World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world’s most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.
In 2015, World Vision (WV) Southern Africa Region (SAR) made significant progress towards its goal to improve the well-being of 7.5 million vulnerable children by 2016. This Child Well-being Report evaluates progress under the five strategic objectives, which were set out in the region's 2011–2016 strategy, in at least 233 large-scale area programmes in nine countries in the region.

In the health sector, World Vision programmes in Southern Africa have focused on strengthening community health systems and local and national advocacy to achieve better health and nutrition outcomes for children, pregnant women and mothers of children under 2 – focusing on the first 1,000 days, that is, from conception to the child’s second birthday.

In education, country offices have learned to focus more on the quality of education to yield desired learning outcomes for children. World Vision works with parents, communities, school administrations and education ministries to improve the learning environment for children. One hundred and thirty-five girls re-enrolled and 14,999 children who were marginalised were reached by a mother’s group following up any cases of children dropping out of school and of abuse.

As part of their livelihood enhancement interventions, all nine country offices implemented the savings-group model and supported communities to tap into local value chains. Programmes in almost all of the regional country offices witnessed community members – both adults and children – take the lead in advocating with policy makers for enhanced levels of service delivery. Citizen Voice and Action, a social-accountability model implemented by World Vision, has proven to be very effective in enabling community members to hold their leaders accountable.

World Vision also supported communities to be more resilient and prepared for disasters by training farmers in climate-smart agricultural technologies, encouraging livelihood diversification and linking community members with microfinance institutions.

We continue to strive for even higher standards in our programming and reporting as we learn through this process.

The results in this report were made possible with the invaluable support of our dedicated staff and leadership, as well as our partners, who all contribute to making lives better for children in this region. I am deeply thankful for their service.

Rudo Kwaramba
Regional Leader for Southern Africa Region
THE 2015 World Vision Southern Africa Region Child Well-being Report provides an overview of how our programmes in nine country offices have contributed to child well-being.

We thank all the staff members who invested significant time, expertise and effort to make this report possible. This includes the Design, Monitoring and Evaluation staff, technical experts and country office leadership. We extend our appreciation to the following staff who led the Child Well-Being Report (CWBR) process in their respective country offices: Marie-Louise Henman (Angola), Amagana Togo (DRC), Destaw Nega (Lesotho), Kobasiya Raboliniyane (Lesotho), Charles Chimombo (Malawi), Isaiah Nzima (Mozambique), Miriam Booy (South Africa), Nompumelelo Phakati (Swaziland), Chibwe Mambwe (Zambia) and Nomqhele Nyathi (Zimbabwe).

We thank our support offices, the Global Centre and regional colleagues who provided further inputs to the report, especially Dr Steven Malinga, Ann Munene, Carole Leacock, Ben Tshin, Melani O’Leary, John-Michael May, Joseph Toindepi, Beatrice Mwangi and Emma Edwards.

We extend our appreciation to the main authors of the report, including Cynthia Mulenga, Sajilu Kamwendo and Isabelle Carboni.

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CONTENTS

FOREWORD ..............................................................i
ACKNOWLEDGEMENTS ..................................................ii
ABBREVIATIONS AND ACRONYMS ...........................iv
INTRODUCTION ..........................................................1
   How are we progressing? ...........................................1
   What more must we do? ..........................................2
STRATEGIC OBJECTIVE: 1 Improve health,
nutrition and WASH ....................................................3
   Vaccination coverage ..............................................5
   Access to clean water .............................................5
   Children well nourished ........................................6
   Conclusion and recommendations ..........................7
STRATEGIC OBJECTIVE: 2 Improve literacy and
quality of education .....................................................8
   Progress in functional literacy .................................10
   Conclusion and recommendations ........................10
STRATEGIC OBJECTIVE: 3 Strengthen policy
influence and child protection ..................................11
   Birth registration ..................................................13
   Youth well-being ................................................13
   Conclusions and recommendations .....................14
STRATEGIC OBJECTIVE: 4 Improve food security
and economic development .....................................15
   Youth going hungry .............................................17
   Conclusions and recommendations .....................18
STRATEGIC OBJECTIVE: 5 Build resilient and
disaster-prepared communities and households ......19
   Strengthening resilience and disaster preparedness
   in communities .....................................................19
   Sufficient household food access .............................21
   Conclusions and recommendations .....................21
DISASTER MANAGEMENT ........................................22
   Recommendations ................................................22
MONITORING AND EVALUATION ..................................23

LIST OF FIGURES

Figure 1. Immunisation coverage FY15 ..........................5
Figure 2. Change in immunisation coverage ..................5
Figure 3. Change in proportion of programmes meeting
global thresholds in population access to improved
drinking water source ..............................................6
Figure 4. Underweight rates for children
0–59 months ..........................................................7
Figure 5. Functional literacy levels by
country office ..........................................................10
Figure 6. Functional literacy among children ...............10
Figure 7. Percentage of children with birth
registration documents ...........................................13
Figure 8. Percentage of youths thriving ......................14
Figure 9. Percentage of youths with insufficient
access to food .......................................................17
Figure 10. Households with sufficient diet
diversity ..............................................................17
Figure 11. Percentage of households with
insufficient access to food .........................................21
### ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADP</td>
<td>area development programme</td>
</tr>
<tr>
<td>CVA</td>
<td>Citizen Voice and Action</td>
</tr>
<tr>
<td>CDRR</td>
<td>community disaster risk reduction</td>
</tr>
<tr>
<td>CLTS</td>
<td>community-led total sanitation</td>
</tr>
<tr>
<td>cPMTC</td>
<td>community prevention of mother-to-child transmission of HIV</td>
</tr>
<tr>
<td>CWBR</td>
<td>Child Well-being Report</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
</tr>
<tr>
<td>FMNR</td>
<td>farmer managed natural regeneration</td>
</tr>
<tr>
<td>GIK</td>
<td>gifts-in-kind</td>
</tr>
<tr>
<td>HDDS</td>
<td>household diet diversity score</td>
</tr>
<tr>
<td>PD/Hearth</td>
<td>Positive Deviance Hearth</td>
</tr>
<tr>
<td>SAR</td>
<td>Southern Africa Region</td>
</tr>
<tr>
<td>tC</td>
<td>timed and targeted counselling</td>
</tr>
<tr>
<td>WASH</td>
<td>water, sanitation and hygiene</td>
</tr>
<tr>
<td>WV</td>
<td>World Vision</td>
</tr>
</tbody>
</table>
INTRODUCTION

In 2011, World Vision Southern Africa Region launched a five-year strategy to improve the well-being of 7.5 million vulnerable children and their communities by 2016.

Across its nine country offices1 and 233 area development programmes (ADPs), staff teams and partners worked to make this commitment a reality by implementing programmes to support and protect children of all ages.

The strategy included five core areas of programming:

1. Improve health, nutrition and WASH (water, sanitation and hygiene)
2. Improve literacy and quality of education
3. Strengthen policy influence and child protection
4. Improve food security and economic development
5. Build resilient and disaster-prepared communities and households.

Each year, World Vision country offices report on progress made towards child well-being in line with the organisational strategy. Based on a full regional report,2 being produced for the third year in a row, the 2015 World Vision Southern Africa Region Child Well-being Report summarises the evidence of these results, as well as the challenges faced.

How are we progressing?

Vaccination coverage: The proportion of children receiving critical vaccinations has increased consistently as a result of community-based health counselling and mobilisation as well as partnering with government and other NGOs (including logistic and commodities support) to increase vaccination coverage. At the time of the baseline study, only 29 per cent of health programmes started with acceptable levels of coverage, increasing to 65 per cent at the time of reporting in six of the nine countries in the region, an increase of 36 percentage points.

Prevention of malaria: Of the three country offices reporting on the proportion of young children sleeping under long-lasting, insecticide-treated mosquito nets, Zambia and the Democratic Republic of Congo (DRC) have achieved acceptable levels, and Malawi is just below the acceptable level threshold.

Access to an improved water source: A reported 18 per cent of programmes have reached acceptable levels of clean water access, an increase of 10 percentage points from the baseline of a mere 8 per cent. Where before 50 per cent of programmes had critically low levels of water access, this has been reduced (15 percentage points) to 35 per cent.

Birth registration: Gains were made in registering children’s births, which is fundamental to accessing essential services. In half of the country offices measuring this indicator, over 80 per cent of children have birth registration documents. However, this still falls short of acceptable levels (>90%). It remains a critical concern in operational areas in the DRC, where only 25 per cent of children are registered.

---

1 Angola, DRC, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe.
2 This report is accessible to World Vision staff only: https://www.wvcentral.org/cwb/Documents/CWB%20Report%20FY15%20SAR.pdf.
What more must we do?

**Diarrhoea and malaria management:** All six country offices reporting on this indicator have critically low proportions of parents or caregivers who can appropriately manage diarrhoea and malaria in children under 5. Malaria is one of the leading causes of death in young children. Therefore, a concerted effort is needed through community-based counselling to ensure that children are adequately protected and given timely and appropriate treatment when they get infected.

**Access to improved sanitation facilities:** While some progress has been made, it has been slow and on a small scale. Only 3 per cent of programmes reported acceptable levels of access, although this is an increase from a starting point of 0 per cent. There are still 62 per cent of programmes reporting critically low levels of access to improved sanitation facilities.

**Nutrition:** The proportion of children suffering from malnutrition remains critical. Rates of underweight children in Angola, Mozambique and Zambia are high. The proportion of stunted children in DRC showed no change, and in Malawi only minimal changes in acute malnutrition were recorded.

**Functional literacy:** From a starting point of 0 per cent of programmes with acceptable levels of functional literacy (80% of children able to read with comprehension), 31 per cent of programmes have now achieved this. However, reading levels remain critical in four of the eight country offices reporting, although gains have been made in some programmes.
Community-based mobilisation, including faith leaders, is used to strengthen health-seeking behaviours and enable communities to address their own health issues. Advocacy plays a central role in ensuring that policies are implemented and that health services reach those most in need. A range of evidence-based programming models are used in the region to maximise the impact of World Vision’s investment. These include timed and targeted counselling (ttC), community-led total sanitation (CLTS), Positive Deviance Hearth (PD/Hearth) and community prevention of mother-to-child transmission of HIV (cPMTC).

This strategic objective represents World Vision’s largest investment in the region, with over 200 health-focused programmes and a large number of indicators. The section on results focuses on vaccination coverage and access to clean drinking water, with an additional section on child nutrition. Several key results on outputs are also included.

### TABLE 1: HEALTH, WASH AND HIV INFECTION OUTPUTS

<table>
<thead>
<tr>
<th>Key output indicators in FY15</th>
<th>Total</th>
<th># offices contributing</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children 0–23 months and pregnant women who received an insecticide-treated net through WV-supported programmes</td>
<td>183,629</td>
<td>3</td>
</tr>
<tr>
<td># of children aged up to 12 months who received age-appropriate immunisation</td>
<td>217,511</td>
<td>6</td>
</tr>
<tr>
<td># of children and youth 5–24 years old in the programme area who completed values-based, age-appropriate HIV&amp;AIDS and reproductive and sexual health-specific life-skills training</td>
<td>50,401</td>
<td>5</td>
</tr>
<tr>
<td># of people with access to a basic (improved) drinking water source</td>
<td>1,791,860</td>
<td>8</td>
</tr>
<tr>
<td># of water points rehabilitated/constructed</td>
<td>91,769</td>
<td>9</td>
</tr>
<tr>
<td># of people reached with hygiene and sanitation education</td>
<td>891,623</td>
<td>7</td>
</tr>
<tr>
<td># of people with access to basic (improved) household sanitation facilities</td>
<td>1,052,806</td>
<td>8</td>
</tr>
<tr>
<td># of latrines constructed</td>
<td>48,998</td>
<td>5</td>
</tr>
</tbody>
</table>

---

**Strategic Objective 1:** Improve health, nutrition and WASH

**FACTS ABOUT HEALTH, NUTRITION AND WASH**

- **763,000** children died before their 5th birthday
- **39,400** maternal deaths per annum
- **STUNTING 34.2%**
- **WASTING 5%**
- **UNDERWEIGHT 13.7%**
- **100 MILLION** are without clean drinking water
- **174 MILLION** people lack access to basic latrines
- **174 MILLION**
- **100 MILLION**
- **76,591** MOTHERS received integrated counselling
- **217,511** CHILDREN <1 year old received age-appropriate immunisation
- **6,512** pregnant mothers have been enrolled in PMTCT
- **183,629** pregnant mothers and 0-23 months old children received insecticide-treated nets
- **1,052,806** have access to basic improved sanitation
- **1,791,860** people got access to a safe drinking water source
- **891,623** reached with hygiene and sanitation messages

**WORLD VISION’S RESPONSE**

- **US$113,701,558** invested in FY15
- **7,419** moderately malnourished children successfully rehabilitated in the last 12 months
- **76,591** MOTHERS received integrated counselling
- **217,511** CHILDREN <1 year old received age-appropriate immunisation
- **6,512** pregnant mothers have been enrolled in PMTCT
- **183,629** pregnant mothers and 0-23 months old children received insecticide-treated nets
- **1,052,806** have access to basic improved sanitation
- **1,791,860** people got access to a safe drinking water source
- **891,623** reached with hygiene and sanitation messages

**OUR APPROACHES**

- ttC, PD-Hearth, CVA and Channels of Hope, HIV and values-based life-skills training, CLTS, participatory hygiene and sanitation transformation (PHAST), and WASH in schools and emergencies

---


Vaccination coverage

Vaccination is one of the most critical factors in protecting children from disease. World Vision programmes increased vaccination coverage through supporting health centres (through GIK and transport) to reach the most vulnerable children and by conducting community mobilisation to encourage parents and caregivers to take their children for vaccination.

Seven country offices measured this indicator. Programmes in Lesotho, Malawi and Swaziland show acceptable levels of vaccination coverage (>80%), while in the DRC, Zambia and Zimbabwe levels are critical (below 75%). The number of programmes included is shown in brackets in Figure 1.

Access to clean water

Clean water is fundamental to enjoying good health, and more people in sub-Saharan Africa have access to an improved drinking water source than ever before. However, World Vision works in some of the most deprived areas, where any progress has been made from a very low starting point.

World Vision increased access to clean water in its programme areas by drilling new boreholes, rehabilitating existing water points, installing water taps and community mechanised water systems, and training households on water purification. Working in close collaboration with health centres, programmes ensured that clean water also reached the most vulnerable children living in remote areas. Partnerships with churches and faith leaders were critical in sensitising households on improved water treatment.

On average, programmes in Zambia and Zimbabwe currently have the highest level of community members accessing clean drinking water, with 88 per cent and 85 per cent respectively, but this still falls short of the acceptable threshold of 90 per cent. Programmes in DRC, Mozambique and Swaziland, on average, still have critical levels of water access (<60% of the population). However, when viewing change over time in programmes with comparative data, the proportion of programmes reporting critical levels reduced from 50 per cent to 35 per cent, and those with acceptable levels increased by 10 percentage points (see Figure 3).

Highlights

- **DRC** provided logistical support to health centres, enabling 114,875 children to be reached with age-appropriate immunisation.
- **Angola** strengthened community health systems through 640 volunteers, enabling 18,989 children to be vaccinated against polio.

---

4 Data presented in the figure does not represent a national average. This data represents averages of programmes that reported on the indicator.
5 Contributing country offices: DRC (4 ADPs), Lesotho (6 ADPs), Malawi (4 ADPs), South Africa (5 ADPs), Swaziland (3 ADPs), Zambia (3 regions) – 25 ADPs.
Zimbabwe reached 51,009 pregnant women and caregivers of children under 2 with supplementary feeding; 21,341 learned about optimal nutrition.

DRC facilitated the rehabilitation of 99 per cent of children enrolled in one of the 168 PD/Hearth sessions (4,992 children).

Malawi reached over 3 million children with Vitamin A supplementation; Zambia reached 3.6 million children.

Angola partnered with UNICEF and Africare to get child malnutrition on the national agenda.

Growth monitoring and promotion

Monitoring the height and weight of children under 5 is an indicator not only of an individual child’s growth, but it may also reveal households and areas where chronic poverty persists and rates of acute malnutrition require immediate action.

The percentage of children who are underweight (see Figure 4), stunted or suffering from acute malnutrition (wasted) in the region continues to be of serious concern. Four country offices reported data on the rates of underweight in children under 5. Angola and Mozambique reported that 28 per cent and 25 per cent of children respectively were underweight, which is considered critical. Zambia also registered high rates that require attention.

Children well nourished

Being well nourished during the first 1,000 days of life is fundamental not only to a child’s survival, but to his or her ability to develop and thrive physically and mentally throughout life. To boost children’s nutrition, most World Vision programmes use a combined approach of nutritional education, community-based rehabilitation of moderately malnourished children, national advocacy to raise the importance of better child nutrition and vitamin A supplementation support.9 Table 2 lists key outputs in nutritional programming.

Highlights

- Malawi reached 161,356 children through their caregivers with messages on positive child feeding practices; Mozambique reached 33,380 children.
- Zimbabwe reached 51,009 pregnant women and caregivers of children under 2 with supplementary feeding; 21,341 learned about optimal nutrition.
- DRC facilitated the rehabilitation of 99 per cent of children enrolled in one of the 168 PD/Hearth sessions (4,992 children).
- Malawi reached over 3 million children with Vitamin A supplementation; Zambia reached 3.6 million children.
- Angola partnered with UNICEF and Africare to get child malnutrition on the national agenda.

9 Contributing country offices: DRC (4 ADPs), Lesotho (6 ADPs), Malawi (15 ADPs), Mozambique (4 provinces), Swaziland (3 ADPs), Zambia (31 ADPs), Zimbabwe (3 ADPs + 2 grants).

8 Positive Deviance Hearth promotes better household feeding for young children using locally available and affordable food, like that used by families with well-nourished children in the community (positive deviants).

Table 2: Nutrition Outputs

<table>
<thead>
<tr>
<th>Key output indicators in FY15</th>
<th>Total</th>
<th># offices contributing</th>
</tr>
</thead>
<tbody>
<tr>
<td># of pregnant mothers and mothers'/caregivers with children 0–23 months who received nutrition/integrated counselling (antenatal, HIV, nutrition)</td>
<td>76,591</td>
<td>7</td>
</tr>
<tr>
<td># of moderately malnourished children enrolled in PD/Hearth sessions successfully rehabilitated in the past 12 months</td>
<td>7,419</td>
<td>5</td>
</tr>
<tr>
<td># of children enrolled in PD/Hearth or some form of community nutrition programme</td>
<td>29,847</td>
<td>6</td>
</tr>
</tbody>
</table>

Figure 3. Change in proportion of programmes meeting global thresholds in population access to improved drinking water source:

<table>
<thead>
<tr>
<th>PROPORTION OF PROGRAMMES</th>
<th>ACCEPTABLE (&gt;90%)</th>
<th>ACTION (60–90%)</th>
<th>CRITICAL (&lt;60%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>8%</td>
<td>43%</td>
<td>50%</td>
</tr>
<tr>
<td>Evaluation</td>
<td>18%</td>
<td>48%</td>
<td>35%</td>
</tr>
</tbody>
</table>

‘After 12 days in the [PD/Hearth] programme, Willa’s condition had changed. She stopped crying anyhow, her appetite had increased and her weight was back to normal. I could not believe it because by the time my husband and I joined the feeding programme I had already lost hope, because I thought nothing could cure my daughter anymore. All I was waiting for was death because she was very sick.’

– Mother in Zambia

[Willa was later discharged from the feeding programme as she was in good health and able to play with her friends.]

Figure 4. Change in proportion of programmes meeting global thresholds in population access to improved drinking water source.
Conclusion and recommendations

Levels of health and nutrition are improving in most World Vision operational areas. Vaccination coverage and the use of insecticide-treated mosquito nets to prevent malaria have increased substantially. Distribution of GIK (nets, deworming tablets) seems to have had a positive impact in DRC, Malawi and Zambia. Nutritional education for pregnant women and mothers of children under 2 have yielded positive results in many programme areas, as has the community-based management of acute malnutrition.

However, many indicators for health and nutrition remain critical. Some of this is explained by the low starting point or crises, such as natural disasters and displacement. However, a continued and focused effort is required on this strategic objective to improve results, particularly in chronic malnutrition, diarrhoea management and access to improved water and sanitation facilities.

Recommendations

1. Strengthen monitoring and supervision of community-based health workers to increase coverage and the quality of health and nutrition behaviour-change initiatives.
2. Continue to use GIK to support large-scale health improvements.
3. Develop a stronger linkage between livelihoods and economic development programmes and nutritional outcomes.

Figure 4. UNDERWEIGHT RATES FOR CHILDREN 0–59 MONTHS

<table>
<thead>
<tr>
<th>Country</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>28%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swaziland</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Country offices

11 Data presented in the figure does not represent a national average. This data represents averages of programmes that reported on the indicator.
IGNIFICANT PROGRESS has been made in sub-Saharan Africa on children’s access to primary schooling, but the quality of education remains low and children are completing primary school unable to read. Those lucky enough to attend school are not guaranteed an education. Challenges include poor facilities, high pupil/teacher ratios, demotivated teachers and low parental support for learning at home. A combination of factors causes many children to drop out, including long distances to schools, child-protection issues and poverty. Many parents remove their children from class because they cannot pay for their school supplies or because they need the children to work to support the family.

World Vision has made a strategic shift to focus its investment on improving the quality of education. Country offices work in close collaboration with schools, ministries of education, parents and community members to improve the learning environment for children at school, at home and in the community. This includes training teachers and community volunteers, establishing reading clubs, raising awareness among parents about their role in their children’s education and developing locally appropriate education materials. In some circumstances this support also includes improving the school buildings and provision of bicycles so children can get to school. Savings groups are also established to help parents pay school fees. Training community members and parents in advocacy is also critical to ensure sustainable and ongoing improvements in the learning environment for children.

Table 3 shows the reach of World Vision’s investment in improving education.

<table>
<thead>
<tr>
<th>TABLE 3: EDUCATION OUTPUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key output indicators in FY15</td>
</tr>
<tr>
<td># of children benefiting from WV literacy interventions</td>
</tr>
<tr>
<td># of teachers trained in WV-facilitated literacy methodology</td>
</tr>
<tr>
<td># of trained community literacy volunteers supporting activities that enhance learning outcomes</td>
</tr>
<tr>
<td># of locally relevant reading materials developed and distributed in last six months</td>
</tr>
<tr>
<td># of school management committees trained to implement basic education improvement plans</td>
</tr>
</tbody>
</table>

Highlights

- **Zambia** and **Lesotho** focused on Citizen Voice and Action (CVA), which equips communities to lead advocacy efforts. This led the government to formalise community schools and improved education standards significantly.
- **Malawi** established 748 reading camps and 623 early childhood development centres.
- **Mozambique** improved school infrastructure and promoted literacy, benefiting 371,616 children.
- **South Africa** distributed 6,300 bicycles to children in 85 schools to help them attend school regularly.
- **DRC** constructed 48 disability-inclusive classrooms that will serve 1,296 boys, 1,344 girls and 330 teachers.

---

**Strategic Objective 2:** Improve literacy and quality of education

**FACTS ABOUT EDUCATION**

- **70%** Youth literacy rate in sub-Saharan Africa
- **80%** net enrolment rate in sub-Saharan Africa
- **68%** Primary school completion rate

**WORLD VISION’S RESPONSE**

- **US$43,126,500** invested in FY15

- **788,502** children attending a structured learning institution

- **177,807** locally relevant reading materials developed and distributed

- **591,508** children benefitted from WV literacy interventions

- **6,556** trained community literacy volunteers

- **9,330** trained teachers in literacy methodology

**OUR APPROACHES**

CVA for education, Learning Roots, Literacy Boost, Power Within and Youth Ready

---

iv Literacy Boost is a copyrighted tool designed, developed and owned by Save the Children.
Bicycles matter

World Vision is helping children stay in school, especially girls. In Zimbabwe, 7,995 girls received bicycles so they can get to school safely. A village saving and loans programme was also set up to help parents manage school fees and other requirements for their children. A mothers’ group now follows up any cases of children dropping out of school, truancy or abuse. This initiative reached 14,999 marginalised children and resulted in the re-enrolment of at least 135 girls.

‘Bicycles help us to get to school on time. Because of distance, I used to wake up around 4:00 a.m. and by the time I got to school I was sleeping in class, but now I wake up at 6:00 a.m. and still arrive early.’
— Learner, South Africa

Progress in functional literacy

The number of children who finish primary school and are still unable to read is shockingly high in Southern Africa. None of the country offices has reached the acceptable threshold of 80 per cent of children able to read with comprehension. Four country offices have critically low levels (see Figure 5).

However, noteworthy improvements have occurred over time among the 16 programmes with comparison data, despite the low levels of functional literacy. Previously none of the programmes had acceptable levels of functional literacy, but now 31 per cent are acceptable.

In addition, the number of programmes with critically low levels have almost halved, as shown in Figure 6.

Progress and recommendations

Progress has been made in improving educational outcomes for children, but a continued focus is needed to sustain gains and achieve acceptable levels of reading. Not all programmes measure the recommended indicator, or measure it correctly. This undermines the regional office’s ability to report fully on results. Several interventions added value to children’s education. Bicycles helped increase school attendance, especially for girls, as did improved sanitation facilities. Integrating other activities, such as savings-and-loans groups, also enabled parents to manage school fees and other financial requirements. Combining education programmes with advocacy is essential so communities can drive improvement and demand the fulfilment of their children’s right to education. The full and active cooperation of government departments and school-management committees was also noted as a key success factor for literacy activities.

Recommendations

1. Scale up literacy-promoting activities.
2. Strengthen multi-sectoral approaches to improve the quality of education (WASH, livelihoods, child protection).
3. Ensure adequate staff capacity to measure changes in key indicators over time.
4. Community reading camps and groups must be linked to a school to increase sustainability (leverage resources, greater ownership by government).
5. Increase the involvement of parents and local/traditional leaders in education efforts to ensure the appropriateness of local reading materials that are produced.
World Vision strives to ensure that all children are protected from any form of abuse or harm and that they are spiritually nurtured and thriving. However, negative cultural practices (especially affecting girls), ineffective child-protection systems, a lack of understanding about child rights, high youth unemployment and the absence of caregivers all contribute to creating an environment in which children are vulnerable to abuse and cases of abuse go unreported or unaddressed.

The most common forms of abuse experienced by children in World Vision’s operational areas are early marriage, child labour, child trafficking, early pregnancies, neglect, and sexual and physical abuse.

To protect children, World Vision seeks to influence policy to bring about long-term changes in child rights, while supporting community-level improvements so children thrive in their immediate environment. Advocacy efforts include lobbying governments to increase access to birth registration and outlaw early marriage, as well as raising awareness about child rights and establishing local child-protection mechanisms. World Vision also works with local community and faith leaders to end harmful practices, such as initiation ceremonies and early marriage. Children and youth learn about their rights and how to build life skills to protect themselves. Opportunities for spiritual nurture are provided and platforms created for children to share their experiences.

To strengthen child protection and influence policy, World Vision uses models that focus on family relationships and parenting (Celebrating Families), faith leaders and congregations as change agents (Channels of Hope) and Child Protection Advocacy.

### Highlights

- **Malawi** helped establish 166 child protection clubs in 17 operational areas; 2,466 children were rescued from child marriages and child labour.
- **Mozambique** influenced the government’s new strategy to eliminate child marriage and lobbied for legal and policy reform through its Girls Not Brides campaign.

### TABLE 4: POLICY INFLUENCE AND CHILD-PROTECTION OUTPUTS

<table>
<thead>
<tr>
<th>Key output indicators</th>
<th>Total</th>
<th># offices contributing</th>
</tr>
</thead>
<tbody>
<tr>
<td># of adults trained in local advocacy</td>
<td>6,642</td>
<td>4</td>
</tr>
<tr>
<td># of adults trained in child-protection issues in the reporting period</td>
<td>61,572</td>
<td>7</td>
</tr>
<tr>
<td># of children who secured birth registration documents in the reporting period</td>
<td>33,430</td>
<td>6</td>
</tr>
<tr>
<td># of children participating in WV-supported children’s clubs or groups</td>
<td>73,175</td>
<td>8</td>
</tr>
<tr>
<td># of children participating in WV-supported spiritual nurture activities</td>
<td>231,724</td>
<td>9</td>
</tr>
<tr>
<td># of church and faith leaders trained in children’s ministry</td>
<td>2,610</td>
<td>6</td>
</tr>
<tr>
<td># of spiritual nurture-related materials distributed</td>
<td>63,004</td>
<td>5</td>
</tr>
</tbody>
</table>
9% to 41% of 5- to 14-YEAR OLD CHILDREN are involved in child labour in SAR

38% of <5 CHILDREN have birth registration documents in sub-Saharan Africa

>20% of WOMEN aged 20–24 in most of Southern Africa are married before their 18th birthday

WORLD VISION’S RESPONSE

US$15,898,350 invested in FY15

Trained 6,642 adults in local-level advocacy

Trained 61,572 adults in child protection issues

33,430 CHILDREN secured birth registration documents

73,175 CHILDREN participated in children’s clubs or groups supported by World Vision

231,724 CHILDREN participated in spiritual nurturing activities

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Lesotho increased the percentage of caregivers with appropriate knowledge of child rights from 16 per cent to 51 per cent (35 percentage points) in a one year. Child protection committees were set up in each programme area to raise awareness and address child protection issues as they arise.

South Africa created awareness through national media about the experience of girls forced into early marriage and boys who endured harmful initiation ceremonies.

Zambia engaged traditional leaders to ban early marriage and establish structures to prevent this harmful practice. A reported 249 children who were forced to drop out of school because of early marriage or pregnancy were assisted to return to school.

Zimbabwe trained community members to recognise child abuse and to report it. As a result, 17 abuse cases were reported and 15 victims supported.

Birth registration

Birth registration is fundamental if children are to access their rights. In some countries, children without birth certificates cannot enrol in school or access opportunities. Without documents, these children are at risk of being trafficked. However, high costs and long travel distances to register births are disincentives to parents, especially when the benefits are not well understood.

World Vision lobbied governments to reduce the cost of birth registration and worked with traditional and religious leaders to mobilise families to register children’s births officially. World Vision also partnered with government departments to deliver registration services closer to communities with vulnerable children, including disabled children who cannot travel long distances to registration centres.

Six offices reported on birth registration rates among children in their 52 programme areas. The acceptable level is 90 per cent of all children having a birth registration document. Currently, levels in all programmes remain below this threshold (See Figure 7). Notwithstanding this, there has been significant progress in this year, with 33,430 children getting registered.

Local advocacy can be extremely effective in bringing about positive change. For example, in DRC a women’s group lobbied for and succeeded in getting a birth registration centre in its community. Parents no longer have to travel 38 kilometres to the nearest centre to register a child within 90 days of birth. As a result, 144 children were registered in one year, representing a huge achievement.

Youth well-being

Five country offices covering 63 operational areas measured the proportion of youth aged 12–18 who self-reported on how satisfied they felt with their lives. Those scoring themselves highest on the scale are categorised as ‘thriving’ (see Figure 8).

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15 Data presented in the figure does not represent a national average. This data represents averages of programmes that reported on the indicator.
16 Five countries: Lesotho (10 ADPs), Malawi (28 ADPs), South Africa (7 ADPs), Swaziland (3 ADPs), Zimbabwe (5 ADPs and 10 districts).
According to the country office child well-being reports, the reasons why adolescents felt satisfied with their lives or not are diverse. However, some explanations for their bleak outlook included family poverty, absentee parents (for example, working away from home) and violent experiences. Having a family member affected by HIV and AIDS further reinforces a sense of little hope for the future.

Conclusions and recommendations

Significant progress in child rights and protection are occurring as community members, including children, take a lead in advocating to policymakers and implementers for their needs to be met. Children in Southern Africa could grow up in a transformed environment if these lobbying efforts succeed. Ending child marriage and harmful initiation practices, ensuring that all children can be easily registered at birth, establishing reliable mechanisms for recognising and reporting abuse, and receiving support are all achievable aims. However, such progress can only be realised with significant political will, a shift in social norms, and ongoing advocacy to ensure policies are implemented and key issues are not forgotten by those with the power to change them.

Recommendations

1. Continue to strengthen community-based structures that are focused on child protection to take the lead in advocating for better provision of goods and service.
2. Continue with community sensitisation on the value of birth registration.
3. Scale up the use of effective models such as Celebrating Families and Channels of Hope for child protection and gender to sensitise community members and create an environment in which young people can thrive and connect with their caregivers.
4. Invest in life skills for youth to equip them with the knowledge and confidence to make better choices for themselves.
5. Strengthen staff capacity to implement and promote child protection programme models and address the systems and structures that leave children vulnerable.
6. Join more coalition groups that promote child protection and rights.
7. Use available programme data to build advocacy campaigns on child protection.

Data presented in the figure does not represent a national average. This data represents averages of programmes that reported on the indicator.

Figure 8. PERCENTAGE OF YOUTHS THRIVING

<table>
<thead>
<tr>
<th>Country</th>
<th>Lesotho</th>
<th>Malawi</th>
<th>South Africa</th>
<th>Swaziland</th>
<th>Zimbabwe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33%</td>
<td>50%</td>
<td>45%</td>
<td>66%</td>
<td>35%</td>
</tr>
</tbody>
</table>

PROPORTION OF YOUTHS
AGRICULTURE IS a risky business in a region where floods, droughts and conflicts are recurrent. Yet it is the main livelihood for most families living in World Vision operational areas. Poverty, as well as little access to credit and ineffective government support, makes it difficult to build a strong agricultural business. Lack of viable markets for farmers’ produce further confounds the situation.

World Vision works with farmers to overcome barriers to better livelihoods. Programmes include a variety of evidence-based models, including local value-chain development savings groups, business facilitation and farmer managed natural regeneration (FMNR).

Savings groups, farmer training groups and youth income-generating groups have seen some success. However, some challenges emerged this year that require rethinking. In some programme areas staff members did not have the knowledge to implement evidence-based models. In addition, national food security programmes have limited value since socioeconomic, consumption and climate patterns can vary significantly within a country, requiring a variety of approaches. Although savings groups are functioning well, their impact would be multiplied if combined with other income-generating activities. Youth unemployment is high in countries such as Zimbabwe, and a greater focus on this group could have a positive impact on well-being. Partnering effectively with government ministries and churches has proved pivotal to the successful adoption of improved techniques.

### TABLE 5: FOOD SECURITY AND ECONOMIC DEVELOPMENT OUTPUT INDICATORS

<table>
<thead>
<tr>
<th>Key output indicators in FY15</th>
<th>Total</th>
<th># offices contributing</th>
</tr>
</thead>
<tbody>
<tr>
<td># of savings groups established in the reporting period</td>
<td>9,776</td>
<td>9</td>
</tr>
<tr>
<td># of active savers in saving groups</td>
<td>130,530</td>
<td>7</td>
</tr>
<tr>
<td># of farmers trained and participating in selected value chains</td>
<td>18,696</td>
<td>8</td>
</tr>
<tr>
<td># of farmers trained or who participated in climate-smart agriculture or FMNR demonstrations</td>
<td>53,013</td>
<td>7</td>
</tr>
<tr>
<td># of functional cooperatives, producer groups, income-generation activity groups and other associations</td>
<td>2,969</td>
<td>7</td>
</tr>
<tr>
<td># of households/farmers that were supported with farming materials during the reporting period</td>
<td>30,022</td>
<td>8</td>
</tr>
</tbody>
</table>

### Highlights

- **DRC** helped establish over 700 savings groups that saved US$5,588,402, an increase from US$216,462 the previous year.
- **Lesotho** trained 765 farmers in specific value chains to strengthen income-generation opportunities.
- **Malawi** trained 8,337 farmers in 19 programme areas in basic post-harvest and seed-handling techniques; 8,625 households in 18 programme areas also benefited from water-saving technologies.
- **Mozambique** now has 1,784 savings groups with over 29,000 members, handling over US$362,000 in savings. Some 70 adolescent savings groups were

18 For example, basic post-harvest, seed-handling knowledge and skills, agro-economic practices and so forth.
### Facts about Food Security and Economic Development

**Strategic Objective 4:** Improve food security and economic development

#### World Vision’s Response

<table>
<thead>
<tr>
<th>FACTS</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>21% unemployment rate</strong>&lt;sup&gt;i&lt;/sup&gt;</td>
<td><strong>US$48,306,281</strong> invested in FY15</td>
</tr>
<tr>
<td><strong>&gt;40% of the sub-Saharan Africa’s population live on &lt;US$1.25/day</strong>&lt;sup&gt;ii&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>220 million hungry people</strong> in sub-Saharan Africa&lt;sup&gt;iii&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>9,776</strong> SAVINGS GROUPS established</td>
<td><strong>130,530</strong> ACTIVE SAVERS</td>
</tr>
<tr>
<td><strong>US$6,874,107</strong> SAVINGS by groups</td>
<td><strong>18,696</strong> FARMERS trained and participating in value chains</td>
</tr>
<tr>
<td><strong>30,022</strong> HOUSEHOLDS supported with farming materials</td>
<td><strong>53,013</strong> FARMERS trained in basic post-harvest, seed handling and agro-economic practices</td>
</tr>
</tbody>
</table>

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set up, which helped youth pay school expenses and prevented dropouts and early marriages.

- **South Africa** invested in over 500 backyard gardens and 34 projects that are now registered as cooperatives.
- **Swaziland** helped set up 776 savings groups that supported 2,697 orphans and vulnerable children in their communities.
- **Zambia** partnered with the Ministry of Agriculture to promote improved varieties of maize and Vitamin A–rich sweet potato.
- **Zimbabwe** focused on nutrition-sensitive agriculture and value-chain development with 41,569 households, including gardens, fish, poultry, piggery and beekeeping projects.

**Youth going hungry**

Three country offices collected comparison data on the percentage of youth in 25 operational areas who reported not having enough food to eat. Figure 9 shows that the proportion of programmes with critical levels of young people reporting that they go to bed hungry reduced by 28 percentage points, from 84 per cent to 56 per cent. The proportion of programmes where fewer than 10 per cent of youths reported going to bed hungry increased from 4 per cent to 20 per cent.

‘Youths [here] get pregnant at an early age while boys become drug addicts. [World Vision] encouraged us to organise ourselves to form a youth club to work on issues of HIV and AIDS, life skills and other issues that affect us as youth. We thought of having an income-generating project. . . . Through [the] support of World Vision, we have started producing mushrooms and vegetables which we have sold to the community and local markets. We have savings of US$200 from sales of vegetables. Our households’ food security has improved as a result of vegetable and mushroom garden[ing].’

— Youth in Lesotho

Drought has adversely affected food production in many rural households in Southern Africa where World Vision operates. Lesotho, Malawi and Swaziland measured levels of food security by calculating the household diet diversity score (HDDS), which is based on information about the types of foods consumed in the household. A high score indicates a positive outcome. Comparison data from three country offices showed that the percentage of households with low dietary-diversity scores marginally declined by 15 percentage points, from 96 per cent to 81 per cent. However, the overall picture for food security is critical, as none of the programmes attained an acceptable diet-diversity score for most targeted households (see Figure 10).
Conclusions and recommendations

Food security and economic development are fundamental to sustaining the well-being of children. Although some gains have been made, challenges continue, particularly in light of the drought in the reporting year (see the next section for more details). Some important learning points emerged from the reports on how to improve programming:

• combine income-generating activities with savings groups
• increase staff knowledge of programming models to have greater impact
• work closely with government ministries for conservation agriculture
• partner with churches and faith leaders to promote FMNR techniques.

A locally tailored approach to food security is also important, given the differences within countries. Enhancing skills and employment opportunities for youth would be beneficial. These learning points can be used to update plans under this strategic objective to increase positive benefits in food security and economic development.

Recommendations

1. Combine savings group with other income-generating activities to maximise impact.
2. Staff in each location should invest time to think strategically with partners about how to best maximise local income-generating opportunities for savings-group members.
3. Strengthen staff capacity building in economic development models so they can in turn facilitate local training and inspire community members to start businesses.
4. Include government staff in capacity building on economic development models.
5. When introducing conservation agriculture, use farmer field schools and the lead farmer approach to promote the model in order to increase the reach and adoption rate. Collaborate closely with government extension staff for their full support.
6. Expand partnerships with churches to mobilise community members to adopt improved food security models such as FMNR.
7. Increase programming focused on young people for economic development.
8. Given the differences within countries, each food security and economic development programme must take into consideration local socioeconomic, food consumption and weather patterns to optimise impact.
9. Build the capacity of community-based organisations to raise funds and support them as they implement their own programmes in order to increase sustainability.
HE FREQUENCY of both natural and human-made disasters in the region are expected to continue and even increase. Floods, droughts, conflicts, political instability – and the ensuing population displacement – deprive communities of security and their livelihoods. World Vision focuses on building resilience and disaster preparedness that enable communities to absorb or adapt to these shocks.

All offices in the region implemented strategies to strengthen the resilience and disaster preparedness of communities and households in their operational areas. Models used included community disaster risk reduction (CDRR), local value chain development, business facilitation and FMNR.

**TABLE 6: RESILIENCE AND PREPARED COMMUNITIES OUTPUTS**

<table>
<thead>
<tr>
<th>Key output indicators in FY15</th>
<th>Total</th>
<th># offices contributing</th>
</tr>
</thead>
<tbody>
<tr>
<td># of households receiving humanitarian assistance from WV in an emergency/disaster</td>
<td>667,942</td>
<td>8</td>
</tr>
<tr>
<td># of ADPs practising community disaster preparedness with updated current plans</td>
<td>151</td>
<td>8</td>
</tr>
</tbody>
</table>

**Highlights**

- **Swaziland** supported communities to conduct hazard, vulnerability and capacity assessments and to develop disaster preparedness plans.
- **Zambia** facilitated the review of community disaster preparedness plans in 18 programme areas to ensure they were equipped to cope with disasters and respond appropriately.
- **Zimbabwe** provided training and support to partners in climate-smart agriculture. It reached 41,569 households with the Productive Asset Creation project that enabled households to access food while building their assets (resilience) to cope with and bounce back from a disaster.
### FACTS ABOUT DISASTER PREPAREDNESS AND RESILIENT COMMUNITIES

**32 MILLION PEOPLE** in Southern Africa are affected by El Niño-induced drought and are food insecure.

Southern Africa experienced the worst drought in **35 YEARS**.

5 out of 9 COUNTRIES in SAR have declared drought emergencies.

**643,000+ cattle deaths** as a result of El Niño-induced diseases, poor pasture and lack of water.

**3,086,000 PEOPLE internally displaced** due to floods and conflict.

**667,942 HOUSEHOLDS** receiving humanitarian assistance from WV as a result of an emergency/disaster.

**151 ADPs TRAINED** in disaster preparedness and implementing updated CDPP.

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**WORLD VISION’S RESPONSE**

**US$14,309,531** invested in FY15.

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**Strategic Objective 5:** Build resilient and disaster-prepared communities and households.

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ii Ibid.

iii Ibid.

iv Ibid.

v Malawi, Mozambique and DRC CWBR.
Sufficient household food access

To demonstrate results in resilience, five country offices measured the proportion of households without enough food. As can be seen in Figure 11, the percentage of households with insufficient access to food is high, with four of the five countries reporting over 50 per cent. This is an outcome of the drought that ravaged countries in Southern Africa in 2015.

Figure 11. PERCENTAGE OF HOUSEHOLDS WITH INSUFFICIENT ACCESS TO FOOD

![Graph showing percentage of households with insufficient access to food in five countries.]

DRC: 64%
Lesotho: 64%
South Africa: 47%
Swaziland: 82%
Zambia: 52%

Conclusions and recommendations

Three main conclusions can be drawn regarding resilience and disaster preparedness. Firstly, disasters continue to strike in Southern Africa and El Niño continues to affect household food security. As a result, food insecurity has risen, straining households’ ability to cope with shocks. In the eight countries tracking this, almost all operational areas have community disaster-preparedness plans, but they need to be regularly reviewed and updated.

Secondly (and closely linked with Strategic Objective 4), a further emphasis on business growth and entrepreneurialism is needed. Savings groups do provide some support. The purpose of these groups is to save money to invest in income-generating activities. However, it was found that many groups used their savings to pay for household emergencies such food and school fees, instead of pursuing new economic opportunities, which would strengthen resilience by diversifying income sources. Similarly, farming continues to be a subsistence activity and is not pursued as a business. Further skill building is needed to help farmers understand value chains for their produce, marketing and access to formal credit. This could enhance resilience to shocks through additional income and diversification.

Thirdly, vulnerable households cope better in disasters when disaster risk reduction is closely integrated with long-term development programmes, such as education, health and nutrition.

Recommendations

1. Follow up on the implementation of community disaster-preparedness plans to increase readiness.
2. Build skills with farmers to address gaps in value chains and business development.
3. Link farmers to relevant economic development actors and credit service providers.
4. Support savings groups to identify income-generating and growth opportunities to invest in and also link to economic development actors and service providers.
5. Promote existing savings groups, especially in programme areas close to transitioning (closing), to increase the likelihood of sustaining outcomes.
6. Focus on women’s involvement in savings groups as well as that of men.
7. Integrate disaster risk reduction into all ongoing development programmes, such as food security, economic development, health, and so on.

22 Data presented in the figure does not represent a national average. This data represents averages of programmes that reported on the indicator.
EL NIÑO–INDUCED drought flooding across Southern Africa in 2015 affected all nine countries. Farming communities experienced low food production leading to household food and water insecurity, a lack of dietary diversity and child malnutrition.

Floods in Malawi and Mozambique affected more than 1.3 million people. A reported 231 people died and some 386,000 were displaced. The crisis crippled public and private businesses. Flooding damaged houses, water and sanitation facilities, telecommunications systems, electrical infrastructure and roads. World Vision provided water, sanitation, food and other essential commodities to 118,662 of those affected.

DRC continued to experience protracted conflict, affecting more than 15 million people. As of the end of the reporting period, 2.72 million people were internally displaced. Approximately 232,752 people received humanitarian assistance from World Vision.

In response to all these disasters, World Vision implemented agricultural and nutritional interventions, such as establishing vegetable gardens, community-based management of acute malnutrition, food and cash assistance to affected households, village savings and loans, feeding programmes for schools and vulnerable groups, emergency WASH infrastructure and improving access, as well as training communities in disaster risk reduction activities, including updating community disaster-preparedness plans.

Country offices learned the importance of partnering with other organisations and government departments in responding to disasters to increase programme reach.

Recommendations

1. Foster partnerships with other organisations and government departments in a disaster to optimise the use of available resources.
2. Integrate disaster preparedness and response into long-term development programmes to enhance community resilience.
QUALITY MEASUREMENT and reporting are critical to building an evidence base of World Vision’s impact on child well-being. This year, all the child well-being reports submitted by country offices were rated ‘green’ by World Vision International’s report review committee. They were noted for strong reporting on outputs and rigorous analysis of results. In order to continuously improve the regional reports, the following aspects will require greater attention:

1. **Measuring change over time**: This is how impact can be measured and needs to remain a central focus in the country office reports. This can be done either through baseline/endline measurements in the same programme or through annual monitoring of key outcome indicators using Lot Quality Assurance Sampling (LQAS).

2. **Scale of standard child well-being indicators**: A number of indicators are now reported consistently across the country offices, especially output indicators. However, there are gaps in the programme portfolio reporting on some important indicators to the regional strategy, such as malnutrition rates and management of childhood illnesses.
World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world’s most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.