This Annual Report provides an overview of the work of World Vision Ghana, from October 2015 to September 2016

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*Front cover photo: World Vision / Joseline Annan*
VISION

for every child, life in all its fullness;
Our prayer for every heart, the will to make it so.

MISSION STATEMENT

World Vision is an international partnership of Christians whose mission is to follow our Lord and Saviour Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice and bear witness to the good news of the Kingdom of God.

CORE VALUES

We are Christian
We follow the teachings of Jesus who calls us to love our neighbours, care for children and challenge injustice.

We are committed to the poor
We are called to serve the neediest people of the earth, to relieve their suffering and to promote the transformation of their well-being.

We value people
We believe that every person is created equal and entitled to freedom, justice, peace and opportunity. We celebrate the richness of diversity in human personality, culture and contribution.

We are stewards
We take great care of the resources entrusted to us by others, whether this is money, time or trust, and we are open and transparent in our reporting.

We are partners
We work together with all those who care, recognising that more is achieved through cooperation than competition.

We are responsive
We respond to need whenever and wherever we can. We shall never rest while children suffer in situations that can be changed.
I bring greetings from World Vision to you all.

It gladdens my heart to share World Vision’s progress towards the attainment of measurable improvements in the well-being of 4.5 million children, their families and the communities in which they live.

The year 2016 marked the beginning of World Vision Ghana’s 2016-2021 strategy dubbed “From Reliance to Resilience”. The year was uniquely busy and characterized by the restructuring of the National Office and aligning it with our strategy. We also defined business processes, procedures and programme approaches with a view to ensuring efficiency and sustained delivery on our promise.

We started the year with commitment to the following: Excellence in Programming, Excellence in Child Well-being and Excellence in Staff Well-being.

In our quest to deliver on our promise, we partnered with the Church, other faiths, non-governmental organisations, government and donors to bring hope and fulfillment, transformational and holistic development to all children, especially the most vulnerable and their families.

There is a marked improvement in the well-being of children. For example, the ability of children to read with comprehension by primary 6 completion across 18 Area Programmes improved from 27% in 2015 to 30% in 2016. WASH was implemented in 231 schools with key focus on improving access to sanitation facilities. Twenty two schools have benefitted from the construction of improved, disability-friendly sanitation facilities. These facilities are currently serving over 12,413 children and their families.

Additionally, we have worked with communities to increase their resilience in an unpredictable socio-economic and political environment.

We have empowered children and youth to champion the cause of child protection in Ghana among others.

We are grateful to the Lord that in spite of all these unusual demands and changes; we were able to deliver on our promise to the children of Ghana.

I wish to express World Vision’s sincere gratitude to all our donors from the Support Offices, The Government of Ghana, partner institutions and peer agencies, members of the VisionFund Board and Advisory Council, the World Vision West Africa Regional Leader and staff for their unflinching support and contributions throughout the year.

Blessings.
Mrs. Gifty Appiah
Interim National Director
I bring you warm greetings from World Vision Ghana’s Advisory Council.

It always gives me great pleasure to make a statement on the efforts of World Vision Ghana to ensure measurable improvements in the well-being of children and their families in Ghana.

Just like the previous year, 2016 was momentous for World Vision Ghana in particular and the entire partnership in general. During the year the Senior Leadership Team successfully conducted the restructuring process with a view to deepening our work and increasing our efficiency and accountability. As we express our gratitude to the Senior Leadership Team and the staff of World Vision Ghana for their tireless efforts, we are most grateful and full of praise to God almighty for bringing us this far.

During the year, the Advisory Council intensified consultations and efforts toward transitioning to a Board. It is heartwarming to say these efforts are yielding the desired results. I wish to commend my colleagues AC members and the National Director and his team for their zeal and energy that is keeping the process alive.

As regards, WVG’s core programming, the Council is particularly impressed and delighted with the gains we have made in 2016. For instance, over 190 boreholes, including water systems, have been drilled in WVG programme areas. As a result, close to 400,000 children and their families now have access to clean water, in addition to the numerous households whose sanitation and hygiene have seen a marked improvement. There is no doubt that in 2016, World Vision’s work in Ghana has brought measurable improvement in the well-being of children in our communities.

Members of the Advisory Council have been witnesses to the uniqueness of World Vision's impact in our communities.

Our joint field visit to the Mpohor Wassa East Area Programme exposed us admirably to the level of World Vision Ghana and VisionFund Ghana's integration. Our interaction with children, community people, chiefs, opinion leaders and government officials attested to the fact that, World Vision is making great and positive impact in the lives of people in deprived communities. We give God all the glory for the successes chalked.

The Council also noted with much joy the efforts of the Senior Leadership Team to extend a hand of partnership to more corporate institutions in Ghana. We are glad to be part of this initiative.

We encourage you to partner with World Vision to contribute to the impact that we are making in the lives of children and their families.
We wish to sincerely thank the National Director for her sterling leadership and the desire to sharing the success stories of World Vision’s good work.

I sincerely wish to thank my colleagues on the Advisory Board, senior management and staff for their dedication to the promotion of the well-being of children.

All the best.
Dr. (Mrs.) Adelaide Kastner
Advisory Board Chair
strategic GOAL
By 2021 World Vision Ghana would have contributed to the sustained well-being of 4,555,809 people, including children within families and communities, especially the most vulnerable.

strategic OBJECTIVES

1. 1,600,000 (782,544 children and 817,456 adults) people especially the most vulnerable children and their families have improved sanitation, hygiene and safe water for consumption, production and processing.
2. 1,400,000 (684,726 children and 715,274 adults) people especially the most vulnerable children and their families have improved household food security and resilience.
3. 552,754 children especially the most vulnerable within families and communities have improved health and nutritional status.
4. 981,203 children especially the most vulnerable have improved quality of Primary education leading to improved learning outcomes.
5. 1,957,601 children especially the most vulnerable have improved protection and participation through advocacy, programming and partnership.

Area Programmes
Total Budget
USD 19,208,087
Total Beneficiary
1,652,400
Children
920,172
Adults
732,228

Photo by: World Vision / Marian Robets
YEAR AT A GLANCE

The year 2016 marked the beginning of World Vision Ghana's 2016-2021 strategy. The development of this Strategy was informed by lessons learnt from the review of the 2012-2015 Strategy, the performance of various departments and units, the implications of the organisational Strengths, Weaknesses, Opportunities and Risks (SWOR) analysis, new partnership and regional directions as well as the changing Ghanaian landscape. Having carried out interventions geared towards achieving set goals, this report highlights various contributions made by Field Offices known as Area Programmes (APs) in World Vision Ghana towards the achievement of five strategic objectives. These are Water, Sanitation and Health (WASH), Food Security and Resilience, Primary Education, Health, Nutrition & HIV/AIDS and Child Protection.

**CWBT 1**

*Children report increased well-being*

- 46.5% adolescent report having birth registration documents for 2016 which is an improvement on the baseline of 39.6% in 2013

**CWBT 2**

*Increase in children protected from disease and infection*

- WVG average coverage of 91% in Antenatal care attendance for the National office had three Area Programme’s (Afram Plains, Diaso and Krachi West) reporting 100%. The coverage for the National Office is higher than the 87.3% reported for the National Office in 2015.
- Average coverage of children U5 sleeping under treated nets in 2016 is 87.6% higher than the 81.5% recorded in 2015.
- 145 health staff trained on Integrated Management of Neonatal and Childhood Illnesses (IMNICI) to be able to manage childhood diseases including malaria, diarrhea, pneumonia among others with minimum health standards. This was aimed at contributing to the reduction of neonatal and child deaths in WVG communities.

**CWBT 3**

*Increase in children well-nourished*

- Underweight reduced from 28.9% in 2013 to 11.8% in 2016.
- 74%(2016) of children six months and below were exclusively breastfed which is higher than the Ghana Demographic Health Survey 2014 figure of 52%.
- 1,395 mothers/caregivers reached with education on infant feeding practices.

**CWBT 4**

*Increase in children who can read by primary six completion*

- The ability of children to read with comprehension by primary 6 completion across 18 Area Programmes improved from 27% in 2015 to 36% in 2016
- WVG average for the proportion of children who are able to recognize concepts of print stood at 47% in 2016, with the Ashanti Region at 55% performing slightly better than other regions. Area Programmes in the Southern Region averaged 45%. The Upper Region and Northern Region also recorded 38% and 43% respectively.
6
CLEAN WATER
AND SANITATION

WATER, SANITATION
AND HYGIENE

Photo by: World Vision / Joseline Annan
**WASH Strategic Links**

All children, especially the most vulnerable and their families have improved sanitation, hygiene and safe water for consumption, production and processing.

**SDG 6: Ensure access to water and sanitation for all**

**Goal**

1,600,000 (782,544 children and 817,456 adults) people especially the most vulnerable children and their families have improved sanitation, hygiene and safe water for consumption, production and processing.

**Sub-objectives**

- Increased access to potable water
- Increased access to basic sanitation facilities
- Improved Hygiene Practices for Households and Schools

**Beneficiaries**

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**Budget**

- USD 3,144,054.86

**Models**

- CLTS
- Hygiene Promotion and Behaviour Change
- Integrated Community Based WASH and WASH in School

**Access to safe water**

In the 2016 AMIC survey, coverage for the proportion of households with sufficient drinking water (20 litres per person per day) from an improved source ranged from a minimum of 40% in Saboba Area Programme to 100% in the Afram Plains Area Programme. At the Regional level, the Upper Regional Operations reported the highest coverage of 83.8% as compared to the least coverage of 58.5% in the Northern Regional Operations. The Central and Southern Regional Operations obtained average coverages of 78.6% and 66.4% respectively.

*Photo by: World Vision / Divine Doh*
Achievements and Analysis

77% coverage in 2016 compared to 71% in 2015

78% of children regularly wash their hands at critical times in 2016 against 75% in 2015

30.2% ODF coverage in 2016 compared to 44% in 2015

Increased access to basic sanitation facilities and improved hygiene practices

Access to basic sanitation facilities stands at 30.2% in World Vision Programme Areas. 14 communities attained Open Defecation Free status during the period compared to 67 communities attained in 2015. 1,439 households constructed improved latrines as a result of increasing implementation of the Community Led Total Sanitation (CLTS) from 74 communities in 2015 to 180 communities in 2016. Capacity building of WASH project officers on the CLTS approach led to training of more WASH committee members who supported staff to reach more communities.

WASH was implemented in 231 schools with key focus on improving access to sanitation facilities. Consequently, 22 schools benefited from the construction of improved, disability-friendly sanitation facilities. These facilities are serving about 12,413 people currently. In 20 beneficiary schools, gender-separated KVIPs were constructed which have menstrual hygiene management for girls and urinals for boys.

Hygiene interventions during the year have reflected in the 2016 AMIC results reported in 23 Area Programmes for coverage of children who practice appropriate handwashing behaviour.

Thus, 20 out of 23 Area Programmes reported coverages above the acceptable threshold greater than or equal to 60, while 12 out of 23 Area Programmes exceeded the 2016 National Office target of 83% of children who now wash their hands with soap at critical times. The National coverage saw a marginal increase of 3% across operational areas; that is from 75% (AMIC, 2015) to 78% (AMIC, 2016).

The role of caregivers in this regard cannot be overemphasized. The 2016 AMIC survey revealed that, an average of 8 out of 10 caregivers are more likely to wash their hands with soap at critical times. Seven (7) out of 11 Area Programmes in the Upper and Central Regional Operations exceeded the 2016 National Office target of 83% for caregivers who wash their hands with soap at critical times.
Management of WASH facilities

Functional Water and Sanitation Management Teams have established fee collection systems in order to raise enough funds for maintenance and repair of their water facilities. This ensures reduction in downtime of WASH facilities in providing sustainable services to beneficiaries. 133 Water and Sanitation Management Teams were trained in financial, records keeping, procedural and management skills.

A total of 502 community members consisting of 229 latrine artisans, 266 pump caretakers and 7 fabricators of assistive devices for People with Disabilities were also trained to support their communities in the sustainable management of their WASH facilities.

84 Citizen Voice Action groups have implemented WASH related action plans that seek to hold duty bearers and service providers accountable for improved delivery of WASH services. In the Garu-Tempane Area Programme for instance, Citizen Voice Action groups have succeeded in influencing the decision of the District Assembly to increase its 2016 WASH budget by 2%.

Success Story

I am Theresa Saaka, a second year student of the Damongo Nurses Training College. Water was always a challenge at the time I came to this school. My seniors said it had been like that for the past 8 years. My friends and I were compelled to depend on unsafe water from dug out pits, nearby dams and rivers because of the unavailability of water in the school premises.

The school administration came to our rescue at times, by buying water from tanker providers in town to cook food for us. Even though this initiative by the school was helpful, it was a financial drain on me since we students had to bear the cost of the water.

When I started attending school here, it was not easy for me; there was an outbreak of skin rashes because of the unhygienic water we used. I developed some skin rashes which were so irritating and I ended up spending a lot of money on treatment because of the unhygienic water. In the case of diarrhea, it was the order of the day. The school administration ran to World Vision for support to salvage the situation in 2010.

I admired the dedication and perseverance of World Vision Ghana because they kept drilling in an attempt to get water. Finally in 2016, after 19 failed attempts to yield wet wells, World Vision Ghana through GI-WASH brought that joy on the faces of everyone in the school especially me, when they finally drilled and got safe water for the school on the 20th attempt. This borehole has brought a great relief to us since we no longer have to walk long distances to search for water; we know longer have water crisis. We now have time to study. Skin diseases and diarrhea are now history in this school.

We will forever be grateful to God and to World Vision for bringing liberation to us; we will maintain this borehole and sustain it for future students to come.

Story by: Joseline Annan
Supported by West Gonja AP
FOOD SECURITY AND RESILIENCE

SO2: All children especially the most vulnerable, and their families (685,000 children and 715,000 adults) have improved household food security and resilience.

SDG 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification and halt and reverse land degradation and halt bio-diversity loss.

Goal
1,400,000 (684,726 children and 715,274 adults) people especially the most vulnerable children and their families have improved household food security and resilience.

Sub-objectives
- Improved production and productivity of crops and livestock
- Increased Economic Opportunities for youth and women
- All children especially the most vulnerable live in communities with increased resilience to climate change.
- Increased Economic Opportunities for youth and women
- All children especially the most vulnerable live in households with improved food utilization

Achievements and Analysis

19.10% Adolescent insufficient food in 2016 compared to 18% in 2015

30% adolescents thriving 2016 compared to 2015 31%

29.3% micro-credit access of caregivers / parents 2016

No. of functional Savings Group (SG) - 772
No. of female supported for apprenticeship - 45
No. of farmers practicing FMNR - 410
No. of men and women farmers trained on improved crop and livestock production - 1,321

PARTNERS

| OXFAM | Mondelez International | PLAN | Children's Fund | WFP |
Production and Productivity of Crops and Livestock

The objective of providing gender-sensitive training on improved and sustainable crop and livestock production was achieved. The National Office target was to train 1,188 men and women farmers on improved crop and livestock production as well as reach out to 275 men and women farmers with resources to support improved crop and livestock production in 2016. At the end of the year, the National Office achieved 111% (1,321) on training of men and women farmers on improved crop and livestock production. A total of 347 (126%) men and women farmers were reached out to with resources to improve crop and livestock production.

Efforts to improve production and productivity of crops and livestock have contributed to the National Office achievement of months of adequate household food provisioning that is 9.91 months in 2016. Area Programmes that measured this indicator recorded figures above the acceptable threshold of 9 months with the exception of Bawku West Area Programme recording the least figure of 8.57 while Saboba and Krachi East recorded the highest figure of 11 months.

Increased Economic Opportunities for youth and women

World Vision Ghana’s Area Programmes carried out interventions meant to help bridge the poverty gap between children living in rural communities and urban communities especially the most vulnerable in the rural communities. About 300 adolescents were trained in livelihood activities such as vegetable production, honey production, shea butter processing and marketing. As a result, both the youth and women now have a wider range of economic opportunities to rely on to improve their lives and that of their children as well. Additionally, those who run their businesses were mentored by experienced and senior experts to enhance their business practices and processes. Despite increased investment in empowering the youth, survey findings showed that 19.10% of adolescents had insufficient access to food in 2016 compared to 18% in 2015. Also 30% of adolescents within the World Vision Ghana’s programme areas were perceived as thriving on the ladder of life as compared to the 31% that were perceived in 2015.

Analysis of the data revealed 29.23% of parents or caregivers who report having access to micro-credit. The scale-up of Savings Group models by Area Programmes and the linkage of Savings Groups to VisionFund (VF) continue to be the approach to increasing access to micro credit.
Case Study

Comfort is a 38 year old mother with four (4) children, 2 boys and 2 girls. She comes from Tubong community in the Garu-Tempane District. This is what she had to say about the benefits of the shea-butter project.

“Three (3) years ago, I decided to travel to Kumasi to look for job when life was not easy for me and the family here. After working as "kayaye", that is head porter, for two and half years, I still could not take care of the family. I did all kinds of jobs just to make a living but life there was not easy so I decided to come back home to live with my family. When I arrived from Kumasi, with little capital, my friend invited me to join their Savings Group which I did. I picked a loan of GHC50.00 (US$12.5) to start selling food stuffs such as tomatoes, pepper among others on table top at the Tubong market.

After a while, I was selected by my group to represent them in the World Vision Ghana shea-butter women group which I accepted to do. Being part of the shea-butter group, I benefited from a number of trainings from World Vision Ghana including quality shea-butter processing, branding of products, value chain identification, business startup processes, business management, and balance diet education among others.

After World Vision built my knowledge on shea butter processing, I took a loan of GHS70.00 (USD$ 17.5) from my Savings Group to buy shea-nuts to process. After processing, I sold the butter and I got GHC190.00 (USD$47.5). I paid back the loan and continued processing with the profit I made while still selling the ingredients at the market.

After some time, I accessed another loan of GHS300.00 (USD$125) to add to my butter proceeds and started a provision shop at the Tubong market. Now I am the proud owner of a provision store where I’m able to make an income of about GHS200 (USD$ 50) every market day and about GHS90 (USD$22.5) every non market day.I am able to pay my wards’ school fees and we eat nutritious food and eat 3 times a day. My children now have peace of mind to learn at school because they are not being sacked from school as it used to be. I am able to afford the household needs. I have become an important part of decision making in my family.

I feel great and I will forever be grateful to World Vison for the wonderful support. May God continue to bless all those who initiated the idea of supporting and providing for the rural poor women.

Story by: Garu-Tempane AP
Integration with VisionFund

SNAPSHOT

$11.8 million
Lent to people around Ghana

27.1k
Active borrowers

$272
Average loan disbursed

18.9k
First time borrowers

$205
Average first loan disbursed

66.5k
Jobs sustained
(Borrowers with business loans and their total number of employees)

175,000
Children impacted across Ghana throughout 2016

Photo by: VisionFund
SOCIAL PERFORMANCE  MILESTONES

WORKING WITH WORLD VISION

World Vision Ghana (WVG) Area Programmes - Garu Tempane, Krachi West and Saboba – funded VisionFund Ghana (VFG) to support the extension of micro-finance activities to communities in the Area Programmes. These are new Area Programmes that VFG extended micro-finance intervention to in 2016. The Fanteakwa Area Programme also had VFG micro-finance services extended to its communities through the linkage of Savings Group to micro-finance. World Vision Ghana and VisionFund Ghana worked together to roll out Savings Group linkage to seven other Area Programmes in 2016 after the successful pilot implementation in the Sekyere East Area Programme. 1,294 Savings Group clients were linked to micro-finance. In the Nkwanta and Krachi cluster, WVG and VFG worked together in the area of client education where VFG staff facilitated training for WVG communities.

KEEPING IN STEP

WVG through a restructuring programme redefined its operational areas; with this, VFG also redefined its operations with WVG Area Programmes. Whereas this resulted in a reduction in percentage of Area Programme communities served, it also highlighted the new opportunities which the two organizations are working together to extend micro-finance intervention.

A customer complaint hotline instituted in 2014 continued to provide the platform for clients to lodge integrity and other product/service related complaints. A Customer Service Officer role has been created; the role will include receiving and redressing of complaint with the desired speed and this takes effect in 2017.

Incoming borrowers’ Progress out of Poverty Index (PPI) was ascertained to help track changes over time. While 13.86% of new borrowers live below the national poverty line, 14.56% of the new borrowers live below USD2.50 per day and 2.29% of the new borrowers live below USD1.25 per day. A PPI tracking conducted in the 2016 showed 2.2% borrowers moving out of poverty. While this is worth celebrating, caution is to be taken as the total number of clients reporting this change is not representative enough to generalize.
VisionFund Ghana has a mission to see the lives of children positively improved. The strategic goal of VisionFund is to impact more than 300,000 children every year by 2019 by focusing on six key areas. VisionFund Ghana operates within a dynamic industry of initiatives, practitioners, investors and partners. The diagram above shows VisionFund’s approach to social performance and the relationship between four key elements.
WORKING WITH WORLD VISION

Our partnership with World Vision demonstrates full approach which we believe is not just for survival but living a rich and fulfilling life. VisionFund Ghana continually works in collaboration with Area Programmes of World Vision.

World Vision spends around 15 years in a community, facilitating projects that improve education, nutrition, clean water, food security, healthcare and children protection. When Vision Fund establishes a micro-finance institution in the same community, it means locals can access finance to grow businesses and secure livelihoods. This combination opens up large opportunities for greater impact in multiple ways. This section illustrates the development model that includes traditional development programming with micro-finance. World Vision works with people at the bottom of the economic ladder; those with little or no economic activity of their own. Often, their first introduction to micro-finance is through savings groups coordinated by World Vision, where members come together to save and borrow from a central pot. Where members borrow money to build livelihoods, Vision Fund can step in and lend to both groups and individuals so that their businesses can prosper. When members connect with Vision Fund, they develop their confidence, financial know-how and businesses, leading to a secure and sustainable income for their families.
VisionFund Ghana operates in all 26 Area Programmes in Ghana, 5 of the Area Programmes are new. VFG extended micro-finance services to all 26 Area Programmes in Q4 of 2016. Additionally, VFG continues to operate in 8 World Vision Ghana Area Programmes which have transitioned and serves quite a good number of borrowers.

Currently, the 26 Area Programmes are covered through a network of 9 branches with a portfolio of USD 1.1 Million. VisionFund has impacted the lives of over 32,000 children. We hope to bring under our umbrella more businesses within the World Vision Ghana Area Programmes, thereby increasing the income of families and the quality of life for children of WVG Area Programmes.

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**TOTAL** 8,893 32,080 1,175,074.62 175,625.00

Please see snapshot of our Area Programme Coverage.
PRESENCE IN AREA PROGRAMMES

INTEGRATED PROJECTS

The Ashanti Branch in 2015 pilot implemented the linkage of Savings Group (SG) to micro finance in the Sekyere East Area Programme. After a successful pilot implementation, the learnings were consolidated and a roll out plan put in place to have all Area Programmes with matured Savings Groups which required external capital injection linked to micro finance.

In 2016 the Volta branch linked 14 Savings Groups in the Kadjebi, Krachi East and Krachi West Area Programmes to micro finance, the Greater Accra branch linked 3 Savings Groups in the Ga West Area Programme to micro finance, the Eastern branch also linked 6 Saving Groups in Fanteakwa to micro-finance and the Upper East branch linked 24 Savings Groups in the Garu Tempane Area Programme. Below are the numbers linked per branch and Area Programme.

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RESULTS FOR CHILDREN

We work to improve the lives of children living in poverty. In 2016, about 175,504 children were impacted by the delivery of our loan services.

In 2016, almost all of the clients sampled (99.6%) reported some type of benefit for their children because of the loan the client had received. Around 69% of sampled clients reported three or more benefits.

TOP 4 CWBO’s REPORTED BY CLIENTS IN 2016

- 84% | 75% | 53% | 44%
- IMPROVED BASIC EDUCATION
- CHILDREN’S HEALTH COSTS COVERED
- SUFFICIENT FOOD
- ADDITIONAL CLOTHING SHOES
- 2016
- 2015

PERCENT SHARE OF CLIENTS IN 2016, BY CWBO REPORTED

- No Benefit Reported 0.4%
- 1 CWBO Reported 7.3%
- 2 CWBOs Reported 22.9%
- 3 or more CWBOs Reported 69.4%
GOOD HEALTH AND WELL-BEING

HEALTH, NUTRITION AND HIV/AIDS
All children, especially the most vulnerable within families and communities have improved health and nutritional status.

- Increase in children protected from infection and disease.
- Increase in children well-nourished.

**SDG 3: Ensure healthy lives and promote well-being for all at all ages**

**Goal**

552,754 children especially the most vulnerable children within families and communities have improved health and nutritional status.

**HEALTH, NUTRITION AND HIV/AIDS ACHIEVEMENTS AND ANALYSIS**

**Reduced Child Malnutrition**

Major interventions and contributions towards the reduction of malnutrition in children under 5 (U5), especially during the first 1000 days, include the promotion of exclusive breast-feeding programmes through our Mother to Mother Support Groups (MMTSGs) and baby friendly hospitals. In 2016, 115 Mother to Mother Support Groups were trained on appropriate breast-feeding practices, including position and attachment of babies. 175 health professionals had refresher training on Infant and Young Child Feeding (IYCF) to improve upon their skills to reduce malnutrition and under-nutrition of children in our operational areas. In all, 6,124 nursing mothers benefitted from food demonstrations using locally grown and available foods to improve the nutritional status of their children especially infants.

Over the last four years of World Vision Ghana’s interventions in the area of nutrition, underweight reduced from 28.9% in 2013 to 10.9% in 2014 which was the lowest within the four year. There was then a marginal increase of 2.9 between 2014 (10.9%) and 2015 (13.8%) and eventually reduced to 11.8% in 2016.

In the Ghana Demographic and Health Survey results, 2014, the underweight level for children under 5 was 11% which is equally below the threshold for underweight (less than 10%). Dioso, Nkwanta and Krachi East recorded levels of underweight within the World Health Organisation acceptable range of less than 10. Area Programmes such Krachi West, Asante Akim and Anyima Mansie recorded the prevalence of 16.8%, 16.3% and 16.2% respectively which is at the medium range of severity of values.
Reduced impact of vaccine preventable diseases, malaria, diarrhoea, pneumonia, cholera and EVD

The coverage of essential vaccines is critical in protecting children from infection and diseases such as Polio, Measles and Tuberculosis. The AMIC survey in 2016, showed an average coverage of 89.7% which is a marginal decrease of 1.4% than the 91.1% recorded in 2015 which is still higher than the country average of 77%¹. The reduction in coverage as reported by some Area Programmes were attributed to the shortage of immunization cards and the misplacement of some cards therefore making mothers only give verbal information concerning their children's immunization.

Area Programmes which recorded improved immunization coverage noted that the commitment of community members to ensure the vaccination of their children and the efficient extension of services to hard to reach areas by health officials were success factors. Children U5 and pregnant women were the most at risk population for morbidity and mortality in malaria, thus making use of Long Lasting Insecticide Nets (LLIN) is important. Children in households in the Southern Operations appeared to be using LLINs more than children in the Ashanti Operations. The Afram Plains Area Programme reported the highest rate of LLIN usage of 100%. The continuous distribution of LLINs to households as well as the strengthened education on the importance and proper use of the nets accounted for the improvements. Therefore, Area Programmes will sustain this activity in order to reduce morbidity and mortality of children through malaria.

Reduced impact of HIV and AIDS

The burden of the HIV/AIDS pandemic ranges from economic, educational, social and family among others with its impact on health systems being pronounced. With the 2015 national prevalence of HIV increasing to 1.8% (National AIDS Control Programme, 2015), interventions across the National Office were geared towards increasing youth awareness and prevention of the disease as well as reducing misconceptions about the disease. In 2016, the average score achieved by Area Programmes on the proportion of youth 12 to 18 years who have comprehensive knowledge in HIV/AIDS was 39.4%. An increase of 2% compared to 2015.

Although there was an overall improvement in comprehensive knowledge for HIV/AIDS, there is still more to be done on behavior change. This is due to the fact that youth within the community still hold high misconceptions on the disease. This explains the youth's unwillingness to eat with people living with HIV/AIDS.

¹GDHS report 2014
Impact of IYCF, A Case Study of Nkwanta

Edem, a 32 year old mother and housewife lives in Obanda, a fishing and farming community within the Nkwanta district of Volta Region.

Edem had given birth to Aku her daughter and started noticing severe weight loss from 2.6kg (birth weight) to 1.8kg within 28 days. Edem and her husband did not know that their daughter's (Aku) problem was malnutrition. They were told by a Fetish Priest that their child might not survive because she was seen by a chameleon whilst pregnant with her, Edem recalled.

Continuing, Edem revealed that, in Obanda community, such children are confined to the room till they die and so she had completely lost hope until a Community Health Nurse noticed her child during an outreach programme. The nurse who had been sensitized by World Vision on Infant and Young Child Feeding model noticed Aku was suffering from severe acute malnutrition.

“Aku was very weak, severely wasted on the buttocks, upper and lower limbs, with visible ribs and spin, dehydrated and even lacked the energy to cry when I saw her. This made her mother depressed and therefore expressing breast milk for the child became very difficult” the nurse noted. Fortunately, Edem was given counsel and referred to the Nutrition Officer at the district level for further management where it was discovered that lack of proper positioning and attachment of the child for effective breast-feeding was the problem. She was however transferred to the Nutrition Rehabilitation Centre where she was immediately put on F-100 diluted. Edem was advised to practice supplementary feeding alongside breast-feeding. After eight days, her daughter's weight increased from 1.8kg to 2.4kg. Aku's condition was stabilized and re-lactation was established, so she was discharged home.

After the nutritional management of her daughter, Edem now understands the benefits of exclusive breast-feeding and she continues to share what she has learned with people in her village. “Now I tell other moms about Aku's story and how proud I am of my daughter because she is now growing healthily. This motivates us all to be on the lookout in the community to identify cases of severe acute malnutrition and refer them to the health centre for management” Edem said.

Story by: Nkwanta AP
QUALITY EDUCATION

EDUCATION

Photo by: World Vision / Marian Roberts
**Education Strategic Links**

All children especially the most vulnerable have improved quality of Primary education leading to improved learning outcomes and strategic objective.

Increase in children who can read by primary six completion.

**SDG 4: Ensure inclusive and quality education for all and promote lifelong learning**

**Goal**

981,203 children especially the most vulnerable have improved quality of Primary education leading to improved learning outcomes.

**Sub-objectives**

- All children especially the most vulnerable have increased reading and math performance in primary school.
- All children especially the most vulnerable have increased early childhood care and education.
- All children especially the most vulnerable live in communities with strengthened participation in education.
- Increased government accountability to education.

**Increased Reading Performance in Primary School**

To improve reading performance in primary school, World Vision collaborated with 18 District Education Directorates. Teachers were introduced to the Reading Improvement in Primary Education Module 2. In all, a total of 128 staff from the District Education offices received the training. They cascaded the training to 1,200 teachers in Kindergarten (KG) to Primary 3 in their districts. These skills reached a total of 51,200 children in our programme impact areas.

2016 saw the ability of children to read with comprehension by Primary 6 completion across 18 Area Programmes improved from 27% in 2015 to 36% in 2016. Despite the great improvement, the 2016 score is below the Ghana National average of 48.9% (NEA 2013). The reading ability among Primary 3 children increased from 16% in 2015 to 47% in 2016.

The improvement in reading can be attributed to continuous capacity building of teachers. 1,160 teachers were trained in literacy skills in 2016 as compared to the 2,533 in 2015. There was an increase in the number of children attending after school literacy activities which rose from 3,525 in 2015 to 6,509 in 2016. 106 schools now have print rich classroom from Kindergarten to Primary 3.
**Achievements and Analysis**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>27%</td>
<td>6% comprehension at Primary 6 completion</td>
</tr>
<tr>
<td>2016</td>
<td>36%</td>
<td>27% comprehension at Primary 3 completion</td>
</tr>
<tr>
<td>2015</td>
<td>16%</td>
<td>7% comprehension at Primary 6 completion</td>
</tr>
<tr>
<td>2016</td>
<td>47%</td>
<td>27% comprehension at Primary 3 completion</td>
</tr>
</tbody>
</table>

Also, continuous implementation of projects such as Ghana Reads Project trains teachers to incorporate Information Communication Technology (ICT) into reading instruction in 35 schools. 385 teachers from Kindergarten to Primary 6 have been trained. 11,200 children had been reached while 1,225 android tablets were distributed to beneficiary schools. The stock of e-books in the repository has been increased to 2,000 with 100 of these titles in local languages. Each year, an average of 1,400 children exit to Junior High School (JHS). Monitoring reports in 2016 indicate that 75% of teachers are deploying these skills in their classroom as compared to 80% of teachers in 2015.

The Literacy Boost project which is community based made a giant stride in Kintampo South District where it was piloted. From an average reading (Local Material) of 7% in 2015 at baseline, reading improved significantly to 60% in 2016. Also, from an average of 6% in 2015, English reading improved to 27%. This remarkable achievement resonate the rationale that starting children in their mother tongue will drive the learning of a second language. Literacy Boost is a bilingual literacy approach.

### Increased Early Childhood Care and Education

The emotional, social and physical development of young children has a direct effect on their overall development and on the adult they will become. Two (2) teachers from Kindergarten 1 and 2 received training on literacy component of the Reading Improvement in primary education module 2. Also, 36 staff from the partner District Education offices received the training and cascaded the training to 720 teachers in Kindergarten to Primary 3 in their districts. A total of 28,800 children benefitted from the skills their teachers acquired.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of teachers trained in literacy skills</td>
<td>1,160</td>
</tr>
<tr>
<td>Number of children currently attending after school literacy activities</td>
<td>6,509</td>
</tr>
<tr>
<td>Number of schools with print rich KG-P3 classrooms</td>
<td>106</td>
</tr>
</tbody>
</table>

The Concept of print tool was used to assess school readiness of Kindergarten children about to make a transition to grade 1.

WVG average for the proportion of children who are able to recognize concepts of print stood at 47% in 2016, with the Ashanti Region at 55% performing slightly better than other regions. Area Programmes in the Southern Region averaged 45%. The Upper and Northern Regions also recorded 38% and 43% respectively. Krachi West Area Programmes recorded high performance of 83% while West Gonja Area Programmes recorded the lowest at 27%. 14 out of 18 Area Programmes reporting on this indicator edged past the national target of 40%.

### Strengthened Community Participation in Education

Education takes place not only in schools but also within families, communities, and society. Despite the various degrees of responsibilities...
taken by each group, none can be the sole agent to take 100% responsibility for educating children. Schools cannot and should not operate as separate entities within society. Since each group plays a different role in contributing to children’s education, there must be efforts to make a bridge between them in order to maximize their contributions. WV focused on ensuring that School Management Committee / Parent Teachers Associations (SMC/PTAs) are performing their roles creditably. 320 SMC/PTAs in the 16 Area Programmes implementing Education Technical Programme have existing SMC/PTA but per the indicator definition 69% of the SMC/PTA is functional.

Reading! The key to children’s education: the story of Adijah Mohammed

Fourteen (14) year old grade 4 pupil of Kpasenkpe Primary School in the West Mamprusi Overseas Area Programme, Adijah is elated for the massive improvement in her reading and literacy abilities thanks to World Vision’s Reading Improvement in Education (RIPE) programme.

But for the RIPE intervention which train teachers to teach reading, Adijah would have dropped out of school. She had this to say.

“Any time I was in school, if not the local language—Mampruli, I never wanted to speak the English language for fear of making mistakes for my friends to tease me. My academic performance was affected as I stayed away from school from time to time to enable me hide from my colleagues who teased me because I made mistakes in my speech. The training workshop for teachers on RIPE organized by World Vision which my teacher attended was the turning point in my life”.

Now, thanks to RIPE, “we are taught how to pronounce letters, words and also learn how to use the letters to form words in our local language. We also practice reading and are assigned to read some story books, once every week with the view to helping us read and speak English. I took active part in the activities of the class and this took away my fear and put confidence in me to speak not only with my colleagues but also in public”, Adijah added. She enjoys reading and courageously leads reading activities in her class. For Adijah, reading is fun and it has now made her known in the school to both teachers and colleagues. Her fluency in reading has impacted positively on her general academic performance giving credence to the saying that, ability in reading enhances learning. For Adijah, she never thought she could speak and read English. However, World Vision’s Reading Improvement in Education (RIPE) has brought real hope not only to the reading lives of children like Adijah but also to the entire promotion of their well-being. Being third of six children of her parents, Adijah is highly motivated and has written her name to participate in her school’s Reading club when it starts its activities. With a joyful heart, Adijah says, “I am forever grateful to World Vision for re-kindling in me the desire to continue my education. I see myself graduating from school, presenting news on television and interacting with international figures on issues that will enhance the well-being of children in Africa”.

Story by: West Mamprusi-Overseas AP
CHILD PROTECTION

Stop Child Marriage. It’s a Criminal Offence.
The time to act is now.

Photo by: World Vision / Marian Roberts
Child Protection Strategic Links

All Children especially the most vulnerable have improved protection and participation through advocacy, programming and partnership.

Goal

1,957,601 children especially the most vulnerable have improved protection and participation through advocacy, programming and partnership.

Sub-objectives

- Increased use of CVA to demand for improved services.
- Strengthened capacities to do national and local level advocacy for quality service delivery.
- Strengthened national and local level advocacy to influence policy design and implementation for improved child well-being.
- Strengthening of existing community structures and systems ensured.

The strength of the assets and contexts in which youth live, learn and work as reported by youth 12-18 years.

The tool for measuring the indicator 'the strength of the assets and contexts in which youth live, learn and work as reported by youth 12-18 years' is Developmental Asset Profile (DAP). It is used to determine whether children within the afore mentioned age group across Area Programmes are improving in their well-being or not in communities.

The 58 Likert scale questionnaire was employed to gather important data to determine the well-being of children 12-18 years in the Area Programmes. All 26 Area Programmes in the National Office administered the tool. The Overall mean DAP score for the National Office this year is 21 which is on the 'good' scale though fell short by one score to be equivalent with mean DAP score of 22 for 2015. Whereas the scores for boys dropped by one (22 to 21), the girls maintained the same score of 21 to 21 for 2015 and 2016. The continuous enjoyment of improved well-being can be attributed to the implementation of the Peace Road Curriculum by most Area Programmes in the National Office where children are given essential life skills to help them build resilience and assertiveness in their environment in addition to the list of interventions earlier stated.
Achievements and Analysis

- Number of Community based Child protection system strengthened - 100
- Number of people sensitized on child right - 11,445
- Functional CVA groups - 91

Also similar scores were realized with the external and internal asset categories. In the external asset category, the lowest score (20) was recorded in empowerment and constructive use of time while support and boundaries and expectations recorded above 21 each. In the internal asset category the lowest score of 20 was recorded by social competencies whiles values above 21 was recorded by commitment to learning, positive values and positive identity.

Proportion of youth who report having birth registration documents

Area Programmes’ reports confirm continuous collaboration between WorldVision and district agencies like the Births and Death Registry, National Commission for Civic Education (NCCE) and Commission for Human Rights and Administrative Justice (CHRAJ) on birth registration in communities.

Nine (9) Area Programmes (Afram Plains, Fanteakwa, Krachi East, Nkwanta, Gushiegu, West Gonja, Karaga, Saboba and Garu Tempani) supported the registration of most vulnerable children in their programme areas.

The 46.5% of youth with birth registration recorded for 2016 is an improvement on the baseline of 39.6% (2013). Southern Region and Northern Region recorded increase in their 2015 averages. While Northern recorded a marginal increase from 57.5% in 2015 to 57.8%, Southern Region improved from 49.3% in 2015 to 53.8%. Nine (9) Area Programmes, 4 from the Southern Region, 1 from the Northern Region and 4 from the Upper Region improved on their 2015 averages. In all 12 out of 26 Area Programmes are above the 2016 National average with Afram Plains Area Programmes maintaining its 100% coverage for the third consecutive time.
Proportion of Adolescents who have a strong connection with their parent or caregivers

Good relationship between caregivers and their adolescent children is very critical in positive parenting which in turn translates into positive upbringing of children in communities. The indicator sought to illustrate how the relationship between care givers and adolescent children could affect the well-being of children. A qualitative research conducted by UNICEF in 2014 indicated that most child abuse incidents happen at home, in communities and by close relatives as well as in schools and religious institutions. Other abuses include exploitation, neglect, harmful traditional practices (that is child marriage, Female Genital Mutilation/ Circumcision (FGM/C)) and other forms of violence against children. This was confirmed during consultation with children from seven(7) Area Programmes by World Vision to gather their views on the End Violence Against Children (EVAC) in 2016.

15 out of the 20 Area Programmes that measured this indicator in 2015 recorded increase in their averages in 2016. It is worth mentioning that Sekyere East Area Programme which recorded the least average of 2% in 2015 improved to 53% in 2016.

Furthermore, more than half (15 out of 20) of Area Programmes in the Ghana office that measured the indicator recorded proportions above the National Office average figure of 51%. Three (3) out of the 4 regions namely; Ashanti, Southern and Upper improved their 2015 averages of 43%,31% and 50% respectively to 58%, 43% and 56% respectively.

All the 15 Area Programmes that improved on their 2015 averages report increase in children’s club activities.

All the nine (9) Area Programmes in the Southern Region engaged the entire 151 community children clubs on the Peace Road Curriculum. Upper and Northern regions trained 86 staff and volunteers on the Child Protection Analysis Design and Planning Tool (CP ADAPT) and Yes Children Can (YCC) and article 15 tool kit. 30 staff and club facilitators were trained on the Spiritual Nurture of Children Curriculum.
Health Center becomes a District Hospital through CVA

Tongo as the district capital of the Talensi District within the Upper East Region reaped a lot of successes from the Citizen’s Voice and Action (CVA) project which started its implementation in 2014.

The Tongo Health Center which served several communities had limited staff and equipment to deliver quality health care to residents. The health center could boast of only seven staff including community health nurses and midwives as well as casual workers. According to Joseph, a Nurse, in the year 2014, the facility started facing so many challenges due to low staff turn out, broken down ambulance, limited dispensary drugs and poor attitude of health workers. He mentioned that the Tongo Health Centre did not have the enablers and for that matter had to refer all acute asthmatic cases to Bolga, the regional capital which had a poor road network.

“CVA came in to empower community members to demand, and also as service providers, to respond appropriately to community members who accessed the facility. Through CVA, a working group was formed to engage and petition the Regional Health Directorate for the upgrading of the Health Center to Talensi District Hospital. This made it possible for the facility to receive 30 staff and basic equipment such as, 20 admission beds, adequate blood pressure as well as oxygen apparatus, two suction machines for maternity and resuscitating neonates.” John recounted.

This he said had facilitated a cordial relationship between health workers and the communities which had immensely contributed to quality health care delivery in the Talensi District.
Nabil, a member of the CVA group also recounted that, before CVA, the Health Center was not running 24 hour services as well as the National Health Insurance Scheme for a full year without deficit, but now offers these facilities since it was upgraded.

He recalled, “I remember the ambulance had a broken engine and was not running for almost four years, but through CVA, we appealed to the former Member of Parliament who came to our aid to fix the ambulance and also fuel it. The relationship between community members and health workers has improved now. In the past, we used to argue a lot but now it has changed because we have resorted to dialogue in order to understand each other”.

The Health Center which now has anti-snake venom available and used to treat between forty to fifty patients a day now treats 100 to 120 patients a day with malaria, respiratory tract infection and cholera being the common cases.

Story by: Marian Roberts
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