



LISTENING TO THE MOST
**VULNERABLE
CHILDREN**

Final Research Report 2018-2022

WORLD VISION UK



IMAGE ABOVE: A group of boys in Myanmar participating in most vulnerable child research, which included defining who the most vulnerable were and drawing rivers of life.
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Deepening our commitment...

In 2016, as part of our new strategy, **"Our Promise,"** the members of the **World Vision Partnership** made a collective promise to **"deepen our commitment to the most vulnerable girls and boys"**. Back then, we still had to define what we mean by **"the most vulnerable"**, and then to assess the extent to which our programmes are reaching them, and serving their needs. That information is the essential foundation for action to include more of the most vulnerable children in our programming, and do what it takes to help overcome their vulnerabilities. This study has made a decisive contribution to that process, and I would like to thank **World Vision UK** for taking this initiative.

Crucially, the study put **children's voices** at the centre of reaching a deeper understanding of who are the most vulnerable, and why. The report also looks at children's and communities' perspectives of who is reached by World Vision's programmes, whether the most vulnerable are included, and their perception of World Vision's work. Despite the disruption cause by the COVID-19 pandemic, it has given us answers to vital questions: **How are most vulnerable children understood by children and communities? Are we reaching the most vulnerable children? Are we really making a difference in their lives? And how can we do it better?**

THANK YOU



SUE BIRCHMORE
STRATEGY TECHNICAL DIRECTOR
World Vision International

Acronym list

CDG	Community Development Group
CF	Celebrating Families project model
CDM	Civil Disobedience Movement
CoH	Channels of Hope project model
CP&A	Child Protection and Advocacy approach
CVA	Citizen Voice and Action project model
ECCD	Early Childhood Care and Development group
FGD	Focus Group Discussion
GESI	Gender Equality and Social Inclusion
HH	Household
LQAS	Lot Quality Assurance Sampling methodology
MVC	World's Most Vulnerable Children. World Vision's definition of MVC is provided in chapter 1 of this report
NCC	National Commission for Children, in Sierra Leone
S4T	Savings for Transformation project model
UL	Unlock Literacy project model
PESTLE	Analytical method which describes the Political, Economic, Social, Technological, Legal and Environmental situation in an area
WV	World Vision

IMAGE LEFT: Child taking part in a River of Life group exercise for the most vulnerable child research.
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IMAGE RIGHT: The young researchers recorded a discussion of other issues affecting the most vulnerable in their community that they wished to research next. © 2019 World Vision

Executive summary

In 2018, World Vision UK set up a small five-year longitudinal qualitative research study (2018-2022) to look at the impact of our work on the most vulnerable children in Sierra Leone, Democratic Republic of Congo, Bangladesh and Myanmar. We asked the children themselves who they think the most vulnerable children in their communities are, if they think World Vision's work is reaching them, and, if so, how they are benefitting from our work.

The research methodologies encompassed focus group discussion, a participatory child friendly activity called River of Life, key informant interviews, a PESTLE exercise, and youth-led walk. In total this involved 450 participants (two thirds of whom were children). The research was, however, severely impacted by the Covid pandemic restrictions between 2020-2022, which resulted in substantive differences in sample sizes between the beginning, years one and two, and the end, years four and five. Sierra Leone was the only country where the data collection methodology, with modifications, was implemented every year and is therefore the main focus of this final report.

The key research findings are summarised as follows:

1) How are the most vulnerable children understood and defined by children and communities?

World Vision looks at vulnerability through four lenses: serious discrimination; abusive relationships; extreme deprivation; and vulnerability to disaster and catastrophe. A "most vulnerable child" being one who experiences vulnerability factors in two or more of these categories simultaneously. Across all four countries, children's and communities' views strongly aligned to World Vision's categorisation. While orphans and children with disabilities were commonly mentioned in all countries, there were also variations. In Sierra Leone, for example, children with chronic illness, pregnant girls and teenage mothers, children suffering from neglect or abuse, and children involved in child labour were also seen as among the most vulnerable. In Myanmar, it was children who suffer discrimination. In the Democratic Republic of Congo, it was street children and abandoned children who were seen as the most vulnerable, alongside orphans and disabled children.

2) Are the most vulnerable children reached?

In 2018, when we started our research, in all four countries we saw evidence that most vulnerable children were reached by World Vision interventions, but there were gaps in our ability to systematically include vulnerable groups. Over the course of the research period, the findings from Sierra Leone showed substantial increases both in the percentage of most vulnerable children participating in World Vision projects, as well as increased depth and benefits of that participation. This is the result of a global effort to increase our work with the most vulnerable, and the visibility and emphasis this is now getting globally. In 2022, 69% of the children World Vision reached globally were classified as being the most vulnerable, up from 60% in 2019.

3) How are the most vulnerable children's lives transformed through programmes?

The only programme we were able to track throughout the five years was Jaiama Bongor in Sierra Leone. Here, most of the children we spoke to had stories of positive change. Concrete examples pulled from all four countries included social funds created by community savings groups being used to ensure the inclusion of children who had previously been excluded from school; a hotline, set up to monitor feedback from beneficiaries, being used to find out about abuse and then adapt the programme to address the issues identified; the list of most vulnerable children being used to prioritise emergency support during Covid, and the increase of child protection programming in the Myanmar refugee crisis in Bangladesh.

4) How are World Vision programmes responsive to the most vulnerable children and how are they changing over time?

Using additional information we have seen programmatic changes in each of our research countries even if the research was only carried out in year one. In three of the four research countries, we are reaching an increasing proportion of the most vulnerable children in our programme areas than the estimated average proportion of most vulnerable children in the country at large. This is because World Vision is now working in areas of highest vulnerability within a country. Evidence also suggests that the work done defining the MVC in the early years of the research has helped target the most vulnerable, as has the increased application of World Vision project models. In Sierra Leone, for example, the use of "Unlock Literacy", that prompts greater focus on those excluded, is helping to re-enrol pregnant girls in school. Similarly, "Savings for Transformation", has helped reach children suffering extreme deprivation and "Child Protection and Advocacy" has raised awareness on child protection protocols. Staff pointed to the increased community capacity to address vulnerability. For example, training in child protection has resulted in practical actions to reach children who are excluded.

5) What are children's views on vulnerability and World Vision's response?

Children often more readily recognise and request material support when they think of the benefits afforded to them by the programmes. They are less aware of the way their carers and families are involved in World Vision programmes which aim to strengthen systems, rather than replacing service provision by governments. World Vision staff involved in the research were aware of our limitations in terms of provision compared to the material and other needs expressed by children in our remote research locations in Jaiama Bongor, for example, around improved infrastructure and medical treatment. They pointed to ongoing challenges over and above the additional resources needed: the terrain causing difficult access, the inability to prosecute offenders, local mining and ongoing risk of sexual abuse associated with this.

We have been encouraged to see recommendations made in the early years of the research proactively being applied to the programmes, as seen in the ways programmes have responded and adapted. Final recommendations for the four research countries include continuing to undertake national and programme level MVC mapping, together with the tracking of disaggregated data and reflecting on the data. There will also be discussions with community stakeholders, including children's groups, to further understand how most vulnerable groups are impacted differently. In addition to children being included in community processes, the child-led research in Jaiama Bongor has shown that trusting children to undertake their own research has multiple benefits and should be regarded as best practice and replicated.

1. Context & purpose of the research

In 2016, the World Vision Partnership committed to a strategic shift which focuses on reaching the most vulnerable children¹.

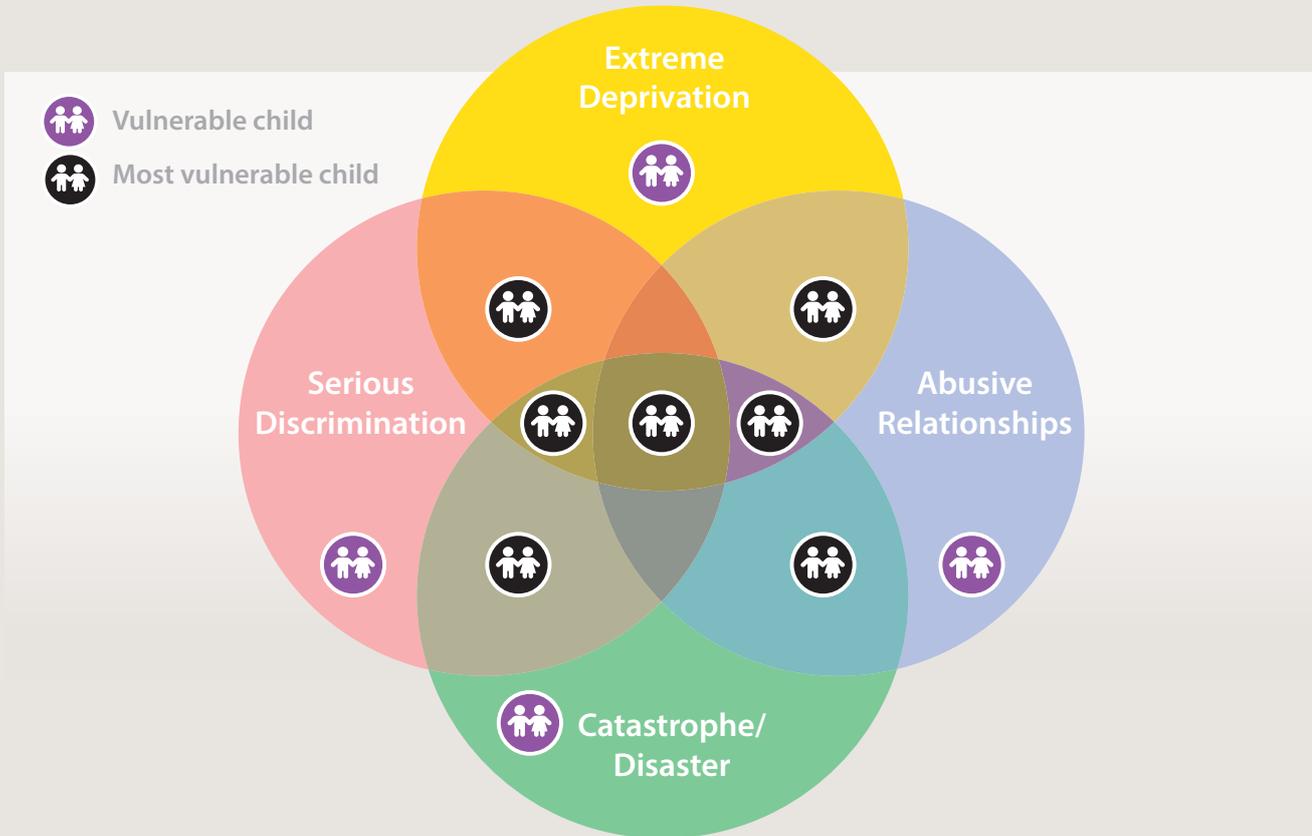


Figure 1: Diagram of World Vision's four dimensions of child vulnerability, highlighting the most vulnerable children as being in the intersections of two or more vulnerabilities.

World Vision looks at vulnerability through four categories which are: serious discrimination, abusive relationships, extreme deprivation, and vulnerability to disaster and catastrophe.

A child is considered to be among the most vulnerable when vulnerabilities intersect. Children can become increasingly vulnerable, experiencing more and more vulnerability factors, until they are defined as the most vulnerable children. The threshold for World Vision of when a vulnerable child becomes a most vulnerable child is when she/he experiences two or more of vulnerability factors simultaneously. It is important to note that Most Vulnerable Child is not a static category – a child can move in and out of different vulnerabilities depending on their environment.

¹ Our Promise global strategy: [Strategy to Change | Global Strategy | World Vision International \(wvi.org\)](#)



IMAGE ABOVE: Lasana (middle), with his friends in Sierra Leone. Lasana has poor eyesight and has been identified as among the most vulnerable children in his community, but through our work he is actively involved in World Vision programmes in his community. © 2020 World Vision

World Vision UK "Listening to the most vulnerable children" research study

In 2018, World Vision UK set up a small five-year longitudinal qualitative research study to improve our evidence base and understanding of who the most vulnerable children are. The report assessed the communities in which World Vision works, the extent to which they are reached and how their circumstances are addressed by World Vision programmes. There was a focus on asking children themselves who they think the most vulnerable children in their communities are, if they think World Vision's work is reaching them and, if so, how they are benefitting from our work. World Vision spoke to children and communities in Sierra Leone, Democratic Republic of Congo, Bangladesh, and Myanmar.

This report sets out the key findings across the five years (2018-2022) and four countries, and has been arranged according to the original research questions, which are:

- 1) **How are most vulnerable children understood and defined by children and communities?**
- 2) **Are the most vulnerable children reached?**
- 3) **How are the most vulnerable children's lives transformed through programmes?**
- 4) **How are World Vision programmes responsive to the most vulnerable children and how are they changing over time?**
- 5) **What are children's views on vulnerability and World Vision's response?**

2. Methodology & limitations

Locations

The research took place in the following countries & locations:

- **Sierra Leone:** Three villages in the Upper Nyawa sub community, in World Vision's Jaiama Bongor Area Programme. This area was chosen because programming was not yet intensive here, but a new programme phase (2019-2024) was being planned including these villages. The villages are around 1.5 hours from the nearest town, via poorly surfaced roads.
- **Democratic Republic of Congo:** Lwambo Village, in Haut Katanga district. This was the area of World Vision's Girls Education Challenge Realise project.
- **Bangladesh:** Camp 13 in Cox's Bazaar refugee camp, where World Vision is responding to the needs of refugees.
- **Myanmar:** Saizang village, Tiddim township, in Chin state. This was part of World Vision's Tiddim Area Programme, working towards long-term child wellbeing.

Full research qualitative data collection methodologies

We had five main qualitative data collection methodologies:

- 1) Focus group discussions (FGDs) with boys, girls, men, women, and local leaders, in order to understand who community members considered were the most vulnerable children. We heard from boys and girls, men, and women in roughly even numbers. Where the leaders were majority men, there was some level of bias in the numbers, more men overall. However, the voices of all five groups were heard.
- 2) A participatory child friendly activity called a River of Life, with children identified as MVC according to the community's definition. Some of the children had benefitted from World Vision's intervention and some had not. The aim was to further understand the challenges that they face and the nature and impact of the support they received using an FGD. This was done with children who were judged to be benefitting – split by age and gender into different groups – and those who were judged not to be benefitting – split into different groups by gender. There were six different groups of children overall.
- 3) Key informant interviews with programme staff were held to aid validation and provide supplementary information.
- 4) A PESTLE exercise² with research team members familiar with the geographical research area took place to establish contextual detail. In 2021 this was done by local leaders. The purpose of this was to note any major changes rather than precise detail.
- 5) A youth-led walk took place to hear about the locality and places regarded to be safe and unsafe.

²The context using the PESTLE tool was done each year to note the main positive and negative factors affecting the wellbeing of children under the headings: Political, Economic, Social, Technological, Legal and Environmental.

Sample sizes and limitations due to Covid

The study was severely impacted by the Covid pandemic restrictions in 2020-2022.

Year one (2018)

The full data collection methodology was implemented in all four countries, led by World Vision UK staff. The total sample size was 450 research respondents, of which two thirds (305) were children. The sample size within countries ranged between 97 and 129 people in each country, with two thirds being children.

Year two (2019)

The full data collection methodology was implemented in Sierra Leone and Myanmar, led by World Vision UK staff. The sample size within these countries remained the same as in 2018 and two thirds of respondents were children.

Year three (2020)

In 2020, the Covid pandemic struck, with resulting restrictions preventing the ability to undertake the full data collection methodology. Additionally, the security situation deteriorated in Myanmar to the extent that between 2020-2022 we couldn't undertake the full data collection methodology.

Year four (2021)

The Covid pandemic travel bans continued to impact the research. An amended version of the data collection methodology took place in Sierra Leone only, by World Vision staff in-country. The total sample size was 115, of which 60 were children; this was a similar number to year one country sample size. The River of Life exercise is particularly important in this study as we were looking at the content of these to tell us about change seen. Figure 2 below shows the numbers involved in Sierra Leone in all five years who were able to describe their lives using the River of Life exercise.

Year	Boys	Girls	Total
2018	24	24	48
2019	27	25	52
2020 Covid year – not comparable	2	4	6
2021	13	8	21
2022	3	3	6
Total across years	69	64	133

Figure 2: Children involved in the River of Life in Sierra Leone 2018 - 2022

Year five (2022)

The Covid pandemic continued to hinder data collection and so the data collection methodologies were truncated and triangulated:

- Validation exercise in Sierra Leone. The sample size for this was far smaller, involving six children and a small group of 15-20 adults. Children took part in River of Life exercises and were interviewed using a set of questions from the original MVC focus group discussion guide sheet. They were also recorded speaking about their lives and aspirations. Adults took part in a PESTLE exercise.
- Remote discussion with three World Vision staff in Sierra Leone, three World Vision staff in Bangladesh, one World Vision staff member in the Democratic Republic of Congo and one staff member in World Vision UK. The purpose of this was to gain a general understanding of changes that had taken place in our programming between 2018-2022.
- Desk reviews of programme reports and review of impact data.
- External conditions beyond our control limited our ability to undertake the full methodological approach each year in all four countries and led to the inability to collect any data in some countries.

Data analysis approach

Analysis of the stories of most vulnerable children was undertaken using Excel to quantify:

- **Issues seen in the stories and their frequency.**
- **Changes seen withing each story – if change happened.**
- **How change happened.**

The original intention was to capture data from MVC groups (equal numbers of boys and girls in different age categories) that were benefitting and non-benefitting. This distinction became increasingly artificial in the final years as it became clear that most or all MVC children benefit to some extent, either direct or indirect. The age categories also became difficult to draw conclusions from, because of the dwindling sample size. Therefore, claims in the findings section in this report are described as those seen across a sample of MVC children in the 11-17 age group.

Focus group discussion content was analysed for similarities and differences in the responses to the set of questions asked. In years one and two, this gave us information about how children saw World Vision's programme and their inclusion in it. In year four the content of focus groups was described but level of analysis was unclear. It could be said that this has now been validated by individual interviews with the six children in the final year. The answers to the question about support from World Vision reported verbatim if it added something new or different.

Implications of the limitations on the findings

There is a very substantive difference in the sample sizes in years one and two, compared with the Covid impacted years of 2020-2022. Reduced or no in-country data collection in these years does introduce the strong potential for bias, when seeking to understand how answers to the research questions changed over the five years of the study and therefore what we can, with a high degree of confidence, state.

Sierra Leone was the only country where the data collection methodology or modifications to it were implemented every year. The modifications had enough in common to be able to compare results between the first two years of the research (2018-2019) and the last two years (2021 and 2022) including changes in programme design and implementation and their potential impact. This research report therefore focuses on Sierra Leone, with shorter sections on the remaining three countries.

3. Sierra Leone - Jaiama Bongor area programme

3.1 Children & Communities general views on their local context in Sierra Leone

Despite free schooling, lack of staff and overcrowding within classrooms were identified as challenges in year one. Covid³ restrictions (which started in 2020) led to school closures, adversely impacting children who missed school. Evidence suggests improvements in later years, such as with the school feeding project and better equipment, but lack of trained teachers and school monitoring were still problems in 2022.

Respondents positively recognised they had livelihoods, predominately through subsistence farming, but income generating potential is limited. Child labour was also found to be common. Covid restrictions closed marketplaces, reduced families' incomes, and led to food price increase. Respondents viewed loans negatively because they cause debt, and viewed savings groups positively.

Children had a clear sense of areas they felt were safe, which were schools (except for one school which was of poor construction and by a river), community halls, mosques, open areas where children are in plain sight of parents and elders. Areas seen as riskier were rivers and bushy areas, due to snakes and negative beliefs about them, and the risk of falling out of trees if you climb them. Leaders also noted that flooding remains an issue, although road conditions have improved. There was an awareness of sexual abuse, and prosecuting offenders remains challenging. There was no notable change in areas of safety or risk during the research.

Sierra Leone has free healthcare, but lack of staff and medicines were noted as a challenge in year one. Areas with access to a mobile signal were seen as positive, as was the ability to access and listen to radio programmes.

3.2 How are most vulnerable children understood and defined by children and communities in Sierra Leone?

In year one, men, women, leaders, boys, girls (five community groups) and World Vision staff, in our research area collectively agreed on who the most vulnerable in the local community were. Their views largely remained the same across the five years and strongly aligned to World Vision's dimensions of vulnerability (summarised in table 2 below). They are children from very poor families; orphaned and disabled children; children with chronic illness; pregnant girls and teenage mothers; children suffering from neglect or abuse; and children involved in child labour.



IMAGE ABOVE: As a result of the research, in Sierra Leone, we increased inclusion of most vulnerable children within our programmes. This picture shows Ibrahim, a child living with a disability in Jaiama Bongor, chairing a children's club meeting. © 2020 World Vision

³ 2020 Covid case study [listening-to-the-most-vulnerable-children_case-study-2020_12-04-21.pdf](https://www.worldvision.org.uk/research-and-evidence/covid-19-case-study-2020) (worldvision.org.uk)

Children & communities MVC criteria 2018-2021				Alignment to World Vision's vulnerability dimensions
Most cited criteria by respondents	2018	2019	2021	
Children from very poor families	X	X	X	Extreme deprivation
Orphaned children	X	X	X	
Disabled children	X	X	X	Serious discrimination
Children suffering from sickness, including Sickle Cell	X	X	X	
Pregnant teenage girls/teenage mothers	X	X	X	Abuse, violence & exploitation
Children suffering from neglect and abuse	X	X	X	
Children involved in child labour	X	X	X	
Prone to disaster, for example, children whose school compounds are prone to flooding and whose communities face storm damage			X	Vulnerability to disaster & catastrophe
Laziness			X	

Figure 3: Outline of the most cited criteria across the years and their link to the above criteria.

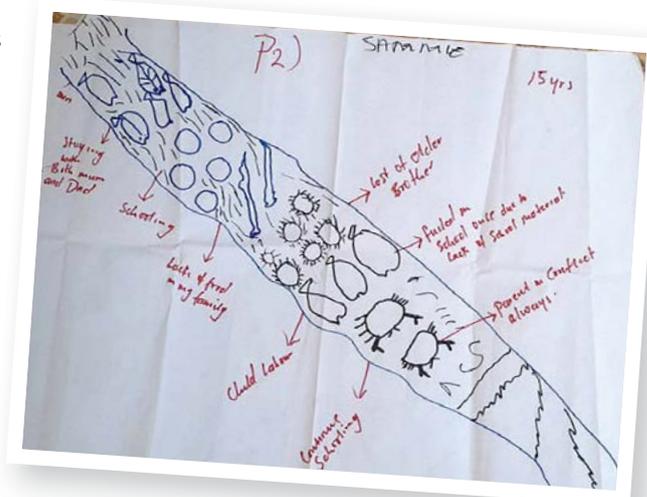
The main exception in year two was the removal of pregnant teenage girls/teenage mothers from the list. Men and leaders believed teenage pregnancy had declined to the point where it was no longer very prevalent. There had been substantial efforts to address the causes of teenage pregnancies, from presidential level downwards, including legislation against sexual offences⁴, and at local level involving the introduction of local by-laws involving fines and punishment for sexual offenders. However, women and World Vision staff did not remove pregnant teenage girls/teenage mothers from their lists in year two.

In year three⁵, children spoke of the negative impact of Covid in their already difficult lives. They explained their experiences of fear, loss of schooling and the impact of having to work and cope in families where livelihoods had worsened. Children also spoke of the likelihood of increased teen pregnancy.

In year four, pregnant teenagers were back on the list, as were children affected by disaster and laziness. Laziness could relate to a lack of opportunities and role models, though further investigation was not part of the research.

The most commonly appearing criteria across all years was plotted against World Vision's dimensions of vulnerability and there is a strong alignment between the two, the main exception being laziness.

IMAGE RIGHT: River of Life drawing created by children participating in research in Sierra Leone. © 2022 World Vision



⁴ Amended legislation on sexual offences
https://www.parliament.gov.sl/uploads/bill_files/THE%20SEXUAL%20OFFENCES%20BILL%202019.pdf
⁵ [listening-to-the-most-vulnerable-children_case-study-2020_12-04-21.pdf](https://www.worldvision.org.uk/listening-to-the-most-vulnerable-children-case-study-2020-12-04-21.pdf) (worldvision.org.uk)

Changes in vulnerabilities expressed in the stories of children in Sierra Leone

During the research we collected stories (17 in 2018, 21 in 2019, 19 in 2021, and six in 2022) from children (not exactly the same children each year) who had been identified as the most vulnerable.

In all years, children told us about living in severe deprivation, having to drop out of school and engaging in child labour. They also mentioned sickness and felt children who are orphans or living with a disability were more vulnerable than them. Encouragingly, the key difference in the stories between 2018-19 and 2021-22 is the amount of positive change seen in the stories (discussed in section 4.3). Other key differences are that discrimination/taunting and teen pregnancy stopped being mentioned after 2020, but the small sample size means we cannot infer reductions. In 2021, abuse and trauma, such as becoming orphaned or witnessing domestic conflict, feature.

“Children like orphan and disabled live in more difficult situation than me. This is because their parents are not around to take care of them and the disabled cannot freely move.” (Haja, 14)

Year by year analysis

In year one (2018) the stories of most vulnerable children frequently described dropping out from school due to deprivation (most of these stories then described a working life) and being an orphan and staying with a relative. Less frequently mentioned causes for dropping out of school included early marriage and pregnancy without marriage. Other experiences described included being ill-treated by a relative (including severe punishment), hunger, discrimination through taunting, and sickness.

The box below⁶ shows the comparison between year one and year two in a consolidated report in 2019.

Children’s perceptions of vulnerabilities 2018-19

“Children’s perceptions and experiences of vulnerability in 2019 are broadly similar to 2018. In discussions school non-attendance was highlighted, due to poverty and costs of basic materials. Poverty remains a key area, and being orphaned, problems of violence and abuse, disability, and discrimination. Early marriage and teenage pregnancy were discussed by girls but not prioritised.

“Certain issues featured extensively such as family break ups, reconstituted families, being fostered, and the emotional impact of various circumstances, although the boys have now prioritised acute stress – on children’s emotions, as an element of being most vulnerable.”

A West, Consolidated report, 2019 (page 6)

⁶ Children’s views of vulnerability and programme impact: Listening to reach the most vulnerable children in two countries. Research report. Dr Andy West.

In year four (2021) just under half of children in 19 stories describe having experienced extreme deprivation, including hunger and a lack of clothing. Just over one half of stories described situations of trauma such as the impact of being orphaned or witnessing domestic conflict. Just over one third of stories contain accounts of injury or severe sickness of the child themselves and the same amount again where the sickness of a caregiver had a negative impact on the child. Just under one third contain accounts of child labour to a degree that prevents school attendance or attainment, and a similar amount also describe physical abuse (mostly by a relative they have been sent to stay with).

In year five (2022) we spoke to six children who had been identified as most vulnerable in 2018 and who were part of the research each year. Half of the stories spoke of child labour and school disruption, half or more spoke directly of severe deprivation, and the same number spoke of child sickness. One third spoke of being an orphan and the same number had lives impacted by sick caregivers. One child spoke of his distress in witnessing domestic conflict. Two believed that no one is more vulnerable than them. The others believed they are not as vulnerable as some children.

3.3 Are the most vulnerable children reached in Sierra Leone?

Evidence from stories collected from most vulnerable children and programme data shows substantial increases between 2018-2022 in the percentage of most vulnerable children participating in World Vision projects, as well as indicating increased depth and benefits of that participation.

In 2018, most vulnerable children's stories cited World Vision interventions such as savings groups, radios, solar lights to support education, and support for medical emergencies. These interventions were helpful and reached most vulnerable children, but their level of impact in our research villages was shallow, unlikely to make a difference to the vulnerabilities expressed by the children in years one and two⁷.

In 2021 and 2022, child respondents continued to see "being reached" linked to tangible benefits for children: ***"They supplied us with recreational materials like footballs and skipping ropes. School materials like books, pens and bags were also supplied to us."*** (Girl, 2021 report). They also cited positive impacts from their parents' participation in savings groups: ***"Yes, because of the loan my mother took from the savings association that was introduced by World Vision to pay for my treatment, my brother school fees."*** (Aruna, 15 years, in 2022). Child respondents also commonly felt that children from better off backgrounds were not included in World Vision projects.



IMAGE ABOVE: Children receiving school materials paid for by the social fund of the local savings group. Taken in 2021. © 2021 World Vision

However, adult respondents in 2021 said World Vision was intentionally targeting a wide range of children⁸. Women and local leaders said saving groups greatly helped them and their children.

‘With the help of this group, we now have access to loans in our community. If we have an emergency issue to address such as medical bills, school support, food for our children, we can easily loan from the savings box and pay later.’

(Woman community member, 2021 report)

To support the strategic goal to include the most vulnerable children, World Vision’s standards on child sponsorship⁹ require that children selected for sponsorship are among the most vulnerable. Also that children registered for sponsorship benefit alongside vulnerable children who are not registered. We saw evidence of this inclusion in several actions designed to include the most vulnerable children:

- In 2021, World Vision staff undertook a house-to-house mapping exercise¹⁰ in the whole Jaiama Bongor programme area which led to the intentional inclusion of 574 children who were either orphans or have a disability or both.
- Programme monitoring detail given by World Vision staff indicates that the carers of all six most vulnerable children we spoke to in 2022 (none of whom are registered for sponsorship) are part of savings groups supported by World Vision. Five out of six children have had treatment at the health centre which is supported by World Vision. Two attend a reading club and a third attends a children’s club, both of which are supported by World Vision.
- From programme monitoring reports¹¹ we also know that savings group members also now attend to the needs of children who are most vulnerable with a social fund.
- World Vision staff pointed to work with community members to formulate bylaws, and community members recognised the work in child protection.

“Government and World Vision have trained more caregivers on child protection protocols and early marriage prevention.” (Community members¹²)

- **Of all the children participating in World Vision programmes in Sierra Leone as a whole, 40% were identified as most vulnerable children in 2019, but this increased substantially to 87% in 2022. In addition, 85% of all World Vision sponsored children were most vulnerable children in 2022. The dramatic difference may be partly accounted for by the fact that programme staff have gained a deeper understanding of vulnerability over the years, alongside the child sponsorship standards, revised in 2021.**

⁷The second-year consolidated report in 2019 was still doubtful as to whether programme activity had begun to make a difference. Children’s views of vulnerability and programme impact: Listening to reach the most vulnerable children in two countries. Research report. Dr Andy West. (page 9)

⁸ MVC research year four Sierra Leone Country level report (page 25)

⁹ World Vision Child Sponsorship standards, 2021 (page 5)

¹⁰ Mapping of most vulnerable children in Jaiama Bongor Area Programme (2021 report). This report identified children in the whole Area Partnership area who were subject to vulnerabilities that could be identified by a home visit. The categories which were noted were children who were orphans and children who were disabled. The process did not observe and count other, more hidden vulnerabilities which is understandable in a house-to-house survey.

¹¹ The Savings for Transformation groups and four Mother to Mother support Groups established by-laws that ensure the wellbeing of children locally using social funds generated and distributed by these community groups. Five orphans (two boys and three girls) were supported with learning materials that boost their confidence in the learning environment. (Jaiama Bongor Annual Report, 2022)

¹² Children, adults, and local leaders were asked to explain their community context using the PESTLE tool. This statement was part of that evidence and is found in the 2021 report.

3.4 How are the most vulnerable children's lives transformed through the programme in Sierra Leone?

In each year, except 2020, we spoke to between six and 23 most vulnerable children to see if their lives had improved. Despite the varying sample size each year and a very small sample size in 2022, the evidence shows that most vulnerable child respondents did feel their lives had seen some improvement.

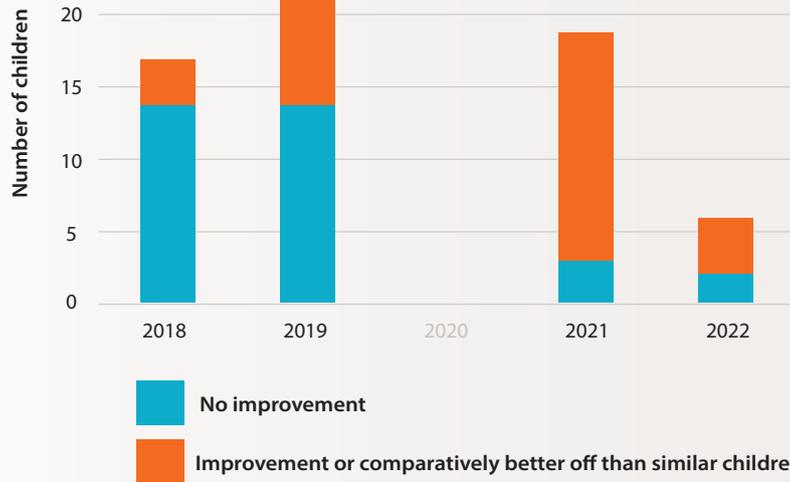


Figure 4, above, sets out most vulnerable children research respondents' perceptions on whether or not their lives had seen any improvement, each year of the study. It should be noted that it wasn't possible to speak to all the same children each year. However, the more nuanced picture is as follows:



IMAGE ABOVE: Haja, 14 is a former child labourer: "I did not go to school for a year because I was selling fruit for my aunty, so when I got back to the village my parents managed to enrol me in school after a year not attending and now I am attending school and I am in [class] four." Haja is positive about her future and wants to be a tailor when she grows up. ©2022 Edward Renner/World Vision

Year one (2018)

Out of the 17 most vulnerable children we spoke to, 14 (82%) described extreme suffering with no change or improvements in their lives. Three felt they were currently comparatively better off than others, experiencing some level of stable family life and attending school despite poverty.

Year two (2019)

Out of the 22 most vulnerable children we spoke to, 14 (63%) described no change or improvements in their lives, four showed improvements from extreme suffering, and four shared stories where the child was comparatively better off than others around them.

Year four (2021)

Out of the 19 most vulnerable children we spoke to, 16 described some level of improvement in the life of the child such as no longer experiencing abuse or hunger. Mostly there has been a positive change even if the child is still most vulnerable according to the World Vision definition. Of the 16 who described some level of improvement, around half felt the improvement was such that the child may no longer be most vulnerable (vulnerable in two categories). This is hard to properly discern from a distance and is based only on the few sentences available on which to make a judgement. For five of the children, despite improvement, the child would still be “most vulnerable” because of ongoing challenges. In just one story the child still experienced extreme deprivation and child labour, with no apparent improvement.

Year five (2022)

Out of the six most vulnerable children we spoke to, four children’s lives had improved but for two their situation had not improved or improved initially then deteriorated. Despite four children experiencing improvement, three of the six may still be described as the “most vulnerable”. There is an enormous commitment seen by the children and caregivers to improve life through hard work and to rescue children from situations of extreme deprivation or abuse. This quote is typical of children whose lives are reported to have improved.

“I did not go to school for a year because I was selling fruit for my aunty, so when I got back to the village my parents managed to enrol me in school and now I am attending school. I am in [class] four.” (Haja, 14)

There is evidence that some caregivers help children they are not related to.

“My parents are also rendering helping hands to a friend of mine, both his parents are alive but can’t afford to take care of him.” (Bintu, 11)

How has change happened in the lives of children?

In 2021, of the 16 children who had seen improvements in their lives, six had been rescued from abuse by a relative, mostly one they were sent to because of better opportunities. Six were rescued from severe deprivation (though they may still be deprived) by a relative because the child lost one or both parents. Two children are in families where one or both parents are present and struggling economically though improvement can be detected. One child described improvement through a feeding programme and one child described improvement through improved livelihood in the family.

There was a very similar picture in 2022 in the stories which mentioned positive change. This was achieved through the efforts of parents struggling economically, with or without the help of other relatives in three stories. Help from a faith leader is heard twice. The story of an orphan rescued from severe deprivation by a relative and story of a child rescued by parents after abuse by a relative are also heard once.

World Vision's contribution to change

There can be many causal factors to change, and World Vision's projects were across several sectors in a variety of ways to seek to improve child wellbeing, so it is difficult to point to one or more project activities that led to change. However, what we can say is that the ways in which children reported how they were helped validates the work that has been done by World Vision's programme. For example, World Vision has worked to raise awareness of abuse and reporting mechanisms and has set up savings groups to help safeguard families from the worst situations of deprivation. Membership of a savings group is seen in the community as a safety net because of the social welfare role they play, as are other community groups World Vision has helped establish.

3.5 How are World Vision programmes responsive to most vulnerable children (MVC) in Sierra Leone and changing over time?

Findings from the first year of the research (2018) resulted in two core recommendations to use the research study to further the inclusion of the most vulnerable children and address their vulnerabilities more comprehensively. World Vision Sierra Leone undertook concrete steps to implement those recommendations in the remaining study years.

Recommendation 1: Using this study to include most vulnerable children

In 2018-19 the following vulnerabilities were adopted within World Vision's area programme plan for the next five years: orphans, children with a disability, teenage pregnancy, child marriage and, children living in alternative care.

This list is slightly shorter than the consolidated list arising in our research study that year, but very much aligns to it. With respect to children living in alternative care – which wasn't specifically called out in our research in year one – much like children who have lost one or both parents, we know from the stories we have heard over five years that they are particularly at risk of vulnerabilities such as neglect or abuse.

This list was further informed by a national level most vulnerable child mapping in 2019¹³ done as part of the World Vision partnerships global “Our promise” strategy, which looked at vulnerability in all parts of the country and in each programme. This process pointed to the need to register children for child sponsorship in remote areas “outside the town of the chiefdom”. (Mark Mutai¹⁴) This validated the need to be scaling up programming activity in more remote areas, such as our research communities, where vulnerabilities can be deeply felt. Interviews with programme and supervisory level staff also pointed to a change in programme implementation which matches this guidance.

“We selected hard to reach areas where people were very deprived because of the distance and terrain, especially in rainy season. My team and I made it a point of duty to ensure those communities became accessible. We mobilised the community to improve the roads. Some of the small rivers were made passable. We made those communities priorities for our intervention.” (Francess Berewa, Area Programme Manager, until 2022)

[In these research communities] “each and every child is vulnerable due to their remote location, suffering extreme deprivation and vulnerable to disaster. Same community still has no school.... improvement in reaching the most vulnerable has improved as a result of the extra engagement in more remote villages.” (Rashid Kanneh, Design Monitoring Evaluation and Accountability Coordinator)

In addition to the national MVC mapping process, the further Most Vulnerable Child mapping process took place in Jaima Bongor in 2021, which resulted in a list of 574 known individuals who were prioritised for inclusion.



IMAGE ABOVE: The young researchers team reflecting on their journey so far, having completed their first year of research. © 2019 World Vision

¹³ Report at national level on MVC mapping of World Vision Sierra Leone’s programme areas. (Internal document.)

¹⁴ Interview with Mark Mutai, Interim Senior Programme Effectiveness Manager, World Vision Sierra Leone.

Recommendation 2: Using this study to ensure vulnerabilities are being addressed comprehensively by the programme.

In 2018-19, new programme activities were implemented

“The AP Programme has three main projects: These follow community engagement on child well-being, identifying priorities: poor quality education (untrained, unqualified teachers, inadequate teaching/learning materials, overcrowded schools, access to safe drinking water, poor sanitation and hygiene facilities in schools); and child protection issues (limited prevention and response).”

Six project models¹⁵ were implemented, with a brief description in the appendices: CoH: Channels of Hope (CoH); CF: Celebrating Families (CF); UL: Unlock Literacy; CVA: Citizen Voice and Action (CVA); CPA: The Child Protection and Advocacy (CP&A) part of World Vision’s overall systems approach; and savings groups.

Progress seen in the child protection project

Improving the protection of the most vulnerable children is one aspect of addressing the needs of those suffering abuse, described in section 3.2. To progress child protection partnerships¹⁶ were set up with the government Ministry of Social Welfare and Children's Affairs and the National Commission for Children (NCC) to ensure prompt intervention in response to cases of abuse and to build the capacity of local partners. In 2022, 9.5% of youth respondents reported improved quality of child protection services since the start of the new programme in 2019, attributed to the capacity building activities undertaken by the project.

The Savings for Transformation groups (which have a membership of 270 men and 1,080 women), and four Mother to Mother support Groups (membership of 40 women) established by-laws that ensure the wellbeing of children locally using social funds generated and distributed by these community groups. Five orphans (two boys and three girls) were supported with learning materials that boost their confidence in the learning environment.¹⁷

Progress seen in the education project

As shown in section 3.2, the most vulnerable children we spoke to in 2018 frequently cited dropping out of school due to deprivation. Therefore enabling them to access formal or informal education is particularly critical to them. The results achieved with respect to education are impressive.

By 2022, the Unlock Literacy (UL) project had established 30 reading clubs with 1,331 children participating (736 boys and 595 girls). There were eight fully trained reading club facilitators (one male and seven female). Children have shown real willingness to be part of the clubs in their free time and World Vision staff believe that this has led to children being better supported emotionally and attending school more regularly. Outcome monitoring via LQAS¹⁸ shows that numeracy and literacy skills have improved among children attending reading clubs during the period under

¹⁵ CoH: Channels of Hope (CoH) [Channels of Hope | Faith and Development | World Vision International \(wvi.org\)](#)

CF: Celebrating Families (CF) [Celebrating Families | Faith and Development | World Vision International \(wvi.org\)](#)

UL: Unlock Literacy [Unlock Literacy | Education | World Vision International \(wvi.org\)](#)

CVA: Citizen Voice and Action (CVA) [Our Approach | Social Accountability | World Vision International \(wvi.org\)](#)

CPA: The Child Protection and Advocacy (CP&A) [Child Protection and Advocacy \(CPA\) \(wvi.org\)](#)

Part of World Vision’s overall systems approach [Protection of girls and boys: World Vision’s Systems Approach | Child Protection | World Vision International \(wvi.org\)](#)

Saving Groups: Savings for Transformation | Economic Development | World Vision International (wvi.org)

¹⁶ Partnerships are set up via memoranda of understanding (MOU). Four such MOUs had been set up in this year.

¹⁷ 2022 Jaiama Bongor, Annual Report

review. Similarly, local government education results indicate that the pass rate of children has increased from 67% in 2021 to 87% in 2022. Additionally, school enrolment increased from 56% in 2021 to 63% in 2022 because of the radical inclusion policy that the government had implemented, popularised and monitored by partners. One example of support to the most vulnerable was 27 teenage mothers living in extreme deprivation, which caused them to drop out of school and feel isolated socially from the community. The World Vision Area Programme in collaboration with community stakeholders, intervened to allow the child mothers to be enrolled into schools through the radical inclusion policy using the unlock literacy project. Other achievements include the World Vision-established Citizen Voice and Action working group's successful lobbying of the Ministry of Basic and Senior Secondary Education and Teaching Service Commission, which resulted in trained and qualified teachers being deployed to two remote locations.¹⁸

In 2022, World Vision staff were asked a subjective question about what they were most proud about.

"The community are very aware of their own problems and how to work on all those categories of vulnerability. How to bring on board all those vulnerabilities into the project activities. They have ideas on development, no one is left behind. No one is excluded. Participation of women and children in the discussion and decision making is high compared to before." (Francess Berewa)

"The fact that we built the capacity of the community, caregivers and parents; building structures that stay there." (Rashid Kanneh)

Recommendation 3: Monitoring the inclusion of most vulnerable children as beneficiaries and extent to which they have benefitted from changes.

Inclusion of MVC in World Vision's work in Sierra Leone has improved, changes have been seen across all programmes, including Jaiama Bongor. Of all the children participating in World Vision programmes in Sierra Leone as a whole, 40% were identified as most vulnerable children in 2019, but this increased substantially to 87% in 2022. In addition, 85% of all World Vision sponsored children were most vulnerable children in 2022.

Project reports also describe some of the ways most vulnerable children are benefiting, such as the way in which social funds are being used or how many MVC received direct benefits or were enrolled back into school.

In 2022, it became a requirement to collect data on children with a disability who are participating in our projects, which will help further our understanding and improvements in disability inclusion.¹⁹ However, to understand more about the depth of change being achieved for MVC, it will be important that the final evaluation is designed to include whether the most vulnerable children were included in the changes seen in the programme area, by specifically asking them about it.

¹⁸ Lot quality assurance sampling (LQAS) is a random sampling methodology, used in programme monitoring for some indicators.

¹⁹ This is a question in all World Vision's reporting for sponsorship funded programmes and a study found that this data is also required for grant funded programmes.

3.6 What are children's views on vulnerability and World Vision's response?

All through the research years we have heard difficult evidence from children about what they need versus what they see in their communities, and what they wish World Vision to do about it, with healthcare, education, water and sanitation facilities, and livelihoods commonly appearing throughout the life of the research.

What children want World Vision to focus on

In year one:

- Take responsibility for sick children*
- Medical facility
- Provide basic learning materials and school fees*
- School toilets*
- Build a school*
- Safe water*
- Playground
- Improve microfinance/provide sustainable income/loans*
- Network coverage

* Denotes multiple children responded similarly



IMAGE RIGHT: A participant in the research, Aruna 15. © 2022 World Vision

It is very possible that some improvements have been seen in these areas, but clearly many are not sufficiently improved.

The 2021 country level MVC research report summarised this with the following statement:

"Children also gave their recommendations which were in three main areas. Education, which has multiple areas of failure, family livelihoods, and to continue their focus on the most vulnerable – care for sick children and support for children with disability."

This had not changed significantly in our small sample of children in 2022. Here are five responses, all quite different:

"I want them [disabled children] to get treated medically so we can continue playing together. I want World Vision to give their parents money for their treatment or take them to the city for proper medical check-up and treatment."

"I will like World Vision to help support me with school materials like school bags, notebooks, pens, mathematical set, uniforms, shoe, and food stuffs. We will like these supports to be available by November."

"I will like World Vision and any other organisation to help us with money, build mosque and church, tap water facility, and build school for us."

"Yes, like building schools, protected dug well, hospitals and learning materials."

"We will like World Vision and other organisations to help these children [suffering severe deprivation] with food stuffs and clothes."

Limitations in World Vision's response

Programme staff are very aware of the limitations of World Vision's work. Difficult terrain in which to travel, challenges in accessing villages by local government staff and other service providers, difficulty for child protection actors in prosecuting offenders, safety risks faced by children related to the mining sector, and a limited programme budget with which to meet the varying needs of the most vulnerable children. This indicates the ongoing need to work in partnership with other stakeholders and adhere to the recommendations from the consolidated reports²⁰ relating to the participation of children.

"Increased participation of children in programme discussions, issues and responses may help in looking at what support should be provided, and how those who are worse off' can be reached, and who they are." (A West, 2019 p.9)

²⁰The second-year consolidated report in 2019, children's views of vulnerability and programme impact: Listening to reach the most vulnerable children in two countries. Research report. Dr Andy West. (page 9)

Additional child-led research in Sierra Leone

One example of how we increased child participation²¹ was through a piece of child led research which happened in parallel with the adult led research.

In 2018, 14 girls and boys joined a World Vision-supported child-led research team, which enabled them to understand who the most vulnerable children are and conduct their own research.

The team focused on teenage pregnancy (one of the vulnerabilities experienced by girls) and were trained in research methods. They interviewed teenage girls and met with community chiefs, police, parents, nurses, and teachers. The findings were analysed, and a report was shared with local leaders, parents, and other young people. It has given visibility and credibility to the movement for change in child wellbeing.

The young people themselves point to the impact of their work.

"We are proud about what we achieved from this research. [We gained] knowledge and learned about other teenage issues. We gained confidence to share this knowledge and, by sharing our findings, young people realised how to protect themselves from abuse." Salamutu, 15, and Mesalie, 19

"Our research and advocacy helped raise community awareness about the rights of girls and the causes and impacts of teenage pregnancy. It also led to the creation of the Koribondo anti-teenage pregnancy task force, composed of community members, which identifies pregnant girls, [raises awareness] about the impacts of teenage pregnancy and helps teenagers access health services. We are the watchmen for our sisters in our community." Muhamad, fellow researcher.

"The research opened the eyes of parents to the evils of rape and teenage pregnancy. It helped parents to know how to raise children and take responsibility for their education. We also saw that [school] dropout rate and cases of death among pregnant girls has reduced. We have great hopes that we will see continued actions to prevent rape and forced marriage."

"Our research and advocacy helped unite young people and made us realise that we can engage in many ways to help our community. We have maintained our research group and continue to be change agents in our community." Salamatu and Mesalie.

It is clear to see that there are opportunities for child participation in the work that the programme is doing, but the time and attention to prioritise child participation in the remote villages is also required. Given that some of the children in our small sample are part of groups, this is happening to an extent. There is not yet a large body of available evidence on the detail or quality of this from available reporting.

The team of young people learnt new skills and their advocacy helped raise community awareness about the rights of girls, and the causes and impacts of teenage pregnancy. It is widely believed this contributed to the acceptance of the community by-law, introduced to reduce teenage pregnancy, and promote the rights of pregnant girls to return to school. Leaders also believe abuse cases have reduced.



IMAGE ABOVE: Young researchers sharing their findings on teen pregnancy with community elders and the Koribondo village chief. © 2020 World Vision

²¹ A case study of the child-led research can be accessed at https://www.worldvision.org.uk/media/drvbccns/childled-case-study_05_web.pdf

4. Research and reach in other MVC research countries

To the extent that each country was able to participate in the research (see Methodology & limitations section), findings are summarised along with other evidence of the movement towards greater inclusion of most vulnerable children.

4.1 Summary of research findings in Myanmar

Research data collection took place in year one (2018) and year two (2019) in Tiddim in Myanmar. In 2020, the security situation deteriorated, to the extent that between 2020-2022 it wasn't possible to undertake the full data collection methodology.

How are the most vulnerable children understood and defined by children and communities?

In year one (2018) children and community members' perceptions of who is most vulnerable very much aligned to the World Vision definition of most vulnerable children. Findings in year two were similar and summarised as:

“Girls and boys identified children who suffer poverty including insufficient food, disabled children and all children who suffer discrimination, (who often include disabled children) as among the most vulnerable in their community. Both boys and girls emphasised that parenting and relationships can make children more or less vulnerable, including children who are orphans or living with another caregiver, for example, girls mentioned living with grandparents due to economic hardship. Girls added children using drugs and alcohol. When boys described problems with parenting and relationships, they cited children with no caregiver, whose parents have divorced, whose parents are unable to guide them and who suffer abuse.” (Source: Tiddim year two research summary report)

Are the most vulnerable children (MVC) being reached?

In year one (2018) findings show that the Tiddim programme was targeting MVC. However, across the focus group discussion and interviews with staff, it was clear there were some MVC that didn't receive support, largely because World Vision weren't alerted to the situation.²³

The year one research report made the following recommendations to improve how World Vision reaches MVC:

- Increased support for income generation opportunities for MVC families, as lack of money was cited by children in all focus group discussions.
- The local community-based organisation to maintain an up-to-date list of MVC and World Vision to support it with income generating activities, with 30% of the profit used to sustainably support the MVC.
- Better communication to families about what support is available for MVC and asking community to alert them to MVC.

In year two (2019) the finding was that “World Vision support is reaching vulnerable children and making a positive impact on their lives. Nonetheless, it is unclear whether the most vulnerable in Saizang are benefitting. Children with disabilities are noted as a key group and a mapping of disability had been carried out as a result of the year one research.²⁴

²² [Listening to most vulnerable children | World Vision UK](#)

²³ Conclusion and recommendations – Myanmar country level report year one

²⁴ Year 2 Myanmar country research report

How are World Vision programmes responsive to MVC and how are they changing over time?

Tiddim Area Programme extended depth of its response to the most vulnerable children and built the capability and capacity of the community to support MVC, despite the extreme challenges of Covid, political instability, and a declining security situation. It is to be commended for this.

Deepening the MVC focus 2019-2021

Year one recommendations helped inform elements of the work in the following year.

a) Strengthening livelihoods support

In World Vision's Livelihoods project MVC families were prioritised for agriculture support through home gardening and encouraged to be part of savings groups, which helps give access to credit at low rates of interest. This project has also responded with relief activity. In 2021, 599 MVC households received food packages and were provided with educational materials to help cope during lockdown. By the end of 2021, due to Covid and the conflict situation, 1,093 households were receiving food packages, benefiting 2,186 children.

b) Strengthening main community-based organisations

Two community groups, which are present in 40 villages, were strengthened:

- Community Development Group (CDG): successfully advocated for vital development, of which an estimated 60% is directly child focused. This includes school improvements and a playground. Other developments, which indirectly helped children, include road improvements.
- Child Care Groups (CCG): responsible for child protection activities including MVC households. Project monitoring included the indicator "Proportion of trained most vulnerable households who know the child protection services available to them". In the programme there are child monitors, who ensure the inclusion of World Vision sponsored children and notice when any child has dropped out of school. This ensures most vulnerable child are noticed if they have fallen through the safety net. The children's groups also build children's capacity to improve their own safety and self-esteem.

Other support to MVC included:

- Awareness raising to prevent the spread of Covid. An MVC assessment produced a list of families to assist as a priority during the pandemic.
- Tailored support to individual families. For example: homes of MVC identified by community groups renovated to improve safety and six MVC children now have a private room; three MVC can access lights at night and two MVC have gardens that are well-fenced as they have received materials to ensure their food supply is not damaged by animals; disabled children are part of the MVC list and are receiving tailored help as required, for example in support for more accessible latrines. (2021 annual programme management report)
- The health project used the MVC criteria and status of families to include most vulnerable children. For example: out of 88 children, 61 were identified with moderate to severe malnutrition and have since recovered; a fund set up for the support of the health committees, which are functioning even in this current crisis period, is also able to help MVC families to access help with medical expenses. (2021 annual programme management report)

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- The 2020-2023 programme design document aims to achieve sustainability for child wellbeing – especially the most vulnerable. It referred to this research and the design focused on the following most vulnerable households:

- **Women household heads**
- **Families with only one source of income**
- **Households with patient needing emergency referral**

2022 communities' ability to respond²⁵

The recurrence of Covid, together with political crisis and conflict, has suspended most government operations. The internet was cut off and the banking system was interrupted, making normal programme activity impossible. Most government staff were in the Civil Disobedience Movement (CDM) and so the Tiddim programme activities, which were planned to be done together with government staff, could not be undertaken. Most village administrators resigned and there was no specific village leader responsible for governmental affairs in some villages. Schools had been closed for two years (due to Covid and conflict insecurity) and not all schools have reopened. Insecurity also remains a barrier to attending school where they have reopened. This has led to the increase in illiterate children and to children dropping out of school. Some older children became migrant workers and are at risk of human trafficking. Some children were unable to take part in project activities because, with the school closures, they had travelled to other areas. Covid and conflict has deepened the difficulties communities face, such as deprivation, to the extent they need support for daily survival. Travel to the communities was severely disrupted due to the security situation.

It can be argued that when there is a failure of governance to provide any services, all children become most vulnerable. The suspension of government operations, and security situations, making it difficult for World Vision staff to move around, also means it is vital that communities are equipped to reach and support the most vulnerable children in their communities. World Vision, as described above, had been working to strengthen Community Development Groups. This work continued in 2022,²⁶ for example:

- **37 child protection awareness raising sessions were held, involving 413 community members and 13 sponsored children.**
- **40 community care groups (CCG) were trained in child protection case management, including how to report and respond to cases. The CCG groups managed minor child cases at their respective communities.**

Through their strengthened capabilities the CDGs were able to link with private donors to renovate the road at Gamlai village and provide oxygen cylinders to villages. During the Covid school closures, 16 CDG groups collaborated with religious leaders to arrange external education centres for students at their respective villages. Additionally, savings groups continued to run and support the emergency needs of members.

²⁵ FY22 programme management semi-annual report

²⁶ FY22 Semi-annual programme report for Tiddim Area Programme.

Impact of the research in Myanmar

Research undertaken in 2018 and 2019 helped the Tiddim programme to focus on the most vulnerable children's issues, giving legitimacy to their needs in the face of cultural opposition, increasing their inclusion, and enabling their voice to be more clearly heard. In seeking to make sure people with disabilities are visible and included, the programme undertook a disability survey.

(Source: Interview with World Vision UK's Regional Unit Manager, who leads the UK's support to Myanmar)

4.2 Summary of research findings in the Democratic Republic of Congo (DRC)

The original research methodology was only done once in the Democratic Republic of Congo in year one (2018) but reports from the education project (the only World Vision project at the time) have been utilised in this report.

How are the most vulnerable children (MVC) understood and defined by children and communities?

In 2018 (year one), children and adults identified the MVC as street children, orphans, abandoned children, and disabled children. Additionally, adults felt those in low-income families, large families, and conflict displaced families are also most vulnerable. World Vision staff also added pregnant girls and girls in early child marriages as most vulnerable. A recurring theme in the interviews with MVC revealed that they find accessing education difficult and changing life circumstances had forced them to drop out of school.

Are the most vulnerable children reached?

The World Vision education project was only just beginning in 2018. It had been established as a girls' only project and those participating were selected three years before World Vision was involved. Children felt that World Vision was not reaching the groups they identified as most vulnerable. This is not surprising given that the education project was only focused on girls.

Older girls (aged 14-17), who were benefitting from the education project, said that World Vision "are changing the lives of these girls" and that there will be a further change as "they end studies and become a good person later in society". In relation to previous historic projects World Vision has run in the area, children and adults both mentioned support to orphans.

How are the most vulnerable children's lives transformed through the programmes?

Although the research data collection couldn't be collected after year one, a case study on the education project was published in 2019.²⁷ It highlighted the work to protect children from abuse, through the setting up of a hotline which served in the first instance as a feedback mechanism, under the requirement for programme accountability. Momentum then grew and it became a way for the community, and girls in particular, to report abuse incidents which were not necessarily related to the programme.

"Since the opening of the hotline World Vision has received a total of 680 calls. 58 of these calls regarded incidents around the welfare of a child including unsafe construction of classrooms (19), verbal aggression by an adult (2) and cases of assault or sexual exploitation (37). 377 calls to the hotline in this period were requests for more information – with a substantial number of questions relating to sexual health." (Bernadette Fonge, Programme Manager, quoted in 2019 case study)

²⁷ Hearing from communities in the Democratic Republic of Congo [gec-case-study_05_web.pdf \(worldvision.org.uk\)](https://www.worldvision.org.uk/~/media/WorldVision/2019/05/gec-case-study_05_web.pdf)

Over 3,800 calls to the hotline had been received by the end of the programme in 2022.²⁸ These were followed up and appropriate action taken but in addition the project was able to improve its implementation because of the information from the community. For example, it resulted in sex and reproductive health clubs in schools.

"Potential abusers were influenced. Parents were involved, taboo was broken down and a curriculum introduced.

"This improved the programme because it dealt with a specific barrier to education which girls were facing. Additionally, it is believed that child rights were improved generally due to the removal of a taboo, involving men, and encouraging openness." (Bernadette Fonge)

How are World Vision programmes responsive to MVC and changing over time?

In 2020, the Covid pandemic struck causing disruption to the education project. A multi-country study took place, including Democratic Republic of Congo and Sierra Leone,²⁹ which sought to record the experiences of most vulnerable children in two programme locations in the context of the pandemic. This also explained the response of the programme, in the context of the pandemic. It was encouraging that in both locations a greater volume of teenage pregnancies were expected but this did not happen. Similar to Myanmar and Sierra Leone, the importance of engaging with communities to address important child protection concerns appears to have been a key approach. In this case it was parents, teachers, children's clubs, and sexual and reproductive health clubs in schools, along with service providers such as the police and social services:

"There has been massive awareness raising coupled with stringent government policy, [and] by-laws that are monitored by all groups in the community." (Bernadette Fonge)

What are children's views on vulnerability and World Vision's response

In 2019, girls and boys suggested that World Vision could pay for their education materials and fees, build schools, and support them to stop working for their parents. Girls not benefitting from World Vision's programmes suggested World Vision support host families of orphans and abandoned children. To respond to the needs that extend beyond an education focus World Vision would need to raise funding for additional projects.

²⁸ Key Informant Interview with Bernadette Fonge in 2022, part of the final year research.

²⁹ Listening to the most vulnerable children year three, 2020 [listening-to-the-most-vulnerable-children_case-study-2020_12-04-21.pdf](https://www.worldvision.org.uk/research-and-evidence/listening-to-the-most-vulnerable-children_case-study-2020_12-04-21.pdf) (worldvision.org.uk)

4.3 Summary of the research findings in Bangladesh Cox's Bazaar

The study took place in year one only in Bangladesh. The context was the emergency setting of the Rohingya refugee camp, and World Vision UK was involved through a project funded by the Disasters Emergency Committee.

How are most vulnerable children (MVC) understood and defined by children and communities?

The most commonly occurring groups identified as being the most vulnerable children, by children and communities, were orphans, children with a step-parent, adopted children, and children living in remote areas because they lack access to water, education and play facilities. Children with disabilities were also prioritised.

Are the most vulnerable children reached?

The year one (2018) report concluded that:

The most vulnerable children benefitting from World Vision's programming were able to provide much evidence on how World Vision has supported them including provision of tube wells for clean water, provision of toilets, access to child friendly spaces, and provision of clothes and food.

It also concluded that:

Sometimes World Vision may intend to target the most vulnerable children though at times there are gaps in how well the interventions have been designed to address their specific needs, such as children with disabilities, child labourers.

How are World Vision programmes responsive to MVC and how are they changing over time?

Indications of progress to date are that the emergency response has now incorporated child protection to a greater degree, due to a UNICEF project implemented in the emergency response area by World Vision, including camp 13. We do not know the extent this has impacted the specific MVC research participants in 2018 but by 2022, 384 child protection cases had been managed – 121 cases were referred to local authorities – and 441 community-based child protection committees had been established.

The current World Food Programme project supported by World Vision made provision for most vulnerable households, relating to supplemented food supply and logistical support with receiving the supplies.³⁰ This donor also requires reporting to disaggregate data, which makes visible people reached who have a disability.³¹

³⁰ World Food Programme Project Proposal for General Food Assistance -2023, November 2022 Cox's Bazar, Bangladesh.

³¹ Quarterly reporting for World Food Programme Project Proposal for General Food Assistance -2023, Cox's Bazar, Bangladesh.

5. Inclusion of the most vulnerable children – global progress

5.1 Encouraging results

The World Vision global partnership appears to have made strong progress towards the inclusion of most vulnerable children, which is a strategic aim of our global strategy entitled “Our Promise”.

In 2022, 69% of the children the World Vision partnership reached were classified as the most vulnerable up from 60% in 2019.³²

Key to achieving this has been increasing our funding in fragile states, where a higher percentage of most vulnerable children is found. Between 2016-2022 we achieved an impressive 94% increase in spend in fragile contexts, within the World Vision Partnership.

Within countries work has been done to support the identification and inclusion of most vulnerable children through mapping of where the most vulnerable children are in a country, which has resulted in country offices beginning work in new areas and phasing out others. For example, the siting of new programming in WVI Sierra Leone in the extreme northeastern region, and within programme areas, for example the instruction to register children for sponsorship in more remote areas.

Figure 5 below shows that MVC reached from among all surveyed children in programme areas is mostly higher than the estimated average vulnerability in the country at large. This reflects that World Vision is working in the areas of higher vulnerability, within a country and within programmes. However, it seems unhelpful for any country to have a 100% proportion of MVC without justification, and to over assign MVC status. Dramatic changes from 2019 to 2022 could also be partly due to a growing awareness by World Vision staff of the definition of most vulnerable during that time period.

	% MVC reached from among all surveyed children in programme areas		% sponsorship Registered Children who are MVC.		Average country vulnerability ³³ % (estimated prevalence of MVC)
	2019	2022	2019	2022	
Sierra Leone	40	87	-	87	44-58
Myanmar	74	100	62	100	16-39
Democratic Republic of Congo	42	90	42	97	100
Bangladesh	50	75 (2021)	40	92 (2021)	69-80
Global	60	69		72	20-30

Figure 5: Comparison of % MVC World Vision reached, with % sponsorship Registered Children who are MVC, against the estimated prevalence of MVC in the country.

³²The baseline for this was 47% in 2017 increasing to 60% in 2019 and 69% by 2022 according to the organisational scorecard. Data collected by national level mapping process.

5.2 Gender equality and social inclusion (GESI)

Gender equality and social inclusion (GESI), which includes disability inclusion, has become a lens bringing together current concern and thinking on the inclusion of most vulnerable groups in World Vision programming. World Vision's global policy on GESI states:

"We acknowledge that gender inequality and social exclusion are among the most powerful drivers of vulnerability for children in every context. The Sustainable Development Goals (SDGs) and our Ministry Goal (sustained child wellbeing within families and communities, especially for the most vulnerable) can only be achieved when opportunities, resources and choices are available to women and men, girls, and boys and marginalised and excluded groups, especially children living with disabilities. This includes ensuring that people from all of these groups have agency, in the form of access to the power and resources to shape their own lives and contribute to their families and communities."³⁴

To ensure the range of most vulnerable groups identified in this particular study are included in World Vision's work, best practice needs to be applied through the comprehensive use of approved and revised, evidence-based World Vision project models. This research provides various examples of the impact this has had.

While we can see that programmes reach more of the most vulnerable children in the countries where we work, it is essential to monitor and evaluate the extent to which they are benefiting and how their vulnerability might be reducing. A review³⁵ in 2022 of gender and disability inclusion, in a sample of 18 World Vision UK supported programmes, suggests that this type of evidence is still patchy. Encouragingly though there is a long-term commitment to continue improvements in this area, as evidenced by the public commitments the World Vision partnership made at the 2021 Global Disability Summit³⁶, which includes the commitment to "help more than five times the number of children with disabilities in our long-term programmes by 2026".

IMAGE RIGHT: Ares, 8, and Hares, 5, are two brothers living in the Rohingya camp with their mother. "When we came to Bangladesh, Ares was only three years old and I was six months pregnant. Hares born in the Rohingya camp. After three years their father died," says Juhara Begum. Both her sons are physically challenged. First son Ares cannot speak, hold anything and walk without support. And the second son Hares cannot walk properly because of his club foot. She faces challenges and struggles every day to survive in this fragile situation. "My husband is no more; my kids are only hope for me to live. There is no place I have not gone to get treatment for my children. World Vision provided support to us, setting up handrails from our door to the toilet and transformed the latrine as disabled friendly as well. The handrails are really benefiting my children. They themselves can go to toilet easily. Sometimes they play and laugh in the yards by holding the handrail. I smile seeing their joy."

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³³ Estimate for prevalence of MVC using World Vision's definition of MVC as vulnerable in two or more of our four dimensions. Estimate from available data (mostly UNICEF). To account for the fact that we don't know how many of the children affected by, say, extreme poverty are also affected by, say, discrimination two estimates were used, one assuming the minimum possible overlap between any two dimensions (20%) and the other assuming maximum possible overlap (30%) for the global total.

³⁴ World Vision Policy Partnership Management Policy on Gender Equality and Social Inclusion, 2021.

³⁵ GESI in Programmes – a review of gender and disability inclusion in programmes supported by World Vision UK. Of 17 project and programme level documents, six were long-term sponsorship funded Area Programmes and 11 were donor funded grant programmes.

³⁶ The full list of commitments can be found at World Vision's commitment to children with disability (wvi.org)

6. Conclusion

How are most vulnerable children (MVC) understood and defined by children and communities?

It was possible to match virtually all vulnerabilities identified by communities in our year one studies from each country with one of World Vision's broad categories of vulnerability. These are different in each context, though there is much overlap. For example, in the refugee camp situation of Cox's Bazar, drug taking and risk of landslides are important vulnerabilities but were not identified in the remote villages of Jaiama Bongor, in rural Sierra Leone. However, other vulnerabilities such as child labour, being an orphan and being disabled or chronically sick were commonly identified throughout our country studies as markers of vulnerability.

Sometimes a child vulnerable in one category is automatically vulnerable in another, for example, in Sierra Leone, children suffering from extreme deprivation are considered most vulnerable because they also face severe discrimination such as being sent away from school for lack of school uniform or non-payment of fees.

Being able to identify most vulnerable children gives programming teams visibility on who should be targeted as a high priority and how the programme should be designed or adapted. An easy example of this was seen in Myanmar where the MVC status enabled emergency Covid support to be given to families in greatest need.

Are the most vulnerable children reached?

Across all four countries in 2018 we saw that most vulnerable children are reached by the interventions World Vision is supporting. People associated World Vision with supporting vulnerable children. For example:

- a) Children in remote villages most at risk from severe deprivation benefitting from savings groups in Sierra Leone.
- b) Girls able to attend school in the Democratic Republic of Congo because of barriers which have been overcome such as better trained teachers or sanitation in schools.
- c) Refugee children in Bangladesh who are benefitting from food and water supplies.
- d) Families with dangerous housing in Myanmar rescued with housing materials and help with renovation. World Vision's work in the research areas in 2018 was found to be relevant and made a difference across our countries.

However, painfully, there were gaps in our ability to include vulnerable groups. In Sierra Leone, year one programming in the remote hard-to-reach villages where we did our study was not deep enough to make a difference to the vulnerabilities identified. While the evidence pointed to help received through savings groups and various items distributed, capacity in the community groups, which drive child wellbeing, was weak. The summary in year one from all countries was that abuse and neglect of children by adults needs activities which addresses their behaviour.

Over the research period, while it is a small sample, we saw that most vulnerable children in the final year of the research in Sierra Leone were more comprehensively included than before. It is likely that the two levels of most vulnerable children mapping in Jaiama Bongor contributed to this. Their own words described the more tangible items received, but we know from programme records that they are also part of other activities such as children's groups, and all their parents are part of savings groups, which enable access to funds in times of emergency.

Children did point to their engagement with World Vision, though even in the final year this was mainly through tangible items received. It is very possible that they don't recognise World Vision's work in strengthening a variety of community groups (savings groups, mother groups, child protection units) as something from which they see personal benefit. Even if they are in children's focus group, it may not be obvious to them that this is supported by World Vision because community groups are, in general, led by community members. In addition to this, they believe benefitting is by being provided with school fees or support such that they or their friends will not need to work, which means they miss school. We also know that World Vision has done much work on child protection in our research communities, as described by community members during the PESTLE exercise and through the work of the young people engaged in the child-led research.

Across all four locations, we saw at the start of the research that some most vulnerable groups were not included. However, following most vulnerable child mapping in all countries, and the work to target more MVC, more of the most vulnerable children are being reached.

How are the most vulnerable children's lives transformed through programmes?

The only programme we tracked throughout the five years was Jaiama Bongor in Sierra Leone. Most stories in year four (2021) and year five (2022) included positive change, whereas very few described positive change in 2018. In our stories we saw that: a significant number of most vulnerable children had been rescued from situations of abuse by relatives; parents and children worked hard to improve their wellbeing, and the number of children involved in child labour, to the extent that they are excluded from school, reduced from a perceived majority of children at the start of the research to around a third in 2021. These numbers are based on a judgement of the life stories which, once translated, are a few sentences long, so while, due to the chosen methodology and limitations, it is not safe to quote exact numbers, we could conclude that there appears to have been a decline.

We can see from the reporting in projects across our four countries that work is being done that is highly relevant to the vulnerabilities expressed by children and communities in the year one study. For example, in Jaiama Bongor in Sierra Leone, the inclusion of pregnant girls is helping them back into school, and World Vision supported mother groups and savings groups are playing a role in this.

From this, we could say that World Vision's work has contributed to positive change in the lives of most vulnerable children in Jaiama Bongor. There is clearly still much that needs to be done to reduce child vulnerability, particularly in reducing the prevalence of child labour, and improving access to health and education services in remote areas. It is encouraging, therefore, that the programme has been extended to 2027.

In the Democratic Republic of Congo, Myanmar, and Bangladesh, it is highly likely that the programme made an increasingly positive difference in the lives of most vulnerable children over time, though the evidence for this comes from change in programme documents rather than any specific evidence from children.

How are World Vision programmes responsive to MVC and how are they changing over time?

We have seen programme changes in every country, even if the research was only carried out for one year. In Sierra Leone, the new programme incorporated a child protection technical project because of the research findings. The use of World Vision project models is also helping to reach MVC and their families. For example, the use of Unlock Literacy is helping to re-enrol pregnant girls in school. The use of Savings for Transformation has helped reach children suffering extreme deprivation and raised awareness on child protection protocols. We heard from staff that in their view the community's capacity to think deeply and deal with complex issues affecting MVC has made a significant difference, and this is the part of their work of which they are most proud. World Vision staff also pointed out a strategic shift in focus towards more remote communities within existing programmes and the siting of new programmes in more difficult parts of the country. It is therefore unsurprising to see that of all children reached in the programme a higher percentage are most vulnerable children.

In the Democratic Republic of Congo, while the research wasn't carried out in the same way beyond year one, programme records show specific use of information, gathered by the programme accountability mechanism, to improve response to those impacted by sexual abuse and the need for guidance on sexual and reproductive health.

In Myanmar, highlights include the use of MVC criteria to target child beneficiaries for inclusion, seen throughout the reporting, from selection of children for screening and treatment of malnutrition to the selection of households for emergency support during the pandemic. Like Sierra Leone, a highlight was the importance of building community capacities to improve child wellbeing. For example, through creating awareness of child protection mechanisms and the work of savings groups and early childhood care and development (ECCD) groups. It is also noted that this research enabled deeper conversation about disability which seems now to have greater visibility in the reporting.

In Cox's Bazar refugee camp in Bangladesh, there was an increase in child protection programming within the overall response, and we can see that inclusion of people with disability is part of the way humanitarian relief programmes are delivered, though change over time in this area has not been ascertained.

What are children's views on vulnerability and World Vision's response?

We are aware of our limitations compared to needs expressed by children in our remote research locations in Jaiama Bongor, Sierra Leone. It is painful to hear children's accounts of not having a safe school building for example. Some items prioritised by children such as medical operations are not provided by World Vision, which seeks to empower and improve rather than replace service provision by government. Staff pointed to ongoing challenges: the terrain causing difficult access, the inability to prosecute offenders, local mining and ongoing risk of sexual abuse associated with this. Additional resources are needed in Sierra Leone such as improved infrastructure and medical treatment for children. The programme ends in 2027 and the project models, set up to bring about long-term changes through a movement for change in child wellbeing, must continue to empower communities and include an emphasis on holding duty bearers to account.

³⁷ For more information on the Unlock Literacy project model visit [Unlock Literacy | Education | World Vision International \(wvi.org\)](https://www.wvi.org/education/unlock-literacy)

³⁸ For more information on the Savings for Transformation project model visit [Savings for Transformation | Economic Development | World Vision International \(wvi.org\)](https://www.wvi.org/economic-development/savings-for-transformation)

Global perspective

We see an increase in the number and percentage of most vulnerable children reached globally using global data from the MVC mapping at national levels.

Most vulnerable children reported as reached from among all surveyed children in programme areas has increased from 60 to 69% across the World Vision partnership over the last three years.

This is unsurprising as the funding for programmes in fragile countries has nearly doubled in six years.

Other desk research used in this report would suggest an improvement in the inclusion of most vulnerable groups, especially children and adults with disabilities. Though, to a large extent, programming to include people with disabilities would appear to be a medical or charitable model of disability as opposed to full social inclusion. However, progress has been made and stories in our programme reports of social inclusion echo findings from our research. The stories in our programme reports of social inclusion and the concern we have seen expressed by able bodied children in Sierra Leone for disabled peers is to be celebrated. Alongside this, the way young people themselves identified the needs and became advocates for pregnant teenagers in the child-led research is also an example of best practice.

The global MVC mapping exercise has been of great importance in helping teams across the world learn more about vulnerabilities and make national level decisions about where to site programmes within each country, and where to focus within each programme area. However, the understanding about individual children and families must be carried out at community level, for these most vulnerable children to be included in the programme and benefit from the changes seen in the programme at large.



IMAGE RIGHT: Young researchers, Muhammad and Hassan presenting the seven priority actions to reduce teen pregnancy which were agreed between community leaders and young people.

7. Recommendations

The following recommendations are for National Offices, with Support Offices such as World Vision UK also needing to support their delivery.

1. Continue the commitment to national level MVC mapping and targeting.

The national mapping process has helped World Vision reach more of the world's most vulnerable children. This process has galvanised attention to the question of which children we are reaching and brought about strategic changes at national level. At the time of publication, it is encouraging to know that Field Offices will be undertaking national MVC mapping every five years to inform their strategic planning, plus annual strategy reviews in which major changes in context will be considered.

2. Continue project/programme level MVC mapping and targeting.

The example of mapping and targeting that we have seen in Jaiama Bongor and in Tiddim show that the process of identifying most vulnerable individuals for inclusion within the programme area has been found to be vital in the inclusion of most vulnerable children. Mapping, targeting and inclusion of individual children needs to be a continuous process. As capacity is built in community organisations to identify and reach most vulnerable children, the focus can reach down to the level of communities and families where children and their needs are known at the greatest depth. At the same time, training of World Vision's staff in the process of identification of most vulnerable is essential, and will assist in the monitoring and reporting requirements to track progress in this area. If priority is not continually given to the question of who is the most vulnerable, particularly in contexts of overwhelming needs, progress for the most vulnerable will be slow.

3. Programmes must also continue to track disaggregated data through monitoring, and reflect what the data is telling us and how most vulnerable groups are impacted differently.

Collecting disaggregated monitoring data brings visibility to children with disabilities who are often among the most vulnerable, ensuring programmes don't leave them behind. Meanwhile, we need to continue to be mindful of multiple vulnerability factors – not only of the more visible ones – and to recognise that vulnerabilities are enmeshed in the lives of children and their families. We now need to go deeper and understand how various factors of vulnerability can intersect to create risks for children and to tailor our approaches to ensure we are responding to these risks to create more lasting impact on their wellbeing.

4. Reporting on how vulnerability is reducing through community reflection.

Even though Jaiama Bongor, Sierra Leone can be regarded as a strong programme with good capacity in identifying and reaching most vulnerable, the programme level reporting does not describe how the child vulnerabilities set out in the area programme plan are reducing, despite the fact the programme was designed with these in mind. It is important to empower and include community-based organisations or groups to monitor and give evidence on how the vulnerabilities set out in the initial Area Programme plan are changing. The suggested time for this reflection is the annual community summit where progress is discussed and is part of the evaluation. There is a specific place in the Area Programme plan reporting format for this to be summarised.

5. Involving children in the process of identifying most vulnerable children.

It is important to involve children themselves in the process of identifying most vulnerable children. Not only is it a more comprehensive definition but, as the example of the child researchers in Sierra Leone has shown, children were able to shine a light on an issue that they prioritised and researched bringing additional depth of understanding. This informed and improved the effectiveness of the Jaiama Bongor Area Programme, as well as building the agency and self-esteem of the children involved.

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Lastly, particular thanks go to Celia Donald who led the final year of the research and brought all the years' research together into this final report.



IMAGE ABOVE: Child-led research team attending media training by World Vision staff in Jaiama Bongor. © 2019 World Vision

Appendix

Appendix 1: project models adopted in Jaima Bongor 2019 onwards

CoH: Channels of Hope (CoH) targets faith leaders, their spouses and faith through science-based information and insight from sacred scriptures and faith traditions. Faith leaders and community members are equipped to take practical actions in prevention, care, and advocacy in order to promote child wellbeing for the most vulnerable in their communities.

CF: Celebrating Families (CF) seeks to ensure that families, especially the most vulnerable ones, enjoy positive and loving relationships and are able to have hope and a vision for the future. CF also aims to support families as being places that allow children to experience the love of God by addressing beliefs, convictions and cultures that contribute to harmful attitudes, norms, values, and practices of raising children.

UL: Unlock Literacy aims to increase reading skills for children in the early grades of primary school through improving teaching methods for classroom reading, and engaging students, families, and communities in reading activities outside of school.

CVA: Citizen Voice and Action (CVA) is a social accountability and local level advocacy methodology that aims to address inadequate essential services by improving the relationship between communities and government, and empowering communities to hold the government to account. CVA facilitates the transformation of the relationships between citizens, government (civil servants and elected officials), and service providers. Ultimately, these improvements impact specific indicators of child wellbeing.

CPA: Child Protection and Advocacy (CP&A) project model describes a process of engaging with key community stakeholders to address the root causes of violence against children through building capacity and increasing partnering and collaboration between formal and informal child protection actors. These partners work together to create a protective environment that cares for and supports all children, especially the most vulnerable.

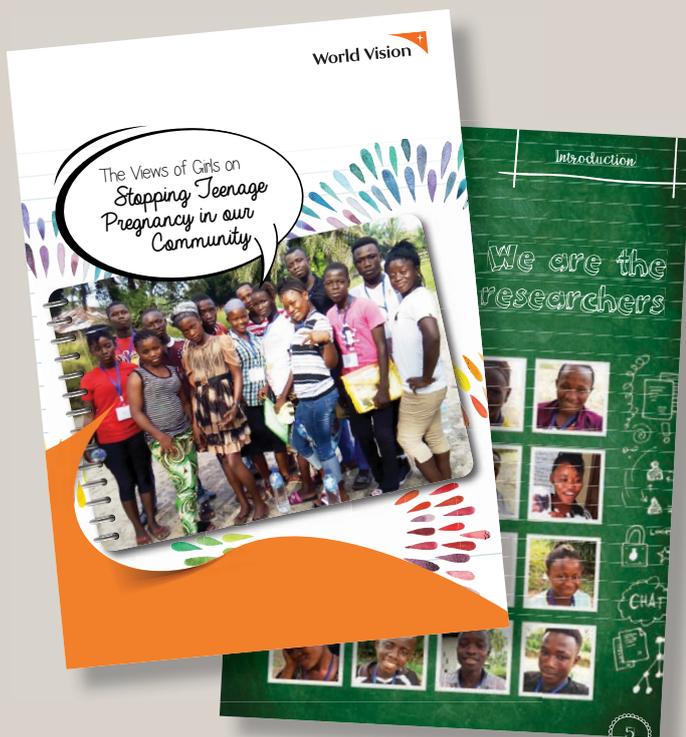
Savings groups: Savings groups are a group of people who save together in a safe, convenient, and flexible way. Savings groups are owned, managed, and operated by the members, using a simple, transparent method whereby groups accumulate and convert small amounts of cash into savings. The group's savings can be lent to members as credit. A service can be charged as a way for the group to earn additional income, but this optional. Savings group projects are low cost, requiring only facilitation staff and a small operating budget. They are self-replicating and community led and, therefore, sustainable.

LISTENING TO THE MOST
**VULNERABLE
CHILDREN**

Final Research Report 2018-2022

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Child-led research report...



The child-led research report - the creation of this report - the start of a journey for our researchers.



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At World Vision, our focus is on helping the world's most vulnerable children overcome poverty and experience fullness of life. For over 70 years, we have worked together with communities – of all faiths and none – even in the most dangerous places, inspired by our Christian faith.

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FRONT COVER: Women in Myanmar discussing and defining who in their community are the most vulnerable children. © 2019 World Vision