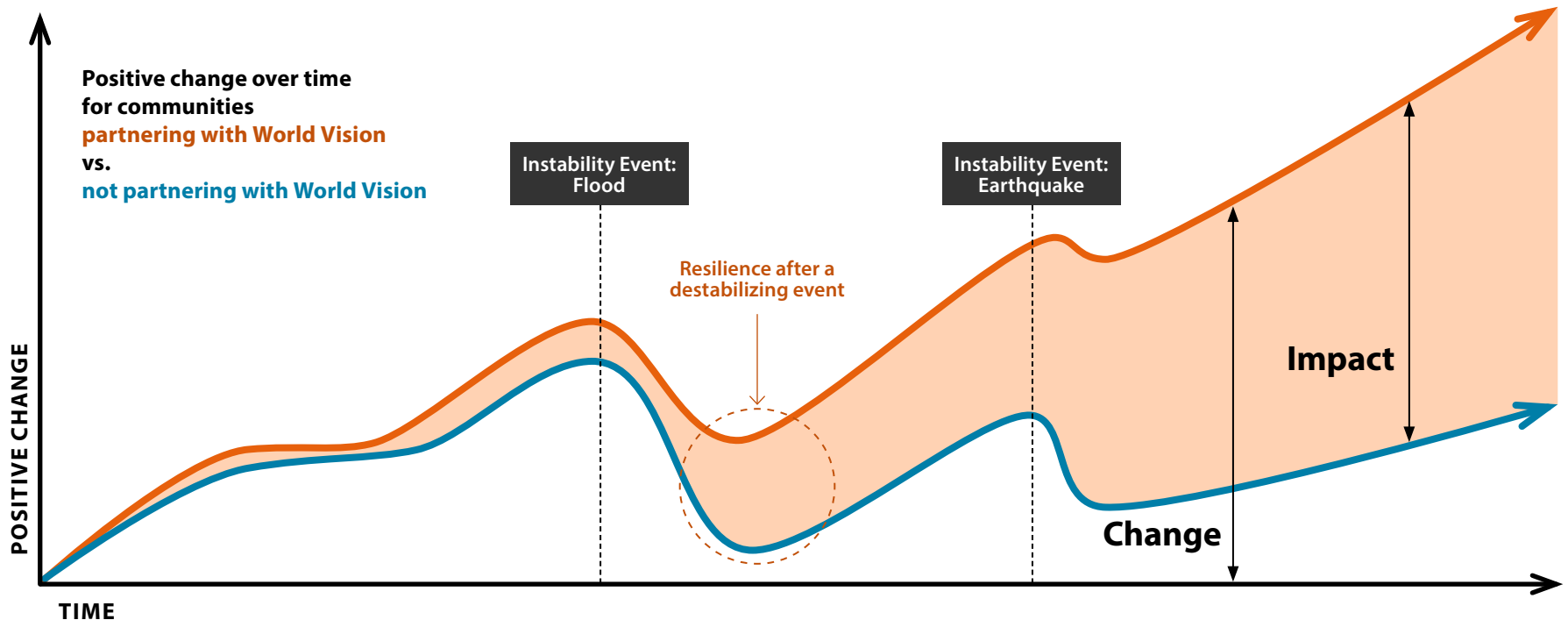
Measuring the value of our real impact.™

World Vision sees value in every positive change we can make for any child. When it comes to understanding the overall impact we've made, however, understanding the monetary value of a project—including its long-term economic benefits to society—is essential, because that information prepares us to make better decisions.

World Vision is committed to creating a better future for the world's most vulnerable children. Understanding the long-term social value of the work we're doing helps us toward that goal, equipping us to maximize our stewardship of donors' money with wise investments so that, ultimately, we can do the most good for the children we serve.

Effectiveness and Efficiency

Understanding the total costs that go into a program—including factors like the time required by community volunteers, for example—allows us to compare the program's cost against its results. This gives us a measure of the program's efficiency, which is useful when deciding whether to use that approach—or a different one—in the future, and provides a benchmark for comparison with other groups doing similar work.



2023 PROGRESS + CHANGE

- LIVELIHOODS
- HEALTH
- EDUCATION
- CHILD PROTECTION + PARTICIPATION
- WATER, SANITATION + HYGIENE

OUR SECTOR WORK IN 2023

World Vision is committed to helping the world's most vulnerable children overcome poverty and experience the fullness of life. Poverty is complex and multi-layered—and working with communities toward sustainable solutions requires a holistic approach.

World Vision integrates projects across five sectors to address the underlying causes of child vulnerability. These are:

- [Livelihoods](#)
- [Health](#)
- [Education](#)
- [Child Protection and Participation](#)
- [Water, Sanitation and Hygiene](#)

World Vision operates in both stable and fragile contexts, so our approach is tailored to each environment. Alongside our Christian faith and commitment to excellence, we have three fundamental priorities—known as “cross-cutting themes”—that are foundational to our programs in every sector.

1. Through [gender equality and social inclusion \(GESI\)](#), we work toward the balanced distribution of power for all people participating in society. GESI is a multi-faceted process of transformation that places the most vulnerable girls and boys, and families at the centre.

Our GESI approaches work toward agency, empowerment and transformation so that all people—especially women and girls—can access resources, opportunities, services, benefits and infrastructure; make decisions free of coercion; participate in societal affairs and systems of power that influence their lives; benefit from equal and inclusive systems that promote equity and take their needs into account; and live in a world where their holistic well-being is supported. This includes freedom from gender-based violence and all forms of discrimination.

2. Through [social accountability and local advocacy](#), we equip communities to hold their governments accountable for the promises those authorities make. Our approach, called Citizen Voice and Action (CVA), starts by educating communities about their basic service rights—for example, how many teachers or nurses the government promises them—and then comparing these standards against current realities.

Communities use audit results and are empowered to influence stakeholders and decision-makers toward the improvement of their health, education, water or child protection services, using measurable action plans and ongoing advocacy.

3. Through [peacebuilding](#), we empower children and youth to be agents of peace, facilitating change and healing among their peers and in their communities. Church and other faith leaders are also important partners in this work because of the tremendous influence they hold and our approaches are informed by our own Christian faith. We equip them with tools to foster positive change among their followers and communities.

Peacebuilding work is particularly vital in fragile contexts. It contributes to good governance, sustainable and equitable economic development, peace and reconciliation, and civic empowerment.

World Vision's sector strategies align with the [Sustainable Development Goals \(SDGs\)](#) as we work toward a world where boys and girls enjoy good health, are educated for life, experience the love of God and their neighbours, and are cared for, protected and participating. The following sections show the progress and change we achieved across five sectors in fiscal year 2023.

LIVELIHOODS



Nearly
10
lives are saved
every day through
our food assistance
programs



LIVELIHOODS



GLOBAL CHALLENGES

Hunger at an all-time high as global food security continues to fall

Food security is increasingly challenging for people around the world. Rising food and energy prices, global conflicts, and the effects of [climate change](#) are all magnifying hunger and malnutrition worldwide. An estimated 238 million people in 48 countries are facing high levels of acute food insecurity—countries like Somalia, Nigeria, Ethiopia, Sudan, Senegal and the Democratic Republic of the Congo. That’s an increase of 21.6 million more people since 2022.⁵

Approximately nine million people die every year of hunger and hunger-related diseases—more than the deaths from AIDS, malaria and tuberculosis combined. Over three million of those deaths are children under five.⁶

Geopolitical conflicts also continue to impact food security. Even though food prices were increasing before the war in Ukraine, studies found that the conflict would lead to a 60 per cent trade drop, 50 per cent increase in wheat prices and severe food insecurity with decreased purchasing power for wheat, especially for countries



GLOBAL CHALLENGES

APPROACH + STRATEGY

RESULTS

STORY



By supporting World Vision's Global Hunger Response, you'll be helping in areas like food and cash assistance, nutrition support, social protection and water, sanitation and hygiene.

that rely on wheat imports.⁷ Although inflation began to slow in September 2022, food inflation rates still remain higher in most countries compared to levels before the Ukraine conflict started.

Women and girls continue to be most affected by food insecurity. Gender inequality is a major cause and effect of hunger and poverty, with six out of every 10 chronically hungry persons being female.⁸ Between 2018 and 2021, the number of hungry women compared to hungry men grew 8.4 times. These disparities have long-term negative implications on young women's growth, cognitive development and opportunities for the future.⁹

Large-scale food and nutrition crises can and should be a thing of the past. To make this a reality, we need strong collective leadership, political will and the right financing, with short-term emergency responses and longer-term commitments that address the underlying issues driving hunger. These efforts must support human rights, peaceful resolutions to conflict, and the gender-responsive transformation of food systems to become inclusive, sustainable and more resilient.

Economic empowerment for increased financial resilience

Extreme poverty was recently on a global decline, dropping from 10.1 per cent to 8.6 per cent between 2015 and 2018.¹⁰ But the effects of conflict, climate change and the high cost of living have severely stunted the gains made. Between 2019 and 2020, global poverty increased from 8.3 per cent to 9.2 per cent. This was the first rise in extreme poverty since 1998.¹¹

In June 2021, the World Bank noted that growth in 90 per cent of advanced economies was expected to regain pre-pandemic per capita income levels by 2022—yet only a third of emerging markets and developing economies would make the same recovery.¹² Slow economic recovery, the high cost of living and inflation have widened the inequality gap between the poor and rich. The poorest people bore the steepest pandemic costs. Income loss averaged 4 per cent among the poorest 40 per cent, double the losses of the wealthiest 20 per cent. Global inequality rose, as a result, for the first time in decades.¹³

Formal and informal financial services are tools that can help people rise out of poverty by providing access to credit and savings, the ability to invest in education or businesses, and safety nets to weather financial emergencies. However, many living in poverty lack access to formal financial services like bank accounts. As of 2021,¹⁴ 1.4 billion adults were “unbanked” around the world, most of them from developing economies.

Education is an important factor in future economic success, yet 267 million young people are not involved in employment, education or training,¹⁵ with young women three times more likely than their male counterparts to be unemployed or out of school. In 2020, the United Nations Educational, Scientific and

GLOBAL CHALLENGES

APPROACH + STRATEGY

RESULTS

STORY



Cultural Organization (UNESCO) estimated that 24 million children and youth were at risk of dropping out of school for financial reasons because of the pandemic.¹⁶

Preparing for uncertainty in the face of climate change

Approximately one billion children live in one of the 33 countries classified as “extremely high-risk” for climate change impacts.¹⁷ Between climate change, urbanization and an overall lack of disaster preparedness worldwide, natural hazards like droughts, floods, earthquakes and tsunamis are becoming increasingly catastrophic, causing death and economic losses. [Women and girls are often disproportionately affected by these events](#)—more vulnerable to threats and less able to access information or assistance—and the risk of disasters caused by natural hazards is rising.¹⁸

June, July and August was the hottest three-month period in recorded history. The global average temperature in July was 1.1 degrees Celsius hotter compared to the average of the last 100 years. Countries like Chile, Ethiopia, Kenya and Sudan are facing the worst droughts in decades. In 2022, there were 387 natural hazards and disasters recorded around the world, affecting 185 million people and costing an estimated US\$223.8 billion in economic losses.¹⁹

Driven in part by climate shocks, the largest global food crisis in modern history is unfolding. Acute food insecurity is escalating, and by the end of 2022 at least 222 million people across 53 countries were expected to face acute food insecurity and need urgent assistance. Starvation is a very real risk for 45 million people in 37 countries.²⁰

The practice of Disaster Risk Reduction (DRR) reduces vulnerability to disasters by identifying risks and making community-based and systemic changes that mitigate them. This work is vital to prevent needless deaths and to ensure that development work is sustainable.

The 2030 Agenda for Sustainable Development affirms the need to reduce the risks and effects of disasters. By doing so, there are opportunities to achieve the Sustainable Development Goals (SDGs) through reducing vulnerability among the poor and building resilient infrastructure.²¹

Although World Vision provides relief after a disaster occurs, our approach is to prevent losses and alleviate the impact of disasters by managing or reducing the conditions of hazard, exposure and vulnerability whenever possible. This requires identifying and decreasing the underlying drivers of risk, including poor economic development, environmental degradation, poverty, inequality and climate change. In turn, this approach mitigates disaster risks, lessens the impacts of climate change and, ultimately, makes development more sustainable.



APPROACH + STRATEGY

Equip families and individuals with resources and training, focusing on the economic empowerment of women and youth

Join forces at the community level to build sustainability and resilience

Strengthen gender-responsive food and market systems to support the most vulnerable

World Vision 



Families become economically self-reliant with the ability to provide for their children—both now and in the future

Using holistic, evidence-based approaches, we help families in dire need to affirm their dignity and become economically self-reliant, with the means to provide for their own children—both now and in the future.

At the household level, we equip parents to provide for their children, with a specific focus on [women's economic empowerment](#). With training in small business skills, savings groups and adapted practices for livestock and agriculture, families can both increase and diversify their incomes. By strengthening their resilience to disasters their lives and livelihoods are less disrupted by future shocks and stresses.

At the community level, we work with local groups and organizations to become more economically productive, with climate-smart agricultural approaches and technologies, access to markets and financial services like savings, credit and cash where appropriate and needed. We support communities in becoming more resilient to shocks, stewarding their environments in ways that increase agricultural sustainability and reduce the risks of disaster.

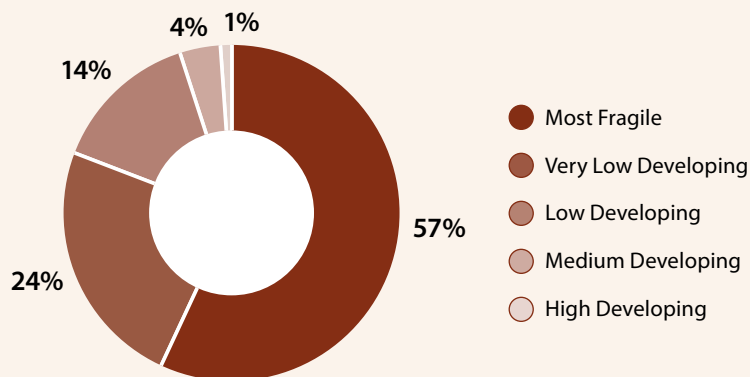
At the systemic level, we influence structural changes to promote fair resource ownership and management practices, sustainable employment opportunities, inclusive market systems and positive social and gender norms, creating pathways for women's economic empowerment.

In fragile contexts, comprehensive rapid assessments also help us to identify gaps within systems and structures, equipping us to work with local institutions to support the most vulnerable. In hazard-prone areas, we help develop early warning systems and action plans for times of crisis, so that authorities are equipped with knowledge, skills and resources for effective disaster management. We focus where the need is greatest, building resilience and adaptability through temporary provisions of food, cash and credit. This gives families a safety net and helps them manage without slipping further into extreme poverty



RESULTS

LIVELIHOODS EXPENDITURES BY LEVEL OF FRAGILITY

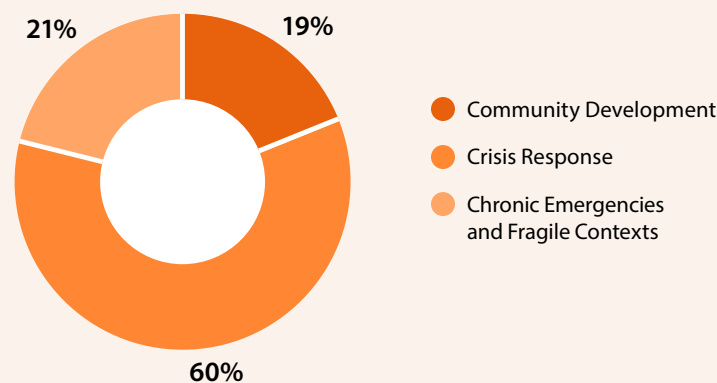


In 2023, \$236.6 million was invested in 126 programs that focused primarily on livelihoods approaches, reaching 1,502,415 girls, 1,454,153 boys, 1,502,415 women and 1,224,391 men. These investments went largely toward projects in the **most fragile** countries (57 per cent), followed by **very low developing** countries (24 per cent).

Food programming saw a record high in cash transfers. The total amount provided directly to participants passed \$100 million for the first time, which puts more decision-making power in the hands of the people we serve. Mali, Somalia and Lebanon saw the largest increases. For next year, we target to distribute \$75 million in in-kind food and \$90 million in cash transfers.

In-kind food distribution continued at levels similar to last year after a decline from 2021 to 2022. This food is primarily distributed to communities where market systems are not strong enough to allow for cash distributions. It is important to note that the Global Hunger Crisis continues, but at the same time the humanitarian sector is resource-constrained in its efforts to provide life-saving food to the most vulnerable. In this context our 2024 targets are

LIVELIHOODS EXPENDITURES BY PROGRAMMING TYPE



to distribute another \$90 million in cash/vouchers and \$75 million in in-kind food around the world.

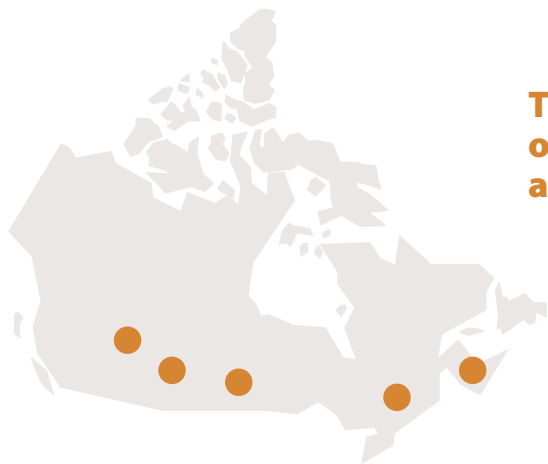
On the issue of economic empowerment the number of savings groups has been steadily increasing for the past several years after a substantial drop between 2019 and 2020 due to the COVID-19 pandemic. This year's increase was led by multiple long-term development programs in Rwanda and the FEED II grant (in partnership with Global Affairs Canada) in South Sudan.

For the provision of basic assistance, the number of non-food item kits distributed saw an increase, especially due to large distributions during the responses to the Global Hunger Crisis in South Sudan and Ethiopia, and the crisis in the Nord Kivu province in DRC.

Disaster resiliency strategies continued to be promoted, with Uganda, Rwanda and Honduras seeing a notable increase in training. These countries each doubled the number of people trained in disaster risk reduction compared to 2022.

PROGRESS IN FOOD SECURITY

4,233,973 people received food or cash assistance, supporting their immediate survival.



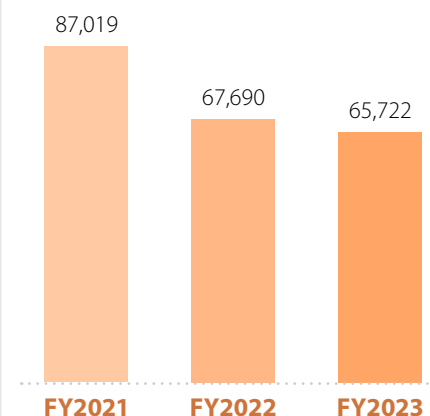
That's more people than the populations of Edmonton, Regina, Winnipeg, Ottawa and Halifax combined.*

- **95,483 people** received support with **agricultural resources**, including large and small livestock, tools and seeds.
- **255 farm demonstration** schools and sites were established **for farmers** to learn new techniques.
- **42,257 people** were **trained** in agriculture and livestock **techniques** including food production, livestock handling, climate-smart techniques and post-harvest storage methods.
- **2,252 producer groups** were operational, with members **working together** to create or sell products.

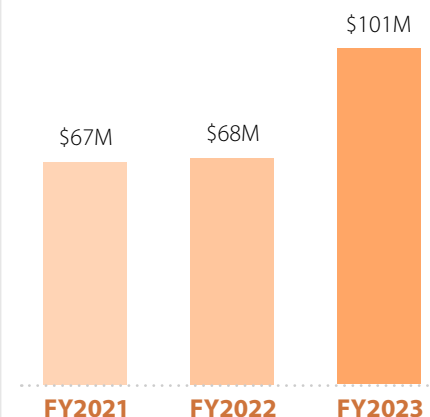
* Source: Statistics Canada, 2021.

THREE-YEAR TRENDS

Metric tons of food distributed



Value of cash and vouchers distributed in food assistance projects



Why is food distribution decreasing? Increased cash and vouchers empower families to buy essentials locally, a strategic move beneficial in specific situations. Vouchers act as redeemable currency, offering choices for families' needs.

PROGRESS IN ECONOMIC EMPOWERMENT

39,843 people—including 18,339 women—were trained in business and entrepreneurial skills including financial literacy and income-generating activities.

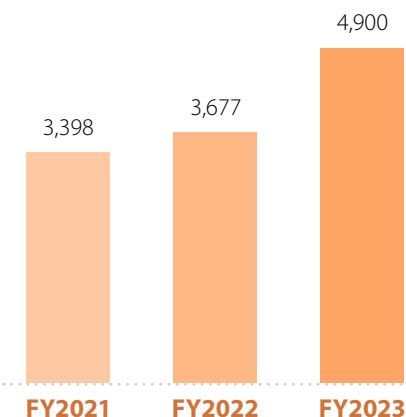


That’s more people than are enrolled in post-secondary business programs in Alberta.*

- 97,876 people, including 46,935 women were active members in savings groups.
- 54,631 people are participating in activities that generate income, equipping them to care for their families’ needs.
- 624 solar panels were shipped to communities in Ghana, providing sustainable energy sources.

THREE-YEAR TRENDS

Number of savings groups in operation



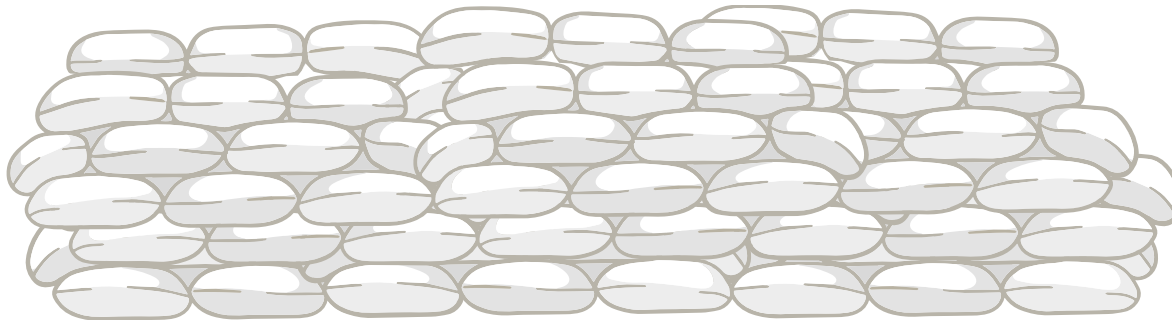
In the post-pandemic environment, savings groups have grown as people are able to gather in person.

* Source: Statistics Canada, 2022.

PROGRESS IN DISASTER RISK REDUCTION

59,927 community members were trained in disaster risk reduction strategies.

That's almost as many trained people as all of Canada's army reservists and firefighters combined.*

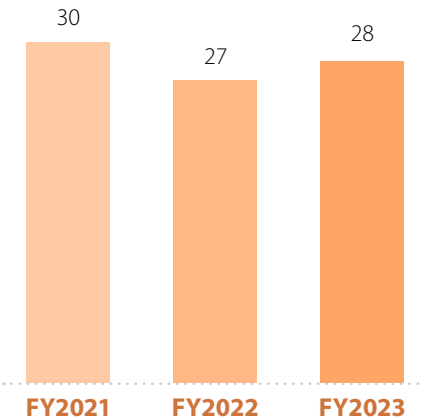


- **606 groups** have a disaster preparedness strategy in place, equipping institutions and full communities with protocols to follow in case of emergency.

* Source: Government of Canada, 2023.

THREE-YEAR TRENDS

Number of emergency responses World Vision supported

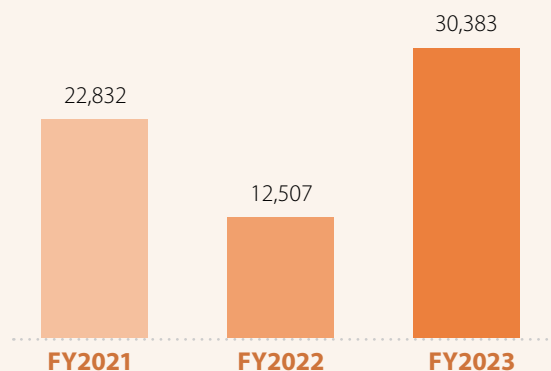


By supporting World Vision's Global Hunger Response, you'll be helping in areas like food and cash assistance, nutrition support, social protection and water, sanitation and hygiene.

CHANGE

Efforts put in by families and communities over the past several years have contributed to measurable change. Here are some livelihoods examples we gathered in 2023.

Our recorded trend



Number of farmers applying sustainable agricultural practices after participating in World Vision training sessions.

Across 21 counties in South Sudan, women who report having control over the resources that contribute to their food security and livelihoods increased from 31.8% in 2020 to 63.4% in 2023. This is a larger increase when compared to men, whose reported increase moved from 37.7% to 56.6%.

In Jigiya, Mali, families that endured one or more months without enough food in the past year decreased from 74.8% in 2020 to 59.5% in 2023.

In Nawagaththegama, Sri Lanka, households where one or more adults are earning income increased from 57% in 2017 to 83% in 2023.

In Morelgonj, Bangladesh, the proportion of households with sufficient dietary diversity increased from 31.7% in 2017 to 58.9% in 2023.

IMPACT

- **2023 analysis of our Savings 4 Transformation project model in 78 projects across 21 countries showed that for every \$1 invested, \$5.78 is generated in benefits for those who participate.**
- **2022 analysis of our food assistance work run in partnership with the UN World Food Programme revealed that for every \$1 invested, \$1.97 is generated in benefits to society—and nearly 10 lives are saved every day.**





Esther, 23, started a bakery with the training she received from Youth Ready.



The Youth Ready program helps young people learn more about themselves, step out of their comfort zone, and develop interpersonal and technical skills that will help them create a livelihood.

FEATURE STORY: Preparing youth for their future

The Vision for Vulnerable Youth Initiative is creating a brighter future for teens and young adults in seven countries in Central and South America. The program uses the Youth Ready curriculum to help young people aged 14–29 grow their social, emotional, cognitive, literacy and communication skills so they can develop a livelihood.

Sheyla, 18, was at a crossroads in her life when she joined Youth Ready. The young mother of two from Peru is an ambitious, hard worker. When her relationship with her children’s father ended, she needed a way to support her family.

“I joined Youth Ready at a complicated time in my life, where they taught me many things,” Sheyla says. “We shared many experiences and there were also moments of reflection; I appreciated every topic they taught us.”

Sheyla chose baking and pastry training as her vocational path in Youth Ready since she wanted to build a business and generate an ongoing income. She grew in self-confidence, and felt empowered in a new and healthy way. Sheyla says that Youth Ready helped her move toward a future of independence and being able to provide for her family.

Similarly, Esther, 23, from Peru, also joined Youth Ready to start a business baking and selling cakes. After she completed her Youth Ready training, she was supported to grow her business with seed capital to cover startup costs.

Her bakery’s name translates to “Sweetness for the Soul” to encourage a positive attitude that was inspired by her mother who passed away. Esther gives back to her community, using some of the proceeds of her sales to help people who need it. Esther wants to keep growing her business to pay for her pharmacy studies.

Running from 2019–2023, the Vision for Vulnerable Youth Initiative, with major support from The Barrett Family Foundation, increases the social agency and economic development for youth in El Salvador, Guatemala, Honduras, Peru, Colombia, Bolivia and Ecuador.

HEALTH



More than

5

*children's lives are saved
every day through
our malnutrition
treatment programs*



HEALTH



GLOBAL CHALLENGES

Nutrition is foundational for children's development

In the last 30 years, the number of child and maternal deaths worldwide has decreased by 59 per cent. However, despite this progress, in 2021 five million girls and boys died before their fifth birthday. Approximately 1.9 million babies are stillborn²², and among those who are born alive, 6,400 babies under four weeks old die every day. This means that each year 2.3 million children don't make it past their first month of life²³—that's more than all the children in Canada under five years old.

Poor nutrition is often the source of these preventable deaths, deeply impacting women and children at every stage of their development. According to a World Health Organization report, malnutrition contributes to an estimated 45 per cent of child deaths worldwide. Among those who survive, an estimated 148.1 million young children in lower- and middle-income countries remain chronically malnourished²⁴, known as "stunted," a condition that restricts physical growth and brain development.



GLOBAL CHALLENGES

APPROACH + STRATEGY

RESULTS

STORY



Provide healthcare to vulnerable girls and boys. Your support will help parents recognize the signs and symptoms of disease, provide access to life-saving health services and more.

Stunting that persists beyond the first 1,000 days of life—the critical window when good health, nutrition and nurturing care are foundational for children’s development—have life-long effects on their health, future learning and abilities to achieve their potential.

A staggering 45 million young children also suffer from wasting malnutrition²⁵ with low weight for their height. This often results from insufficient quantity and quality of food, or infections that cause weight loss. The 13.7 million young children with the most severe cases of wasting are 11 times more likely to die.²⁶

Stunting and wasting are not the only threats to children’s good nutrition. Even before the pandemic, two out of five children suffered from anemia in lower- and middle-income countries, making them vulnerable to infections and inhibiting their ability to learn. The situation is even more dire for girls and boys in Africa, where three out of five are affected by anemia.²⁷

With Ukraine and Russia being top producers of wheat, fertilizer and fuel, the conflict between them further disrupted the strained global food system. This put nutritious diets even more out of reach for marginalized populations. Mid-2022 estimates hinted that the cost of life-saving therapeutic food to treat severely wasted children would increase by 16 per cent due to rising costs of the ingredients²⁸. Despite the concerted efforts of UNICEF and the suppliers of ready-to-use-therapeutic food (RUTF) to limit the rising costs, the weighted average price of RUTF still rose by nine per cent.²⁹

Disproportionate health challenges for women and adolescent girls

Every day, more than 800 women—the vast majority in developing countries—die from severe bleeding, infections and high blood pressure related to pregnancy and childbirth³⁰, with higher risks of complications among adolescent mothers than adult women.

Lack of proper nutrition can lead to iron deficiency anemia, which affects nearly a third of girls and women of reproductive age, robbing them of the energy needed for higher education, livelihood opportunities and full, productive lives. Severe anemia has the potential to double women’s risk of dying during or after giving birth.

More than 160 million women and girls of reproductive age would like to delay or prevent pregnancy, but can’t access contraception because of limited availability or social and cultural barriers that prevent them from making their own choices on the matter.³¹ Despite some degree of recovery among health systems in low- and middle-income countries after the COVID-19 pandemic, a World Health Organization survey completed in early 2023 found disruptions to family planning and contraceptive services showed very little improvement.³²

It's also important to note that mental health challenges currently contribute to 14 per cent of the global burden of disease worldwide—and 81 per cent of this burden is hitting families in low- and middle-income countries where access to mental health and psychosocial support services are limited or non-existent. The prevalence of anxiety and depression increased 25 per cent globally since the start of the pandemic, with younger people and females often reported at a higher risk of being affected.



Health and nutrition in fragile contexts

Approximately 1.9 billion people live in fragile contexts and countries experiencing conflict,³³ making access to healthcare and proper nutrition more challenging for the already at-risk population. By 2030, two thirds of the world's extreme poor will live in fragile contexts, and the majority will be children.³⁴

Children, youth and women are uniquely and disproportionately affected by conflict and fragility, whether through gender-based violence, inadequate nutrition, broken state-societal relations or insurmountable barriers to basic quality health services.³⁵ These conditions represent a disproportionate share of the global disease burden, accounting for:

- More than 70 per cent of epidemic-prone disease cases, such as cholera, measles and meningitis.
- 75 per cent of maternal deaths.³⁶
- 43 per cent of deaths in children under five.³⁷
- Two thirds of infant deaths worldwide.³⁸

Urgent action is needed to save lives and address immediate nutritional, physical and mental health needs. Now more than ever, the world's health systems must be strengthened to reach communities in ways that are effective and resilient, while addressing the factors that drive fragility itself.



APPROACH + STRATEGY

- *Engage families with essential knowledge and skills*
- *Empower communities to take ownership of their collective health and address existing gender barriers*
- *Partner with health systems to strengthen and support services*
- *Influence governments for policies that protect the most vulnerable, particularly women and girls*

World Vision 



Children, adolescent girls and women of reproductive age live full and healthy lives

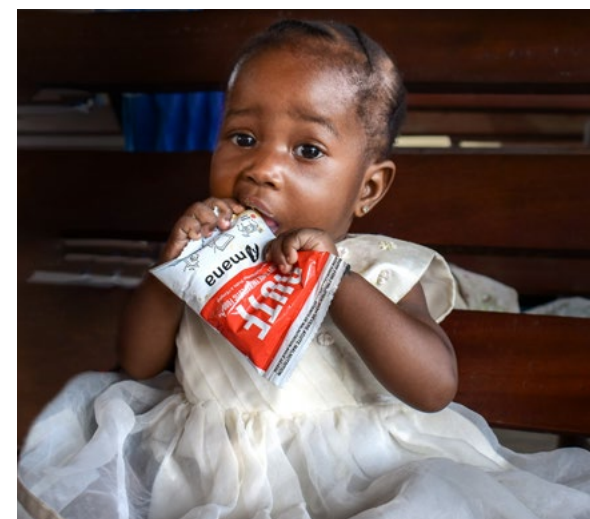
World Vision's health and nutrition work is particularly focused on children, infants, adolescent girls and women of reproductive age. We build on scientific, evidence-based program approaches^{39 40 41}, leveraging: our strong community presence to foster positive, gender-responsive changes in health, nutrition and hygiene behaviour; our responsiveness to save lives during humanitarian emergencies and in fragile contexts; and our strategic partnerships to reach more children.

At the household level, through health workers and volunteers, we reach families in their homes with health and nutrition education and dispel misinformation. Caregivers learn the skills to rehabilitate their children from malnutrition while supporting their long-term health. We also mobilize people to access available health services and preventive care, like immunizations.

At the community level, we work with schools and youth groups to ensure adolescents—especially girls—learn about nutrition and health, including their own sexual and reproductive health and rights. We also promote women and adolescent girls' active involvement in community matters that affect their health and well-being. By engaging community and faith leaders, men and boys, we address entrenched cultural and gender barriers that harm the health and rights of children, adolescent girls and women. We empower communities to improve the availability, quality and accountability of their health services and constructively advocate to service providers.

At the systemic level, we collaborate with district, provincial and regional health management teams, running joint campaigns and outreach, and supporting the health workforce with training on gender-responsive practice standards. We also lead and participate in strategic alliances with our peers in the humanitarian and development sectors, advancing health and nutrition movements* that influence national policies and accountability.

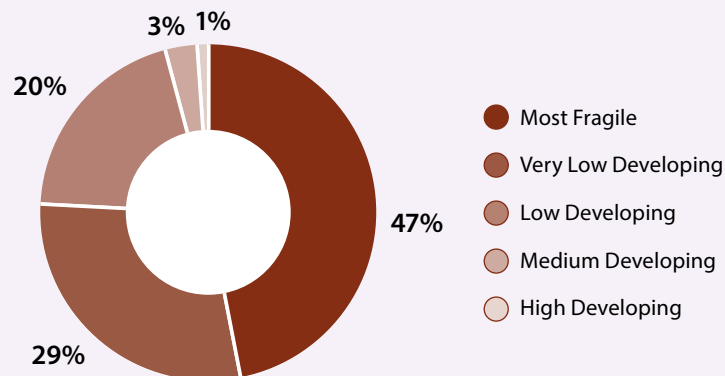
In fragile contexts, we equip and refurbish health facilities so they can provide effective health and nutrition care, especially to the most vulnerable.



* Such as the *Scaling Up Nutrition* program.

RESULTS

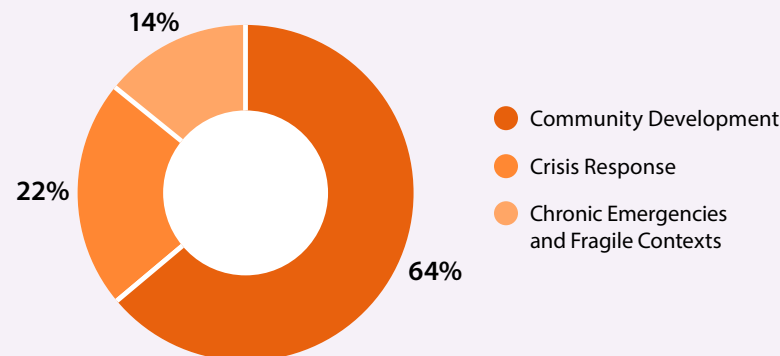
HEALTH EXPENDITURES BY LEVEL OF FRAGILITY



In 2023, \$59.2 million was invested in 72 programs that focused primarily on health and nutrition programming, reaching 2,485,058 girls, 2,369,125 boys, 2,041,334 women and 1,900,057 men. Funding shifted slightly in favour of the **most fragile** countries compared to 2022. This was due mostly to crisis response and grants supporting Syria, Ethiopia, Yemen and Somalia.

With the majority of COVID-19 programs closing down between 2021 and 2022, many indicators that were skewed due to the pandemic response are now slowly returning to pre-pandemic levels. In addition, the Health sector is particularly prone to high levels of variability year over year due to changes in the volume of corporate gifts-in-kind. Nevertheless, a number of programs continue to bring positive change to the communities they serve. These include the Enhancing SRHR in Costa Rica program which benefitted from a grant, in partnership with the European Union, focused on sexual and reproductive health and rights of adolescents and youth.

HEALTH EXPENDITURES BY PROGRAMMING TYPE



This year saw a new surge in nutrition programming, with many progress indicators trending upward compared to previous years. There was an increase in malnutrition treatment numbers (from 22,735 to 81,740 cases) led by the work of grants in Ethiopia, South Sudan, Sudan and Somalia, particularly the Global Hunger Crisis grant in South Sudan and Ethiopia.

There was an increase in micronutrient supplementation such as Vitamin A, zinc and micro-nutrient powders led by the work of programs in Mali, Somalia and Tanzania. Finally, participation in activities that teach healthy nutrition and feeding practices was positively influenced by the grants Nutrition Systems Strengthening in Angola, FEED II in South Sudan, and the nutrition-focused response to the Hunger Crisis in Ethiopia.

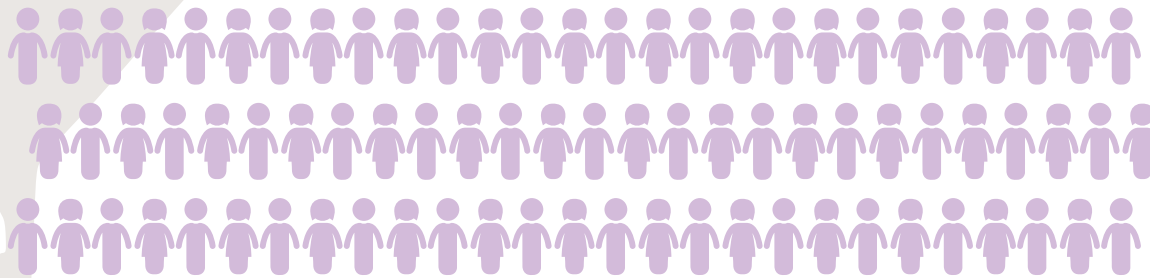
We completed our cost-benefit analysis of the [Community-based Management of Acute Malnutrition](#) model, giving us more visibility into the achievements and challenges of our program implementation. See more insights in the **real impact.**™ and [Learnings](#) sections.

PROGRESS IN NUTRITION

81,740 girls and boys received treatment for malnutrition.



That's more children than all the kids age 4 and under living in Manitoba.*

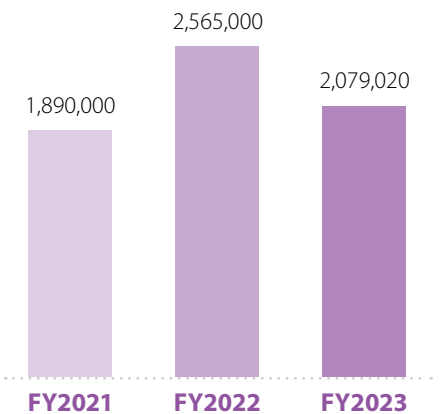


- **423,608 people** participated in trainings, counseling or activities that **teach healthy nutrition** and feeding practices.
- **61,517 children** received micronutrient **supplementation** such as vitamin A, zinc and micronutrient powders.

* Source: Statistics Canada, 2021.

THREE-YEAR TRENDS

Number of RUTF* packets shipped



*Ready-to-use therapeutic food.

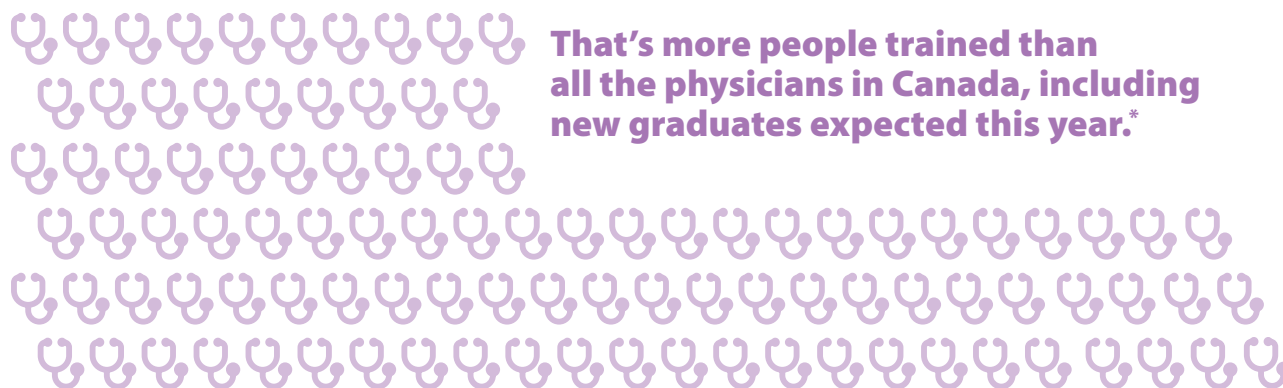
This high variability is a result of receiving corporate gifts.



Provide healthcare to vulnerable girls and boys. Your support will help parents recognize the signs and symptoms of disease, provide access to life-saving health services and more.

PROGRESS IN MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

100,633 people participated in training, counseling or activities on reproductive, maternal, newborn, child and adolescent health.

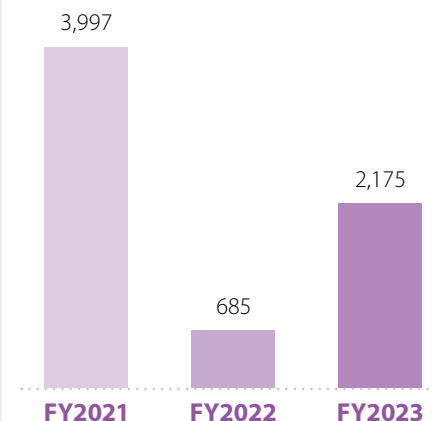


- **1,849 community health workers and volunteers** were trained in topics equipping them to provide good care for children and families.
- **55,211 children** received appropriate and **timely care** for serious childhood illnesses, such as diarrhea, fever, among others.
- **6,298 pregnant** or lactating women received maternal **health and nutrition** services.
- **101 health facilities** were equipped with materials or infrastructure to **support quality service**, including new maternity wards, water points and provision of medical supplies.

* Source: Canadian Institute for Health Information, 2022.

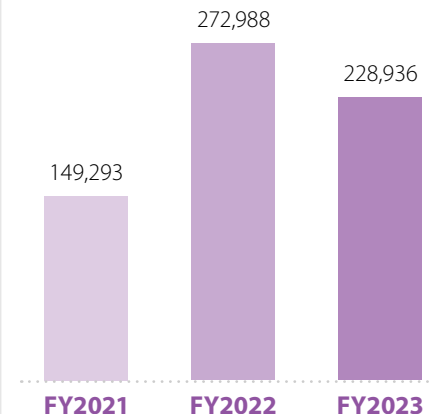
THREE-YEAR TRENDS

Number of birthing kits shipped



This high variability is a result of receiving corporate gifts.

Number of patient consultations provided by community health workers



PROGRESS IN PREVENTING INFECTIOUS AND COMMUNICABLE DISEASES

3,410,780 girls and boys received deworming treatment to support their health and development.



That’s almost half the number of children, age 17 and under, that live in Canada.*

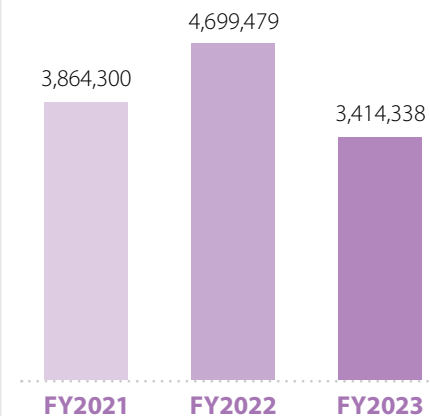
- **35,994 children and women**, including 16,660 girls and 15,454 boys, received age-appropriate immunizations to protect them against common illnesses.
- **66,196 people**, including 35,051 children and 31,145 adults, participated in training, counseling or activities on preventing and responding to infectious diseases, such as COVID-19.
- **1,797,224 items of protective equipment** were provided, including medical masks, gloves, surgical gowns and eye protection.
- **14,887 people** received personal protective equipment such as masks, gloves and eye protection to prevent illnesses like COVID-19.

* Source: Statistics Canada, 2021.

** One treatment each. Previously reported as individual tablets, this indicator was revised to be a full dose of medication, which equals to one treatment, because the medication provided comes in different dosages and forms, e.g., liquid, tablet. This figure already accounts for loss.

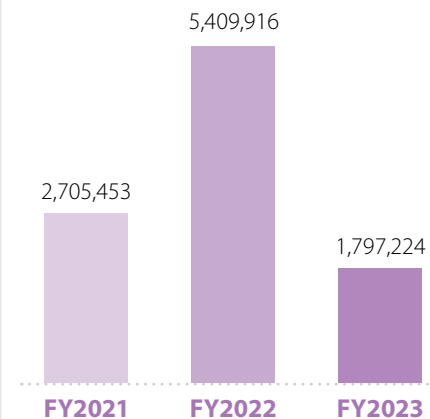
THREE-YEAR TRENDS

Number of full doses of deworming medication provided**



This high variability is a result of receiving corporate gifts.

Number of protective equipment items provided

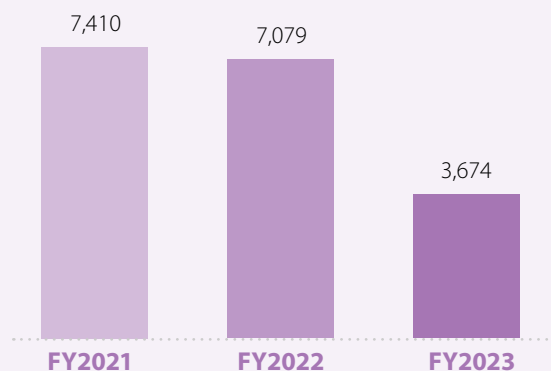


This high variability is a result of receiving corporate gifts.

CHANGE

Efforts put in by families and communities over the past several years have contributed to measurable change. Here are some health examples we gathered in 2023.

Our recorded trend



Number of cases of malnourished children who recovered after malnutrition treatment. This change is trending downward as we close off programs in India and shift our activities for key grants in the Health sector.

In the northern region of Costa Rica, the proportion of adolescents and young people enrolled in the project with knowledge about sexual and reproductive health and rights increased from 35.5% in 2021 to 88.6% in 2023.

In 50 schools in Indonesia, students engaging in physical activity for an average of 60 minutes per day increased from 64.1% to 83.8% between January and July of 2023.

In the northern region of Costa Rica, the proportion of adolescents and young people who were enrolled in the project and know three or more modern contraceptive methods increased from 29.6% in 2021 to 61.6% in 2023.

IMPACT

- 2023 analysis of our **Community-based Management of Acute Malnutrition** programs revealed that for every \$1 invested, \$16.8 is generated in health benefits—including 6,274 lives saved over three years.
- 2022 analysis of our deworming portfolio showed that 262,771 lives were saved over three years thanks to simple treatment with medication.



FEATURE STORY:

Laila's quest to improve adolescent health and rights

At just 18, Laila is using her voice to improve the health and well-being of young people in Tanzania.

Laila is part of the Accelerated Hope and Development for Urban Adolescents in Tanzania (AHADI) project in partnership with Global Affairs Canada. Through the AHADI Impact Model, adolescent groups work through a weekly gender equality and rights-focused curriculum. This provides a safe space for adolescent girls and boys to become empowered with knowledge about adolescent sexual and reproductive health and rights.

As a lead volunteer, Laila also serves on AHADI's Adolescent Steering Committee. She and her peers ensure the project is responding to any issues raised and meet with AHADI staff to give feedback on project activities. During a steering committee meeting in June 2023, Laila highlighted the challenges she and her peers face in getting adolescent-friendly health services. "Adolescents go to the health facility for services, but when we get there, the staff first question us, asking, 'What is this adolescent coming to do here?'" she says, adding that staff act more like parents than healthcare support.

Laila also advocates for healthcare workers to improve the confidentiality of the information adolescents share during a healthcare appointment. "We go to the health facility, but the next day, everything we shared with the practitioners is known throughout the community," she explains. "For example, the whole community knows about a group of girls who came for contraceptives."

The issues Laila raises are among the challenges being tackled by AHADI. Alongside government partners, local health systems and the involvement of young people themselves, we're working to increase the well-being and dignity of marginalized adolescents and ensure their sexual and reproductive health and rights (SRHR) are understood and upheld. This includes a gender-responsive approach to strengthening health systems to provide equitable, adolescent-friendly SRHR services.

Through Impact Model groups like the one Laila leads, adolescent girls and boys are also learning to exercise their agency and make informed decisions about their own sexual and reproductive health and rights, as well as prevention and protection against sexual and gender-based violence (SGBV). In the meantime, local child protection committees are being strengthened to respond more effectively to SGBV, while particularly vulnerable adolescents are supported through economic empowerment initiatives.

Laila is eager for AHADI and the government officials to act quickly. "If you help us, maybe we will be able to help your child tomorrow," she says. "If you help us, it is helping the entire community."



With wisdom beyond her years, Laila, 18, bravely addresses the adolescent sexual and reproductive health and rights issues in her community.

EDUCATION



\$20

*in economic benefits
to society have been
generated for every dollar
invested in our Unlock
Literacy programs*





EDUCATION



GLOBAL CHALLENGES

Educating children amid rapid global change

The United Nations General Assembly (UNGA) convened the first Transforming Education Summit in 2022, responding to the triple crisis of quality, relevance, and equity and inclusion in education. At the start of the 2022 school year, 244 million children were out of school.⁴² Meanwhile, the students in school were often not learning the basics, with education systems unable to equip children with the values, knowledge and skills needed to thrive in today's complex world.

While school systems globally continue to recover from shutdowns during the COVID-19 pandemic, shortages in teaching personnel and resources still remain. By 2030, an estimated 68.8 million more primary and secondary school teachers will need to be recruited.⁴³ The pandemic also demonstrated how technology could support learning, especially for geographically and socially isolated children. Yet more than half of all students and teachers do not have access to the internet.⁴⁴ Education needs to be





Your support will help renovate classrooms, train instructors, improve literacy, provide vocational skills and more.

reimagined so that future school systems can respond to rapidly changing national and global economies, climate change and the digital technology revolution.

Global disparities in early childhood development (ECD)

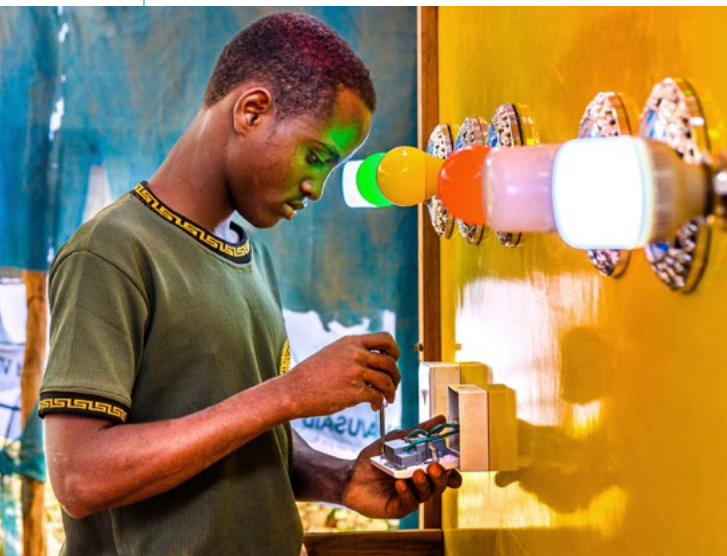
Good quality ECD programs unlock the potential of young learners, set them on the right path to socialization, and give them pre-literacy and pre-numeracy skills needed for successful learning in primary school. As few as 21 per cent of children in low-income countries are enrolled in ECD programmes, experiencing inequalities of access and quality because of socio-economic status, disability and geographic factors.⁴⁵

The divide between the haves and the have-nots persists and is becoming worse, despite school being one of the most important spaces for equalizing opportunities. In sub-Saharan Africa, only 40 per cent of children have experienced a positive and stimulating home learning environment, compared to 90 per cent of children in Europe and North America. Quality ECD remains consistently unreliable and often low quality, rendering the experience of young children less than positive and optimal for their holistic development.⁴⁶ This makes the need to focus on effective, quality ECD even more critical.

Barriers to quality primary and secondary education

An estimated 244 million children aged 6-18 were out of school in 2022, with 118.5 million being girls. Estimates show a slowdown in the global progress to reduce the number of out-of-school children.⁴⁷ Regional disparities still persist, with the numbers of out-of-school children increasing in sub-Saharan Africa (98 million) and still very high in Central and Southern Asia (85 million). If trends continue, the SDG 4 of quality education for all by 2030 risks not being achieved.

The barriers to children's education are numerous. Families facing poverty and food insecurity may rely on their children, especially boys, to support the family through agricultural work or child labour. Girls will skip school and often drop out if their schools lack adequate sanitation facilities and menstrual hygiene management resources. Education systems need to be responsive to the unique learning needs of girls, and address policies that are barriers for pregnant or young mothers re-entering and finishing school. Even as global school enrolment rates equalize for girls and boys, girls' completion rates remain lower in low-income countries.⁴⁸



Technical and vocational education to address youth unemployment

Globally, 267 million young people are unemployed or underemployed, with many lacking the skills needed to enter the workforce.⁴⁹ This leaves the door open for harmful survival and coping behaviours, including violence, drugs, migration, trafficking, anti-social habits, depression or suicide.

Many factors prevent youth from being fully engaged economically, such as low education, mental health challenges, a lack of access to life skills opportunities, or technical and vocational education and training (TVET). They may also experience the stigma of coming from impoverished or violent communities, and inadequate social and emotional support to overcome their challenges.

Underfunding to education in emergencies

When children living in emergency contexts are asked what they most need, their response is often to continue their education. Education protects against trauma, injury and death during a crisis but also against repeat future threats to child well-being. Safe and nurturing learning opportunities provide a return to familiar routines, instill hope for the future and mitigate the psychosocial impact of violence and displacement. The promise of [Sustainable Development Goal 4](#), to ensure inclusive and equitable quality education for all by 2030, will not be achieved without greater commitment to investing in, prioritizing, and protecting education, particularly in conflict and crisis contexts.



Even prior to the COVID-19 pandemic, 127 million primary and secondary school-age children and young people living in crisis-affected countries were out of school in 2019.⁵⁰ In 2021, only 2.9 per cent of global humanitarian financing went to education, considerably less than the UN's target of four per cent.⁵¹ In response to this, [Education Cannot Wait's](#) #222MillionDreams campaign in 2023 engaged key partners (including World Vision), donors and champions worldwide to raise awareness of the urgent need to support education for 222 million crisis-affected children around the world. It called for new funding and political commitments of US\$1.5 billion.⁵² More than 45 high-profile leaders from the United Nations system, governments, civil society and the private sector joined the campaign, resulting in significant new funding commitments to education in emergencies.



APPROACH + STRATEGY

- *Work with children and their families from birth to stimulate brain development and learning using play-based approaches*
- *Support children to achieve foundational literacy skills, especially children in fragile contexts*
- *Equip adolescents and youth with skills to earn a living and continue their education/training*
- *Influence governments to provide improved, gender-transformative and inclusive education services*
- *Partner with communities and schools to address social, cultural and gender/inclusion-related barriers to learning*

World Vision 



Girls and boys have the knowledge and skills to lead fulfilling, productive lives

World Vision provides access to gender-responsive, equitable and inclusive education in safe and nurturing learning environments for millions of children and youth. We support those who are most marginalized and hardest to reach, such as refugees and displaced children, and learners with disabilities.

At the household level, with the support of teachers and volunteers, we train parents and caregivers in child-centred learning strategies that help girls and boys develop pre-literacy and pre-numeracy skills, reading fluency and comprehension by the end of primary school. Children also develop their cognitive, language, social, emotional and physical skills starting from infancy. Our life skills and empowerment curriculum prepares youth and adolescents for their future through skills training, entrepreneurship programs, and connections to vocational training and employment.

At the community level, our gender approaches address the barriers to education that girls especially experience, including norms, attitudes and behaviours that prevent them from attending or staying in school. At the same time, we train teachers in child-centred, gender-responsive and inclusive teaching methods. Our education and technology innovations support the development and use of learning technologies to enhance the goals of foundational literacy and improved student learning outcomes, train teachers to integrate technology into their teaching practices and build IT skills for all students, including those with disabilities.

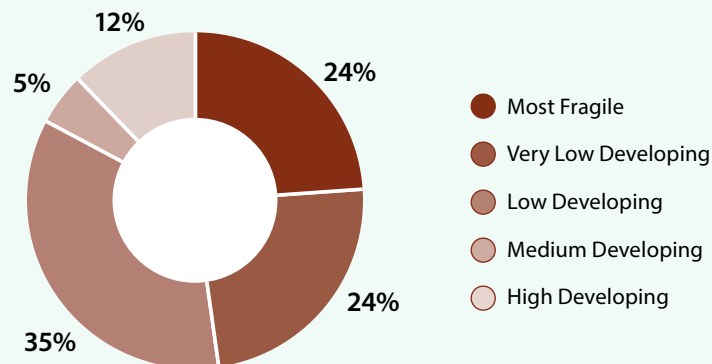
At the systemic level, through education advocacy with governments and global education stakeholders we work to transform and strengthen education systems. Through education research, we work with distinguished academic and research partners to generate findings on best practices, innovations and gaps in our programming. We share our data and evidence with various education audiences.

In fragile contexts, we adapt and contextualize our core approaches to meet the needs of refugee and displaced children in mobile populations whose education has been disrupted and who may be traumatized by conflict. We advocate with governments to fund or provide learners with educational services. Social-emotional learning, mental health and psychosocial support are embedded in our education programming for children affected by crisis, conflict and emergencies to help them cope with trauma and stress.

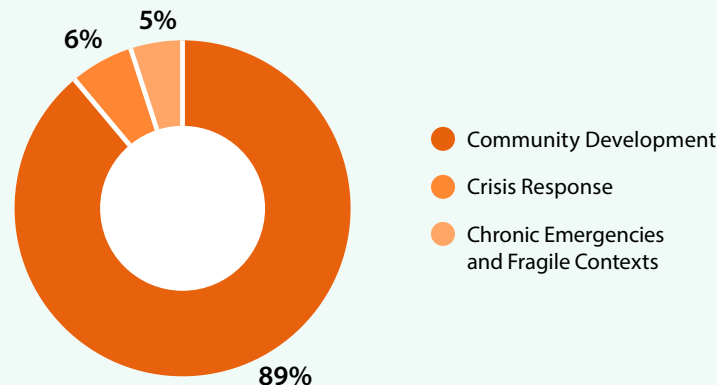


RESULTS

EDUCATION EXPENDITURES BY LEVEL OF FRAGILITY



EDUCATION EXPENDITURES BY PROGRAMMING TYPE



In 2023, \$35.5 million was invested in 101 programs focused primarily on education approaches, reaching 481,631 girls, 475,438 boys, 422,881 women and 413,992 men. Education continues to be a core pillar of our work in developing contexts, and most of our education investments continue to flow through this programming type. However, similar to the Health sector, Education has seen a marked shift toward more **fragile** programming compared to last year’s investment driven by work in Lebanon and Syria.

In early education, we highlight the continuous increase in engagement with caregivers supporting young children’s early development, especially through the Learning Roots model. We continue to support the establishment of early learning centres, including institutions and at-home centres that support local neighbourhoods.

In basic education, Unlock Literacy and community-based literacy interventions continue to support children in early primary grades through

primary education with increases in the number of children participating in after- and in-school activities to support reading development. Engagement numbers for caregivers and other educational staff are also up, which we expect will increase the sustainability of the changes to which literacy programs contribute. Donated gift-in-kind school resources show a mixed trend, with reading materials trending down while other school supplies are trending up partially due to variations in materials received through gift-in-kind donations and local strategies.

For secondary and vocational training, trends are also mixed. Indicators for vocational training are moving up, driven by DRC’s country strategy in multiple program areas, but down for life skill training due to the closing of multiple program areas in India. In 2022 India’s contribution to life skill training represented 39 per cent of the portfolio, while this year no such training occurred as only minimal programming was possible.

PROGRESS IN EARLY CHILDHOOD DEVELOPMENT

37,706 children, including 19,106 girls and 18,600 boys, attended early childhood development centres.

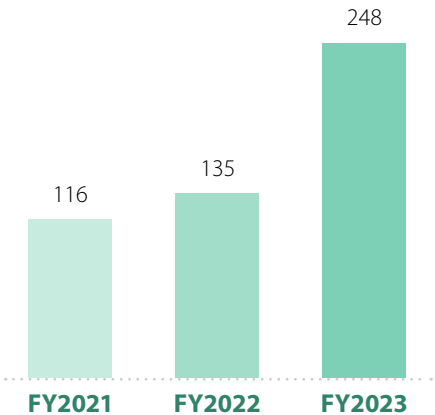
That's more childcare spaces than in the city of Toronto.*



- **11,551 caregivers** were trained to support young children's early development, **reading and numeracy** skills through play.
- **248 new early child development centres** were established with the support of World Vision programs.
- **95 educational facilities** like schools and early childhood development centres were **meeting quality standards**.

THREE-YEAR TRENDS

Number of early childhood development centres established

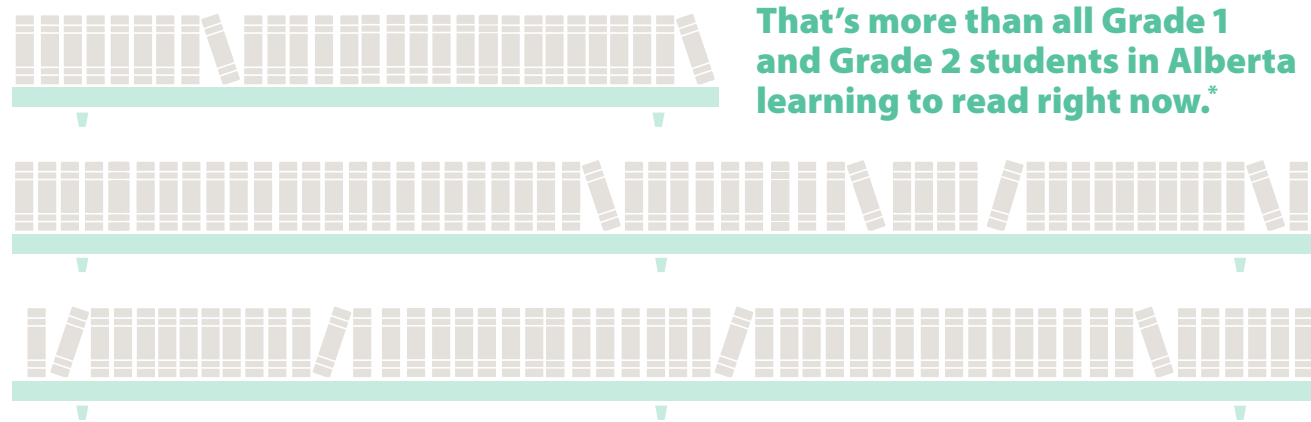


Increasing engagement with caregivers in the home boosts early childhood development initiatives.

* Source: City of Toronto, 2023.

PROGRESS IN PRIMARY AND SECONDARY EDUCATION

150,522 children attended in-school or after-school literacy activities.

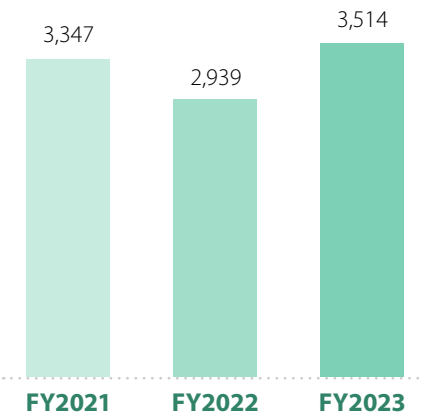


- **97,442 children** received school supplies and resources for their education including books, backpacks, uniforms and bicycles.
- **92,536 reading materials** and **196,792 school supplies** were provided to schools and communities in support of children's education.
- **25,333 caregivers** were trained in ways of supporting their children's reading skills, and **4,480 teachers, school committee members and government staff** received training on children's literacy.
- **3,514 teachers** received curriculum training, equipping them to better support children's learning.
- **4,811 parents and caregivers** are actively participating in and supporting their children's education.

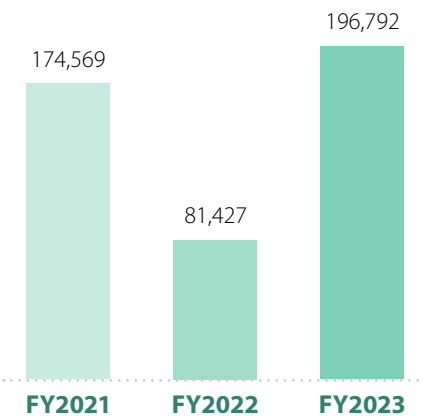
* Source: Province of Alberta, 2023.

THREE-YEAR TRENDS

Number of teachers receiving curriculum training



Number of school supplies provided



This high variability is a result of receiving corporate gifts.

PROGRESS IN TECHNICAL AND VOCATIONAL EDUCATION

60,977 people have undertaken vocational or technical training education.



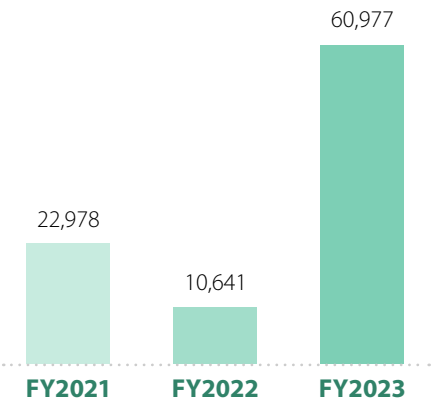
Skilled labour earns higher wages — 30% to 500% more.*

- **43,169 youth**—21,903 female and 21,266 male—participated in life skills training through World Vision programs.
- **11,679 community members** were reached through **awareness sessions** and information on the importance of education.

* Source: Trading Economics, 2023.

THREE-YEAR TRENDS

Number of people taking vocational or technical training



Vocational training is trending upward as a result of change in country priorities.

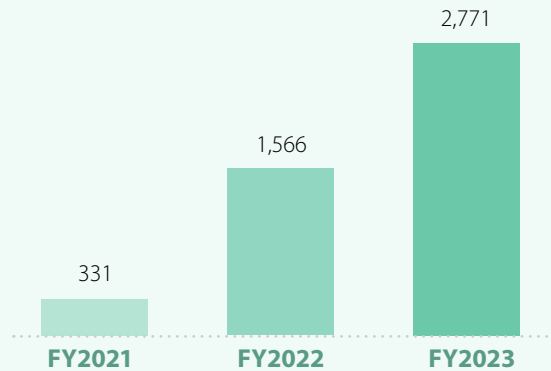


Your support will help renovate classrooms, train instructors, improve literacy, provide vocational skills and more.

CHANGE

Efforts put in by families and communities over the past several years have contributed to measurable change. Here are some education examples we gathered in 2023.

Our recorded trend



Number of children and adolescents who had dropped out of school and have re-enrolled or are currently attending non-formal education opportunities, such as vocational programs. This positive trend is a result of efforts from programs such as the Vision for Vulnerable Youth multi-year program in Latin America.

In the Kasai region of DRC, grade 3 and grade 5 students who were able to read with comprehension increased from 27.1% in 2020 to 58.1% in 2023.

In the same region, parents and teachers reporting increased gender balance in school management activities climbed from 23% in 2020 to 55% in 2023.

In Jigiya, Mali, parents encouraging early education and literacy preparedness for children aged three to five increased from 1.7% in 2020 to 16.8% in 2023.

IMPACT

- 2022 analysis of our Unlock Literacy programs revealed that girls and boys who completed our literacy programs demonstrate reading skills that are at least two years more advanced than children who don't.
- For every dollar invested in our literacy programs, \$20 is generated back to local communities in benefits such as lifetime earnings for the children who participate.





World Vision and its partners at Concordia University took an innovative approach that helped teachers and students in Rwanda build their digital literacy skills and English language proficiency.

FEATURE STORY:

Innovative technology improves children's learning

When Rwanda shifted its official language for school instruction from Kinyarwanda to English in 2019, girls and boys weren't the only ones who had a steep learning curve to read, write and speak the language. Most teachers weren't proficient in English, putting them under tremendous pressure to use the language for teaching their students. It was the third time the country's instructional language had changed since 2008. Many teachers and students still used French or Kinyarwanda, especially in rural areas.

An innovative education research project with World Vision and the Centre for the Study of Learning and Performance (CSLP) at Concordia University is helping both teachers and students build proficiency in teaching and learning in English. From April 2020 to September 2023, researchers looked at the best way to scale online training for Grade 1–3 teachers in the use of a free, interactive literacy software developed by the CSLP called ABRA/READS.

ABRA uses a highly interactive animated format to engage children in fun play-based activities that develop foundational English literacy skills. The activities are based on the best available evidence for teaching low performing readers and include components of alphabetic, phonetic, reading fluency, comprehension and writing. The project, called "Using Technology to Improve Early Grade Literacy in the Global South," involved 180 teachers and 17,775 girls and boys accessing and using ABRA/READS.

After as little as 30 hours of instructional time with ABRA/READS, students' reading and comprehension skills in English greatly improved. The lowest-performing students in the experimental groups matched or exceeded students in the control groups performing at the expected grade level. The effect was the same for both girls and boys. Teachers also improved their digital skills. The 51 experimental teachers all reported a significant growth in their comfort level and skills in using technology tools in the classroom because of the blended in-person and online training approaches.

After sharing the impressive research results with the Rwanda Education Board (REB) in September 2023, the Director General of REB officially approved ABRA/READS software for national use by all Grade 1–3 teachers. It aligns with REB's goals for early grade English literacy and integrating digital technology into teaching and learning practices.

The project was funded by the International Development Research Centre's Knowledge and Innovation Exchange (IDRC KIX).

CHILD PROTECTION
+ PARTICIPATION



More than
\$4
*in mental health
benefits have been
generated for every
dollar invested in our
Positive Parenting
programs*



CHILD PROTECTION + PARTICIPATION



GLOBAL CHALLENGES

Child protection threatened by conflict, climate change and rising costs

One year into the global hunger crisis response, we see conflict, climate change and the indirect impacts of the COVID-19 pandemic continue to force millions of children to go without food daily. It is estimated that 10,000 children are dying of hunger each day.⁵³ The soaring costs of food, fuel and fertilizer only exacerbate the problems families face.

Marginalized families and communities are forced to make difficult and dangerous choices that have far-reaching consequences for children's well-being, now and in the future. These include engaging in begging, child labour, dropping out of school, sexual exploitation and child marriage as coping mechanisms for avoiding hunger.⁵⁴ Fewer than 35 per cent of children are reported to have access to social protection systems, and because of this, families fall victim to these negative coping mechanisms to survive severe material deprivation.⁵⁵



GLOBAL CHALLENGES

APPROACH + STRATEGY

RESULTS

STORY



Your support will help keep children safe, teaching communities ways of protecting them and preventing new cases of abuse or exploitation.

While some progress has been made to prevent specific forms of violence against children, such as corporal punishment and trafficking, overall progress has stalled. Certain forms of violence against children—including domestic violence, child marriage, female genital mutilation and child labour—are likely to rise post-pandemic. In the face of the [hunger crisis](#), four million girls were forced into early marriage to help their families in 2022—already an increase of almost 50 per cent in less than a year.⁵⁶

Data on violence against children remains poor, with many cases unreported or underreported. It is estimated that approximately one billion children between the ages of 2 and 17—half of all children in the world—experience physical, emotional or sexual violence every year.⁵⁷

Participation and empowerment are critical for children's protection and well-being

For a third year, World Vision has surveyed forcibly displaced children and families about their experiences. In the 18 countries where we spoke to children and families this year, data showed that rising costs are causing households to not only skip meals but also take children out of school to work in order to make ends meet. This negatively affects children and their families in the long run, since global studies show that more years of schooling are likely to translate into additional income earned in the future.⁵⁸

Despite children's desires to be active participants in their own lives and social spheres, they are often deprived of agency and influence over decisions that affect them, especially for girls. Across the board, girls are excluded from decision-making around food and nutrition, access to resources, and issues relating to their health, including sexual health.⁵⁹ Enhancing women and girls' participation and empowerment increases their protection, as they gain access to critical information on their risks, rights and needs. This allows them to support themselves and their community in tackling harmful social norms that perpetuate gender-based violence.

Children want their voices to be heard. Active engagement of children and young people in advocacy and campaigning is essential to promote policy reform, implementation, and monitoring. And we know that youth participation ensures better results for children, young people, and the entire population.



APPROACH + STRATEGY

Strengthen the ability of all responsible parties to fulfill their child protection duties

Build ties between communities and their formal child protection systems

Address underlying causes of violence against children, especially those rooted in gender inequality

Empower children and youth to be active agents of change

World Vision 



Girls and boys are protected from abuse, neglect, exploitation and all forms of violence

World Vision is responding to the child protection challenges imposed by conflict and poverty—and further aggravated by conflict, climate change and rising cost of living—using a systems approach that addresses root causes of violence against girls and boys. Through this approach we empower key actors to work together to create a protective environment that cares for and supports all children, especially the most marginalized.

At the household level, we empower girls and boys with life skills, resilience, psychosocial well-being and support so they can become influential protection actors in their environment. We also work with children and their parents, with the support of faith and community leaders, to transform harmful gender norms, attitudes, and discriminatory behaviours into positive ones.

At the community level, we strengthen the people, structures, services and supports around girls and boys in order to prevent violence in all its forms, protect them from violence in all its forms and respond to incidents of violence in all its forms.

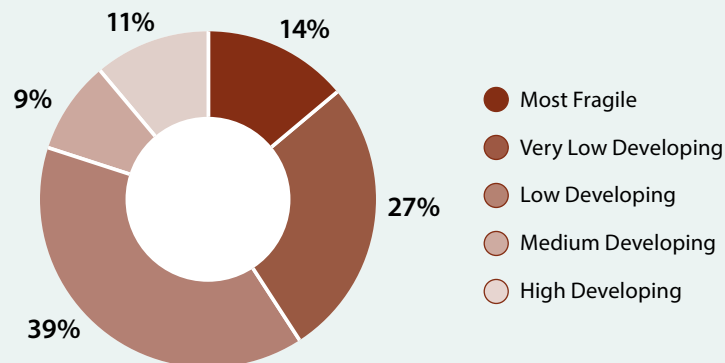
At the systemic level, we advocate with government and other stakeholders to improve child protection laws, ensure accountability by duty bearers when those laws are broken and address the root causes of children's vulnerability.

In fragile contexts, we work across [all sectors of development](#) to ensure that children's rights are protected in unstable or emergency situations, such as establishing child-friendly spaces for displaced populations to provide safe environments for children.

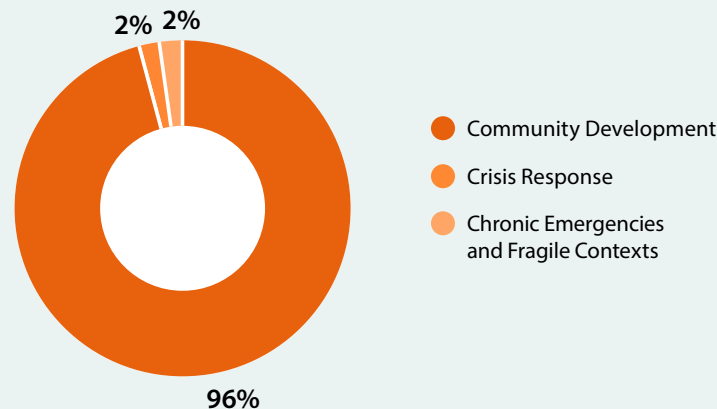


RESULTS

CHILD PROTECTION AND PARTICIPATION EXPENDITURES BY LEVEL OF FRAGILITY



CHILD PROTECTION AND PARTICIPATION EXPENDITURES BY PROGRAMMING TYPE



In 2023, \$59.2 million was invested in 179 programs focused primarily on child protection and participation approaches, reaching 691,351 girls, 688,040 boys, 705,971 women and 694,252 men.

Investment in the Child Protection and Participation sector increased substantially. We attribute this in part to ongoing learning from last year’s limitations (as described in the 2022 Annual Report) to improve how we categorize projects and programs. Previously, we relied on manual categorization of individual projects, but now those categories are drawn from a more sophisticated automated system. The results so far mark an important milestone.

Case management has increased, led by the Livelihoods & Children Care project in the Philippines and by Childhood Rescue Honduras. Psychosocial support surged, led by programs supporting three emergency responses: in DRC, the response to the internally displaced in Kalehe; in Sudan through the WASH, Nutrition and Child Protection

program in partnership with UNICEF; and in Vanuatu through the 2023 Cyclone Response for shelter, WASH and protection.

Another significant milestone comes in our improved understanding of the effectiveness of positive parenting in changing children’s lives for the better. Via a cost-benefit analysis, we estimated the **real impact.™** of a group of interventions and the economic value they can bring when negative mental health outcomes are prevented. Learn more in our [Resources Library](#).

By contrast, the closing down of projects across India substantially impacted children’s and youth groups. In 2022, over half of the participants in these groups were from India; this year that number fell to only a quarter. But as globally-funded programs close, [World Vision India’s commitment](#) to vulnerable children and their communities remains unchanged, and programs fully supported by supporters in India continue.

PROGRESS IN CHILD PROTECTION

21,627 child protection cases including situations of abuse or neglect were identified, followed up on and referred as needed.

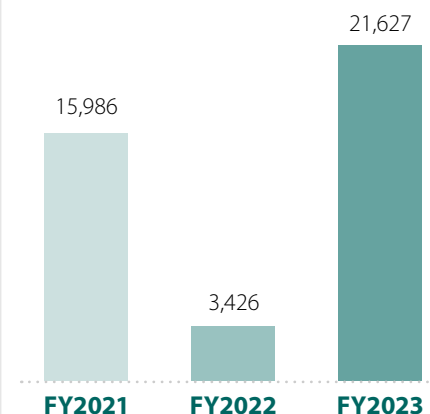


- **7,235 local partners**, including community organizations, churches and faith-based groups, were engaged in our programs to support stronger communities, while **12,587 faith leaders** and representatives of faith-based organizations were working to address the root causes of child vulnerability.
- **239,672 people**—58,161 children and 181,511 adults—were trained on child protection, including positive parenting, children’s rights and early marriage.
- **64,409 people**, including 34,497 girls and 29,872 boys, participated in activities aimed at supporting child protection and **ending violence** against children.
- **20,319 people** received **psychosocial support** services.
- **468 child protection units** and committees were established and operational.

* Source: Council of Ministers of Education, Canada, 2023

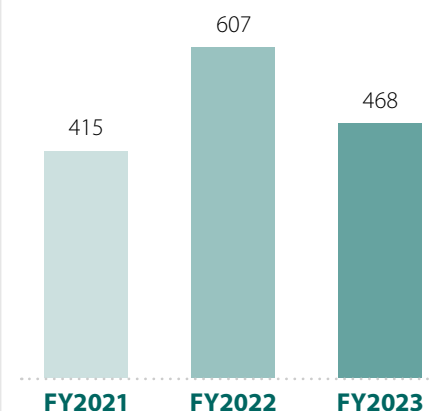
THREE-YEAR TRENDS

Number of child protection cases



Increased case management and psychosocial support are a result of projects targeting these needs.

Number of child protection committees or units established



PROGRESS IN CHILD PARTICIPATION AND COMMUNITY EMPOWERMENT

23,192 people participated in community-level advocacy and social accountability initiatives.



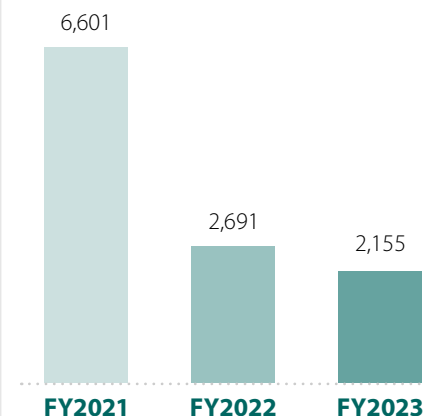
That's more than all the registered social workers in Quebec and in the Maritime provinces.*

- **61,803 children and youth**—31,940 female and 29,863 male—participated in groups and clubs, gathering with peers to develop new skills and positive values.
- **2,155 children's clubs** are bringing girls and boys together around topics like peace, advocacy and good water, sanitation and hygiene habits.
- **249,948 people**—121,861 girls, 119,086 boys, 4,748 women and 4,253 men—are participating in activities that provide holistic nurture and encouragement for children, particularly through the [Celebrating Families](#) program model.
- **19 child friendly spaces** were established, renovated or refurbished, providing settings where children can participate in positive and nurturing age-appropriate activities.

* Source: Job Bank, Government of Canada, 2023.

THREE-YEAR TRENDS

Number of functioning children's clubs



Trending down after a surge of clubs to tackle pandemic-related issues.

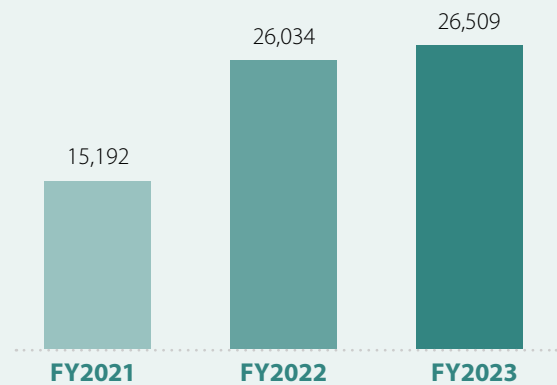


Your support will help keep children safe, teaching communities ways of protecting them and preventing new cases of abuse or exploitation.

CHANGE

Efforts put in by families and communities over the past several years have contributed to measurable change. Here are some child protection and participation examples we gathered in 2023.

Our recorded trend



Number of people who demonstrated increased knowledge on child protection risks and how to properly respond, including gender equitable attitudes.

22,849 children under age 18 worldwide received birth certificates—this critical documentation provides a record of existence and allows them to access essential rights and services like education and healthcare. With expanded child protection initiatives in 2023, the number has greatly increased from 2,766 reported in 2021 and 6,182 reported in 2022.

46 evidence-based policy recommendations were presented to government decision makers in 2023.

In the Kasai region of DRC, women and girls who feel confident and/or equipped to advocate for their rights increased from 29% in 2020 to 46.7% in 2023.

Across 21 counties in South Sudan, between 2020 and 2023, young women and men who could identify gender-based violence response services increased from 50.2% among women and 35.9% among men to 75.2% and 83.9%, respectively.

The Bhandaria community in Bangladesh has made important contributions to eliminating child marriage: women aged 20-24 who had been married by 18 decreased from 58.2% in 2018 to 24.1% in 2023.



IMPACT

- **2023 analysis of our Positive Parenting model** in 67 projects across 24 countries showed that for every \$1 invested, \$4.36 is generated in benefits for children—specifically, the prevention of negative mental health outcomes.



After receiving training from the Equality for Girls' Access to Learning (EGAL) project, Sister Helene advocated for girls like Marie to go back to school.

FEATURE STORY:

Protecting a girl's right to an education

Sister Helene is giving girls in the Democratic Republic of the Congo a second chance at an education.

The Catholic nun founded a small community-based organization called Association Dibaya Tuye Kumpola to support girls. Many of them were forced to leave school and even their homes.

"These girls, and many others like them, had been left to the world at a time when they did not know what to do. Some even considered taking their own lives," Helene explains.

Through the Equality for Girls' Access to Learning (EGAL) project, in partnership with Global Affairs Canada, Helene received training to be a community advocate for girls.

Culturally, when girls show signs of puberty, it can result in them being having to leave school, while boys are allowed to continue their education. Girls become home help and collect firewood, fetch water, cook food and care for the sick. If a girl is a victim of sexual abuse or violence, some parents don't let them leave home or go to school.

Thankfully, EGAL's work is changing this belief.

"When World Vision started the EGAL project, they taught us about child rights, especially for girls," Helene says. "They reoriented us on the potential of girls. We have recovered and returned many young girls to schools in the area. Contrary to negative norms, girls are taught to say, 'No,' and boys to respect girls. Many have learned not to put themselves in harm's way and they now know where to report cases of abuse."

Helene and 140 other members of local women's associations held a "Back to school" awareness campaign and went door-to-door to determine which girls and boys were not in school. They worked with parents to send their children back to school, especially girls, and successfully reintegrated 544 girls.

Nine-year-old Marie is one of those girls. She says she doesn't know her father or where her mother is. "I did not have anyone to register me in school, but Sister Helene helped me go to school," she says. "I love going to school, and I am happy to learn reading and writing."



Marie, 9, plays with Grace, a World Vision child protection worker. Grace promotes rights and the well-being of children.

WATER, SANITATION
+ HYGIENE



4

*lives are saved
every day because of
World Vision projects
that use the
Integrated
WASH approach*



WATER, SANITATION + HYGIENE



GLOBAL CHALLENGES

Children die needlessly because of water, sanitation and hygiene-related problems

Globally, at least 2 billion people do not have access to safe drinking water. Although [Sustainable Development Goal 6](#) seeks to provide water and sanitation access for everyone by 2030, much progress still needs to be made in order to meet the goal. More than half of the world's population does not have access to safe sanitation⁶⁰, like latrines and toilets, while at least 1.7 billion people use a drinking water source that has microbial contamination.⁶¹

Girls and boys are often the most impacted when access to clean water is difficult or where there is a lack of good hygiene and sanitation facilities. Diarrhea is both preventable and treatable, yet 446,000 children under the age of five die each year due to inadequate water, sanitation and hygiene.⁶² In conflict zones, children are nearly 20 times more likely to die from diarrheal disease than from the conflict itself.⁶³

Six in 10 diarrhea-related deaths are attributed to unsafe drinking water and poor hygiene and sanitation.



GLOBAL CHALLENGES

APPROACH + STRATEGY

RESULTS

STORY



Provide clean water, improve sanitation and hygiene, and bring real change to children's lives.

Simply washing hands with soap can reduce the risk of diarrhea by 40 per cent and protect against many other illnesses. By using basic WASH interventions, many more lives can be saved.

Even as progress is made, deep inequalities related to water and sanitation on regional and national levels remain. Globally, 2.3 billion people do not have a handwashing facility with soap and water at home.⁶⁴ In sub-Saharan Africa, where the lack of water is more prevalent, women and girls often must walk more than 30 minutes to get water—a burden that also puts their health and safety at risk.

These disparities are compounded by growing challenges brought on by political instability, economic crises and climate change. Estimates project over 140 million people will be forced to migrate within their countries by 2050 because of climate change,⁶⁵ adding strain to inadequate water and sanitation facilities, if they exist at all.

Schools worldwide lack basic WASH services

A UNICEF report on the state of water, sanitation and hygiene in school settings found half of all schools do not have basic hygiene services, while a third of all primary schools lack basic sanitation and water. Some 802 million children do not have a proper handwashing facility with soap and water at school.⁶⁶

Women and girls are uniquely affected by poor sanitation. At least 500 million women and girls are lacking a safe, clean, private facility to manage their menstrual hygiene, which affects girls' education. A World Bank meta-analysis found that one in four adolescent girls in India did not attend school during menstruation because of inadequate toilets.⁶⁷

Investing in WASH has broad benefits to society

About half of healthcare facilities do not have hand-washing facilities where patients are treated. This deficiency can increase the spread of germs and bacteria, potentially exposing patients and healthcare professionals to preventable disease or illness. A WHO study calculated a global return of US\$5.50 for every dollar spent on sanitation—seen in lower health costs, more productivity and fewer premature deaths.⁶⁸

Achieving universal access to water, sanitation and hygiene would bring remarkable change, with global reductions in waterborne disease, better nutrition outcomes, hundreds of daily deaths prevented—and the reality of a world that upholds the dignity, safety and future prospects of an entire generation.



APPROACH + STRATEGY

- Collaborate with communities, organizations and governments to develop gender-responsive local water and sanitation systems
- Teach gender-sensitive hygiene and sanitation practices that prevent the spread of disease
- Provide emergency WASH services during humanitarian crises
- Ensure schools and health centres are equipped with gender-responsive, accessible WASH facilities

World Vision 



Child and family health is protected through safe water, sanitation and hygiene services

World Vision's WASH programs bring safe drinking water and improved sanitation and hygiene practices to communities around the world. We prioritize making improved water sources and sanitation facilities accessible for the most vulnerable, including people with disabilities and those on the socioeconomic margins—often women and girls. Our water, sanitation and hygiene programs take place in both fragile and stable settings.

At the household and community levels, WASH services are developed by residents in collaboration with NGOs, governments, the private sector and donors. The resulting water projects serve diverse populations—from small collections of households to large communities accessing water taps and kiosks through piped systems. Women are instrumental in choosing the location of the water points and participating on water management committees, often as leaders of the committees.

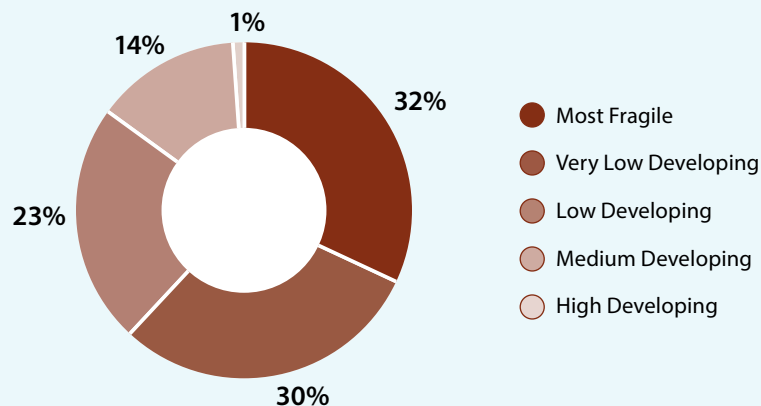
At the systemic level, we collaborate with local health authorities to support better access to WASH services, which are essential when providing basic healthcare to girls and boys. In schools, World Vision works to provide access to safe water and improved sanitation through upgraded gender-responsive latrines along with hygiene education, including menstrual hygiene management. Facilities are modified where needed so students with physical disabilities can access and use them.

In fragile contexts, we provide gender-responsive WASH services among populations affected by disasters and within camps for refugees or internally displaced people.

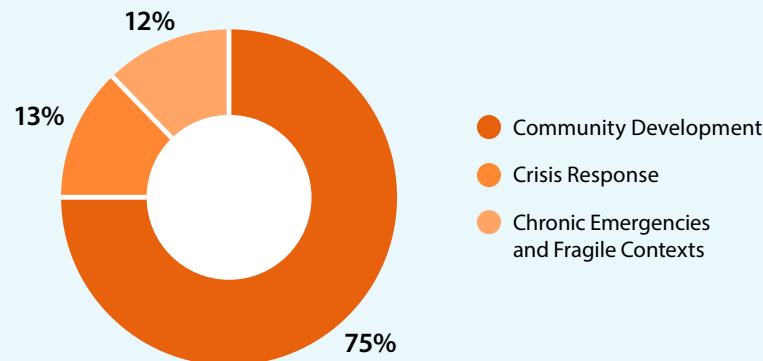


RESULTS

WASH EXPENDITURES BY LEVEL OF FRAGILITY



WASH EXPENDITURES BY PROGRAMMING TYPE



In 2023, \$36.5 million was invested in 70 programs focused primarily on water, sanitation and hygiene (WASH) approaches, reaching 206,173 girls, 203,421 boys, 318,060 women and 305,190 men. The change in the categorization of projects and programs mentioned in the [Child Protection and Participation](#) section also greatly affected WASH’s portfolio share. Many projects in long-term development that previously were categorized as Health are now being categorized as WASH. This is due to those projects’ immediate activities being primarily water and/or sanitation related. But since WASH’s outcomes are ultimately related to disease prevention, the overlap is expected.

This year our focus was on building and improving sanitation facilities. We saw a surge in these numbers while the construction of water sources declined after last year’s increase. This trend has been particularly strong in our long-term development projects in Tanzania and Niger, and through our new partnership with other World Vision offices to bring forward change in Zambia through the Zambia WASH program.

In our work with crisis response and **fragile** contexts where the primary focus was on WASH, our largest investment was on the Syrian and Türkiye Earthquake Response to support affected girls, boys, women and men through a multisectoral assistance grant. We also continue to support the Lebanon sustained humanitarian response in partnership with UNICEF through the Lebanon WASH Lot 6 grant; and the Sudan sustained humanitarian response through the CAP 2021 grant in partnership with Global Affairs Canada.

Other new responses include Mozambique’s Cyclone Freddy response and support for the 2022 West Java earthquake response in Indonesia. These important partnerships bring stakeholders together and allow us to leverage our expertise on the ground through our rapid and continuous responses as we continue striving to leave no child behind.

PROGRESS IN WATER AND GENERAL WASH

95,078 people received emergency or water, sanitation and hygiene kits to support their health and well-being during times of need.

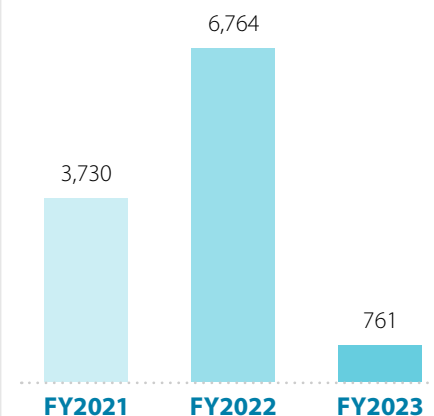
That many people would nearly fill Canada's two largest stadiums.*



- **386 WASH committees** were established or reactivated.
- **628 institutions received improvements** in WASH services, which may include water, sanitation and hygiene facilities, resources and services.
- **114 people**, including vendors, **received training** to manage and maintain WASH infrastructure.
- **242,795 WASH products** were distributed for family health, such as hygiene kits and water filters.
- **761 water sources** were constructed, rehabilitated or improved, providing safe water for children and families to drink.

THREE-YEAR TRENDS

Number of water sources constructed, rehabilitated or improved

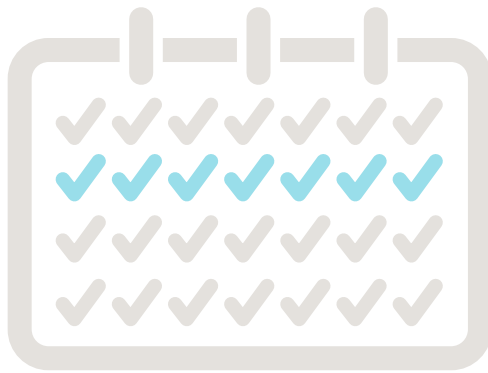


Reduction in water sources infrastructure as a result of a shift in focus to sanitation infrastructure

* Source: Wikipedia, 2023.

PROGRESS IN SANITATION AND HYGIENE

9,615 reusable menstrual hygiene kits were distributed for adolescent girls and women.

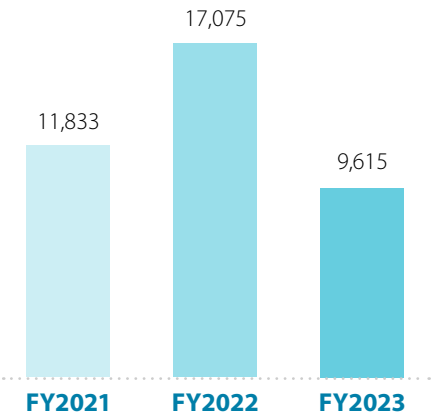


More active lives for girls, period.

- **15,393 sanitation facilities**, including latrines and handwashing stations, were constructed or updated.
- **22 schools** had adequate menstrual **hygiene management facilities** in place.
- **195,885 people**, including 82,546 women and 33,691 children, were trained or involved in community water, sanitation or hygiene initiatives.

THREE-YEAR TRENDS

Number of reusable menstrual hygiene kits shipped



This high variability is a result of receiving corporate gifts.

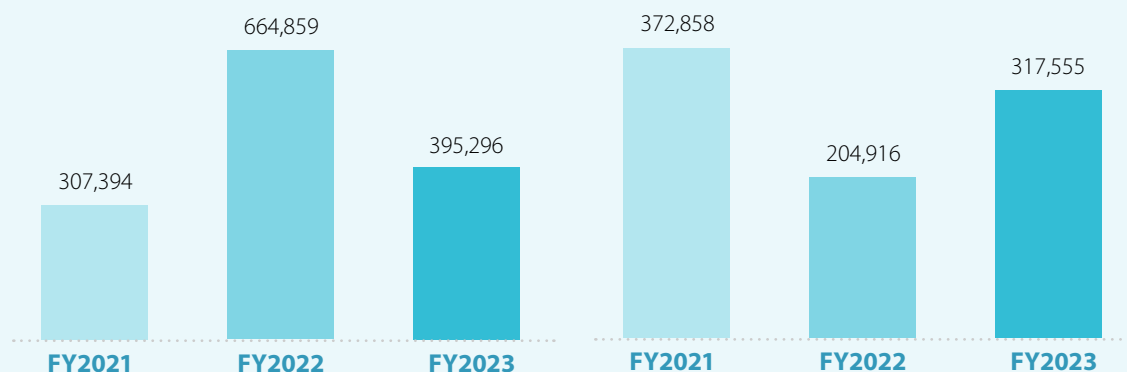


Provide clean water, improve sanitation and hygiene, and bring real change to children's lives.

CHANGE

Efforts put in by families and communities over the past several years have contributed to measurable change. Here are some WASH examples we gathered in 2023.

Our recorded trend



Number of people who gained access to safe drinking water. The 2023 reduction in water access development resulted from our shift in focus toward sanitation infrastructure.

Number of people who gained access to sanitation facilities at home or school. With limited access data in key projects and a focus on home toilets—rather than communal ones that reach more people—this trend has not increased as expected.

Our recorded trend in **new communities being certified as “open defecation free”** moved from 185 in 2021, to 442 in 2022, to only 59 in 2023, trending down after the 2022 spike which was due to concentrated efforts in Tanzania and Cambodia. These communities have shifted to using toilets rather than defecating in the open, which plays a major role in preventing waterborne disease.

In Bogawanthalawa, Sri Lanka, from 2017 to the end of 2022, access to improved sanitation facilities increased from 57% to 80%. The community has witnessed a substantial rise in year-round access to safe drinking water, from 4% to 71%. These improvements have positively affected family hygiene, with proper handwashing habits increasing from 56% to 89%.

IMPACT

- 2023 analysis of our Integrated WASH approach in 67 projects across 24 countries showed that for every \$1 invested, \$14.37 is generated in benefits for children, including the prevention of over 2.5 million cases of disease and 4,901 deaths.





Girls play Ludu together at school in Bangladesh. The Youth Empowered project addresses and prioritizes menstrual hygiene management in schools, helping to increase attendance for girls.



The Youth Empowered project helps schools get proper access to WASH facilities, enabling more girls to regularly attend school during their period.

FEATURE STORY:

Breaking the stigma around menstruation

“I felt embarrassed to be a girl and felt like it was punishment,” recalls 15-year-old Falguni, describing her first period. She was leaving for school in her village in Bangladesh when it happened for the first time. Her mother taught her to use a cloth to manage the bleeding.

“I didn’t have enough knowledge about how and why it happens, and what to do. So, naturally, I was scared and confused. I will never forget that experience,” she explains.

Falguni’s experience is not unique. Many girls in her village lack basic knowledge about their sexual and reproductive health, and struggle to access menstrual hygiene supplies. Girls are subjected to stigma or miss school because of difficulties managing their menstrual hygiene.

In Morrelgonj, the subdistrict where Falguni lives, an estimated one in 10 girls miss school at some point during their period.

There is often shame and taboo surrounding menstruation in Bangladesh. Access to sexual education is essential for not only menstrual literacy but also for a girl’s self-confidence, self-esteem and self-worth.

To increase awareness and education, the Youth Empowered project, in partnership with Global Affairs Canada, works with adolescent girls in WASH and menstrual hygiene management to improve school attendance. The project supports schools with appropriate facilities and services for girls, including the establishment of menstrual health management corners in schools to give girls a private space, and helping schools access sanitary pad vending machines and sanitary pad incinerators.

Youth Empowered also educates girls on the use of sanitary pads. After registering with the project, Falguni regularly received sanitary pads from the project every month, as well as training on menstrual hygiene management.

Today, Falguni feels empowered and effectively manages her menstrual period. She advocates among her peers in schools and communities, telling them about the importance of using sanitary pads.

“I have now taken it upon myself to help other girls in school experiencing their first menstrual period,” she says. “Now I know that it’s a normal human body function and there is no need to be embarrassed.”



2023

PROGRAM FEATURES

SPOTLIGHT ON: **ADVOCACY**

Advocacy stands as one of World Vision's three pillars, alongside our humanitarian relief and long-term development programs. Through our advocacy efforts, we elevate the voices of people who are facing problems, challenging policies, systems, structures, practices and attitudes that make it difficult for vulnerable children and their families to live full and flourishing lives. This kind of work happens at four levels.

- 1. With our partner communities**, World Vision's Citizen Voice and Action (CVA) approach empowers people to engage with their local governments, increasing accountability of politicians, officials and providers who use public resources in service of the community.
- 2. With national governments**, World Vision engages with leaders on laws and policies affecting children's rights and budget allocations for community services.
- 3. With international organizations including the UN**, we create space for community voices to speak up for their needs and we advocate for strong global policies—especially those surrounding humanitarian crises and fragile contexts.
- 4. In Canada**, we advocate for government policies that improve the well-being of children worldwide and allow for continued humanitarian work, with Canadian youth advocates playing an important role.

Our advocacy in Canada is focused at the federal level in Ottawa but fundamentally driven by our partnerships with communities worldwide. Here, we work to influence government policies in ways that 1) directly impact children's lives for the better, and 2) create additional funding pools for the work of World Vision and our peers in the Canadian humanitarian sector.



Our VOICES community has more than 97,000 members. They were key contributors in more than 106,577 actions taken last year to support the world's most at risk children.



Building stronger government relationships

We had an intense and effective year in advocacy that deepened our government relationships. With **71 reportable lobbying advocacy meetings**, it was a record number of meetings for World Vision with ministers, Members of Parliament (MPs), senators, their staff and senior government officials.

We engaged former international development minister Harjit Sajjan in multiple events in Canada, the U.S., Ethiopia and Bangladesh. Sajjan and two assistant deputy ministers also visited our programs in Bangladesh, Zimbabwe and Tanzania.

The new International Development Minister Ahmed Hussen visited our programs in Colombia (pictured right, front row, second from left), including the [Education Cannot Wait](#) project. This transformative initiative protects and promotes the right to education for children, especially girls, in crisis and emergency situations.

We also had several meetings with Minister of Labour Seamus O'Regan. He met with our Youth Council and visited our Harvesting Labour Rights project in Mexico, which his department funds. The project works to improve labour rights, and reduce forced and child labour in the agricultural sector.



Advocating to remove barriers to our work in Afghanistan

Children and families in Afghanistan are still suffering through a [staggering humanitarian disaster](#). Once the Taliban became the de facto government, Canadian humanitarian organizations were unable to support work in Afghanistan without the risk of criminal prosecution since Canada's Criminal Code lists the Taliban as a terrorist group.

Our work with the Aid for Afghanistan Coalition last year aimed to change that. We gave testimony to a Senate committee, providing legal analysis, opinions and recommendations to decision-makers. We also achieved more than **600 media stories** across Canada highlighting the issue.

The advocacy work paid off. Michael Messenger (third from left) was present when three government ministers announced Bill C-41, an amendment to the Criminal Code that provided a workable solution to allow humanitarian aid into Afghanistan. We analyzed the bill with our legal team and proposed revisions to improve it, as well as engaged government officials of all political parties to make it more effective for humanitarian aid organizations. When Bill C-41 passed in late June, we immediately committed to sending a shipment of ready-to-use therapeutic food and cash to Afghanistan. However, getting the legal changes to be executed has been slow and challenging. Our advocacy and legal teams are working with colleague organizations and government officials to find a solution.

Achieving success on supply chain legislation

Our 11-year advocacy campaign for supply chain legislation to address child and forced labour reached a crescendo in 2023 with the passing of Bill S-211, the **Fighting Against Forced Labour and Child Labour in Supply Chains Act**. The year was full of meetings with MPs and senators from across the political spectrum, Minister O'Regan, and Parliamentary Secretary Terry Sheehan. We published another [Risky Goods](#) report which revealed that the value of Canadian imports of everyday products, like electronics and clothing, that are at risk of being produced by child or forced labour, increased to \$48 billion as of 2021.

In May, we celebrated with Minister O'Regan, Senator Julie Miville-Dechêne, MP John McKay and Michael Messenger (pictured right) after Parliament passed Bill S-211, breakthrough legislation requiring Canadian companies to report on labour practices in their supply chains. We will continue to work with them to eradicate all forms of forced and child labour, and uphold human rights.



Youth using creativity to voice change

Young people continue to be important and engaged voices on the issues to which World Vision is committed—especially child and forced labour.

Our Campus Club leaders developed a creative art advocacy project by co-creating a large mural with a visual message on child labour. We engaged Carling Jackson, a Vancouver-based, award-winning athlete portrait artist, to design a mural graphic that could be divided into eight pieces and sent to seven campuses across Canada. Students then contributed to the artwork by drawing their first or favourite childhood toy on the mural and then adding their signatures on the back as a sign of solidarity with child labourers around the world. All eight pieces were then brought together to make one final artwork.



Watch how our Campus Clubs brought art and advocacy together with students from across the country.

Improving education support for disrupted learners

Hosted by World Vision with funding from Global Affairs Canada, the Refugee Education Council played a critical role in raising national and global awareness about priorities and recommendations to improve access to quality education and Canada's leadership in education in emergencies. The Council is made up of 15 refugee and displaced young leaders who advise government groups to ensure that Canada's global education programs are informed by lived experience.

This year, the Council created or was featured in nearly 35 pieces of content, participated in over 18 events and engaged an estimated 30,000 Canadians, establishing high visibility in key global forums for education. This included partnering with the Government of Canada at [Education Cannot Wait's](#) High-Level Financing Conference, in February, where council members participated in a panel discussion and the government announced an investment of **\$87.5 million** toward education in emergency contexts.

After being trained in monitoring and evaluation, the Council participated in a learning exchange, providing project feedback to partners implementing Canada's Education for Refugee and Displaced Children and Youth in Sub-Saharan Africa grant. This pilot showed the innovative capacities to include the expertise of advocates with lived experience in the design, implementation and evaluation of humanitarian development projects.

In collaboration with UNHCR Canada and World Vision, the Council also hosted a consultation with refugee and displaced youth in Canada in the lead-up to the Global Refugee Forum. This resulted in an outcome summary that was shared with the UNHCR and other government and civil society organizations to help inform the framework for donor and partner pledges at the upcoming forum.



Michael Messenger (left) and members of the Refugee Education Council from South Sudan and Uganda participate in a panel discussion at the Education Cannot Wait High-Level Financing Conference in Geneva, Switzerland.

SPOTLIGHT ON: EMERGENCY RESPONSE



When a devastating earthquake hit northwest Syria on February 6, 2023, World Vision staff were already on the ground and immediately responded to provide assistance in communities.

Humanitarian emergencies result from many kinds of situations—from environmental disasters like drought or earthquakes, to political conflicts that drive people from their homes. These crises can build slowly over time or strike suddenly and unexpectedly.

World Vision's response efforts focus on saving lives in the short term, while working with communities to help them rebuild when immediate threats have passed. We keep girls and boys at the centre of our plans, concentrating on their physical and emotional safety and well-being; this focus on children often sets us apart. [Read more about our approach in emergencies.](#)

By May 2023, an estimated 110 million people were displaced because of war, conflict and human rights violations. A record **35 million people were refugees**⁶⁹—that's equal to 90 per cent of Canada's population. More than ever, the polycrisis combining global conflicts, climate change and the rising cost of living are intensifying the impact on marginalized and vulnerable people. [The Sustainable Development Goals Report 2023](#) says these crises can erase

the hard-earned gains many countries have made toward the SDGs. When a natural disaster or man-made conflict occurs, a country's progress can be set back even further.

World Vision responded to 28 crises in 2023, reaching 5.7 million people in 31 countries. Support from our donors equipped us to respond to many crises, though we are highlighting three emergencies that made global headlines and affected millions of people. These were the earthquake in Türkiye and Syria, the escalating global hunger crisis, and the crisis in Sudan.



In the wake of a disaster, it's children who suffer most. Help provide life-saving supplies to children and families affected by crisis.

Türkiye and Syria Earthquake

On February 6, 2023, an earthquake hit Türkiye and northwestern Syria, affecting over nine million people, with homes being damaged and displacing many families. For people living in Türkiye, the disaster was unexpected and challenging. In Syria, however, the earthquake exacerbated the situation for vulnerable communities after 12 years of armed conflict, large scale displacement, COVID and cholera. The humanitarian situation is complex, with frequent violence and clashes disrupting essential services and infrastructure.

World Vision's response

World Vision has been working in Türkiye and parts of Syria since 2013. Our programs focus on serving those affected by the Syrian conflict with humanitarian assistance. Immediately after the earthquake, we briefly paused regular programming to ensure that employees and their families were safe. Then, the team rapidly began reallocation and allocation of new funds to partners as well as directly implementing work to help those affected. For the first 30 days after the earthquake, we focused on life-saving assistance programming through partners. Then we shifted our focus to rehabilitation and recovery activities, including rehabilitation of critical WASH infrastructure, education and protection activities, as well as restoration and support of livelihood activities. In the new fiscal year, our focus will be on fully integrating our recovery and stabilization activities into our overall Syria Response.

The World Vision Partnership's 15 projects in northwestern Syria respond to the needs across the cities of Idlib, Afrin, Azaz and Aleppo. These projects include the provision of health services, comprehensive WASH services, rehabilitation and support for schools, identification of people in need of specialised protection services and referrals, psychosocial support and fixing homes.

One of the families affected by the earthquake in Syria benefitted from a cash distribution by World Vision and its implementing partner that helps people purchase needed supplies, like food, clothing or hygiene materials.

* World Vision Canada donors contributed 5.7 per cent of the funds raised for programs supporting the Türkiye-Syria Earthquake Response from October 2022 to September 2023.

Making progress

Through the collaborative work of the World Vision Partnership*:

- **547,006 people** accessed safe water through water trucking or installing new water sources.
- **21,857 families** received multi-purpose cash assistance to cover their basic needs, such as food, shelter and hygiene items.
- **11,463 people** received ready-to-eat meals to ensure safe and dignified access to food in areas where it was neither available nor affordable.
- **144,769 people** accessed health consultations.
- **36,517 girls and boys** were reached with learning materials by supporting affected schools and **32,603 children** received psychosocial support kits.

With donations from the Humanitarian Coalition, we provided health, nutrition and WASH services to earthquake-affected households. This coalition brings together leading aid organizations to provide Canadians with a simple and effective way to help during international humanitarian disasters. Working with a local partner, we have achieved the following as of the end of August 2023:

- **42,893 people** have access to health and nutrition services.
- **49,149 people** have improved WASH services.
- **53 locations** received regular delivery of sterilized clean water.



Global Hunger Crisis

The global [hunger crisis](#) continued to worsen in the last year, pushing more families closer to the brink of starvation. Global conflicts, climate change and the cost of living are making it harder for families to get sufficient food or find stable livelihoods to support themselves. More than 345 million people are facing severe hunger, which is an increase of almost 200 million compared to early 2020.⁷⁰ If current trends continue, 575 million people will still be living in extreme poverty in 2030.

In countries like Canada, people are negatively impacted by the cost of healthy, nutritious meals and food prices. But for people living in fragile contexts, hunger and food insecurity issues compound an already difficult situation. The World Food Programme estimates that 70 per cent of the world's hungry people live in areas afflicted by war and violence. Girls and boys are the most vulnerable. Poor nutrition and hunger are responsible for the deaths of 3.1 million children a year.



In a time of global hunger and food insecurity, children are the most at risk for malnutrition and death. In Somalia, millions of people are already living with famine-like conditions, leaving women and children struggling to have enough to eat.

World Vision's Trócaire Stabilization Centre in Dollow, is working to save the lives of severely and acutely malnourished children as the country faces a hunger crisis.

World Vision's response: Addressing catastrophe with our largest-ever appeal

Since the World Vision Partnership launched the largest appeal in its 70-year history in May 2022 we have already invested more than US\$223 million in nutrition-specific programs. The World Vision Partnership continues to aim to reach 30 million people with US\$2.5 billion in programming in 28 countries of highest concern and alert as part of its Global Hunger Response.

Because these crisis levels of hunger come with other complex issues, our response has been multisectoral, focused on:

- Providing **emergency food** to directly address hunger and price shocks.
- Improving families' **access to food**.
- Providing **clean water**.
- Ensuring access to **nutrition and health services**.
- Keeping the most vulnerable **safe**.
- Strengthening people's **resilience** to food insecurity and livelihood-related shocks.



With hundreds of IDP (internally displaced people) camps, Baidoa, Somalia is an epicenter for people fleeing their communities, due to the worst drought in 40 years and violent conflict. The city now hosts more than 640,000 people in need of food, water and basic necessities. In Beco Camp alone (pictured above), 70 new families arrive every day.

Making progress

Because of collaborative efforts with the World Vision Partnership through the Global Hunger Response, in 2023*:

- **9,124,497 people** were reached with urgently needed food.
- **US\$279,836 in cash and vouchers** were distributed, equipping **6,409,163 people** to purchase food and necessities within their own markets.
- **945,280 children** received food through school feedings, including hot meals and/or dry rations.
- **576,430 children** recovered from severe acute malnutrition after going through treatment.
- **1,275,467 people** were reached through primary health support.
- **20,643 people** were trained in climate-change-resilient farming practices, and **24,756 households** are growing crops that are resilient to climate hazards and stresses.
- **2,003,674 people** received access to clean water and **748,038** participated in activities promoting good hygiene for better health.
- **57,473 households** received agricultural supplies such as equipment, tools or seeds, and **7,781** received conditional cash or vouchers to procure them.

Thanks to private donations and grants from donors in Canada, we have supported the [Global Hunger Response](#) with projects in the Democratic Republic of the Congo (DRC), Central African Republic (CAR), South Sudan, Ethiopia, Somalia, Yemen, Syria and Tanzania.

In partnership with the UN World Food Programme, donations helped provide food and cash to 81,542 people, including 44,524 girls and boys, in Ethiopia and Somalia.

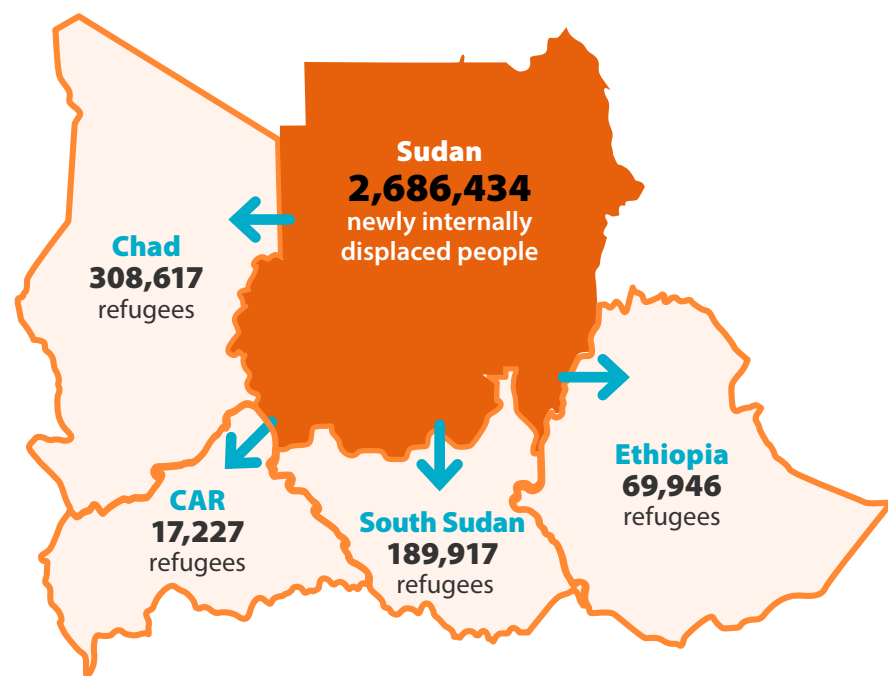
* World Vision Canada donors contributed 23 per cent of the funds raised for programs in partnership with WFP and other UN agencies between October 2022 and September 2023..

Sudan Response

On April 15, 2023, in Khartoum, the capital city of Sudan, deadly violence erupted following days of tension between Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF). The fighting centered around a proposed transition of power to civilian rule. The conflict continued to escalate, causing a humanitarian crisis inside Sudan to spill into neighbouring countries. People fled the fighting and created displaced communities in Chad, Central Africa Republic, Ethiopia and South Sudan.

According to UNICEF, at least 435 children have been reported killed in the conflict and at least 2,025 children injured. UNICEF also received reports of 2,500 severe violations of children’s rights. More than 80 per cent of hospitals in the country are now out of service and education has come to a standstill as war continues across the country. Displaced children are now more vulnerable than ever before.

Sudan’s internally displaced people



Source: IOM-DTM

World Vision’s response: Leveraging in-country experience

World Vision has been working in Sudan since 1983 and has an operational presence in the four other affected countries. On May 2, 2023, the World Vision Partnership launched the multi-country Sudan Crisis and Migration Emergency Response to respond to the humanitarian crisis and started to distribute food and non-food items. Over the past year alone, we reached more than 1.5 million people, mostly women and children, with emergency assistance, including with interventions in food security, child protection, health, nutrition, and water, sanitation and hygiene.





World Vision staff, Maria Deng Ngor, comforts 10-year-old Muhammed (pictured left), who arrived with his grandmother at a refugee camp in South Sudan after losing both his parents in Sudan. He explains, "I sleep on the ground and it's not easy. There is some food here, but it's not enough."

Making progress

By collaborating with the World Vision Partnership, in 2023*:

In Sudan:

- **14 health clinics** in 8 locations in East Darfur are fully operational.
- **680,000 people** registered to receive food assistance.

In Ethiopia:

- **2,200 women, men and children** of refugees and returnees learned about child protection and ways to prevent gender-based violence.
- **1,200 menstrual hygiene kits** and non-food items were given to 200 women and children at entry points and refugee camps.

In Central Africa Republic:

- **6,000 mosquito nets** were distributed to Sudanese refugees.
- **\$227,500** was reallocated to cover needs for displaced Sudanese.

In Chad:

- 1,740 displaced people benefitted from **87 new latrines and 75 showers** in refugee camps.
- **150 unaccompanied or separated children** received help in transit centres.

In South Sudan:

- 5,400 returnees received 80,000 litres of **clean water** each day.
- 2,300 returnees, including children have received **high-energy biscuits**, and 633 returnees from 55 households received food assistance.

* World Vision Canada donors contributed 12 per cent of the funds raised for programs supporting the Sudan Crisis from October 2022 to September 2023.

SPOTLIGHT ON: CLIMATE CHANGE

Greenhouse gas concentrations are reportedly at an all-time high and, according to the United Nations, the last decade was the warmest on record.⁷¹ These emissions from human activities are believed to cause unpredictable weather patterns, rising sea levels and more extreme weather events, which increasingly threaten people's livelihoods and erode economies, disproportionately affecting marginalized and at-risk communities.

World Vision's response to the climate crisis

While World Vision has often integrated climate-related interventions in its programming work, there was no consistent effort to address the impact of climate change and environment degradation. This year, we intentionally grew our environmental sustainability and climate action by consolidating a technical strategy that focuses on strengthening natural resource management and community resilience to climate change. We also added expertise in Canada and collaborated with other partners to improve our ability to integrate climate change adaptation and mitigation programming, while ensuring compliance with environmental and social standards.⁷²

At this year's [Adaptation Futures](#) conference, we presented a research piece on adaptation limits and barriers in the areas we work. It found that for communities trying to adapt to the negative impact of climate change, their biggest challenge is the gap between the increasing rate in frequency, intensity and area of climate change impact, and the availability of national and international investment to reverse those impacts.

In Turkana, Kenya, an area severely affected by drought, young students line up to receive their daily meal from a World Vision school feeding program. Were it not for interventions like these, many children in this community would be at a high risk for malnutrition.



Empowering women to be resilient in the face of climate change

Two of our programs are equipping people, especially women, in vulnerable communities to tackle the impact climate change is having on their food security, livelihoods and environmental degradation.



Women in an Ethiopia community participating in fruit seedling planting training during the Green Legacy campaign at Oda Bultum woreda.

RESILIENT-WE

Reducing Environmental Shocks, Improving Livelihoods, and Inspiring Empowered, iNnovative and Thriving Women of Ethiopia

In Ethiopia, with funding from Global Affairs Canada, the RESILIENT-WE project is helping to transform gender relations and inequalities. Its goal is to enhance women's agency and decision-making powers, increase participation of women in the management of climate risks and sustainable use of natural resources, and increase access to and control over diverse livelihoods.

An Environmental Management Plan was developed to address negative environmental impacts while enhancing positive ones, including promoting climate-smart agriculture, soil and water conservation, integrated pest management, development of efficient water usage technologies, and the introduction of energy-efficient cookstoves and green energy solutions.

In addition:

- **35 Community Environmental Management Committees** have been established to promote environmental restoration and protection, with most members being women who play key leadership roles.
- **35 Community-based Disaster Risk Management Committees** were created to share early warning information with their communities.
- **Over 1.6 million tree seedlings** were planted to restore degraded environments as part of the Ethiopian government's Green Legacy initiative.
- **25 agricultural producer groups of vulnerable women** were formed and trained on climate-smart agricultural production practices, conflict sensitivity and peacebuilding.
- **Nearly 1,600 women** have learned about renewable energy technology.

FEED II*Fortifying Equality and Economic Diversification II*

In South Sudan, regional insecurity, flooding and economic uncertainty all contribute to high levels of food insecurity. High inflation impacts the cost of living. To enhance food security, our FEED II program, in partnership with Global Affairs Canada, empowers women to reduce inequalities between women and men in accessing and controlling resources. In close collaboration with the World Food Programme, World Vision, along with CARE and War Child, have formed a consortium that builds on learnings and experience implementing Canadian-funded food security, livelihoods and gender projects in South Sudan.

World Vision worked with local committees responsible for developing mitigation plans to address climate change and conflict within their communities. The involvement of women and female youth in these plans grew significantly from the baseline. To help sustainably manage natural resources, 8,212 people—62 per cent of whom were female—received training on Farmer-Managed Natural Regeneration (FMNR). FMNR is useful in degraded arid and semi-arid areas where rainfall is unevenly distributed. Participants learned how to safeguard and control tree growth, which can help the regrowth of natural resources and, in the long run, benefit the community's social and economic well-being.

Additionally, 6,892 people received Farmer Field Business School training. These participants learned fundamental agroforestry techniques like growing vegetables in the dry season, conserving soil, preserving native vegetation and preventing soil erosion.



FEED II worked with South Sudan's Ministry of Agriculture to train and equip people with 75 meteorological data collection devices. These weather instruments measure and monitor climate patterns:



Aneroid barometer: *measures atmospheric pressure*



Clock humidity: *measures and monitors the humidity levels or moisture content in the air*



Rain gauge cylinder: *measures the amount of rainfall*



Thermometer: *measures temperature*



Wind sock: *determines wind direction and speed*

Natural disasters prompt South Sudan's women to be vigilant and resilient for climate shocks. After losing crops to a flood, Ator used FEED II training, tools and seedlings she received to regain what she had lost.

SPOTLIGHT ON: DIGITAL INNOVATION

Revolutionizing child health and nutritional assessments

Digital innovations are driving transformative change in healthcare. The World Vision Partnership is pioneering two initiatives that are poised to reshape the landscape of child health assessment and diagnosis on a global scale. These new tools are creating a significant impact on how we improve the health of girls and boys around the world.



Assessing symptoms with digital accuracy

Our first innovation addresses the pressing issue of childhood mortality in resource-limited regions, where conditions like pneumonia, diarrhea, malaria and newborn sepsis continue to claim young lives. Integrated community-case management has long been

regarded as a strategic response to address these childhood illnesses, but the effectiveness has been limited due to a lack of improved low-cost diagnostic tools available to community health workers (CHWs).

The integration of digital technology is a game-changer, particularly the use of MASIMO's **Rad-G Pulse Oximeter**, a resilient, portable, handheld device capable of measuring pulse rate, oxygen saturation, respiration rate, perfusion index and temperature. It's equipped with clinical-grade infrared thermometers and engineered to withstand rigorous conditions.

Tested in Burundi in a product evaluation with World Vision Burundi and World Vision International, the Rad-G Pulse Oximeter demonstrated its feasibility and effectiveness in enhancing diagnostic accuracy for conditions such as pneumonia. Notably, CHWs perceive it as a valuable tool, enhancing their role within communities and supplanting conventional assessment methods. We are now exploring opportunities to deploy this innovation in more countries around the world.



Measuring height and length with accuracy

Our second innovation involves the development of a **laser height and length measuring board**. Anthropometric indices, which involve non-invasive measurements of the body like height, are indispensable tools for evaluating the well-being of children and

adults alike. However, height and length measurements, crucial for assessing nutritional status and growth trends, have historically been plagued by inaccuracies and inefficient methods. Achieving the sought-after precision of 0.1 centimeters remained a persistent challenge.

Scheduled for introduction in 2024, in specific locations, this new device holds the potential to fundamentally alter our approach to child nutrition assessment. This innovation was led by World Vision International and developed by Magpie Tech Inc. (Korea). By bridging the gap between accuracy and efficiency, this technology ensures that children are promptly assessed in terms of their nutritional status, referred to appropriate healthcare services when necessary, and helps make the correct decisions on the types of programming required in the community. Moreover, the project prioritized the importance of cultural acceptance and integration within local communities, using social and behavioural change communication as integral components of its implementation strategy.



2023 LEARNINGS

WISDOM GAINED FROM
FAILURES + SUCCESSES

In this section, we highlight three areas of learning from fiscal year 2023.

- Analysis shows *WASH* is changing children's lives—and keeping them healthier
- Community-based Management of Acute Malnutrition (CMAM): factors to improve cost efficiencies and help the most vulnerable children
- A closer look at how we collect data in our programs and optimize for the future with new technology

Determining the conditions for Water, Sanitation and Hygiene programs to flourish

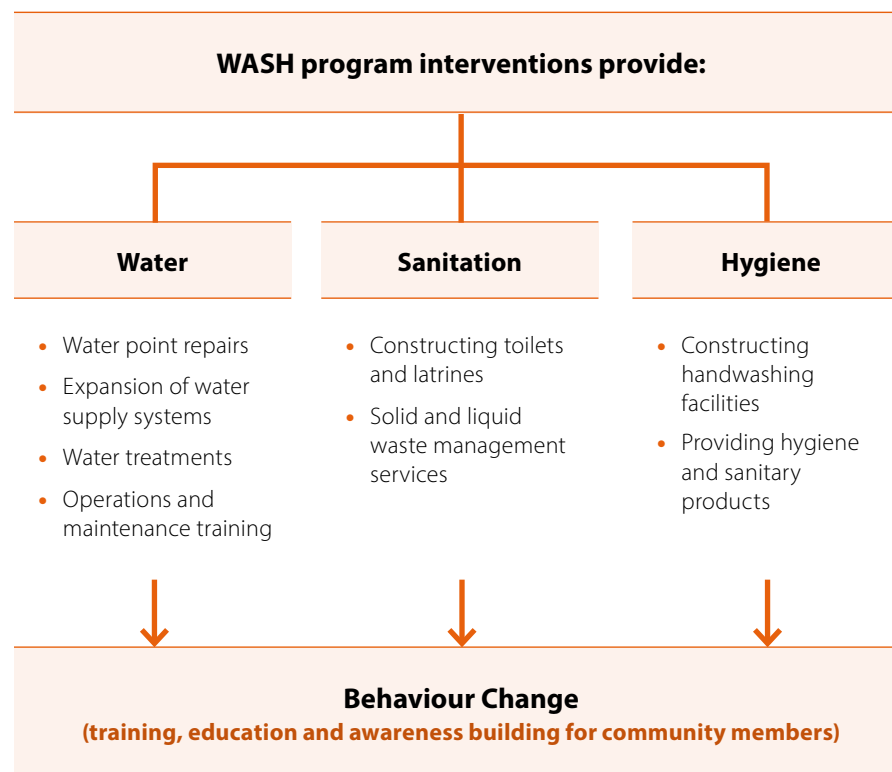
Globally, 2 billion people still don't have access to safe drinking water⁷³. The lack of this essential need is why water, sanitation and hygiene (WASH) interventions are key to World Vision's program models to help the most vulnerable.

Our WASH model's intended impact is to improve the health and nutrition of children by reducing the incidence of diarrhea and other infections. By improving access to clean water and hygiene, women and girls, who often have to travel long distances to get water, have a minimized risk of exposure to sexual violence, harassment and psychosocial stress. Their productive time and access to education also increase. Not only do our programs support physical outputs, like constructing water sources or fixing latrines, but our approach also addresses behaviour changes that may be necessary in a community for people to maintain good water, sanitation or hygiene practices. This can be done through training, education and awareness building.

As part of our strategic approach, World Vision is developing evidence-based frameworks to provide economic analyses of our core program models. To do this, a cost-benefit analysis (CBA) was conducted to compare the overall social and economic costs and benefits of our WASH programs. The analysis looked at data from 111 implementations of WASH programs across 29 countries between 2019 and 2021. This analysis resulted in both conservative and moderate data models, but this report highlights the conservative figures.

It's estimated that these implementations **reached 1,220,111 participants**, with 156,174 of those being children under the age of five.

Overall, the analyses found that World Vision's WASH core program models have had a positive impact on reducing diseases and death around the world, especially for children under five. **For every \$1 invested in WASH programs, over \$14 in economic benefits are generated back to society.**



Results of the cost-benefit analysis

To measure the efficiency of our WASH programs, we analyzed both the costs for the program and the various benefits received. We looked at results as a comprehensive portfolio of projects, at the country level and at the project level.

Costs

The cost of 111 implementations of the WASH program models was an **investment of US\$23,470,740**. This includes the financial cost, to World Vision and the manufacturers, of the products donated through the gifts-in-kind program, as well as the maintenance fees required of participating communities.

Benefits

The benefits found in the analysis include:

- 1. Reduction in disease-related burdens:** Of all the benefits captured, 76 per cent of them were health-related. This includes reduced numbers and frequency of diarrhea, acute respiratory infections (ARI), stunting and wasting for children under five, and people aged five and above.
- 2. Mortality averted:** These interventions saved an estimated 4,901 lives.
- 3. Non-health benefits:** Non-health benefits include time savings from no longer having to travel far distances to collect water, which increased productivity and safety. Proper sanitation and hygiene at schools also reduced absenteeism among girls who often miss school during their period.

The conservative estimates show the costs of the total investment resulted in **US\$337,244,915 of economic benefits to stakeholders**, generating a net present value* exceeding **US\$313 million**.

Analysis

The analysis suggests that WASH projects have generally, though not universally, been a good investment of World Vision funds across a wide number of countries, generating social benefits that exceed their total costs.

The **benefit-cost ratio (BCR)** is a way to compare the total benefits and total costs of a project. Since a value of 1.0 is the benchmark at which costs and benefits are exactly equal, any value above that means the financial and economic benefits outweigh the costs. Across the entire portfolio of 111 implementations, the BCR is 14.37.



Stanley and Fatima have access to clean water near their home, helping them live healthier lives.

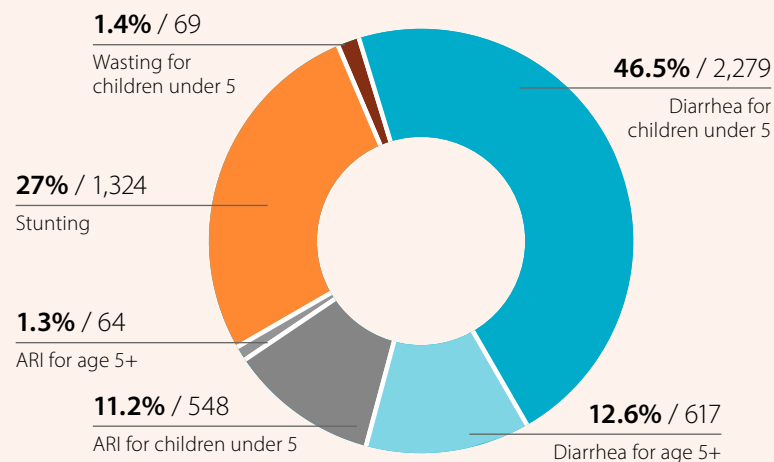
* Net present value is a way to determine how much money something will make or cost in the future by accounting for the time value of money.

Four lessons learned: Results of the WASH CBA

1. WASH programs have had a positive impact on reducing diseases and death, especially for children under the age of five.

Across all the WASH programs implemented, it's estimated that 4,901 lives were saved, with 86 per cent of these being children under five years old. This includes 2,279 lives of children under five who were saved because of reductions in diarrhea cases. Conservative estimates also show that World Vision's WASH projects have prevented over 2.7 million cases of diarrhea, 166,475 cases of ARI and 10,080 cases of stunting. More boys and girls can live healthier lives because of WASH interventions.

ESTIMATED NUMBER OF LIVES SAVED, BY DISEASES AND AGE GROUP



2. For every \$1 invested in WASH programs, \$14.37 in economic benefits are generated back to society.

World Vision's WASH programs are cost-effective across the vast majority of countries studied.

The resulting BCR of 14.37 means that each dollar spent on World Vision WASH programming resulted in \$14.37 in benefits.

When analyzing the 29 countries studied, the positive BCRs for the other countries ranged from less than one to more than 75. Only two (El Salvador and Nicaragua) had a BCR below 1.0, meaning they were not cost-effective. Further analysis needs to be done to understand why these countries had a negative cost-effectiveness result. This includes reviewing the type of data that was gathered on the outcomes of these projects in order to adequately compare the benefits to the costs.

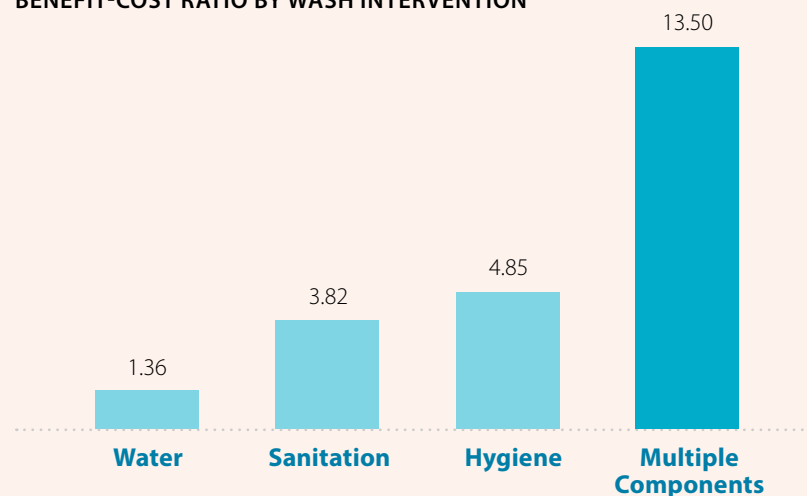
At the project level, World Vision's WASH investments were cost-effective in the majority of cases. The median BCR per project is 3.38, with a net present value of US\$218,278. The difference between the portfolio BCR (1 to 14.37) and the median BCR (1 to 3.38) of projects indicates a large variability in the performance of individual projects within the portfolio. The BCRs of projects varied between 0.03 and 112.38. This means there is a great opportunity to learn from projects and countries where BCRs are extremely high and, conversely, to determine improvements that can be applied where the BCR is low, especially when below the threshold of 1.

3. Projects that have multiple WASH interventions are more cost-effective than any single-intervention project.

World Vision's WASH projects in a community can focus on just one WASH intervention (e.g., water access) or involve multiple interventions (e.g., water access and hygiene). The average BCR for projects with multiple interventions was 13.50, which is significantly higher than individual intervention project BCRs. When comparing individual intervention, hygiene projects had the highest BCR at 4.85, with water projects showing the lowest at 1.36. Water projects have higher costs for constructing water sources and piping systems, as well as ongoing costs the community needs to cover to maintain the system.

The costs used in the analysis were based on data at the project level, rather than the individual activity, which may introduce some inaccuracy. If a project contained multiple intervention, current data doesn't separate the intervention costs. We will determine more precise costs moving forward. However, variations in project-level performance tentatively suggest that WASH investments deliver relatively greater benefits when two or more WASH interventions are included.

BENEFIT-COST RATIO BY WASH INTERVENTION



4. Education-only WASH projects have a lower average BCR compared to community-only WASH projects.

WASH interventions targeting the entire community, like a new water treatment source, may deliver greater benefits compared to those targeting only schools, like new latrines. When comparing education-only WASH projects, the community-only projects have a higher average BCR of 10.96, with education-only WASH projects averaging 4.96 BCR. However, the education-only projects are more cost-effective in reaching participants, with average cost per participant (US\$103.47) being much lower than community-only projects (US\$175.64)—a decrease of 41 per cent. Therefore, community programs may have higher benefits, but they cost more per person benefitting from the intervention.

Violet, age 24 (pictured with her infant, Daliso), used to walk to get water from a stream also used by animals. Now, a tap at the health clinic near her home provides Violet and her family with fresh water and she has more time to grow and sell vegetables from her garden.



Our way forward

The cost-benefit analysis revealed that, overall, the investments in WASH have been a cost-effective use of Canadian funds.

As we continue to analyze our WASH program models to make improvements and assess effectiveness, we will look at opportunities to:

1. Continue investing in WASH interventions that have shown greater cost-effectiveness. This includes projects where two or more WASH interventions are present, as well as more interventions targeting communities as well as those that specifically target schools.
2. Conduct further analysis into the causes of the two countries that were not cost effective. We will then apply those learnings to future WASH data collection, analysis and programming.
3. Properly classify cost data. Our data is disaggregated, but lacks standard classification. Our future programming should classify cost data for each core program model level and ideally identify the individual intervention components to allow for in-depth analysis and more precision in the current estimates of impact.
4. Collect relevant outcome data to better assess impact. This analysis relies heavily on World Vision indicators that show the direct, tangible inputs and outputs of a project's goal, but don't always include data that provides additional context or practical benefits to participants' everyday life. These benefits had to be estimated using external research for the current analysis. For example, to adequately assess a time savings benefit, monitoring data needs to include the average time to reach a water point prior to and after installation of a new water source. Similarly, recording student absenteeism rates before and after a WASH intervention can provide statistical data on the intervention's benefits. This additional data collection can help determine a better scope of non-health benefits to WASH.
5. Collect relevant long-term and post program evidence on impact of WASH projects. Given our long-term presence in a community, recording the long-term effects and impact of a project can give deeper insight into the lasting, sustainable change our programs seek to achieve.

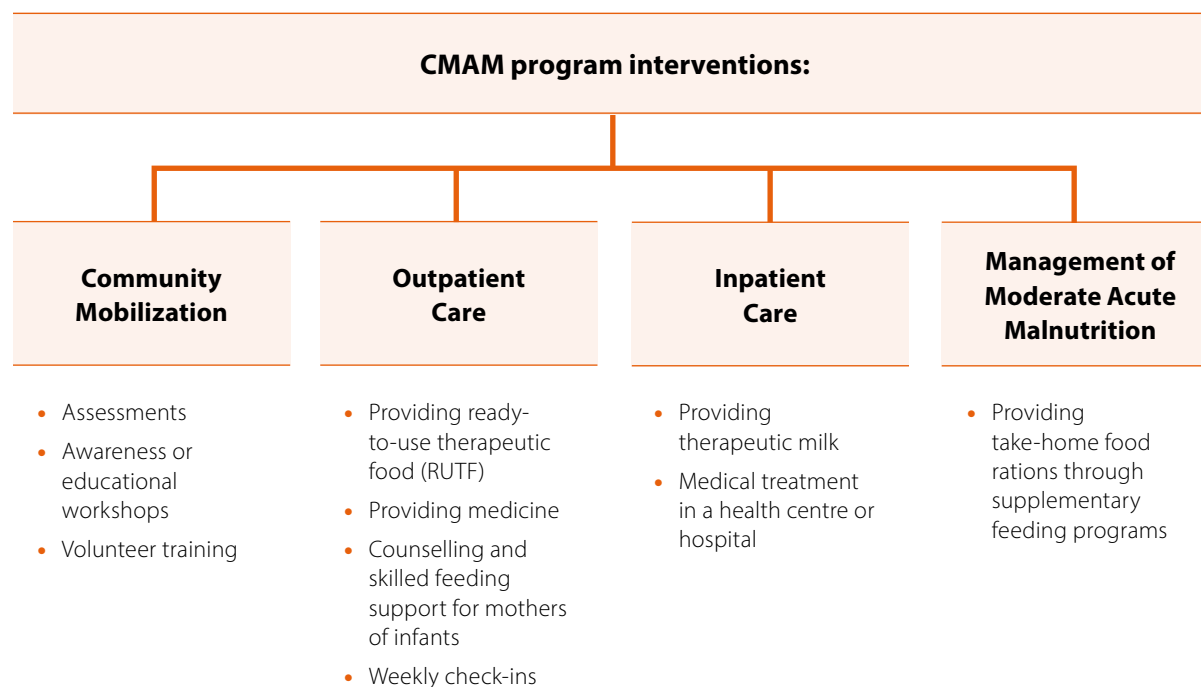


In Mpama, Malawi, a clean water source helps reduce instances of disease from waterborne illnesses, especially in children.

Improving our response to acute malnutrition for children

When marginalized families don't have access to consistent sources of nutritious food, children often become malnourished. This can have long-term effects on their growth, cognitive abilities and well-being. To address this, the World Vision Partnership developed the [Community Management of Acute Malnutrition](#) (CMAM) model to help girls and boys, as well as their caregivers, reduce the risks of malnutrition.

CMAM uses trained community members to identify and refer children as well as pregnant and/or lactating women (PLW) who may be suffering from moderate acute malnutrition or severe acute malnutrition, also known as wasting. This is intended to help bolster access to healthcare and support in low- and middle-income countries. The World Vision Partnership has implemented this program since 2010, treating more than 2.6 million women and children under the age of five in 32 countries.



World Vision is developing evidence-based frameworks to provide economic analyses of our core program models. To assess our CMAM program, cost-benefit and cost-effectiveness analyses were conducted to compare the overall costs and benefits of this intervention.

The analyses covered 39 World Vision-funded CMAM projects that were carried out in 20 countries between 2019 and 2021.

The results show that, overall, CMAM is cost-effective and has made a significant impact in helping malnourished children and PLWs. For every dollar invested by World Vision and its partners, more than \$16.8 in health benefits is generated.

Results of the cost-benefit analysis

To better understand how cost-effective our CMAM program model is, we analyzed the available data on the costs of the program as well as the benefits for participants.

Costs

The total cost of implementing these 39 CMAM projects was US\$18 million. This amount includes the direct costs of CMAM implementation, the cost of volunteers' time and the costs to deliver necessary complements through World Vision's gifts-in-kind (GIK) portfolio. The GIK expense covers the cost of acquiring and providing ready-to-use therapeutic food (RUTF) for malnourished children under the age of five.

Benefits

The health benefit estimates for the analysis are derived from project monitoring data. About half of the CMAM implementations analyzed used outcome data (recorded changes in the target population) collected by World Vision, significantly increasing the robustness of our analysis. For the remaining implementations, we translated admissions or input data* into outcome data using the most stringent sources possible.

The reported benefits for CMAM projects include:

- 1. Reduced mortality among children under the age of five.** Analysis shows that CMAM programs reduced the deaths of girls and boys under five years old, with an estimated **6,274 lives saved**.
- 2. Reduced morbidity among children under the age of five and pregnant and lactating women (PLW).**** The secondary benefit of this intervention is its ability to reduce the conditions of experiencing illness due to stunting, wasting or being underweight among children under five, pregnant women and lactating mothers. Although the benefit was significantly smaller, it is still an important contribution to improving the lives of women and children.

* Admissions data is defined as the number of admissions or participants into a particular program component. Input data is defined as the number of materials or actions provided in order to deliver services within the program. Outcome data comprises indicators that report the results of participation in a particular project.

** While mortality refers to death, morbidity is the condition of having a disease or illness.

*** Present value of benefits refers to the monetary value at which all the benefits are appraised.

**** Net present value is a way to determine how much money something will make or cost in the future by accounting for the time value of money.

The analysis estimates that the investment costs in CMAM resulted in a **present value of US\$308 million in benefits**.*** This equates to an overall net present value of over US\$290 million.****

Analysis

The investments in the CMAM core program model delivers maximum benefit when targeting at-risk children and when reaching communities that would not otherwise be served.

The **benefit-cost ratio (BCR)** is a way to compare the total benefits and total costs of a project. Since a value of 1.0 is the benchmark at which costs and benefits are exactly equal, any value above that means the financial and economic benefits outweigh the costs. The analysis showed the CMAM interventions have an average BCR of 16.8.



Three lessons learned from the CMAM analysis

1. CMAM has a positive impact in reducing morbidity and mortality, especially for children under the age of five.

CMAM interventions have made a significant impact in preventing deaths and illness in marginalized communities. This was most evident among children under five years old, accounting for 97.2 per cent of all benefits. In this age group, the analysis shows an estimated 6,274 deaths were prevented because of World Vision's medical care and nutritional treatment.

The overall burden of disease is assessed using a metric called disability-adjusted life year (DALY), a time-based measure that combines reduction in life expectancy and diminished quality of life. This metric helps calculate morbidity-related benefits. Our analysis found that investments in CMAM collectively averted 71,336 DALYs for girls and boys under the age of five.

While children five years old and younger are the primary target group, pregnant and lactating women were identified as a secondary target group who would benefit from this program. Morbidity rates decreased within PLW, resulting in 145 DALYs averted.

2. CMAM is a more cost-effective program when there are a significant number of participants and located in areas that are underserved.

Overall, 27 of our 39 CMAM projects achieved benefits that were greater than the costs. However, 12 projects reported a negative net present value, meaning the total costs outweighed the benefits generated by the project. Of these projects, analysis showed the majority of them reported less than 20 individuals cured each, which affected the cost-benefit ratio. Additionally, when using an external estimate of the cost per participant instead of the World Vision cost data, all but one of these projects have positive net present values. This shows that the low number of participants in these projects can affect the value of benefits calculations.

There were also better cost-efficiencies in underserved areas where participants don't have alternative malnutrition interventions. When participants can obtain support through other available services, it decreases

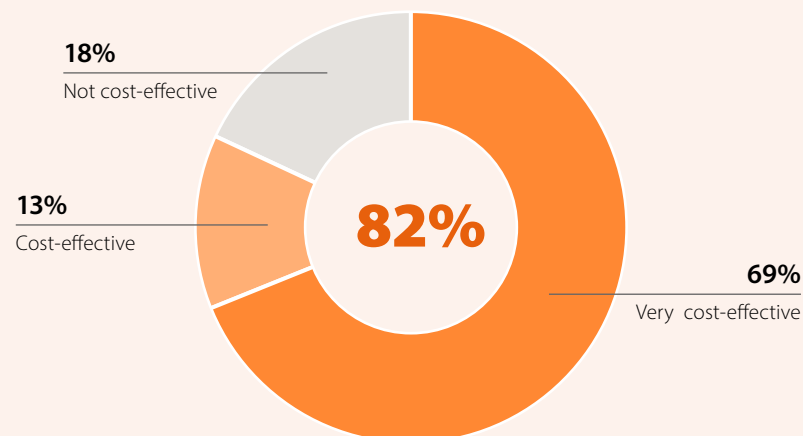
the number of people benefitting solely from CMAM implementations. This then affects calculations for the net present values of benefits and ratios.

3. Every dollar invested in CMAM by World Vision Canada and its partners has generated more than \$16.8 in health benefits.

The third-party analysis of our CMAM projects found that the core program model was cost-effective overall. With an average BCR of 16.8, the results show that every dollar of investment in the program produced \$16.8 in health benefits for participants and the community. It's estimated that the program resulted in a net present value of US\$290 million.

Our analysis also included a comparison of our results with one of the only cost-effectiveness standards currently available. When measured against the World Health Organization's cost-effectiveness guidelines, the analysis shows that 82 per cent of our CMAM projects are cost-effective or very cost-effective investments of our funding.

COST-EFFECTIVENESS OF CMAM PROJECTS



Based on World Health Organization benchmarks, this metric compares the measured disability-adjusted life years (DALY) against a country's gross national income (GNI) per capita to determine how a program is cost-effective. A program is cost effective when the cost per DALY averted falls between one and three times GNI per capita.

Our way forward

Based on the cost-benefit analysis, CMAM is a worthwhile investment in helping improve the lives of malnourished children, providing some of the essential healthcare interventions girls and boys need to recover.

As we continue to monitor and evaluate our CMAM core program model, we will look at opportunities to:

- 1. Develop a minimum scale requirement for project beneficiaries.** The more individuals can access other health services, the less impact we can attribute solely to our programming. We will direct our CMAM implementation toward communities that may not have access to other health interventions for acute malnutrition. Since a lower number of participants can greatly affect the cost-benefit ratio, we will need to establish a minimum threshold of participants required for a CMAM project to be cost-effective based on existing services in an area.
- 2. Properly classify cost data.** Our data is disaggregated, but lacks standard classification. Our future programming should classify cost data for each core program model level and ideally identify the individual intervention components to allow for a more in-depth analysis and precision in the current estimates of impact.
- 3. Consistently collect and report on data for health outcomes.** We will work with our National Office partners to improve recording basic data, such as cure rates, so that we have more data across more projects. This would help to strengthen and improve estimates, approximate real impacts, update the economic analysis and allow for more specific conclusions about CMAM implementations.
- 4. Expand the scope of data collection to include newborn and PLW results.** Although CMAM responds to the acute malnutrition needs of children under five years old and PLWs, our data doesn't fully capture the results of the interventions on PLWs and infants, including mortality and morbidity. Gathering and including this outcome data will result in a more robust and comprehensive analysis of the benefits and cost-effectiveness of CMAM.
- 5. Widen data collection to include the non-health costs and benefits of CMAM.** Our data collection methods do not include non-health related costs to participants, such as the financial and time implications on households while they are receiving treatment. We will work with our local partners, particularly in contexts where World Vision has a long-term presence, to gather anecdotal evidence from participants and their household members. This additional data will result in a more comprehensive benefit-cost ratio.



Christina heads home from the local health dispensary in Turkana, Kenya, carrying a corn-soy blend of Super Cereal and her three-month-old infant, Benjamin. The nutritional supplement Christina began taking when she was pregnant, and continues to take, enables her to nurse Benjamin, who is healthy and getting the nutrition he needs.

Capturing real-time results with new digital measurement tools

Part of World Vision's strategic approach to implementing our programs is to have data-led decision-making. Collecting and analyzing data is fundamental in determining if our programs are efficient and cost-effective, but most of all, if we're making a positive difference in the lives of vulnerable girls and boys around the world.

Having a robust monitoring and evaluation system is a cornerstone of any project. An important component of this is continuous, routine and timely activity reporting and outcome data collection to allow for data-driven decision-making throughout the life of a project. This allows project staff to measure and track a project's progress toward its outcomes and goals, while ensuring accountability to stakeholders and donors as to how the project is managing its resources.

Key to continually improving the data we use is innovating how we collect the data that informs our decisions. Since 2019, we have explored ways to enhance our data collection methods by utilizing new and existing technology available to us and our Field Office teams. In the last fiscal year, we were using digital tools in 10 countries. Digital measuring tools gave us many important learnings that can help strengthen how responsive we are in our monitoring and evaluation practices.

Moving from paper tallies to touch-screen surveys

A key challenge in routine activity monitoring in the communities where we work is that it has typically been a paper-based process. Templates for tracking activities, such as the provision of training or distribution of goods, were filled out on paper, and the data was then collated and reported upon. This was typically done on a quarterly or annual basis. While this helped us track the progress of project implementation, it was a resource- and time-intensive process, especially for in-country staff. It also meant there could be long time lags between collecting the information and getting it into a format where it could be used to make data-driven programming decisions.

Shifting to digital data collection tools in evaluations, such as baseline, midline and endline surveys, are immensely helpful when conducting surveys, especially with large sample sizes, across wide geographic areas. More recently though, we have been using those same tools to develop digital activity monitoring systems, with the aim of making routine monitoring and data collection a more efficient and effective process.



Five lessons learned: Maximizing the potential of digital measures

1. Digital data collection tools generate real-time information.

Using digital measures to collect and upload data from the communities where we work opened opportunities to monitor and evaluate the information in real time. Traditionally, there was often a significant lag between when the data was manually collected to when results were submitted to our office for review and analysis. However, properly built tools and technology allow teams to review data as it is collected.

A well-developed dashboard or user interface for the database is critical. This facilitates real-time monitoring and data visualization to communicate progress to multiple stakeholders, including project staff, partners or donors. Our systems are connected to visualization software, which populates custom dashboards with live data to monitor project implementation and key performance indicators with visuals like charts, graphs and other statistics. This provides a clear visual representation of data trends, making it easier to understand the information.

2. Digital tools help Field Office staff save time, allowing them to focus more on program work.

Previous manual methods of data collection meant staff in the communities where we work spent significant time gathering, tabulating and preparing the data and results. Utilizing technology greatly reduces the manual labour and time needed to meet monitoring and evaluation requirements for all program staff, giving them more time to focus on implementation.

Additionally, digital tools can include validation checks that enhance data integrity. Thoughtfully and strategically programming the data collection software to validate information can make the evaluation process more efficient and accurate and deliver higher-quality results. Staff also save time from needing to analyze data for errors or revise reports.

3. Digital measures enhance collaboration and highlight where standardization is efficient.

Utilizing these digital tools presented several opportunities for collaboration among World Vision staff and teams, and other partners. Easier dissemination of data to teams around the world better equipped us to work together to identify program gaps, issues and successes. These tools and results can also support project planning and execution. When planning new programs that incorporate digital measures, we are compelled to discuss, develop and agree on standardized metrics and indicators that will be inputted.

4. Lack of standardized surveys makes it difficult to repurpose the digital tools created.

The lack of standardization in the surveys' questions meant additional work was needed for the backend digital infrastructure to make the tools usable for other projects. Repurposing the existing infrastructure was not possible. To create better standardization and avoid building custom dashboards for each project, we will need to re-evaluate how we collect and code data in our systems.

5. Consistent reporting leads to effective programming.

Digital measures quickly capture and share data from our program locations, leading to better monitoring of a project's progress. The ease of use and decreased time needed to capture and report data facilitated regular reporting of project activities. In this way, project stakeholders are able to assess the progress of a project toward achieving its targets and goals more efficiently. This, in turn, helps leadership make data-driven adjustments to the project activities as needed, improving the programs we provide to communities.

Our way forward

We know that by improving how we collect the data that informs our decisions, we will be better able to refine the implementation of our programs that help vulnerable communities. As we continue to develop and utilize digital measures in our work, we will:

- 1. Optimize digital data collection tools for faster and better tracking of progress on projects.** We are working with our partners to develop our digital data collection tools and processes to make them faster and more efficient. We are continually exploring better ways to track the progress of our projects against our outcomes and targets, and finding new ways to use the data we collect to improve our programming and make data-driven decisions.
- 2. Increase collaboration between World Vision and Field Office teams to standardize processes across projects.** Standardizing tools and approaches can be a difficult task when working with a portfolio of projects across different countries and sectors, but the more we are able to do this, the more we can improve and deepen our analyses, and look for innovative solutions to common problems. Further, standardizing the tools that we use to collect data will enable a faster and more efficient rollout of digital data collection systems in new projects.
- 3. Optimize the dashboards for live data for various stakeholders.** We are also working internally with our digital teams to create better and clearer dashboards aimed at a variety of different stakeholders, from World Vision staff to project staff to partners and donors. When the enhancements to our dashboards can succinctly present stakeholder-relevant data, stakeholders will be in a better position to make informed, data-driven decisions.



A young man with short dark hair, wearing a blue polo shirt, is shown in profile from the chest up. He is looking intently at a whiteboard on the right side of the frame, with his right hand holding a piece of white chalk and touching the board. The background is a warm, yellowish wall. The text '2023 FINANCIAL ACCOUNTABILITY' is overlaid on the lower half of the image. '2023' is in a bold, orange font, while 'FINANCIAL ACCOUNTABILITY' is in a white, sans-serif font.

2023 FINANCIAL
ACCOUNTABILITY

FINANCIALS

World Vision is committed to wisely stewarding the resources at our disposal. These resources are not our own—they've been entrusted to us by God through our partners and donors, and we are responsible for managing them in a way that brings maximum benefit to the people we serve.

Inviting accountability through financial transparency is an important part of our stewardship. We follow best practices by sharing our financial statements and donation breakdowns here.* For the standards programs we follow and for external reviews of World Vision, visit [Imagine Canada](#), [Charity Intelligence Canada](#) and the [Canadian Centre for Christian Charities](#).

SUMMARIZED STATEMENT OF REVENUE & EXPENDITURES

Year ended September 30, 2023, with comparative figures for 2022
(in thousands of dollars)

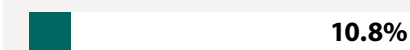
	2023	2022
REVENUE		
Cash Donations	\$221,670	\$228,823
Gifts-in-Kind	\$204,920	\$144,857
Grants	\$72,632	\$64,030
Investment & Other Income	\$3,858	\$1,034
Total Revenue	\$503,080	\$438,744
EXPENDITURES		
Programs		
International Relief, Development & Advocacy	\$425,230	\$370,500
Public Awareness & Education	\$1,796	\$1,941
Fundraising	\$51,484	\$43,245
Administration		
Domestic	\$19,534	\$16,150
International	\$3,939	\$4,152
Total Expenditures	\$501,983	\$435,988
Excess of Revenue over Expenditures	\$1,097	\$2,756

PERCENT OF EXPENDITURES

Field Programs & Advocacy



Helps Raise More Resources



Vital Support & Accountability

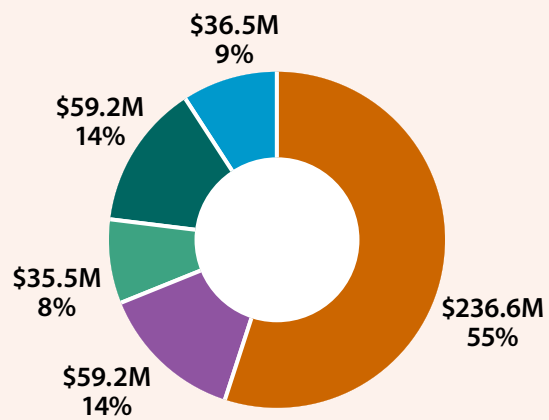


This chart is based on a five-year average of World Vision's annual statement of total expenditures.

* Review our [full set of audited financial statements](#).

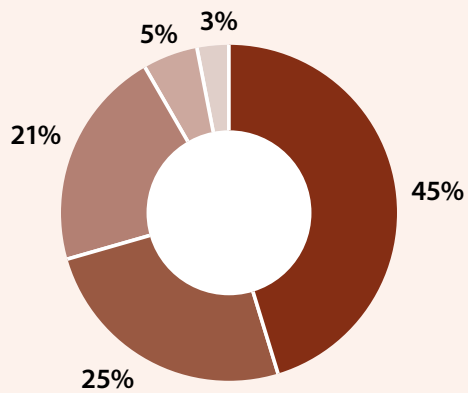
HOW DONATIONS WERE INVESTED IN 2023

PROGRAMS EXPENDITURES



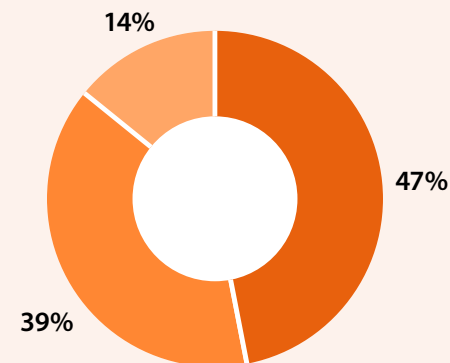
- Livelihoods
- Health
- Education
- Child Protection & Participation
- Water, Sanitation & Hygiene

PROGRAMS EXPENDITURES BY LEVEL OF FRAGILITY



- Most Fragile
- Very Low Developing
- Low Developing
- Medium Developing
- High Developing

PROGRAMS EXPENDITURES BY PROGRAMMING TYPE



- Community Development
- Crisis Response
- Chronic Emergencies and Fragile Contexts

APPENDICES



KEY PARTNERS

Donors contributing \$100,000 or more to World Vision programs in 2023

Institutional donors

Crown Agent
 Camões - Instituto da Cooperação e da Língua, I. P.
 Employment and Social Development Canada
 European Union
 Global Affairs Canada
 Government of Sweden
 GAC-IHA (International Humanitarian Assistance)
 Global Alliance for Vaccines and Immunisation (Gavi)
 Humanitarian Coalition
 International Development Research Centre
 Manitoba Council for International Cooperation (MCIC)
 Ministry of Health Angola
 UKAid
 United Nations Children's Fund (UNICEF)
 United Nations High Commissioner for Refugees (UNHCR)
 United Nations World Food Programme (WFP)
 World Bank
 World Health Organization (WHO)

Organizations and corporations

Columbia Sportswear Company
 Complete Purchasing Services Inc. an Avendra Group Company
 Days for Girls International
 Flexport
 Food for Famine Society
 Global Medic
 McCarthy Uniforms
 Medsup Medical Canada
 Spin Master Ltd
 Sunlife Assurance Company of Canada

Individuals and foundations

Fraserway RV
 Mary Alice Vuicic, Dan Monaghan and Danika Monaghan
 The Barrett Family Foundation
 The Don and Joan Walker Family Charitable Trust
 The Slight Family Foundation
 Wayne and Elizabeth Burgsma

Church partners

Forest City Community Church
 Smythe Street Church
 Soul Sanctuary
 Tenth Church
 The Meeting House
 Vaughan Community Church

Implementing partners

Action Aid Mozambique
 Aga Khan Academies
 CARE Canada
 Catholic Diocese of Tombura-Yambio
 Kidogo
 Make Music Matter
 MEDAIR
 Network of Ethiopian Women's Association (NEWA)
 Nutrition International
 Plan International Canada
 Rede Homens pela Mudanca (HOPEM)
 Save the Children
 United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
 Universidade Eduardo Mondlane (UEM)
 War Child Canada
 World Vision International – Health and Nutrition Team
 World Vision Partnership, Support Offices and National Offices

Strategic research and innovation partners

Concordia University
 Eduardo Mondlane University-Mozambique
 Farm Radio International
 FOSDEH (Foro Social de la Deuda Externa y Desarrollo de Honduras)
 Grassroot Soccer
 Healthy Mothers Healthy Babies Consortium
 Informed International
 John Hopkins University
 Lucky Iron Fish Enterprise
 Magpie Tec. Inc (Korea- laser height board innovation)
 Makerere University - Uganda
 MASIMO
 McGill University
 Ontario Institute for Studies in Education (OISE)
 SickKids Centre for Global Child Health
 Stellenbosch University – South Africa
 University of Ghana
 University of Manitoba
 University of Ottawa
 University of Saskatchewan
 University of Toronto
 University of Tuiuti do Paraná-Brazil
 Wilfrid Laurier University
 York University

World Vision's partnership with the Government of Canada

In addition to the incredible work supported by Canadian individuals, foundations and corporations, we are proud to partner with the Government of Canada on numerous humanitarian and long-term development projects across the globe. Together, through our project partnerships with Global Affairs Canada (the federal department responsible for international development), as well as Employment and Social Development Canada and the International Development Research Centre, we were able to impact the lives of many girls and boys.

Simply put, these Government of Canada-funded projects allow us to do more for more children. Our existing operational capacity, local partnerships and long-term presence with communities supported by child sponsorship allows us to identify the types of interventions that could most benefit from these large-scale programs, scale up quickly for impact, and adapt to rapidly changing external contexts.

Here are just some of our partnerships with the Government of Canada in 2023:

Our flagship REACTS-IN project is a new seven-year, \$41 million grant that will improve the nutrition, health and sexual reproductive health of the poorest, rural, and most marginalized women, adolescent girls and children in Bangladesh, Kenya, Somalia, and Tanzania. This World Vision-led partnership also includes the Canadian Association for Global Health, McGill University, HarvestPlus and Nutrition International.

In South Sudan, World Vision is leading the Canada-funded Fortifying Equality and Economic Diversification for Resilience II (FEED II) project in partnership with CARE Canada, and War Child Canada. Valued at \$38.5 million from 2020-2025, this project focuses on increasing the use of sustainable, climate-adapted, and female-friendly agricultural practices, thereby improving the resilience of communities to natural and human-made shocks. FEED II is a key example of partnership and ambitious programming that spans the nexus of humanitarian-development outcomes in a fragile context.

The adolescent-driven Accelerated Hope and Development for Urban Adolescents (AHADI) project in Tanzania is a \$15 million six-year (2022-2028) partnership between World Vision and Global Affairs Canada aimed at advancing gender equality by contributing to the increased realization of sexual and reproductive health and rights, well-being and dignity of marginalized girls in urban municipalities.

The Northern Ethiopia Response and Recovery Nexus Project is an innovative \$5 million pilot utilizing humanitarian and development funds to address both the immediate needs brought on by humanitarian crisis and building longer-term resilience through education and livelihoods interventions. The immediate needs include water, sanitation and hygiene (WASH) and child protection. Completed in December 2023, we are actively engaging with GAC and partner agencies to use the lessons learned from this project to inform new and better ways of working.

World Vision's partnership with Government of Canada, along with our growing partnerships with other public donors, continues to deepen our collective impact.

PUBLICATIONS, CONFERENCES AND SPEAKING ENGAGEMENTS

- Date: 18-Oct-2022
Event: Cooperation Canada Futures Festival (CCFC) in Ottawa
Title: MCIC Panel: The Future is Innovative: Testing Solutions to Advance Gender Equality and Health Outcomes.
Description: Oral presentation on moderated panel discussion
Presenter: Nancy Del Col
- Date: 3-Nov-2022
Event: Global Symposium on Health Systems Research.
Title: Addressing anemia among children under five years through promotion of a low technology called Lucky Iron Fish in Shinyanga region of Tanzania.
Description: Poster presentation
Authors: Asrat Dibaba Tolossa et al.
- Date: 3-Nov-2022
Event: 7th Global Symposium on Health Systems Research
Title: An intersectional approach to understanding and responding to the neglected health challenges of mental health, nutrition and SGBV in the context of COVID-19
Description: Oral presentation (seminar)
Presenters: Amanuel Gidebo, Alizete Dos Santos, Melani O'Leary, Megan Cox Misawa
- Date: 10-Nov-22
Event: UN Climate Change COP27
Title: [A Food System in Crisis: Gender equitable responses to build resilience to climate and other shocks](#)
Description: Event panel
Authors/Presenters: Maereg Tafere
- Date: 11-Nov-2022
Event: International Conference on Family Planning
Title: Driving Contraceptive Uptake Through Demand Creation and Service Availability, Advocacy, and Empowerment
Description: Poster presentation. 2022 Theme: Family Planning & Universal Health Coverage: Innovate. Collaborate. Accelerate.
Authors: Laura Parent, Abena Thomas, Asrat Dibaba Tolossa, Melani O'Leary, Merydth Holte-McKenzie, Rebecca Tiessen, Hnin Ei Phway, Claudia Berloni
- Date: 14-Nov-2022
Event: COP27 UNFCCC Climate Summit
Title: A Food System in Crisis: Gender equitable responses to build resilience to climate and other shocks
Description: Oral presentation
Authors/Presenters: Sophia Papastavrou
- Date: 21-Nov-2022
Event: Canadian Conference on Global Health
Title: A Gender Crisis in a Warming World.
Description: Workshop presenting GTFN Paper
Presenters: Abena Thomas, Melani O'Leary, Dayna McNeill (McMaster Intern), Sarah Marshall (Water Aid), Janani Vijayaraghavan (Plan)
- Date: 21-Nov-2022
Event: Canadian Conference on Global Health
Title: An Intersectional Approach for Addressing Malnutrition: Integrated Gender-based violence responses and risk mitigation in Nutrition Programs
Description: Oral Presentation
Presenters: Melani O'Leary, Megan Wallenberg (Action Against Hunger)
- Date: 21-Nov-2022
Event: Canadian Conference on Global Health
Title: Nutrition and Gender in the United Nations Food Systems Summit and Nutrition for Growth Summit: Research, Analysis, and the Way Forward
Description: Oral Presentation
Authors/Presenters: Melani O'Leary, Maya Israeloff-Smith (Care Canada)
- Date: 22-Nov-22
Event: UN Nutrition Journal
Title: [Gender and Nutrition in the UN Food Systems Summit and Nutrition for Growth](#)
Description: Journal publication
Authors/Presenters: Melani O'Leary, Elizabeth Margolis, Merydth Holte-McKenzie, Elise Kendall, Maya Israeloff-Smith, and Amal Ben Ameer
- Date: 6-Dec-22
Event: International Congress of Nutrition (ICN) Conference
Title: Improving diet through agriculture and gender equality in South Sudan.
Description: Poster presentation
Authors: Hailu Badhane (WVI), Rebecca Isaak (WVC), Melani O'Leary (WVC), Alana Mascoll (WV South Sudan)
- Date: 6-Dec-22
Event: International Congress of Nutrition (ICN) Conference
Title: The Importance of Gender Equality in Addressing Adolescent Malnutrition in Bangladesh
Description: Oral abstract presentation
Authors/Presenters: Miriam Chang (WVC), Melani O'Leary (WVC), Julius Sarkar (WVB), Asrat Dibaba Tolossa (WVC)
- Date: 6-Dec-2022
Event: International Congress of Nutrition (ICN) Conference
Title: Biofortification Scale-Up As A Strategy To Mitigate Food Shortages And Increase Nutrient Intake During Covid-19 In A Maternal And Child Health And Nutrition Program In Bangladesh, Kenya, Myanmar And Tanzania.
Description: Oral Presentation
Authors/Presenters: Asrat Dibaba Tolossa et al.
- Date: 14-Feb-2023
Event: The 67th Annual Meeting of the Comparative and International Education Society (CIES2023)
Title: Understanding the long impact of youth education training programs for at-risk youths: A case study on the Youth Ready program in Latin America Abstract Submitted and accepted
Description: Individual paper presentation
Authors/Presenters: Lemlem Kebede, Vongaishe Changamire
- Date: 14-Feb-2023
Event: The 67th Annual Meeting of the Comparative and International Education Society (CIES2023)
Title: Adapting to Unpredicted Complexities - Lessons from Nicaragua
Description: Group panel on KIX IDRC KIX project led by the Brookings institute
Authors/Presenters: Liseth Espinoza (WVNic), Vongaishe Changamire
- Date: 17-Feb-2023
Event: Global Partnership for Education (GPE) Secretariat and Knowledge and Innovation Exchange (KIX) (Washington DC)
Title: Using Technology to Improve Literacy in the Global South and Unlock Literacy Learning Networks
Description: Oral presentation to GPE and KIX
Authors/Presenters: Nancy Del Col, Kara Janigan (OISE)
- Date: 18-Feb-2023
Event: CIES2023 in Washington DC
Title: Teaching the Hard to Reach in Sub-Saharan Africa: Alternative teaching and learning approaches in contexts of fragility, crisis and conflict
Description: IMAGINE presentation (Improving Adolescent Girls Inclusive Education - IMAGINE) as part of the CIEPWG Panel Session
Authors/Presenters: Presented by Plan Canada as consortium partner. WVC collaborated on submission.
- Date: 21-Feb-2023
Event: CIES2023 in Washington DC
Title: Improving girls' education in central Democratic Republic of the Congo
Description: Individual paper presentation on research findings from EGAL: Healing and Learning
Authors/Presenters: Nancy Del Col

Date: 14-Mar-2023
 Event: CSW 67
 Title: Engaging Men for Gender Equality
 Description: Panel discussion
 Moderator: Megan Cox-Misawa Gender Technical Specialist - World Vision Canada
 Panelists: Mwivano Malimbwi (Project Manager, WV Tanzania), Wessel Van den Berg (MenCare Officer, Equimundo: Center for Masculinities & Social Justice), Shamsi Kazimbaya (Senior Program Officer, Equimundo: Center for Masculinities & Social Justice), Edgar Bernardo (Executive Director, HOPEM Network Mozambique)

Date: 2-Apr-2023
 Event: World Literacy Summit 2023
 Title: Improving Child Literacy by supporting Community Networks in Ghana, Nicaragua and Honduras
 Description: Oral presentation
 Presenters: Vongaishe Changamire

Date: 8-May-2023
 Event: International Maternal Newborn Conference
 Title: Non-Invasive Hemoglobin Monitor - perception and acceptability among health workers in Tanzania
 Description: Booth presentation in the Technical Marketplace
 Authors/Presenters: Asrat Dibaba Tolossa et al

Date: 9-May-2023
 Event: WVI GESI webinar
 Title: Engaging Men and Boys for Gender Equality
 Description: Oral presentations
 Authors/Presenters: Sophia Papastavrou (WVC), Socorro Maminta (WVC), Tunazinna Hoque (WV Bangladesh), Benjamin (WV Sri Lanka)

Date: 11-May-2023
 Event: International Maternal Newborn Conference
 Title: Acceptability and perceived usability of a non-invasive hemoglobin monitor among community members and health workers in Tanzania
 Description: Poster presentation
 Authors/Presenters: Asrat Dibaba Tolossa

Date: 15-19 May 2023
 Event: WVI Global Education Forum in Ethiopia
 Title: Global Education Meeting
 Description: Face to face annual meeting with WVI Education sector team
 Authors/Presenters: Nancy Del Col

Date: 8-Jun-2023
 Event: CanWaCH Academy
 Title: Engaging Men and Boys for Gender Equality through the MenCare Approach
 Description: CanWaCH Academy – Panel Session
 Presenters: Sophia Papastavrou (WVC), Natalie Fisher Spalton (WVC), Wessel van den Berg (Equimundo)

Date: 20-Jun-2023
 Event: Webinar
 Title: Scaling built into delivery models
 Description: Panel discussion
 Authors/Presenters: Asrat Dibaba Tolossa et al
 Link: <https://events.teams.microsoft.com/event/9767e48c-49a4-4472-8f34-eef3f2b3295d@a40fe4ba-abc7-48fe-8792-b43889936400>

Date: 12-July-2023
 Event: Africa Regional Meeting for Multiple Micronutrient Supplementation
 Title: Global View on Maternal Nutrition Financing
 Description: Panel discussion
 Authors/Presenters: Asrat Dibaba Tolossa et al.

Date: 26-July-23
 Event: Webinar
 Title: Carbon Programming Learning Webinar
 Description: Panel discussion
 Authors: Alicia Lopez Alvarez (WVC), Willis Okumu

DETAILED INDICATOR INFORMATION

Definition of indicators

The indicators that measure progress and change in this report are described using precise statements. As much as possible, World Vision works to standardize the indicators used within each of our sectors. This standardization is a priority that we continue to refine and improve. See more details in our [Resources Library](#).

Measurement and calculations

Data that measures the number of people reached by an intervention are, by and large, direct participants of the cited activity. Exceptions include awareness efforts that rely on media such as radio, and community-wide infrastructure improvements that count the population coverage of the specific area. For people reached by our gift-in-kind shipments, estimations are based on similar programming; they account for loss of resources and avoid double counting.

The overall reach of our sectors (and by extension, our overall portfolio) is calculated using the data extracted from numeric indicators measured by project monitoring, meaning these numbers are not population based and can be traced back to each intervention. Double counting is avoided by tracking all overlapping projects and, when necessary, making conservative assumptions. Due to rounding of existing estimations, some country breakdowns will not align perfectly with the total.

Data sources

Data collected for this report came from two main processes:

- Project monitoring done continuously throughout the implementation of the project and allowing for shifts in programming. Collection includes participation records and secondary data on coverage.
- Evaluation and baseline surveys typically conducted at the beginning and end of a project. Since there is a monetary and human cost to these procedures, the evaluation may not be conducted if the benefits fail to outweigh the costs. When conducted, the main quantitative collection methodology is large-scale surveys.

Breakdown of numeric indicators

Livelihoods

- 386 adults and youth gained wage-earning employment. 25 in Bolivia, 90 in Colombia, 10 in Ecuador, 58 in El Salvador, 51 in Guatemala, 46 in Honduras, 54 in Kenya, 52 in Peru.
- 54,631 people are participating in activities that generate income. 12,217 in Bangladesh, 32 in Burundi, 114 in Cambodia, 60 in Ghana, 199 in Guatemala, 55 in Honduras, 476 in Kenya, 351 in Laos, 992 in Malawi, 1,638 in Mozambique, 1 in Nicaragua, 2,288 in Philippines, 756 in Senegal, 34,230 in South Sudan, 520 in Sri Lanka, 702 in Zimbabwe.
- 30,383 people applied sustainable agricultural practices, including the farmer-managed natural regeneration (FMNR) approach to restore and improve pasture, forest and agricultural land. 465 in Bangladesh, 13,231 in Ethiopia, 837 in India, 96 in Mauritania, 27 in Nicaragua, 7,199 in Rwanda, 130 in Sierra Leone, 8,398 in Uganda.
- 255 farm demonstration schools and sites were established for farmers to learn new techniques. 200 in Uganda, 23 in Sri Lanka, 20 in Senegal, 7 in Nepal, 5 in Malawi.
- 4,900 savings groups were active, allowing members to gain financial skills, save money collectively and access small loans. 1,359 in Rwanda, 550 in Democratic Republic of the Congo, 538 in Honduras, 488 in Burundi, 409 in South Sudan, 353 in Uganda, 316 in Senegal, 260 in Philippines, 160 in Mali, 101 in Tanzania, 69 in Sierra Leone, 65 in Kenya, 62 in Mauritania, 55 in Malawi, 35 in Zimbabwe, 21 in Ethiopia, 19 in Laos, 15 in Niger, 10 in Indonesia, 8 in Haiti, 4 in Guatemala, 3 in Sri Lanka.
- 42,257 people were trained in agriculture and livestock techniques including food production, livestock handling, climate-smart techniques and post-harvest storage methods. 1,175 in Bangladesh, 162 in Bolivia, 3,164 in Burundi, 1,153 in Cambodia, 1,086 in Democratic Republic of the Congo, 35 in Ecuador, 39 in El Salvador, 5,109 in Ethiopia, 195 in Guatemala, 913 in Haiti, 307 in India, 617 in Indonesia, 198 in Kenya, 351 in Laos, 51 in Lebanon, 992 in Malawi, 210 in Mauritania, 1,952 in Mozambique, 381 in Nepal, 57 in Nicaragua, 68 in Niger, 1,150 in Peru, 840 in Romania, 586 in Senegal, 64 in Sierra Leone, 17,957 in South Sudan, 345 in Sri Lanka, 359 in Tanzania, 1,979 in Uganda, 762 in Zimbabwe.
- 39,843 people were trained in business and entrepreneurial skills, including financial literacy and income-generating activities. 3,702 in Bangladesh, 119 in Bolivia, 346 in Cambodia, 73 in Colombia, 2,242 in Democratic Republic of the Congo, 79 in Ecuador, 63 in El Salvador, 318 in Guatemala, 155 in Haiti, 2,590 in Honduras, 50 in India, 326 in Kenya, 351 in Laos, 257 in Mali, 40 in Mauritania, 2,644 in Mozambique, 790 in Nepal, 5,041 in Peru, 349 in Philippines, 140 in Rwanda, 6,220 in Senegal, 1,211 in Sierra

Leone, 10,544 in South Sudan, 154 in Sri Lanka, 50 in Tanzania, 1,493 in Uganda, 496 in Zimbabwe.

- 606 groups have a disaster preparedness strategy in place to support institutions and communities to be more prepared in case of emergencies. 135 in Uganda, 134 in Bangladesh, 58 in Ethiopia, 49 in Sri Lanka, 36 in Dominican Republic, 35 in Peru, 29 in India, 26 in Honduras, 20 in Laos, 15 in Nepal, 10 in Zimbabwe, 9 in Jerusalem, West Bank and Gaza, 9 in Mozambique, 8 in Cambodia, 7 in Indonesia, 7 in Mali, 5 in Malawi, 5 in El Salvador, 3 in Philippines, 3 in Haiti, 2 in Bolivia, 1 in Senegal.
- 2,252 producer groups were operational, with members working together to create or sell products. 963 in Uganda, 694 in Senegal, 252 in Bangladesh, 161 in Nepal, 63 in Tanzania, 47 in Laos, 20 in Sri Lanka, 15 in Niger, 13 in Democratic Republic of the Congo, 11 in South Sudan, 7 in Rwanda, 6 in Ghana.
- 22,337 emergency kits, including non-food items, shelter, basic resources, were distributed in times of need. 22,337 in Ethiopia.
- 5,649 large and small livestock were distributed as sources of income for families. 2,204 in Tanzania, 2,025 in Cambodia, 1,274 in Democratic Republic of the Congo, 113 in Mauritania, 33 in Peru.
- 65,722 metric tons of food was distributed to meet families' immediate survival needs. 20,326 in Tanzania, 10,895 in South Sudan, 8,814 in Ethiopia, 7,713 in Kenya, 4,730 in Uganda, 3,891 in Sudan, 3,804 in Democratic Republic of the Congo, 1,894 in Central African Republic, 962 in Chad, 769 in Burundi, 766 in Lebanon, 600 in Somalia, 530 in Mali, 24 in Niger, 4 in Bangladesh.
- 2,336,488 people benefitted from cash transfers, allowing them to meet their immediate household needs. 105,688 in Bangladesh, 43,832 in Central African Republic, 31,453 in Colombia, 106,598 in Democratic Republic of the Congo, 1,757 in Ethiopia, 2,444 in Indonesia, 1,147 in Kenya, 91,918 in Lebanon, 759,578 in Mali, 38,736 in Moldova, 2,322 in Mozambique, 22,475 in Niger, 242 in Philippines, 2,302 in Romania, 785 in Sierra Leone, 788,691 in Somalia, 152,583 in South Sudan, 99,377 in Sudan, 5,976 in Syria, 78,584 in Uganda.
- 2,023,514 people benefitted from the provision of in-kind food assistance. 65,403 in Bangladesh, 14,050 in Burkina Faso, 78,919 in Burundi, 94,918 in Central African Republic, 18,815 in Chad, 123,815 in Democratic Republic of the Congo, 39 in El Salvador, 261,663 in Ethiopia, 91,590 in Kenya, 17,984 in Lebanon, 40,928 in Mali, 4,308 in Niger, 90,643 in Romania, 33,463 in Somalia, 444,235 in South Sudan, 152,478 in Sudan, 290,672 in Tanzania, 199,591 in Uganda.
- 95,483 people received support with agricultural resources, including large and small livestock, tools and seeds. 3,353 in Bangladesh, 1,223 in Bolivia, 5,397 in Burundi, 397 in Cambodia, 7,914 in Democratic Republic of the Congo, 170 in Ecuador, 15,573 in Ethiopia, 8,353 in Guatemala, 667 in Haiti, 10,876 in Honduras, 908 in Mauritania, 2,226 in Nepal, 483 in Niger, 7,757 in Peru, 647 in Philippines, 22,642 in Rwanda, 2,880 in Senegal, 4,017 in Tanzania.

- 4,711 farmer and producer groups have accessed agricultural support or market services that are available to them. 243 in Bangladesh, 100 in Bolivia, 120 in Burundi, 3,980 in Rwanda, 61 in Senegal, 207 in Tanzania.
 - 26,142 community members have access to formal or informal financial and business development services. 49 in Bangladesh, 58 in Guatemala, 23,993 in Rwanda, 1,446 in Senegal, 596 in Uganda.
 - 59,927 community members, including children, were trained in disaster risk reduction strategies. 680 in Bangladesh, 1,582 in Cambodia, 1,211 in Democratic Republic of the Congo, 903 in Dominican Republic, 2,979 in Ecuador, 101 in El Salvador, 23 in Ethiopia, 14,828 in Guatemala, 10,358 in Honduras, 831 in Indonesia, 4,348 in Jerusalem, West Bank and Gaza, 620 in Laos, 972 in Lebanon, 47 in Mauritania, 2,038 in Mozambique, 169 in Nepal, 8 in Nicaragua, 66 in Niger, 72 in Philippines, 7,892 in Rwanda, 18 in Senegal, 794 in Sierra Leone, 1,300 in South Sudan, 756 in Sri Lanka, 6,257 in Uganda, 1,074 in Zimbabwe.
 - 97,876 people were actively involved in savings groups, providing them with financial literacy training and access to small loans. 222 in Bangladesh, 38 in Bolivia, 48 in Cambodia, 4 in Central African Republic, 12,433 in Democratic Republic of the Congo, 769 in Guatemala, 818 in Haiti, 3,620 in Honduras, 281 in Indonesia, 1,650 in Kenya, 505 in Laos, 744 in Malawi, 6,805 in Mali, 1,266 in Mauritania, 1,120 in Mozambique, 169 in Niger, 4,216 in Philippines, 36,198 in Rwanda, 4,563 in Senegal, 1,197 in Sierra Leone, 9,997 in South Sudan, 2,970 in Sri Lanka, 1,532 in Tanzania, 6,018 in Uganda, 693 in Zimbabwe.
- ### Health
- 3,674 cases of malnourished children recovered their health because of nutrition treatment. 1,089 in Bangladesh, 205 in Democratic Republic of the Congo, 61 in Ethiopia, 58 in Indonesia, 748 in Mali, 45 in Niger, 1,468 in Rwanda.
 - 101 health facilities were equipped with materials or infrastructure to support quality service, including new maternity wards, water points and provision of medical supplies. 35 in Sierra Leone, 13 in Tanzania, 12 in Senegal, 8 in Kenya, 7 in Burundi, 7 in Somalia, 6 in Mali, 4 in Guatemala, 3 in Philippines, 3 in Mauritania, 1 in Zimbabwe, 1 in Zambia, 1 in Niger.
 - 235,963 patient consultations were provided by health professionals through projects supported by World Vision. 6,683 in Burundi, 26,887 in Nepal, 57,685 in Somalia, 63,642 in South Sudan, 81,066 in Syria.
 - 228,936 patient consultations were provided by community health workers through projects supported by World Vision. 40,271 in Bangladesh, 40,486 in Burundi, 3,151 in Cambodia, 13,034 in Democratic Republic of the Congo, 287 in Ethiopia, 4,654 in Guatemala, 1,326 in India, 1,536 in Indonesia, 6,428 in Kenya, 2,204 in Laos, 17,211 in Malawi, 5,728 in Mali, 8,544 in Mozambique, 2,480 in Niger, 22,515 in Rwanda, 9,939 in Senegal, 5,546 in Sierra Leone, 32,649 in Somalia, 10,947 in Zimbabwe.
 - 6,298 pregnant or lactating women received maternal health and nutrition services. 1,116 in Democratic Republic of the Congo, 2,313 in Somalia, 1,085 in Tanzania, 1,784 in Zimbabwe.
 - 35,994 children received age-appropriate immunizations to protect them against childhood illness. 686 in Democratic Republic of the Congo, 2,785 in Mali, 7,160 in Senegal, 11,716 in Somalia, 4,870 in South Sudan, 7,084 in Sudan, 1,693 in Zimbabwe.
 - 81,740 malnourished children aged six months to five years old were admitted to therapeutic nutrition programs. 3,600 in Angola, 1,913 in Bangladesh, 4,997 in Burundi, 1,800 in Chad, 357 in Democratic Republic of the Congo, 53,110 in Ethiopia, 289 in Guatemala, 122 in Indonesia, 65 in Malawi, 1,267 in Mali, 697 in Mozambique, 34 in Niger, 1,512 in Senegal, 301 in Sierra Leone, 6,078 in Somalia, 458 in Sri Lanka, 3,933 in Sudan, 1,207 in Tanzania.
 - 423,608 people participated in training, counseling or activities that teach healthy nutrition and feeding practices. 251,210 in Angola, 9,988 in Bangladesh, 17,383 in Central African Republic, 184 in Democratic Republic of the Congo, 28,587 in Ethiopia, 379 in Honduras, 2,270 in India, 79 in Indonesia, 123 in Philippines, 1,894 in Sierra Leone, 2,406 in Somalia, 62,118 in South Sudan, 401 in Sri Lanka, 16,953 in Sudan, 29,633 in Tanzania.
 - 66,196 people participated in training, counseling or activities on preventing and responding to infectious diseases, such as COVID-19. 8,112 in Bangladesh, 515 in Bolivia, 8,645 in Chad, 5,883 in Democratic Republic of the Congo, 1,503 in Ecuador, 567 in Guatemala, 1,949 in India, 492 in Indonesia, 9,152 in Kenya, 11,866 in Mali, 3,366 in Mozambique, 437 in Philippines, 8,635 in Senegal, 561 in Sri Lanka, 4,513 in Zimbabwe.
 - 764 health staff received training in topics relevant to their roles, such as gender-responsive care, waste management, or COVID-19. 352 in Ethiopia, 14 in Haiti, 89 in Mozambique, 40 in Somalia, 269 in Tanzania.
 - 1,849 community health workers and volunteers were trained in topics equipping them to provide good care for children and families. 70 in Bolivia, 107 in Burundi, 10 in Central African Republic, 197 in Democratic Republic of the Congo, 132 in Guatemala, 68 in India, 230 in Indonesia, 207 in Kenya, 5 in Laos, 278 in Malawi, 20 in Mauritania, 19 in Philippines, 18 in Senegal, 120 in Sierra Leone, 8 in Somalia, 60 in Sri Lanka, 86 in Tanzania, 136 in Zambia, 78 in Zimbabwe.
 - 3,414,338 children received deworming treatment to support their health and development. 20,159 in Bolivia, 4,207 in Democratic Republic of the Congo, 4,276 in Haiti, 1,578,558 in Mali, 7,138 in Senegal, 1,800,000 in Somalia.
 - 61,517 children received micronutrient supplementation such as vitamin A, zinc and micronutrient powders. 15,988 in Mali, 16,650 in Somalia, 28,879 in Tanzania.
 - 1,797,224 items of protective equipment were provided, including medical masks, gloves, surgical gowns and eye protection. 903,534 in Zimbabwe, 604,800 in Somalia, 130,000 in Ethiopia, 80,000 in Zambia, 70,675 in Burundi, 7,750 in Indonesia, 465 in Mali.
 - 14,887 people received personal protective equipment such as masks, gloves and eye protection to prevent illnesses like COVID-19. 26 in Burundi, 9 in Mauritania, 14,400 in Somalia, 153 in Zambia, 299 in Zimbabwe.
 - 2,175 clean birthing kits were distributed to help with safe and healthy deliveries. 2,000 in Somalia, 175 in Burundi.
 - 2,079,020 ready-to-use therapeutic food packets were distributed, providing a source of emergency nutrition for malnourished children. 675,000 in Somalia, 594,000 in Angola, 270,000 in Ethiopia, 270,000 in Burundi, 270,000 in Chad, 20 in Sierra Leone.
 - 55,211 children received appropriate and timely care for serious childhood illnesses. 27 in Laos, 3,125 in Mali, 15 in Mauritania, 21,907 in Somalia, 30,137 in South Sudan.
 - 9,115 mothers received ante-natal and/or post-natal care services following their last pregnancy. 627 in Burundi, 8,480 in Sudan, 8 in Zambia.
 - 27,850 women are using at least one method of family planning to space out their pregnancies. 840 in Burundi, 1,005 in Mozambique, 268 in Senegal, 14,161 in Somalia, 11,576 in South Sudan.
 - 100,633 people participated in training, counseling or activities on reproductive, maternal, newborn, child and adolescent health. 1,982 in Bolivia, 642 in Burundi, 8 in Democratic Republic of the Congo, 241 in Dominican Republic, 1,056 in Ecuador, 55 in Malawi, 116 in Philippines, 96,464 in South Sudan, 30 in Tanzania, 39 in Zambia.
 - 18,315 caregivers have improved knowledge of key messages on infant and young child feeding. 997 in Sierra Leone, 17,318 in Somalia.
 - 149 people can recognize danger signs for mothers and babies during pregnancy, postpartum or neonatal stages. 149 in Guatemala.
 - 610 health facilities with improved infrastructure to support quality service (including new maternity wards, water points). 586 in Mauritania, 7 in Burundi, 4 in Guatemala, 3 in Senegal, 2 in Zambia, 2 in Haiti, 1 in Sierra Leone, 1 in Zimbabwe, 1 in Tanzania, 1 in Kenya, 1 in Mali, 1 in Rwanda.

- 8,046 births attended by a skilled birth attendant. 542 in Bangladesh, 4,916 in South Sudan, 2,588 in Sudan.
- 18,671 individuals that slept in long-lasting insecticidal nets (LLINs) the previous night. 2,063 in Democratic Republic of the Congo, 10,530 in Malawi, 6,078 in Mali.

Education

- 37,706 children attended early childhood development centres. 301 in Bangladesh, 110 in Ethiopia, 1,636 in India, 7,233 in Kenya, 13,387 in Malawi, 9,272 in Rwanda, 1,698 in Tanzania, 4,069 in Zimbabwe.
- 150,522 children attended in-school or after-school literacy activities. 1,424 in Bolivia, 1,991 in Burundi, 11,890 in Cambodia, 24,930 in Democratic Republic of the Congo, 200 in Dominican Republic, 1,160 in Ecuador, 60 in Ethiopia, 12,291 in Guatemala, 9,732 in Honduras, 673 in India, 13,990 in Indonesia, 3,576 in Kenya, 1,463 in Lebanon, 11,763 in Malawi, 4,395 in Mali, 775 in Nepal, 1,257 in Nicaragua, 3,399 in Niger, 4,238 in Peru, 1,670 in Philippines, 16,146 in Rwanda, 889 in Syria, 4,184 in Tanzania, 11,166 in Uganda, 7,260 in Zimbabwe.
- 43,169 youth participated in life skills training through World Vision programs. 3,185 in Bangladesh, 326 in Bolivia, 1,391 in Burundi, 1,249 in Cambodia, 127 in China, 180 in Democratic Republic of the Congo, 50 in Dominican Republic, 1,396 in Ecuador, 5,337 in El Salvador, 1,524 in Ethiopia, 256 in Guatemala, 5,158 in Honduras, 729 in Indonesia, 4,322 in Jerusalem, West Bank and Gaza, 973 in Kenya, 1,458 in Lebanon, 157 in Malawi, 1,828 in Mali, 325 in Mauritania, 760 in Nepal, 40 in Nicaragua, 3,115 in Peru, 3,912 in Philippines, 161 in Sierra Leone, 2,661 in Sri Lanka, 2,141 in Uganda, 408 in Zimbabwe.
- 300 teachers who received training are using their new skills to teach reading. 18 in Democratic Republic of the Congo, 5 in Kenya, 36 in Philippines, 55 in Tanzania, 117 in Uganda, 69 in Zimbabwe.
- 95 educational facilities like schools and early childhood development centres meet quality standards. 43 in Burundi, 24 in Senegal, 16 in Cambodia, 11 in Bangladesh, 1 in Kenya.
- 11,679 community members were reached through awareness sessions and information on the importance of education. 115 in Burundi, 7,655 in Democratic Republic of the Congo, 31 in Indonesia, 2,211 in Kenya, 971 in Lebanon, 696 in Senegal.
- 248 new early child development centres were established with the support of World Vision programs. 207 in Rwanda, 24 in Uganda, 11 in Bangladesh, 6 in Tanzania.
- 3,514 teachers received curriculum training, equipping them to better support children's learning. 14 in Bangladesh, 122 in Bolivia, 80 in Burundi, 223 in Cambodia, 269 in Chad, 571 in Democratic Republic of the Congo, 119 in Dominican Republic, 5 in Ethiopia, 131 in Guatemala, 105 in Haiti, 417 in Honduras, 46 in India, 87 in Indonesia, 8 in Jerusalem, West Bank and Gaza, 19 in Lebanon, 170 in Malawi, 110 in Mali, 126 in Nepal, 86 in Nicaragua, 103 in Niger, 261 in Philippines, 164 in Senegal, 55 in Tanzania, 144 in Uganda, 79 in Zimbabwe.
- 11,551 caregivers were trained to support young children's early development, reading and numeracy skills through play. 591 in Bangladesh, 536 in Bolivia, 1,299 in Cambodia, 675 in Ecuador, 5 in Ethiopia, 818 in Haiti, 361 in Jerusalem, West Bank and Gaza, 1,487 in Kenya, 170 in Malawi, 815 in Nepal, 2,731 in Rwanda, 120 in Tanzania, 1,943 in Uganda.
- 25,333 caregivers were trained in methods of supporting their children's reading skills. 5,100 in Burundi, 761 in Cambodia, 1,076 in Chad, 1,465 in Democratic Republic of the Congo, 577 in Dominican Republic, 147 in Ethiopia, 292 in Guatemala, 750 in Honduras, 1,953 in Malawi, 2,012 in Mali, 36 in Nepal, 94 in Niger, 112 in Philippines, 6,490 in Rwanda, 2,417 in Senegal, 560 in Tanzania, 1,364 in Uganda, 127 in Zimbabwe.
- 4,480 teachers, school committee members and government staff were trained to support children's literacy. 49 in Cambodia, 24 in Chad, 199 in Democratic Republic of the Congo, 83 in Dominican Republic, 11 in Ethiopia, 10 in Guatemala, 13 in Haiti, 646 in Honduras, 90 in Kenya, 1,186 in Malawi, 14 in Mali, 121 in Mauritania, 35 in Mozambique, 10 in Niger, 62 in Peru, 124 in Philippines, 233 in Senegal, 107 in Tanzania, 1,341 in Uganda, 122 in Zimbabwe.
- 97,442 children received school supplies and resources for their education including books, backpacks, uniforms and bicycles. 7,187 in Burundi, 593 in Cambodia, 1,435 in Chad, 76 in Democratic Republic of the Congo, 2,886 in Ecuador, 1,628 in Ethiopia, 2,702 in Guatemala, 397 in Haiti, 35,494 in Honduras, 2,495 in Kenya, 888 in Lebanon, 600 in Mali, 866 in Nicaragua, 9,035 in Philippines, 7,971 in Senegal, 8,634 in Somalia, 27 in Syria, 1,331 in Uganda, 5,674 in Zambia, 7,523 in Zimbabwe.
- 92,536 reading materials were provided to schools and communities in support of children's education. 21,612 in Honduras, 19,555 in Malawi, 18,541 in Democratic Republic of the Congo, 7,329 in Uganda, 6,001 in Senegal, 5,681 in Niger, 3,980 in Chad, 3,837 in Zimbabwe, 3,135 in Tanzania, 1,807 in Mali, 508 in Cambodia, 223 in Philippines, 167 in Haiti, 121 in Guatemala, 23 in Nepal, 16 in Indonesia.
- 13 schools and early childhood development centres received infrastructure improvements, supporting students' learning environments. 8 in Mali, 2 in Nepal, 2 in Democratic Republic of the Congo, 1 in Syria.
- 119 children are achieving minimum or higher reading proficiency levels. 119 in Democratic Republic of the Congo.

- 196,792 school supplies were made available to schools and communities. 97,856 in Somalia, 56,345 in Zambia, 25,920 in Guatemala, 7,365 in Zimbabwe, 7,187 in Burundi, 2,089 in Philippines, 30 in Uganda.
- 4,811 parents and caregivers are actively participating in and supporting their children's lifetime education. 367 in Bangladesh, 1,141 in Cambodia, 90 in Chad, 115 in Ethiopia, 1,396 in Honduras, 492 in Indonesia, 104 in Mauritania, 107 in Mozambique, 245 in Niger, 164 in Philippines, 117 in Sierra Leone, 473 in Tanzania.
- 2,771 children who had dropped out of school have re-enrolled or are currently attending after-school literacy activities. 13 in Bolivia, 130 in Colombia, 6 in Ecuador, 94 in El Salvador, 362 in Guatemala, 128 in Honduras, 1 in Peru, 971 in Philippines, 6 in Tanzania, 1,060 in Uganda.
- 60,977 people have undertaken vocational or technical training education. 3,465 in Bangladesh, 444 in Bolivia, 629 in Colombia, 20,666 in Democratic Republic of the Congo, 1,939 in Ecuador, 886 in El Salvador, 535 in Guatemala, 3 in Haiti, 736 in Honduras, 2,366 in Laos, 66 in Nepal, 10 in Niger, 282 in Peru, 348 in Philippines, 20,930 in Rwanda, 2,105 in Senegal, 5,290 in South Sudan, 39 in Tanzania, 208 in Uganda, 30 in Zimbabwe.
- 19 educational institutions (ECD centres, schools) received resources to support learning. 12 in Mali, 3 in Syria, 3 in Ethiopia, 1 in Honduras.

Child Protection and Participation

- 22,849 children under age 18 received birth certificates in the past year because of World Vision's work. 2,860 in Ethiopia, 19,989 in Mozambique.
- 64,409 people participated in activities aimed at supporting child protection and ending violence against children. 1,084 in Bangladesh, 2,537 in Burundi, 314 in Cambodia, 90 in Chad, 469 in Democratic Republic of the Congo, 2,676 in Ecuador, 576 in Ethiopia, 625 in Guatemala, 177 in Haiti, 11,329 in Honduras, 985 in Indonesia, 20 in Jerusalem, West Bank and Gaza, 6,370 in Kenya, 1,331 in Malawi, 94 in Mozambique, 5,373 in Nepal, 5,878 in Nicaragua, 56 in Niger, 1,025 in Philippines, 12,229 in Rwanda, 124 in Senegal, 30 in Sierra Leone, 942 in Sri Lanka, 1,710 in Tanzania, 2,631 in Uganda, 5,734 in Zimbabwe.
- 21,627 child protection cases, including situations of abuse or neglect, were identified, followed up and referred as needed. 10,850 in Philippines, 9,520 in Honduras, 383 in Uganda, 374 in India, 274 in Chad, 63 in Democratic Republic of the Congo, 43 in Nicaragua, 39 in Indonesia, 27 in Peru, 26 in Syria, 26 in Bangladesh, 2 in Ethiopia.

- 239,672 children and adults were trained on child protection, including positive parenting, children's rights and early marriage. 3,199 in Bangladesh, 827 in Bolivia, 8,662 in Burundi, 514 in Cambodia, 90 in Chad, 92 in China, 15,993 in Democratic Republic of the Congo, 124 in Dominican Republic, 2,016 in Ecuador, 1,453 in El Salvador, 14,295 in Ethiopia, 86 in Guatemala, 12,429 in Haiti, 5,543 in Honduras, 475 in India, 1,564 in Indonesia, 4,192 in Kenya, 1,968 in Laos, 647 in Lebanon, 7,011 in Malawi, 11,951 in Mali, 56 in Mauritania, 46 in Moldova, 6,996 in Mozambique, 5,025 in Nepal, 10,606 in Nicaragua, 5,222 in Niger, 1,697 in Peru, 243 in Philippines, 78 in Romania, 3,243 in Rwanda, 128 in Senegal, 6,484 in Sierra Leone, 25 in Somalia, 73,566 in South Sudan, 2,311 in Sri Lanka, 4,303 in Sudan, 62 in Syria, 5,234 in Tanzania, 2,099 in Uganda, 19,117 in Zimbabwe.
- 249,948 people are participating in activities that provide spiritual nurturing and encouragement for children. 6,567 in Bolivia, 16,547 in Burundi, 1,438 in Cambodia, 9,502 in Democratic Republic of the Congo, 358 in Dominican Republic, 1,656 in Ecuador, 9,816 in El Salvador, 123 in Ethiopia, 15,143 in Guatemala, 47,280 in Honduras, 2,698 in India, 1,394 in Indonesia, 15,679 in Kenya, 24,002 in Malawi, 2,926 in Mali, 468 in Mauritania, 581 in Mozambique, 229 in Nicaragua, 1,028 in Niger, 1,378 in Peru, 4,362 in Philippines, 34,926 in Rwanda, 2,569 in Sierra Leone, 2,491 in Sri Lanka, 27,538 in Tanzania, 2,323 in Uganda, 16,926 in Zimbabwe.
- 23,192 people participated in community-level advocacy and social accountability initiatives, including Citizen+Voice and+Action groups. 51 in Burundi, 476 in Cambodia, 35 in Chad, 184 in Democratic Republic of the Congo, 1,142 in Ecuador, 1 in El Salvador, 302 in Ethiopia, 363 in Guatemala, 914 in Haiti, 588 in Honduras, 18 in Indonesia, 5,382 in Kenya, 1 in Laos, 84 in Malawi, 995 in Mali, 17 in Mauritania, 199 in Mozambique, 1,565 in Nepal, 1,519 in Nicaragua, 583 in Niger, 166 in Peru, 785 in Philippines, 2,329 in Rwanda, 4,252 in Senegal, 6 in Sierra Leone, 372 in Sri Lanka, 643 in Tanzania, 220 in Zimbabwe.
- 7,235 local partners, including community and faith-based organizations, were engaged in our programs to support stronger communities. 2,337 in Somalia, 2,221 in Honduras, 472 in Kenya, 412 in Niger, 292 in Cambodia, 238 in Malawi, 145 in Democratic Republic of the Congo, 145 in Mozambique, 107 in Tanzania, 101 in Senegal, 100 in Bangladesh, 94 in Mali, 88 in Ethiopia, 86 in Guatemala, 58 in Haiti, 57 in Jerusalem, West Bank and Gaza, 53 in Nicaragua, 39 in Sri Lanka, 37 in Sierra Leone, 35 in Burundi, 30 in Zimbabwe, 27 in Peru, 16 in Bolivia, 15 in Dominican Republic, 10 in Chad, 9 in China, 5 in Mauritania, 4 in El Salvador, 2 in Philippines.
- 2,155 children's clubs are bringing girls and boys together around topics like peace, advocacy and good water, sanitation and hygiene habits. 923 in India, 239 in Bangladesh, 233 in Mali, 132 in Uganda, 76 in Niger, 67 in Senegal, 65 in Burundi, 57 in Jerusalem, West Bank and Gaza, 54 in Cambodia, 54 in Tanzania, 54 in Peru, 48 in Nicaragua, 26 in Nepal, 23 in Honduras, 16 in Zimbabwe, 16 in Democratic Republic of the Congo, 15 in Mauritania, 13 in Dominican Republic, 12 in Kenya, 10 in Malawi, 10 in Guatemala, 8 in Zambia, 4 in Philippines.
- 61,803 children and youth participated in groups and clubs, gathering with peers to develop new skills and positive values. 2,762 in Bangladesh, 3,585 in Bolivia, 3,761 in Burundi, 2,262 in Cambodia, 3 in China, 367 in Colombia, 1,347 in Democratic Republic of the Congo, 967 in Ecuador, 541 in El Salvador, 205 in Ethiopia, 537 in Guatemala, 4,755 in Honduras, 15,833 in India, 322 in Kenya, 8,158 in Malawi, 3,295 in Mali, 237 in Mauritania, 1,390 in Mozambique, 904 in Peru, 391 in Sierra Leone, 6,981 in Sri Lanka, 2,960 in Tanzania, 240 in Zambia.
- 12,587 faith leaders and representatives of faith-based organizations were engaged in addressing the root causes of child vulnerability. 129 in Bolivia, 15 in Cambodia, 72 in Chad, 148 in Democratic Republic of the Congo, 67 in Dominican Republic, 230 in Ecuador, 31 in El Salvador, 98 in Ethiopia, 434 in Guatemala, 49 in Haiti, 9,398 in Honduras, 37 in India, 65 in Indonesia, 408 in Kenya, 358 in Malawi, 334 in Mali, 58 in Mauritania, 142 in Mozambique, 59 in Niger, 56 in Peru, 126 in Senegal, 105 in Sierra Leone, 80 in Tanzania, 6 in Zambia, 82 in Zimbabwe.
- 7,684 children report that their views are sought and incorporated into decision-making. 261 in Burundi, 133 in Guatemala, 6,738 in Honduras, 346 in Kenya, 45 in Peru, 60 in Uganda, 101 in Zimbabwe.
- 19 child friendly spaces were established, renovated or refurbished. 5 in Honduras, 5 in Romania, 4 in Somalia, 3 in Mali, 2 in Chad.
- 26,509 people know key child protection risks and how to properly respond or find support. 739 in Bangladesh, 415 in Cambodia, 351 in Democratic Republic of the Congo, 1,246 in Ecuador, 2,793 in Guatemala, 256 in Jerusalem, West Bank and Gaza, 120 in Malawi, 123 in Nicaragua, 1,199 in Niger, 121 in Philippines, 180 in Senegal, 30 in Sierra Leone, 1,934 in Sri Lanka, 37 in Syria, 136 in Tanzania, 16,829 in Uganda.
- 20,319 people received psychosocial support services. 1,023 in Chad, 10,694 in Democratic Republic of the Congo, 941 in Jerusalem, West Bank and Gaza, 70 in Kenya, 1,106 in Lebanon, 292 in Moldova, 445 in Romania, 3,222 in Sudan, 55 in Syria, 2,471 in Vanuatu.
- 468 child protection units and committees were established and operational. 156 in Democratic Republic of the Congo, 117 in India, 45 in Mozambique, 36 in Burundi, 36 in Mali, 34 in Ethiopia, 28 in Chad, 6 in Central African Republic, 4 in Honduras, 3 in Philippines, 2 in Sudan, 1 in Bangladesh.
- 35 advocacy groups are functional, improving social accountability of local government and community leaders. 19 in Bolivia, 7 in Mozambique, 5 in Mali, 2 in Honduras, 2 in Democratic Republic of the Congo.
- 983 children's parents were trained in positive parenting. 534 in Bangladesh, 449 in El Salvador.

Water, Sanitation and Hygiene

- 59 communities were certified as open defecation free, meaning they now use toilets rather than defecating in the open. 15 in Kenya, 13 in Zambia, 12 in Indonesia, 6 in Niger, 4 in Haiti, 4 in Cambodia, 2 in Mauritania, 2 in Zimbabwe, 1 in Ethiopia.
- 317,555 people had access to sanitation facilities like toilets at home or school. 618 in Bangladesh, 1,680 in Bolivia, 2,321 in Burundi, 300 in Cambodia, 3,779 in Chad, 2,921 in Democratic Republic of the Congo, 3,946 in El Salvador, 97,252 in Ethiopia, 1,856 in Guatemala, 6,844 in Honduras, 3,757 in Indonesia, 1,063 in Kenya, 785 in Laos, 36,850 in Malawi, 20,234 in Mali, 1,942 in Mauritania, 172 in Nicaragua, 4,288 in Niger, 9,737 in Rwanda, 1,650 in Senegal, 1,103 in Somalia, 2,638 in South Sudan, 8,915 in Sudan, 76,805 in Syria, 18,388 in Tanzania, 401 in Uganda, 6,036 in Zambia, 1,274 in Zimbabwe.
- 130,962 people had access to handwashing facilities at home or school. 872 in Bolivia, 3,207 in Burundi, 2,515 in Cambodia, 2,293 in Chad, 10,791 in Democratic Republic of the Congo, 18,199 in Ethiopia, 1,744 in Guatemala, 2,034 in Haiti, 3,189 in Indonesia, 5,138 in Kenya, 12,003 in Laos, 705 in Mali, 21,923 in Niger, 24,057 in Rwanda, 6,353 in Tanzania, 11,744 in Zambia, 4,195 in Zimbabwe.
- 395,296 people had access to safe drinking water. 2,315 in Bangladesh, 1,081 in Bolivia, 18,325 in Burundi, 1,004 in Cambodia, 5,394 in Chad, 1,285 in Democratic Republic of the Congo, 790 in El Salvador, 43,334 in Ethiopia, 3,491 in Guatemala, 58,302 in Honduras, 1,670 in Indonesia, 1,775 in Kenya, 1,152 in Laos, 6,064 in Malawi, 7,885 in Mali, 5,267 in Mauritania, 603 in Nicaragua, 2,887 in Niger, 48,564 in Rwanda, 9,606 in Senegal, 6,255 in Sierra Leone, 34,831 in South Sudan, 24,130 in Sudan, 78,792 in Syria, 17,816 in Tanzania, 864 in Venezuela, 8,181 in Zambia, 3,633 in Zimbabwe.
- 192,927 people are using water, sanitation and handwashing behaviours that protect against illness. 38,992 in Cambodia, 859 in Democratic Republic of the Congo, 1,562 in El Salvador, 195 in Guatemala, 2,310 in Haiti, 36,884 in Honduras, 536 in Kenya, 34 in Lebanon, 36 in Malawi, 35,343 in Mali, 1,058 in Niger, 41,114 in Senegal, 6,269 in Sudan, 14,869 in Tanzania, 2,249 in Venezuela, 1,319 in Zambia, 9,298 in Zimbabwe.
- 195,885 people were trained or involved in community water, sanitation or hygiene initiatives. 20,031 in Bangladesh, 1,965 in Bolivia, 10,085 in Cambodia, 16,236 in Democratic Republic of the Congo, 1,562 in El Salvador, 46 in Ethiopia, 868 in Haiti, 131 in Honduras, 6,990 in Indonesia, 449 in Kenya, 503 in Lebanon, 39,581 in Mali, 7,604 in Mozambique, 2,421 in Nicaragua, 6,242 in Niger, 42,995 in Senegal, 3,725 in Somalia, 9,438 in South Sudan, 276 in Sri Lanka, 15,215 in Sudan, 7,132 in Tanzania, 1,871 in Zambia, 519 in Zimbabwe.

- 22 schools had adequate menstrual hygiene management facilities in place. 14 in Democratic Republic of the Congo, 2 in Mali, 2 in Nicaragua, 1 in Zimbabwe, 1 in Tanzania, 1 in Zambia, 1 in Senegal.
- 386 water, sanitation and hygiene committees were established or reactivated. 126 in Rwanda, 68 in Mali, 26 in Cambodia, 20 in Indonesia, 19 in Niger, 19 in Bolivia, 19 in Zambia, 15 in Zimbabwe, 14 in Chad, 14 in Mauritania, 11 in Bangladesh, 7 in Burundi, 7 in Somalia, 5 in Guatemala, 4 in Sri Lanka, 3 in Malawi, 2 in Tanzania, 2 in Haiti, 2 in Ethiopia, 2 in Democratic Republic of the Congo, 1 in Senegal.
- 15,393 sanitation facilities, including latrines and handwashing stations, were constructed or updated. 5,664 in Tanzania, 2,792 in Niger, 2,626 in Zambia, 1,869 in Kenya, 452 in Democratic Republic of the Congo, 394 in Cambodia, 375 in Haiti, 257 in Ethiopia, 186 in Chad, 164 in Honduras, 144 in Zimbabwe, 100 in Malawi, 87 in South Sudan, 61 in Senegal, 54 in Mali, 46 in Rwanda, 45 in Somalia, 21 in El Salvador, 14 in Burundi, 9 in India, 9 in Guatemala, 9 in Burkina Faso, 8 in Nicaragua, 4 in Mauritania, 2 in Peru, 1 in Sierra Leone.
- 761 water sources were constructed, rehabilitated or improved, providing safe water for children and families to drink. 294 in Zambia, 209 in Cambodia, 85 in Senegal, 40 in Zimbabwe, 28 in Ethiopia, 23 in Mali, 12 in Malawi, 9 in Democratic Republic of the Congo, 9 in Kenya, 8 in Sierra Leone, 8 in Tanzania, 7 in Burundi, 7 in Laos, 6 in Somalia, 6 in Mozambique, 5 in Haiti, 3 in Burkina Faso, 2 in Niger.
- 114 people, including vendors, received training to manage and maintain water, sanitation and hygiene infrastructure. 4 in Cambodia, 39 in Chad, 39 in Honduras, 3 in Mali, 16 in Mauritania, 13 in Zambia.
- 242,795 water, sanitation and hygiene products were distributed for family health, such as hygiene kits and water filters. 186,582 in Guatemala, 30,119 in Somalia, 10,000 in Romania, 7,682 in El Salvador, 3,518 in Democratic Republic of the Congo, 2,500 in Mozambique, 1,500 in Moldova, 894 in Mali.
- 95,078 people received emergency or water, sanitation and hygiene kits to support their health and well-being during times of need. 175 in Burundi, 1,522 in Cambodia, 10,705 in Democratic Republic of the Congo, 44,821 in Guatemala, 2,316 in Indonesia, 273 in Lebanon, 215 in Moldova, 1,311 in Mozambique, 10,594 in Nepal, 3,504 in Somalia, 16,497 in South Sudan, 1,500 in Syria, 1,645 in Vanuatu.
- 628 institutions received improvements in WASH services, which may include water, sanitation and hygiene facilities, resources. 366 in Senegal, 72 in Tanzania, 37 in Niger, 30 in Honduras, 27 in Mali, 21 in Zimbabwe, 20 in Malawi, 20 in Guatemala, 15 in Zambia, 9 in Rwanda, 2 in Nicaragua, 2 in South Sudan, 2 in Kenya, 1 in Venezuela, 1 in Democratic Republic of the Congo, 1 in Ethiopia, 1 in El Salvador, 1 in Burundi.
- 10,347 women and girls have improved access to menstrual hygiene management either through distribution of products or availability of adequate infrastructure. 1,806 in Democratic Republic of the Congo, 947 in Kenya, 5,220 in Somalia, 2,374 in South Sudan.

Although the information is believed to be accurate and reliable at the time of publishing, it is important to note that changes in circumstances subsequent to the date of publication may impact the precision and completeness of the information presented in this report.

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Chair, World Vision Canada Board of Directors

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