World Vision
AUTUMN 2009

safety NET
SWEET DREAMS FOR CHILDREN FREE OF MALARIA'S MENACE | PAGE 12

WHAT'S KILLING CHILDREN page 23
MARGARET BECKER page 30
Thank heaven for little girls... by sponsoring one.

Bring hope to a girl in an AIDS-affected community.

AIDS has robbed 15 million children of their mom, dad, or both—leaving girls especially vulnerable.

As a HopeChild sponsor, you can transform the life of a girl living in these difficult circumstances with your gift of just $35 a month.

Here are two of the 24,000 girls who are waiting for a sponsor like you to provide access to basics such as:

- Clean water, improved nutrition, health care, and education
- Spiritual nurturing, counseling, and care for sick or dying parents
- Age-appropriate HIV-prevention education based on abstinence and faithfulness

Sponsor one of these girls by calling 1.866.962.4453 or visiting worldvision.org/magazine today!

Yes, I would like to become a HopeChild sponsor for a girl in need.

Please send me information and the photo of a girl affected by the AIDS crisis in:

- Africa
- Caribbean
- India
- where needed most

I’ve enclosed a check or money order for my first $35 gift (payable to World Vision).

I authorize World Vision to charge my $35 monthly sponsorship gift to my credit/debit card each month:

- VISA
- MasterCard
- American Express
- Discover

Card number
Expiration date

World Vision account number

Mr. □ Mrs. □ Ms. □ Other
First name
Last name

Address
City
State
ZIP

Phone
E-mail

World Vision will not rent, sell, or share your personal information with third parties.

World Vision
World Vision HopeChild Sponsorship
P.O. Box 70050
Tacom, WA 98498-7050
1.866.962.4453
TAKING COVER
Global efforts aim to end malaria, one of the most devastating diseases affecting the poor. World Vision’s focus: sub-Saharan Africa, where malaria is the second-leading cause of death among children.

FIGHTING FOR THEIR LIVES
Too many children—9.2 million each year—die before reaching their fifth birthday. Find out what’s killing them, how World Vision is responding, and meet local volunteers who are the first line of defense.

WHERE ARE THEY NOW?
U.S. sponsors reconnect with their former sponsored child in the Philippines.

FROM THE PRESIDENT
Somewhere a child is waiting—and you can help.

MARGARET BECKER
Margaret Becker reflects on the power of a simple gift.

KASWERA VULERE TRAINS MIDWIVES IN AFGHANISTAN
Terrorism is the past; textbooks are her present.

INSPIRATION
Margaret Becker reflects on the power of a simple gift.

FRONTLINES
Crisis updates; how an oil change saves lives; making cans count; and more.

RETROSPECT
Terrorism is the past; textbooks are her present.
A Life You Can Save

What is a human life worth? As the credit-card commercial might say, "Priceless!"

I have met hundreds of faithful child sponsors over the years, and I love to "hear their hearts" as they tell me with great joy about the little boy or girl they sponsor. But I have also concluded that most of our sponsors have no idea just how profoundly their decision to sponsor has affected the lives of their child and family. Nor can they imagine the impact of their letters and gifts.

On my recent trip to Ethiopia with Max Lucado, we met a woman named Wosene Teji. I am quite sure that Donna Galli from Nevada, who sponsored Wosene's daughter Senayit, did not know that she had saved a life—maybe more than one—when she filled out that sponsorship commitment card in 2002.

Wosene was a widowed mother who had fallen into desperate poverty. How desperate? Wosene and her six children had no income, no food, no clothes, and no hope. They lived in a crude, one-room mud structure no more than eight feet across and slept body-to-body on the dirt floor. With each storm, she and the children were soaked as the driving rain penetrated the shabby roof.

Each of us has limits to how much pain and degradation we can bear. Wosene reached that point one rainy night. She stripped off her clothing and lay face-down on the ground in her collapsing hut to pray. "I was planning to commit suicide by taking poison," she said. "I prayed, Lord, please deliver me."

Wosene believes sponsorship was the answer to her prayer. Community volunteers reported her situation to World Vision staff. Wosene's daughter became a sponsored child, and World Vision began to come alongside this fragile family. Donna Galli's monthly sponsorship donations helped stabilize life for Wosene and her children. In addition, Donna sent extra gifts to build a new house and provide livestock for the family. And she wrote letters and prayed—lots of letters and lots of prayers.

When I met her, Wosene was a woman transformed, with a beaming and infectious smile. She has taken in an additional child, an orphaned boy whom she is raising with her own kids. When Max asked how she now felt about her life, she said, "I am the happiest woman on Earth." I will never forget her reverence when she went to her cupboard and pulled out plastic bags bursting with every one of the letters and cards that Donna had sent her over the years—literally hundreds of them—letters that had saved a life.

So what is a life worth? Right now, this is a painful question around World Vision as the financial crisis has taken its toll on our donations. As a result, there are about 100,000 children waiting for sponsors right now who need a Donna Galli in their lives.

And so I am asking you to do something I have not asked before. I am asking every World Vision sponsor to find just one other person who would be willing to sponsor a child. Encourage someone you know—a friend, a sister, an aunt, or neighbor—to do what you have already done: raise their hand to say, "I can help just one of these dear children."

If you're not sure how to share sponsorship with someone and you'd like more information, you can fill out the coupon on the back cover of this magazine, call (866) 962-4453, or find helpful resources online at www.worldvision.org/findasponsor. You can also direct your loved one to our Web site where they can select a child for themselves.

Somewhere, a child is waiting. Somewhere, a life can be saved.
Shooting Star

Austin Gutwein, 15, plays basketball in Rwanda with Samuel Iyindagira (left). The game was an enjoyable moment for Samuel in a tough life. Both he and his mother are HIV-positive. Happily, they will soon benefit from a new house built by World Vision.

Austin’s ball skills came to the fore at age 9, when he took a day off from school and shot 2,057 free throws—representing the number of children orphaned by AIDS during a typical school day. His fundraiser, Hoops of Hope, took off. This year, 25,000 children will participate in Hoops of Hope in 20 countries.

Austin was in Rwanda to explore new ways Hoops of Hope can help AIDS-shattered regions. Already it has funded a school and two health clinics through World Vision in Zambia. His next accomplishment: the September release of his book, Take Your Best Shot, published by Thomas Nelson.

TO HELP an African child affected by AIDS through Hoops of Hope, visit www.hoopsofhope.org.
WORLD WATCH

1 | PAKISTAN CLASHES WITH TALIBAN
An outbreak of fighting between Pakistan and Taliban forces near the Afghan border this spring prompted 1.3 million people to flee. World Vision set up an office in Peshawar, the capital of the North West Frontier Province, and distributed pots, pans, and cooking supplies to uprooted families.

2 | SOUTHERN AFRICA CHOLERA KILLS
An outbreak of cholera in Zimbabwe and neighboring Mozambique has infected more than 90,000 people and claimed more than 3,500 lives. World Vision has established treatment centers and is undertaking cholera-prevention measures such as latrine construction, community education, and purification of water supplies in the region.

3 | UNITED STATES FARGO FLOODS
Hundreds of people fled Fargo, N.D., in March as the Red River reached its highest level in 112 years. Water seeped through dikes and flooded more than 200 homes. World Vision shipped cleaning supplies, hygiene kits, clothing, and trash bags to assist families struggling in the aftermath of the disaster.

4 | SUDAN DARFUR EXPANSION
Following the expulsion of several aid agencies from Darfur, World Vision will expand food aid, water, sanitation and health-care services, extending humanitarian relief beyond the 500,000 people previously served.

COMBUSTIBLE COUNTRIES
Ten countries most likely to face civil unrest in 2009 and 2010 due to worsening economic conditions and political instability.

+ Indicates where World Vision is working to alleviate poverty

1. Zimbabwe +
2. Chad +
3. Dem. Republic of Congo +
4. Cambodia +
5. Sudan +
6. Iraq
7. Cote d'Ivoire
8. Haiti +
9. Pakistan +
10. Zambia +

Source: The Economist
**V L I N E S**
**N T H E G R O U N D**

**Heyma Rayan** is an animator working with World Vision’s psychosocial program in Gaza—helping children overcome their experiences of war.

The majority of children in Gaza are very frightened and sad, and their families do not ask about their feelings. Through my work, they have an opportunity to express themselves. One of the most magic cases I have worked on was with a 10-year-old boy called Lou’ah. Shrapnel destroyed his optical nerves, and he is now blind. He’s a real optimist. He kept telling me, ‘I thank God it wasn’t worse.’ He participated in all our activities and was even singing and dancing with the other children. He just needed someone to guide him because he can’t see.”

**HUNGER IN THE HORN**

About 9.2 million people face hunger in the Horn of Africa, chiefly due to drought. World Vision is distributing food aid to more than 1.75 million people and helping farmers boost their harvests.

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of people receiving World Vision food aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>313,141</td>
</tr>
<tr>
<td>Kenya</td>
<td>580,484</td>
</tr>
<tr>
<td>Somalia</td>
<td>206,670</td>
</tr>
<tr>
<td>Uganda</td>
<td>688,221</td>
</tr>
</tbody>
</table>

» **TO PROVIDE FOOD**

to families in the Horn of Africa, visit www.worldvision.org/hungerinhorn.

**5 | SRI LANKA**

**WAR WEARY »** A sustained government attack on rebel Tamil Tigers brought an end to the long civil war, but the humanitarian situation remains grim. More than 280,000 people are displaced in camps. World Vision is delivering clean water and food to families and providing psychosocial support for children.

**6 | GEORGIA**

**BACK TO SCHOOL »** Children in communities around Gori returned to classes after nine schools and a kindergarten were rehabilitated by World Vision. The schools were damaged during fighting between Georgian and Russian forces over South Ossetia last year.

**7 | SOMALIA**

**AID SURVIVES PIRATES »** Somali pirate attacks on the ships Liberty Sun and Maersk Alabama in April failed to prevent World Vision food aid getting through. Both ships were carrying hundreds of metric tons of food for World Vision operations in Rwanda. The Maersk captain negotiated for the release of his ship and crew by agreeing to join pirates in a lifeboat, and later he was rescued by the U.S. Navy. The Liberty Sun successfully weathered attacks by rocket-propelled grenades.

**8 | AFGHANISTAN**

**CLOTHES FOR CHILDREN »** Freezing children in Ghor province eagerly donned knitted sweaters, hats, and scarves from a World Vision distribution in February. Drought in the province forced about 2,500 people to abandon their homes and move to makeshift camps. World Vision was able to deliver the goods, along with food relief to displaced families, despite heavy snow, treacherous roads, and criminal gangs seeking to hijack aid convoys.
Larry Dahl at the Oil Stop in Rohnert Park, Calif.

Larry Dahl notes that Jesus came to serve, not to be served. That thinking formed the basis of his company’s mission statement: “We will serve people with excellence, humbly, with a servant’s heart.”

Larry decided such service should go beyond his customers and extend to providing clean water to those who desperately need it in Africa. He says that changing people’s water from filthy to clean is an example of service excellence that fits with the company’s philosophy.

Each Oil Stop customer is invited to donate $1 toward the company’s drive to dig wells in West Africa through World Vision. Each customer dollar is matched by Oil Stop, making $2, and is matched again by the Conrad N. Hilton Foundation, making $4. The effort raises more than $6,000 a week—enough to drill two wells every month.

Larry says that asking for a dollar seldom causes offense, and when customers learn that their contribution is literally preventing children from dying or going blind due to water-borne disease, they are delighted. “They think, ‘I bought an oil change and made a difference in somebody’s life! Who would not want to do that?’” he asks.

The depth of poverty in West Africa was brought home to Larry during a trip to Mali, when half a dozen boys fought over an empty water bottle he attempted to discard. But that heartbreak turned to joy when he saw villagers rejoicing over a new well built with Oil Stop customers’ money. The village chief asked Larry why he had come halfway around the world to bring water. “I said, ‘because of Jesus Christ, our God, who commands us to serve,’” Larry says.

Mixing Oil and Water
How an oil change saves lives.

The president of Oil Stop—a chain of oil-and-lube stores—readily admits that he knows little about leadership, but after becoming a disciple of Jesus, he says he has learned something about servanthood.
that if all followers of Jesus looked beyond the walls of their churches and

WHAT DOES GOD EXPECT OF US?

My company matched my gift! Will yours do the same?

Special opportunity to help end malaria
Protect a child with a bed net for just $1.50!

A few dollars for a net is not very much when it comes to saving someone’s life.
— SHAYAN MANDEGARIAN

Get involved Provide a bed net for just $3. See the envelope between pages 16 and 17 or give online at www.worldvision.org/ReadandRespond.

Change Agent
Shayan Mandegarian, 11

Home » Mountain View, Calif.
Occupation » Elementary school student
Program » End Malaria campaign
Buzz » Shayan was devastated when he discovered that a child dies every 40 seconds from malaria. But he was encouraged when he learned that children and their families could get prevention education and a protective mosquito net for fairly low cost. Shayan resolved to donate his spare cash to purchase nets, and he asked his teacher at Benjamin Bubb Elementary School if he could make a presentation to his classmates, urging them to do the same. The talk went so well that Shayan was invited to speak to the entire school. Children donated their pocket money to buy nets and raised $580.

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Thousands of companies match donations to World Vision. Ours could be one of them!
To participate, visit worldvision.org/malariamatch
A little bite... and a big deal

Just one mosquito bite can kill a child. But a simple bed net can save her life.

Bed nets that protect against malaria normally cost $10 each. But with this limited time opportunity, you can provide a child in Zambia with a bed net for just $1.50!

This opportunity comes to you through our partnership with the Against Malaria Foundation and your employer (if they match your donations).

You can help end malaria in Zambia. Your gift of...

- $15 will provide 10 bed nets
- $75 will provide 50 bed nets
- $150 will provide 100 bed nets

Please hurry. This special opportunity ends September 30, 2009.

NOTE: Even if your employer doesn’t match your donation, you can still give to help end malaria in Zambia by providing bed nets for as little as $3 each.

To learn more about corporate matching gifts, visit worldvision.org/matchinggifts
What does God expect of us?

by Shayan Mandegarian, 11

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— Shayan Mandegarian

GET INVOLVED

Provide a bed net for just $3. See the envelope between pages 16 and 17 or give online at www.worldvision.org/ReadandRespond.

Never underestimate the power of a goat.

Thanks to your support, we’ve funded over 700 goats!
Making Cans Count

A church’s recycling project results in sponsoring children.

The Rock church in San Diego has a simple and pointed motto—“Do Something.” Tara Paul, 35, was eager to step up to the challenge and hit on the idea for a project to help the church sponsor dozens of children. Best of all, it would not cost a dime.

Tara has been sponsoring a girl in Mozambique since 2006, which opened her eyes to the dire needs of impoverished children. Her 12-year-old daughter, Shelby, wrote an essay suggesting that funds from recycling could be used for worthy causes. Tara’s reaction? “Duh! How obvious.”

And so a ministry called DUH—Desperate, Underprivileged, and Hungry—was born. Spurred by the fact that in California it’s possible to collect 5 cents for every recycled bottle or can, Tara organized The Rock to become a certified recycler.

As the 12,000 people who attend services leave the church each Sunday, they are encouraged to drop off their recyclable trash at a nearby parking lot, where volunteers sort it. They also pick up empty bags to fill with recyclables the following week.

Many churchgoers have given bags to their neighbors so they can contribute. Tara says nearly everybody is concerned about poverty or the environment, and the effort has proved a highly successful way of engaging outsiders in the church’s wider ministry. “It’s an unintimidating way to reach people,” Tara says.

The ministry currently raises about $3,500 a month, which is used to sponsor more than 60 children. Volunteers get together twice a month to write to each child.

Tara says interest keeps growing, and several other churches are already talking to her about setting up a DUH ministry of their own. Currently, 10 states have recycling laws similar to California’s, and more are expected to follow. (Find out more about DUH at www.therocksandiego.org/ministries/recycling.)

“We will be recycling until Jesus comes back,” Tara says. ■

SHARE WITH US Do you have an innovative way to help children in need? Share it with us at wvmagazine@worldvision.org.
why I love being a child sponsor

I became a child sponsor because of a girl named Hannah Kosloski and my daughter, Jean. Hannah had a dream of finding sponsors for 100 children through World Vision. Unfortunately, she never realized her goal. Hannah went to be with Jesus after a horseriding accident. My heart went out to Hannah’s mother, because my daughter, Jean, died earlier that same year of a brain tumor. The first picture I saw of Hannah was of her holding a kitten. Jean had a cat ever since she was little and wanted to be a veterinarian technician and help abused animals. I went online and searched through the many children looking for a sponsor. I found a little girl in Rwanda by the name of Jeanne whose birthday was five days after my daughter’s. It was a perfect match. I sponsored this child in memory of my daughter and Hannah. They both had a love for animals and helping others.

» TELL US YOUR STORY
Why do you love being a child sponsor? Write the editors at wvmagazine@worldvision.org.

Look for more about Hannah Kosloski and Hannah’s Hundreds in the next issue of World Vision magazine.

A Child is Waiting » As a World Vision sponsor, you have a powerful story to tell. By sharing about your sponsored child with your church, small group, or Sunday school class, you can find sponsors for children who are still waiting. Pick a Sunday and get started. www.worldvision.org/achildiswaiting

Child Ambassador » If you’ve ever wished you could help more children without spending a dime, this is your opportunity. Join a passionate group of sponsors across the nation and become a Child Ambassador today. You can connect children in need with people who care on an ongoing basis. www.worldvision.org/childambassador

Global Dinners » Host a dinner party featuring a delicious meal from your sponsored child’s country. www.worldvision.org/globaldinners

WAYS & MEANS
Five ways to give other than cash.

1 Include World Vision in your will
2 Make World Vision a beneficiary of a life insurance policy
3 Give stock
4 Donate real estate
5 Make World Vision a beneficiary of your retirement assets

FOR MORE INFORMATION
Call (866) 962-4453 or email giftplanning@worldvision.org.
Anastacia Ndege, 6, and Jacobo Ndege, 4, lost their sister to malaria.
The push to protect children from malaria—the second-leading cause of death in Africa—gains global momentum.
IN

a continent plagued by drought and hunger, it is refreshing to visit the village of Nanga in Tanzania, East Africa. True, it is way off the beaten track. The nearest town is Shinyanga, more than 100 miles away. And residents’ homes are roughly constructed of mud bricks. But the vegetable gardens surrounding the houses are awash with green leaves—evidence of a thriving sweet potato crop. The rains have come plenty and at just the right time—nobody is going hungry in Nanga.

But on closer inspection, those rains turn out to be a double-edged sword. In the small pools of water that form in the ruts in the fields and the potholes in the roads, in the stagnant ponds, and in the carelessly discarded tin can, thousands of mosquito eggs are deposited and hatch. These mosquitoes are child killers. Their activities would make a good script for a creepy horror movie.

Mosquitoes enter huts at night, bite the occupants, and suck their blood. In doing so, they infect their victims with a parasitic microorganism that causes malaria. Within 30 minutes, the organism reaches the liver and begins to multiply. Eventually it makes its way into the bloodstream. At this point, the victim can become an unwitting participant in the killing chain. If the person is bitten by a second mosquito, the insect will consume the infected blood and be primed to pass on the disease to yet another human.

Classic symptoms of malaria include sudden chills, fever, headaches, and joint pain. In the more extreme cerebral malaria, to which children are especially vulnerable, symptoms include delirium, convulsions, and coma. For a pregnant woman, the consequences are particularly dangerous. Sometimes she will feel weak, tired, and out of breath. Or she may have hardly any symptoms at all. Meanwhile, the malaria parasite quietly spreads to the placenta, leading to a sickly, underweight newborn or sometimes prompting a miscarriage.

If malaria strikes a child under the age of 5, and the child is not treated, the chances of death are very high indeed. Every 40 seconds, somewhere in the world a child dies of malaria—mostly in sub-Saharan Africa.

Wande Ndege, 41, who lives in Nanga, is one of the millions of grieving mothers represented by that statistic. When her fourth child, Mandu, developed a temperature, she did not think much of it. She made some syrup from painkillers bought from the village shop and gave it to her infant daughter. But that night, Mandu just got sicker and weaker, so Wande took her to the village health worker. The worker told Wande to rush the child to a health center two miles away. The pair made a frantic effort to borrow a bicycle to speed the journey. But before they were ready to set off in the dark, Wande’s daughter died in her arms.

The elements of Wande’s story illustrate why malaria has such a stranglehold on Africa: a remote village; a fertile malaria breeding ground; difficult getting to a health clinic; and malaria’s initial, often misleading, symptoms.

For Hyacinth Umhoza, head nurse of Kigeme Hospital in southern Rwanda, it’s a familiar and distressing tale: “If you go to the pharmacy and buy a painkiller, the fever will go down, but it does not kill the parasite,” she says. “Meanwhile, the parasite continues to kill the body.” The sad result is that many people get the right medical attention too late, and the hospital simply becomes a staging post to the grave.

Poverty and superstition also play a role. Most people in Nanga are subsistence farmers, and Wande used to think that a protective mosquito net was a luxury item for teachers and government workers. She says her chief method of shooing away mosquitoes was to wave a reed.

More than 2,000 children die each day from malaria—approximately one every 40 seconds.

FACING PAGE, TOP: Ponds and watering holes are prime breeding grounds for mosquitoes. BOTTOM: A child with symptoms of malaria is examined and tested at the Ilindilo health clinic near Nanga, Tanzania.
Another village mother, Mwasi Nyambilibili, notes that some villagers used to decorate their homes with twigs that emitted a fragrance—wrongly believed to ward off mosquitoes. Cerebral malaria often has been misdiagnosed as *namhanamba*—a feverish disease believed to be caused by witchcraft. Traditional healers would be called, and only when their methods failed would the dying victim be taken to a health facility, nearly always far too late.

Malaria has dogged humanity for centuries, but in recent years a new mood of optimism has emerged as the international community has mobilized to fight poverty issues, including preventable diseases, through the Millennium Development Goals.

Since then, initiatives have come thick and fast. In 2002, the Global Fund to fight AIDS, Tuberculosis and Malaria was established; in 2005, President Bush launched the President’s Malaria Initiative. In 2008, Congress and President Bush signed into law the Global AIDS, Tuberculosis, and Malaria bill, committing $5 billion over five years for malaria programs. The Bill and Melinda Gates Foundation has poured hundreds of millions of dollars into research for a malaria vaccine. And last year, the Roll Back Malaria Partnership, which includes World Vision, unveiled the Global Malaria Action Plan—a strategy for bringing the disease under control and ultimately eliminating it. More recently, World Vision made the fight against malaria one of its priorities, committing to assist Roll Back Malaria’s goal of a 75 percent reduction in malaria infections in its project areas and zero preventable child deaths by 2015.

The reason for confidence is that the tools to achieve this goal are well-known. They include the availability of better drugs, preventative therapies for pregnant women, indoor spraying.

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**Eighty-five percent of malaria deaths are children under 5 years old. Malaria is the second-biggest killer of children in Africa.**

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**ABOVE:** All of Mwasi Nyambilibili’s five children have contracted malaria more than once. **BELOW:** Schoolchildren in Nanga, Tanzania, often miss class due to illness during malaria’s peak season from November to May.
Zeinabou Harouna, 14
brother, Issakou, was 3 when he died.
The infection killed him before he could
get a headache,” she says. But now, she
feels easier under a bed net—one of
benefits of becoming a World Vision-
bild in Niger.

STOP THE KILLERS
Help deliver 3 million mosquito nets where
they’re desperately needed in Africa.

RWANDA
Esperance Niyonsega, 18
After four days of fever, expectant
mother Esperance slipped into a
coma. Her husband carried her
on foot for an hour to the Kigeme
hospital. There she was diagnosed
with a neurological type of malaria.
She was revived with intravenous
therapy containing high doses of
treatment. The fate of her unborn
child will likely survive. The fate of her unborn
child.

TANZANIA
Suzan Tilaw, 28
Suzan holds up her family’s bed net,
which she received after taking her
youngest child, Tadei, to the district
hospital for a routine measles vac-
cination. World Vision trains staff
at the hospital to educate patients
about malaria and provides bed
nets at a discounted price. As the
organization ramps up its anti-malaria initiative, it will
supply bed nets for free. Suzan had no such
lucky to survive malaria at age 3.
—continued from page 14

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Once Bitten,
TWICE SHY
AFRICANS' EXPERIENCE OF MALARIA

Every 40 seconds, a child dies of malaria. You can help stop the killing by supporting World Vision's goal to deliver 3 million mosquito nets to Zambia, Mozambique, Mali, and Kenya—among the hardest hit malaria-affected countries in the world.

World Vision is working with the Against Malaria Foundation, which has pledged to purchase 1.5 million nets. But 1.5 million more nets are urgently needed. Through bulk buying, partners' matching gifts, and volunteer distribution networks, World Vision can purchase and distribute nets for about $3 each, including providing vital malaria education in affected areas.

Complete the form opposite or give online at worldvision.org/ReadandRespond.

Zeinabou Harouna, 14
brother, Issakou, was 3 when he died The infection killed him before he could it. Zeinabou (pictured at left with sister has had malaria herself, so she knows ns well. "I feel cold. I feel fever. I can't ae I get a headache," she says. But now, eeps easier under a bed net—one of ments of becoming a World Vision-bild in Niger.

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Eight deaths among children under the age of five are unnecessary if we take action now. The Bill and Melinda Gates Foundation has poured hundreds of millions of dollars into research for a malaria vaccine. And last year, the Roll Back Malaria Partnership, which includes World Vision, unveiled the Global Malaria Action Plan—a strategy for bringing an end to malaria in Africa by 2015.
Once Bitten, Twice Shy

AFRICANS' EXPERIENCE OF MALARIA

NIGER | Zeinabou Harouna, 14
Zeinabou’s brother, Issakou, was 3 when he died of malaria. The infection killed him before he could get treatment. Zeinabou (pictured at left with sister Adama, 4) has had malaria herself, so she knows the symptoms well. “I feel cold. I feel fever. I can’t sleep because I get a headache,” she says. But now, Zeinabou sleeps easier under a bed net—one of the many benefits of becoming a World Vision-sponsored child in Niger.

MOZAMBIQUE | Satalia Ngessane, 35
Satalia lost her 18-month-old daughter, Cintia, to malaria. Now, when she sees the symptoms in any of her other children, she rushes them to the local health center. It happens so regularly that Satalia spends much of her time either at the health center or at home, looking after a sick child. That means her maize crop is often neglected, and the family goes hungry. Satalia longs for a bed net.

SENEGAL | Ndigue Faye, 12
Ndigue was 8 years old when, late one night, he was seized by convulsions, the result of cerebral malaria. He was taken to a hospital and recovered after treatment. But the after-effects are still visible in his legs, and he now cannot walk properly. His story served as a warning to others in his village. They now use bed nets made available by World Vision in partnership with the U.S. President’s Malaria Initiative.

RWANDA | Esperance Niyonsega, 18
After four days of fever, expectant mother Esperance slipped into a coma. Her husband carried her on foot for an hour to the Kigeme hospital. There she was diagnosed with a neurological type of malaria. She was revived with intravenous therapy containing high doses of quinine, and she will likely survive. The fate of her unborn child is uncertain.

TANZANIA | Suzan Tilau, 28
Suzan holds up her family’s bed net, which she received after taking her youngest child, Tadei, to the district hospital for a routine measles vaccination. World Vision trains staff at the hospital to educate patients about malaria and provides bed nets at a discounted price. As the organization ramps up its anti-malaria initiative, it will increasingly supply bed nets for free. Suzan had no such protection during the pregnancy and delivery of her first child, who later was lucky to survive malaria at age 3.
of insecticide, and the critical recent arrival of long-lasting, insecticidal-treated bed nets (known as LLIN).

Mosquito nets have been around for decades, but it was not until the 1980s that nets were treated with insecticide, which improved their efficacy and killed mosquitoes on contact. Those early treated nets worked fine for a tourist visiting a malaria-affected region, but they were pretty useless as a long-term solution because the insecticide quickly wore off, especially when the net was washed. The hunt was on to find a net that could last for several years and withstand repeated washings.

Dr. Helen Pates Jamet, a scientist with Vestergaard Frandsen, a World Vision partner and one of the biggest mosquito-net producers in the world, says that this proved to be a challenge. The trick has been to impregnate the net so that the insecticide migrates to the surface at a controlled rate, replacing any insecticide lost at the surface where the mosquito makes contact. “The difficulty with these kinds of nets is getting the balance right,” Helen says, “so that you have enough insecticide on the surface to kill the mosquitoes but keep enough inside the net so that it lasts for the required amount of time.”

Vestergaard cracked that nut in 2003 with the release of PermaNet® 1.0. It will soon release PermaNet® 3.0, with more effective mosquito-killing properties. The power of such nets is that they can protect the community as a whole. Their use means fewer mosquitoes and fewer infected people for them to bite, slowing malaria transmission. Studies have shown that if 80 percent of a community’s population is sleeping under a treated net, overall malaria prevalence can decrease by up to 50 percent.

According to Dr. Mark Maire, a World Vision infectious disease specialist, distribution of nets and ensuring their use is where World Vision can make the biggest contribution to fulfilling the Global Malaria Action Plan. World Vision has access to thousands of trained volunteer community caregivers who can not only hand out nets, but teach people on how to hang them and educate about malaria prevention. They can also follow up to ensure they continue hanging nets correctly. “That’s much better than a mass distribution where someone takes a net home but it could easily be slipped under the bed and forgotten,” Mark says.

The central plank in World Vision’s anti-malaria campaign is to saturate malaria-affected regions with insecticidal-treated nets—initially 3 million of them in Zambia, Kenya, Mali, and Mozambique—using volunteer networks.

For Ann Mulinge, a pregnant mother of three from Kiku, Kenya, such volunteers are a godsend. When her 2-year-old son, Mbinga, got sick, she felt powerless and afraid. “I could see he was in so much pain, yet there was very little I could do,” she says.

A World Vision volunteer persuaded Ann to take the child to the hospital and ensure that he was treated for malaria as well to safeguard her unborn child. When she returned home, several more World Vision volunteers visited, handed Ann a bed net, and helped her clear the bushes and empty tin cans surrounding her house.

“They are used by mosquitoes as breeding grounds,” Ann explains without prompting—a sure sign the message has got through. Ann now looks forward to the birth of her fourth child with confidence. “God willing, next month will be holding my new bundle of joy,” she says.

Just how effective caregivers can be is best demonstrated in Zambia, where a pioneering U.S. government funded program called RAPIDS succeeded in speedily distributing 500,000 bed nets, at minimal cost, through its network of 15,000 caregivers.

RAPIDS (Reaching HIV/AIDS Affected People with Integrated Development and Support) was established by a consortium of organizations, led by World Vision, with a key objective to train and equip caregivers to look after AIDS-affected families. The caregivers are given basic health kits and sometimes a bicycle to extend their reach. It was soon recognized that the network could be as powerful in countering malaria. Caregivers were trained in malaria prevention, and they set about handing out leaflets, distributing nets, and showing people how to use them. A post-distribution survey found that 64 percent of beneficiaries who had net use demonstrated in their home continued to hang the net correctly—a figure expected to improve as caregivers repeat home visits. (Read about other volunteers in “Health Heroes,” page 26.)

Many caregivers are driven by painful personal experience. Two of caregiver Dainess Lumamba’s children died of malaria. The tragedy not only led her to insist that her other children be given mosquito nets, but she went on to secure a government contract as a community health worker so she could help others. She now teaches neighbors about the importance of sleeping under bed nets.

Only female mosquitoes transmit malaria, since they drink human blood. Male mosquitoes prefer plant juices.
Countering Malaria On Other Continents

**INDONESIA** | Children in Aceh performed “The Naughty Mosquito,” as part of an anti-malaria campaign between World Vision, UNICEF, and the government in 2006. More than 100 households also received a bed net.

**ROMANIA** | Some 200 children and youths in schools and colleges across Constanta County are raising funds to buy nets for African families through the “Every Class Buys a Mosquito Net” campaign. Students create awareness-raising artwork depicting the menace mosquito.

**MYANMAR** | A community gathers to hear World Vision workers speak about better health practices, including hygiene and disease prevention, and to receive bed nets.

**UNITED STATES** | In Night of Nets, college students and youth groups sleep under mosquito nets to raise awareness and funds for fighting malaria as well as influence elected officials to end the disease. Candace Okupski, 21, a student at Grace College, in Winona Lake, Ind., organized the event on her campus and persuaded 10 percent of the student body to sign her petition calling for increased government funding. Candace also shared the malaria cause with her friends on Facebook.

**MOSQUITO BITES**

**NOT ALL BAD**
Not all mosquito species transmit malaria, but the *Anopheles* mosquito—common in Africa—is extremely efficient at doing so. *Anopheles* feed almost exclusively between dusk and dawn, so bed nets provide effective protection.

**DEATH TOLL**
Malaria kills more than 1 million people each year. Ninety percent of deaths occur in sub-Saharan Africa.

**ECONOMIC IMPACT**
The World Bank estimates that malaria costs $12 billion a year in lost economic productivity in Africa alone.
maining children always sleep under a net, but it motivated her to spread the word in her community of Kisasa, Zambia. It does not bother her at all that there are no monetary gains for her in the end. She says her reward is being able to help fellow human beings and please God.

Is it possible, using the present tools, to eradicate malaria entirely? Mark Maire thinks that is not yet in reach. But he says the disease can be brought under control, which is the first step toward eradication. “We can save a lot of lives and make a lot of progress within the next 10 years,” he says. Hopefully, by then there will be new tools to take it to the next step.”

Meanwhile, in Nanga, malaria is not the menace it used to be. World Vision joined forces with the government to apply bed nets, and World Vision caregivers have conducted community meetings and house-to-house visits to raise awareness about malaria and its true cause. Today, people with malaria rarely visit a traditional healer, and if they do, the healers direct patients to a hospital.

Wande, who has become a community health volunteer, no longer relies on warding off mosquitoes by waving cloth, and she no longer believes bed nets are for the privileged few. Tonight, all her surviving children will sleep under a net.

WHO estimates that 50 percent of the world’s population is at risk of malaria. An estimated 250 million people are infected with the disease each year.

Bed net use will sharply curb malaria, protecting children in mosquito-infested Tanzania.

TO HEAR an audio version of this story, go to www.worldvision.org/magazine.
Malaria has been successfully eliminated from many countries, including the United States, chiefly through extensive spraying of the insecticide DDT. While DDT is still used to fight malaria, it has some drawbacks—noteably its toxicity to humans and the ability of mosquitoes to develop resistance to it. The scientific fight against malaria continues on several other fronts.

**BETTER DRUGS**

Previous anti-malarial drugs such as chloroquine have foundered as the malaria parasite has built up resistance to the drug. But in recent years, scientists have developed Artemisinin-based Combination Therapies. Artemisinin is a traditional Chinese herbal remedy, which kills malaria parasites more rapidly than any other anti-malarial and, when combined with other drugs, slows the ability of parasites to develop resistance.

**VACCINATION**

To date, no vaccine has been released to combat malaria. However, one experimental vaccine known as RTS,S has been shown to significantly reduce the risk of malaria infection in infants. It is undergoing further testing in several sites in Africa.

**LASER STRIKE**

Scientists who previously designed systems to knock out Soviet missiles with laser beams are adapting the technology to strike mosquitoes. Researchers in Bellevue, Wash., have successfully "shot" mosquitoes from 100 feet away using a laser beam. One day there could be laser barriers set up around a village that could kill or blind the bugs.

**WHAT YOU CAN DO**

**GIVE A BED NET**

You can protect a child against malaria for just $3. See the envelope between pages 16 and 17 or give online at www.worldvision.org/ReadandRespond

**ADVOCATE**

Ask Congress to fulfill its promise to increase funding to fight malaria by $1 billion per year. www.endmalaria.org

**PRAY**

Lift up children and families in malaria-prone countries, and pray for God to strengthen those trying to eradicate the disease.

**DO A “NIGHT OF NETS” EVENT**

Organize your campus or youth group to join the movement against malaria. www.nightofnets.org

**DEADLY FUNGUS**

Researchers at Pennsylvania State University are experimenting with spraying fungal spores on house walls in Tanzania. The fungus takes 10 to 12 days to kill a mosquito, which allows it to breed before death but restricts its ability to pass on the malaria parasite. It is believed that if the mosquito is allowed to breed, it will not face the same biological pressure to develop resistance to the fungus.
IMAGINE if every man, woman, and child in North Carolina—9.2 million people—died in one year of largely preventable causes. It would be an unforgettable tragedy. That’s how many children died last year (and will again this year) before they reached their fifth birthdays. The majority lived in the developing world, and most fell victim to diseases and conditions easily avoided in industrial countries. The good news: This number has decreased significantly since 1990, when it was 20.9 million. But world leaders agree: It isn’t good enough. The Millennium Development Goal 4 aims to reduce child deaths by two-thirds, from 1990’s dismal toll of 93 deaths per 1,000 live births to 31 deaths per 1,000 live births in 2015. To save more children, health interventions and funding must intensify.
How World Vision works against the primary causes of child death in the developing world.

ONE. CHILDBIRTH COMPLICATIONS
Birth is perilous in the developing world, where each year some 4 million babies die in the first month of life. Preterm birth, asphyxiation, and severe infections cause the majority of the deaths. Babies—and often their mothers—perish because they don’t have access to medical care, or the facilities are inadequate and the attendants ill-trained to deal with complications. World Vision’s response » Pre- and post-natal care for mothers; training for midwives and traditional birth attendants; improving access to skilled health professionals and health care facilities.

TWO. PNEUMONIA
A respiratory infection, pneumonia fills children’s lungs with pus and mucus until they cannot function properly. It’s caused by a virus or bacteria, often occurring when children are exposed to smoke from indoor fires or poorly vented cooking stoves. Pneumonia kills 2 million children each year. World Vision’s response » Working with families to develop safe cooking practices, including cooking outdoors or installing proper ventilation.

THREE. DIARRHEA
Diarrhea causes 1.8 million deaths among children each year. Caused by bacteria or parasites from contaminated water, diarrhea results in loose, watery stool and rapid dehydration—leading to loss of muscle strength and exhaustion. World Vision’s response » Treating diarrhea with oral rehydration solution (ORS), an inexpensive mix of glucose, salt, and water; providing access to clean water by digging and improving wells; teaching good hygiene practices.

FOUR. MALARIA
Malaria is transmitted by the bite of a female mosquito that causes high fever, chills, sweating, and vomiting. Some 850,000
Countries with high rates of child mortality:

- Sierra Leone: 262
- Afghanistan: 257
- Chad: 209
- Mali: 196
- Rwanda: 181
- Burundi: 180
- Niger: 176
- Zambia: 170
- Mozambique: 163
- D.R. of Congo: 161
- Angola: 158
- Somalia: 142
- Uganda: 130
- Kenya: 121
- Mauritania: 119
- Tanzania: 116
- Ghana: 115
- Senegal: 114
- Malawi: 111
- Sudan: 109
- Myanmar: 103

*Child mortality is the probability of children between birth and age 5 expressed per 1,000 births.

For more information, please visit [www.worldvision.org/carekits](http://www.worldvision.org/carekits)
COMBATING THE CHILD KILLERS

How World Vision works against the primary causes of child deaths in the developing world.

ONE. CHILDBIRTH COMPLICATIONS

Birth is perilous in the developing world, with 4 million babies die in the first month of life due to asphyxiation, and severe infections cause death. Babies—and often their mothers—don’t have access to medical care, or the facilities and the attendants ill-trained to deal with complications. World Vision's response: Pre- and post-natal care for midwives and traditional birth attendants, skilled health professionals, and health care facilities.

TWO. PNEUMONIA

A respiratory infection, pneumonia fills children’s lungs with mucus until they cannot function properly. Pneumonia kills 2 million children each year. World Vision’s response: Working with families to develop healthy living practices, including cooking outdoors or installing smoke hoods to prevent smoke inhalation from indoor fires or poorly ventilated stoves. Aid for families in times of crisis.

You can step in to fill the gap

Host a Caregiver Kit event at your church, company, or school. Assemble kits with critical supplies. Give caregivers the tools necessary to care for those in need of a loving touch. This approach to addressing the global AIDS crisis is making a difference, but we must respond now. World Vision will support you every step of the way.

Assembling Caregiver Kits is an effective, hands-on way you can:

- Show Christ’s unconditional love to those sick with AIDS.
- Equip caregivers with a year’s worth of the practical materials they need.
- Encourage caregivers to continue caring selflessly for their neighbors.
- Draw your group closer together by serving those in need.

Please detach going perforation.

For more information, please visit www.worldvision.org/care

I want to help!

Please contact me about doing a Caregiver Kit build at my church, company, or school.

Name ________________________________

Address __________________________________________

City __________________________ State ______ ZIP ______

Phone ___________________________ Best time to call ______

E-mail ____________________________

World Vision will not rent, sell, or share your personal information with third parties.

SOURCE: 1298171

MS: 418
Improved hygiene, HIV prevention, and nutrition support help save and improve children's lives.

Children die of malaria each year. **World Vision’s response** — providing insecticide-treated bed nets and malaria education for children and families in World Vision project areas.

**IV. MEASLES**

This virus is characterized by a fever, cough, and a red, blotchy rash. It’s transmitted by airborne droplets from the coughs and sneezes of infected people, and it causes 400,000 child deaths each year. **World Vision’s response** — Vaccinating children in sponsorship programs against measles.

**IX. HIV AND AIDS**

IV is a virus that attacks the immune system, leaving children vulnerable to a multitude of other diseases. HIV is most often passed to children from parents, which can occur during pregnancy, childbirth, and breastfeeding. Kills 350,000 children each year. **World Vision’s response** — Providing testing and counseling for mothers, teaching them to avoid contracting HIV, and, for those already infected, strategies to avoid passing the virus to their children.

**X. MALNUTRITION**

Malnutrition sets the stage for disease invading child’s body. In sub-Saharan Africa, 24 percent of children younger than 5 are estimated to be moderately or severely underweight; in South Asia, 41 percent of children are underweight. Malnutrition is estimated to be an underlying cause of one-third of child deaths. **World Vision’s response** — targeting children under age 5 and pregnant mothers with iod in hunger-prone areas; providing food aid; monitoring children’s height and weight.

**DANGER ZONES**

Countries with high rates of child mortality*.

- **Sierra Leone** » 262
- **Afghanistan** » 257
- **Chad** » 209
- **Mali** » 196
- **Rwanda** » 181
- **Burundi** » 130
- **Niger** » 176
- **Zambia** » 170
- **Mozambique** » 168
- **D.R. of Congo** » 161
- **Angola** » 158
- **Somalia** » 142
- **Uganda** » 130
- **Kenya** » 121
- **Mauritania** » 119
- **Tanzania** » 116
- **Ghana** » 115
- **Senegal** » 114
- **Malawi** » 111
- **Sudan** » 109
- **Myanmar** » 103

*Child mortality is the probability of children dying between birth and age 5 expressed per 1,000 live births.

World Vision trains local volunteers to help maintain health in their communities through monitoring children, educating families, assisting with childbirth, and caring for those affected by HIV and AIDS. Passionate about children and knowledgeable about the community, they’re the first line of defense against preventable diseases.

1 | YALDA SULTANI
In her role as a midwife, Yalda advises 20 expectant mothers per day and assists in 30 births each month at the clinic in Dina Afghanistan.

2 | NAY MYO
Just 18, Nay Myo is one of five volunteers to monitor 51 people suffering from tuberculosis in Ranong, Thailand, where migrant families are vulnerable to the disease. He travels by bike to visit patients and make sure they’re taking their medicine.

3 | MARIA DA PENHA DOS SANTOS
Maria’s knowledge of the slums in Lins, Brazil, helps her provide timely and careful assistance for children and families. “I was born and brought up here,” she says. “I know every inch of the hill, all the families served by World Vision, and every child who needs medical treatment.”

4 | JJAJJA ZOE
As a mother of 12, Zoe knows plenty about babies, but she still enthusiastically attends World Vision workshops in Uganda to learn more about assisting childbirth and recognizing when complications require specialized care at the hospital. Zoe is also teaching Mary, her 17-year-old granddaughter, to be a traditional birth attendant.

5 | CHAYA BABAN MORE
Chaya, a community health worker in Miraj, India, ensures that local children receive vaccinations and proper nutrition. She also teaches mothers about hygiene, first aid, child development and HIV and AIDS prevention, so they can better care for the children.

FAST FACT
Pneumonia kills more children than any other illness—more than AIDS, malaria, and measles combined. (UNICEF)
Physical health is key to a child's future. But even with medical care, a child's development can be hampered by malnutrition, dirty water, poor hygiene, illiteracy, and other pitfalls of poverty. World Vision child sponsorship puts children at the center of community development—ensuring that each child has every piece of the puzzle to be healthy and whole.

**NUTRITION**  »  With proper nutrition, a child can learn, grow, and fight off diseases.

**CLEAN WATER AND SANITATION**  »  More than 1.5 million children die each year due to unsafe water, sanitation, and poor hygiene.

**AGRICULTURE**  »  Productive farms keep food on the table.

**EDUCATION**  »  Schooling provides a springboard for children to pursue their dreams.

**HEALTH CARE**  »  Without access to medicine and clinics, children can die of easily prevented diseases.

**MICROENTERPRISE DEVELOPMENT**  »  Loans for small businesses help parents generate income and provide for their children.

**ADVOCACY**  »  Equipping adults and children to speak up for themselves brings positive change.

**CHRISTIAN NURTURE**  »  A close relationship with God gives a child hope, comfort, and security.

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**Help Save a Life by SPONSORING A CHILD**

Your monthly gifts provide health checkups for your sponsored child, and, pooled with funds from other sponsors, you help build a healthy community for all children. If you already sponsor a child, would you consider sponsoring another? See the envelope between pages 16 and 17 or sponsor online at www.worldvision.org/ReadandRespond.
LEFT: Ramona and Martin sponsored Irish Pearl for 15 years. FACING PAGE: Irish Pearl is pursuing a career in criminal justice.

Ewalds: How are you and your family?
Irish Pearl: It feels great to finish my studies, but I can’t deny missing my old school routines. I am very grateful to reach this stage, because God is making me more mature and responsible. I want to get a job as soon as possible so that I can assist my family. I thank God [that] my family is doing well. My father is still working as a technician and driver while my mother is busy doing chores in the house.

E: What does it mean to you to have Jesus in your life?
IP: Jesus is my Savior, and he gives hope to my family. Jesus is also my comfort pillow. Whenever I feel worried or anxious, he makes me calm with his great love and faithfulness. I’m inspired by the passage in Philippians, “I can do everything through Christ who strengthens me” [Philippians 4:13].

E: What church do you attend?
IP: My family goes to Philippines Independent Church every Sunday. I am greatly involved with the youth organization in our church. I am a leader and a member as well.

E: What are your hobbies?
IP: I like to read English novels because I want to enhance my communication skills. I am also fond of watching news because I want to be updated with current events both national and international issues.

E: What made you decide to become a police officer?
IP: I have noticed that the crime rate is increasing everywhere. I want to be an instrument to attain peace and harmony in our society. I also want to be a role model [for] youth. To be a police officer is one of the many ways I can serve my country.

Catching Up »

Ramona and Martin Ewald of Hacienda Heights, Calif., recently reconnected with their former sponsored child in the Philippines. Irish Pearl Sun, now 22, just graduated from college and became licensed as a criminologist in Himaya. Here, they update each other on their lives.
Irish Pearl poses questions to the Ewalds—or, as she calls them, "Oma and Opa," the German terms for grandma and grandpa.

**IP:** How are you, Oma and Opa?

**Ewalds:** God has blessed us with fairly good health. We are very grateful for what He has done in our lives. We are so grateful that we had parents who brought us to know Jesus.

**IP:** Are you still teaching Sunday school?

(Oma) Am still teaching Sunday School, we working with children. I have about children between the ages of 3 and 7 at I teach. Opa and I go to Bible study every Wednesday morning, and we’re reading Exodus.

**IP:** How does it feel to sponsor a child like me?

**E:** It makes us feel very grateful that God has enabled us to do this. Because of our faith we know the need; Jesus has commanded us to help where we can, and this is a great way of doing it. It makes us feel very grateful and happy to know that we are doing God’s will.

**Irish Pearl’s closing comments to the Ewalds:**

**IP:** Thank you so much, Oma and Opa, for your financial and spiritual support. I will never forget the good things that you have done for my family. The support you have given for my studies is truly a great blessing. The letters and books that you gave me inspired me a lot, and I will keep them until I get old. I love you as my second parents and always include you in my prayers. I pray that God will give you more good health and happiness.

**About World Vision**

**WHO WE ARE** | World Vision is a Christian humanitarian organization dedicated to helping children, families, and their communities worldwide reach their full potential by tackling the causes of poverty and injustice.

**WHOM WE SERVE** | Motivated by our faith in Jesus Christ, we serve alongside the poor and oppressed—regardless of a person’s religion, race, ethnicity, or gender—as a demonstration of God’s unconditional love for all people.

**WHY WE SERVE** | Our passion is for the world’s poorest children whose suffering breaks the heart of God. To help secure a better future for each child, we focus on lasting, community-based transformation. We partner with individuals and communities, empowering them to develop sustainable access to clean water, food supplies, health care, education, and economic opportunities.

**HOW WE SERVE** | Since 1950, World Vision has helped millions of children and families by providing emergency assistance to those affected by natural disasters and civil conflict, developing long-term solutions within communities to alleviate poverty and advocating for justice on behalf of the poor.

**YOU CAN HELP** | Partnering with World Vision provides tangible ways to honor God and put faith into action. By working together, we can make a lasting difference in the lives of children and families who are struggling to overcome poverty. To find out how you can help, visit www.worldvision.org.
James does not move fast. No matter what you do, no matter how much you plead, James’ feet will do no more than shuffle. James is developmentally disabled but pretty high-functioning, except for this task of going from one place to the next. He has no physical disability that prevents him from moving faster. No one can tell why he insists on taking the smallest of steps.

My sister, Kate, works with James at an agency for people with special needs. “Literally, an aide must start the journey down the hall for the 3:30 bus with him at 2:30,” she explained. “It takes most of his day to get where he is going, but we don’t want to resort to putting him in a wheelchair or something, because he will eventually stop walking altogether. Matt is working with him, though.”

Matt, another special-education specialist, is a gruff, Irish New Yorker who loves to find the smile in every client. It was Matt who took the walk every day with James down the hallway to the bus as others rushed around them. This continued for years, until one day I got a call from my sister.

“You'll never believe what happened at work...” Making their way down the hall to the bus, my sister walked along with her clients. From the back of the throng they heard shouts, “Look out! Coming through!” It was Matt, out of breath and laughing.

As Kate turned, she saw Matt trailing behind a flat-out running James—stepping high, striding long, pumping his arms at his sides. People parted and lined the walls, cheering. The scene was surreal.

“You’ll never believe what happened at work...” Making their way down the hall to the bus, my sister walked along with her clients. From the back of the throng they heard shouts, “Look out! Coming through!” It was Matt, out of breath and laughing.

As Kate turned, she saw Matt trailing behind a flat-out running James—stepping high, striding long, pumping his arms at his sides. People parted and lined the walls, cheering. The scene was surreal.

But Kate took in the clip-clop of brand-new, red, high-top sneakers. “James,” she called out in cheerful disbelief, “Why are you running?” In his loudest voice, thick with effort, flying past, he replied, “I'm training for a race!” The people in the hall cheered. “Go James!” “Hope you win the race, James!”

It was Matt’s relentless pursuit of James’ freedom that inspired the red sneakers. He bought them on a whim, taking another swing at freeing James from his limitations. Presenting them to James late that afternoon, he laced them up with the challenge.
Norma Quispe, 11, a sponsored child in Toccas Quesera, Peru, can learn about her community’s turbulent history in textbooks—not firsthand. The rural village in Peru’s arid highlands was caught in clashes between the Shining Path and government forces in the 1980s. The houses were burned to the ground, fields destroyed, and animals stolen. Norma’s grandfather was killed, and her father, 8 years old at the time, fled to a nearby town. After the threat subsided, World Vision helped villagers return to Toccas Quesera and rebuild their lives, providing building supplies, mattresses, and food. In 2002, World Vision began child sponsorship, and sponsors’ funds helped install an irrigation system and build an elementary school. Today, with terror safely in the past and a caring sponsor in her present, Norma’s future looks secure. ■
Yes! I will ask a friend or family member to sponsor a child. Please send me a picture of a child who needs a sponsor today.

Name: ____________________________
Address: __________________________
Email: ____________________________
Phone: ____________________________

To sign up online go to www.worldvision.org/findasponsor
To mail, use the enclosed envelope or send to:

World Vision
P.O. Box 1030
Garden City, ID 83715-1030

Someplace, a child is waiting. Start sharing sponsorship today. Visit www.worldvision.org/findasponsor or call us today at 1.888.511.6461

$25 a month will change a child's life.