

2022

ANNUAL RESULTS REPORT



ACKNOWLEDGMENTS

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 who have continued to serve children and communities across the world in the face of countless challenges in 2022.

INDIGENOUS LAND ACKNOWLEDGMENT

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.

ON THE COVER

Four-year-old Fiona and her friend Martha play by the shores of Lake Turkana in rural Kenya.

Cover photo: Martin Muluka



CONTENTS

02	ACKNOWLEDGMENTS
04	ACRONYMS AND DEFINITIONS
05	LETTER FROM OUR PRESIDENT
06	SNAPSHOT REPORT
10	OUR MISSION AND VISION
11	OUR STRATEGIC APPROACH
22	2022 PROGRESS AND CHANGE
24	Livelihoods
35	Health
46	Education
56	Child Protection and Participation
65	Water, Sanitation and Hygiene
73	2022 PROGRAM FEATURES
74	Advocacy
73	Emergency Response
83	2022 LEARNINGS
105	2022 FINANCIAL ACCOUNTABILITY
108	APPENDICES

ACRONYMS + DEFINITIONS

ACPHA – Alliance for Child Protection in Humanitarian Action
CAAFG – Children associated with armed forces or groups
CMAM – Community-based Management of Acute Malnutrition
CBA – Cost-benefit analysis
CVA – Citizen Voice and Action
DALY – Disability-adjusted life year
ECaP – Empowering Children as Peacebuilders
ECCE – Early childhood care and education
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
MP – Member of Parliament
NGO – Non-governmental organization
RUTF – Ready-to-use therapeutic food
SDG – Sustainable Development Goal
TVET – Technical and Vocational Education and Training
WASH – Water, sanitation & 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 in 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 spends time at a child-friendly space in Romania, where a new camp is set up to receive refugees from Ukraine.

SPARKING HOPE AND SEEING CHANGE

Unprecedented. It's a word we've heard so much recently that it's started to lose its gravity. Most of us have yearned for a more "precedented" reality these days—as we've prayed for families and colleagues facing new humanitarian disasters, pushed for the removal of barriers preventing assistance from reaching countries like Afghanistan, and mobilized Canadians to give in the midst of a staggering global hunger emergency.

Just one week after the start of the Ukraine crisis in March 2022, I was on the Romanian border, partnering with our global team as we witnessed an endless flow of refugees fleeing violence—mainly mothers and children. As we sought to provide life-saving food, supplies, shelter, psychosocial support and encouragement, it was an honour to speak with them and share their stories with millions of Canadians.

I was reminded how compassion, faith and acts of care can spark hope, even in the face of despair and desperation.

At World Vision, we are called to find those sparks of hope and fan the flames of compassion. This is the essence of our ministry.

In fiscal year 2022, we remained true to our calling, following Jesus' example to help bring life in all its fullness to the most vulnerable girls and boys. And together, with the generosity of supporters in Canada, we saw results to celebrate—investing \$372 million to help families in need, reaching over 4.8 million people through emergency response efforts, and providing over 3.8 million people with critically-needed food and cash support in partnership with the UN World Food Programme.

The needs and realities of our ever-changing world have challenged us to think critically, bringing new agility and creativity as our teams have embraced fresh approaches and innovation—always with the goal to reach girls and boys in the world's toughest places.

This report details the progress, change and impact we're reporting for 2022. Real stories of lives changed, and communities transformed, in an unprecedented year. May the strides we've made together—led by the children and communities we serve, and guided by our Christian faith—spark your own imagination and commitment. You play an invaluable part in this work.

SNAPSHOT REPORT:

2022 BY THE NUMBERS



OVERALL PROGRESS

This report accounts for World Vision Canada's program work completed in fiscal year 2022, from October 1, 2021 to September 30, 2022.



MORE THAN
13 million

GIRLS, BOYS AND ADULTS WERE REACHED THROUGH OUR PROGRAMS

299
PROGRAMS AND

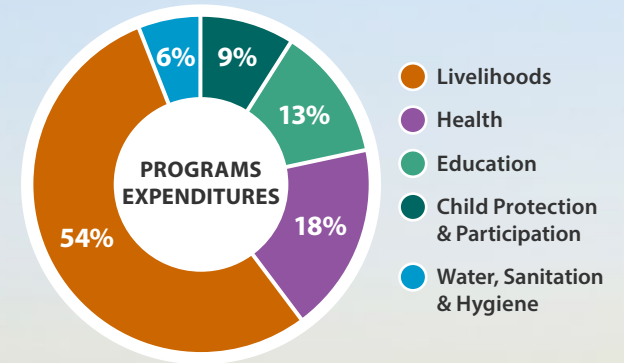
44
GIFT-IN-KIND SHIPMENTS WERE CARRIED OUT IN 58 COUNTRIES

\$372 million

WAS INVESTED IN AREAS OF NEED AROUND THE WORLD

44%

OF OUR INVESTMENT WENT TO SUPPORT THE MOST FRAGILE COUNTRIES



LIVELIHOODS



4,298,155
people reached through
116 programs with
\$202.2 million invested

3,836,601
people received food
and cash assistance*

70,971
people were active
members in 3,677
savings groups

10,841
deaths were prevented
through our work with
the UN World Food
Programme over the
past three years*

HEALTH



6,893,660
people reached through
122 programs with
\$67.3 million invested

4,699,476
children received
deworming treatment

22,735
girls and boys were
treated for malnutrition

155+
deaths were
prevented through
our SUSTAIN
program

EDUCATION



2,586,122
people reached through
114 programs with
\$47.3 million invested

554,231
children received
school supplies and
educational resources

111,609
girls and boys attended
in-school or after-school
literacy activities

\$20
in benefits to society
have been generated
for every dollar invested
in our Unlock Literacy
programs

**CHILD
PROTECTION +
PARTICIPATION**



2,146,419
people reached through
161 programs with
\$33.4 million invested

177,746
people were trained on
child protection issues

6,182
children under
age 18 received
birth certificates

Parents believing their
community is safe for
children increased from
56% to 90%
in Ethiopia between
2019 and 2022

**WATER,
SANITATION
+ HYGIENE**



1,158,128
people reached through
47 programs with
\$22.2 million invested

664,859
people gained access to
safe drinking water

177,547
people received
emergency water,
sanitation and
hygiene kits

442
communities
were certified
as "open
defecation free"

* 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 2022, 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 299 shared on page 7 does not reflect the combined total of programs in each sector.



WORKING IN COMMUNITIES

317,942

girls and boys were sponsored in 36 countries.

13

sponsorship communities graduated to self-sufficiency.

16

new sponsorship communities were established.



ENGAGING WITH GOVERNMENTS

*A coalition of **16 organizations**, with World Vision as one of the co-leads, made progress urging the government to allow Canadian organizations to provide assistance in Afghanistan.*

Bill S-211

passed in the Senate and moved to the House of Commons—significant progress in our work fighting forced labour and child labour in global supply chains.

*The first-of-its-kind **Youth Advocacy Framework** was created by the WVC National Youth Council and produced by World Vision, equipping youth advocates to engage with the government.*



RESPONDING TO CRISES

*We responded to **27 emergencies**, including fragile contexts, in **29 countries**.*

*Over **4.8 million people** were reached through our response efforts.*

***7,520 emergency kits** were distributed to support families in dire need.*



WORKING IN PARTNERSHIP

26 million+

resources like clothing and school supplies were shipped to 18 countries, thanks to gift-in-kind partnerships.

303,583

individuals and corporations were engaged as donors.

***2 joint fundraising appeals** with the Humanitarian Coalition—for Ukraine and the global hunger crisis—allowed us to work together to reach more Canadians.*

Five case studies of lessons learned in 2022

1. A cost-benefit analysis of our Unlock Literacy program model revealed that participating children earned gains equivalent to two extra years of schooling.
2. Investigating our food assistance work with the UN World Food Programme, we discovered that this portfolio is bringing significant impact and value—but some results were surprising.
3. How do you put a value on protecting girls and boys? Our analysis shows that the current cost to society of failing to protect children is US\$8.9 trillion every year, and that estimate is probably too low.
4. After noting high rates of absence and non-recovery in one of our core nutrition programs, we investigated the likely causes, and how World Vision is responding.
5. We identified five lessons learned while working in partnership with our peer organizations in Canada on the *Gender-Transformative Framework for Nutrition*.

[Learn more](#)



OUR MISSION + 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 afflicted 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, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, sexual orientation, gender identity or other status* — and we collaborate with those from other faiths (and none) who share our common values of compassion, love, justice and mercy.

Our Credentials

- World Vision has over 70 years of experience working in partnership to create better futures for vulnerable girls and boys.
- We are part of the World Vision Partnership that reaches around the globe, with more than 37,000 employees in nearly 100 countries spanning six continents.
- Together, we've supported more than 200 million children by tackling the root causes of poverty.

* Universal Declaration of Human Rights 2014 second resolution on "human rights, sexual orientation and gender identity"



2022

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**

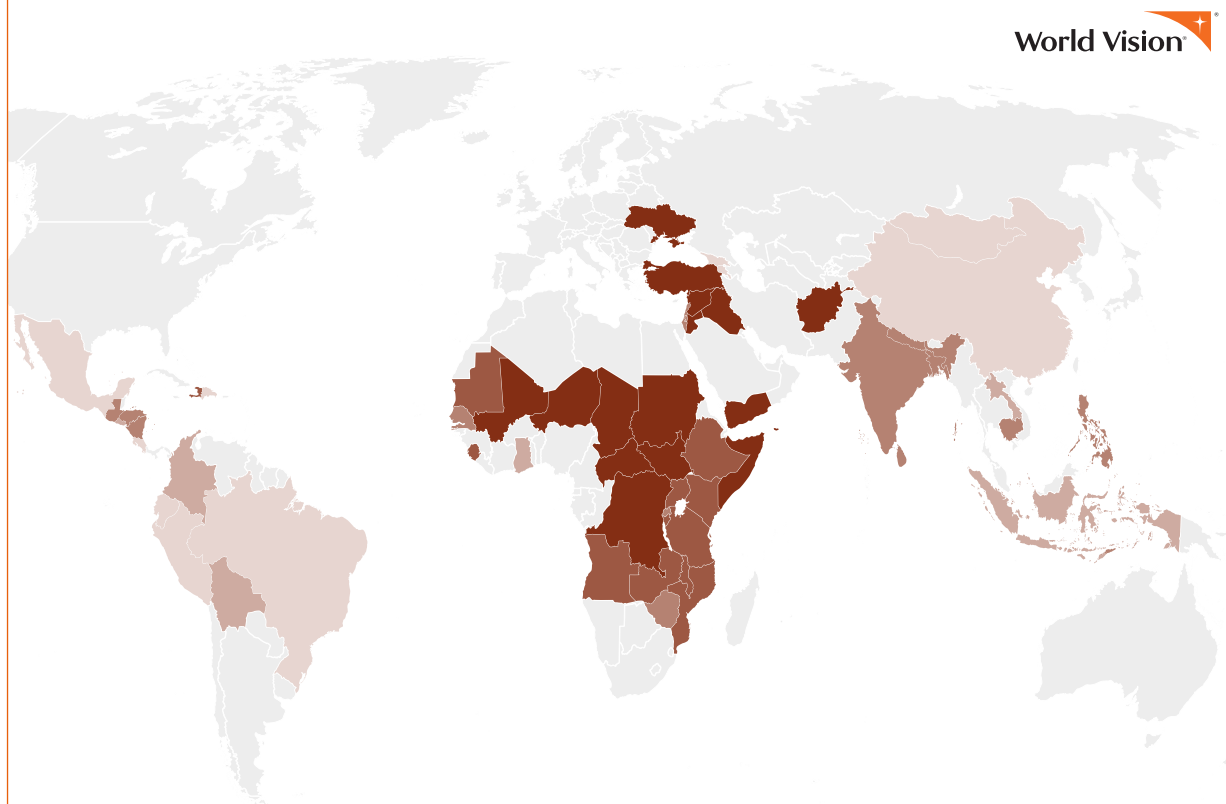
It grieves us that children face these kinds of layered threats and obstacles in all corners of the world. We find vulnerable girls and boys in every setting where we work—from high developing countries like Brazil and South Africa to the most fragile regions of Iraq and South Sudan.

Moving our priority to fragile contexts

Over the past four years, we have increasingly shifted our focus toward **fragile contexts**—areas fraught with extreme poverty, chronic instability, conflict and violence. 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 vulnerable 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**
*Afghanistan**, *Central African Republic*, *Chad*, *Democratic Republic of Congo*, *Iraq*, *Jordan***, *Mali*, *Niger*, *Somalia*, *South Sudan*, *Sudan*, *Syria***, *Turkey***, *Ukraine****, *Yemen*****
- VERY LOW DEVELOPING**
Angola, *Burundi*, *Ethiopia*, *Haiti*, *Kenya*, *Malawi*, *Mauritania*, *Mozambique*, *Myanmar*, *Sierra Leone*, *Tanzania*, *Uganda*, *Zambia*
- LOW DEVELOPING**
Bangladesh, *Cambodia*, *Guatemala*, *Honduras*, *India*, *Jerusalem, West Bank and Gaza*, *Lebanon*, *Nepal*, *Nicaragua*, *Pacific Timor Leste*, *Philippines*, *Rwanda*, *Senegal*, *Sri Lanka*, *Zimbabwe*
- MEDIUM DEVELOPING**
Bolivia, *Colombia*, *El Salvador*, *Ghana*, *Indonesia*, *Laos*, *Vanuatu*
- HIGH DEVELOPING**
Armenia, *Brazil*, *China*, *Costa Rica*, *Dominican Republic*, *Ecuador*, *Georgia*, *Mexico*, *Mongolia*, *Peru*

* Programs in Afghanistan reflect interventions run by local office with funding from previous year. Due to Canada’s criminal code, World Vision Canada has been, for now, unable to further support activities in Afghanistan.
 ** Syrian response *** Ukraine response **** Through partners



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 [program 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. Consider World Vision’s efforts pushing for legislation to eliminate child labour from the supply chains of Canadian companies. After more than 10 years advocating for the protection of children, [important gains are finally being made](#)—and we expect they will contribute to long-lasting change in the lives of vulnerable girls and boys worldwide.

As the gap between rich and poor continues to widen, and while the consequences of the COVID-19 pandemic, rising global inflation and climate change reveal deepening inequality, families live increasingly 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 national operational contexts according to three main sources: Maplecroft Global Risk Analytics, the Fund for Peace; and the Institute for Economics and Peace. These data sources are some of the best and most up to date but are retrospective and do not indicate a forecast. 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



Learn how our child sponsorship approach works through our child-focused community engagement [here](#).

The underlying causes that push children and families into a vulnerable state are complex, interconnected 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, limiting their potential as leaders and providers in their future communities.

Identifying these root issues can be complicated, and absolutely requires that we begin with the people experiencing vulnerability—they are the experts in their own lives, after all. It's only through strong collaboration with communities, families and children themselves that we can hope to see long-term, transformational change.

Our work starts and ends with the people we serve.

- Early in the planning stages of a project, World Vision engages with local organizations, leaders, 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—particularly women, children and those who are marginalized—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 religious 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 root 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.



For four years, Sheik Osman Ali Ismail has advocated against the practice of female genital mutilation (FGM) in the Bur'ao region of Somalia.

"What motivated me to advocate for the protection of children's rights was after World Vision conducted a training," says the father of 12. "I understood after, I had an important role to play."

Our Christian faith 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.² 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 the acceptance of harmful traditional practices that undermine children's rights and well-being.

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. Our work often takes us places where the majority of people follow faiths other than Christianity. We serve wholeheartedly in these places, finding common ground through our shared humanity and desire to care for and protect vulnerable children.



“We’ve been able to create spaces for conversations and dialogue,” says Farah, another anti-FGM advocate in Sheik Osman’s community. “People began to tolerate the idea of talking about it and slowly accepting the idea that the practice should have no place in the society.”

Our Christian identity and focus on community empowerment can help to establish relationships with influential local faith-based organizations and faith leaders—who are often more trusted than societal or governmental leaders.³ With a long-term presence in their communities, churches and other 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 communities 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, 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 Muslims, Buddhists, Hindus, and Christians of multiple denominations. 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.

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's raised will be addressed—but working together, we focus on issues that are causing the most harm for children and families, 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 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 Canada's work contributed to in 2022.

SUSTAINABLE DEVELOPMENT GOALS



By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$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 2020, 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.

* In US dollars

EVALUATING OUR APPROACH

Data-led decision-making



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

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—this keeps us accountable to the children and families we serve, as well as 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—whether 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 impact is the only 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 **impact**, **change** and **progress** 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.

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 (OECD) 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.

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.

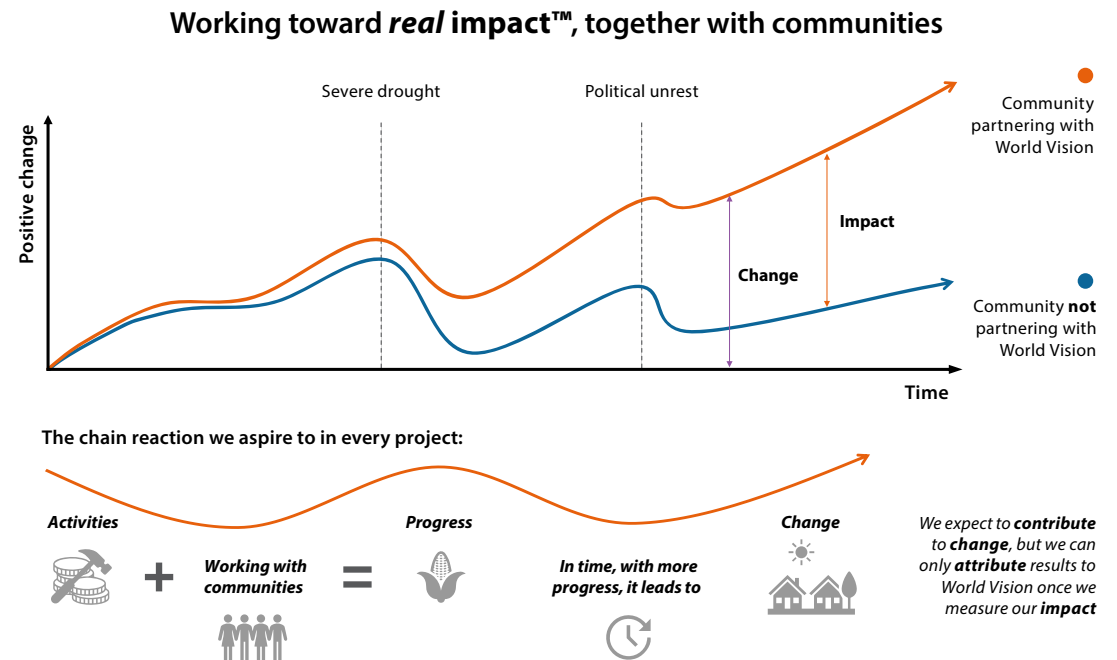
These are long-term goals; some may only be achieved through the work of multiple projects, and even then, the results may not be seen until after the projects come to an end. This makes impact measurement all the more important, because it tells us whether our work is creating the right kind of change.

Measuring the value of our impact

We at World Vision see 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 financial benefits to society—is essential, because that information prepares us to make better decisions. This work includes measuring the effectiveness and efficiency of our programs with questions like: did we address the root causes we intended to? Was the target population actively engaged, and did they benefit? And how much did it cost to create transformative **progress, change** and **impact** within a given population?

The answers to these questions are important. 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.

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.



2022 PROGRESS + CHANGE

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

OUR SECTOR WORK IN 2022

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](#)

The programs we operate take place in both stable and fragile contexts, using approaches tailored to each environment.

Three fundamental priorities—known as “cross-cutting themes”—underlie 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, by:

- Promoting their equal and inclusive access, decision-making, participation and well-being.
- Transforming systems, social norms and relationships so they can participate and benefit equally from projects.
- Building their resilience, sense of agency and ability to act—both as individuals and groups.
- Empowering and enhancing the well-being of vulnerable girls and boys, their families and communities.

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 own governments accountable for the promises they make. Our approach to this work, 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.

Equipped with the results of their audits, communities 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. With the tremendous influence they hold, faith leaders are other important partners in this work; we equip them with tools to foster positive change among their communities and followers.

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 girls and boys enjoy good health, are educated for life, experience the love of God and their neighbours, and are cared for, protected and participating. Read through the following sections to learn about the progress and change achieved across these five sectors in fiscal year 2022.



10,841

*deaths were prevented
through our work with
the UN World Food
Programme over the past
three years.*



LIVELIHOODS



GLOBAL CHALLENGES

Catastrophic hunger is at an all-time high as global food security decreases

Global food security is deteriorating. Rising food and energy prices, conflict and the effects of [climate change](#) are all magnifying hunger and malnutrition worldwide.

In 2022, approximately 45 million people in 37 countries were projected to have so little to eat that they would be classified as severely malnourished—at risk of death or already facing starvation and death*. The food crisis has tightened its grip on 19 “hunger hotspots,” including the world’s hardest-to-reach and fragile countries that need humanitarian support—countries like Afghanistan, Ethiopia, South Sudan, Somalia and Yemen.⁴

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. That’s nearly half of all deaths worldwide in children under age five.⁵

* [Phase 4](#) and above, according to the Integrated Food Security Phase Classification



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, health support, social protection and water, sanitation and hygiene.

The vulnerability of agriculture to natural hazards and disasters is a major driver of food insecurity and hunger. Between 2008 and 2018, crop and livestock production decline were estimated at approximately US\$116.7 billion. Over that period, Asia was the hardest hit region, followed by Africa, Latin America, and the Caribbean.⁶

Women and girls continue to be most affected by food insecurity. Gender inequality is a major cause and effect of hunger and poverty, with an estimated 60 per cent of chronically hungry people being women and girls.⁷ 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 and cognitive development.⁸

High levels of income inequality and food costs put consuming a healthy diet out of reach for approximately three billion people in 2019, particularly the poor. That number is now expected to have increased—according to FAO's Food Price Index, global food prices were 31.4 per cent higher in October 2021 compared to October 2020, and rose as much as 14.3 per cent between 2021 and 2022.⁹

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 all 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 on a global decline—dropping from 10.1 per cent to 8.6 per cent between 2015 and 2018—but COVID-19, combined with the effects of conflict and climate change, have made a severe dent in that progress. 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 1998.¹⁰

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.¹¹ The pandemic has hurt economic growth, especially in low-income countries. In sub-Saharan Africa, per capita income growth is forecast to remain subdued, averaging 0.4 per cent a year in 2021 and 2022, following a 5 per cent decline in 2020. Meanwhile, income inequality continues to increase, worsened by COVID-19.



Financial services—both formal and informal—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 2021,¹² 1.4 billion adults were “unbanked” around the world, most of them from developing economies. Women are over-represented, accounting for 56 per cent of all unbanked adults, and 30 per cent are young adults with lower education levels.

Education is an important factor in future economic success, yet there were 267 million young people not involved in employment, education or training even before the pandemic,¹³ 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 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.¹⁴

Preparing for uncertainty through disaster risk reduction

Between climate change, urbanization and an overall lack of disaster preparedness worldwide, natural hazards like 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.¹⁵

The year 2020 rivalled 2016 as the world’s hottest year on record. It was dominated by climate-related disasters that were largely responsible for 389 recorded events, resulting in more than 15,000 deaths and US\$171.3 million in economic losses.¹⁶ In 2020 there were 26 per cent more storms and 23 per cent more floods than previous annual averages. In Africa, floods affected seven million people and droughts were most heavily experienced in the Sahel region, affecting 13.4 million people in Burkina Faso, Mali and Niger.

The practice of “disaster risk reduction” 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.¹⁷



APPROACH + STRATEGY

Equip families and individuals with resources and training, focusing on women's economic empowerment

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

World Vision's livelihoods work is founded on our deep commitment to the world's most vulnerable girls and boys. 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 through savings groups and adapted practices for livestock and agriculture, families can both increase and diversify their incomes. This strengthens their resilience to disasters so that their lives and livelihoods are less disrupted by future shocks and stresses. During emergencies and hunger crisis situations, providing food and cash assistance to families is a critical, life-saving part of our response. In settings that are politically and environmentally precarious and exposed to disasters and climate risks, 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.

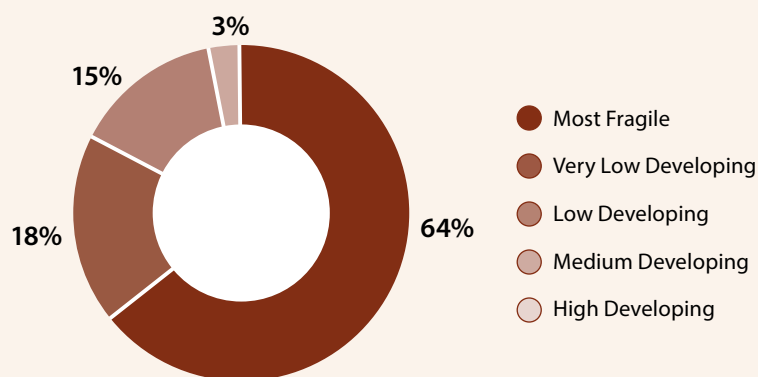
At the community level, we work with local groups and organizations to become more economically productive, with climate-smart agricultural approaches and technologies, access to markets and financial services like savings, credit and cash where appropriate and needed. We support communities in becoming 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 help us to identify gaps within systems and structures, equipping us to work with local institutions in the interests of the most vulnerable. In hazard-prone areas, we support the development of early warning systems and action plans for times of crisis, so that authorities are equipped with knowledge, skills and resources for effective disaster management.

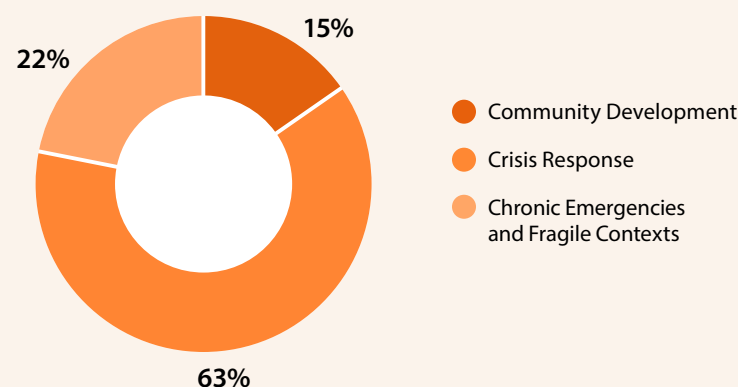


RESULTS

LIVELIHOODS EXPENDITURES BY LEVEL OF FRAGILITY



LIVELIHOODS EXPENDITURES BY PROGRAMMING TYPE



In 2022, \$202 million was invested in 116 programs that focused primarily on livelihoods approaches, reaching 1,168,725 girls, 1,172,212 boys, 1,045,521 women and 911,697 men. These investments went largely toward projects in **most fragile** countries (64 per cent), followed by **very low developing** countries (18 per cent).

Compared to 2021, this year saw a notable increase in the crisis response portfolio, correlating with the majority investment in **most fragile** countries—this is mainly due to our East and West Africa hunger crisis responses, where much of the resources were spent. Food assistance and our vision of a world without hunger drives this sector, and for the past two years we have increased our contribution to cash programming as an effective, flexible and efficient way to streamline this work. *We continue to assess our food programming portfolio—read some of our recent [learnings](#).*

Results from 2022 show changes in the number of people reached through livelihoods training. There was a steep downtrend in agriculture and livestock training because our *Enhancing Nutrition Services to Improve Maternal and Child Health (ENRICH)* grant closed in 2021—a program that had engaged a vast number of people in agricultural improvements across four countries. By contrast, business and entrepreneurial development increased rapidly in 2022, driven by World Vision Peru's country-wide *Skills for Life* project, which bridges the gap between youth education and economic empowerment.

PROGRESS

Here are some key results from our 2022 progress in the livelihoods sector.

Food security

- 67,690 metric tons of food and \$68 million in cash assistance was provided in partnership with the World Food Programme, reaching 3,836,601 people with support for their immediate survival needs.
- 76,861 people received support with agricultural resources, including large and small livestock, tools and seeds.
- 73,941 large and small livestock were distributed as sources of income for families.
- 25,061 people were trained in agriculture and livestock techniques including food production, livestock handling, climate-smart techniques and post-harvest storage methods.
- 173 farm demonstration schools and sites were established for farmers to learn new techniques.
- 1,282 producer groups were operational, with members working together to create or sell products.

Economic empowerment

- 70,971 people, including 34,760 women, were active members in 3,677 savings groups, providing them with opportunities to learn financial skills, save money collectively and gain access to small loans.
- 17,945 people—including 8,922 women—were trained in business and entrepreneurial skills, including financial literacy and income-generating activities.

Disaster risk reduction

- 488 groups have a disaster preparedness strategy in place, equipping institutions and full communities with protocols to follow in case of emergency.
- 26,618 community members were trained in disaster risk reduction strategies.

THREE-YEAR TREND, 2020-2022

	FY2020	FY2021	FY2022
Metric tons of food distributed	108,723	87,019	67,690
Value of cash and vouchers distributed in food assistance projects	\$4 million	\$67 million	\$68 million
Yards of fabric shipped	76,782	16,299	54,393
Number of savings groups in operation	4,858	3,398	3,677
Number of farm demonstration schools and sites established	32	106	173



By supporting World Vision's Global Hunger Response, you'll be helping in areas like food and cash assistance, health 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 2022.

Our recorded trend of the number of farmers applying sustainable agricultural practices after participating in trainings—including the [farmer managed natural regeneration](#) (FMNR) approach to restore and improve pasture, forest and agricultural land—has grown from 3,408 in 2020 to 22,832 in 2021, and was 12,507 in 2022.

In Kahi, Rwanda, between 2019 and 2022, parents and caregivers with the ability to provide for their children without external assistance jumped from 7.5% to 67.3%, and households with at least one alternative source of income increased from 12.7% to 76.9%—these families now have a safety net should their main source of income be affected by economic shocks or disaster.

In Rugarama, Rwanda, households reporting that they can save money in a formal account through a bank or credit union increased from 49% to 67.8% between 2016 and 2022.

In Jarso, Ethiopia, between 2016 and 2022, households adopting climate-smart and environmentally-sound agricultural practices increased from 2.8% to 68.6%, while families consuming a sufficiently diverse diet increased from 9% to 31.4%. In addition, households who were able to employ positive coping mechanisms when faced with disaster increased from 27% in 2019 to 44.6% in 2022.

Across Tulo and Jarso, Ethiopia, households with year-round access to sufficient food decreased from 35% in 2019 to 30.7% in 2022—a decline likely resulting from the ongoing food crisis facing the region.

IMPACT

Analysis of our food assistance work run in partnership with the UN World Food Programme over the past three years revealed:

- 10,841 deaths have been prevented among girls and boys under age five—nearly 10 lives per day for three years.
- For every \$1 invested, \$1.97 in health and educational benefits were generated back to society.

[LEARN MORE](#)





Adut shows off part of her community's bountiful harvest. "My group produced 275 large bags of groundnuts last year for the first time," she says with pride.



Adut and her daughter, Aluet, sort sorghum together. Adut dreams of a grinding machine, to alleviate the burden of pounding sorghum and peanut butter by hand.

FEMALE FARMERS TAKING THE LEAD IN SOUTH SUDAN

At 29, Adut is already mother to eight children, living in South Sudan's Gogrial West county. She remembers her own childhood—how she was raised by a single mother in a cattle camp. How at only 14, she was forced into marriage by her uncles.

"They took the 30 head of cattle that were offered as a dowry," she explains. "My mother could not say a word because men had the final say over girls and marriage." For generations, these kinds of long-held traditions disempowered women in the community.

Today, Adut's husband teaches at a local school—a job that earns him a meager and unpredictable wage. Like other women, Adut steps up to provide for their family because, as she says, "more than anyone else, it is us women who feel the pain when our children go hungry."

Through the [Fortifying Equality and Economic Diversification for Resilience](#) program, known as FEED II, World Vision has been working with the community and partners* to find sustainable ways of earning a living, while combating hunger and promoting gender equality. The goal is not to make men uncomfortable or feel guilty, but to encourage both genders to work together to create safer households and enhance women's leadership skills.

Adut has been training as a farmer. She's known for being hardworking and wise—in fact, she was selected by her peers to lead a group of 25 women and men who work collectively at the Farmers' Field Business School, growing crops like sorghum and groundnuts.

During the rainy season, she's also been growing and selling vegetables, generating profits that have allowed her to open a food shop and bakery.

"I wish my mother had the opportunity to learn farming skills like I did," Adut says. "My biggest fear as a mother was to see my children suffer from hunger. We suffered severe hunger for many years until the project was introduced and helped us grow our own food. It brought joy to us and other families."

* FEED II is a program funded by Global Affairs Canada and implemented in partnership with War Child Canada and CARE.



*For every dollar invested
in our SUSTAIN grant,
approximately \$4 in
health and protection
benefits were generated
back to society,
including the prevention
of more than*

155
deaths.



HEALTH



GLOBAL CHALLENGES

In the last 30 years, the number of child and maternal deaths worldwide has gone down by 59 per cent, but even with this progress, five million girls and boys died before their fifth birthday in 2021. Approximately 6,400 babies under four weeks old die every day, meaning 2.3 million children don't make it past their first month of life every year¹⁸ —that's more than all the children in Canada under five years old.

Nutrition is foundational for children's development

Poor nutrition is a frequent culprit in this crisis, deeply impacting women and children at every stage of their development. Malnutrition contributes to an estimated 45 per cent of child deaths worldwide.¹⁹ Among those who survive, an estimated 149 million young children in lower- and middle-income countries remain chronically malnourished, known as “stunted,” a condition that restricts physical growth and brain development.





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 malnutrition²⁰ with low weight for their height; this often results from insufficient quantity and quality of food or infections that cause weight loss, and the 13.6 million young children with the most severe cases of wasting are nine times more likely to die.²¹

Stunting and wasting are not the only threats to girls’ and boys’ 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 [conflict between Ukraine and Russia](#)—with both countries being top producers of wheat, fertilizer and fuel—further disrupted the strained global food system, putting nutritious diets even further out of reach for vulnerable populations. Meanwhile, the cost of life-saving therapeutic food to treat severely wasted children was expected to increase by 16 per cent due to rising costs of the ingredients.²²

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 childbirth, with higher risks of complications among adolescent mothers than adult women.

Iron deficiency anemia also affects nearly a third of girls and women of reproductive age, robbing them of the energy needed for higher educational achievement, 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 270 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 decisions on the matter.²³ A third of lower- and middle-income countries surveyed have reported pandemic-related disruptions to family planning and contraception services, while nearly half cited disruptions to adolescent health services.²⁴ Clearly, health systems have not recovered from the pandemic and are failing to fulfil the health rights of women and adolescent girls.

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.

COVID-19 has led to an alarming rise in anxiety and major depression worldwide—53 million and 76 million additional cases, respectively—with twice as many women and girls affected than their male counterparts.

Health and nutrition in fragile contexts



For 24 per cent of the world's population who live in fragile contexts and countries experiencing conflict,²⁵ the health and nutrition situation exacerbated by the pandemic is worse. These settings hold 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 deaths²⁶;
- 43 per cent of deaths in children under five²⁷; and
- two thirds of infant deaths worldwide²⁸.

By 2030, two thirds of the world's extreme poor will live in fragile contexts, and the majority will be children.²⁹ Women, children and youth are uniquely and disproportionately affected by conflict and fragility, whether by gender-based violence, inadequate nutrition, broken state-societal relations or insurmountable barriers to basic quality health services.³⁰

Urgent action is needed to save lives and address immediate nutritional, physical and mental health needs—and 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.³¹



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
- 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 young children, infants, adolescent girls and women of reproductive age. We build on scientific, evidence-based program approaches,^{32 33 34} 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.

Within communities, we:

- Equip health workers and volunteers to 1) reach families in their homes with health and nutrition education and dispel misinformation 2) teach caregivers the skills to rehabilitate their children from malnutrition while supporting their long-term health, and 3) mobilize community members to access available health services and preventive care such as immunizations.
- 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, so they can make informed choices for their future.
- Promote women and adolescent girls' active involvement in community matters that affect their health and well-being.
- Engage community and faith leaders, men and boys to address entrenched cultural and gender barriers that harm the health and rights of children, adolescent girls and women.
- Empower communities to improve the availability, quality and accountability of their health services through strong relationships between community groups, health workers and facilities, and constructive advocacy to (and alongside) service providers.

Within health systems, we:

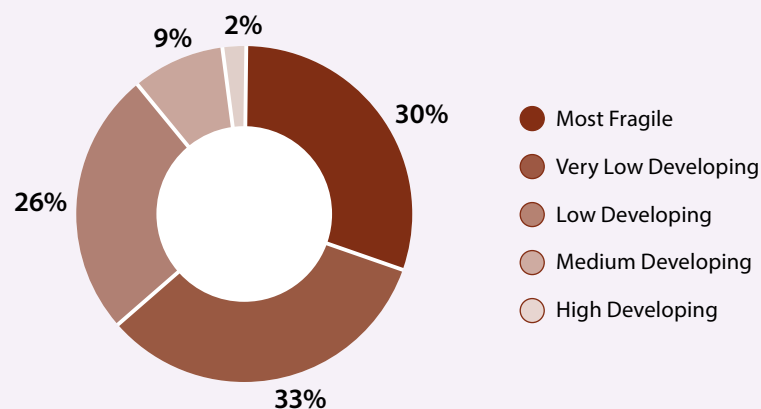
- Collaborate with district, provincial and regional health management teams, running joint campaigns and outreaches, supporting the health workforce with training and building administrative capacities in planning, budgeting and management of health data systems.
- Equip and refurbish health facilities—especially in fragile contexts—so they can provide effective health and nutrition care.
- 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.

* Such as the [Scaling Up Nutrition](#) program

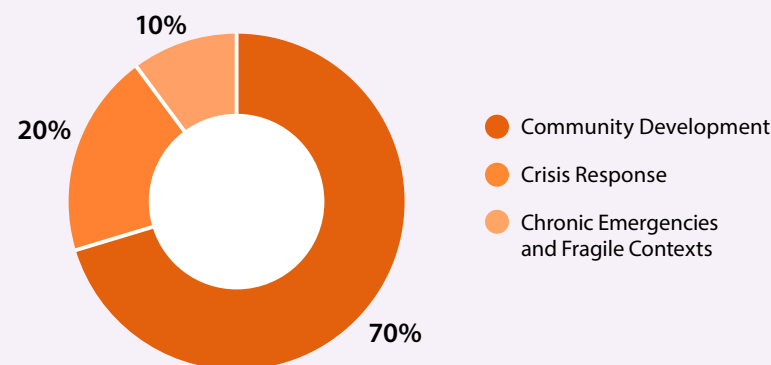


RESULTS

HEALTH EXPENDITURES BY LEVEL OF FRAGILITY



HEALTH EXPENDITURES BY PROGRAMMING TYPE



In 2022, \$67 million was invested in 122 programs that focused primarily on health approaches, reaching 2,853,466 girls, 2,747,306 boys, 710,139 women and 582,749 men. Of these investments, 63 per cent went to work in the **most fragile** and **very low developing** countries—with an emphasis on community development programs (70 per cent). These results are consistent against our investments last year.

With several major health grants closing between 2020 and 2021—notably [ENRICH, Born on Time](#) and [SUSTAIN](#)—our results in this sector have decreased overall, with some exceptions, as we increase emphasis on a variety of interventions related to reproductive, maternal, newborn, child and adolescent health. In 2022, Somalia and South Sudan led the majority of consultations provided by community health workers, while the same countries—in addition to Syria—led the number of women using family planning to space out their pregnancies.

Although nutrition continues to be a focus of our work, with [Community-based Management of Acute Malnutrition](#) and [Positive Deviance/Hearth](#) project models being implemented across the portfolio, some of the short-term results have decreased as major grants have closed and new ones are still in their early phases of implementation. An expected consequence of this is lower numeric results. At the same time, communities have focused on preventing and treating childhood illnesses through continuous trainings, consultations, deworming treatments, and—noteworthy this year—an increase in immunizations, with a focus on pentavalent vaccines in Somalia and South Sudan.

PROGRESS

Here are some key results from our 2022 progress in the health sector.

Nutrition

- 22,735 girls and boys received treatment for malnutrition.
- 120,239 people participated in trainings, counseling or activities that teach healthy nutrition and feeding practices.
- 11,237 children received micronutrient supplementation such as vitamin A, zinc and micronutrient powders.

Reproductive, maternal, newborn, child and adolescent health

- 274,699 people participated in trainings, counseling or activities on reproductive, maternal, newborn, child and adolescent health.
- 2,411 community health workers and volunteers were trained in topics equipping them to provide good care for children and families.
- 272,988 patient consultations were provided by community health workers and 144,273 by health professionals, through projects supported by World Vision.
- 44,592 women are using at least one method of family planning to space out their pregnancies, supporting their long-term health and well-being.
- 14,149 mothers received ante-natal and/or post-natal care services following their last pregnancy.
- 11,592 pregnant or lactating women received maternal health and nutrition services.

Infectious and communicable diseases

- 64,638 children, including 32,944 girls and 31,694 boys, received age-appropriate immunizations to protect them against childhood illness.
- 375,218 people, including 61,421 children and 313,797 adults, participated in trainings, counseling or activities on preventing and responding to infectious diseases, such as COVID-19.
- 4,699,476 girls and boys received deworming treatment to support their health and development.
- 5,409,916 items of protective equipment were provided, including medical masks, gloves, surgical gowns and eye protection.

THREE-YEAR TREND, 2020-2022

	FY2020	FY2021	FY2022
Number of full doses of deworming medication provided* (one treatment each)	9,426,721	3,864,300	4,699,479
Number of ready-to-use therapeutic food (RUTF) packets shipped	2,025,000	1,890,000	2,565,000
Number of birthing kits shipped	6,081	3,997	685

* 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.



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.

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 2022.

In Rwanda, between 2019 and 2022, children under five being diagnosed as underweight decreased from 11% to 4.6% in **Rugarama** and dropped from 9% to 3.8% in **Kahi**.

In Montana de Fe, El Salvador, between 2009 and 2022, children under seven with appropriate growth and development for their age increased from 93.5% to 99.5%, while children under five receiving age-appropriate immunizations increased from 96.5% to 99.4%.

In Enemay, Ethiopia, the prevalence of diarrhea among children under five decreased from 16.8% to 4.3% between 2016 and 2022.

In Jarso, Ethiopia, women who increased their food consumption during their most recent pregnancy jumped from 12.5% to 39.6% between 2016 and 2022, while stunting among children under five decreased from 37.7% to 32.4% between 2019 and 2022.

IMPACT

For every dollar invested in our **SUSTAIN** grant, approximately \$4 in health and protection benefits were generated back to society, including the prevention of more than 155 deaths.



COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION RESULTS

In fiscal year 2022, in collaboration with the World Vision Partnership, thanks to support from Canadians and donors around the world, we provided lifesaving treatment for children suffering from acute malnutrition, known as wasting, in both fragile and stable contexts using the [Community-based Management of Acute Malnutrition](#) (CMAM) model. This approach aims to strengthen communities to identify and treat malnourished children.

- In collaboration with ministries of health, World Vision treated **225,866 children under five** years of age for wasting malnutrition—including 85,101 for severe wasting and 140,765 for moderate wasting—using the CMAM model in 16 countries.*
- In addition, **59,032 pregnant and breastfeeding women** in five countries received support through targeted supplementary feeding programs.

Since 2010, more than 2.6 million women and children under five have been treated through World Vision's CMAM programs. **Between 2010 and 2022, 88 per cent of the 734,005 severely wasted children we treated made a full recovery.**

As the table below shows, our CMAM performance outcomes have consistently exceeded global Sphere standards, the minimum standards set out to ensure quality and accountability in humanitarian programming.

CMAM OUTCOMES OVER LAST SIX YEARS

INDICATORS	FY17	FY18	FY19	FY20	FY21**	FY22	SPHERE STANDARDS
# of children with severe wasting treated	43,899	28,213	44,800	68,735	106,324	85,101	NA
Cure rate	85.8%	85.7%	89.9%	84.2%	85.5%	81.3%	>75%
Death rates	0.8%	0.4%	0.9%	2.0%	1.4%	1.1%	<10%
Default rates***	9.7%	9.3%	6.6%	10.7%	10.4%	10.7%	<15%
Non-recovered****	3.7%	4.6%	2.6%	3.1%	2.7%	6.9%	NA

Rates of defaulting and non-recovered were elevated in 2022. Although the default rate remains below the Sphere standard and there is no established threshold for non-recovery, we are investigating these results. [Learn more](#) about the factors contributing to these changes and how World Vision is responding.

* Although World Vision supported CMAM programming in 21 countries in 2022, the numbers reported here correspond to 16 of those that utilized the CMAM database.

** Because of a data inputting delay, the FY21 results presented here differ from what was published in our 2021 Annual Results Report.

*** Default rate refers to the percentage of individuals who discontinue care before completing the recommended course of treatment.

**** Non-recovered are primarily due to underlying medical issues.

LIFESAVING NUTRITION FOR NAQEEB

Naqeeb is two years old, born and raised in Afghanistan. Since birth, he has struggled with chronic malnutrition.

Insecurity and conflict drove Naqeeb's family from their home to an internally displaced persons settlement in Herat. At the camp, their access to sufficient and healthy foods—and their living conditions—declined.

"When I was pregnant, it was really tough to get enough vitamins and energy from the food that was available to us," says Naqeeb's mother Mahbib, who is 18.

They were hopeful when World Vision began a malnutrition program for young children in their settlement. When Mahbib took Naqeeb to the clinic, he weighed only 16 pounds.

At that weight, Naqeeb qualified for treatment using ready-to-use therapeutic food (RUTF), an energy-dense micronutrient peanut paste that is often life saving for children with severe acute malnutrition. Mahbib learned to prepare and manage the treatment at home. Meanwhile, Naqeeb had ongoing checkups from World Vision healthcare professionals, who monitor the children's progress and adjust their treatment accordingly.

"Naqeeb's family was very concerned about his well-being," recalls Mansoor, his nutrition nurse. "He did the treatment for 49 days. We also provided medical advice to his family to help improve his health as he grows."

On his last day of treatment, Naqeeb weighed almost 20 pounds and showed stronger vitals and an overall improvement in his health.

Naqeeb's father, Habibullah, expressed his happiness for what he saw as a divine gift.

"We are delighted that our son is back to health with the support of World Vision," he says. "We could not afford to buy nutritious food or provide the necessary medical care for our children. I greatly appreciate World Vision's help treating my child and providing him with RUTF supplements."

Because of Canadian gift-in-kind RUTF donations, 625 children experiencing acute malnutrition have been treated in Naqeeb's settlement.*



Two-year-old Naqeeb receives ready-to-use therapeutic food at a nutrition program run by World Vision in Herat.

* Disclaimer: Donation from a previous shipment programmed in Afghanistan during this reporting period. Due to Canada's criminal code, World Vision Canada has been, for now, unable to further support activities in Afghanistan.



\$20

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





EDUCATION



GLOBAL CHALLENGES

The United Nations [Convention on the Rights of the Child](#) recognizes [education as a legal right](#) of every child. Yet despite significant progress on access to education resulting from the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs), education remains a privilege that is out of reach for millions of children.

Increasing opportunities for education can help eradicate poverty and hunger³⁵, giving people a chance at better lives. This is one of the biggest reasons why parents strive to have their kids attend school as long as possible. It's why nations work toward easier access to education for both children and adults. And it's why World Vision prioritizes school access, retention and completion for the most vulnerable children, from early childhood through to primary and secondary school and on to post-secondary vocational training.





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

Global disparities in early childhood development

Early childhood care and education (ECCE) is fundamental for children to achieve their full adult potential—it cultivates early brain development and foundational learning in pre-literacy, pre-numeracy and socio-emotional skills. Worldwide, young children’s access to high-quality, inclusive early childhood programming increased significantly between 2010 and 2020—from 46 per cent to 61 per cent. However, in low- to lower-middle income countries, fewer than two in three children attend organized learning before they enter primary school.³⁶

Children’s participation in safe, healthy and quality pre-school education with stimulating home environments is much higher in economically-rich households compared to poorer homes, with clear regional disparities. 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. Approximately 53 per cent of children in low- and middle-income countries cannot read and understand a simple story at age 10.³⁷

The COVID-19 pandemic amplified the gaps in ECCE provision and access, with the youngest children most affected by lockdowns and isolation. Some children are beginning their basic education without organized teaching in school-readiness—meaning they’ll be left behind from the start.

Barriers to quality primary and secondary education

An estimated 244 million children and youth aged 6-18 were out of school in 2021—118.5 million girls and 125.5 million boys. Even before the COVID-19 pandemic, estimates suggested that global progress in reducing the number of out-of-school children was slowing down.³⁸ Now, indications suggest up to 11 million children may never return to school after the pandemic, and those who do go back are likely to struggle, with an estimated 100 million children having fallen behind in literacy.³⁹

There are many barriers to children’s education. Families battling poverty and food insecurity may rely on their children, especially boys, to support the family through agricultural work or child labour. Girls are more likely to skip school or drop out entirely when their schools lack sanitation facilities to manage their menstrual hygiene—and their education is cut short when they are forced to marry young. Even as we see global school enrollment rates grow closer to equal for girls and boys, girls’ completion rates remain lower in low-income countries.⁴⁰



Adding complexity to the issue, an estimated 222 million school-aged children are affected by crises globally, and [in need of urgent educational support](#). Of those, about 78.2 million are out of school—54 per cent of them female, 17 per cent with functional difficulties and 16 per cent forcibly displaced. Meanwhile, 119.6 million of those who do attend school are still not achieving minimum proficiency in reading or math by the early grades.⁴¹ In countries affected by conflict, girls are more than twice as likely to be out of school than girls living in non-affected countries.⁴² Despite these particular challenges, education continues to receive inadequate humanitarian funding, well below the target of 4 per cent set by the United Nations in 2012.

Technical and vocational education for lifelong success

Globally, 267 million young people are unemployed or underemployed, with many lacking the skills needed to enter the workforce.⁴³ This can lead youth down negative paths—to violence, risky behaviours, migration, trafficking, anti-social habits and 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), along with the stigma they may experience coming from impoverished or violent communities.

Refugees and internally displaced youth are the most affected. As of 2021, the number of forcibly displaced people worldwide reached an all-time high.⁴⁴ Among refugee adolescents, only 31 per cent are enrolled in secondary education and just 3 per cent in tertiary education, far from corresponding global averages of 84 per cent and 37 per cent.⁴⁵

Fallout from the COVID-19 pandemic has exacerbated these challenges, with school closures and economic downturns causing further disruption to youth education and livelihoods. As of 2022, youth unemployment rates reached approximately 14 per cent, with young people in the labour force three times more likely to be unemployed than adults.⁴⁶





APPROACH + STRATEGY

- *Work with children and their families from birth to stimulate brain development and early learning*
- *Support children to achieve foundational literacy and numeracy skills*
- *Equip adolescents and youth with skills to earn a living*
- *Influence governments to provide improved, gender-transformative and inclusive education services*
- *Partner with communities to address social, cultural and gender-related access barriers to learning*

World Vision 



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

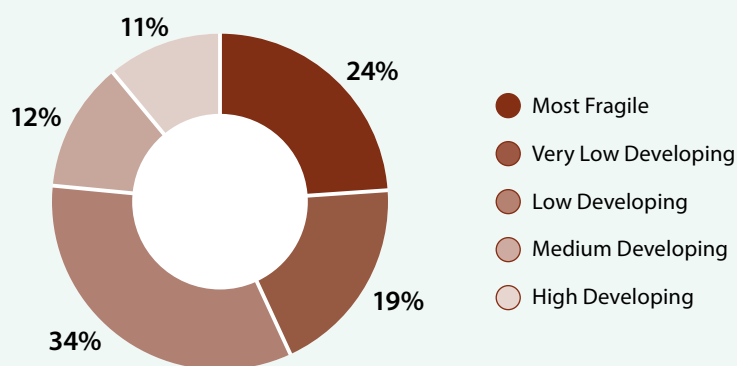
World Vision invests significantly in providing access to gender-responsive and quality education in safe, equitable and inclusive learning environments for millions of girls, boys, adolescents, and youth, including those who are most vulnerable and hardest to reach, such as refugees and displaced children, and learners with disabilities.

- **Foundational literacy and play-based learning approaches** are integrated within early childhood care and education and early primary grades. This includes training for teachers, community volunteers, parents and caregivers in child-centred learning strategies that help girls and boys develop pre-literacy and pre-numeracy skills, reading fluency and comprehension, and cognitive, language, social, emotional and physical skills starting from infancy.
- **Social-emotional learning and mental health and psychosocial support** are embedded in our education programming for children and youth affected by crisis, conflict and emergencies to help them cope with trauma and stress, while building their resilience to thrive and succeed in both life and learning.
- **Life skills and empowerment curriculum** equips adolescents and youth with life skills training, entrepreneurship programs, and connections to vocational training and employment, preparing them to become productive members of their communities.
- **Through education advocacy** with governments and global education stakeholders we work to transform and strengthen education systems, with a particular focus on increasing funding for education in emergencies.
- **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, while training teachers in gender-responsive teaching methods.
- **Through education research**, we work with distinguished academic and research partners to generate findings on best practices, innovations and gaps in our programming—the data and evidence is shared with donors, partners and global education audiences.

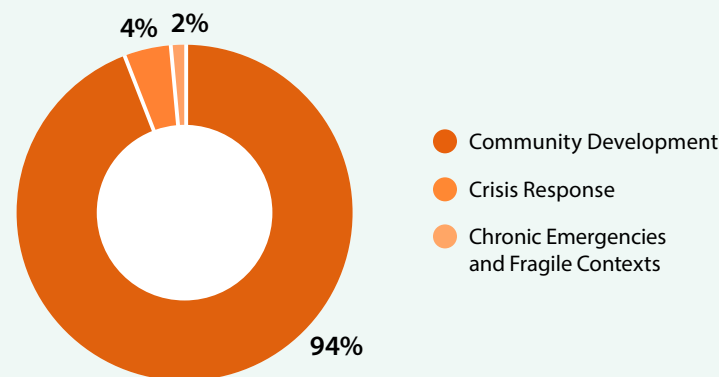


RESULTS

EDUCATION EXPENDITURES BY LEVEL OF FRAGILITY



EDUCATION EXPENDITURES BY PROGRAMMING TYPE



In 2022, \$47 million was invested in 114 programs that focused primarily on education approaches, reaching 801,107 girls, 785,919 boys, 502,557 women and 496,539 men. This investment is spread broadly across all levels of fragility, though this year saw our education funding for **most fragile** countries increase from 22 per cent to 33 per cent.

Education is a core pillar of our work in developing contexts and the majority of our education investments continue to flow through this programming type. However, as we reflect on gaps in our emergency work in both crisis response and fragile contexts, we see changes happening.

In 2022, we conducted six major research projects on girls' equal access to education, literacy networks, education technology, youth life skills and education for refugee and displaced children. We continue to advise on the steering committee and technical working groups for [Education Cannot Wait](#), the United Nations' global fund for education in emergencies and protracted crises. This includes our work with UNICEF, supporting quality informal education for refugee children in Rohingya camps in Bangladesh, as well as supporting Lebanese girls and boys in accessing education and remaining in school. We are also providing continuous learning opportunities for displaced Ethiopian children from the conflict-affected Tigray and Afar regions with funding from Global Affairs Canada.

Compared to 2021, progress this year focused more on developing the skills of teachers and caregivers to support children's literacy, and less on the distribution of resources like reading materials and school supplies. A highlight this year is Rwanda, where significant effort went into engaging parents in the Unlock Literacy project model. With our analysis showing that [this model is very cost effective and efficient](#), we have reason to expect important literacy gains in the years to come.

Finally, as part of the Government of Canada's [Together for Learning](#) campaign, we host the Refugee Education Council, a global group of refugee and displaced youth that raises awareness about gaps in education funding and policies for conflict-affected children and youth. [Learn about the council's achievements this year.](#)

PROGRESS

Here are some key results from our 2022 progress in the education sector.

Early childhood development

- 4,054 caregivers were trained to support young children's early development, reading and numeracy skills through play.
- 45,245 children, including 22,725 girls and 22,520 boys, attended early childhood development centres, while 136 new early child development centres were established with the support of World Vision programs.

Primary and secondary education

- 111,609 children attended in-school or after-school literacy activities.
- 554,231 children received school supplies and resources for their education including books, backpacks, uniforms and bicycles.
- 172,483 reading materials and 81,427 school supplies were provided to schools and communities in support of children's education.
- 26,055 caregivers were trained in ways of supporting their children's reading skills, and 1,909 teachers, school committee members and government staff received training on children's literacy.
- 2,939 teachers received curriculum training, and 430 schools and early childhood development centres received classroom upgrades or educational resources.
- 8,287 community members were reached through awareness sessions and information on the importance of education.

Technical and vocational education

- 75,415 youth—37,516 female and 37,899 male—participated in life skills training through World Vision programs.
- 10,641 young people have undertaken vocational or technical training education.



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

THREE-YEAR TREND, 2020-2022

	FY2020	FY2021	FY2022
Number of books shipped	399,333	163,651	101,367
Number of school supplies shipped	144,337	174,569	81,427
Number of educational institutions that received infrastructure improvements or resources to support learning	522	93	430
Number of new early childhood development centres established	25	116	136

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 2022.

Our recorded trend of the number of children who had dropped out of school and have re-enrolled or are currently attending after-school literacy activities has fluctuated greatly from 813 in 2020, to 4 in 2021, and was 517 in 2022.

In Fatehpur, India, between 2016 and 2022, children completing early childhood education before Grade 1 increased from 67% to 84%—children showing school-readiness also increased from 23.3% to 62.2%, and functional literacy among children jumped from 26.7% to 60%.

In Rwanda, between 2019 and 2022, Grade 3 students who can read their national language of Kinyarwanda with minimum proficiency increased from 89.5% to 97.6% in **Rugarama** and from 89.5% to 98.4% in **Kahi**.

In Montana de Fe, El Salvador, between 2009 and 2022, the percentage of seven-year-olds dropping out of Grade 1 decreased from 8% to 3%, while the Grade 1 pass rate increased from 92% to 97.5%.

In Enemay, Ethiopia, Grade 5 students who can read with comprehension increased from 46.7% to 83.3% between 2016 and 2022.

In Jarso, Ethiopia, the percentage of children enrolled and attending a structured learning institution increased from 58% to 94% between 2019 and 2022, while children completing early childhood education and enrolling in Grade 1 at an appropriate age increased from 18% to 75.1% between 2016 and 2022.

In Gurgaon, India, enrolment among primary school-aged children decreased from 95% in 2016 to 90.9% in 2022—possibly related to education disruptions throughout the COVID-19 pandemic.

IMPACT

Through a cost-benefit analysis on our Unlock Literacy programs over the past three years, we found:

- **\$20 in benefits to society have been generated for every dollar invested.**
- **The over 221,000 girls and boys who participated earned gains equivalent to 2 additional years of schooling.**

[LEARN MORE](#)



LIFE SKILLS TRAINING REMINDS ABRAHAM OF HIS WORTH



Abraham's mother is supportive of her son's business and proud of how far he has come.

Abraham, 16, lives with his mother, sister and brother in Bolivia. His father abandoned the family when Abraham was young, leaving him with deep scars. As Abraham grew up, he became angry, rebellious and distracted.

"Many times, people told me that I was a fool, and on many occasions, I thought I was," he says. He admits to skipping school and leaving home for days at a time, adding, "When I was home, I disrespected my mother and even yelled at her."

In desperation, Abraham's mother sent him to a [Vision for Vulnerable Youth Initiative](#) program led by World Vision in their area. She hoped he'd be inspired to get back into school and she shared his story with a program leader.

At first, Abraham attended the group sessions because his mother made him. But as the days went by, he began to enjoy himself. He started feeling less alone, less misunderstood. He started to make positive changes in his life—seeking forgiveness from his family, learning to express his feelings and getting help in his studies.



With training and equipment support from World Vision, Abraham's hairdressing venture has begun.

"The session that changed my life was the day I shared my story with the other youths," he says. "I cried a lot that day. I needed to vent and talk about what was happening to me. That day, I received so much support from my peers and the facilitators. They told me that I was a person of great value [...] that I only had to find meaning in my life to help me become the person I wanted to be."

The *Vision for Vulnerable Youth Initiative* works with young people using the Youth Ready curriculum, equipping them to pursue their passions with tools and training for economic stability, or, where appropriate, support to return to school. The initiative also helps youth to improve their relationships with family and peers. Because Abraham was interested in hairdressing, he was supported with equipment and courses to help him succeed.

"Youth Ready has changed my life and has taught me that I'm not a fool. I feel confident of myself again and I have many dreams to fulfill," he says. Those dreams include starting a salon, and eventually going to university to become a systems engineer.

"In our community, the Youth Ready project is the only one that works with young people," he says. "They have trusted us, have listened to us and have dedicated their time to us. I'm sure they have saved many lives."



*The current cost to society
of failing to protect
children is*

**US\$8.9
trillion**

every year.



CHILD PROTECTION + PARTICIPATION



GLOBAL CHALLENGES

Child protection jeopardized by COVID-19, conflict and climate change

The COVID-19 pandemic fueled a global crisis that has threatened progress for children, increasing deep-rooted-poverty, inequality and discrimination.⁴⁷ These negative affects have been aggravated even more by global conflicts and a climate crisis pushing millions of children to the edge of famine and deprivation of their basic rights—including their right to protection.⁴⁸

Given the current situation, it is estimated that 10,000 children are dying of hunger every day.⁴⁹

The number of girls and boys engaged in child labour has increased to 160 million—an increase of 8.4 million children over four years. In sub-Saharan Africa alone, population growth, extreme poverty and inadequate social protection measures led an additional 16.6 million girls and boys into child labour during that period.⁵⁰ Meanwhile, between 10 per cent and 20 per cent of children and adolescents worldwide are experiencing mental health conditions.⁵¹





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

The [global hunger crisis](#) has pushed millions of children out of school and more girls into early marriage. A staggering four million girls have been affected by early and forced marriage in 2022—an increase of almost 50 per cent in less than a year,⁵² with girls in South Asia disproportionately impacted, followed by West and Central Africa, and Latin America and the Caribbean.⁵³

Fewer than 35 per cent of children are reported to have access to social protection systems, and because of this, families fall victim to negative coping mechanisms to survive the severe material deprivation.⁵⁴

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

In 2022, World Vision consulted youth from 15 countries around the world while exploring themes for a new global campaign. On a list of more than 12 topics that included climate change, clean water and mental health, the participants overwhelmingly selected “child participation and empowerment” as their first choice for the campaign focus.

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.⁵⁵

Even so—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. That especially includes girls.

Across the board, girls are excluded from decision-making around food and nutrition, access to resources, issues related to their bodies, and sexual and reproductive health and rights.⁵⁶ 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.

Barriers to participation extend beyond issues of gender and cultural norms—for example, the [digital divide and inequality](#) became especially apparent during COVID-19, when two thirds of the world’s school-aged children lacked access to the internet at home and weren’t able to participate in school or other online opportunities.⁵⁷ More work is needed by the international community to bridge the digital gap and ensure better access for all children to participate in matters that affect them.



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

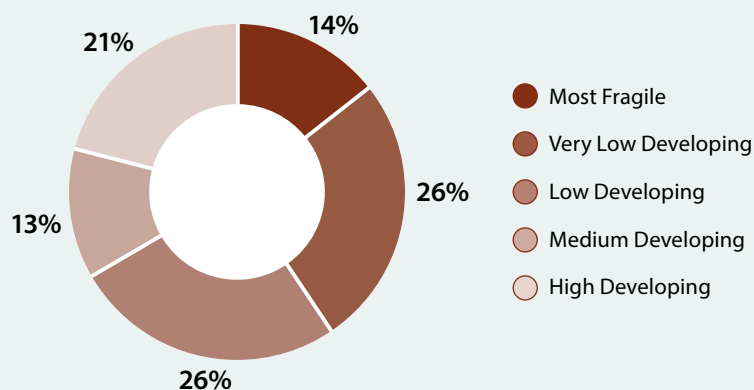
World Vision is responding to the child protection challenges imposed by conflict and poverty—and further aggravated by COVID-19 and climate change—using a systems approach that addresses root causes of violence against girls and boys. Through this approach we empower key actors to work together to create a protective environment that cares for and supports all children, especially the most vulnerable. We do this in five ways.

- 1.** We empower girls and boys with life skills, resilience, psychosocial well-being and support so they can become influential protection actors in their environment.
- 2.** We work with children, parents, faith leaders and communities to transform harmful gender norms, attitudes and discriminatory behaviours into positive ones.
- 3.** 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.
- 4.** We advocate at all levels to improve child protection laws and ensure accountability by duty bearers when those laws are broken.
- 5.** We work across all sectors of development to ensure that we are addressing other root causes of vulnerability.

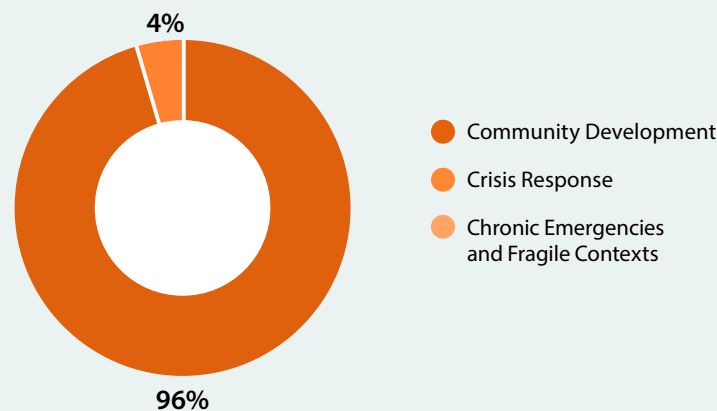


RESULTS

CHILD PROTECTION AND PARTICIPATION EXPENDITURES BY LEVEL OF FRAGILITY



CHILD PROTECTION AND PARTICIPATION EXPENDITURES BY PROGRAMMING TYPE



In 2022, \$33 million was invested in 161 programs that focused primarily on child protection and participation approaches, reaching 416,997 girls, 409,794 boys, 663,922 women and 655,706 men.

Our efforts to connect World Vision’s financial investments to our program results are underway, but not fully realized. This hinders our ability to analyze our sector results as robustly as we’d like, and our child protection and participation work is most affected. The current methodology assigns share of funding across our portfolio according to each project’s primary sector of focus. This creates a bias toward projects that are only focused on child protection and participation, while in reality, most—if not all—of our projects have at least one activity targeting the protection and participation of the most vulnerable. Illustrating this disconnect, the progress section on the following page captures results from 700 projects, while only around 80 projects are represented in the financial breakdown shown in the pie-charts above. We are working to resolve this issue as we continuously improve.

Our results for 2022 show that Mozambique and Ethiopia placed a strong focus on birth registration, while Honduras and India led the increase in our collaborative work with local partners, seeking to understand and address root causes of vulnerability. There was a decrease in the identification of child protection cases compared to last year, when high numbers were driven by the Honduras [Childhood Rescue](#) project’s focus on reintegrating survivors of violence, including gang violence, through case management. This year’s support was led by India and followed up by Honduras.

PROGRESS

Here are some key results from our 2022 progress in the child protection and participation sector.

Child protection

- 6,182 children under age 18—3,130 girls and 3,052 boys—received birth certificates in the past year because of World Vision's work.
- 3,426 child protection cases including situations of abuse or neglect—involving 1,536 girls, 1,638 boys, 126 women and 126 men—were identified, followed up on and referred as needed.
- 6,292 local partners, including community and faith-based organizations, were engaged in our programs to support stronger communities, while 4,267 faith leaders and representatives of faith-based organizations were working to address the root causes of child vulnerability.
- 177,746 people—40,525 children and 137,221 adults—were trained on child protection, including positive parenting, children's rights and early marriage.
- 140,031 people, including 69,331 girls and 68,239 boys, participated in activities aimed at supporting child protection and ending violence against children.
- 3,245 children—1,611 girls and 1,634 boys—attended child-friendly spaces where they could participate in positive and nurturing age-appropriate activities.
- 609 child protection units and committees were established and operational.
- 3,499 people, including 1,561 girls, 1,669 boys, 161 women and 108 men, received psychosocial support services—particularly during times of crisis.

Child participation and community empowerment

- 59,292 children and youth—28,559 female and 30,733 male—participated in groups and clubs, gathering with peers to develop new skills and positive values.
- 10,971 people, including 5,673 women and 5,298 men, participated in community-level advocacy and social accountability initiatives, including Citizen Voice and Action groups, aiming to hold their governments responsible for the provision of basic services.
- 2,691 children's clubs are bringing girls and boys together around topics like peace, advocacy and good water, sanitation and hygiene habits.
- 25,742 people—3,109 girls, 2,889 boys, 9,864 women and 9,880 men—are participating in activities that provide holistic nurture and encouragement for children, particularly through the [Celebrating Families](#) program model.



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

THREE-YEAR TREND, 2020-2022

	FY2020	FY2021	FY2022
Number of functioning children's clubs	7,351	6,604	2,691
Number of child protection committees or units established	1,010	416	609
Number of child protection cases identified, followed up on and referred as needed	1,950	15,986	3,426

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 2022.

Our recorded trend on the number of evidence-based policy or service improvement recommendations emerging from community action plans that were presented to government decision makers moved from 261 in 2020 to 71 in 2021, and was 170 in 2022.

In Tulo and Jarso, Ethiopia, between 2019 and 2022, parents and caregivers feeling that their community is a safe place for children increased from 55.8% to 89.5%, while girls and boys reporting positive and peaceful relationships with their caregivers increased from 71.1% to 83.8%.

In Fatehpur, India, children participating in clubs or groups increased from 25.8% to 71.2% between 2016 and 2022, while children able to express themselves with confidence and participate actively in discussions increased from 57.7% to 88.6%.

In Gurgaon, India, youth who rank themselves as “thriving” in life increased from 26.3% in 2016 to 68.6% in 2022.

In Enemay, Ethiopia, between 2016 and 2022, parents and caregivers disciplining through physical punishment or abuse decreased from 57% to 6.6%—adolescents who faced any form of violence decreased from 23% to 9.5%, and those who had experienced sexual violence dropped from 10.7% to 2.6%.

In Jarso and Enemay, Ethiopia, the percentage of children younger than 18 being married decreased from 6.8% in 2016 to 4.4% in 2022.

In Montana de Fe, El Salvador, between 2019 and 2022, adolescents who believe their community is safe increased from 59.3% to 79.6%, while the percentage of community members who react positively to the idea of caring for others in the community increased from 56.9% to 75.5%.



This progress reflects our efforts to protect girls and boys around the world from harm. Our analysis has revealed that the economic cost of not protecting children is nearly \$9 trillion every year.

[LEARN MORE](#)





Hamdani leads a group of youth in his old school, teaching them to become advocates for peace among their peers and community.



Hamdani has gone from being a school troublemaker to a leader in his community.

HAMDANI BECOMES AN ADVOCATE FOR PEACE IN THE PHILIPPINES

Hamdani, 22, is a young Muslim from a Maranao tribe in Marawi City, Philippines. When Hamdani was in school, he was known by his classmates for being rebellious, and a bad example for other students.

“I used to miss classes [and] do nonsense things a lot,” he says. “My attention [was] always being called by the principal in our school for disciplinary action.”

The history of colonization in the Philippines has influenced cultures, beliefs and traditions, creating deeply-rooted biases and prejudices between groups—including Christians of various denominations, Muslims and Lumads (the indigenous people of the southern Philippines). This negative dynamic has been passed from generation to generation, contributing to cultures of violence, mistrust and discrimination—even among young people.

With an eye on these growing conflicts, World Vision’s [Childhood Rescue](#) program in the Philippines has a particular focus on peacebuilding, using a methodology called Empowering Children as Peacebuilders, or ECaP. We believe in the power of young people to inspire and transform their communities—that if children are empowered as peace advocates, they can become effective partners in building a better future for the next generation.

Hamdani was invited to join ECaP in 2018. As he attended the sessions and trained to become a community peacebuilder, his attitude and outlook on life began to shift.

“I am now a changed person,” he says. Hamdani has become an active peacebuilder, returning to his school to partner with staff in creating the Young Peace Advocacies, an organization he now leads.

“I’m very happy to serve and share my learnings about peace with my community, especially the children and youth of my age,” he says. “I want to let the next generation grow and live in a very peaceful environment in the future.”



442

communities were certified "open defecation free"—they've shifted to using toilets rather than defecating in the open, which plays a major role in preventing waterborne disease.



WATER, SANITATION + HYGIENE



GLOBAL CHALLENGES

In the past two decades, substantial progress has been made to provide the world's population with better water, sanitation and hygiene (WASH). Even so, [Sustainable Development Goal 6](#) is set out to provide water and sanitation access *for all* by 2030 and to leave no one behind, yet at least 2 billion people are still drinking water contaminated with feces⁵⁸ while over 1.7 billion lack basic sanitation facilities like toilets and latrines—and 494 million people still resort to defecating in the open.⁵⁹

Children die needlessly because of poor water, sanitation and hygiene

Diarrhea is both preventable and treatable, yet it remains a leading cause of death among children under five, killing approximately 1,300 girls and boys every day.⁶⁰ In conflict zones, children are nearly 20 times more likely to die from diarrheal disease than from the conflict itself.⁶¹





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

Nearly 60 per cent of diarrhea-related deaths are attributed to unsafe drinking water and poor hygiene and sanitation. Simply washing hands with soap can reduce the risk of diarrhea by 40 per cent, and protect against many other illnesses—in fact, the number of annual deaths from diarrhea among children under five decreased by 61 per cent between 2000 and 2019.⁶² Using basic WASH interventions, many more lives can be saved.

Even as progress is made, we see deep inequalities related to water and sanitation on regional and national levels. For example, 3 per cent of the global population (207 million people) currently travel more than 30 minutes to collect water—two thirds of them live in sub-Saharan Africa with the burden falling disproportionately on women and girls, often affecting their health and physical safety. Imbalances within countries are also common: between 2000 and 2017, basic water coverage in rural Haiti increased among the richest but decreased among the poorest, widening the gap between them.⁶³

Disparities like these are compounded by growing challenges like climate change, political instability, economic crises, and the yet unknown long-term impacts of COVID-19.⁶⁴

Schools worldwide lack basic WASH services

In reporting on the state of water, sanitation and hygiene in school settings, particularly in the context of COVID-19, UNICEF revealed that at the start of the pandemic, one in three schools worldwide had limited or no drinking water, 818 million children lacked basic handwashing services at school and 698 million went without basic sanitation facilities.⁶⁵

Poor sanitation poses a particular threat for women and girls. According to the World Bank, at least 500 million women and girls are lacking a safe, clean, private facility to manage their menstrual hygiene, and this affects girls' education. A meta-analysis by the World Bank found that a quarter of adolescent girls in India did not attend school during menstruation because of inadequate toilets.⁶⁶

Investing in WASH has broad benefits to society

Sanitation deficits cost the global economy nearly US\$223 billion in 2015.⁶⁷ However, a WHO study calculated a global return of US\$5.50 for every dollar spent in 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, 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 socio-economic margins—often women and girls.

Our water, sanitation and hygiene programs take place in both fragile and stable settings and are focused in four key areas.

In communities, WASH services are developed by residents in collaboration with NGOs, governments, the private sector and donors. The resulting water schemes 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 themselves.

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.

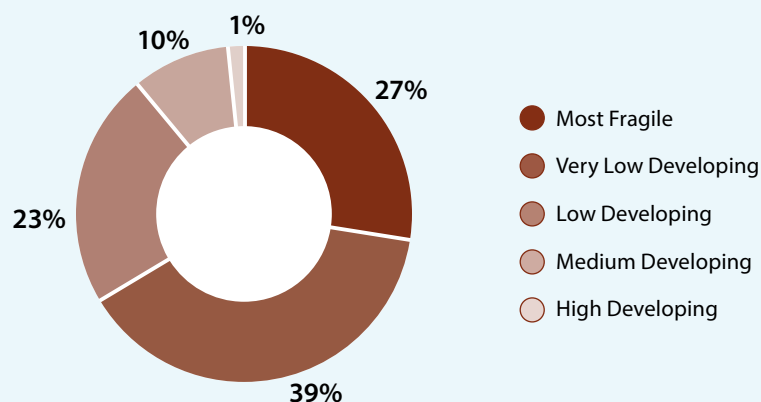
In health facilities, we collaborate with local health authorities to support better access to WASH services, which are essential when providing basic healthcare to girls and boys.

In emergencies, we provide gender-responsive WASH services among disaster-struck populations and within camps for refugees or internally displaced people.

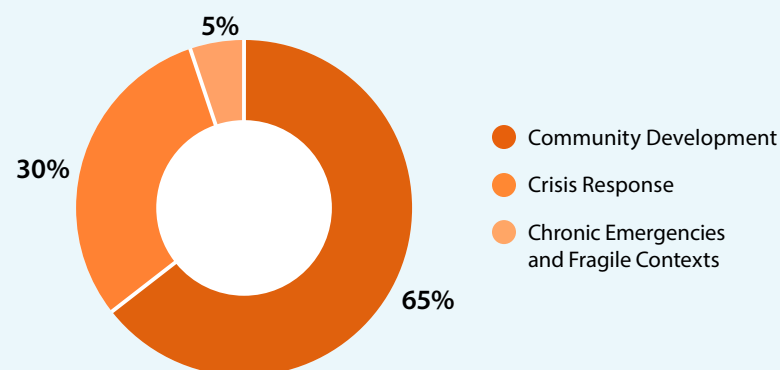


RESULTS

WASH EXPENDITURES BY LEVEL OF FRAGILITY



WASH EXPENDITURES BY PROGRAMMING TYPE



In 2022, \$22 million was invested in 47 programs that focused primarily on water, sanitation and hygiene approaches, reaching 192,897 girls, 162,467 boys, 426,433 women and 376,331 men.

Our investment in WASH increased significantly in 2022, driven by multiple factors. First, our response to the [crisis in northern Ethiopia](#) is currently being supported by a major Recovery Nexus project for 2022 and 2023; although its results are not represented in the progress below because of funding-related reporting lags, it will certainly impact future years' results.

Other notable responses are receiving WASH investment. These include our responses to the [Haiti earthquake](#) and [Tropical Storm Ana](#) in Malawi. We have also continued to support the Sudan sustained humanitarian response with a grant in South Darfur and South Kordofan for the past two years.

2022 saw an increase in funding and projects focused on water infrastructure, following a period during the pandemic when hygiene support was prioritized above water access through our efforts to control the spread of COVID-19. Because of this, the number of water points built or renovated is much higher in 2022 compared to previous years; the decrease in WASH training can also be attributed to this shift.

PROGRESS

Here are some key results from our 2022 progress in the WASH sector.

General

- 239,699 people, including 108,583 women and 30,782 children, were trained or involved in community water, sanitation or hygiene initiatives, with 1,794 WASH committees established or reactivated.
- 177,547 people received emergency or water, sanitation and hygiene kits to support their health and well-being during times of need.
- 630 institutions received improvements in WASH services, which may include water, sanitation and hygiene facilities, resources and services.

Water

- 664,859 people—73,696 girls, 69,246 boys, 270,615 women and 251,302 men—gained access to safe drinking water.
- 6,765 water sources were constructed, rehabilitated or improved, providing safe water for children and families to drink.
- 475 people, including vendors, received training to manage and maintain water, sanitation and hygiene infrastructure.

Sanitation

- 773 sanitation facilities, including latrines and handwashing stations, were constructed or updated, around half of them in schools.
- 204,916 people—24,069 girls, 22,951 boys, 80,762 women and 77,134 men—gained access to sanitation facilities like toilets at home or school.

Hygiene

- 600,645 people—95,596 girls, 94,086 boys, 207,152 women and 203,811 men—gained access to handwashing facilities at home or school.
- 17,075 reusable menstrual hygiene kits were distributed for adolescent girls and women.



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

THREE-YEAR TREND, 2020-2022

	FY2020	FY2021	FY2022
Number of reusable menstrual hygiene kits shipped	8,577	11,833	17,075
Number of water sources constructed, rehabilitated or improved	816	3,732	6,765
Number of sanitation facilities constructed or updated	5,282	4,545	773

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 2022.

Our recorded trend in new communities being certified as “open defecation free” moved from 112 in 2020 to 185 in 2021, and more than doubled to 442 in 2022. These communities have shifted to using toilets rather than defecating in the open, which plays a major role in preventing waterborne disease.

In Rugarama, Rwanda, educational institutions with basic sanitation facilities increased from 4.6% in 2017 to 100% in 2022.

In Kahi, Rwanda, households using a basic drinking water facility increased from 37% to 93.5% between 2019 and 2022.

In Enemay, Ethiopia, parents and caregivers using appropriate handwashing behaviours increased from 60% to 73.3% between 2016 and 2022.





The water storage tanks at Lupembe Health Centre. The new system has allowed widespread access to water and brought peace to the community.



The new powered water supply system has staff members and the surrounding community buzzing with joy.

WATER SYSTEM BRINGS PEACE AND BETTER HEALTHCARE IN LUPEMBE, MALAWI

At Lupembe Health Centre in Malawi's [Lupembe-Mlare sponsorship community](#), medical staff and community members were stuck in a longstanding struggle over a scarce but necessary resource: water.

A single borehole serviced the entire area—so medical staff found themselves competing with residents when trying to draw water for the health centre.

Tensions led to grudges and quarreling. Health staff faced growing pressure trying to simultaneously draw water for patient care while treating infections caused by unclean water. The hospital's maternity ward was hit the hardest. At some points, trying to prioritize children's healthcare, the hospital shifted the burden of drawing water to the parents and guardians themselves.

"It became extremely difficult to address certain illnesses and medical emergencies because of water shortages, which slowed down the provision of prompt medical care," explains Rodgers, a medical assistant at the clinic.

Eventually, even hiring new staff became a challenge as word of the situation spread across the district.

The hospital administration petitioned health authorities for assistance, but little progress was made. So both medical staff and residents were relieved when a mechanized pumped water project finally took shape, with World Vision's support.

Now, a towering water reservoir powered by solar energy pumps and distributes water to three kiosks in different directions, stretching about 100 metres. With four taps at each kiosk, the health centre is well served and the community has widespread access to water—more than 280 children from 81 families are currently benefitting.

"Previously, we were only allowed to draw one pail [from] the single borehole. This increased tensions and affected many households, especially school-going children who were always late for classes," says Mahena, chairperson of the water committee that oversees maintenance of the water point. "Now we can draw as many pails as we need and there are no more fights among the people when drawing water."



2022

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.

Read on to learn about World Vision's advocacy progress in fiscal year 2022.



Our VOICES community has more than 97,000 members—they were key contributors in more than 110,372 actions taken to support the world's most vulnerable children in 2022.





Cultivating relationships within a new Parliament

With a new Parliament in place following the September 2021 federal election, our advocacy efforts in fiscal year 2022 kicked off with a fresh focus on relationships. We **renewed and built connections** at the political level and restarted engagements at the civil servant level, particularly the senior level. We quickly engaged re-elected Members of Parliament (MPs), identifying champions for our priority causes, and were pleased to see that a few of our strongest champions—both new and existing—landed in key government positions.

Building on our relationship with **new International Development Minister Harjit Sajjan**, we promptly engaged his new staff and in May 2022, [Minister Sajjan visited our FEED II grant program in South Sudan](#)—the first visit of a Canadian government minister to see World Vision programming firsthand.

Pressing for the removal of barriers to our work in Afghanistan

Children and families in Afghanistan are suffering through a [staggering humanitarian disaster](#), with drought, acute food shortages, hunger and a breakdown of health services, among other critical circumstances, all exacerbated by the COVID-19 pandemic. However, because Canada's Criminal Code lists the Taliban as a terrorist group, once they became the de facto government, Canadian humanitarian organizations have been **unable to support work on the ground in Afghanistan** without the risk of criminal prosecution.

First with CARE Canada, and now with the Red Cross and Islamic Relief, World Vision has been co-leading a coalition of 16 organizations urging the government to make changes. Our advocacy has seen testimonies at a parliamentary committee, op-eds, articles, media moments, countless meetings, legal opinions and open letters—any means possible to draw attention to the issue. Working together, we launched the [Aid for Afghanistan](#) petition, collecting 8,000 signatures by the end of the year.

These coalition efforts finally appear to be paying off. Though we were told in May 2022, "this cannot and will not be changed," we now have reason to expect a legislative solution in the spring of 2023.



Moving ever closer to supply chain legislation

World Vision's advocacy for **supply chain legislation to address child and forced labour** ramped up significantly in 2022. After the September election, we secured a mandate letter commitment by the government, providing assurance that they would act on the issue. We worked to build a relationship of trust with the staff in Minister of Labour Seamus O'Regan's office, the key office responsible for this work.

Meanwhile, we testified before the Standing Senate Committee on Human Rights, then walked alongside senators and members of Parliament to move Bill S-211—Fighting Against Forced Labour and Child Labour in Supply Chains Act—through the legislative process. By the end of 2022, it was back before the House of Commons for final reading.

To mark the International Day Against Child Labour on June 12, an eye-catching and thought-provoking installation was created in front of Toronto City Hall as part of the [#NoChildForSale](#) campaign. Seventy-nine child mannequins—each representing one million children trapped in “3D” dirty, dangerous and degrading jobs—were outfitted in #ChildLabour3D t-shirts that the public signed, showing their support for the cause. Volunteers were on hand to share facts about child labour and [collect petition signatures in support of supply chain legislation](#), which reached a significant milestone of over 160,000 signatories.

Youth voices creating change in Canada



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

On June 25, World Vision Canada Youth Ambassador Katherine Dibbon was featured on [CTV news](#), highlighting the growing number of child labourers worldwide and how that connects to Canadian supply chains.

In May, our National Youth Council and campus club leaders filmed a “pass the phone” [social media challenge](#), advocating for supply chain legislation as part of the #NoChildForSale campaign and challenging the Minister of Labour to introduce legislation by the end of 2022. Parliamentary Secretary MP [Terry Sheehan responded to the social media challenge](#)—a first for World Vision.



In August 2022, the World Vision Canada National Youth Council published the [Youth Political Advocacy Framework](#) in partnership with World Vision. This first-of-its-kind document was based on young people's experiences working with World Vision on the #NoChildForSale campaign. It provides a practical guide for youth to engage in social activism, political participation and decision-making processes, equipping them to become effective advocates in Canada's political sphere.

Driving education support for disrupted learners

The Refugee Education Council, hosted by World Vision and funded by Global Affairs Canada, started the year by launching a **Youth Manifesto and anthology**, "[Learning from Disrupted Learners](#)." This manifesto formed the basis of a formal government meeting summary when the Government of Canada convened global leaders in education at the Together for Learning Summit in March 2022—the same event where Minister Sajjan announced [\\$67.2 million to support education](#) for displaced children and youth.

The Refugee Education Council also played an important role in the Canadian government's engagement at the Paris Transforming Education Pre-Summit in June and the New York Transforming Education Summit in September. The [Youth Declaration](#) launched at the summit again cited the council's manifesto as a reference document. Michael Messenger continued to represent global civil society organizations at two [Education Cannot Wait](#) (ECW) High Level Steering Group Meetings in 2022. In June, he helped launch the ECW 222 Million Campaign for urgent additional financing to reach the 222 million children left furthest behind in emergencies and protracted crises.



Michael Messenger and International Development Minister Harjit Sajjan discuss the Together for Learning campaign at the Transforming Education Summit in September 2022.

SPOTLIGHT ON: EMERGENCY RESPONSE



In March 2022, World Vision Canada President Michael Messenger spends time at a child-friendly space in Huși, Romania, where a new camp is set up to receive refugees from Ukraine.

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.](#)

We responded to 27 crises in 2022, reaching 4.8 million people in 29 countries. It was a daunting and unprecedented year, with the [Sustainable Development Goals Report 2022](#) warning that cascading and interconnected crises are now putting the 2030 Agenda for Sustainable Development in grave danger. Converging crises—led by COVID-19, climate change and conflicts—are harming the world's food security, nutrition, health, education, environment, peace and security.

In 2022, the number of displaced people worldwide was the highest in recorded history. More than 100 million were forced to flee their homes because of persecution, conflict, violence, human rights violations and events disturbing public order—one out of every 78 people on earth.⁶⁹

Support from our donors equipped us to respond to many crises, though two in particular dominated global headlines and created ripple effects worldwide. These were the conflict in Ukraine and the ongoing and escalating global hunger crisis.



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

Ukraine Crisis

The crisis in Ukraine began on February 24, 2022. Since then, more than a third of the country's population has been driven from their homes. Considered one of the bloodiest conflicts in Europe since World War II, the number of casualties, displaced people and needs are growing daily. Millions have either fled for safety within the country or are living as refugees without much access to food, water, quality healthcare, education, protection and other essential services. The UN Refugee Agency estimates it to be one of the world's largest and fastest displacement crises today.

World Vision's response: Working together to support the people of Ukraine

Our [response to the situation in Ukraine](#) began quickly—from day two of the crisis—meeting people with essential services at the border of Romania, where we have worked for 30 years. In early March, we launched a multi-country, multisector response, serving refugees in Georgia and establishing new offices in Moldova and Ukraine. We are now in 23 Ukrainian municipalities, and 70 per cent of programming is planned for eastern Ukraine where the need is greatest.

Seventy per cent of our work across the four countries is also happening through partners*—by cooperating with established nongovernmental organizations, coalitions and faith communities, we have been able to complement each other's strengths and reach more people, more quickly. These partnerships allow our response to be locally driven, empowering communities to help each other more effectively.

Working with donors and partners, we aim to reach 952,000 people between October 2022 and January 2024, 64 per cent of them women and children.

Making progress

Through collaborative efforts within the World Vision Partnership, from March to September 2022**:

- **333,785** people were reached with food assistance.
- **68,808** people were reached with cash and vouchers.
- **80,686** people received hygiene kits.
- **35,539** people were reached with temporary shelter.
- **15,209** people benefited from mental health and psychosocial support services.
- **10,852** children were supported with child protection programming.
- **1,006** people were trained on child protection issues.
- **16,458** children benefited from education programming.
- **4,005** people were reached with hospital supplies.
- **2,143** people were reached with livelihood support services.



* World Vision is partnering with 24 national NGOs in Ukraine, Romania and Moldova; 13 government institutions; and 10 international NGOs.

** World Vision Canada donors contributed 8.4 per cent of the total funds raised between March and September 2022.

With donations through the [Humanitarian Coalition in Canada](#), we launched a rapid response to assist Ukrainian refugees in Romania with basic needs—particularly women and children. Running from May 1, 2022, to March 31, 2023, we worked through our network of established partners in Lasi, Brasov, Suceava and Bucharest, beginning with a needs assessment to hear from families directly about their highest priority needs. Acting with local authorities, we supported urban refugee and transit centres by providing food and non-food items, establishing “Kids Corners” and creating communications hubs to give families access to information. As of October, 2022*:

- **41,889** people—26,523 of them female and 17,847 children—were reached through this project.
- **18.5** metric tons of food—the same weight as about 20 mid-sized cars—was provided to families in need.
- Approximately **8,000** pamphlets and brochures were distributed, sharing information with refugees about their rights and the services available to them.
- **11,078** essential hygiene and non-food items were collected by families.

With support from Global Affairs Canada (GAC), we launched a project to support Ukrainian refugees who are most at risk in Romania and Moldova—including elderly people, adolescents and people with disabilities. Running from July 1, 2022, to May 31, 2023, we anticipate helping 7,786 people, including 3,721 women and 2,809 girls. The project is providing:

- Psychosocial assistance for parents, caregivers, extended family members and host communities—helping them to protect their children and support their mental health.
- Increased access to gender-sensitive integrated services like child protection, mental health and psychosocial support and care for gender-based violence, with a focus on women.
- Increased access to healthcare and basic items like hygiene kits.



Local partnerships have helped us provide assistance to Ukraine’s conflict-affected communities. Volunteers from Alfa Church—one of the networks of World Vision’s local partner Arms of Mercy—distributes relief packs for displaced families.

* Results from May 1 – October 31, 2022.

Global Hunger Crisis

Over the last two years, an unparalleled [hunger](#) crisis has unfolded worldwide. As of 2022, nearly 50 million people were on the brink of starvation across 45 countries and the lives of millions of hungry children were teetering on the edge. These numbers increased by 25 per cent over the course of 2022. Today, 40 per cent more families are struggling to feed themselves than before the COVID-19 pandemic.

The effects of the pandemic continue to be suffered disproportionately by struggling families in the poorest countries, contributing to increasing socioeconomic disparity around the world. Since the February 2022 outbreak of [conflict in Ukraine](#), spiralling food, fuel and fertilizer prices have compounded these factors, leaving people even further behind, exacerbating existing humanitarian crises, driving millions of people worldwide into extreme poverty, and magnifying hunger and malnutrition.



Baby Hamdi receives treatment for severe malnutrition in Baidoa, Somalia, where Global Affairs Canada is helping to support World Vision's interventions.

At seven months old, she was diagnosed as severely malnourished with a very bad cough resulting from a measles infection. One month into treatment, her cough was gone and she had gained 2.6 pounds. To ensure Hamdi and her siblings did not relapse to full malnutrition, World Vision registered Hamdi's mother Habiibo to receive cash support and in August 2022, she received her first of several monthly payments to help her cover the family's food needs.

Habiibo said that a few months ago she'd felt helpless, but the lifesaving malnutrition treatment and cash support had her feeling more optimistic about the future.

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

After increasing our efforts to stave off famine—including issuing regional responses in east and west Africa—the World Vision Partnership declared a US\$2 billion [Global Hunger Response](#) to reach 22 million people on the verge of famine in May 2022. Since then, we have escalated efforts to expand operations, increase funding, influence decision-makers and mobilize the public to act. This is the largest appeal in World Vision's 70-year history.

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



Aluel, 24, and her four children are among 20,000 people displaced by conflict and natural disaster in South Sudan's Twic County. Her daughter Nyamum began treatment for malnutrition through World Vision's hunger crisis response focused on pregnant and breastfeeding women and children.

"Thank God World Vision intervened," Aluel says. "Our situation is tough, but as long as we are alive, there is still hope. I appreciate what World Vision and the donors are doing for us. However, we need more assistance."

Making progress

Because of collaborative efforts with the World Vision Partnership through the Global Hunger Response, in 2022*:

- **5,439,192** people were reached with urgently needed food.
- **US\$115 million** in cash and vouchers were distributed, equipping **3,690,173** people to purchase food and necessities within their own markets.
- **641,713** children received food through school feedings, including hot meals and/or dry rations.
- **19,999** children recovered from severe acute malnutrition after going through treatment.
- **620,939** people were reached through primary health support.
- **89,206** primary caregivers received educational support for feeding their infants and young children.
- **1,350,947** people received access to clean, safe water and **352,371** participated in activities promoting good hygiene for better health.
- **104,317** people received psychosocial support, including safe spaces for children to play and process their experiences, psychological first aid and in certain cases, counselling and professional support.
- **5,354** faith leaders were involved in spreading messages about positive coping strategies and protection from sexual exploitation and abuse.
- **32,388** households received agricultural supplies such as equipment, tools or seeds, and **1,476** received conditional cash or vouchers to procure them.
- **7,487** people were trained in climate-change-resilient farming practices, and **7,825** households are growing crops that are resilient to climate hazards and stresses.

Thanks to private donations and grants from donors in Canada, we have supported the [Global Hunger Response](#) with projects in 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, Canadian donations helped provide 6,925 metric tons of food to 204,216 people, including 113,541 girls and boys, in the Tigray region of Ethiopia.

* World Vision Canada donors contributed 15.3% of the funds raised for programs in partnership with WFP and other UN agencies between October 2021 and September 2022.

2022 LEARNINGS

WISDOM GAINED FROM
FAILURES + SUCCESSES

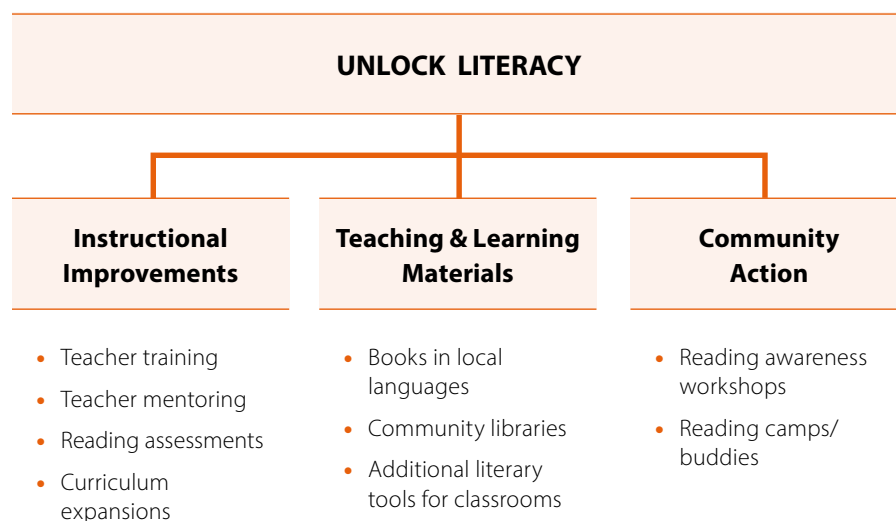
In the section that follows, we highlight five areas of learning from fiscal year 2022.

- **Analysis shows Unlock Literacy is changing children's lives—that's real impact**
- **A closer look at food assistance: Examining our work with the World Food Programme**
- **What is the cost of *not* protecting children?**
- **Community-based Management of Acute Malnutrition (CMAM): Factors affecting rates of defaulting and non-recovery**
- **Working in coalition: Lessons learned with the *Gender-Transformative Framework for Nutrition***

Analysis shows Unlock Literacy is changing children's lives—that's real impact

Unlock Literacy is one of World Vision’s core program models in the [education](#) sector, working to improve reading fluency and comprehension among early primary school-age children through partnerships with schools and communities.

This happens through three channels: **improving the quality of instruction** through teacher training, **providing materials** such as books in local languages, and **engaging the community** to support children’s literacy. Ongoing assessment of children’s literacy skills is conducted throughout the Unlock Literacy program.



Between 2019 and 2021, we implemented 72 unique projects in 29 countries using Unlock Literacy as a core program model. During that period, conservative estimates show that we reached more than 221,000 girls and boys with valuable educational support, thanks to support from donors in Canada.*

This widespread implementation gave us the data we needed to comprehensively analyze the model’s social and financial costs and benefits—with excellent results.

We can now say with confidence that Unlock Literacy is making a [real impact](#).

As a model, it is effective and delivering long-term benefits.

Independent analysis has revealed quantifiable improvements in children’s learning—the literacy gains from our Unlock Literacy programs were comparable to adding two years of schooling, on average, for the over 221,000 children that participated over the past three years. That means, for example, that if the average grade level a child previously reached was Grade 6, they are now more likely to graduate from Grade 8 and transition to secondary school.

For every dollar invested in Unlock Literacy programs, an average of \$20 in economic benefits are being generated back to society.

To understand how we’ve reached this conclusion, read on.

* This lower-bound estimate reports zero children reached in Ecuador, the Philippines and Zimbabwe due to inadequate indicator data for projects implemented in these countries. This figure is built on the assumption that each year of implementation includes a new cohort of children participating. We report the lower-bound in the absence of more complete data at this point in our commitment to not overclaim results where data can't be audited.

Designing a comprehensive cost-benefit analysis

In line with our [strategic approach](#), World Vision is developing evidence-based frameworks to provide economic analyses of our core program models, with Unlock Literacy among the first to be studied. This cost-benefit analysis (CBA) was conducted in partnership with [a third party analytics firm](#), using historical data from 10 countries where Unlock Literacy has been implemented: Bangladesh, Burundi, Eswatini, Ethiopia, Ghana, India, Malawi, Nepal, Rwanda and Senegal.

Costs

While the CBA accounts for the **financial costs** associated with Unlock Literacy—training and mentoring teachers, operating reading camps and community awareness workshops, monitoring and evaluating projects, and management overhead—it also measures its social costs: the opportunity costs of time that children, volunteers, teachers, principals and Ministry of Education staff spend participating in the program. By accounting for these **social costs**, the CBA offers a more comprehensive estimate of the costs borne by communities and governments alongside World Vision offices and staff.

Benefits

The CBA accounts for the **main benefit** generated by Unlock Literacy. This is:

1. **Increased literacy for participating children.** Across the 10 countries, the average increases in children’s literacy test scores* were converted to [equivalent years of schooling](#) (EYOS) gained.** This gain in EYOS was then monetized by estimating the change in lifetime earning that children would experience because of their increased reading skills acquired through Unlock Literacy.

While it’s reasonable to expect additional benefits through Unlock Literacy, there is not enough evidence to merit their inclusion as individual benefit streams within the CBA. These include professional development benefits for classroom teachers and local youth volunteering at reading camps, as well as cost savings for ministries of education, from both the indirect effect of reducing grade repetition as well as anecdotal reductions in teacher turn-over.

To account for some of these unknowns, a sensitivity analysis will be conducted, asking questions such as, “What if, in addition to the observed learning gains, we also see cost savings from reduced grade repetition?” This will provide insight into the potential importance such benefit streams could provide and inform future research to reduce gaps.



Teachers gather for training in literacy, classroom management, and gender-sensitive and conflict-sensitive approaches in the Segou region of Mali, where our IMAGINE project is being implemented with support from Global Affairs Canada.

* As reported by Zook et al. (2021)

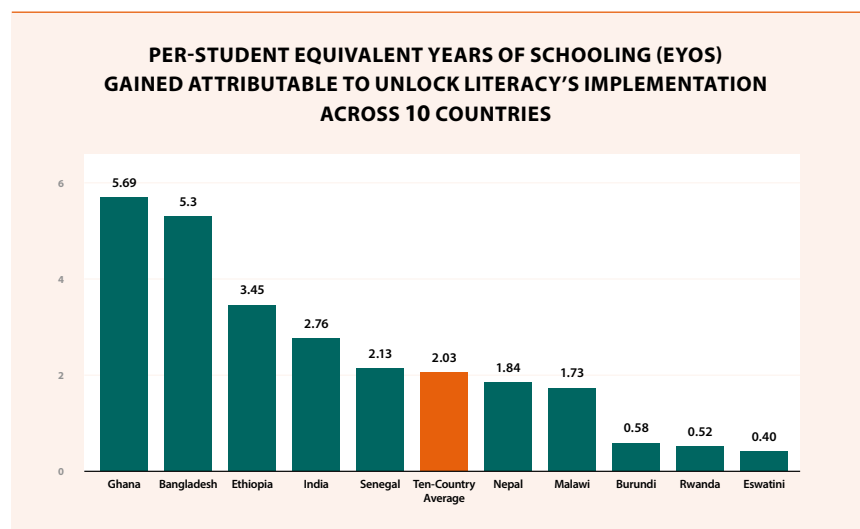
** The conversion method follows Evans and Yuan (2019).

Four lessons learned: Results of the Unlock Literacy CBA

Results from the 10-country CBA show that Unlock Literacy is a highly successful program model according to multiple outcomes.*

1. Estimates show that Unlock Literacy has a positive impact in terms of educational improvements.

Based on the historical analysis, the average student participating in Unlock Literacy can expect to gain two additional EYOS, compared to their non-participating peers.



In addition, across the 10 implementing countries analyzed, the present value of the total number of additional EYOS gained through Unlock Literacy over the period ranged from 1,601 in Eswatini to 26,079 in Ethiopia.

2. Unlock Literacy appears to be generally cost-effective, with variation across the 10 countries studied.

Two distinct approaches were used to assess the cost-effectiveness of the program in different contexts.

* It is important to note that the values included within this report are subject to change as we continue to improve the precision of the estimates for each country's benefits and costs.

The first approach compares the **EYOS gained per US\$100 invested.**** Using this metric, Ethiopia's 12-month program is estimated to have had the most cost-effective result, gaining over 10 equivalent years of schooling per US\$100 invested. Eswatini is the least cost-effective, gaining just over 0.5 EYOS per US\$100 spent.

However, even in lower-performing countries, for every US\$100 spent on Unlock Literacy, there are sizable increases seen in equivalent years of schooling.

This analysis shows us where investments are bringing the greatest gains in education, and where further investigation is needed to understand challenges and opportunities for improvement.

3. For every \$1 invested in Unlock Literacy programs, over \$20 in economic benefits are generated back to society.

Countries that see the largest gains in education do not necessarily experience the largest gains in lifetime income—because the economic rewards associated with higher education vary from one country to another.*** To account for these factors, the second approach—the **benefit-cost ratio**—is a useful metric: It compares the financial and economic gains that result from educational improvements against the costs of implementing the program. This helps us assess the program model's financial feasibility.

Analysis found that the average benefit-cost ratio across all 10 implementations of Unlock Literacy is 20.39, with a range between 1.36 and 56.46. Since 1.0 is the benchmark at which costs and benefits are exactly equal, this result shows that across all 10 countries, Unlock Literacy's benefits outweighed the costs of implementation. It also tells us that **for every dollar invested, an average of \$20 dollars were generated back to society in benefits such as lifetime earnings for the children who participated.**

** 2015 United States Dollars.

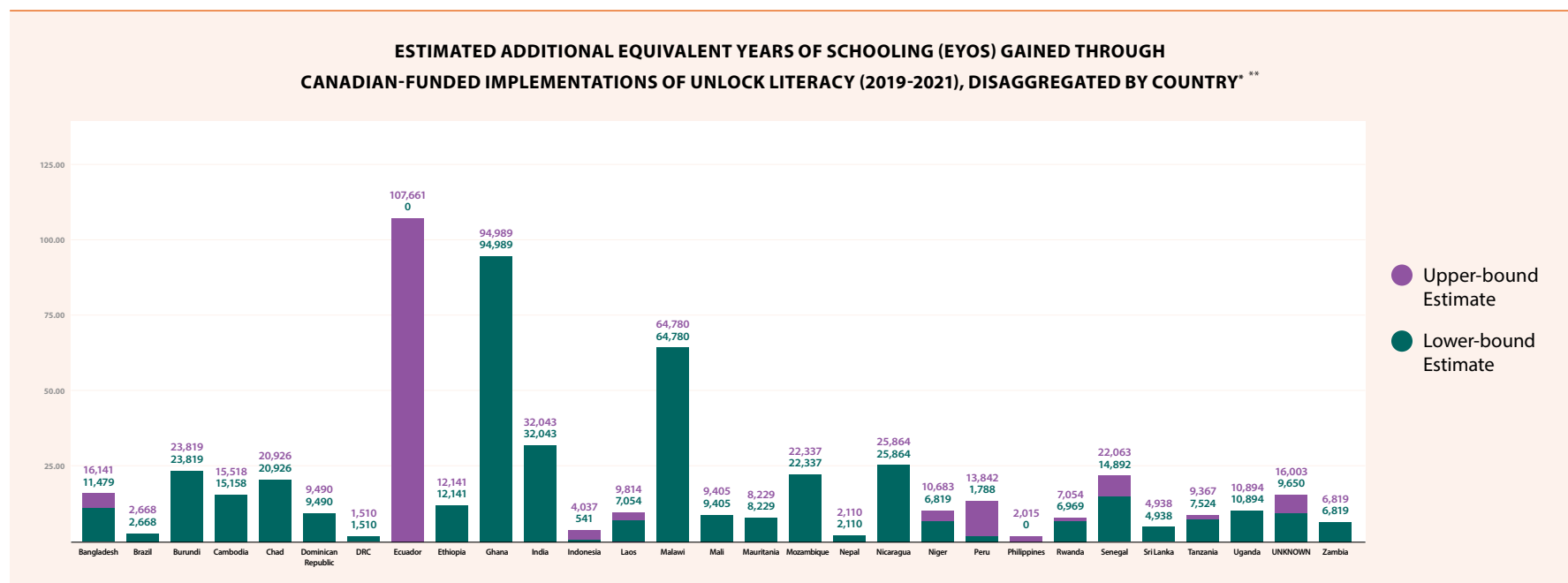
*** It is important to recognize the complementarity of financial results and educational impacts in determining the overall success of Unlock Literacy. For example, Rwanda's financial success is not primarily driven by strong per-student educational gains; instead, the high number of students reached and high estimates of the financial returns to an additional year of primary schooling drive the overall success of the program model.

4. Gains from Unlock Literacy were equivalent to adding two years of schooling, on average, for more than 221,000 children.

The results discussed up to this point give us confidence about Unlock Literacy’s effectiveness and efficiency. To contextualize those results and understand the benefits of our programs supported by Canadian funds over the past three years, an analysis was made using the results of the 10-country CBA together with monitoring data from the 29 countries where Unlock Literacy was implemented.

This analysis revealed that **between 2019 and 2021, World Vision’s investments in Unlock Literacy generated over 435,000 additional equivalent years of schooling for the over 221,000 participating girls and boys around the globe**, according to lower-bound estimates. This translates to an average of over two additional years of schooling per child.

The graph below presents this estimate of total EYOS gained, along with the estimate of the total EYOS gained based on upper-bound estimates of the number of children reached through World Vision investments in Unlock Literacy, by country. These results highlight the strong impact World Vision has had on literacy skills across various geographical contexts.



* This figure includes four projects for which data on the country of implementation is currently unavailable, coded under UNKNOWN.

** Figure 8 excludes Zimbabwe, as it is not possible to estimate the number of additional EYOS gained based on the data available for the Unlock Literacy implementation in that country at the time of this report’s publication.



Unlock Literacy reading camps and clubs complement classroom teaching by bringing learning outside the class, teaching reading and writing skills with interactive methods, and making it fun.

Community volunteer Arelis Canales leads children in a theatrical story time session in northwest Nicaragua, where our Unlock Literacy Learning Network KIX project is conducting education research.

The way forward

The results of this cost-benefit analysis are very encouraging. Based on this work, we have the evidence to show that Unlock Literacy—a core programming model that has been implemented in 33 countries across the world and reached 1,700,000 girls and boys since 2012—is making a [real, positive impact](#) for the children who participate and the societies where it's implemented.

Moving forward, we'll continue to test and refine our CBA model to better understand the factors affecting Unlock Literacy's financial and economic outcomes and identify why some countries present better results than others. This information will help us improve the already positive impacts of Unlock Literacy programming.

A closer look at food assistance: Examining our work with the UN World Food Programme

Families worldwide are struggling to cope with a devastating hunger crisis that continues to escalate. The conflict in Ukraine has compounded the emergency, driving up the costs of fertilizer and wheat that many depend on to survive—especially children and families who are *already* hungry, those living in regions where survival is *already* precarious.

Hunger is an issue that World Vision has been focused on for a very long time. For more than 30 years, we've [partnered with the UN World Food Programme \(WFP\)](#)—including 18 years as their largest implementing NGO partner*—providing food and cash assistance for the girls, boys, women and men who need it most through programs including general food distributions, cash-based programming and integrated school feeding, among others.

In fiscal year 2022, World Vision provided 67,690 metric tons of food and \$68 million in cash assistance, reaching 3,836,601 people in 18 countries through our partnership with WFP. Given the gravity of the hunger crisis and our priority in this area, we've begun an in-depth analysis of our food assistance portfolio to better understand its effectiveness and efficiency.

A two-pronged analysis

Analysis of our food assistance portfolio began in 2022 and is ongoing. Through this work we're focusing on two measurements:

1. **Cost-effectiveness analysis.** This method investigates a program to understand how much it costs to achieve a certain result.**
2. **Cost-benefit analysis.** This method goes a step further, and asks whether the economic benefits of a program outweigh its costs.



In 2022, we partnered with WFP to support families in Burkina Faso. Zenabou's son Lookman, 17 months, was diagnosed with malnutrition. He recovered after being treated through the health centre, and was enrolled in World Vision's program to prevent relapse.

* Through the global World Vision Partnership.

** While WFP does report this value at a high level, World Vision requires more granular detail to understand unique contexts, and account for total costs.

Results of our cost-effectiveness analysis

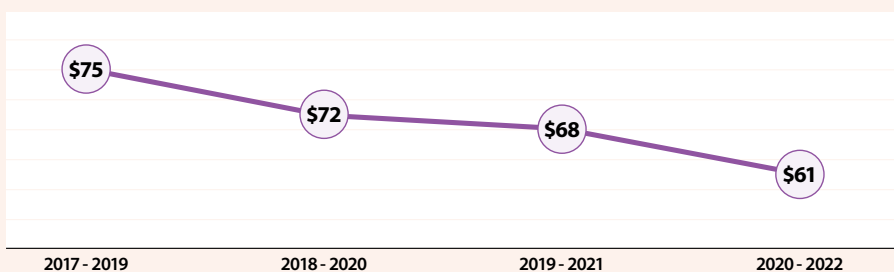
To understand how much it costs World Vision to deliver food programming, we first determined the average cost per participant and compared that cost across different regions and program areas where we work.

World Vision's food programs are carried out in diverse settings, each with their own challenges that affect the cost of implementation. Geography, infrastructure, local markets and security concerns all play a role in the resources required to bring assistance to a given community. The average cost per participant is a helpful baseline, allowing us to pinpoint and investigate notable outliers so we can identify challenges and assess areas for improvement.

We approach this metric with caution, because our goal is not to *only* provide food assistance wherever or however it's cheapest. World Vision is committed to reaching the world's *most vulnerable* girls and boys, which may require going to more remote communities in more fragile settings, where the costs are often higher. Even so, analyzing cost-effectiveness helps to ensure our costs are in line and provides a metric to track over time.

Our analysis revealed that **the average monthly cost to provide food for a family of five living in a fragile context was \$66 over the past six years.** This includes both the food and cash distributed, along with all operational costs attached to the programs. To see how this figure is trending over time, we calculated moving averages over that period, from 2017-2022.

COST PER MONTH TO PROVIDE FOOD FOR A FAMILY OF FIVE LIVING IN A FRAGILE CONTEXT



The results were surprising, showing a decrease from \$75 to \$61 over the six-year span. We expected to see these costs increasing over time, not decreasing, because global inflation and the conflict in Ukraine, among other factors, are believed to be increasing the cost of food assistance worldwide.

So why would our numbers not follow the same trend? Unfortunately, we don't have the answer yet, but we are committed to continuing our investigation.

What do we currently know?

- 1. This data represents only fully completed projects.**

This means projects currently in operation are not part of the sample. This does bias the trend—particularly the final two data points—as unfortunately, there are still projects pending completion from those years. If this is indeed the cause of the bias, we may not be able to include most recent years for trend analysis.

- 2. These numbers represent what we call “fully loaded costs,”** which include everything from the food and operational costs all the way to administrative and fundraising efforts.

- 3. “Provide food every month” does not equal “feed a family completely every month.”** Some programming types—like general food distribution—lean toward covering a family's food needs but others, such as targeted vulnerable group feeding or integrated school feeding, take a different approach. Until we have a full breakdown of the data, we won't be able to provide a more precise statement.

- 4. Over the past two years, we have been shifting more of our food portfolio toward cash assistance**—this programming type has many benefits such as greater efficiency, flexibility for families and even anecdotally-reported safety, compared to in-kind food distribution. Because our raw data lacks the level of detail required to run an in-depth analysis of all programming types, we have not yet been able to understand the full implications of this shift.

- 5. Logistical disruptions, known as pipeline breakages,** affect aspects of our programs such as the amount of food distributed and costs of operation, along with a variety of known consequences that are poorly documented in the database. This hinders our ability to understand the cost-efficiency implications.

More investigation is needed to understand these results, particularly as we seek to be data-driven in our partnership with WFP and accurate in our forecasting of food assistance costs across contexts.

Results of our cost-benefit analysis

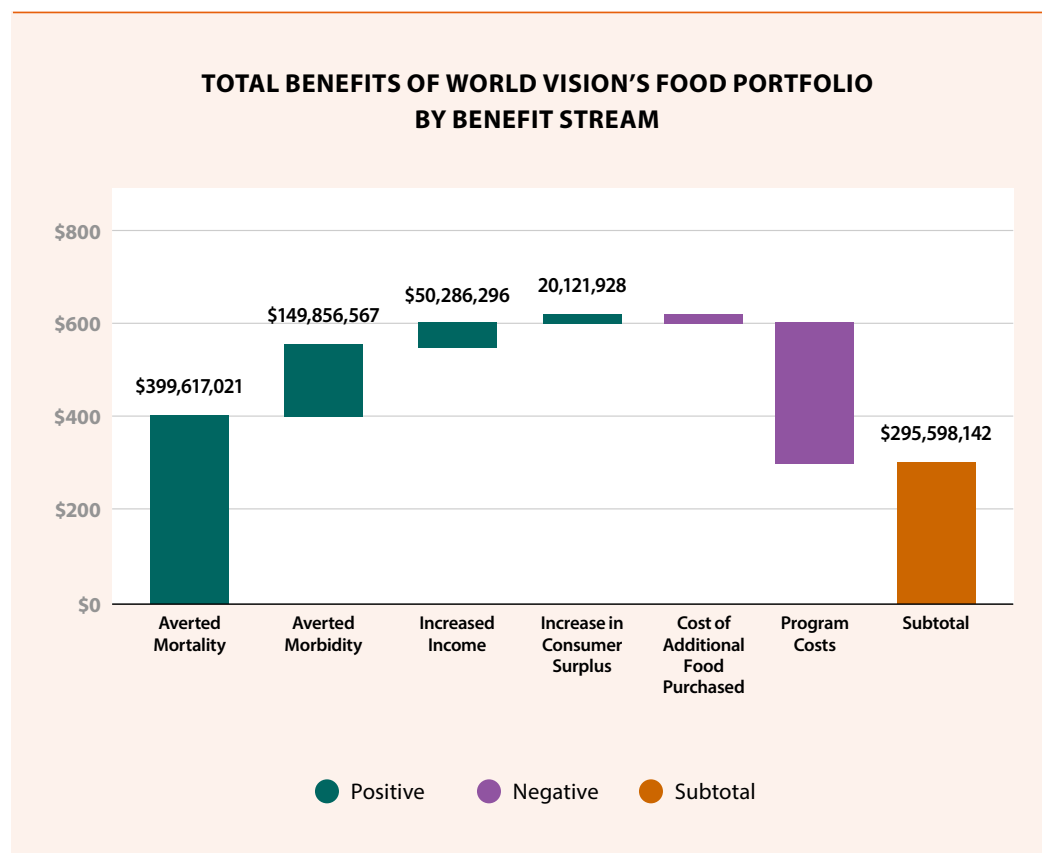
Between 2019 and 2021, World Vision ran 174 joint programs with WFP across 24 countries. Using the data available from this span of time, we are working in partnership with a third party analytics firm to conduct a cost-benefit analysis.

Preliminary results show that overall, World Vision’s food assistance portfolio has been an effective use of funds, bringing significant positive impact and value.

- The benefit-cost ratio is 1.97, which means for every \$1 spent on WFP programming, \$1.97 in health and educational benefits were produced between 2019 and 2021.*
- 8,546,943 people have been helped through our food assistance portfolio, at a cost of \$304,551,463.
- 169,276 disability-adjusted life years (DALYs) have been prevented, at a cost of \$1,795 per DALY saved.**
- With a net present value of \$295,598,142, we know this portfolio has provided more benefits than costs.***

Analysis has also revealed that over the past three years, our programs run in partnership with the UN World Food Programme prevented the deaths of 10,841 girls and boys under age five—nearly 10 lives per day.

As the graph below shows, reductions in mortality among children under five account for roughly two-thirds of the total benefits measured, while prevented morbidity**** (due to reductions in stunting, wasting and underweight) for children under five accounts for the second largest share. An increase in income is the third highest, followed by an increase in consumer surplus.



* The benefit-cost ratio is a way to compare the total benefits and total costs of a project. A value greater than 1 means that the benefits outweigh the costs.
 ** The disability-adjusted life year (DALY) is a measure of the overall burden of disease. It combines years of life lost due to premature death and years of life lost due to time lived in less than full health. One DALY represents the loss of the equivalent of one year of full health.
 *** 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.
 **** While mortality refers to death, morbidity is the condition of having a disease or illness.

Lessons learned

1. We need to track the risk of pipeline breakages to prevent delays in delivering food assistance.

Within our food portfolio, we know that there are instances of pipeline breakages—disruptions and challenges that prevent us from delivering assistance as planned.

While conducting the cost-effectiveness analysis, we looked to see if these breakages would lead to outliers in the dataset. Early results indicate that this is happening, but further analysis is needed to understand the scope of the issue, and to what degree it is affecting the quality of our interventions.

2. We need to investigate the decreasing cost of food delivery seen in our cost-effectiveness analysis.

This will be challenging and require multiple steps. Our food assistance portfolio is extensive and complicated and our analysis to date has multiple variables, making it difficult to pinpoint issues quickly. For example, the structure of our data does not allow us to easily separate the different programming types for analysis, which is a necessary step in this investigation (see point No.3).

3. We need cost data that is disaggregated by programming type.

We use five main approaches through our partnership with WFP: general food distribution, cash and voucher-based programming, food or cash for assets, targeted vulnerable group feeding and integrated school feeding. Based on the way financial data is tracked, it is difficult to separate the costs associated with each programming type when multiple types are being used in the same geographical region, because of overlaps.

Having cost data per programming type is needed for more in-depth analyses of the cost-effectiveness trend as well as the efficiency of the specific interventions. For example, targeted vulnerable group feeding accounts for a significant portion of benefits; however, we need the cost of these specific programs to determine if they are more cost-effective at reducing malnutrition compared to other interventions, such as general food distribution.

4. Having the change in food consumption scores at the project level would allow us to generate more accurate results.

The [food consumption score](#) (FCS) is an index developed by WFP—it aggregates a household's food group diversity and frequency, weighted according to nutritional value, and helps to classify households according to their caloric intake. It is one of the main metrics used to estimate the portfolio's impact reported here.

We do not currently have FCS at the project level and instead, have relied on assumptions grounded in country-level data. The analysis showed that even when we changed the current conservative assumption of the FCS impact to a very conservative assumption (thus reducing the estimated impact), the broad conclusions from the CBA results did not change—the benefits were still greater than the costs.

Even so, using an assumption does limit the accuracy of the analysis we can perform. Moreover, with project-level FCS data, we could assess the relative effectiveness of cash transfers and compare them to the effectiveness of general food distributions. We could also consider regional or country variations, allowing for more knowledge about our implementation strengths, and propose shifts of the portfolio where applicable.

Conclusion and next steps

These cost-effectiveness and cost-benefit analyses have provided valuable insights, revealing strengths in our food assistance programming while highlighting areas for follow-up.

Going forward, we will:

1. Analyze our food assistance portfolio to identify issues that may be skewing our cost-effectiveness trend lower, such as: outlier projects, changes in the mix of programming types being used, and the implications of our increased investment in cash programming.
2. More thoroughly investigate the consequences of pipeline breakages and how they may affect calculations and benefit accrual going forward.
3. Separate cost data for projects that implement multiple programming types, so we can assess the effectiveness of each intervention.
4. Perform a sensitivity analysis on the CBA models' critical parameters, to determine how the key assumptions affect the results.
5. Perform a gap analysis to determine additional indicators and research areas that could be collected, to better inform cost-effectiveness analysis or program evaluation for this portfolio.



Mothers in Burkina Faso bring their children under age two to collect nutritional supplements. Here, children are screened to make sure they aren't already malnourished—as those diagnosed with malnutrition will be referred to the health centre for treatment. World Vision staff teach the mothers how to give the supplements, and community-based health workers provide education on infant nutrition.

What is the cost of *not* protecting children?

[Child protection](#) is a critical component of our work in communities, and is foundationally built into our programs. All girls and boys deserve to grow in secure and nurturing environments, free from abuse, neglect, exploitation and violence.

We know this work is vital—but as we assess the value of our impact, evaluating the costs and benefits of the specific child protection interventions we use is not straightforward. There is limited research available on the long-term effects these interventions have on reducing violence against children and creating environments where they can succeed. Research on the negative outcomes of child harm is also sparse, making it very difficult to measure the economic value of World Vision’s child protection programs.

As a solution to this challenge, we can frame the question differently. Rather than asking, *What are the costs and benefits of our child protection interventions?* we can ask, *What are the implications of not investing in the protection of the world’s girls and boys?**

So far, this approach has confirmed: the implications are vast.

Our analysis to date shows that **the current cost to society of failing to protect children is US\$8.9 trillion every year**. And we strongly believe this figure is an underestimation, as it does not yet account for the consequences of important factors like early marriage, mental health and female genital mutilation (FGM), among others.

Approaching the challenge

The costs of not protecting children are believed to be extensive but to date, are not well understood. While research has been conducted on many specific aspects of violence against children and child protection, there have been minimal attempts to use these findings to inform more comprehensive estimates of the total cost of not protecting girls and boys across a broader set of categories.

In partnership with an external analytics firm, World Vision is now developing a comprehensive methodology to estimate the current cost to the global economy of not protecting children.

From this foundational work, we will build a set of tools that will inform future analytical studies—and ultimately help us evaluate, design and prioritize effective child protection interventions.

Three lessons learned

1. We needed to build on an existing index.

The most relevant [current index estimating the costs of child protection](#) was published by Child Fund and ODI in 2014 (referred to hereafter as CFODI). This index is often cited in current reports. It accounts for three categories of violence:

- **physical, emotional, and sexual abuse**
- **child labour**
- **children associated with armed forces or groups**

All three categories of violence are connected to losses in education—such as higher school dropout rates—while children associated with armed forces or groups (CAAFG) is also associated with premature death, which is valued as lost productivity to society.

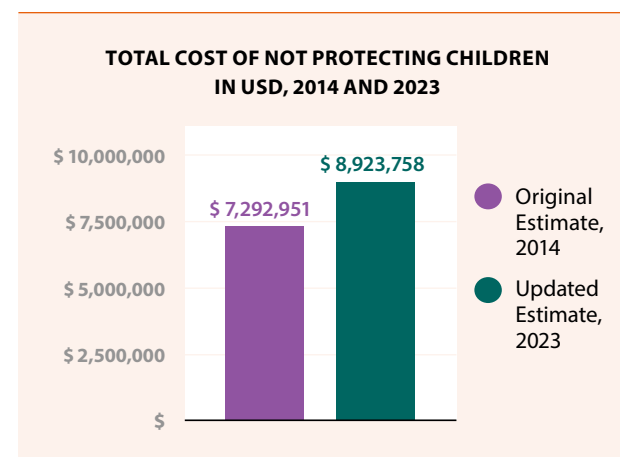
Our work in updating the CFODI estimates revealed gaps in that earlier work, which should now be addressed through the addition of newer methodologies.

* This topic has also been explored in [“The violence prevention dividend – Why preventing violence against children makes economic sense,”](#) a report created by a coalition of child-focused agencies, with WVI as a contributor.

2. The current estimated cost of not protecting children is US\$8.9 trillion annually.

In updating the index, it was found that the real cost of not protecting children has increased by 22 per cent since 2014, while the global population has increased by only 9 per cent in the same time period. At first glance, this looks like the result of increased child labour or abuse; however, this rise has actually been driven by countries becoming richer, with increases in real GDP both globally and by region. Simply put, the cost of not protecting children has gone up because children in many countries have greater economic potential than they did in 2014—so the financial costs resulting from their harm is felt more acutely.

In both the original and updated estimates, the distribution of costs across the three forms of violence remains consistent—predominantly driven by the cost of physical, emotional and sexual abuse, which comprises 98 per cent of the total cost of not protecting children. The remainder is mostly child labour (2 per cent), while CAAFG is negligible relative to the total cost. This is largely because, according to CFODI, fewer children are affected by recruitment into armed forces when compared to the other two forms of violence.



3. More updates to the CFODI index are needed to reflect the current context.

Since 2014, the definitions and methodologies used in child protection work have evolved. For example, World Vision often uses the 2020 [Alliance for Child Protection in Humanitarian Action](#) (ACPHA) guidelines when designing child protection projects in humanitarian contexts this guidance identifies seven categories of violence against children, compared to the three included in the CFODI index. These are:

- Dangers and injuries
- Physical and emotional maltreatment
- Sexual and gender-based violence (SGBV)
- Mental health and psychosocial distress
- CAAFG
- Child labour
- Unaccompanied and separated children

Updates to the CFODI index are needed in two respects: First, additional ACPHA categories should be considered to form a more complete estimate of the costs of not protecting children. Second, the methodology used for the categories that CFODI valued would benefit from being updated and refined.

The table on the right shows a brief overview of the gaps we have identified for each category.

ACPHA CATEGORY	IMPACTS INCLUDED (CFODI)	IMPACTS PROPOSED (WORLD VISION)
Physical and emotional maltreatment	Early dropout from school due to any type of maltreatment	Physical and mental health consequences, reduced educational achievement
Sexual and gender-based violence (SGBV)	Sexual abuse included with physical and emotional maltreatment	Include additional facets of SGBV: female genital mutilation, early marriage, intimate partner violence, etc.
Children associated with armed forces or groups (CAAFG)	Total loss of productivity for half of children, lost schooling for the remaining half	Mental health consequences, improved accuracy of estimated productivity loss, reduced educational achievement
Child labour	Lost years of schooling - assumes all children drop out	Lost years of schooling and reduced educational returns, adverse physical health outcomes

The way forward*

We will use the 2020 ACPHA guidelines to frame new research and provide an improved model of the cost of not protecting children. Because both resources and available research are limited, we will begin this work strategically. Over the next year, we plan to run an analysis using secondary data and World Vision data to identify which ACPHA category we should focus on first in improving the index. Once this is complete, we will present an updated methodology and estimation to the public.

We see this as essential work.

Our current estimate of the economic cost of not protecting children is US\$8.9 trillion—a figure that we believe is much lower than the reality. Our analysis has revealed gaps that should be addressed, but more investigation is needed.

Protecting children is a community effort

In Mozambique's Nampula province, the *Every Girl Can* program is working to see adolescent girls living free from sexual and gender-based violence and discrimination. Local child protection advocates like Samuel can be powerful influencers.

"I realized that early marriage is a form of gender-based violence," says Samuel, 24, who experienced a major life change after learning about gender-based violence and abuse and the negative consequences of child marriage. He now meets with families who are considering a premature union in the hopes of changing their minds. "My dream for every girl is to have a chance to live a life free of violence and complete her studies."

Samuel's attitude within his own family has also changed. He's become a leader for his peers and younger boys—including his younger brothers who depend on him.

"The training sessions taught me how to behave like a real man, avoiding toxic masculinity [that leads to acting] violently toward others," he says.

Efforts to shield girls and boys from harm—equipping them with knowledge of their own rights, fostering safe home environments, strengthening the protective systems around them—are unequivocally important to World Vision's mission to help bring life in all its fullness to the most vulnerable girls and boys; we know that violence against even a single child can reverberate for generations.

By gaining a better understanding of both the costs surrounding child protection and the value of World Vision's programs in this area, we hope to improve the quality of our work so that ultimately, fewer girls and boys experience the hurt, loss and limitation that violence against them brings.



* Both the CFODI and our proposed updated methodology seek to estimate the economic cost of not protecting children. No attempt has been or will be made to assign economic value to human rights, dignity or equity. These inherent social values motivate us to reduce violence against children and are undeniably valuable to well-being and quality of life—but there is no agreed-upon methodology or process to assign appropriate value to these elements.

Community-based Management of Acute Malnutrition (CMAM): Factors affecting rates of defaulting and non-recovery

World Vision has a long history of treating girls and boys with acute malnutrition, also known as wasting. We were early adopters of the [Community-Based Management of Acute Malnutrition](#) (CMAM) approach, beginning in Niger in 2005. The programming model has four components:

1. In-patient stabilization care for children experiencing acute malnutrition with complications
2. Out-patient therapeutic care for children with severe acute malnutrition without complications
3. Supplementary feeding for children with moderate acute malnutrition
4. Mobilization of community members to prevent, detect and refer cases of acute malnutrition

This work happens through established health facilities and systems, in collaboration with national ministries of health.

Since 2010, in programs implemented by the World Vision Partnership, more than 2.6 million women and children under five have been treated in 32 countries using CMAM. In 2010, we began tracking consolidated Partnership CMAM data using an online database. Every year, we report the number of people treated along with treatment outcomes—rates of recovery, death, defaulting and non-recovery—which we compare to internationally agreed thresholds, known as Sphere standards.



* Contributed by Colleen Emary, Senior Technical Advisor for Nutrition at World Vision International.

Investigating changes in our CMAM treatment results

When comparing the treatment outcomes for 2022 against Sphere standards—and considering year-over-year trends—we noted that the 2022 default and non-recovery rates were at their highest point since data tracking began in 2010.

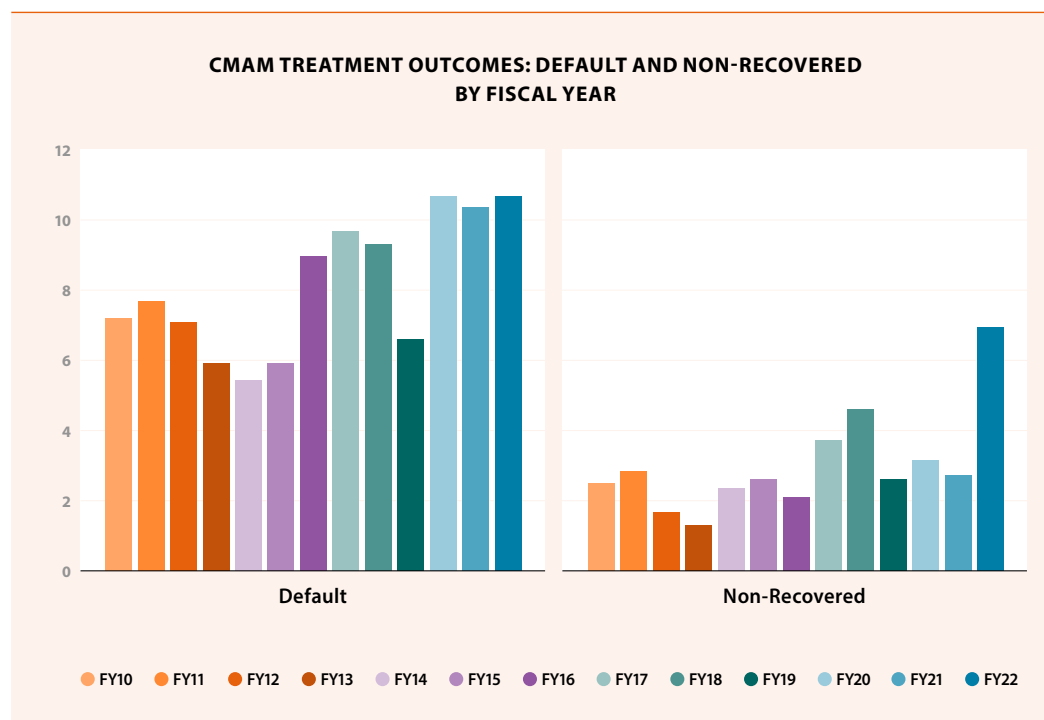
2022 WORLD VISION CMAM TREATMENT OUTCOMES COMPARED TO SPHERE STANDARDS

	2022 Results (World Vision)	Sphere Standards
Recovered	81.3%	> 75%
Death	1.1%	< 10%
Default	10.7%	< 15%
Non-Recovered	6.9%	No standard

A child is recorded as “**DEFAULTING**” from a CMAM program when they miss three consecutive treatment visits.

A child is recorded as “**NON-RECOVERED**” when they do not reach the criteria for “discharge as recovered” after four months of treatment.

The graph below shows default and non-recovered treatment outcomes between 2010 and 2022, with elevated default levels from 2020-2022, and a notable increase in non-recovered in 2022.



The default rate remains below the Sphere standard, and there is no established threshold for non-recovery, but focusing on the quality of our programming, we wanted to understand the reasons behind these changes.

Learnings: Causes of higher non-recovered and default rates in CMAM programs

High rates of defaulting and non-recovery in CMAM programs usually result from a variety of issues and are dependent on the program contexts.

Here are the main factors we've identified, along with actions World Vision is taking to address them.

1. When the clinical treatment protocol is not followed, children will not recover as expected.

A child with acute malnutrition needs both medical care and nutritional treatment to recover. This involves accurate assessment of the child's status and registration in the correct treatment stream, along with antibiotics, deworming and [ready-to-use therapeutic food](#) (RUTF) —all according to the clinical protocol of the national ministry of health. When this protocol is not followed, a child will not recover as expected.

Noncompliance with clinical protocols may happen at the health worker level, because of insufficient CMAM training or workload constraints. However, this can also occur at the household level, when caregivers do not provide the routine medicine or daily prescribed dose of RUTF, or don't bring their child for follow-up visits, which are necessary to monitor treatment progress.

Our response: In collaboration with national ministries of health, World Vision supports the capacity strengthening of health workers on CMAM protocols and trains them to support families with home visits and nutrition counselling, helping them adhere to the prescribed at-home treatment. We are now increasing our efforts to support ministries of health with monitoring, quality assurance and supportive supervision.

2. Underlying medical conditions may prevent or complicate recovery.

If a child with acute malnutrition has an underlying medical condition such as HIV or tuberculosis, this complicates recovery—and they may not reach the “discharge cured” criteria while in treatment. These girls and boys will be

discharged from CMAM treatment as “non-recovered.” A child's treatment progress should be monitored carefully, and if they are not recovering from acute malnutrition as expected, further medical investigation is required—which may uncover an underlying condition.

Our response: By training health facility staff on CMAM protocols—including how to track treatment progress and identify underlying issues—we are working to minimize the risk of medical conditions going undetected. This is a continual process, especially considering the frequent turnover of frontline health staff.

3. Supply chain disruptions cause stock-outs of ready-to-use therapeutic food.

Ready-to-use therapeutic food is an essential commodity in a CMAM program—a child with severe acute malnutrition requires an average of 20 sachets of RUTF per week during their treatment, which they collect from the health facility during monitoring visits.

Logistical challenges and shortages within supply chains sometimes cause stock outs of RUTF. When it's unavailable, families can lose motivation and stop bringing their girls and boys for treatment. This may result in them being discharged from the program as “defaulting.” (Caregivers are encouraged to continue bringing their children to the health facility during stockouts so that their condition can be monitored.)

Our response: World Vision provides supply chain support to national ministries of health, including donations of RUTF and assistance transporting supplies to health facilities.

4. Weak monitoring systems allow for losses in follow up when children are transferred to hospitals.

If a child's medical condition deteriorates during treatment, they may be transferred to a hospital for care. Once their condition has stabilized, they should return to the health facility to continue treatment for acute malnutrition. However, these follow-ups may not happen if a monitoring system is weak, and as a result, the child may be missed and be recorded as "defaulting" from the CMAM program.

Our response: Our capacity strengthening efforts through national ministries of health include support for routine monitoring systems, coaching staff on record-keeping along with calculating and interpreting outcomes. This helps to minimize cases where follow-up is lost because of transfers.

5. Population movement and a scarcity of health facilities can make it difficult for families to access CMAM services.

Some of our CMAM programming takes place among pastoralist populations, where families are often moving to new locations in search of pasture and water for their livestock. Migration is particularly high during seasons of drought. A child with acute malnutrition may default from a CMAM program when they move with their family to a new location where treatment is not available.

In some areas, the available health facilities are too few and cover a large geographical area, meaning that families must travel long distances to access CMAM services. Girls and boys with acute malnutrition may end up defaulting because the distance is too far for their families to manage.

Our response: To address these challenges, World Vision is scaling up CMAM outreach services—in Kenya, for example, we are running mobile clinics in three drought-affected districts. This will make CMAM services more accessible to families as they will no longer have to travel long distances to health facilities. For families on the move, the expanded outreach services allow them to continue treatment for their child in their new location.



Moving forward

World Vision will continue to monitor treatment outcomes across our CMAM programs with a particular focus on rates of defaulting and non-recovery. At a global level, this involves quarterly data reviews and follow-ups with countries where specific concerns are noted. At the country level, we continue to review data monthly and coordinate with national ministries of health to take action where needed.

Working in coalition: Lessons learned with the *Gender-Transformative Framework for Nutrition*

Since 2018, health and gender equality practitioners at World Vision have been on a path to see gender considerations better integrated into nutrition programming—a journey that has taken us deep into collaboration with our peer organizations in Canada. Read on for a glimpse of what we've learned so far, working in partnership on the [Gender Transformative Framework for Nutrition](#).

What does gender have to do with nutrition?

Nutrition and gender are intimately interconnected. Cultural gender roles inform how food is produced and consumed—even determining, in certain contexts, who gets to eat, how much, and when. Women and girls often face gender-based barriers that limit their access and use of health and nutrition services. And from a biological perspective, sex affects energy and nutrient requirements. In short: gender inequality is both a cause and a consequence of malnutrition.

Estimates show that one in three people worldwide experience some form of malnutrition⁷⁰, and 60 per cent of people with chronic hunger are female.⁷¹ When women and girls experience poor health and nutrition, it hampers their abilities to engage in education, livelihoods and growth opportunities—and perpetuates intergenerational cycles of poverty and inequality.

The nutrition sector has long recognized the important role that women and girls play in their communities' nutritional status. We know that women and girls bear the brunt of the malnutrition burden. Yet we still struggle to address the diverse and dynamic ways that nutrition, sex, gender equality and empowerment interact and affect communities across many spheres of society.

Efforts have been made to “integrate” or “mainstream” gender into nutrition programs, but wide gender disparities persist because these efforts have not focused on transforming the root causes of the problem.



Research and collaboration for a new way of thinking

With these challenges in mind, in 2018, health and gender programming staff at World Vision began a research journey to explore what evidence could be found to link gender equality with nutrition outcomes. At the 2019 Women Deliver Conference, we hosted a side event to discuss emerging themes from our research and hear from other development professionals.

Through continued conversation with Global Affairs Canada (GAC), we were encouraged to bring other Canadian nutrition actors together to find a meaningful use for our research.



After packaging our findings into a discussion paper, we invited GAC and other Canadian NGOs for an all-day meeting in March 2020. At that workshop—just days before the COVID-19 pandemic hit Canada—we collectively decided that a change was needed in how the nutrition sector looked at nutrition programming.

Together, we committed to creating a new conceptual framework—one that would equip all actors in our sector to more holistically understand and address the nutritional needs and rights of women and girls.

Convened and led by World Vision Canada, the Gender-Transformative Framework for Nutrition (GTFN) coalition was formalized in July 2020, with members representing both the nutrition and gender expertise of their organizations, sharing their skills and resources to achieve the best possible collaborative effort.

Announcing the Gender-Transformative Framework for Nutrition

After several months of cooperation, the Gender-Transformative Framework for Nutrition was officially launched at the Nutrition for Growth Year of Action launch event in December 2020.

The GTFN is a conceptual model supported by both research and practice. It reframes nutrition programming as a multi-sectoral issue that includes health and nutrition services, food, education, agricultural resources, markets and technologies with gender equality at its core. It provides a conceptual approach to transform discriminatory gender norms, establish or strengthen equitable gender relations, bring about structural and systemic change, and create an enabling environment that nurtures greater equality and inclusion in achieving the right to good nutrition.

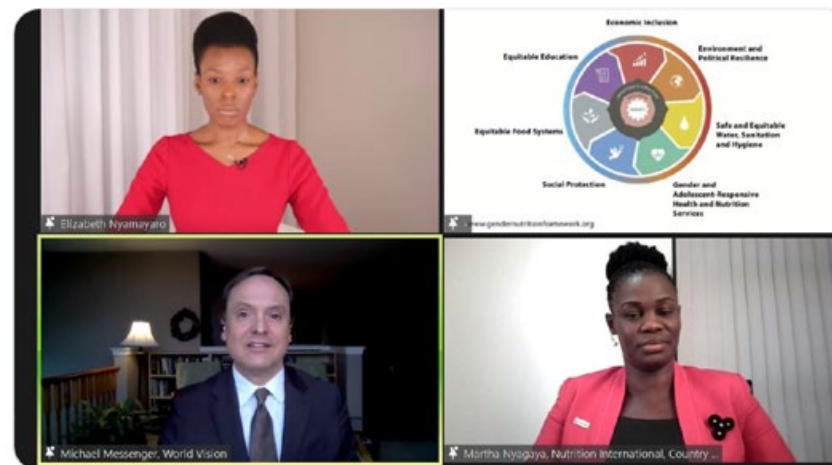


Nutrition for Growth @nutritionwin · Dec 14, 2020

Our first panel: Making the link between Nutrition & Gender Equality. ...

"Good nutrition helps gender equality and gender equality helps good nutrition." – @mjmessenger

#NutritionYearOfAction



Five lessons we've learned with the GTFN

1. Thought leadership takes time, resources and deep expertise.

The GTFN took years to grow and gain traction. It required skilled, dedicated and passionate staff who could commit a percentage of their time to this specific pursuit—which meant a financial investment from each member organization.

This hasn't been a short-term investment. Moving the framework forward has been a continuous effort as we respond to our ever-changing global context. For example, the initial GTFN research and framework structure were both developed before the COVID-19 pandemic—a world-changing event that immensely affected access to food and health systems, especially for women and girls. The early pandemic was unfolding as the framework was in development, requiring us to be [responsive to its impacts](#) in real time.

Now, with the initial phase of the framework complete, coalition partners are focused on its practical application for program design, implementation and evaluation, pursuing research and resource development opportunities.

Members continue to engage in advocacy and dialogue around gender equality and nutrition, such as the [implications of climate change](#) and analysis of the [integration of gender equality and women's empowerment](#) in government commitments made at the United Nations Food Systems Summit and Nutrition for Growth Summit. This valuable ongoing work requires continued investments of time, resources and skills.

2. Clear parameters are essential for healthy cross-organizational partnership.

Working in coalition meant that World Vision needed to approach this undertaking in the spirit of true partnership—not claiming the outcomes as our own but setting common priorities and sharing in the successes together.

As partners took on different components of the work, the question of intellectual property was a key concern. Within the coalition's memorandum of understanding, we outlined clear shared acknowledgment principles for how agencies would be credited based on their engagement with the various published works. These proactive measures were essential for constructive partnership, opening the door for all agencies to contribute freely.

Our collaboration continues to adapt as the work moves forward. With the GTFN coalition's initial priorities achieved, we are now in the process of renewing our commitments and responsibilities over the next two years. Where World Vision was once the driving force, other members are now taking the lead on aspects of the framework.

As the partnership continues, we remain committed to collaboration, building that priority into the structure of the work. Going forward, member agencies are taking leadership of different topics, and we're seeing an increase in cross-organizational teams.

3. A communication strategy is key for disseminating the message.

Publishing the framework in 2020 was one achievement—but actually gaining traction with our peers within the nutrition sector was another.

We thought strategically about when and how to release the GTFN. By partnering with GAC to launch it going into the Year of Nutrition with its associated events, we had many opportunities to present our work to a broad group of audiences.

We developed key messaging to position the framework well with external audiences. Then, as coalition members participated in conferences and events, we were able to adapt our contributions for the context, inserting our talking points appropriately into the different spaces where we sought to share the framework.

4. For effective uptake, conceptual work needs to be translated to practical tools.

Since its launch, the GTFN has been very well received. Global leaders in the sector report using the framework in modeling, decision making, and conceptual or policy work. However, one barrier to broad uptake has been the lack of practical tools to apply the framework—audiences may agree with the approach presented in the GTFN, but they lack instructions for what to do with the information.

This is the future of the GTFN. The coalition is now working on practical guidance and tools so that the framework can be operationalized within local and national contexts. Bruyère Research Institute and Nutrition International are currently working toward the creation of guidance for practitioners together with the University of Toronto. The goal is to transform the way organizations tackle the underlying drivers of malnutrition, equipping communities and nutrition actors through the co-creation of practical tools and guidance that promote gender equality and empowerment through multisectoral action.

5. Expanding our partnership is how we'll move forward.

Our work on the GTFN has taught us that we can lead by bringing others together—we can go further and be louder when their voices join ours. This kind of partnership is practical. It allows us to learn from each other, to leverage the experience and expertise of diverse groups, to speak to broader organizational networks as we amplify the work we're doing together.

Fostering true partnership is essential as we move forward, reaching beyond work with agencies based in Canada to seek genuine engagement with partners at the national, subnational and community levels.

This is an ongoing focus of the GTFN coalition, with the toolkit development now centered on working with partners in both Canada and internationally. By prioritizing the voices of women and adolescents from lower and middle-income countries, the coalition is working to ensure their specific experiences and needs are addressed, and the framework is put to practical use in a way that is relevant and transformative.



- Economic Inclusion
- Environmental and Political Resilience
- Safe and Equitable Water, Sanitation and Hygiene
- Gender and Adolescent Responsive Health and Nutrition System
- Social Protection
- Equitable Food Systems
- Equitable Education

This GTFN diagram demonstrates how the inner three empowerment circles and the seven domains are all pieces of the puzzle, each critical for achieving the realized right to good nutrition and gender equality.

2022 FINANCIAL ACCOUNTABILITY



FINANCIALS

World Vision Canada is committed to wisely stewarding the resources at our disposal. These resources are not our own—they've been entrusted to us from God through our partners and donors, and we are responsible for managing them in a way that brings maximum benefit for 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 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, 2022, with comparative figures for 2021
(in thousands of dollars)

	2022	2021
REVENUE		
Cash Donations	\$228,823	\$226,267
Gifts-in-Kind	\$144,857	\$140,951
Grants	\$64,030	\$71,885
Investment & Other Income	\$1,034	\$1,729
Total Revenue	\$438,744	\$440,832
EXPENDITURES		
Programs		
International Relief, Development & Advocacy	\$370,500	\$382,455
Public Awareness & Education	\$1,941	\$2,026
Fundraising	\$43,245	\$35,343
Administration		
Domestic	\$16,150	\$15,517
International	\$4,152	\$4,212
Total Expenditures	\$435,988	\$439,553
Excess of Revenue over Expenditures	\$2,756	\$1,279

\$ EXPENDITURES

Field Programs & Advocacy 83.1%



Helps Raise More Resources 11.4%



Vital Support & Accountability 5.5%

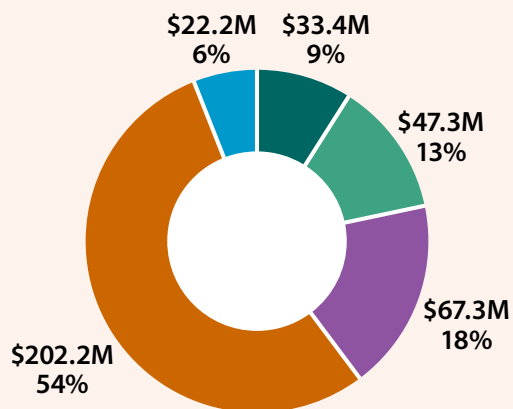


This chart is based on a five-year average of World Vision Canada's annual statement of total expenditures.

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

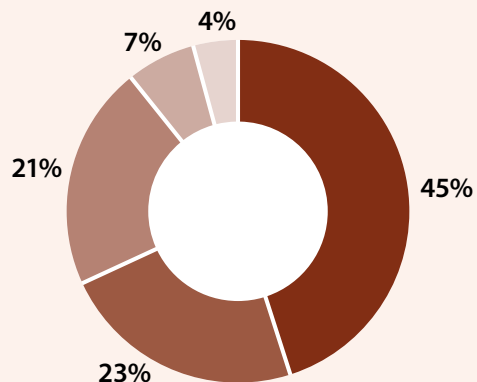
HOW DONATIONS WERE INVESTED IN 2022

PROGRAMS EXPENDITURES



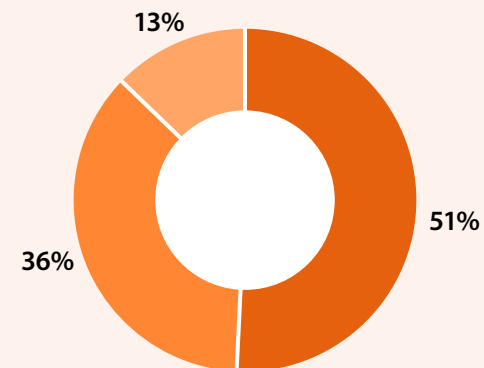
- Livelihoods
- Health
- Education
- Child Protection & Participation
- Water, Sanitation & Hygiene

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 Canada programs in 2022

Institutional donors

Camões - Instituto da Cooperação e da Língua, I. P.
 Crown Agents
 Employment and Social Development Canada
 European Union
 Global Affairs Canada
 Humanitarian Coalition
 International Development Research Centre
 Manitoba Council for International Cooperation (MCIC)
 Ministry of Health Angola
 United Nations Children's Fund (UNICEF)
 United Nations High Commissioner for Refugees (UNHCR)
 United Nations World Food Programme
 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

CARE Canada
 Make Music Matter
 Nutrition International
 Plan International Canada
 Save the Children
 United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
 War Child Canada
 World Vision Partnership, Support Offices and National Offices

Strategic research and innovation partners

Concordia University
 FOSDEH (Foro Social de la Deuda Externa y Desarrollo de Honduras)
 John Hopkins University
 Lucky Iron Fish Enterprise
 MASIMO
 SickKids Centre for Global Child Health
 University of Ghana
 University of Ottawa
 University of Toronto
 Wilfrid Laurier University

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.

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

- 289 adults and youth gained wage-earning employment. 24 in Bolivia, 105 in Colombia, 5 in Ecuador, 79 in El Salvador, 42 in Guatemala, 31 in Honduras, 3 in Peru.
- 5,615 people are participating in activities that generate income. 2,313 in Bangladesh, 648 in Burundi, 226 in Cambodia, 220 in Guatemala, 38 in Honduras, 1,278 in India, 567 in Sri Lanka, 26 in Uganda, 299 in Zimbabwe.

- 12,507 people applied sustainable agricultural practices, including the Farmer Managed Natural Regeneration (FMNR) approach to restore and improve pasture, forest and agricultural land. 478 in Bangladesh, 99 in Chad, 4,844 in India, 169 in Rwanda, 1,315 in South Sudan, 5,602 in Uganda.
- 173 farm demonstration schools and sites were established for farmers to learn new techniques. 5 in Malawi, 3 in Senegal, 65 in Sri Lanka, 100 in Uganda.
- 3,677 savings groups were active, allowing members to gain financial skills, save money collectively and access small loans. 449 in Burundi, 18 in Chad, 433 in DRC, 30 in Ethiopia, 21 in Ghana, 10 in Guatemala, 7 in Haiti, 48 in Honduras, 2 in Indonesia, 48 in Kenya, 12 in Laos, 84 in Mali, 54 in Mozambique, 15 in Niger, 50 in Philippines, 1,170 in Rwanda, 689 in Senegal, 264 in South Sudan, 36 in Tanzania, 200 in Uganda, 38 in Zimbabwe.
- 25,061 people were trained in agriculture and livestock techniques including food production, livestock handling, climate-smart techniques and post-harvest storage methods. 1,074 in Bangladesh, 95 in Bolivia, 3,792 in Burundi, 94 in Cambodia, 1,306 in Chad, 211 in DRC, 538 in Ecuador, 32 in El Salvador, 205 in Ethiopia, 234 in Guatemala, 2,630 in India, 581 in Indonesia, 257 in Kenya, 225 in Laos, 569 in Malawi, 19 in Mauritania, 2,670 in Mozambique, 28 in Nicaragua, 149 in Peru, 282 in Senegal, 5,259 in South Sudan, 638 in Sri Lanka, 2,599 in Uganda, 1,574 in Zimbabwe.
- 17,945 people were trained in business and entrepreneurial skills, including financial literacy and income-generating activities. 299 in Bangladesh, 138 in Bolivia, 110 in Cambodia, 130 in Colombia, 609 in DRC, 22 in Dominican Republic, 181 in Ecuador, 90 in El Salvador, 299 in Ghana, 313 in Guatemala, 70 in Haiti, 1,432 in Honduras, 103 in Kenya, 225 in Laos, 123 in Mozambique, 10,942 in Peru, 594 in Philippines, 105 in Rwanda, 506 in Senegal, 394 in South Sudan, 117 in Sri Lanka, 1,143 in Uganda.
- 488 groups have a disaster preparedness strategy in place to support institutions and full communities to be more prepared in case of emergencies. 3 in Bolivia, 16 in Dominican Republic, 6 in El Salvador, 28 in Ethiopia, 20 in Ghana, 1 in Honduras, 208 in India, 9 in Indonesia, 13 in Jerusalem, West Bank and Gaza, 3 in Malawi, 3 in Mali, 30 in Mozambique, 6 in Senegal, 13 in Sri Lanka, 120 in Uganda, 11 in Zimbabwe.
- 1,312 producer groups were operational, with members working together to create or sell products. 12 in South Sudan, 1,240 in Uganda, 60 in Zimbabwe.
- 7,520 emergency kits, including non-food items, shelter and basic resources, were distributed in times of need. 4,320 in Haiti, 3,200 in Somalia.
- 73,941 large and small livestock were distributed as sources of income for families. 1,881 in Burundi, 67,410 in Cambodia, 4,650 in Mauritania.
- 67,690 metric tons of food were distributed to meet families' immediate survival needs. 1 in Bangladesh, 22 in Burkina Faso, 1,065 in Burundi, 2,601 in CAR, 4,348 in DRC, 7,226 in Ethiopia, 2 in Iraq, 2,272 in Kenya, 171 in Mali, 386 in Niger, 898 in Somalia, 11,641 in South Sudan, 8,453 in Sudan, 13,690 in Tanzania, 14,914 in Uganda.
- 1,454,557 people benefitted from cash transfers, allowing them to meet their immediate household needs. 191,459 in Bangladesh, 12,815 in Burundi, 62,804 in CAR, 1,758 in Cambodia, 21,213 in Colombia, 44,926 in DRC, 47,035 in India, 74,911 in Iraq, 19 in Kenya, 1,681 in Lebanon, 218,238 in Mali, 4,052 in Moldova, 8,650 in Niger, 437,217 in Somalia, 99,165 in South Sudan, 127,728 in Sudan, 97,698 in Uganda, 3,188 in Zimbabwe.
- 1,950,835 people benefitted from the provision of in-kind food assistance. 346 in Bangladesh, 11,678 in Burkina Faso, 196,731 in Burundi, 88,879 in CAR, 2,937 in Cambodia, 899 in Colombia, 138,830 in DRC, 2,385 in Ecuador, 32 in El Salvador, 222,002 in Ethiopia, 1,223 in Georgia, 2,146 in India, 9,162 in Indonesia, 1,497 in Iraq, 127,396 in Kenya, 2,455 in Lebanon, 34,303 in Mali, 6,809 in Niger, 9,930 in Peru, 60,339 in Somalia, 406,981 in South Sudan, 197,862 in Sudan, 189,752 in Tanzania, 236,261 in Uganda.
- 76,861 people received support with agricultural resources, including large and small livestock, tools and seeds. 1,061 in Bangladesh, 854 in Bolivia, 6,068 in Burundi, 21,488 in Cambodia, 5,884 in DRC, 2,002 in Ecuador, 172 in Ghana, 161 in Haiti, 486 in Honduras, 1,123 in India, 766 in Malawi, 598 in Peru, 23,138 in Rwanda, 119 in Senegal, 11,935 in South Sudan, 1,006 in Zimbabwe.
- 450 farmer and producer groups have accessed agricultural support or market services that are available to them. 188 in Bangladesh, 35 in Bolivia, 227 in Senegal.
- 38,198 community members have access to formal or informal financial and business development services. 46 in Bangladesh, 29 in Cambodia, 177 in Guatemala, 773 in Honduras, 4,124 in India, 38 in Kenya, 1,908 in Malawi, 29,532 in Rwanda, 941 in Senegal, 630 in Uganda.
- 26,618 community members, including children, were trained in disaster risk reduction strategies. 1,874 in Bangladesh, 1,570 in DRC, 341 in Dominican Republic, 834 in Ecuador, 65 in El Salvador, 454 in Ethiopia, 299 in Ghana, 11,157 in Guatemala, 1,799 in Honduras, 44 in India, 346 in Indonesia, 139 in Jerusalem, West Bank and Gaza, 2,563 in Malawi, 856 in Mozambique, 262 in Philippines, 231 in Senegal, 1,241 in South Sudan, 473 in Sri Lanka, 1,055 in Uganda, 1,015 in Zimbabwe.
- 70,971 people were actively involved in savings groups, providing them with financial literacy training and access to small loans. 174 in Bangladesh, 15 in Bolivia, 1,480 in DRC, 2,454 in Ghana, 243 in Guatemala, 220 in Haiti, 1,227 in Honduras, 39 in Indonesia, 807 in Kenya, 249 in Laos, 1,887 in Malawi, 1,808 in Mali, 1,264 in Mozambique, 1,574 in Philippines, 29,648 in Rwanda, 10,489 in Senegal, 4,664 in Sierra Leone, 7,758 in South Sudan, 3,089 in Sri Lanka, 1,379 in Uganda, 503 in Zimbabwe.

Health

- 144,271 patient consultations were provided by health professionals through projects supported by World Vision. 57,685 in Somalia, 4,649 in South Sudan, 65,351 in Syria, 16,586 in Yemen.
- 272,988 patient consultations were provided by community health workers through projects supported by World Vision. 19,565 in Bangladesh, 1,328 in Cambodia, 2,514 in DRC, 47 in Georgia, 474 in Guatemala, 3,489 in India, 231 in Laos, 13,095 in Malawi, 571 in Mali, 4,126 in Mozambique, 40,498 in Rwanda, 58,153 in Somalia, 117,078 in South Sudan, 6,185 in Yemen, 5,634 in Zimbabwe.
- 11,485 pregnant or lactating women received maternal health and nutrition services. 103 in Afghanistan, 1,151 in DRC, 1,229 in India, 10 in Senegal, 2,312 in Somalia, 4,985 in South Sudan, 319 in Tanzania, 964 in Yemen, 412 in Zimbabwe.
- 69,449 children and adults received age-appropriate immunizations to protect them against illness. 3,013 in Chad, 606 in DRC, 13,241 in Mali, 6,558 in Senegal, 29,956 in Somalia, 4,650 in South Sudan, 8,868 in Syria, 2,557 in Zimbabwe.
- 22,735 malnourished children aged six months to five years old were admitted to therapeutic nutrition programs. 3,824 in Angola, 1,778 in Bangladesh, 2,045 in Burundi, 1,800 in Chad, 2,778 in DRC, 230 in Ethiopia, 229 in Guatemala, 19 in Haiti, 14 in Indonesia, 25 in Malawi, 489 in Mali, 357 in Mauritania, 1,461 in Mozambique, 1,067 in Senegal, 1,800 in Sierra Leone, 3,849 in Somalia, 734 in South Sudan, 236 in Sri Lanka.
- 120,239 people participated in trainings, counseling or activities that teach healthy nutrition and feeding practices. 5,109 in Bangladesh, 48 in Bolivia, 52 in DRC, 398 in Ethiopia, 10,891 in India, 754 in Malawi, 51,812 in Somalia, 34,209 in South Sudan, 16,087 in Tanzania, 879 in Yemen.
- 375,218 people participated in trainings, counseling or activities on preventing and responding to infectious diseases, such as COVID-19. 6,959 in Bangladesh, 626 in Bolivia, 2,947 in Cambodia, 206,434 in Chad, 11,791 in DRC, 7,699 in Ecuador, 98 in Ghana, 391 in Guatemala, 11,203 in Haiti, 10,815 in India, 435 in Indonesia, 18,518 in Kenya, 2,455 in Lebanon, 24,014 in Mali, 16,362 in Mozambique, 117 in Peru, 4,230 in Philippines, 10,022 in Senegal, 203 in Sri Lanka, 181 in Tanzania, 39,718 in Zimbabwe.
- 398 health staff received training in topics relevant to their roles, such as gender-responsive care, waste management or COVID-19. 31 in Iraq, 168 in Mozambique, 40 in Somalia, 159 in Syria.
- 2,411 community health workers and volunteers were trained in topics equipping them to provide good care for children and families. 226 in Bangladesh, 59 in Bolivia, 117 in Cambodia, 83 in

- Chad, 238 in DRC, 92 in Guatemala, 136 in India, 372 in Indonesia, 107 in Kenya, 472 in Malawi, 49 in Mozambique, 102 in Senegal, 8 in Somalia, 5 in South Sudan, 135 in Sri Lanka, 108 in Tanzania, 24 in Yemen, 78 in Zimbabwe.
- 4,699,476 children received deworming treatment to support their health and development. 18,593 in Bolivia, 180,000 in Burundi, 5,512 in DRC, 18,291 in Mali, 22,080 in Senegal, 3,600,000 in Tanzania, 855,000 in Uganda.
- 11,237 people, including 9,913 children, received micronutrient supplementation such as vitamin A, zinc and micronutrient powders. 1,499 in India, 4,872 in Mali, 2,805 in Somalia, 2,061 in Tanzania.
- 5,409,916 items of protective equipment were provided, including medical masks, gloves, surgical gowns and eye protection. 475 in Bangladesh, 1,003 in Cambodia, 1,968,000 in El Salvador, 1,350 in Ghana, 90,000 in Guatemala, 10,800 in Haiti, 5,000 in Lebanon, 1,472,000 in Malawi, 300,000 in Nicaragua, 275,488 in Sierra Leone, 1,135,800 in Zambia, 150,000 in Zimbabwe.
- 14,149 people received personal protective equipment such as masks, gloves and eye protection to prevent illnesses like COVID-19. 439 in Bangladesh, 2,585 in Cambodia, 2,081 in Chad, 941 in El Salvador, 0 in India, 56 in Lebanon, 1,655 in Malawi, 212 in Mauritania, 494 in Mozambique, 1,778 in Peru, 163 in Sierra Leone, 1,424 in Zambia, 2,321 in Zimbabwe.
- 685 clean birthing kits were distributed to help with safe and healthy deliveries. 440 in Iraq, 245 in Sierra Leone.
- 2,160,003 ready-to-use therapeutic food packets were distributed, providing a source of emergency nutrition for malnourished children. 3 in Afghanistan, 675,000 in Angola, 270,000 in Burundi, 270,000 in Chad, 405,000 in DRC, 270,000 in Sierra Leone, 270,000 in Somalia.
- 38,736 children received appropriate and timely care for serious childhood illnesses. 25 in Laos, 2,139 in Mali, 27,926 in Somalia, 8,646 in South Sudan.
- 14,951 mothers received ante-natal and/or post-natal care services following their last pregnancy. 14,951 in Somalia.
- 44,592 people are using at least one method of family planning to space out their pregnancies. 857 in Senegal, 14,160 in Somalia, 11,052 in South Sudan, 18,523 in Syria.
- 274,699 people participated in trainings, counseling or activities on reproductive, maternal, newborn, child and adolescent health. 4,169 in Bolivia, 200,385 in Costa Rica, 13 in DRC, 347 in Dominican Republic, 505 in Ecuador, 2,918 in Kenya, 772 in Malawi, 34 in Peru, 55,310 in South Sudan, 8,160 in Syria, 1 in Tanzania, 2,085 in Zimbabwe.

Education

- 45,245 children attended early childhood development centres. 222 in Ethiopia, 7,911 in India, 4,975 in Kenya, 11,006 in Malawi, 3,254 in Mauritania, 9,952 in Rwanda, 4,013 in Tanzania, 3,912 in Zimbabwe.
- 124,898 children and adults attended in-school or after-school literacy activities. 2,801 in Bangladesh, 877 in Bolivia, 5,245 in Burundi, 6,408 in Cambodia, 4,253 in DRC, 239 in Dominican Republic, 874 in Ecuador, 791 in Ethiopia, 2,414 in Ghana, 8,921 in Guatemala, 2,181 in Honduras, 3,298 in India, 14,454 in Indonesia, 3,535 in Kenya, 2,808 in Lebanon, 19,834 in Malawi, 4,099 in Mali, 570 in Mauritania, 856 in Nicaragua, 2,677 in Niger, 699 in Peru, 16,280 in Rwanda, 367 in South Sudan, 2,905 in Tanzania, 13,078 in Uganda, 4,434 in Zimbabwe.
- 75,415 youth participated in life skills training through World Vision programs. 2,126 in Bangladesh, 1,166 in Bolivia, 1,112 in Burundi, 332 in Cambodia, 184 in Chad, 17 in China, 43 in Colombia, 172 in DRC, 124 in Dominican Republic, 515 in Ecuador, 3,721 in El Salvador, 4,268 in Ethiopia, 697 in Georgia, 383 in Guatemala, 1,270 in Honduras, 28,777 in India, 1,843 in Indonesia, 525 in Jerusalem, West Bank and Gaza, 854 in Kenya, 553 in Lebanon, 13,638 in Malawi, 1,489 in Mali, 299 in Mauritania, 491 in Nepal, 115 in Nicaragua, 849 in Peru, 4,807 in Philippines, 159 in Sierra Leone, 1,681 in Sri Lanka, 2,050 in Uganda, 1,155 in Zimbabwe.
- 491 teachers who received training are using their new skills to teach reading. 157 in Kenya, 101 in Peru, 55 in Tanzania, 178 in Uganda.
- 8,287 community members were reached through awareness sessions and information on the importance of education. 33 in Burundi, 348 in Chad, 6,097 in DRC, 1,762 in Ghana, 47 in Indonesia.
- 136 new early child development centres were established with the support of World Vision programs. 12 in Bangladesh, 102 in India, 8 in Tanzania, 14 in Uganda.
- 2,939 teachers received curriculum training, equipping them to better support children's learning. 130 in Bangladesh, 96 in Bolivia, 285 in Burundi, 135 in Cambodia, 82 in Chad, 346 in DRC, 87 in Dominican Republic, 9 in Ethiopia, 83 in Georgia, 84 in Ghana, 119 in Guatemala, 44 in Haiti, 208 in Honduras, 172 in India, 87 in Indonesia, 9 in Jerusalem, West Bank and Gaza, 69 in Lebanon, 227 in Malawi, 102 in Mali, 24 in Mauritania, 46 in Nicaragua, 54 in Niger, 122 in Senegal, 20 in Tanzania, 191 in Uganda, 108 in Zimbabwe.
- 4,054 caregivers were trained to support young children's early development, reading and numeracy skills through play. 374 in Bangladesh, 67 in Ethiopia, 121 in Georgia, 388 in Haiti, 129 in India, 109 in Jerusalem, West Bank and Gaza, 105 in Kenya, 192 in Malawi, 438 in Syria, 2,131 in Uganda.

- 26,055 caregivers were trained in methods of supporting their children's reading skills. 1,003 in Burundi, 2,340 in Cambodia, 569 in DRC, 719 in Dominican Republic, 215 in Ethiopia, 159 in Guatemala, 162 in Honduras, 1,599 in Malawi, 386 in Mali, 9 in Mauritania, 79 in Niger, 193 in Philippines, 16,461 in Rwanda, 1,064 in Tanzania, 1,097 in Uganda.
 - 1,894 teachers, school committee members and government staff were trained to support children's literacy. 167 in Bangladesh, 319 in Cambodia, 16 in Chad, 230 in DRC, 79 in Ethiopia, 32 in Ghana, 7 in Guatemala, 33 in Haiti, 360 in Honduras, 4 in India, 90 in Kenya, 62 in Malawi, 71 in Mali, 20 in Mauritania, 31 in Mozambique, 181 in Nepal, 8 in Niger, 91 in Philippines, 20 in Senegal, 10 in Tanzania, 15 in Uganda, 48 in Zimbabwe.
 - 554,231 children received school supplies and resources for their education including books, backpacks, uniforms and bicycles. 2,535 in Burundi, 13,659 in Chad, 511,888 in Ghana, 223 in Guatemala, 790 in Haiti, 3,680 in Honduras, 599 in Mali, 8,992 in Philippines, 8,010 in Senegal, 3,855 in Zimbabwe.
 - 172,483 reading materials were provided to schools and communities in support of children's education. 5,596 in Cambodia, 5,386 in Chad, 20,566 in DRC, 85,000 in Ghana, 93 in Guatemala, 518 in Honduras, 189 in India, 26 in Indonesia, 19,900 in Malawi, 4,860 in Mali, 5,364 in Mauritania, 4,517 in Niger, 8 in Peru, 800 in Senegal, 3,550 in Tanzania, 13,168 in Uganda, 2,942 in Zimbabwe.
 - 430 schools and early childhood development centres received classroom upgrades or educational resources, improving students' learning environments. 80 in DRC, 4 in Ethiopia, 117 in Ghana, 47 in Mali, 2 in Tanzania, 104 in Uganda, 76 in Zimbabwe.
 - 81,427 school supplies were made available to schools and communities. 7,159 in Burundi, 48,312 in Ghana, 36 in Haiti, 25,920 in Zimbabwe.
 - 4,286 parents and caregivers are actively participating in and supporting their children's lifetime education. 131 in Ethiopia, 127 in India, 3,201 in Rwanda, 827 in Tanzania.
 - 517 children who had dropped out of school have re-enrolled or are currently attending after-school literacy activities. 281 in Guatemala, 230 in Philippines, 6 in Tanzania.
 - 10,641 people have undertaken vocational or technical training education. 494 in Bolivia, 122 in China, 697 in Colombia, 499 in Ecuador, 586 in El Salvador, 806 in Guatemala, 761 in Honduras, 2,903 in India, 29 in Malawi, 799 in Peru, 106 in Rwanda, 2,839 in South Sudan.
- Child protection and participation**
- 6,182 children under age 18 received birth certificates in the past year because of World Vision's work. 3,295 in Ethiopia, 2,887 in Mozambique.
 - 140,031 people participated in activities aimed at supporting child protection and ending violence against children. 651 in Bangladesh, 4,189 in Burundi, 471 in Cambodia, 150 in Chad, 3 in China, 550 in DRC, 5,086 in Ecuador, 3,015 in Ethiopia, 201 in Ghana, 230 in Guatemala, 664 in Honduras, 53,635 in India, 386 in Indonesia, 163 in Jerusalem, West Bank and Gaza, 1,704 in Kenya, 23 in Lebanon, 885 in Malawi, 1,403 in Mozambique, 1,516 in Nepal, 7,805 in Nicaragua, 1,059 in Niger, 2,043 in Philippines, 38,093 in Rwanda, 75 in Senegal, 2,641 in Sri Lanka, 3,510 in Tanzania, 3,365 in Uganda, 6,515 in Zimbabwe.
 - 3,426 child protection cases, including situations of abuse or neglect, were identified, followed up and referred as needed. 415 in Georgia, 287 in Honduras, 2,706 in India, 18 in Lebanon.
 - 177,746 children and adults were trained on child protection, including positive parenting, children's rights and early marriage. 1,392 in Bangladesh, 10,374 in Burundi, 5,829 in Cambodia, 9,392 in Chad, 43 in China, 2,781 in DRC, 138 in Ethiopia, 133 in Georgia, 2,064 in Ghana, 158 in Guatemala, 10,950 in Haiti, 839 in Honduras, 31,597 in India, 1,084 in Indonesia, 948 in Kenya, 2,244 in Laos, 177 in Malawi, 5,382 in Mali, 56 in Mauritania, 1,283 in Mozambique, 527 in Nepal, 87 in Nicaragua, 3,148 in Niger, 754 in Senegal, 58,138 in South Sudan, 1,130 in Syria, 231 in Tanzania, 8,479 in Uganda, 18,388 in Zimbabwe.
 - 25,742 people are participating in activities that provide spiritual nurturing and encouragement for children. 104 in Burundi, 100 in Chad, 84 in Ethiopia, 36 in Georgia, 2,468 in Ghana, 3,022 in Guatemala, 1 in Haiti, 12,768 in India, 259 in Indonesia, 36 in Kenya, 229 in Mali, 70 in Mauritania, 65 in Niger, 599 in Sierra Leone, 75 in Sri Lanka, 5,826 in Zimbabwe.
 - 10,971 people participated in community-level advocacy and social accountability initiatives, including Citizens Voice and Action groups. 130 in Bangladesh, 167 in Cambodia, 2 in DRC, 23 in El Salvador, 150 in Ethiopia, 16 in Georgia, 157 in Ghana, 487 in Haiti, 49 in Honduras, 283 in India, 43 in Indonesia, 135 in Malawi, 446 in Mali, 16 in Mauritania, 147 in Mozambique, 71 in Philippines, 6,031 in Rwanda, 198 in Venezuela, 2,420 in Zimbabwe.
 - 6,292 local partners, including community and faith-based organizations, were engaged in our programs to support stronger communities. 142 in Bolivia, 54 in Cambodia, 0 in China, 333 in DRC, 225 in Dominican Republic, 210 in Ecuador, 28 in El Salvador, 225 in Ethiopia, 11 in Ghana, 425 in Guatemala, 14 in Haiti, 2,240 in Honduras, 1,897 in India, 26 in Jerusalem, West Bank and Gaza, 106 in Kenya, 247 in Malawi, 37 in Mali, 39 in Niger, 33 in Senegal.
 - 2,691 children's clubs are bringing girls and boys together around topics like peace, advocacy and good water, sanitation and hygiene habits. 134 in Bangladesh, 60 in Burundi, 106 in Cambodia, 120 in Chad, 60 in Ghana, 1 in Honduras, 1,905 in India, 22 in Jerusalem, West Bank and Gaza, 41 in Mali, 30 in Mauritania, 7 in Nepal, 22 in Nicaragua, 57 in Niger, 48 in Senegal, 5 in Tanzania, 73 in Uganda.
 - 59,292 children and youth participated in groups and clubs, gathering with peers to develop new skills and positive values. 21 in Cambodia, 6 in China, 659 in DRC, 343 in Georgia, 1,016 in Ghana, 839 in Honduras, 41,995 in India, 2,918 in Kenya, 4,078 in Mali, 1,416 in South Sudan, 4,854 in Sri Lanka, 1,147 in Uganda.
 - 4,267 faith leaders and representatives of faith-based organizations were engaged in addressing the root causes of child vulnerability. 25 in Bolivia, 22 in Burundi, 6 in Chad, 158 in DRC, 39 in Dominican Republic, 6 in Ecuador, 103 in Ethiopia, 108 in Ghana, 51 in Guatemala, 22 in Haiti, 1,237 in Honduras, 173 in Kenya, 115 in Malawi, 74 in Mauritania, 685 in Mozambique, 12 in Nicaragua, 84 in Niger, 27 in Peru, 352 in Senegal, 5 in Sierra Leone, 52 in Sri Lanka, 391 in Tanzania, 465 in Zambia, 55 in Zimbabwe.
 - 2,725 children report that their views are sought and incorporated into decision-making. 152 in Honduras, 2,573 in Uganda.
 - 7 child-friendly spaces were established, renovated or refurbished. 5 in India, 2 in Mali.
 - 3,245 children attended child-friendly spaces where they could participate in positive and nurturing age-appropriate activities. 3,245 in Indonesia.
 - 26,034 people know key child protection risks and how to properly respond or find support. 2,243 in Cambodia, 619 in Dominican Republic, 7,965 in Guatemala, 121 in Jerusalem, West Bank and Gaza, 134 in Nicaragua, 339 in Niger, 606 in Peru, 159 in Senegal, 205 in Sierra Leone, 2,334 in Somalia, 1,059 in Sri Lanka, 221 in Tanzania, 10,029 in Uganda.
 - 3,499 people received psychosocial support services. 170 in Honduras, 129 in Lebanon, 3,200 in Syria.
 - 609 child protection units and committees were established and operational. 1 in Bangladesh, 33 in Ethiopia, 5 in Ghana, 570 in India.
 - 170 evidence-based policy recommendations were presented to government decision makers. 2 in Burundi, 123 in Chad, 45 in India.
- Water, sanitation and hygiene**
- 442 communities were certified as open defecation free, meaning they now use toilets rather than defecating in the open. 51 in Cambodia, 4 in DRC, 9 in Haiti, 5 in Indonesia, 5 in Malawi, 7 in Mali, 10 in Niger, 350 in Tanzania, 2 in Zimbabwe.
 - 204,916 people gained access to sanitation facilities like toilets at home or school. 1,510 in Bangladesh, 525 in Bolivia, 1,882 in Burundi, 22,125 in Cambodia, 915 in Chad, 2,439 in DRC, 3,749 in El Salvador, 70 in Ethiopia, 311 in Ghana, 2,869 in Guatemala, 578 in Honduras, 2,413 in Indonesia, 4,278 in Kenya, 47,374 in

- Malawi, 27,834 in Mali, 536 in Nicaragua, 3,550 in Niger, 23,084 in Rwanda, 3,152 in Senegal, 1,798 in Sierra Leone, 5,877 in South Sudan, 1,163 in Sri Lanka, 6,005 in Syria, 31,177 in Tanzania, 9,203 in Zambia, 499 in Zimbabwe.
- 600,645 people gained access to handwashing facilities at home or school. 537 in Bolivia, 4,649 in Burundi, 44,059 in Cambodia, 4,689 in Chad, 3,251 in DRC, 138 in Ghana, 4,518 in Guatemala, 4,224 in Haiti, 4,919 in India, 2,497 in Indonesia, 9,013 in Kenya, 57,696 in Malawi, 5,922 in Mali, 4,631 in Niger, 51,065 in Rwanda, 2,830 in Senegal, 140,836 in Sierra Leone, 13,402 in Tanzania, 241,714 in Zambia, 55 in Zimbabwe.
 - 664,859 people gained access to safe drinking water. 2,586 in Bangladesh, 2,555 in Bolivia, 14,252 in Burundi, 6,716 in Cambodia, 41,223 in Chad, 1,470 in DRC, 2,932 in El Salvador, 7,031 in Ethiopia, 2,278 in Ghana, 7,944 in Guatemala, 12,892 in Honduras, 1,988 in Indonesia, 2,532 in Kenya, 71,793 in Malawi, 9,463 in Mali, 812 in Mauritania, 561 in Nicaragua, 66,589 in Rwanda, 9,426 in Senegal, 46,707 in Sierra Leone, 5,042 in Somalia, 74,863 in South Sudan, 1,128 in Sri Lanka, 6,005 in Syria, 13,418 in Tanzania, 5,020 in Uganda, 240,213 in Zambia, 7,420 in Zimbabwe.
 - 239,699 people were trained or involved in community water, sanitation or hygiene initiatives. 7,649 in Bangladesh, 6,018 in Bolivia, 52 in Burundi, 87,910 in Cambodia, 15,891 in Chad, 14,998 in DRC, 1,003 in Dominican Republic, 2,737 in El Salvador, 438 in Ethiopia, 2,249 in Ghana, 5,235 in Haiti, 2,365 in India, 4,704 in Indonesia, 3,526 in Kenya, 24,764 in Mali, 339 in Nicaragua, 789 in Niger, 5,204 in Senegal, 34,985 in South Sudan, 711 in Sri Lanka, 5,768 in Syria, 10,433 in Tanzania, 1,533 in Venezuela, 398 in Zimbabwe.
 - 1,794 water, sanitation and hygiene (WASH) committees were established or reactivated. 18 in Bangladesh, 10 in Bolivia, 24 in Cambodia, 0 in DRC, 55 in Ghana, 19 in Guatemala, 5 in Haiti, 20 in Indonesia, 179 in Mali, 6 in Mauritania, 19 in Niger, 67 in Rwanda, 14 in Sri Lanka, 6 in Tanzania, 1,345 in Zambia, 8 in Zimbabwe.
 - 773 sanitation facilities, including latrines and handwashing stations, were constructed or updated. 44 in Bangladesh, 3 in Bolivia, 6 in Burundi, 41 in DRC, 24 in El Salvador, 26 in Guatemala, 125 in India, 90 in Kenya, 24 in Mali, 36 in Mauritania, 8 in Nicaragua, 33 in Niger, 29 in Peru, 25 in Rwanda, 46 in Senegal, 45 in Somalia, 1 in South Sudan, 56 in Tanzania, 95 in Zambia, 16 in Zimbabwe.
 - 6,765 water sources were constructed, rehabilitated or improved, providing safe water for children and families to drink. 5 in Burundi, 1,061 in Cambodia, 4 in DRC, 7 in Guatemala, 8 in Haiti, 179 in India, 8 in Kenya, 29 in Mali, 18 in Mauritania, 21 in Mozambique, 1 in Nicaragua, 5 in Niger, 3 in Rwanda, 340 in Senegal, 6 in Somalia, 12 in South Sudan, 2 in Sri Lanka, 49 in Tanzania, 4,969 in Zambia, 39 in Zimbabwe.
 - 475 people, including vendors, received training to manage and maintain water, sanitation and hygiene (WASH) infrastructure. 165 in Chad, 6 in Honduras, 4 in Mauritania, 300 in Zambia.
 - 154,128 water, sanitation and hygiene (WASH) products were distributed for family health, such as hygiene kits and water filters. 440 in Bangladesh, 17,075 in Burundi, 14,677 in Cambodia, 100 in DRC, 250 in Ecuador, 10,211 in El Salvador, 93,356 in Haiti, 656 in India, 5,613 in Indonesia, 186 in Mali, 5,730 in Senegal, 2,021 in Syria, 3,813 in Zimbabwe.
 - 177,547 people received emergency or water, sanitation and hygiene (WASH) kits to support their health and well-being during times of need. 122,699 in Chad, 4,041 in DRC, 21,483 in Haiti, 25,683 in India, 245 in Sierra Leone, 3,198 in Somalia, 198 in Venezuela.
 - 630 institutions received improvements in WASH services, which may include water, sanitation and hygiene facilities, resources and services. 2 in DRC, 5 in El Salvador, 13 in Guatemala, 59 in India, 1 in Kenya, 17 in Mali, 1 in Nicaragua, 16 in Niger, 4 in Rwanda, 136 in Senegal, 39 in Tanzania, 335 in Zambia, 1 in Zimbabwe.
 - 17,075 reusable menstrual hygiene kits were distributed for adolescent girls and women. 17,075 in Burundi.

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Drew Fitch

Chair, World Vision Canada Board of Directors

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