World Vision

WORLD VISION INTERNATIONAL
2015 ANNUAL REVIEW

TABLE OF CONTENTS

- PRESIDENT'S FOREWORD 3
 - AT A GLANCE 4
- THE WORLD VISION PARTNERSHIP 5
 - THE WORLD VISION WAY 6
 - CHILD WELL-BEING 8
 - CHILD SPONSORSHIP 12
 - CHILD HEALTH NOW 16
 - CHILD RIGHTS 18
 - INTERFAITH COOPERATION 19
 - EBOLA RESPONSE 20
 - SYRIA RESPONSE 24
 - FINANCIAL EMPOWERMENT 26
 - FINANCIAL SUMMARY 30

In November 2014 we celebrated the 25th anniversary of the Convention on the Rights of the Child, a landmark treaty that elevated the status of all children. The Convention gave children a voice on the international stage and clearly set out the world's obligations to them. It has become the most-ratified international treaty, with 190 signatory countries.

The Convention depicted children not as passive or helpless, but as active members of the global community who need protection and opportunities to take a role in decisions affecting them.

I experienced the reality of this once again during a visit to Afghanistan. World Vision's project in Herat works with children who live on the street or who are part of impoverished families of returnee refugees. It provides a safe space where these valuable young people's medical, educational and social needs are met. But it also gives them the skills to speak up, to understand their rights and obligations, and to learn how to protect themselves and their friends from harm.

The commitments set out in the Convention are ones that World Vision holds dear. We reflect them in the way we work. We can best help children if they are growing up in a strong community where parents and other community members are able to care for them. Creating long-term partnerships to achieve this is the cornerstone of child sponsorship and our other programmes.

This year we invested in evaluating the impact of our approach and reviewed a number of our child sponsorship programmes. The results were encouraging and help us to speak with confidence of the positive impact we are having on the lives of children. In addition, we now produce our Child Well-being Report regularly, to track

Cover:

Dulamsuren is a sponsored child from Mongolia. Her family are nomadic herders in the steppes. A number of years ago disaster struck when most of their herd died in a blizzard. World Vision helped Dulamsuren's family rebuild their livelihood by giving them 20 sheep. Now their herd includes sheep, goats, yaks and horses.

PRESIDENT'S FOREWORD



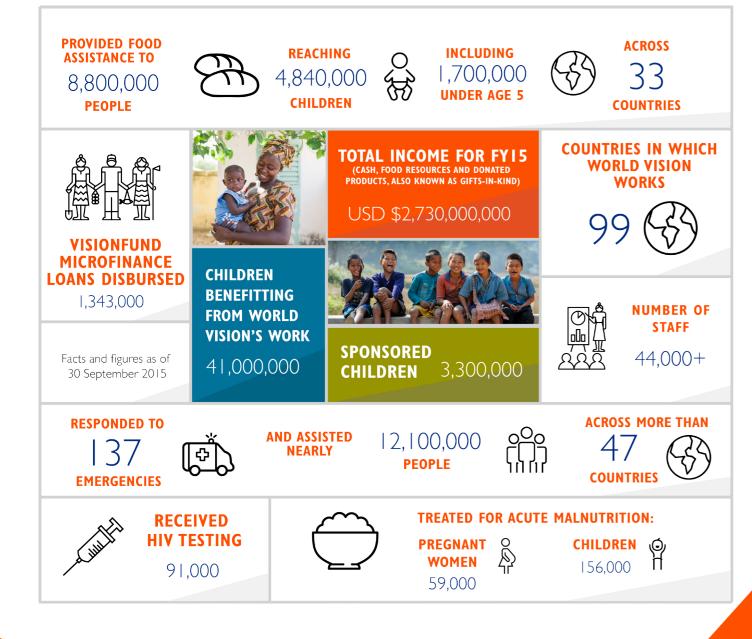
In 2015, we responded to more relief emergencies than ever before. In this review we highlight our work to mitigate the Sierra Leone Ebola epidemic, in which our teams put their experience of working across faith contexts to save lives by promoting safe burials; and the five-nation Syria Refugee Response in which we focus on alleviating the suffering of children, now in their sixth year of crisis.

These are challenging topics in difficult times, and I am grateful for every one reading this report who has partnered with us, or contributed in other ways to ending the suffering of children around the world.

Sincerely,

Kevin Jenkins President

AT A GLANCE



THE WORLD VISION GLOBAL PARTNERSHIP



World Vision was founded in 1950 in the United States by the Rev Bob Pierce. Nearly 30 years later, in 1977, World Vision International was established as the coordinating body, providing direction to this global Partnership, assuring appropriate technical capabilities are in place to meet the mission, and ensuring that standards and policies are established and followed. World Vision's international executive office is located near London, UK, with its officers and staff working in many locations around the world.

THE WORLD VISION WAY

ABOUT WORLD VISION

World Vision is a global Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.

OUR VALUES

- WEARE CHRISTIAN
- WEARE COMMITTED TO THE POOR
- WEVALUE PEOPLE
- WEARE STEWARDS
- WEARE PARTNERS
- WE ARE RESPONSIVE

WORLD VISION INTERNATIONAL BOARD

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ACCOUNTABILITY

PUTTING COMMUNITIES FIRST

World Vision continued its efforts to enhance accountability to children and communities. In this spirit, World Vision's Food Programming Management Group released Accountability to Affected Populations for a Hunger-free World, a report showing the best practices of accountability in food assistance. Also, World Vision released the first phase of the Child Friendly Feedback Mechanisms study conducted in collaboration with five other child-focused agencies. World Vision United Kingdom pursued implementation of a pilot project with the UK Department for International Development (DFID) to design and implement three different types of 'beneficiary feedback mechanisms' in seven DFID-funded maternal and child health projects.

FUNDING TO FIELD OPERATIONS

Since FY13, World Vision continually increased its funding to field operations. This is against the backdrop of a challenging revenue environment. A number of factors contributed to the increase in yield to ministry in FY15, including (i) cost reductions and maximising cost efficiencies in a number of offices and (ii) foreign-exchange gains from hedging which significantly helped offset the total revenue decline. Hedging is a financial contract with a bank to buy or sell a currency at an agreed rate for an agreed future date.

MEASURING IMPACT OF WV WORK

In 2011, World Vision began developing LEAP 3 (Learning through Evaluation with Accountability and Planning), a design, monitoring and evaluation (DME) framework. Implementation of this new DME framework serves to transition from an organisation that designs, implements and conducts evaluation of individual programmes and projects, to one that intentionally uses evidence-based approaches (project models) to design technical programmes. In FY15, six field offices in three regions

completed the designs of their technical programmes using this updated framework.

SOCIAL ACCOUNTABILITY

Citizen Voice in Action (CVA) continued to grow as World Vision's successful approach to social accountability and has increasingly become a platform for local communities to influence national policies. In FY15, the CVA model was used with communities in more than 630 programmes across 48 countries.

GOOD ETHICAL PRACTICES

World Vision continued to expand its efforts to fight all forms of corruption. A new tool was introduced in FY15 that allows field offices to assess their own anticorruption practices and to identify relevant remedial actions if needed.

World Vision joined the humanitarian community in standing against all acts and practices of sexual exploitation and abuse by humanitarian staff and has robust preventative measures in place to protect the children and communities we serve in line with our Christian identity.

TRANSPARENCY

Demonstrating our commitment to transparency has been consistent in our accountability report that is published annually and posted on our external website as well as on the INGO Accountability Charter's website. In FY15, World Vision started compiling grant data to be published by the International Aid Transparency Initiative (IATI). The data was published in October 2015, making World Vision one of the first federated INGOs to publish this information.

7

CHILD WELL-BEING

CHILD WELL-BEING CONTINUES TO CLIMB ACROSS ALL OUR PROGRAMMES

World Vision has made a commitment to every child the organisation serves - that they may experience life in all its fullness. This goal is more than aspirational. We work hard every day to deliver a unique combination of programming in development, advocacy, and disaster management with the aim of achieving this goal. We also ensure we are reviewing these programmes critically to understand our achievements and challenges.

In 2010, World Vision clarified our definition of child well-being providing greater strategic focus and direction for our work globally and establishing evidence-based benchmarks for measuring progress across the organisation. The definition included a framework of broad child well-being aspirations, each with a set of outcomes, and four targets. World Vision now reports against these targets annually to ensure we are accountable to the children, communities and donors we serve.

The following results for FY15 are based on data gathered from 60 country offices and the programmes they are implementing in the areas of child participation and protection, health and nutrition, early childhood development and literacy, and in other key areas of development, relief and advocacy work.

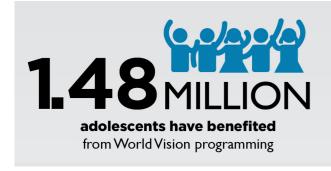


CHILD WELL-BEING

Target 1: Children report an increased level of well- being (12–18 years)

Adolescents are the next generation of decision makers and must be equipped with the skills and capacities to address global challenges. Consequently, World Vision has increased its focus and programming to nurture and empower adolescents to engage in their own development and that of their communities.

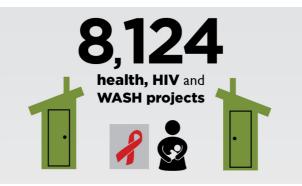
In 2015,40 country offices reported on the contributions they had made to the well-being of 1.48 million adolescents across the globe. Programming for this important phase in life has increased in scope from World Vision's 2014 records. In total, 95 per cent of country offices reported intentional programming for adolescents, up from 90 per cent last year. Sixty-eight per cent of offices are supporting children's clubs as platforms for bringing young people together, compared to 60 per cent in 2014.



For example, 265 Georgian and Armenian youth participated in a project to develop effective conflict management and peace-building skills. The evaluation showed a significant increase in their average development asset score from 34 to 48 (out of 60), which measures skills, experiences, relationships and values that enable young people to become successful and contributing adults. Qualitative follow-up revealed improvements in mutual trust among the different ethnic groups, as well as diminished negative stereotypes and prejudices.

Target 2: Increase in children protected from infection and disease (0–5 years)

In 2015, an estimated 5.9 million children died before their fifth birthday, due largely to preventable causes. This target is measured by tracking improvements in five critical areas of child health, which together could prevent one-third of deaths of children under five including vaccination coverage, diarrhoea management, care-seeking for acute respiratory infection, use of longlasting, insecticide-treated nets, and HIV counselling and testing services for pregnant women.



An area showing consistent improvement is vaccination coverage. Comparative data from 61 programmes on vaccination uptake over time showed that 75 per cent of programmes were seeing 'acceptable' levels of coverage for children under age five, compared to aggregated baseline levels of 39 per cent. Targeted counselling has been influencing mothers to follow immunisation schedules, while government campaigns supported by WorldVision have helped families to understand and locate the free services available to them.

In Swaziland the average immunisation coverage across three programmes in 2010 was slightly lower than the national average at 75 per cent. Measured again in 2015, between 91 per cent and 100 per cent of children had been fully vaccinated against diphtheria, pertussis, tetanus and measles. All three programmes also provided targeted health and nutrition counselling by community health workers, including encouragement to attend community immunisation services.

Target 3: Increase in children who are well nourished (0-5 years)

Under nutrition remains a fundamental obstacle to children's survival and well-being. It increases a child's risk of dying in the first few years of life and is estimated to contribute to 45 per cent of all deaths of children under 5. World Vision's reach into communities bearing the burden of under-nutrition is helping with treatment and prevention of associated conditions.

World Vision's community-based management of acute malnutrition programmes helped 31,212 children to recover from acute malnutrition across 12 countries in 2015. These programmes achieved a 91 per cent recovery rate, exceeding the international standard of 75 per cent for the third year in a row. In total these programmes have handled over 550,000 cases over the course of three years and are saving children's lives.

In 2015, 62 per cent of programmes reported critical levels of stunting and over one-third reported critical wasting. World Vision needs to continue investing and expanding programming.

Vietnam has scaled up 895 Nutrition Clubs, a multisectoral approach to address stunting, in 37 Area Programmes. From 2014 to 2015, the rate of reduction in stunting was an average of 1.9 percentage points from 34 Area Programmes.



Target 4: Increase in children who can read (by age 11 or end of primary schooling).



Four years ago, World Vision made the decision to shift programmes from school infrastructure and supplies towards supporting quality education and literacy outcomes. Increasingly, country offices are adopting and implementing evidence-based literacy interventions with the potential to yield major learning outcomes in the near future.

In 2015,24 country offices, representing 276 programmes, measured and reported on literacy. The proportion of programmes with critically low levels of literacy has declined from 47 per cent to 35 per cent, a positive sign for the children in those areas. There is a slight positive shift of three percentage points in the proportion of 'acceptable' programmes. The high proportion of programmes remaining in 'action' or 'critical' warrants urgent attention and demonstrates the need for World Vision to continue emphasising evidence-based literacy programming.

Over the past three years, WV Ethiopia has scaled up the Literacy Boost model to 1,000 schools trained 45,181 teachers and established 2,400 reading camps supported by 9,410 youth volunteers. This helped a total of 901,081 children. Literacy assessments showed that 27.7 per cent of students in World Vision projects could read with comprehension, compared to only 11 per cent of children in schools where World Vision had not yet started programming.

CHILD SPONSORSHIP

Over 60 years of experience has taught us that the best way to help children is to bring about change in their communities. Building on a foundation of community-based care and protection, World Vision enables children and their families to create a better future for themselves. We do this by partnering with communities to ensure that all children, especially the most vulnerable, have the essentials of life. In FY15, child sponsorship funds supported the following programmes:



CLEAN WATER & SANITATION



Access to clean water, improved toilets and sanitations practices, and hygiene education provide girls and boys with better health, along with more time and energy to learn.

EDUCATION & CHILD RIGHTS

Quality education, including awareness of child rights, equips children with the knowledge, skills and confidence to find their voices and build a brighter future for themselves and for their communities.



Good local health services together with health and nutrition education for families, help ensure children grow up strong and protected from preventable illnesses.

FOOD & AGRICULTURE

Skills training for families to grow more crops and better protect the environment give children the food they need to lead a healthy, active life.



By supporting communities and families to improve their incomes, children are able to reach their full potential as they gain access to life's essentials.

CHILD SPONSORSHIP

RESEARCH SHOWS IMPACT OF WORLD VISION'S COMMUNITY BASED PROGRAMMING APPROACH

World Vision evaluated eight development programmes around the world in FY15 as part of its Child Sponsorship Research programme. The evaluated programmes were: Colomi (Bolivia), Arani (Bolivia), Nabiswera (Uganda), Kaswa (Uganda), Weeraketiya (Sri Lanka), Pottuvil (Sri Lanka), Samaki Meanchey (Cambodia), Vardenis (Armenia). The findings indicate that World Vision's contribution to child well-being hinges on its community-based approach and that child sponsorship programmes are making notable improvements to children's lives.

Child well-being outcomes

Findings show notable improvements in child well-being in all evaluated programmes. Some examples:

Education: Pottuvil. 86% secondary school completion. Up from 59% in 2011

Health: Samaki Meanchey. 84% of guardians agreed their children were healthier than five years ago.

Clean water access:

Weeraketiya. 94% access to safe

drinking water. Up from 35% in the broader district in 1998 **Child protection:** Colomi. 72% of surveyed youth reported benefit from a youth network - through developing a positive sense of self, improved social competencies, improved peer relationships or experiencing spiritual growth.

Several correlations were found between participation in World Vision programmes and positive child well-being outcomes.

Community-based approach

Findings indicate that World Vision's contribution to child well-being hinges on its community-based approach. Community-based approaches were adopted in all programmes with success.

Wide reach: Programmes benefitted sponsored and non-sponsored children Multi-sectoral: Programmes ad-

dressed multiple aspects of a child's environment

Community participation:

Evaluations highlight participation supported positive change **Local partnering:**

Partnering with local organisations supported positive change

Christian identity

World Vision staff often live with the poor and vulnerable and bear Christian witness in the way they live their lives. Moreover, World Vision believes poverty is a result of broken relationships. Programmes successfully restored relationships through partnerships with other faith-based organisations (Christian, Muslim and Buddhist) to address community problems.

Source: Child Sponsorship Research, 'Critical Insight into World Vision Child Sponsorship', World Vision International (2015)

"When doing their work, they never discriminate. They serve everybody in the community regardless of belief and ethnicity, although their staff members continue to practice and exhibit their Christian values in their services."

– Agriculture official, Kaswa, Uganda



CHILD HEALTH NOW



THE STORY OF A CAMPAIGN

The world is currently reducing under-five deaths faster than at any time in history. Progress toward child survival has gathered momentum in the past decade, giving rise to the Global Strategy for Women's and Children's Health. Through focused investment and effort in this period, World Vision is among the many partners that contributed significantly to this outcome.

Child Health Now was World Vision's first global advocacy campaign, launched in 2009 at a critical juncture in the global effort to achieve lasting progress in child and maternal health. From its start, the campaign pledged to amplify the voices of the most-affected people in communities where World Vision operates, to hold governments to account, and to join hands with partners to multiply the potential for impact.

Through the campaign, citizens across dozens of countries have engaged and influenced their policy makers and health systems, their voices reaching decision makers at the highest levels. Particular hallmarks of the campaign included empowering local stakeholders and investing in partnerships at all levels. The scale of change brought about by an array of coordinated partnerships and coalitions was greater than anything its advocacy could achieve in isolation.

Yet even as we celebrate these great strides we recognise that they have not gone far enough. Bringing an end to the millions of preventable child and maternal deaths that still occur will require going the last mile to reach the most vulnerable children and families, particularly in the hardest places to live. That includes the displaced children of war-affected countries like Syria, fragile countries like Somalia and poor countries prone to disaster like Haiti. Reaching the ambitious targets of the Sustainable Development Goals will require even greater collaboration with both existing and new partners who share the vision that every woman, every child and every adolescent, everywhere should not only survive, but thrive and enjoy life in all its fullness.



CONTRIBUTED TO REPORTED CHANGES IN POLICY, COMMITMENTS & IMPLEMENTATION IN **30**⁺ COUNTRIES

40.000 FAITH LEADERS DELIVERED MESSAGES ABOUT CHILD & MATERNAL HEALTH



SEP1

We have a plan

2010 2011

MAY -

Geneva, Switzerland

Raising the bar

New global targets to

improve nutrition by

2025 adopted at 65th

World Health Assembly.



AUG-SEPT 56 countries participate in mobilisation

Closing a killer gap

Global Strategy for Women's and Children's Health launched to accelerate progress towards MDGs 4 & 5.

2012

Churches mobilise 485,000 people and 24 country offices lobby governments to close the gap on child health.

2013 **NOV 13-20**

80 countries + Global

Count us in

Action sees 2 million

GLOBAL

people take action for

Global Week of

health.

MAY 1-8 70 countries + Global

Making it past 5

5.9 million people call on governments to ensure all children survive 5.

GLOBAL

WEEK OF ACTION

16



MAY Geneva, Switzerland

Action for newborns

2015

67th World Health Assembly approves Every Newborn Action Plan.



SEPT

Above and beyond

World Vision surpasses 2010 pledge to Every Woman Every Child, announces new US\$3 bn commitment.



MAY 4-11 70 countries + Global

Getting to zero

People take 20+ million actions calling on leaders to reach zero preventable deaths.



SEPT United Nations, New York

Ready, set, goals

Launch of Sustainable Development Goals, including critical health and nutrition targets for 2030.



CHILD RIGHTS

25 YEARS OF CHILD RIGHTS

In November 2014, World Vision joined in global celebrations to mark the 25th anniversary of the Convention on the Rights of the Child (CRC). The CRC is a human rights treaty that specifically grants everyone under the age of 18 various civil, social, political, economic, and cultural rights, and sets minimum standards for the protection of these rights.

When the CRC was adopted by the United Nations General Assembly in 1989, it signalled a new era in which children were no longer viewed as passive or helpless beings; the CRC recognised children as right-holders with a voice and a contribution to make to the wider global community. It called for the protection of children and also for their participation in the decisions that affect their lives.

The treaty is the most ratified international treaty as it has been ratified by over 190 countries round the world. Along with these countries, a large number of organizations have also given their support and commitment to its implementation. The CRC is an important guiding document for World Vision's field programming and advocacy work. We work tirelessly to ensure the minimum standards set out in the Convention are met for the children in our programme areas and that we speak up against the many injustices that children face in the form of violence, abuse, malnutrition, and child labour.

At the heart of this work is the will to enact the CRC's commitment to child participation. Hearing what children have to say and encouraging them to get speak up is a key part of many of our programmes. There are many ways we do this but we have found great success in our child journalist programmes and disability work (see below story). We are often humbled by the insights and creativity children bring to solving the problems they see in their communities.

Malavika is one of World Vision India's child photo journalists. The 17 year old was born with a hearing and speech impediment and joined our Community Voices training programme to learn how to use digital content as a way to advocate for change in her community. She has a keen eye and takes very artistic photographs of the issue she wants to draw attention to. "Malavika loves taking photographs and occasionally uses my mobile phone to take images," says Malavika's proud father. The programme brought wider benefits beyond enabling Malavika to develop her communication skills. Through contact with WV staff and counselling efforts, WV staff were able to convince Malavika's father to allow her to return to school.

INTERFAITH COOPERATION

CHANGING LIVES THROUGH INTERFAITH COOPERATION

Partnering with the local community is a central pillar of World Vision's work. As a Christian organisation, we seek to build relationships with local churches and faith leaders. A measure of our success is our wide network and experience in interfaith cooperation.

Faith leaders are uniquely placed to protect the rights and know the needs of the most vulnerable in their communities. They have profoundly deep, trusted relationships and links with their communities and often determine which behaviours are prescribed or prohibited. With their widespread influence, they can motivate changes in thinking, foster dialogue, set priorities for their communities, ensure increasing competency in their congregations to meet community needs, and mobilise their congregations to do so. For these reasons, World Vision developed a targeted programme called Channels of Hope as a way to engage faith leaders on difficult and controversial topics.



The Channels of Hope programme focusses on celebrating positive values that support children living full lives while addressing underlying values and norms that serve as a barrier to this. The programme operates in a number of countries and focuses specifically on issues of HIV and AIDS, Ebola, maternal and child health, gender equality, and child protection. By inviting faith leaders to attend workshops on these topics and allowing them to explore the issues from the perspective of their faith, the programme helps them understand the impact of their views and the opportunities they have to help their communities. World Vision also offers them support in making changes in their ministry and community.

Channels of Hope does not seek to proselytise or change people's religious doctrine, but rather to equip faith leaders to understand and apply their sacred texts to social issues for the benefit of the most vulnerable people in their communities. The experience of Pastor Jacob illustrates the impact of the programme.

Pastor Rajinesh Jacob is the pastor of an Assemblies of God church in India. He was invited to take part in a Channels of Hope workshop and learnt more about HIV and AIDS and people living with the disease. As part of the programme, Pastor Jacob was taken to visit people infected with and affected by HIV.

"I was shaken by the fact that I and the church had totally ignored the call of God to serve communities such as this. I became restless and troubled," the pastor says.

Before this, Pastor Jacob viewed people living with HIV and AIDS as living under God's curse. "I had always believed that they are suffering because of their adultery and sinful life, and to minister to a sex worker was one of the most undesirable things," he explains.

Upon returning from the workshop, Pastor Jacob immediately began to respond to the needs of the community. He arranged for his church to partner with World Vision to care for people in a village in his community that has a number of sex workers.

EBOLA RESPONSE



EBOLA CRISIS – HONOURING THE DEAD TO PROTECT THE LIVING

"Am I in the valley of the shadow of death, Lord?" this was the question World Vision Sierra Leone's National Director asked at the height of the Ebola crisis in November 2014.

"Corpses lay in the streets. Every ambulance siren reminded me of yet another virus victim," Leslie Scott, WV Sierra Leone National Director, remembers."My country had survived a 10-year civil war, but Ebola was clearly a different battle. This time an invisible enemy was stalking us."

In 2014 and 2015, Sierra Leone found itself at the epicentre of a global public health crisis that confounded the world. Ebola infected more than 14,000 people in Sierra Leone and claimed the lives of 3,955 victims, including 945 children. Not everyone was infected by the virus, but every Sierra Leonean was profoundly affected by the epidemic.

During the 15-month crisis, World Vision worked tirelessly to protect the children in our programmes and their families from Ebola. Our response - and our future recovery plan - took a three-pronged approach. Throughout the epidemic, we remained:

I. Consistently child-focused: Children and their well-being are World Vision's priority, and the organisation maintained its focus on health, education, child protection and family livelihoods throughout the Ebola response.

2. Grassroots-engaged: We have been working with affected communities for over 20-years and we relied on our longstanding relationships in order to mobilise community and faith leaders and families to fight Ebola.

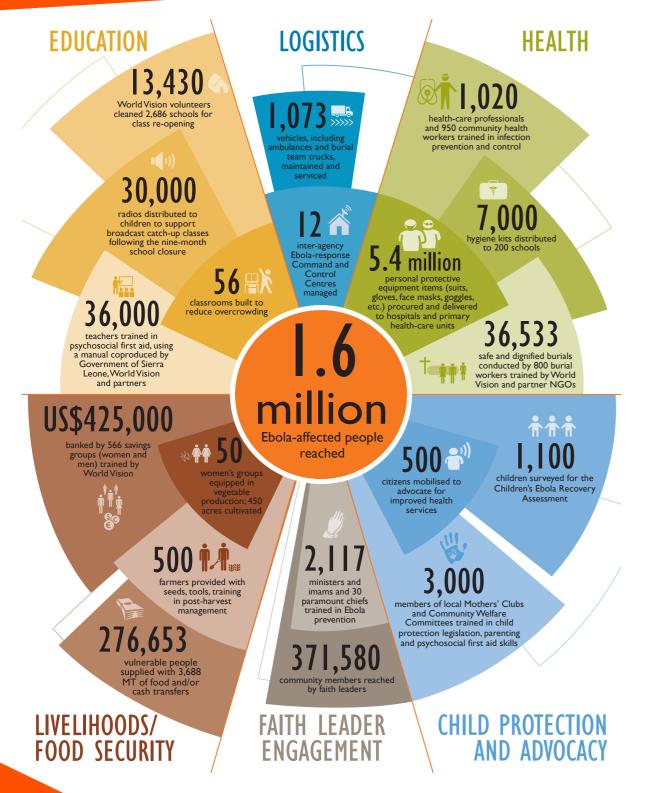
3. Committed long-haul: Children and their families will still feel the effects of this crisis for years to come and we will be there to support them.

During the epidemic, we ran 12 District Ebola Recovery Command and Control Centres and reached 1.6 million people through our work. We provided essential medical supplies and also took part in a special programme to curb the spread of the virus through unsafe burials.

We are thankful to all our partners who worked with us on the response and are especially thankful that not one of the 58,000 children in our programmes was lost to Ebola.

WORLD VISION'S EBOLA EMERGENCY RESPONSE

NOVEMBER 2014 - OCTOBER 2015



SAFE AND DIGNIFIED BURIALS

World Vision is not in the burial business. Quite the contrary as our main objective is to improve the well-being of children and their families so they can enjoy life in all its fullness. Extreme times call for extreme measures, and the Ebola crisis was nothing if not extreme.

At the height of the crisis, World Vision accepted an unprecedented request from the government of Sierra Leone in September 2014. They needed help with handling the burials of Ebola victims. We did this work to protect the living – the children in our programmes, their families and communities. We also did it to honour the departed and to protect their dignity in death.

The situation was critical. The government undertakers were overwhelmed and the World Health Organisation reported that at least 20 per cent of new Ebola infections occurred during burials, which included washing the deceased's body. In a bid to stop this, the government banned funerals, but families resisted and continued to perform their traditional rituals. They wanted the comfort these rituals brought because they believe there is no rest for the soul without a proper burial. It was clear that defeating Ebola required respecting faith traditions and practices.

IN MEMORY () DAVID D. KAINESSIE DATE BURIED 02/12/2014 PLACE KAINESSIE ST. MOY.

98YRS

22

WorldVision has a long history of working in interfaith environments and quickly came to the aid of Sierra Leone's people in their time of spiritual need. With the support of a grant from the UK government, we worked closely with community leaders and a number of faith-based non-governmental organisations (NGOs) and international NGOs to agree on safer burial practices. Then World Vision mobilised its network of faith leaders to explain the new approach to the wider community. The new practices allowed families to attend burials at a safe distance and for pastors and imams to lead simple services while wearing protective suits.

We were also involved in training an 800-person burial team who were responsible for collecting the deceased and handling the remains in a way that was respectful of the family's wishes while also reducing risk of contamination. Members of the team did this work even though they were stigmatised in their own communities.

The results of this work speak for themselves. Within a year over 36,000 people had received a dignified burial, a number that includes people who died of other causes beyond Ebola, and the new practices dramatically reduced the number of new Ebola infections.



SYRIA RESPONSE

World Vision humanitarian responders are on the front lines of the Syria crisis working in Syria, Lebanon, Jordan, Turkey and Iraq to bring aid and hope to children, families and communities.

Millions of children are facing challenges they should never have to face - missing out on school, working as child labourers and girls vulnerable to early marriage. A generation of children is at risk of being lost to the impact of this conflict.

World Vision began responding to the needs of displaced children and families in and around Syria in 2011 through its existing presence in vulnerable communities across Lebanon. Since then, World Vision's Syria Crisis Response has expanded to include providing support to children and their families in Syria, Jordan, Iraq, Lebanon and Turkey.

In FY15, World Vision's Syria Crisis Response reached approximately 1.1 million people, including more than 630,000 children. Since the beginning of World Vision's Syria response in 2011, over 2.3 million refugees, internally displaced people and vulnerable host community members have been reached.

SYRIA

Focus of our programming - sustainable water and sanitation solutions, psychosocial support for children; household and winter items; hygiene and baby kits; filling gaps in fractured health-care services.

LEBANON

Focus of our programming - cash programming through e-cards; municipal repairs and direct household support on water and sanitation; supporting children through educational and psychosocial programmes.

TURKEY

Focus of our programming - working through partners to distribute baby kits and providing language, vocational training and psychosocial support to Syrian refugees.

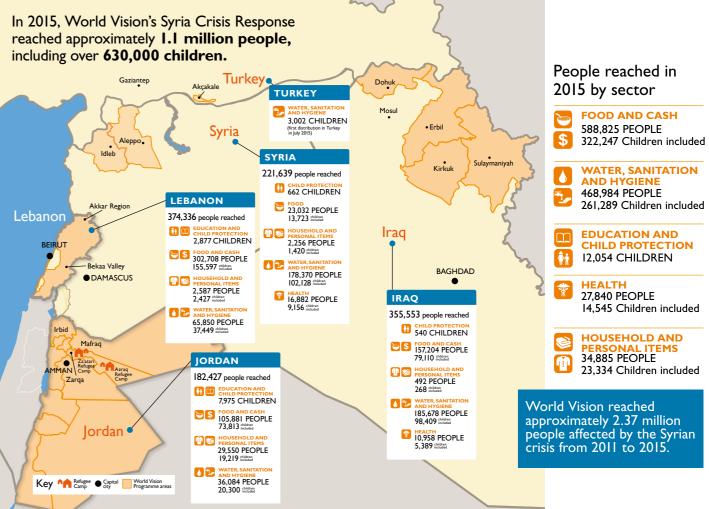
IORDAN

Focus of our programming - school, extracurricular and psychosocial activities for children of all backgrounds; drainage, water supply system and sanitation facilities in refugee camps; water, sanitation and hygiene facilities rehabilitated in schools in host communities.

IRAO

Focus of our programming - food assistance; drilling boreholes and upgrading water treatment plants; fixed and mobile clinics in areas with no health care; informal and alternative learning opportunities for children; women's centre to protect women and girls from violence.

In 2015, World Vision's Syria Crisis Response reached approximately **I.I million people**, including over 630,000 children.



FINANCIAL EMPOWERMENT

VisionFund





MICROFINANCING BIG CHANGES FOR CHILDREN

VisionFund was established in 2003 by World Vision to manage its global network of Microfinance Institutions (MFIs) with the aim of unlocking economic potential for communities to thrive, empowering families to create income and jobs and ultimately bringing brighter futures to children. VisionFund's network of MFIs grew stronger in FY15 and provided financial empowerment to 1.2 million clients across more than thirty countries. In FY15 VisionFund's work impacted 3.9 million childrens' lives.

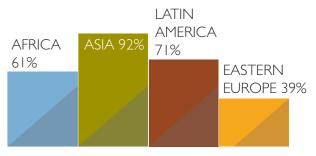
VisionFund seeks to build greater resilience for its borrowers and their families. To track results, and determine if clients' children are tangibly better off, VisionFund asks three key questions:

- I. What are clients saying about the well-being of their children?
- 2. What are impact studies showing?
- 3. What is the Progress Out of Poverty (a poverty measurement tool) data illustrating about changes in poverty over time?

to access education for them or better sanitation at home. With 73 per cent of loans given to women, 92 per cent in Asia, VisionFund is addressing some of the barriers women face in accessing financial services and to ensure that children see the benefits of their parents' loan provision. Many studies have verified that female entrepreneurs use their business income to directly meet the needs of their children, and therefore more readily help communities lift themselves out of poverty.

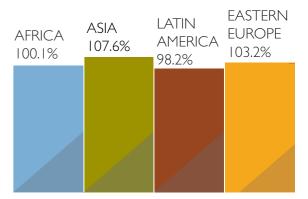
These questions, along with additional enquiries to ascertain improvements to childrens' lives have been added to VisionFund MFIs' loan application forms. One loan's impact to a family is assessed before additional borrowing is supported. Progress is clear, with ninety-one per cent (91 per cent) of VisionFund's sampled clients reporting at least one child wellbeing improvement and half of clients (50 per cent) reporting three or more. These improvements may be having sufficient food for their children, being able



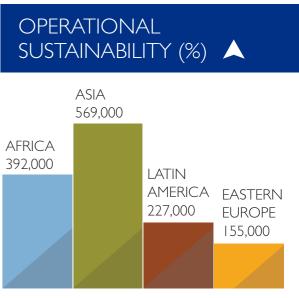


GLOBAL AVERAGE 73%

FEMALE CLIENTS (%)



GLOBAL AVERAGE 102.6%



TOTAL 1,343,000

NUMBER OF LOANS DISBURSED

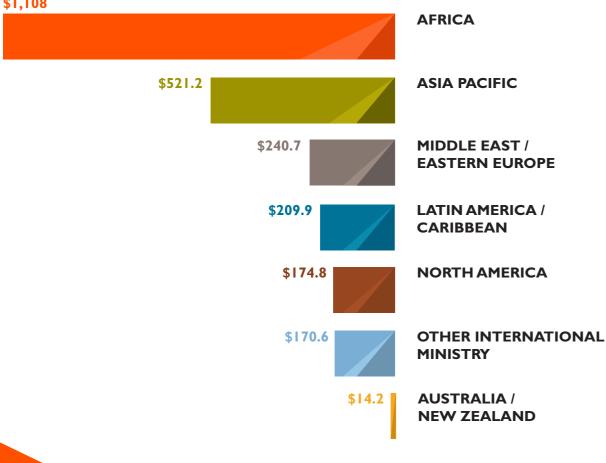
FINANCIAL SUMMARY EXPENDITURES ON INTERNATIONAL PROGRAMMES BY REGION

Facts and figures as of 30 September 2015 and in millions of U.S. dollars



For community development, humanitarian and emergency affairs, advocacy and other programmes





The following figures are combined data for all WV Partnership entities



International Programmes provide for emergency relief in natural disasters and war, and for development work in food, education, health, sanitation, income generation and other community needs. Also included are the costs of supporting such programmes in the field.

Administration includes costs of working with donors, computer technology, finance and accounting functions, human resources and managerial oversight.

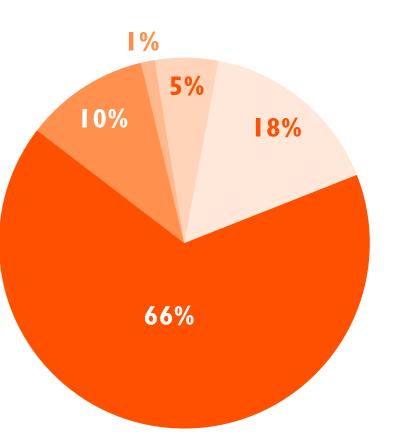
Fundraising supports humanitarian programmes by soliciting contributions through media and direct marketing appeals. Included are costs of marketing, creative services and publishing materials.

Community Education/Advocacy promotes awareness of poverty and justice issues through media campaigns, forums, speaking engagements, and influencing organisations and governments.

\$2,439.4 TOTAL

FINANCIAL SUMMARY **EXPENDITURES BY ACTIVITY**

Facts and figures as of 30 September 2015 and in millions of U.S. dollars

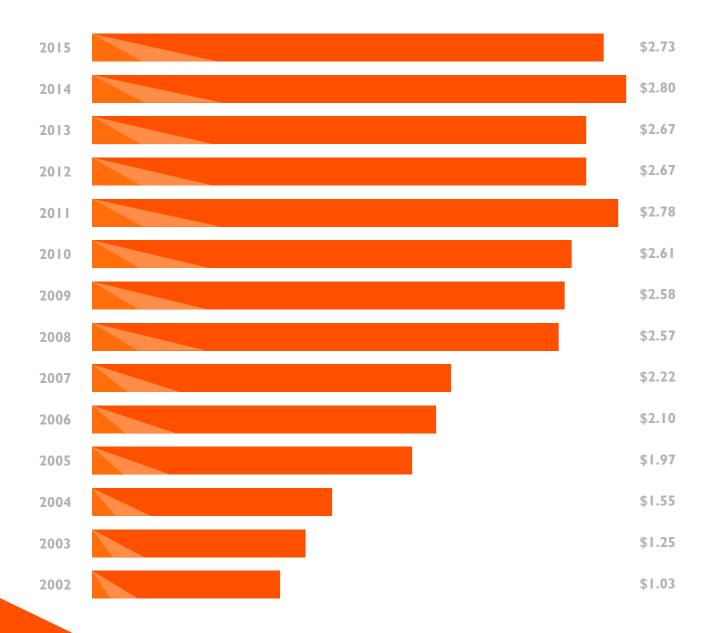


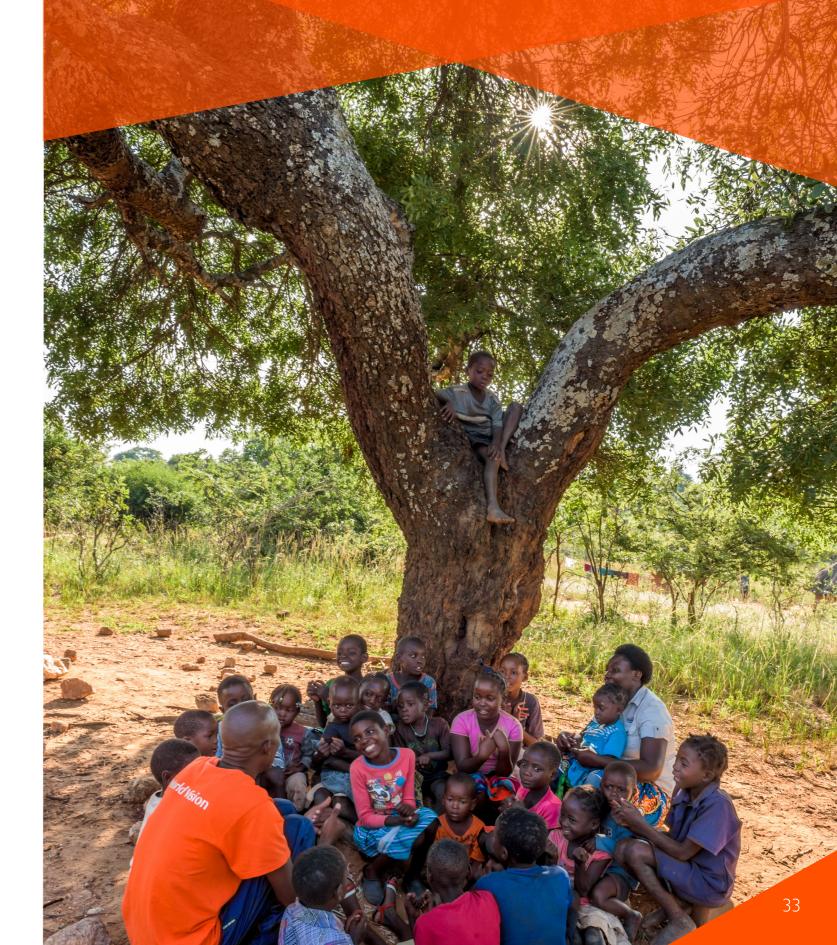
FINANCIAL SUMMARY

WORLD VISION PARTNERSHIP INCOME TREND

Facts and figures as of 30 September 2015 and in billions of U.S. dollars

The following figures are combined data for all WV Partnership entities









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