



Agile in adversity

How COVID-19 changed the way World Vision works

Lessons learned in response to the pandemic



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World Vision is a Christian relief, development, and advocacy organisation dedicated to working with children, families, and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity, or gender.



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ACRONYMS

CCD	Collaborative Cash Delivery Network
COVID-19	novel COrona Vlrus Disease-2019
FO	field office
IASC	Inter-agency Standing Committee
LMMS	Last Mile Mobile Solutions
NGO	non-governmental organisation
PPE	personal protective equipment
RTL	real-time learning
TAG	Technical Advisory Group
UN	United Nations
WHO	World Health Organization
WV	World Vision

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COVID-19 CONTEXT

▶ GENERAL



2.6 million people have died of COVID-19 ([WHO](#))



Over **116 million people** have been infected with COVID-19 worldwide ([WHO](#))



Health and social protection systems are being stretched to their breaking point, particularly in fragile contexts.

▶ POVERTY AND HUNGER



COVID-19 plunged 119 to 124 million people into poverty in 2020 ([World Bank](#))

The number of acutely food insecure people could be 270 million in 2020 ([OCHA](#))



110 million children are **going hungry** ([World Vision](#))



8 million children have been **pushed into child labour and begging** ([World Vision](#))



▶ EDUCATION



At its peak, 1.6 billion learners - 90% of the world's school going population - were **negatively affected by school closures** in 194 countries ([UNESCO](#))



Up to 24 million children - including 11 million girls - may **drop out of school**. ([UNICEF](#))

▶ VIOLENCE AGAINST CHILDREN



As many as 13 million **extra child marriages** will occur as a result of COVID-19, with at least four million more girls married in the next two years ([UNFPA](#), [World Vision](#))



Up to 85 million children may have been **exposed to physical, sexual and/or emotional violence** due to COVID-19 ([World Vision](#))

WORLD VISION'S COVID-19 RESPONSE



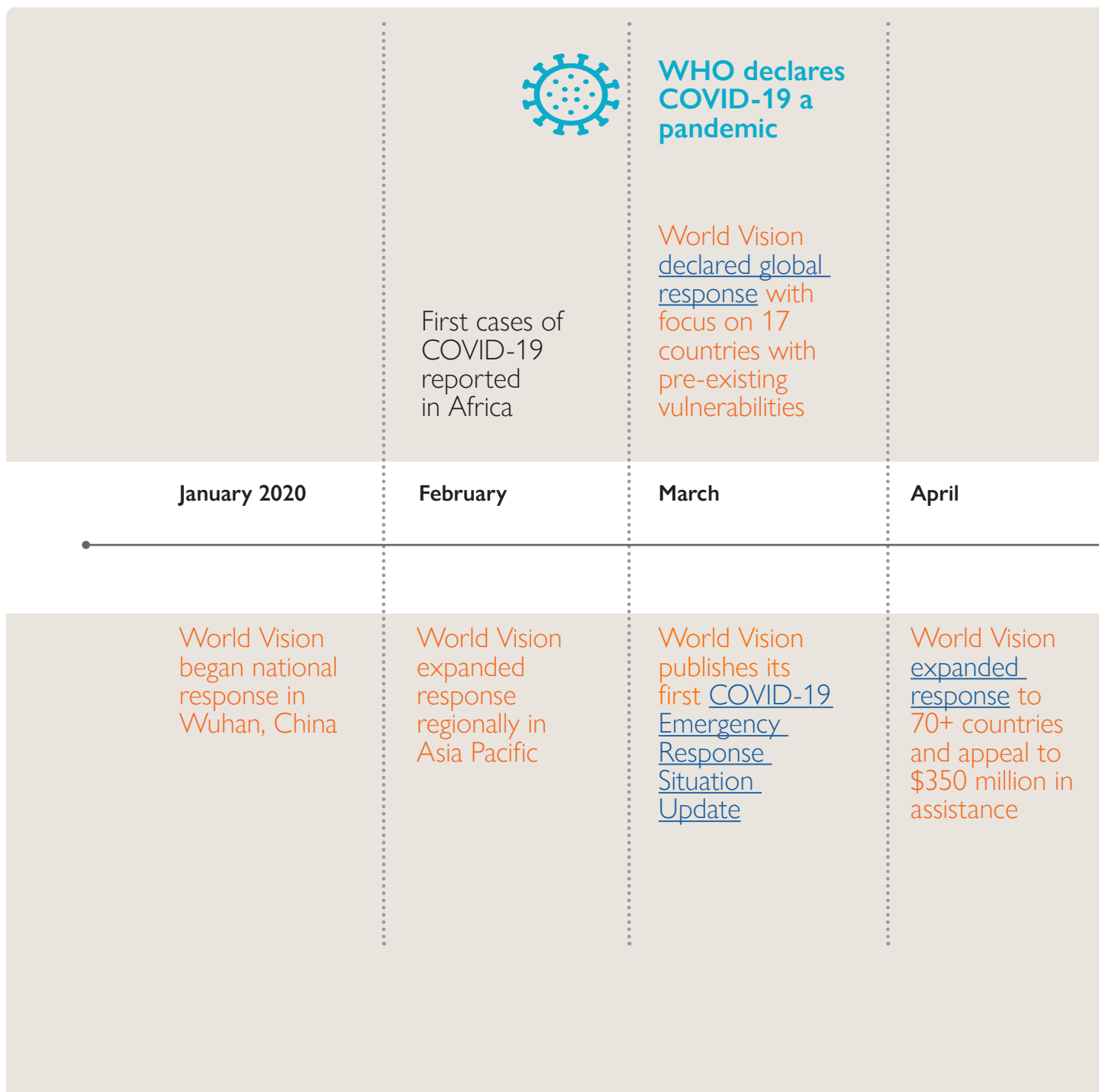
Between January 2020 and January 2021, World Vision has reached nearly 59.6 million people affected by COVID-19, including 26.3 million girls and boys.



We are pivoting all our 35,000 staff working in nearly 100 countries and decades of humanitarian experience to respond to COVID-19.

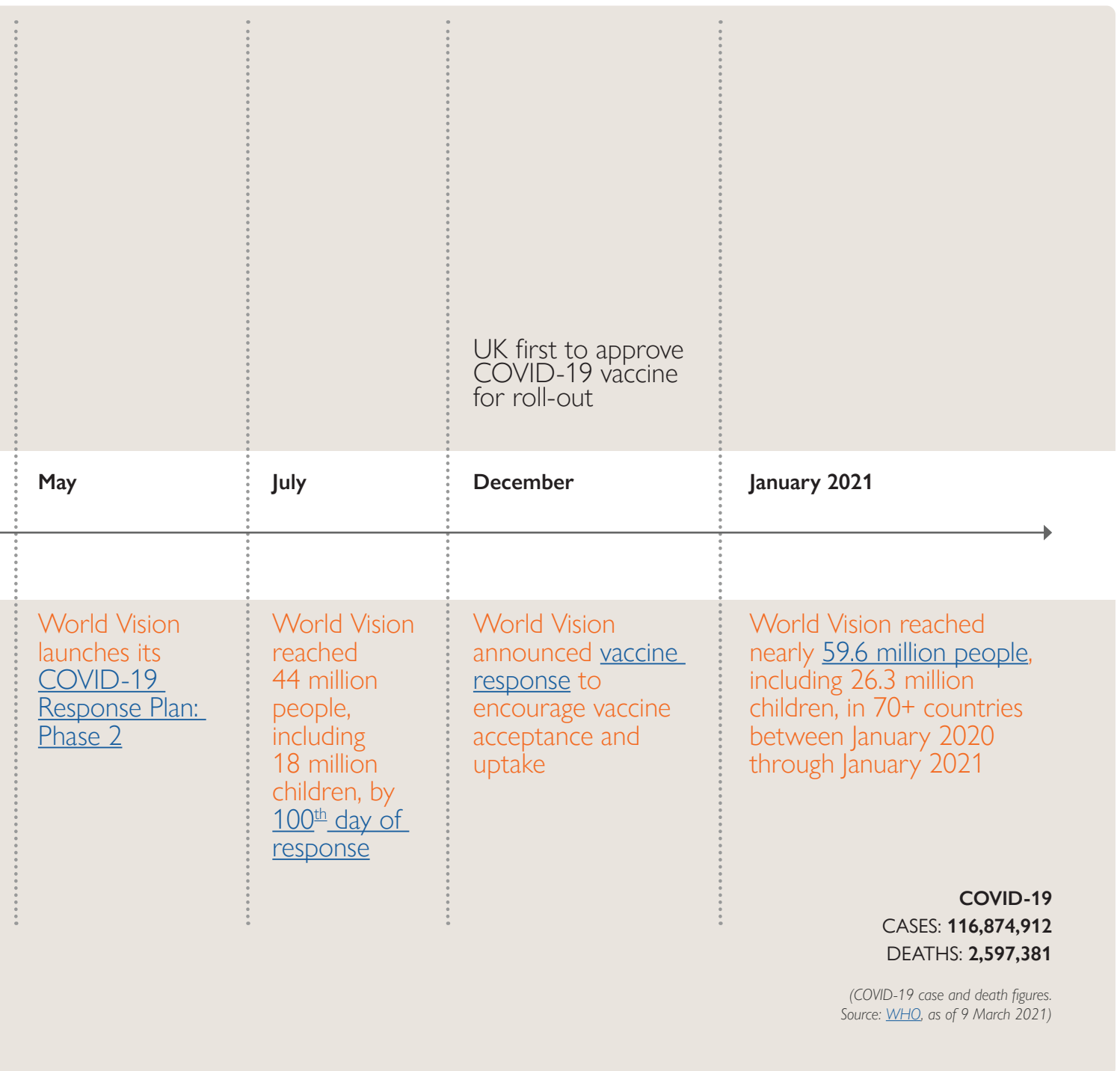


World Vision response timeline





Our approach to this humanitarian response is based on learning from decades of previous responses to HIV and AIDS, Zika, Ebola and other epidemics, as well as learning from affected communities and from our partners.



INTRODUCTION

Decades of development gains are slipping away as poverty rises, jobs are lost and wages are cut. Desperate situations are forcing families to make impossible decisions to send children and young people to work, beg or get married.

As a child-focused organisation, World Vision is especially concerned about the impact of the pandemic on children's well-being. Indirect aftershocks of COVID-19 are being felt by billions of citizens. At its peak, COVID-19 forced schools to close nationwide in 194 countries, affecting 1.6 billion learners or over 90% of the world's school-going population.¹ World Vision's research suggests that these school closures could result in teenage pregnancy rates increasing by 65%.² As such, an estimated 1 million girls in sub-Saharan Africa may be blocked from returning to school.

We've lost, I think it's fair to say, an entire generation of children in countries who will never go back to school now because the girls are pregnant, the boys are working.
(World Vision Staff)

The United Nations Population Fund (UNPFA) have predicted that as many as 13 million extra child marriages will occur in the years following the COVID-19 crisis.³ World Vision estimates that 4 million of these child marriages may occur in the next two years.⁴ As stress increases, children are subjected to physical, sexual and emotional violence. In fact, research by World Vision found violence against children may have increased 20-32% in June to August 2020 due to COVID-19 quarantines, meaning that up to 85 million more girls and boys may have been exposed to violence. We are only just beginning to witness the detrimental, global repercussions of COVID-19 on children, which will endure for years.

This country pre-COVID-19 is already a challenging context. With the coming of COVID-19 it made the situation worse than before to operate, but teamwork and effort ensure the momentum.
(World Vision Staff)

Governments' health and social protection mechanisms are also reeling from unprecedented demand. The situation is even worse in circumstances with already weak or broken health and social protection systems, especially in fragile and humanitarian contexts. Specific populations, such as the forcibly displaced and refugees, are often overlooked and unreached.⁵ Furthermore, although vaccines have been developed and tested in record time, questions of equitable distribution remain.



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¹ <https://en.unesco.org/covid19/educationresponse>

² <https://www.wvi.org/publications/report/coronavirus-health-crisis/covid-19-aftershocks-access-denied>

³ UNPFA et al. (2020) *Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage*, UNPFA [Online]. Available from: <https://www.unfpa.org/pcm/node/24179>

⁴ <https://www.wvi.org/publications/report/coronavirus-health-crisis/covid-19-aftershocks-perfect-storm>

⁵ <https://www.wvi.org/publications/policy-briefing/urban-work/policy-brief-addressing-covid-19-fragile-cities-northern>

REAL-TIME LEARNING

A response of this scale and complexity required the skills of development, disaster management and peacebuilding staff and made real-time learning and adaptation critical. Throughout the pandemic, we have listened to and learned from affected communities, partners and staff, as we have walked alongside them on this ever-evolving journey. This report presents findings and good practices from World Vision's largest-ever real-time learning (RTL) process. With insights from more than 3,000 staff in 56 countries, 500 external partners and more than 1,600 community members

across six countries, World Vision is adapting to more effectively respond to COVID-19, as well as enhancing our preparedness for future epidemics.

A lot of our programmes were based on a time when you had to have people go and visit, go places. Are we willing to forgo some of our own systems so that we can adapt to new ways? That's why we talk about learning. (World Vision Staff)

Recommendations

The pandemic caused a public health emergency and socioeconomic crisis. The consequences of these crises were layered on top of other challenges in conflict-affected and fragile countries. This complex combination of crises provided an opportunity for, and in fact necessitated, collaboration across development, peacebuilding, and humanitarian functions because of the way the issues interconnect. World Vision rapidly implemented this cooperative nexus approach to address the challenges outlined in the following pages. Based on our successes and what we learned from our gaps, here is what we recommend carrying into current and future actions.

To quickly respond to a changing context:

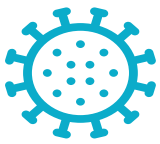
- **Establish a few global objectives across the nexus.** Provide clear direction and an overall framework that outlines implementation priorities.
- **Trust local offices to keep activities relevant.** Recognise local staff as first responders who make relevant local adaptations aligned with overall direction.
- **Mobilise funding fast.** Redirect internal financial resources to support response activities and work with external partners and donors to obtain additional funding.
- **Stay curious and alert.** Seek to identify, understand, and respond to new patterns of vulnerability.

To act at scale:

- **Go digital.** Use digital tools to help keep staff and affected populations safe. Apply digital solutions to coordination challenges, and to strengthen local partnerships.
- **Act collectively.** Work in and across humanitarian, development and peacebuilding networks for collective action on personal protective equipment (PPE), global sector guidelines and to advocate for focus on and protection of the most vulnerable.

To keep the focus on affected people:

- **Be accountable.** Provide information that communities need, consult with, listen to and respond to community feedback.
- **Implement standards.** Ensure all staff are aware of and understand how to apply essential internal and external standards.

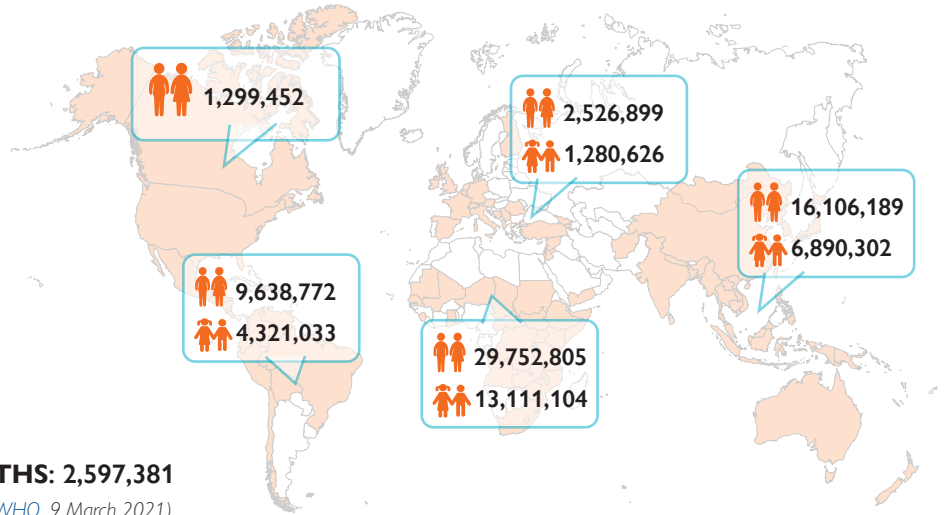


COVID-19 Response

World Vision is responding* to the devastating impact of COVID-19 in **more than 70 countries.**

Our **US\$350 million response** aims to reach, **72 million people**, including **36 million children**, especially the most vulnerable.

* responding includes field programming and/or fundraising



COVID-19 CASES: 116,874,912 DEATHS: 2,597,381
(COVID-19 case and death figures. Source: WHO, 9 March 2021)

People reached

59,592,489

Men 15,785,087

Women 17,431,895

Children 26,375,507

Boys 12,922,016 Girls 13,453,491

(Based on figures as of 19 February 2021)



RESPONSE GOAL

To limit the spread of COVID-19 and reduce its impact on vulnerable children and families

Strategic objectives



1. Scale up preventative measures to limit the spread of disease



3. Support children affected by COVID-19 with education, child protection, food security, and livelihoods



2. Strengthen health systems and workers



4. Collaborate and advocate to ensure vulnerable children are protected

Objective 1



31,451,096

People reached through promotion of preventative behaviours



158,661

Community health workers trained and supported



US\$21,754,076

Cash and voucher assistance distributed



128,669

Faith leaders disseminating preventative measures



428,867

Medical personnel provided with PPE



2,017,056

People reached with cash and voucher assistance



6,675,430

People reached with food security assistance

Objective 4



1,062

External engagements where World Vision is advocating on priorities, including ending violence against children in the context of COVID-19



88%

of respondents reported satisfaction with World Vision interventions



164,080


Individuals supported with livelihoods training

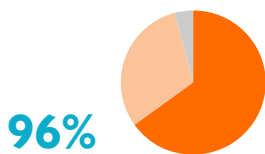


145,818

Households provided livelihoods assets

Clear, comprehensive direction and relevant contextualisation

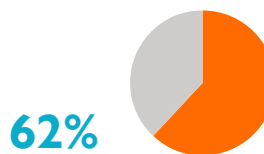
 **The challenge:** Preventing a disjointed response while not imposing a ‘one-size-fits-all’ solution that risked being irrelevant or culturally insensitive



96% of staff and partners agree World Vision’s activities are ‘**very much**’ or ‘**moderately**’ aligned with local needs and priorities.



92% of staff agree World Vision’s strategic objectives are relevant to community needs.



62% of senior staff identified developing a global response framework as a key success of the response.

Our successes

Within three weeks of the UN World Health Organization’s (WHO) declaration, World Vision published its first emergency [COVID-19 Response plan](#) to focus and guide the organisation, which included an overarching goal and four strategic objectives and measurable indicators against which offices would monitor and report. Rooted in our global [Our Promise](#) strategy, as well as promising interventions from our early Asia Pacific response, the plan enjoyed broad leadership agreement. Importantly, even the first strategy looked beyond the direct health impacts of COVID-19 and focused on the extensive aftershocks that would ripple through education, child protection, livelihoods, and other sectors.

We’ve been able to tell a pretty clear global story with numbers and credibility and regularity through our situation reports. (World Vision Staff)

To promote World Vision field office (FO) autonomy and flexibility, adaptation of the global COVID-19 Response plan to national contexts was encouraged by response leadership, and a [second version](#) was published in response to changing conditions. Some World Vision FOs conducted [rapid] community assessments to ground plans in the reality of the emergency and the needs of affected persons. FOs could select and report against indicators relevant to their contexts for coherent reporting.


The good thing is that everybody had the opportunity to be very contextualised ... rather than saying ‘this is our overall World Vision Partnership message and though shalt go do’. (World Vision Staff)

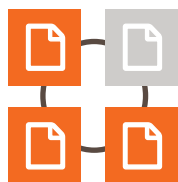
Identified gaps

FOs responded immediately to COVID-19. Clarity on overall global direction was quick, but was developed after offices were already responding. This resulted in some misalignment between ongoing actions and the global plan. Response planning was time consuming and took staff away from implementing programmes in the communities. Distinguishing between COVID-19

Response and longer-term development work was not always straightforward, as COVID-19 permeated all aspects of our work.

The field was already responding before we had those four objectives in place. (World Vision Staff)

 **The challenge:** Balancing a whole-of-organisation emergency response with ongoing work across the humanitarian, development and peacebuilding nexus



78%

of leaders noted they worked across departments more during the COVID-19 Response than before.



70%

of senior staff identified 'providing up-to-date information through an impact dashboard' as a key success of the response.

Our successes

Across World Vision, staff were deeply committed to the COVID-19 Response. This was, in part, due to leadership identifying it as the top organisational priority, as other initiatives were paused for a time. Tens of thousands of humanitarian and development staff became our surge capacity. When 2,675 FO staff were asked what they were most proud of in relation to the COVID-19 Response, the highly committed, cooperative, courageous and flexible nature of World Vision staff was frequently cited, along with their empathetic, transparent and innovative approaches used during the response.

[I was most proud of the] great interaction between departments that were just marginally interacting before COVID-19. (World Vision Staff)

Identified gaps


Obstacles to this productive internal collaboration included some misalignment and different ways of working between World Vision's disaster management and development departments, rigid and detailed bureaucratic processes, and sheer information overload.

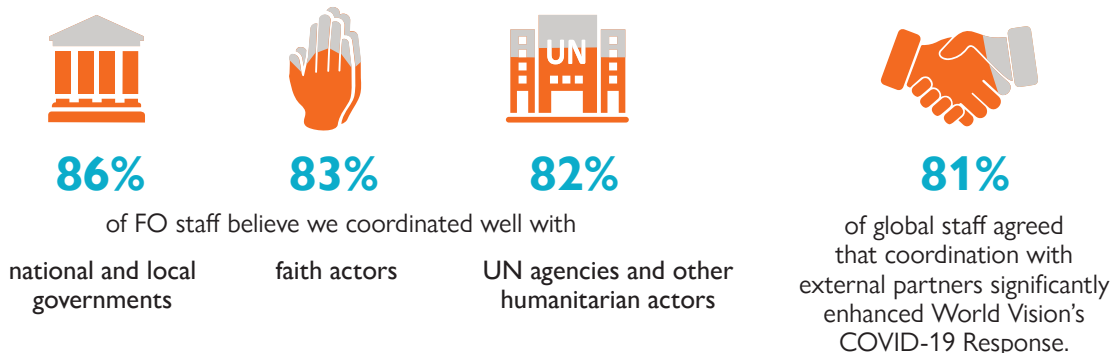
Recommendations

In order to course-correct the COVID-19 Response, and improve future humanitarian responses, World Vision and all humanitarian actors should:

- set a clear and concise direction early on in order to provide a shared vision and encourage organisational buy-in
- allow for flexibility and contextualisation to ensure programming relevance
- keep strategy development processes streamlined to allow staff time for implementation
- develop a global monitoring framework that all implementers report against in real-time
- re-prioritise human, financial and physical resources to directly support emergency responses
- establish and build upon inter-departmental coordination mechanisms, with diverse participation, to gather a comprehensive perspective and make informed choices quickly
- overcome departmental silos, build and foster trust between teams by actively exemplifying cooperation and joint ways of working at the leadership level, and call on staff to do the same.

Reaching the most vulnerable with existing and growing partnerships and funding

 **The challenge:** Responding to needs which far outstrip the implementation capacity of any one government, organisation, or community



Our successes

Over the past 70 years, World Vision has worked in nearly 100 countries, positioning itself alongside local, regional and global actors to maximise impact. At the local level, World Vision partnered with enormous networks of faith leaders, community health workers and other volunteer groups. Together, we shared health, hygiene and prevention messaging, as well as monitoring the well-being of children, even in the midst of lockdowns.

Leveraging existing relationships in new ways

Faith leaders could observe how children are behaving because it's very likely that the domestic violence numbers will increase because of this confinement. (World Vision Staff)

Faith leaders are critical partners in our COVID-19 Response, given their unique position of trust and their ability to identify children at risk of violence. Our existing network of more than 184,000 community health workers and nearly 450,000 faith leaders helped us expand our reach even during travel restrictions.

One of the first things we did was engage with the church leaders and have them on our side to really be some kind of first responders. Be there in the community and try as much as possible to disseminate the message around COVID-19 and let people really get ready, prepared to face the situation. (World Vision Staff)

World Vision has proactively engaged with inter-agency fora, including the [Steering Committee for Humanitarian Response \(SCHR\)](#), [Inter-agency Standing Committee \(IASC\)](#), [International Council of Voluntary Agencies \(ICVA\)](#), [InterAction](#) and global clusters, in order to influence standards, guidance and protocols for the well-being of children. World Vision's status of having an 'official relationship' with the [WHO](#), as well as being one of five non-governmental organisations (NGOs) directly contracted by The Global Fund and one of the co-chairs of the [Collaborative Cash Delivery Network \(CCD\)](#), has continued to enable us to partner and use these spaces to influence the direction of the global COVID-19 Response. In particular, we have advocated for the response to take into account the needs of the most vulnerable populations. Furthermore, we have leveraged these inter-agency forums to support advocacy efforts with existing donors, as well as to open doors to new donor relationships.

World Vision also proactively partnered with national ministries of health, education and other social sectors above and beyond regular levels. This enabled educational guidance on COVID-19 prevention to be broadcast on television and radio, health systems to be strengthened through provision of PPE, community health workers to be trained, and social protection mechanisms, such as cash transfers, to be broadened. Activating pre-existing and long-lasting relationships of trust, established by World Vision with governments on the back of multi-year organisational presence, resulted in rapid registration of World Vision staff as essential workers in almost every country where we work.

Private partnerships at work

New partnerships with private companies have been formed and existing partnerships have been expanded throughout the pandemic. For example, World Vision signed a Master Service Agreement with Viamo to help share prevention messages to communities via text messages and integrated voice response. Our partnership with the Walmart Foundation, which began in Honduras in 2016, was scaled up across El Salvador, Guatemala, Costa Rica and Nicaragua in order to distribute PPE, hygiene and food kits to health systems and vulnerable families respectively. Our partnership with MasterCard was expanded into Indonesia, where e-vouchers were provided to bolster food security.

Identified gaps

Where national governments did not extend their collaboration with NGOs to deliver services, World Vision had to limit its engagement to working at the local level only, with health centres and/or local government offices. In other FOs, with limited inter-agency humanitarian experience, World Vision did not have such a strong network of established relationships to draw on when the COVID-19 Response started. External partners suggested that World Vision could have been a more pronounced voice in public media, taken a stronger leadership role in the development of sector-wide technical guidance, or been more consistently represented by a single focal point with strategic partners. Lastly, given the scale of the COVID-19 Response and World Vision's size, it was at times challenging for all relevant staff to track the status, discussion points and action items of partnerships in real time.

This enabled us to continue operations and maintain access to children and communities during lockdowns. Leveraging these relationships, World Vision supported and successfully advocated jointly with other NGOs in order to secure 'essential worker' status for the wider sector.

[World Vision has] been amongst the strongest performing NGOs, at least from my perspective, on the COVID-19 Response, both operationally and in terms of advocacy. (External partner)

The power that World Vision has is their footprint . . . not everyone has that. And to their credit, they use it extremely well. (External partner)

Recommendations

In order to course-correct the COVID-19 Response and improve future humanitarian responses, World Vision and all humanitarian actors should:

- listen to, empower and learn from local voices in decision making
- leverage and expand existing relationships and partnerships, especially with community health workers, faith leaders and local volunteers, in order to scale-up World Vision's footprint during humanitarian responses
- unblock bureaucratic impediments at national or regional levels by leveraging long-term government relationships and engaging in advocacy at the global level with influential actors
- actively participate in and provide leadership in inter-agency fora and consortiums
- track and share external engagements and partnerships information more consistently and quickly between offices at the country, regional and global levels
- engage public media more directly and consistently on issues of COVID-19 aftershocks and vaccine acceptance.



The challenge: Scaling up the COVID-19 Response despite an underfunded global appeal and rapidly evolving funding landscape

Our existing most vulnerable have not become less vulnerable . . . [but] without access to a lot of new income and new grants, it's really difficult to reach those new most vulnerable. (World Vision Staff)



67%

of staff identified 'adjusting budgets to meet COVID-19 Response objectives' as a key success.



41%

of global staff identified insufficient funding as the biggest obstacle to meeting COVID-19 Response objectives.



Our successes

External partners noted that World Vision was able to respond quickly to COVID-19 due to our swiftness in developing a response plan aligned with the UN's strategic priorities, and our large resource base that enabled us to begin responding before securing new donor funding. Importantly, several existing World Vision policies helped lay the financial groundwork, including one that enabled up to 20% of existing development funding to be reallocated toward the COVID-19 Response. This acted as an internal crisis-modifier, unlocking US\$72 million for the first six months of the response. Another internal policy ensured that national and global pools of emergency relief funding could be immediately released upon the declaration of the COVID-19 Response at the highest internal category (i.e. Category III in World Vision). Some of these resources were able to be used as match funding for grants, thus multiplying their effectiveness. In the early days of the COVID-19 Response, World Vision also reached out to UN agencies and other donors bilaterally and jointly with

other NGO partners. The purpose of this was to advocate for a percentage of secured grant budgets to be repurposed towards the COVID-19 Response so we could immediately begin reaching the affected populations. Further financial and programme flexibility were also requested to address emerging needs.

World Vision offices were encouraged to identify their top three to five institutional donors and to proactively advocate for additional funding to be released to meet the rapidly growing secondary effects of COVID-19. Furthermore, fundraising efforts for the COVID-19 Response switched to virtual platforms. This resulted in a 50% increase in attendance and giving rate when compared to previous face-to-face events. In some countries, local donations from newly supporting corporations materialised; these tended to be more flexible and could be used where the needs were greatest.

Identified gaps

Due to rapidly growing needs, available funding and supplies did not meet the required levels identified by World Vision. This was especially acute in relation to securing PPE supplies and establishing hygiene facilities. In addition, where funding was available, limited supplies hampered the COVID-19 Response because of huge global demand on the same products. A strong focus on health initiatives limited the emphasis on, and funding for, non-health needs. Despite clear internal policies for repurposing development funds to meet urgent

emergency needs, and a new policy enabling the pooling of these repurposed funds, a couple of World Vision offices were slower to commit to this new pooling mechanism.

The scale of COVID-19 was too big for any one organisation to meet, both in terms of human capacity but also in terms of resources. So, no one could have enough money to be able to address everything. (World Vision Staff)

Recommendations

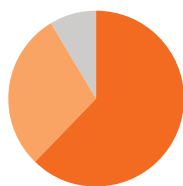
In order to course-correct the COVID-19 Response and improve future humanitarian responses, World Vision and all humanitarian actors should:

- increase investment in engaging current donors in order to raise funding for life-saving assistance by clearly communicating response needs, strategies and the impact of World Vision's interventions
- cultivate new relationships, including relationships with the private sector and high-net-worth individuals in traditional and emerging markets, and use innovative approaches and digital technologies to reach them
- increase flexibility of funding available through grants from bi-lateral and multi-lateral donors and private individuals when emergencies strike, and ensure existing policies are followed and utilised
- activate crisis modifiers quickly to ensure development funding can be redirected to life-saving activities
- simplify internal budget approval processes and reduce bureaucracy to allow for faster service delivery
- expand programme reach to meet the needs of newly vulnerable populations in new locations, especially in countries where pre-existing and long-term development programming exists
- actively engage in inter-agency fora and contribute to joint needs analysis and sector coordination in order to increase access to humanitarian pooled funding mechanisms.





The challenge: Rapidly adapting programming and footprint in response to shifting patterns of vulnerability and lockdown restrictions



91%

of staff and partners agreed World Vision focused 'very well' or 'pretty well' on the most vulnerable people.



Our successes

World Vision leveraged existing vulnerability mapping from FO strategic plans and conducted rapid assessments to understand and update the changing circumstances of vulnerable children and communities. Importantly, World Vision listened to those we serve, particularly children, through assessments, consultations and other humanitarian accountability mechanisms. Thanks to strong partnerships with community health workers, faith leaders and other local volunteer networks, World Vision was able to gather assessment data to monitor children's well-being, even in the midst of lockdowns. Astonishingly, a recent World Vision [survey](#) found that 98% of community health workers remained mobile and actively serving their communities during the pandemic. Data collection became increasingly virtual during the pandemic, as World Vision used text messaging, integrated voice response and phone calls as key tools to understand the shifting context and its impact on communities. This data was used to make evidence-based decisions to ensure we reached the most vulnerable populations and designed relevant response interventions.

With lockdown restrictions impeding regular programme delivery, field teams determined which activities were critical and adjusted delivery protocols to effectively reach affected communities. Key adaptations included:

- continuing 'essential' work in refugee and internally displaced persons camps and settlements, including the provision of water and food
- sharing key health messages via radio, television, text messages and social media, as well as through expanded networks of faith leaders

- scheduling in-person distributions over longer periods of time, and utilising contactless delivery for food and other relief items
- conducting household level child nutritional screening sessions.

The expansion of cash and voucher programming was another key adaptation; specifically, in 2019 World Vision's cash and voucher programming portfolio stood at approximately US\$320 million reaching 3.7 million affected persons. In 2020, the portfolio grew to US\$410 million reaching 6.3 million affected persons. This portfolio growth is in part due to the extensive use of cash and vouchers in our COVID-19 Response.⁶

Through these and other adaptations, the pandemic became an opportunity for World Vision to expand its reach to affected populations. For example, WV Bolivia partnered with the Ministry of Education to produce educational programmes and broadcast them nationally on public television. Also in Bolivia, World Vision expanded its community health work from 37 municipalities to 150 municipalities, representing coverage across half the country.

[I am proud] that World Vision carried out the largest response on a national scale, prioritising the well-being of the most vulnerable children, adolescents, youth and the most vulnerable families, focusing on generating impact in the areas most in need. (World Vision Staff)

⁶ For more information, see: https://www.wvi.org/sites/default/files/2021-01/2020%20CVP%20accomplishments_external%20%2810%29%20%282%29.pdf

Identified gaps

Regardless of these successes, World Vision faced obstacles impeding our efforts to target and reach the most vulnerable populations. Despite the increase in the number of vulnerable people due to COVID-19 and its secondary impacts, there was not a corresponding increase in funding, requiring the humanitarian industry to accomplish more with less. Poor, urban areas were hit hard by COVID-19 and its aftershocks, particularly affecting daily wage earners who no longer had access to cash and could not grow their own food; however,

the majority of World Vision's programmes are not centred in such locations. Furthermore, given the skyrocketing demand for PPE, supply chains were delayed or disrupted. This in turn slowed down the COVID-19 Response's ability to reach the most vulnerable until proper protective equipment could be secured and/or safety protocols implemented for staff and communities.


Recommendations

In order to course-correct the COVID-19 Response and improve future humanitarian responses, World Vision and all humanitarian actors should:

- consistently involve communities in decision making to ensure interventions meet their needs and response plans are adjusted based on community feedback
- clarify and justify targeting and selection criteria for affected communities to set expectations and minimise risk
- regularly (re)-assess community vulnerabilities and needs to inform targeting and programme design
- partner with telecommunications, financial institutions and other technology companies to use digital tools to more efficiently collect data and implement programmes in order to reach more affected populations
- consider expansion into or intensified focus on poor urban areas and other newly vulnerable contexts
- purchase and pre-position PPE in contexts that still require in-person programming to limit delays
- develop and use in-person approaches that are contactless and safe in order to reach poorly connected communities.



Digitalising programmes to be safe, efficient and virtual

 **The challenge:** Implementing a response virtually and digitally when face-to-face engagement became high-risk – and, in some instances, unlawful – for staff and communities.


89%
 of frontline staff agree they were assisted with new skills in new working situations to meet objectives.


92%
 of frontline staff agree with the statement ‘[With the tools provided] we have developed ways to implement activities when we have movement restrictions by prioritising critical activities and adjusting delivery protocols to effectively reach communities’.

Our successes

Keeping communities and staff safe was a primary concern for World Vision. Without doing so, we would not have been able to serve those most affected by the pandemic or, even worse, may have inadvertently spread the disease itself. One method used to minimise staff members’ risk of contracting or spreading COVID-19 was the rapid adoption of digital and virtual methods for internal operations. Specifically, many staff began working virtually from home, utilising long-standing communication and collaboration technology, such as Microsoft Teams, Zoom and WhatsApp. Fortunately, the majority of staff already had a relatively high-level of digital literacy and were quite accustomed to working virtually. This helped ensure team work could continue in an efficient manner, despite distance and dynamic lockdowns. For those less familiar with virtual work, a range of trainings and guidance materials were produced and promoted to ease the transition. Additionally, approval processes and bookkeeping procedures were further simplified and digitised to increase staff safety and efficiency.

Where mission-critical COVID-19 Response programming could only continue with the physical presence of staff, a variety of policies, standards and protocols were put in place to ensure staff safety. Adaptations included planned rotations for office work, consistent use of PPE, and heightened hygiene and physical distancing measures in the work environment. Staff care guidelines, trainings, resources and peer support were provided to help regulate mental, emotional and social stress.

Given the rapidly changing context of the pandemic, it was imperative that World Vision staff were informed of changes relating to the epidemiological situation, government orders and organisational news. Key updates and resources, such as frequently asked questions, situation reports, technical guidance and policy briefs, were shared quickly and consistently through Microsoft Teams, intranet sites, Zoom and newsletters. Importantly, the communication and collaboration platforms enabled updates to be shared strategically, either across departments and functions or directly to specific persons or entities. These collaboration spaces were built to be as transparent, engaging and supportive as possible.

The pandemic gave us huge lessons, new ways of working, trained all development workers to be humanitarians [and] introduced virtual connection technology. (World Vision Staff)

World Vision’s safe and informed staff began tailoring pre-existing emergency response approaches to the COVID-19 Response by making them more virtual, digital and efficient in a wide variety of contextually relevant ways. For example, data was collected virtually by phone, social media or text messaging in order to assess needs.

order to assess needs. Furthermore, families were registered for programmes using World Vision's Last Mile Mobile Solutions (LMMS) technology. Besides simplifying beneficiary registration and management, LMMS avoided duplication with government systems, and in Indonesia helped reveal vulnerability factors that went beyond government criteria. World Vision later advocated effectively for the newly identified vulnerable populations to be included in government support services.

Virtual data collection allowed World Vision to listen to children, despite lockdowns.

In March and April 2020, World Vision conducted a [virtual consultation](#) to explore children and young people's perceptions on the COVID-19 pandemic. The purpose of this consultation was to ensure we were listening to and considering children and young people's voices within our COVID-19 Response. World Vision's research team worked with 12 young researchers (aged 12 to 18 years), who interviewed other children and young people via social media and online messaging platforms. While digital access may have limited the representation of children and young people living in the most fragile environments or extreme poverty, it also empowered young researchers to reach their peers in a way that would have been almost impossible for the adult team members, due to COVID-19 restrictions.

By partnering with Viamo, Dimagi, and other telecommunication companies, World Vision was able to increase its reach to at-risk populations by sharing vital health and hygiene messages via radio, television, text messaging and social media. For community health workers and other local volunteers, these tools were also used to conduct surveys, trainings and manage caseloads.

Furthermore, World Vision supported students with virtual learning via mobile phones, radio, WhatsApp and social media. In some cases, at-risk students received digital tablets to further ensure their access to and use of remote learning opportunities. In Mongolia, where social media is highly used, World Vision helped launch a new online chat box service which supported over 400 children and young people to access trained counsellors in a two-month span.

A lot of the work that we were doing before could [still] be done, just with us being able to think about how to make that shift, how to adapt, make it a bit different so we can reach the same outcome. (World Vision Staff)

To keep communities safe, savings groups, youth groups, faith community meetings, World Vision's [Go Baby Go](#) programme and business trainings all went virtual. Additionally, World Vision assisted saving groups and other small businesses to begin selling hygiene products (such as hand sanitiser, soap and masks) online. This not only promoted hygiene and maintained physical distancing, but also bolstered the local economies. Where it was not feasible to engage with communities in a virtual manner, World Vision conducted distributions over longer periods of time, with smaller groups. During these distributions, World Vision conducted temperature checks and supplied handwashing stations. Furthermore, delivery of food and other relief items was contactless in order to limit risk and maintain health and hygiene.

Collaborative Cash Delivery Network

CCD is a network of 14 of the largest international NGOs operating in every global humanitarian crisis that provides cash and voucher programming.

As co-lead of CCD, World Vision was able to:

- position its technical experts to lead CCD's COVID-19 task force to support in-country collaborations and provide operational guidance
- assist in the preparation of the network's response strategy
- provide nearly two-thirds of its cash and voucher programming via e-cash and e-vouchers
- advocate for the inclusion of social protection in response to COVID-19
- influence global standards on how NGOs can practically link humanitarian cash and social protection during crises
- ensure that any changes in contexts due to COVID-19 were reflected in the data sharing working group's resourcing group activities, agreements, protocols and future planning.

Identified gaps

Despite the remarkable use of digital tools, online technologies and virtual programme adaptations that worked in many contexts, we were not always able to reach the most vulnerable children and families using these approaches, since many communities are not connected to telecommunication networks. This not only had an impact on the method of programme implementation, but also reduced our reach regarding who received accurate information about COVID-19 and 'stay-safe' messaging since fewer approaches and materials were available to communities with limited telecommunication connectivity. Furthermore, while digital technology solutions were available as programming options as early as March, in some countries it took five or more months to fully realise this shift. Going forward, we must therefore be more agile in our adaptation.

Moreover, even though there was good, thoughtful leadership related to online child education and training, there was a need for greater discussion and guidance for governments and partners to address concerns

for remote communities and those with limited connectivity. In contexts that have less experience and expertise delivering humanitarian assistance in the form of cash and vouchers, it also took longer than hoped to upstart this modality.

As staff adjusted to remote work, that often included the difficult balancing act of caring for children or being separated from families, workloads and the risk of burnout grew. Availability of information technology equipment, connectivity issues and time zones created further challenges for collaboration. Lastly, programming was also impeded by delayed procurement of PPE, as well as infected field staff having to take sick leave.


Staff safety and security and movement was not possible at some time[s] and [the] community had no, or very weak access to digital communication. (World Vision Staff)

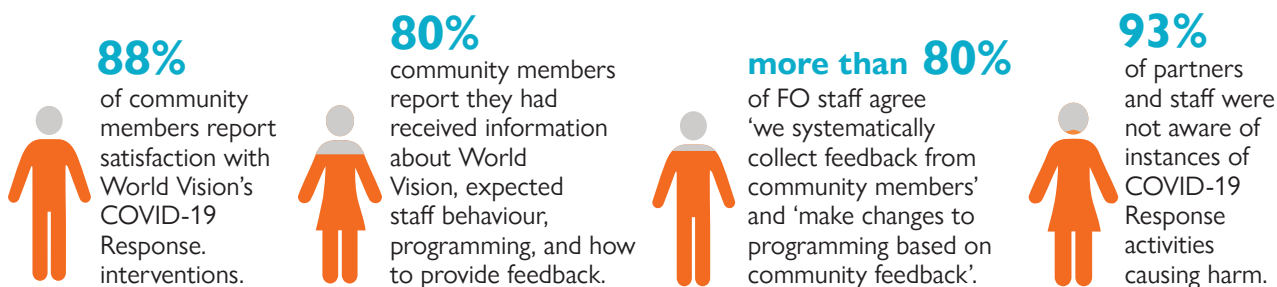
Recommendations

In order to course-correct the COVID-19 Response and improve future humanitarian responses, World Vision and all humanitarian actors should:

- improve organisational digital capabilities for virtual and remote working, via trainings and guidance materials
- use online communication and collaboration platforms in a transparent, engaging and supportive manner
- digitise and streamline business processes to improve staff safety and organisational efficiency
- collect data virtually by phone, social media or text messaging to assess needs efficiently
- share health and hygiene messages through partnerships with telecommunications companies
- provide unconditional cash and voucher transfers digitally in order to enhance dignity, choice and cost effectiveness
- link humanitarian cash and voucher programming, including e-cash and e-vouchers, with broader sustainable social protection mechanisms
- train community health workers and local volunteers on digital tools to promote health and track caseloads
- move community groups and their businesses online to enhance safety and improve local economies
- implement digital beneficiary registration and management via LMMS
- improve affordability, access and literacy of digital solutions in communities
- educate communities about their rights to data safety, security, and privacy.

Remaining accountable to communities, partners and standards

 **The challenge:** Navigating a constantly evolving scientific landscape and ‘lock and lift’ scenarios to keep communities appropriately informed, consulted and able to provide feedback.



Our successes

A key focus for World Vision's overall work, including the COVID-19 Response, is a commitment to ensuring accountability to affected populations. This is supported by policies, standards, tools and staffing. Specifically, our accountability work seeks to provide information and consult people on their needs and how they want to participate in their own self-recovery. It also allows us to take action based on feedback and complaints so that we remain accountable to the children and communities that we serve. The inclusion of accountability in our global strategic objectives and corresponding results framework has promoted monitoring and measurement of these efforts.

During our response to the pandemic, World Vision successfully provided information to affected communities, in addition to receiving and acting on feedback. For example, in Ecuador, communities and partners recommended sharing COVID-19 prevention messages in local languages. Based on this feedback, World Vision shared radio messages in both Spanish and Kichwa. Similarly, in Sudan, community leaders urged World Vision to spread awareness messages on local radio and television. In response, World Vision, the Ministry of Health and community leaders partnered to connect hard-to-reach communities with life-saving messages. Finally, in Zambia, communities and

health centres outside of World Vision's operational areas requested assistance in the face of COVID-19. World Vision has begun to honour these requests by supporting the health centres and expanding its sensitisation programming.



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Identified gaps

Given the speed with which humanitarian assistance needed to be distributed, needs assessments were sometimes done hastily or were not comprehensive enough in their attempts to capture the perspectives of community members. While the very nature of the pandemic made it challenging to access communities and also dictated relevant response initiatives, such as the need to wear PPE or physically distance, other programming decisions needed to be made in collaboration with communities. This was critical in order to enhance the relevance and acceptance of initiatives. However, only half of respondents from FOs believe that World Vision has ensured affected populations have been able to participate in decisions that affect them during the pandemic, while only one in five staff at regional and global levels agree. This diversity of perspectives may be explained by staff at the global level being less familiar with realities on the ground; however, further investigation may be warranted.

According to the Core Humanitarian Standards, affected populations should not be negatively affected as a result of humanitarian action. However, if programming or accountability gaps exist, humanitarian responses run the risk of potentially creating harm. In the COVID-19 Response, the most common themes cited as potential harm to affected communities included limited targeting, risk to physical and mental health, and the relevance of programming. Specifically, given the enormous extent

of need, yet limited resources, it was impossible for World Vision or any agency to reach all in need. As such, our COVID-19 Response targeted the most vulnerable persons in order to have the most positive impact possible. However, at times, persons who did not receive assistance felt slighted; this in turn raised tensions between populations who received support and those that did not.

Clarity on targeting, [for] example, providing internet credit to some community members and not others caused conflict. (World Vision Staff)

Across the global COVID-19 Response, staff, partners and community members worked extremely long hours, at times were exposed to COVID-19, and had high levels of mental and emotional stress. Especially in the early days, World Vision's response to the pandemic was largely focused on the health sector at the expense of other needs, such as child protection and education. In the eyes of some staff, this limited the relevance of our early programming.

Staff psychological burnout will be a growing problem in the continued and what is becoming 'chronic' epidemic. (World Vision Staff)

Recommendations

In order to course-correct the COVID-19 Response and improve future humanitarian responses, World Vision and all humanitarian actors should:

- keep affected populations and partners informed of the evolving pandemic and emergency response
- minimise community, partner and staff exposure to COVID-19 through use of PPE, hygiene and distancing to limit potential harm
- conduct needs assessments early on, and continuously throughout the project cycle, in order to inform the relevance of response design
- consistently provide diverse, free, safe and accessible mechanisms for communities to share feedback
- include communities in decision-making, especially about the relevance of targeting and humanitarian aid
- respond directly and quickly to community feedback to improve the relevance and effectiveness of aid
- provide a comprehensive and relevant humanitarian response from the onset, including child protection, education and mental health and psychosocial support.

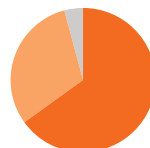


The challenge: Staying abreast of the latest science in order to align our COVID-19 Response to changing best practices while upholding quality standards.



67%

of FO staff – both for long-term development and humanitarian programming – were familiar with the Core Humanitarian Standards.



93%

of staff and partners believe World Vision is 'well' or 'moderately' aligned to international humanitarian standards.



Our successes

Within days of the declaration of the COVID-19 pandemic, World Vision established an internal Technical Advisory Group (TAG), which coalesced subject matter experts across sectors, as well as the humanitarian and development spheres, and coordinated a united approach. The TAG reviewed, leveraged and interpreted the vast wealth of technical guidance provided by the WHO, the broader UN system and other global authorities. These resources and World Vision's approach were compiled into a single guide that was organised by sector, function and theme. As global guidance progressed, World Vision's guidance was regularly reviewed, updated and re-published to ensure that staff had the most accurate and useful information at their fingertips. This included adapting the core project models to ensure that health, WASH, education, child protection and livelihoods outcomes could still be reached, while protecting the health and safety of community members, partners and staff.

[Our] advocacy team and other partners have influenced the development of various government guidelines for COVID-19, such as the community health response minimum standards [and] guidelines for handling COVID-19 cases where vulnerable children are involved. (World Vision Staff)

Importantly, the TAG and COVID-19 Response leadership were quick to review World Vision's responses and lessons learned to similar viral outbreaks, such as HIV and AIDS, Zika and Ebola. These lessons would go on to inform our global COVID-19 Response strategy, so as to maximise promising practices and minimise challenges we have faced before.

Identified gaps

While the TAG's efforts were valuable, the guidance produced was lengthy and, at times, theoretical. Field-based staff wanted more practical, action-oriented guidance materials produced in a multitude of languages. Some of the most essential elements were translated into Spanish, French and, in certain instances, Arabic and Portuguese. These included the global COVID-19 Response plan, PPE guidance and posters, monitoring and evaluation guidance, cluster engagement toolkit, and webinars on psychosocial first aid and digital solutions. Unfortunately, given the length of the guidance, coupled with the evolving nature of the crisis, time-consuming

and expensive translation of the entire guide was not undertaken.

Efforts were made to document and disseminate programmatic implementation adaptations that were taking place in communities and across the organisation. It was envisioned that World Vision could learn from the adaptations that were successful, but also from efforts that were tested and failed. However, these efforts did not bear as much fruit as was hoped due to time limitations, as well as limited knowledge and use of the documentation process.

Recommendations

In order to course-correct the COVID-19 Response and improve future humanitarian responses, World Vision and all humanitarian actors should:

- engage and contribute know-how to industry-wide technical guidance to stay abreast of emerging developments and, in-turn, use this to inform organisational sector guidance
- establish cross-sectoral coordination mechanisms to create unified approaches
- create simple, practical, action-oriented guidance for community-based humanitarians
- recall and use lessons from previous infectious disease outbreaks to limit mistakes
- translate key policies, guidance and resources into common languages
- continue to teach, reference and use humanitarian standards
- upskill development workers with humanitarian competencies
- document and disseminate programme adaptations that succeed and fail.





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CONCLUSION

This pandemic has brought with it unprecedented death, disruption and depression, but also the chance to communicate, innovate and advocate like never before. World Vision has seized this opportunity to make monumental shifts in our strategy, programming and ways of working, all for the benefit of those most severely affected by COVID-19 and its aftershocks.

This real-time learning process provided us with an opportunity to learn, adapt, and grow as an organisation and individuals. We took the time to reflect on our accomplishments and challenges and to question how we can improve our work. We want to respond to people's needs more quickly and corroboratively. Our global COVID-19 Response has certainly made its

mark on vulnerable populations, partners, donors and governments, as well as on World Vision itself. It has challenged our systems, staff, policies, and procedures and reaffirmed our mission and values.

World Vision and our peer organisations can use what we have learned from this RTL process so that together we can improve our programming. This will help to ensure we contribute to the well-being of those most affected by COVID-19 and enable us to be better prepared for future pandemics.



COVID-19 (Corona Virus) Symptoms and Prevention Tips

SYMPTOMS

- Fever
- Cough
- Shortness of breath

If you have been in close contact with a person known to have COVID-19 or have been in an area with ongoing spread of COVID-19.

How to Protect Yourself

- Wash your hands often with soap and water for at least 20 seconds
- Clean hands with alcohol-based hand rub if they are not visibly dirty
- Cover your mouth with tissue when you cough or sneeze and discard properly in the trash
- Practice general hygiene measures when visiting live animal and markets
- Avoid shaking hands, use safer means of greetings
- Avoid touching eyes, nose and mouth with unwashed hands
- Maintain social distancing - at least 3 feet between yourself and other people particularly those who cough, sneeze and have a fever

If you have symptoms above, seek medical advice promptly. Stay home if you are sick.

World Vision South Sudan
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ANNEXES

Objectives and methods

We learned from more than 3,000 staff in 56 countries, 500 external partners and more than 1,600 community members across six countries in September 2020.

From the outset of our COVID-19 Response, World Vision has and continues to listen, learn and be held accountable to those we serve, our partners and itself. In alignment with the Core Humanitarian Standard, as well as our own internal standards, World Vision seeks to consult communities, provide information, and offer opportunities for affected populations to participate and share feedback that will be taken seriously and addressed. Moreover, World Vision is committed to providing improved humanitarian assistance as we learn from successes and failures, apply insights, and adapt ongoing and future work.

This RTL process is deeply rooted in an accountable and quality approach to humanitarian action and underscores our commitment to strategic reflection, adaptation and learning in humanitarian responses. The goal of the RTL process was to strengthen our global COVID-19 Response so that we can better respond to the needs of children and their communities. Specifically, we aimed to do this by developing a comprehensive and clear understanding of the state of our COVID-19 Response by listening to our staff, partners and, most importantly, the children and communities we serve. Through this active listening and research, we have successfully identified operational and contextual challenges, discerned good practices to replicate

more widely, prioritised areas for improvement in the immediate and longer term, and scaled up solutions in real time. Furthermore, the RTL has helped World Vision to identify what needs to be done to improve future emergency responses.

World Vision believes that all actors have a valuable perspective from which we can learn. As such, the RTL methodology sought to garner as broad an understanding of the COVID-19 Response as possible. We therefore consulted a range of internal and external actors working at various levels of implementation and across a range of sectors, functions and disciplines. If not otherwise specified, references to 'staff' in this report may refer to World Vision staff at the national, regional or global level. Five humanitarian learning criteria were used to formulate questions to guide data collection and analysis. These criteria were: programme relevance, meeting objectives, meeting standards, collaboration and advocacy, and internal coordination and culture.

Ethical considerations were used to ensure transparency, trust, honesty and adherence to humanitarian standards throughout the RTL. Specifically, every participant who shared their perspective via survey or interview was informed of the purpose and scope of the learning exercise and then asked to provide written or verbal consent before participating in the research. Once data was collected, it was kept on secure staff laptops, password protected and de-identified.

Field office learning process

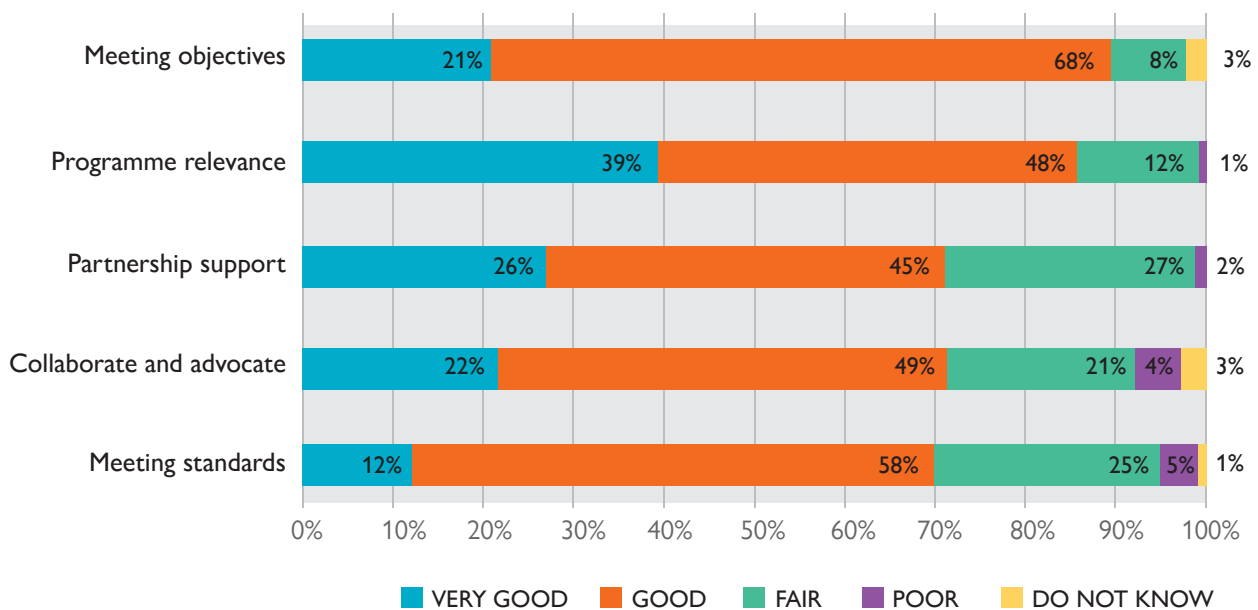
The RTL was conducted at the FO level and subsequently at the global level. FOs were able to opt-in to one of four options that were progressively more comprehensive in their inclusion of a range of diverse viewpoints. Specifically, data was collected via background documents, online surveys of staff and partners, virtual interviews of key staff and external partners, and community surveys. Six FOs collected data from 1,607 community members to ground their country-specific analysis in the realities of affected populations. This could not be generalised to other countries during the global process. Importantly, this community-level data was collected above and beyond the accountability data that is regularly collected to

listen to and act on feedback. The data was collected, analysed, and discussed at virtual field office workshops. The workshops were conducted over three to five hours with 30-40 FO staff from a variety of functions. The workshops helped to 1) celebrate achievements, 2) compare what had been planned with what had been accomplished, 3) review and interpret data, 4) assess the COVID-19 Response across five key criteria, and 5) develop action plans. Following the workshops, each office produced reports that included three key elements: a journey map, a self-assessment rubric and an action plan.

Global learning process

At a global level, an additional 26 World Vision leaders and eight external partners were interviewed, and 127 key internal stakeholders were surveyed. This data, alongside the FO data and workshop reports, were cleaned, triangulated, and analysed using Dedoose software. It was then compiled into a range of fact sheets, presentations, and other outputs. One of the key outputs was a global-level rubric, which can be found below.

Figure 1: COVID-19 Response self-assessment by World Vision staff



This graph shows how 35 field offices assessed their work against a common rubric. As part of the country level workshop, participants reviewed and discussed their response data, and then documented their findings using the rubric. The results from each country were aggregated into this global level view. Across the five rubric categories, more than 70% of staff felt that World Vision’s COVID-19 Response was programmatically relevant, met its objectives, supported offices across the organisation, collaborated and advocated, and met internal and external humanitarian standards.



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