



World Vision



Calling the shots:

Empowering communities during COVID-19

11 March 2022



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Acknowledgments

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Cover photo: © Neola D'Souza / World Vision

Matloob, 19, is a World Vision volunteer in Dharavi, India. As a remedial education class teacher, he teaches young children in his neighbourhood the basics of language and arithmetic. He says many families are grateful for this support because children found it very difficult to study at home or online during the extended school closures. Also, since many parents lost their jobs, they could no longer afford private tutors or coaching classes so these classes fulfil a timely need.

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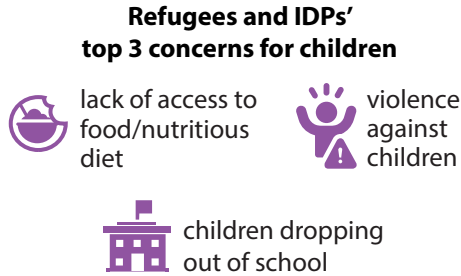
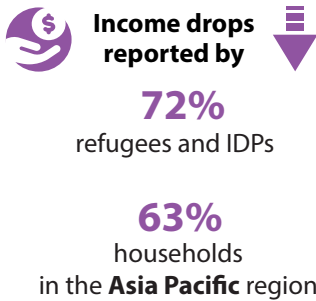
World Vision is a Christian relief, development, and advocacy organisation dedicated to working with children, families, and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless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

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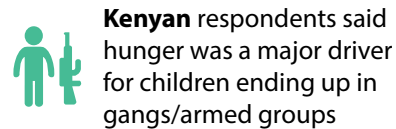
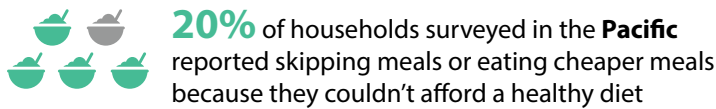
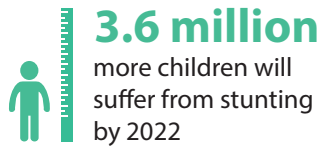
Over the last two years **World Vision** has conducted multiple research studies, surveys, assessments, and desk reviews to better understand the needs and issues facing the communities we serve. **Here's what we found:**

Every family deserves to be able to access basic necessities.



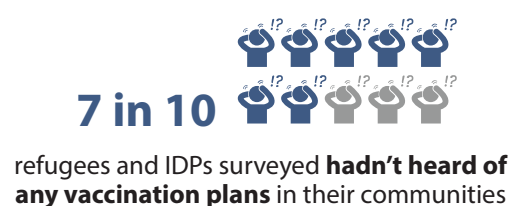
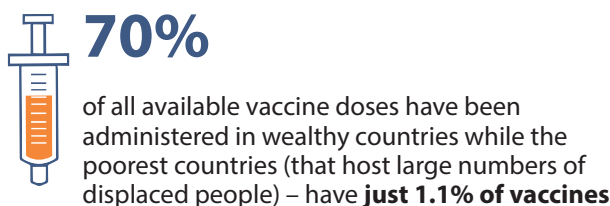
We've provided more than US\$46.8 million in cash and vouchers to help families facing poverty because of COVID-19. We must continue to provide support for families who have lost jobs and access to food as a result of COVID-19.

Every parent deserves to be able to put food on the table for their family.



Despite this challenging situation, **we've continued to protect children's well-being and growth.** Children who were measured during the first year of the pandemic still had better weight for age than children measured four years earlier.[†]

Every person deserves access to lifesaving vaccines.



Over the last two years, **we've supported nearly 200,000 faith leaders** to share the facts about vaccines. We've also been calling on governments to do more to ensure vulnerable communities are included in vaccine roll-outs.

[†] Underweight endlines taken during the first year of the pandemic showed that while malnutrition was increasingly globally children served by World Vision had a two percentage point reduction in underweight (WAZ<-2), which is comparable to earlier well-funded USAID Child Survival and Health Grants Programme projects. Our results there were probably attenuated by the pandemic, but not completely wiped out.

Every child deserves to be both physically and mentally healthy.

CHILDREN

in conflict-affected countries

70% said they needed psychosocial support
(33% more than pre-pandemic)



38% felt sad and fearful
12% continuously felt extremely sad and fearful *and could be at risk of developing moderate to severe mental health disorders, such as depression and anxiety*

in Asia Pacific

I feel so afraid nothing can calm me down.



1 in 9 suffered from emotional abuse



1 in 10 experienced physical violence



in East and West Africa



65%–99% experiencing physical or psychological aggression from guardians

World Vision committed to continually protecting children from violence and supporting their well-being. Over the last two years, **we've provided more than 4.8 million psychosocial support materials.**

Every child deserves an education.



Children who are not presently in school are **3.4 times more likely to be married** than their peers who are still students



Nearly half (48%) of all refugee and internally displaced children may **lose out on future learning** because of COVID-19



40% of children in the **Asia Pacific** region were not attending school in any way, including remotely

World Vision continues to help children access education, even throughout the pandemic. We've **provided more than 2 million educational resources** to help children learn from home and **supported more than 75,000 teachers** with training to help them engage children remotely.

Every child deserves to be able to safely be a child.



A child who went to bed hungry is **60% more likely to be married** than his or her peers who did not experience hunger



3.3 million children in the 'COVID-19 generation' are at heightened risk of child marriage due to increased hunger



82% of the married children we talked to in Asia Pacific wed after the pandemic




Child marriages in many communities **more than doubled** from 2019 to 2020*

To make up for lost income/job loss

in Asia Pacific

40% of children surveyed were engaged in economic activities




1 in 10 children surveyed were engaged in child labour

in sub-Saharan Africa

43% of forcibly displaced people surveyed reported sending their children to work




Kenya, Uganda, Ethiopia, Mali, and Senegal reported an increase in child labour and exploitation

Unable to provide for their children, parents are facing impossible choices.

We're stepping up to support them with emergency food supplies and access to safe work.

* According to anecdotal data from our programmes

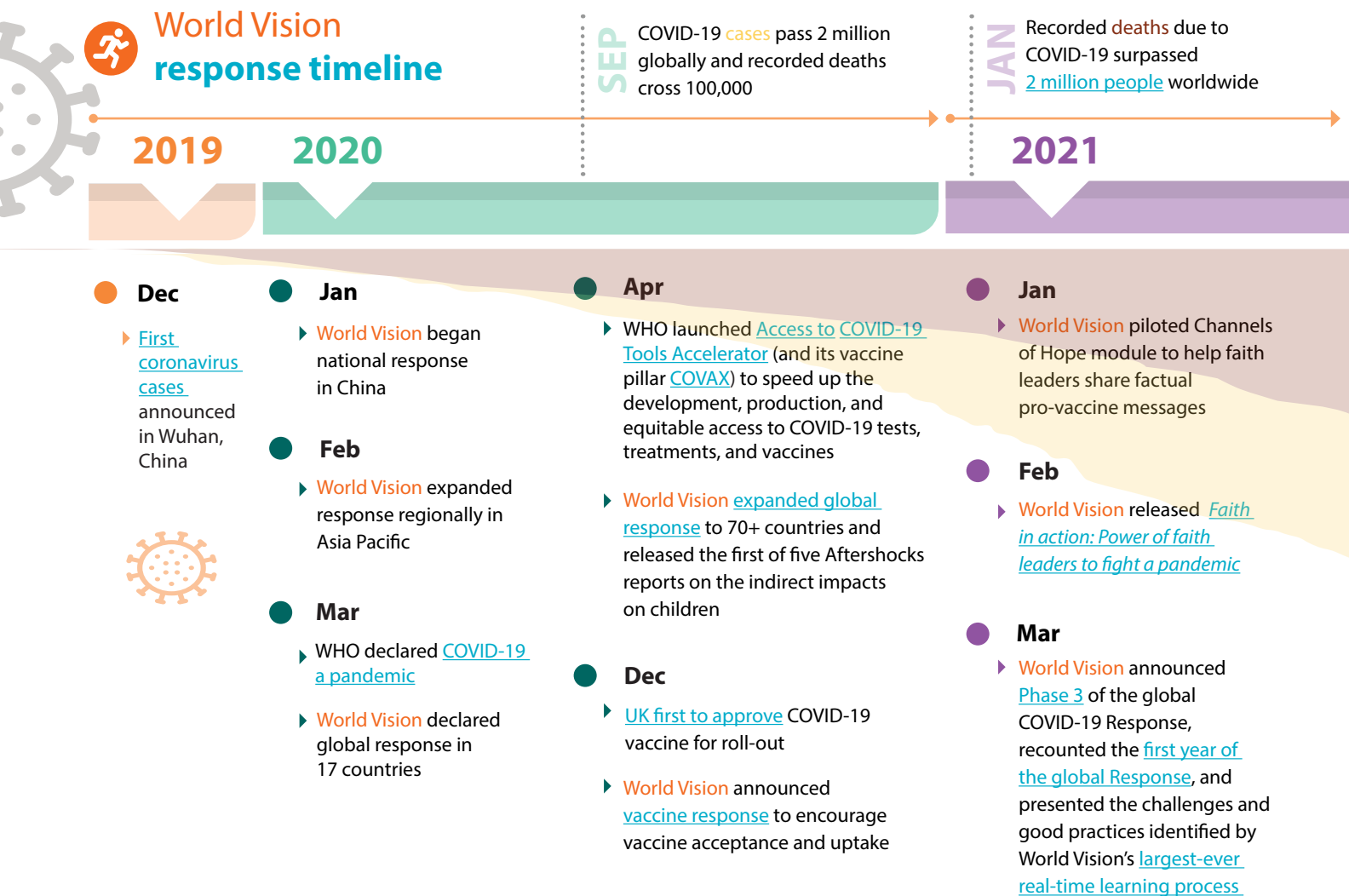
Our response

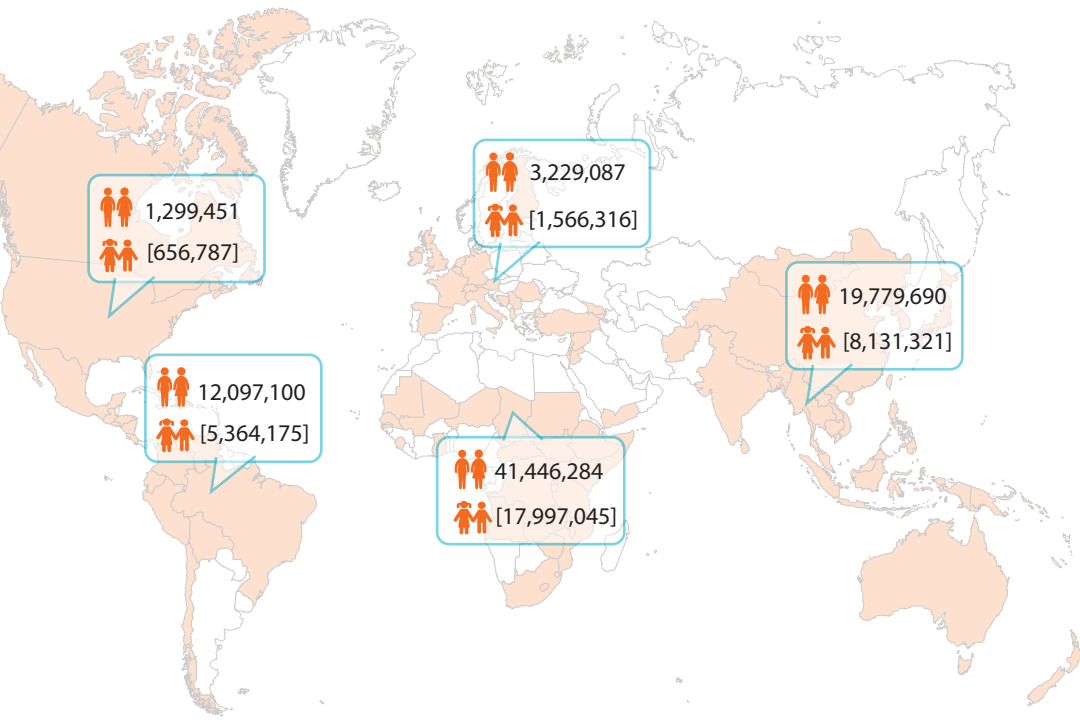
World Vision is responding* to the devastating impact of COVID-19 in **more than 70 countries.**

Since the World Health Organization (WHO) declared COVID-19 a pandemic on 11 March 2020, our **US\$350 million response** has already exceeded our initial goal of reaching **72 million people**, and we are continuing to implement programmes to help the **most vulnerable children**, especially the most vulnerable, with these efforts.

Children may not be the most at risk from the virus, but hundreds of millions of children have been made much more vulnerable by the pandemic's indirect impacts.

**responding includes field programming and/or fundraising*





People reached
77,922,838

Men 20,927,998
Women 23,279,196

Children
33,715,644

Boys 16,451,388
Girls 17,264,255

(Based on validated figures as of 7 March 2022)

100 Global death toll reached 5 million

COVID-19

CASES: 446,511,318

DEATHS: 6,004,421

(Source: WHO, 8 March 2022)

2022

Apr

- ▶ [Delta variant](#) of the coronavirus first identified
- ▶ A second wave of COVID-19 pummelled India, with a [record 315,735 new cases](#) recorded in one day leading [World Vision to redouble our efforts](#), to support hospitals, health centres, and communities in India with life-saving assistance

Jun

- ▶ [World Vision](#) released [High risk, low priority](#) report on how forcibly displaced people are unable to protect themselves from COVID-19 and why unlocking vaccine access is critical for displaced children

Sep

- ▶ [World Vision](#) hosted [COVID-19 vaccination: The demand side](#) virtual side event at UNGA76 to discuss concerns of how vaccine hesitancy will undermine efforts to reach 70% global immunisation
- ▶ [World Vision](#) surpassed Response goal, [reaching 72,012,019 people](#)

Oct

- ▶ [World Vision](#) urged, for immediate action to address severe mental health concerns after children reported that [COVID-19 inflicts fear and thoughts of not wanting to live](#)

Nov

- ▶ Omicron variant of coronavirus [designated a variant of concern](#)

Dec

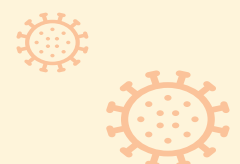
- ▶ 9+ billion vaccine doses administered globally in one year, but [less than 9% of people in low-income countries](#) reported to have received at least one dose
- ▶ [World Vision](#) called [on world leaders](#) to immediately prioritise global vaccination roll-outs to avoid further COVID-19 mutant strains
- ▶ [World Vision](#) submitted [Behavioural determinants of COVID-19 vaccine acceptance in rural areas of six lower- and middle-income countries](#)

Feb

- ▶ [World Vision](#) released [COVID-19 vaccination messaging guide](#) to help home visitors, community health workers, and other partners to effectively counsel families, answer questions, and share messages on COVID-19 vaccines

Mar

- ▶ Two years since WHO declared COVID-19 a global pandemic



Our impact

Based on activities completed as of 31 December 2021¹

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

OBJECTIVE 1

Scale up preventative measures to limit the spread of disease

World Vision has helped nearly **60 million** people stay safe during the pandemic with supplies and information about how to protect themselves from COVID-19, including handwashing, social distancing, mask usage, regular sanitising, and vaccines.



© Jemima Tumalu / World Vision

David learns the importance of social distancing from Richard, a community mobiliser who works to share proper information on how people can protect themselves from contracting COVID-19.

“COVID-19 kills people. My mother tells me to wash my hands with water and soap so I cannot get the disease,” says David, a 4-year-old from Juba, **South Sudan**. His mother, Rebecca, says she usually listens on radio about COVID-19 updates and the vaccination benefits. “I learnt about the need to avoid crowded places, maintaining social distance, wearing face masks, washing hands, and not spitting in public,” she adds.

Due to low education levels, insufficient social mobilisation, lack of community awareness, misconceptions about vaccines, and the circulation of rumours, South Sudan has experienced low COVID-19 vaccine uptake. World Vision’s polio project in South Sudan is working with partners, the CORE Group, Support for Peace and Education Development Program (SPEDP), Organization for People’s Empowerment and Needs (OPEN), and community organisers as part of Response efforts. Richard is one of the people they have mobilised to do this important work. He is a community health worker with the Greater Equatoria state’s Ministry of Health mobile team visiting counties across the state to encourage people to get the COVID-19 vaccine.

“We move from one area to another every day. The questions we often get are about the potential side effects of the vaccines after a period of two to five years,” he shares. “We address many misconceptions and explain why the vaccines are safe. Importantly, we emphasise the need to observe preventative measures to keep the virus away. Our role is crucial in changing people’s minds. I saw the rise in the number of people getting vaccinated. This gives me fulfilment that I was able to do my job well and keep people safe and protected.”



© Patrick Abega / World Vision

In partnership with Unilever, World Vision shares behaviour-change messaging with communities in the **Democratic Republic of Congo (DRC)** to promote preventative measures. This messaging was channelled through 790 faith leaders via the Channels of Hope programme and ‘community hope action teams’ to combat myths through the voices of trusted leaders. Messaging from the faith leaders and health workers, in addition to a mass media campaign launched over TV and radio, reached an estimated 6.5 million people.



© Edward Renner / World Vision

In Tegloma, **Sierra Leone**, 50 faith leaders reached over 6,000 people with messages on COVID-19 prevention, vaccines, and hope. Their messages spread far and wide through the use of loudspeakers on trucks driving through their communities and engagement with their congregations in messages promoting contact tracing and vaccine uptake.

An imam in Sierra Leone delivering a message about COVID-19 to his congregation.

Children and families in internally displaced person (IDP) camps in Kayah State, **Myanmar** access clean water through water purifiers provided by World Vision.



© Nyein Thaw Htoo / World Vision

Over **7.4 million** leaflets with informative, educational, up-to-date communications on COVID-19 and vaccines were printed and distributed, and **41** formative research studies were conducted to inform vaccine messaging.

Offices have created a variety of informational and educational communications materials to meet the needs of their contexts. For example, in **El Salvador**, World Vision created educational materials on COVID-19 prevention, such as a guidance booklet for adults, handwashing fact sheets, and a tailored board game for families based on the iconic board game, 'Sorry!'. They also produced numerous materials, including 2,500 booklets, 12,000 sheets, and 1,700 games, for a children's museum in Tin Marín.

In support of the Ministry of Education and Science, World Vision shared informational messaging on the importance of COVID-19 vaccination aimed at teachers and caregivers and Kindergarten through grade 12 students to more than 3,500 public schools across **Georgia**.

Vaccine barriers are contextual, which is why analysis and understanding of local and national barriers and determinants are necessary for a successful vaccine campaign.

World Vision, in coordination with local faith leaders, conducted a survey within faith communities across 15 municipalities in **Bosnia and Herzegovina** to understand what prevention measures were being used and vaccine acceptance levels.

With support and funding from the global COVID-19 Response, World Vision **Colombia** has carried out a series of surveys and interviews with faith-based organisations to understand their perceptions of the COVID-19 and trained 100 faith-based organisations with this information to promote vaccination in their surrounding churches and communities.



© Makopono Semakale / World Vision

In **Lesotho**, faith leaders were trained about COVID-19 vaccines and continue to create awareness and promote adherence to COVID-19 protocols and vaccines.

Pastor Bonga Mzini, a World Vision trained pastor in Lesotho, helps to diffuse myths around COVID-19 after he realised there were some knowledge gaps within his community about the pandemic.



In addition, more than **12.2 million** supplies, including handwashing materials, hygiene kits, and cleaning kits, were distributed to keep communities safe.

In partnership with Christian communities in the **Dominican Republic**, World Vision coordinated activities with churches to distribute 3,200 hygiene kits to children attending 'vacation Bible school' programmes.



© Claudia Martinez Perez / World Vision



© Maria Bou Chaayaa / World Vision

In **Lebanon**, in partnership with United Nations Children's Fund (UNICEF), World Vision provides families infected by COVID-19 with infection prevention and control kits to help them clean and disinfect their quarantine areas and keep their children safe.

These are more than just a kit; recipients tell World Vision. With two children at home, Sobhiye could not be more thankful for the supplies, "They helped me protect my babies from this virus," she explains.



More than a **quarter of a million** facilities, including community handwashing stations, school toilets and household latrines with handwashing facilities, clean drinking water systems, and community drainage systems, were established or maintained to help to limit the spread of COVID-19.

*Students from children's parliaments in the **DRC** addressed technical partners, donors, and local authorities with a message about the difficulties that children face in prioritising handwashing while living in places without access to safe drinking water. They called on authorities to respond to this challenge and make water points more accessible.*



© Patrick Abega / World Vision



© Mike Kaun / World Vision

In order to support the **Vanuatu** government in its COVID-19 prevention work, World Vision is providing inclusive facilities for all members of the communities to use to protect themselves from COVID-19 and stay healthy.



World Vision has partnered with more than **200,000** faith leaders on COVID-19 care, prevention, and vaccine messaging campaigns during the first two years of the pandemic.

Faith plays a role in the lives and behaviours of 85% of the world's population.² This is why amidst the background of the COVID-19 pandemic, faith has played an important role in supporting children and caring for communities. As influential members of their communities and trusted leaders, faith leaders can be incredibly powerful advocates for child protection, inclusivity, and positive gender relationships. They can play a crucial role in changing harmful attitudes and behaviours and provide comfort, guidance, and psychosocial support to improve community members' mental, emotional, physical, and spiritual well-being during this crisis.

World Vision supports these efforts through [Channels of Hope](#), an evidence-based, interactive, persuasive behaviour-change communication approach that aims to create safe spaces for faith leaders to engage on key issues affecting their communities. Because of their long-term presence, churches and other faith-based organisations are valuable partners in ensuring that the progress made is sustainable into the future. More than 500,000 faith leaders globally have been trained to address an array of child well-being challenges using this project model.

These conversations aim to address the root causes and deepest convictions that affect attitudes, norms, values, and practices towards the most vulnerable. The process is grounded in guiding principles from participants' religious texts and designed to move the heart, inform the mind, and motivate a sustained and effective response to significant issues with factual information. It is designed to foster a wider enabling environment with programmes that invite faith leaders and their spouses as well as 'community hope action teams,' comprised

of interested faith congregation members, to become active participants in ensuring children's well-being by mobilising their communities to foster the development of an environment that advances the protection, support, and well-being of children.

“Faith leaders do engage in child protection. They not only teach but also go into the community and sensitise people on child protection issues.”
– Child protection advocate, Uganda

A [five year study](#)³ on this project model conclusively established that notable positive changes occur in contexts where Channels of Hope workshops were held. A significant percentage of faith leaders and their spouses reported actively engaging in child protection in their communities after participating in Channels of Hope child protection workshops in Guatemala (74%), Senegal (94%), and Uganda (95%).⁴

Channels of Hope has adaptations that specifically address issues affecting children during the pandemic – COVID-19 prevention, COVID-19 vaccines, and child protection.

These modules raise awareness about key child protection issues, such as abuse, neglect, and harmful practices, including child marriage; strengthen both formal and non-formal elements of the child protection system; and ensure that communities are receiving the most up-to-date, accurate health messages about COVID-19 and vaccines in ways that connect with faith communities.



© Mariana Pinto / World Vision

A recent World Vision assessment⁵ found that the vulnerabilities experienced by children in Asia have been grossly heightened by COVID-19.⁶ The devastating losses of livelihoods, which often lead to limited access to food, essential medicines, basic health care, and strains on families, are increasing incidences of physical abuse, early marriage, and the entry of children into exploitative work. Around one in every 10 children reported experiencing physical violence; while around one in every nine children reported experiencing emotional abuse. This is why it is essential for World Vision to tackle the root causes of violence against children and women.

In **Timor-Leste**, World Vision is mobilising faith leaders amongst communities in Baucau to teach parents to positively educate their children without violence. Dominikus is one of the Baucau faith leaders engaged with the project.

“It was a pleasure for me to play my role as faith leader and incorporate World Vision's project model to improve the life of my community,” he says.

The COVID-19 and COVID-19 vaccine modules directly address some of the toughest questions and vaccination barriers from a faith perspective, providing factual information about the COVID-19 vaccine and encouraging an ethical and theological exploration of faith doctrines supporting vaccination. They draw on religious texts, scientific information and messages, case studies, personal experiences, and interactive activities to remove religious and social barriers related to vaccines so individuals are fully informed and can make the best decisions for themselves and their communities. The programme fully equips faith leaders to promote accurate and responsible messages about COVID-19 and encourages them to combat misinformation, rumours, and disinformation. It also encourages them to commit to specific actions to ensure individuals and families have accurate information to make decisions about COVID-19 vaccines.

South Africa was one of the countries who participated in the January 2021 pilot of World Vision's Channels of Hope COVID-19 vaccine module. As a member of the SABC coalition, World Vision trained 25 pastors during a two-day workshop. As of the end of 2021, 88 South African faith leaders have been given information on COVID-19 vaccination and are disseminating the information to their communities.

Other partner agencies are also interested in how they can use Channels of Hope in their programmes. After World Vision used the Channels of Hope project model in Communication for Development (C4D) activities in **Lebanon**, UNICEF and the World Health Organization (WHO) expressed interest around the potential of working with faith leaders across the region.



© Dickson Kahindi / World Vision



OBJECTIVE 2

Strengthen health systems and workers

Much of World Vision's support of health systems in our long-term programmes has focused on promoting their services and helping people to access them.

Nearly **47 million** people have been reached with health interventions, including preventative behaviour and vaccine messaging; safe quarantine and/or isolation spaces; and transportation support.



© Derrick Kyatuka / World Vision








Stella, 16, is a refugee living in Imvepi refugee settlement, Uganda. Equipped with a megaphone, Stella and her friends walk through the camp delivering COVID-19 awareness messages to the community.

Depending on their context, World Vision teams have used a variety of methods to communicate life-saving health and vaccine messages to children and adults, ranging from direct messages via megaphones to radio, television, and social media to indirect messages by training and supporting community health workers, teachers, volunteers, and faith leaders, amongst others.

For example, throughout 2021, World Vision used various approaches to reach people in **El Salvador** with essential messages:





Media

-  *Cuscatleca* TV interview provided prevention tips and practical advice to protect children
-  radio interview explained child protection care within the context of COVID-19
-  Christian radio *Restauración* interview discussed helping children return to school
-  interview on Christian radio *Progreso* shared recommendations and tips for how families can support children's return to virtual classrooms (reaching an estimated 100,000 people)
-  radio, TV, and digital press coverage on World Patient Safety Day included World Vision's messages about maternal and child health during COVID-19
-  national information radio station YSKL highlighted World Vision in its coverage linking COVID-19 prevention to child protection and care
-  UPA radio, Globo, YXY, TV1, and Channel 12 spoke of World Vision's efforts to address child protection issues in the midst of emergencies, such as COVID-19




Print

-  a section on World Vision's COVID-19 Response was highlighted in a special supplement in *Diario El Mundo*
-  mention of World Vision's protection and care for children during emergencies was included in *INTEMPO*



Digital

-  more than 1.1 million people were reached via social media posts on Facebook, Instagram, and Twitter that focused on COVID-19 prevention, vaccination, physical and mental health care for vulnerable populations, protecting children at home and at school, and child protection and care during emergencies



Community volunteers key to the success of COVID-19 vaccinations



© Jim Kasom / World Vision

Sevaju, a 65-year-old daily wage labourer from Dang, Rajasthan, **India**, told World Vision, “We were afraid of taking the vaccine because the villagers said vaccinated people die in a couple of years.”

Jignesh, a World Vision volunteer, explained: “We have had a couple of COVID-19 cases in the community. The government set up a vaccination centre, but people didn’t want to get the vaccine.”

In this tribal belt, where a majority of the community is illiterate, Jignesh believes the importance of vaccination is easily miscommunicated. People buy into the rumours circulated on social media far too easily.

“A villager died after getting the vaccine. They didn’t die from the vaccine – they had other underlying health problems, but rumours spread fast so people stopped going to the vaccination centre,” he said.

World Vision is cooperating with the local government to help raise awareness and combat myths and rumours surrounding the vaccines. We are training volunteer home visitors to answer any questions families may have regarding COVID-19 vaccination and inform them about the government’s vaccination schedule.

Sandip, a World Vision staff member, says, “We try to inform them about the vaccination campaigns and bring as many people as we can to the vaccination centre.” The Indian government launched its nationwide vaccine drive in January 2021, but still, less than 60% of the population is fully vaccinated.⁷ “There is still a long way to go, especially in rural India.”

In a community like Dang, community volunteers are playing a vital role in bridging the gaps between the government and the local population. “I was really afraid of getting the vaccine, but volunteers from World Vision came and explained our doubts. My whole family and I have been vaccinated and now we feel good,” said Parvati, another community member from Dang.



Female volunteers join efforts to reduce COVID-19 vaccine hesitancy in South Sudan

Joy volunteers as a health promoter for World Vision’s CORE Group polio project in **South Sudan** to help to address concerns causing COVID-19 vaccine hesitancy through awareness and education. When the AstraZeneca vaccine was introduced in South Sudan, pregnant and lactating women were not eligible, barring Joy from receiving.

However, she was frequently asked if she herself was vaccinated when talking to people about vaccines. So, as soon as this directive changed, Joy was first in line to be receive the Johnson and Johnson vaccine, happy to be able to show her vaccination card to other members of her community.

“We discuss about the coronavirus, the different types of the vaccine, number of doses, and the importance of getting vaccinated.”

Health promoters like Joy, who conduct house-to-house visits to discuss the importance of vaccination with women and their families, are essential in these remote, sparsely populated villages. Health promoters are community volunteers who act as a bridge between their communities and project field staff. Vaccine safety information is often limited, so they share information to counter the myths on the effects of the vaccine and combat the misconceptions which contribute to low vaccine uptake.



© Jemima Tumalu / World Vision

“The vaccine is safe. It will protect my children and [me] from COVID-19,” says Joy, a 22-year-old mother of three.



© Armenuhi Burmanyany / World Vision


World Vision partnered with the Interreligious Council of Sierra Leone to disseminate COVID-19 vaccine messages through radio, TV, and congregational meetings.

Students in Lahj, Yemen receive information on COVID-19 preventative behaviours and other health messages.

In Laos, community members find COVID-19 prevention messages on their new village signboard.



© Nicolas Charlassier / World Vision

 **2,027** quarantine and isolation spaces supported, rehabilitated, or set up



© Thavisin Phasavath / World Vision

Kwankhao and her parents receive three meals a day from World Vision's food assistance project while quarantining: "I am happy to have a safe place to stay and food to eat during the quarantine" she says.

World Vision, in partnership with the World Food Programme, is supporting quarantine centres in Savannakhet and Saravane, **Laos** with food assistance for Laotians returning home from Thailand after losing their jobs. Families have a safe space to isolate and receive three nutritious meals a day, and the government is able to control and monitor the return of migrant workers during the pandemic.

During a spike in COVID-19 cases early in 2021, World Vision supported the Ministry of Health in **Jerusalem/West Bank/Gaza** with quarantine and treatment centres and other items.

In **Cambodia**, World Vision area programmes are partnering with local authorities to mobilise resources to support the needs of community members infected by COVID-19 or in quarantine.

 **16,390** people provided with transportation support

To ensure that people living in remote areas, such as Sherbro Island in **Sierra Leone**, World Vision used its boat to transport Ministry of Health and Sanitation vaccination teams and vaccines to the island to support mobilisation and increase vaccine uptake.



© World Vision



43 million items, including face masks; glove sets; disinfectant kits; information, education, and communication materials; and contextual vaccine messaging



38,174
medical facilities assisted



More than **48 million**
people reached
with health interventions



World Vision India provides life-saving equipment to government hospitals and health centres during deadly second wave of COVID-19



© Neola D'Souza / World Vision

World Vision distributes more than 140 oxygen concentrators and 950 pulse oximeters to hospitals and health-care centres in Rajasthan, Delhi, Tamil Nadu, Uttar Pradesh, and Karnataka, India as part of the COVID-19 Response.

In March 2021, India suffered an acute spike of COVID-19, which stretched India's long-underfunded health-care system. In a short span of eight weeks, daily **caseloads** reached an average of over 300,000 cases per day, with a new record of daily infections on 6 May. With only **a little over 2%** of the 1.3 billion population fully vaccinated, hesitancy, misinformation, and an expected vaccine shortages also affected vaccine roll-out efforts and hampered attempts to deal with the pandemic.

World Vision had already reached 4.8 million people in India with aid targeted to help the poorest cope with the economic impacts of earlier lockdowns and COVID-19 prevention efforts. But, as an explosion of COVID-19 spread out from hotspots, like Delhi, where hospitals were overwhelmed and running short of oxygen, into poorer, more populous states where health services are weaker, the danger of more people getting infected and larger waves of cases and deaths loomed large over India and its health-care system.

In response, World Vision redoubled efforts to support communities across the country, particularly in rural areas, with personal protective equipment, masks, sanitiser, and other life-saving equipment, such as oxygen concentrators, pulse oximeters, and hospital beds, as well as continued support for vulnerable families.



287,342 community health workers and frontline workers trained in COVID-19 prevention measures, including vaccines

In 2021, the global COVID-19 Response awarded funding to a number of offices in countries who were struggling to address direct and indirect impacts of COVID-19 on their populations. In **Somalia**, World Vision requested support to strengthen the capacity of health facilities in the Puntland region where the Ministry of Health had requested help to bridge capacity gaps with community health workers promoting COVID-19 awareness and health care services. World Vision provided 200 health-care workers refresher training sessions focussed on infection prevention control, COVID-19 case management and prevention, nutrition health and hygiene promotion, integrated community case management, mental health and psychosocial support, and how to use the health management information system.



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In many fragile contexts where health systems are vulnerable, it is important that equipment and other support is available to adequately respond to outbreaks. Working at the community level is vital, but, as the referral point for all types of diseases, including COVID-19, are provincial hospitals, it is imperative to also support their health facilities and frontline workers to increase awareness about COVID-19 and strengthen services. Thanks to funding from World Vision’s global COVID-19 Response, between October 2020 and July 2021, World Vision **Afghanistan** was able to train and support nearly 1,200 community health workers to provide community-based services (e.g. home support, contact tracing) in Herat and Ghor provinces and provide medical personnel working in hospitals with the necessary personal protective equipment to keep them safe, amongst other activities.



7,150 people trained on Citizen Voice and Action related to vaccine acceptance

Locally, our Citizen Voice and Action – an evidence-based, social accountability model – equips communities to hold their governments accountable for improvements to basic services. Since 2005, it has successfully been used in programmes in 50 countries, including 15 fragile contexts, to strengthen relationships and direct accountability between citizens, policymakers, and service providers. It is now being adapted and employed to address vaccine availability within countries and ensure that the impoverished, vulnerable, marginalised, and other typically overlooked communities are included in national vaccine distributions.

In Bhojpur, **India**, World Vision supported village development committees to work with their local government to organise a vaccination programme prioritising the most vulnerable and families were helped to access government assistance.



© Jim Kasom / World Vision



Faith leaders strengthening health systems through collaboration

World Vision believes that faith engagement is part of enabling a wide range of changes and effective responses. We support faith leaders to strengthen their communities’ health systems by advising the WHO and working with local health ministries to promote accurate information, ensure the most vulnerable are reached with information and vaccines, and help policymakers and programme implementers understand barriers and challenges communities face.

- ✔ In **Zimbabwe**, 689 faith leaders were actively involved in prayer mobilisations that focussed on adolescents who were finding it hard to cope due to stresses and pressure caused by the pandemic. Some then visited schools in their communities to encourage the students.
- ✔ World Vision-nominated Ambassador of Children to the General Secretary of the Council of Christian Churches in **Angola** mobilised and sensitised 350 faith leaders, youth leaders, and decision makers across seven provinces on the importance of upholding child rights, gender equality, and social inclusion during COVID-19.



OBJECTIVE 3

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

More than **2.8 million** people reached with educational materials, support, or training so children could continue learning during the pandemic



57 countries

across the Partnership helped keep children learning with education interventions

World Vision produced a weekly radio show, *Hamro Ghar, Hamro Paathshala* (Our house, Our school), to remotely engage children during the prolonged nationwide lockdown and help them continue their learning. Broadcast on Association of Community Radio Broadcasters Nepal, the largest community radio network, World Vision had the capacity to reach over 15 million people through its 300+ stations across 77 districts of **Nepal**.



more than **2 million** educational resources distributed to support remote learning



© Garima Chaulagain / World Vision

In rural areas in **Peru** where Internet and television connectivity is unavailable, World Vision collaborated with local authorities to develop educational resources for 10,000 school children, including self-learning notebooks in their own language/dialect, and broadcast stories over local radio stations to further reinforce their lessons.

In partnership with HP's Print Learn Centre in **India**, World Vision developed age/grade-appropriate educational worksheets for remedial education facilitators making home visits to use as lesson guides.

Faith leaders in **Thailand** worked closely with World Vision to join a network of educational volunteers that helped primary school children from remote areas across the country with their education.

In **Georgia**, an Orthodox faith community partnered with World Vision to ensure computers were made available for students, ensuring they could connect to virtual lessons, and faith leaders offered supplementary tutoring to children.

In **Jerusalem/West Bank/Gaza**, World Vision worked with faith leaders at religious schools to provide materials – such as masks and other supplies to address both ongoing needs and COVID-specific health requirements – so they could stay safe and remain open.

“When I grow up, I dream of being a teacher.”

*Narin, an 11-year-old from **Cambodia**, is a keen learner. When COVID-19 hit in 2020, Narin grew fearful of what it could mean for her future. “I was worried when school was closed. I couldn't go to school to study or play with my friends. I also had no device to access distanced learning, and teaching was irregular.”*

Narin's parents were also concerned about the impact the pandemic would have on their children and their education. Then COVID-19 caused a dramatic drop in the family's income. They supported Narin as much as they could, but didn't have the resources to provide.

World Vision stepped in and provided Narin books, notebooks, pens, etc. so she could continue her studies remotely. Narin was also able to attend World Vision's weekly reading camps so she could join other students to learn in small groups about her favourite subject – literacy.

Narin dreams of a day where COVID-19 is eliminated, and she can return to school, but she is grateful that she is able to keep learning while her school is closed. “It's important for children to continue learning so that they can develop themselves and their communities,” she said.



© Suborno Chisim / World Vision



More than **1.8 million** children reached with child protection activities

In addition to helping children and their families stay safe from COVID-19, World Vision trained frontline workers on child protection and supported children with programming that addressed the many indirect impacts of the pandemic, such as rising domestic and sexual violence, child marriage, child labour.



214,285 frontline actors reached or trained on child protection programming



4,932 children with disabilities received extra support during emergencies



Teenagers with diverse abilities are included in World Vision's COVID-19 Response

*"I think this project is great, especially for children with disabilities. They are the ones who need help the most. It has been a blessing for my family but especially for my son so that he can continue in school," says Jenny, a single mother of four from **Colombia**.*

World Vision supports Jenny and her 14-year-old son Jonathan, who has Down Syndrome. Jenny works as a security guard at an educational institution that works specifically to include children and teenagers like Jonathan with diverse needs. World Vision has been helping them improve their COVID-19 safety protocols by providing portable sinks for handwashing. Not only has the school become a safer place for students to learn and staff, like Jenny, to work, but World Vision has helped Jenny better protect Jonathan and understand his rights through child protection trainings.



© Barbara Melo / World Vision



More than **6.8 million people, including more than 2 million children**, reached with psychosocial support or age-specific health information, education, and communication material

Faith partnerships key to reaching children with psychosocial support and information



© Salome Torres / World Vision

Faith leaders were one of the partners World Vision collaborated with to engage children with ongoing spiritual and psychosocial support. They shared messages through a variety of channels (e.g. radio, virtual church services, WhatsApp messages) and offered bereavement counselling and support to families and children experiencing trauma, increased conflict and stress in homes, as well as a range of mental health needs.

Faith leaders in **Ecuador, Guatemala, Haiti, Honduras, and Bolivia** offered ministry to children and young people, connecting with them via digital platforms where they distributed Biblical materials and messages of hope.

In response to requests from local faith leaders in **Indonesia** to provide support so they can better respond to the increased psychosocial support needs in their communities, World Vision partnered with the Gereja Kristen Indonesia Church to support church leaders' capacity for psychosocial support and counselling through an app.

In **Bangladesh**, faith leaders provided psychosocial support via online Zoom sessions or over the phone, discussing life situations with their congregants and checking on them regularly. The Baptist Church also funded a counselling team to support people who had lost a loved one.

Across the **Latin America and Caribbean** region, over 1,200 faith leaders received training on positive parenting and how to deal with grief from losing a loved one to support children and their parents during the stressful times brought on by the pandemic.

More than **12 million people in 64 countries** helped with cash and vouchers or food assistance



More than **US\$46.8 million** in cash and vouchers to help families facing poverty because of COVID-19

World Vision is partnering with World Food Programme (WFP) to reach South Sudanese refugees in **Uganda** with lifesaving cash assistance.



© Brian Jakisa Mungu / World Vision

Partnering to reach the most vulnerable

As trusted community members with vital social access and spiritual capital, faith leaders have been able to exercise considerable positive influence in many communities during the COVID-19 crisis. Thus, World Vision has also collaborated with faith leaders and faith communities to address a wide range of challenges facing children, their families, and communities as a result of the COVID-19 pandemic.

In addition to our direct cash and voucher and food assistance distributions, World Vision collaborated with faith leaders who helped identify the most vulnerable and stepped up to address a wide range of challenges that children and families in their communities were facing.



© Edward Scholtz / World Vision

World Vision is distributing food support in **Venezuela**.

World Vision's **Venezuela Response** worked with the Hope Without Border network, which consists of local churches that can reach communities other non-governmental organisations (NGOs) and the government cannot reach, to serve all community members – regardless of religion – with emergency food support, as well as soap and hygiene kits.

In **Brazil**, Pastor Eustaquio and Pastor Carlos partnered with World Vision to help deliver over 18,000 food kits in several communities throughout the Amazon, including indigenous inhabitants.

Pastors Nyakundi and Chris in **Kenya** led local fundraising efforts to support vulnerable families and a donation drive to encourage communities to give home-grown vegetables to their neighbours in need.

Faith leaders in **Bangladesh** fundraised over social media to provide food and financial aid to vulnerable families during the pandemic, and one pastoral team donated half of their salaries to vulnerable families.

Efforts to restore livelihoods and help families become more resilient reached **hundreds of thousands** of the most vulnerable



330,734 individuals supported with livelihoods training



257,917 households provided livelihoods assets



21,026 savings group organised



World Vision, through its microfinance arm VisionFund, is **equipping individuals and communities to recover and thrive** in the midst of COVID-19

VisionFund is responding to the impact of COVID-19 in 28 countries globally, especially in places where children and families are most vulnerable. Their Response is focussed on supporting people recover their livelihoods that have been impaired by the long-lasting effects of COVID-19.



VisionFund teams globally disbursed more than **325,000** COVID-19 'recovery' loans valued at **US\$192.4 million** during 2021



210,991 savings group members supported with VisionFund linkage loan



Giving certainty to a brighter future for her children



© Abban Enoch Johnson / VisionFund Ghana / World Vision

Blessing and her little brother Gideon getting ready to leave for school while their mother prepares banku, a local maize dish, to sell at her food stall.

Mary is a mother of four, a food vendor, and a determined woman who has vowed to see to it that her children do not end up like her. The future isn't promised, she says, laughingly adding, "If it was, I shouldn't have been here; it takes money and planning."

"No child, born or yet to be born should have to suffer. We have a responsibility to guide them through this life. If our parents couldn't do it for us, well, we have the knowledge and the loans to do it for our children," Mary says.

Ever since Mary joined the VisionFund **Ghana's** commerce group in 2017, she's committed the core vision to her heart. Her husband's job alone could not provide for their children. "Since I joined the group, I don't bother my husband so much about uniforms, school bags, and stationery. I too have the power to provide those," she reveals.

Thanks to loan assistance, Mary's eldest daughter, Ivy, was able to enrol in the college of education. "Just when Ivy finished high school, COVID-19 came around, and business was bad. My husband couldn't do everything, but VisionFund gave me a relief loan, it's that loan that gave Ivy her fees," she says.



Success is not reached through action alone, but by one's perseverance and initiative

"You can't be seated and waiting. If sales aren't good, we have to look for other means," Paula, a baker and mother of two from **Mexico** says. Because of the pandemic her sales dropped and she was forced to close her bakery. Fortunately, she says her customers knew her well and kept coming around asking for her bread. Thanks to VisionFund's recovery loans, she's been able to maintain a portion of her baking business in order to bring in some income, which ensures that her children can finish their studies. She feels blessed that her business provides a basic necessity that people can buy, despite the economic difficulties everyone is facing.



Paula at her family-run bakery in Santa Clara Coatitla, Mexico.

© World Vision



OBJECTIVE 4

Collaborate and advocate to ensure vulnerable children are protected

Advocacy

“[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.”
– global-level, multilateral stakeholder



Over **250 million vulnerable children** have been positively affected by advocacy achievements and external engagements taken by World Vision nationally, regionally, and globally during the COVID-19 Response up to this point

14-year-old Jane, a child advocate in Adjumani refugee settlement, Uganda, sensitising the community.



© Aggrey Nyondwa / World Vision



World Vision helped to change **410** global, regional, and national policies through advocacy and external engagements to improve responses to COVID-19

Global technical leads provided COVAX and the WHO with community engagement guidance based on our Barrier Analysis vaccine hesitancy/acceptance data, which demonstrated the importance of gathering social data to inform vaccine confidence messaging and interventions. This led COVAX’s Country Readiness and Delivery working group and GAVI to integrate the Barrier Analysis tool as the preferred social data collection methodology within their demand generation framework.

In **Ethiopia**, World Vision conducted an assessment to support its advocacy for the opening of humanitarian corridor to Tigray region, where there was a serious increase in the spread of COVID-19.

In 2020, children in **Guatemala** reported feeling hungry sometimes approximately 30% of the time – 10% of children reported they were hungry most of the time or always. World Vision lobbied the Food Safety Commission on the School Feeding Law to address the impact of COVID-19 on food security for children in the country, resulting in the law’s approval.

World Vision **Honduras** joined the education platform ‘Transform Honduras’ and advocated to the Honduran government to rehabilitate schools and provide safe

conditions ahead of students’ and teachers’ return to face-to-face classes.

In **Indonesia**, World Vision supported local governments in South Bengkulu to enact disaster management village regulations to regulate children’s and women’s protection during disasters, including the COVID-19 pandemic.

Based on a [World Vision survey](#) conducted in **Romania**, World Vision successfully advocated with the Ministry of Education to transfer the responsibility of performing bi-weekly COVID-19 tests on children to their parents, rather than having teachers, who do not have the adequate training or supplies, manage the testing.

World Vision’s Syria Response gave a joint situational briefing with partner agency, [The Research Centre on Asylum and Migration](#) (IGAM), on [COVID-19 and the vaccine access situation](#). This helped raise awareness with key agencies, including the European Civil Protection and Humanitarian Aid Operations ([ECHO](#)), UNICEF, and the WHO, on the limited access to vaccines for unregistered Syrian refugees in Turkey and internally displaced persons in **north central Syria**. As a result, donors began investigating the situation and both ECHO and UNICEF are now actively monitoring refugees’ vaccine access.

World Vision had more than **6,000** external engagements on issues concerning the COVID-19 context



Vaccines



Global technical leads engaged externally with:

➔ GAVI and UNICEF on ongoing partnerships to strengthen approaches to COVID-19 vaccine access and demand by strategically engaging faith leaders

➔ regional demand working groups on a number of issues, but particularly in regards to the need for public health experts to use a rapid analysis tool, such as Barrier Analysis, to identify behavioural determinants and increase vaccination acceptance, including [presentations](#) to Christian Connections for International Health (CCIH), the [CORE Group](#), WHO, UNICEF, and GAVI



*Mr Chinethai Rucsachart, World Vision representative, speaking on the need to support equitable vaccine roll-outs for urban migrant workers in **Thailand**.*

© Winai Sittinukulchai / World Vision



World Vision partnered with [International Organization for Migration](#) (IOM) in **Thailand** to form a health volunteer network to drive vaccinations in the urban hubs where migrant workers mainly work, including Bangkok and its surrounding areas. Even though 71% of the Thai population is fully vaccinated,⁸ and the country is vaccinating children as young as 5,⁹ a large number of migrants and their children have not yet received any COVID-19 vaccine.



Together with four local government offices in Jakarta, Sambas, Maluku Utara, and Sigi, **Indonesia**, World Vision is supporting vaccination roll-outs by preparing communities to receive the vaccines, including training faith leaders to support vaccine acceptance. The process started with World Vision engaging with the local governments, calling for them to implement vaccination programmes in area programme locations. Once vaccine roll-outs began, area programme teams partnered with local government health services, local police or military offices, health-care facilities, and local faith organisations to encourage vaccine uptake in the communities.



The WHO invited World Vision to contribute towards **Albania's** *Global Action Plan for Healthy Lives and Well-being* report analysing progress towards sustainable development and health improvements. We provided recommendations on how to achieve more equitable sustainable health and well-being for all, recommended behavioural change communication processes to help health experts and authorities to inform the wider public about COVID-19 vaccines using scientific facts, and advocated for the prioritisation of the most vulnerable within vaccine roll-out plans.



COVID-19's indirect impacts (hunger and nutrition, education, child protection)



The Secretariat of Health of Santiago de Cali in **Colombia** invited World Vision to join the epidemiological surveillance committee – a group tasked to address the growing problem of malnutrition in the child population. World Vision seeks to influence public policies on health and nutrition, including how COVID-19 is compounding issues; emphasise the importance of proper nutrition within disease prevention and recovery efforts; and ensure the issue of child protection, particularly amongst migrant children, is also considered.

A joint press release co-signed by World Vision and a coalition of 22 humanitarian organisations raised the alarm on the dramatic food security situation in **Mali**, following the COVID-19 pandemic, an issue that was further escalated by World Vision through its global capitals in New York, Brussels, and Geneva.



Ahead of the Syria V Brussels conference in March 2021, World Vision's **Syria Response** provided input to the co-hosts, the European Union and United Nations (UN), data on the exacerbated vulnerabilities of child protection and education following COVID-19 pandemic, which resulted in the final pledging conference report prioritising access to remote education and issues of child labour and early marriage.



World Vision provided the WHO recommendations on ensuring safe schooling in **Albania** during COVID-19 times, including the need to ensure inclusion opportunities for the most vulnerable; mental health and socio-emotional support for children and adolescents; and advocating for implementable water, sanitation, and hygiene elements.

In **Mexico**, World Vision launched a joint national consultation, 'Our voice in the pandemic #NiñezXLaNiñez', with more than 80 co-convenors, that focussed on three topics: safe and inclusive return to classes, violence against children, and child labour. More than 70,000 children and young people around the country shared their opinions. Their recommendations were then presented at the *Commission of Executive Secretaries of Integral Protection* and the *Federative Entities of the National System for the Comprehensive Protection of Girls, Boys, and Adolescents*.

Child representatives from World Vision IMPACT clubs in **Albania** highlighted key findings around the impact of COVID-19 on children and young people – including poverty, early marriage, stress, education, and violence – reported in World Vision's [Act NOW](#) report at a national forum, 'Governance for Change: Civil Society Proposals'.



35 field offices participating in vaccine coordinating bodies

- ➔ World Vision **Sierra Leone** used Barrier Analysis findings to successfully advocate with its government partners to decentralise COVID-19 vaccination sites and services to increase vaccine access to rural and slum areas in districts and chiefdoms across the country.
- ➔ As part of **Romania's** national vaccine coordinating body, World Vision advocated for the inclusion of faith leaders in local authority campaigns.
- ➔ In **Malawi**, World Vision is a member of the national COVID-19 vaccine taskforce, regularly participating in the taskforce meetings and implementing joint actions, such as the roll-out of an e-communication on social and behavioural change to reduce COVID-19 vaccine hesitancy.

Staying accountable

Our COVID-19 Response has always consulted people on what they need and how they want to participate in recovering from the direct and indirect impacts of COVID-19. We take action based on their feedback so that we're accountable to the children and communities that we serve. These accountability indicators have been included in our Response plan from the beginning, and over the last two years, each indicator has been reported against by our teams in the field 683 times as they engaged communities and surveyed community members to track feedback trends and programme relevance as contexts changed. On average:

89% reported they were satisfied with World Vision interventions

77% reported they received information about World Vision, expected staff behaviour, programmes, and how to provide feedback

81% agreed that complaints/feedback they made to World Vision were resolved based on agreed timeline

The top community feedback trends were people requesting more information about World Vision programmes and COVID-19 as well as increased distribution methods for information, for example sharing information through various channels or translating it into different languages. On average, in the first year of the COVID-19 Response, only 69% of community members reported they had received information about World Vision, expected staff behaviour, World Vision programmes, and information on how to provide feedback. However, as field offices listened and responded to requests they received from their communities, this average improved to 83%.



World Vision can't do it alone: Partnerships help communities to thrive

20,000 partners in nearly 100 countries

Without our partners, World Vision would not be able to reach as many people or communities as we do. World Vision partners with individuals and organisations from grassroots to global levels, including: **faith leaders; community health workers; frontline health workers; home visitors; sponsorship monitors; volunteers; government officials and ministries; community-based organisations; local, national, and international NGOs; and UN agencies** to protect children and their families. Public and private donors are also integral to enabling World Vision to provide a wide range of support and programmes to scale up preventative measures, strengthen health systems and workers, and support and protect children and their families affected by COVID-19.

Key collaborators were essential in helping to prevent the spread of the virus and bolstering hard-pressed health services. These relationships helped to ensure that hard-to-reach populations also received messaging on COVID-19 preventative measures; accurate information about COVID-19 vaccines and national vaccination roll-outs; community-based services (e.g. home support, contact tracing, vaccine counselling); and child protection support.

World Vision's advocacy work was also amplified by joint positions taken alongside like-minded organisations, statements made in sync with coalitions and networks, and engagements with key partners who are able to influence policy change. Central to this work was the need to protect children from the harm caused by the

indirect impacts of COVID-19 on families and fall-out from the pandemic. World Vision listened to children to ensure Response activities addressed their age and gender specific issues and concerns and that these were brought to the attention of leaders and partners at all levels.

At the beginning of the Response, advocacy and external engagement efforts focussed on humanitarian access to reach the affected populations. In some locations, we were the first and/or only first responders on the ground. Other advocacy priorities include: centrality of children in response plans, improving flexibility and transparency of funding flows, and increasing direct funding to NGOs. As COVID-19 vaccines became available, World Vision also began advocating for the equitable distribution of vaccines, and the creation of the 'humanitarian buffer' to ensure vulnerable populations such as refugees and displaced people receive vaccines, the inclusion of faith and community leaders in vaccine roll-outs, amongst many other topics.

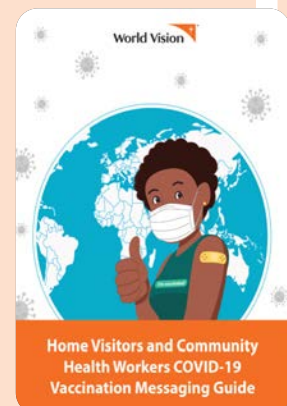


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Key partners, actions, and roles include:

Affected communities

- ✔ nearly 2.75 million teachers, parents, and caregivers were provided with education support and training
- ✔ 283,537 community health workers and frontline workers were supported with ways to reduce COVID-19 transmission, present accurate information about vaccines, and [guidance on how to talk to community members about COVID-19 vaccination](#)
- ✔ 202,687 faith leaders were trained on how to effectively reach children and families with the information and tools to prevent the spread of COVID-19, including an accurate understanding of the benefits of vaccination, how to model appropriate behaviours, and identifying and supporting the most vulnerable children and families
- ✔ approximately 200,000 frontline actors were reached with information on child protection programming
- ✔ more than 7,000 community members were educated on Citizen Voice and Action to empower communities to hold their governments accountable for promised services, including COVID-19 vaccination



Access to COVID-19 Tools Accelerator's (ACT-A) vaccine pillar (COVAX) and the WHO

- served as a civil society organisation representative on the demand-side preparedness working group
- supported health system strengthening through our participation on the Health Systems Connector pillar
- panellist for the WHO's COVID-19 vaccine communications webinars discussing the role and impact of faith actors in COVID-19 vaccination and our global and national advocacy for vaccine equity and access
 - › [The role & impact of faith actors in global and national advocacy for vaccine equity and access](#)
 - › [The role & impact of faith actors in overcoming barriers to COVID-19 vaccination](#)
- contributor and peer reviewer for [COVID-19 immunization in refugees and migrants: Principles and key considerations](#)
- participated in the ACT-A Vaccine Pillar Civil Society Dialogue on COVID-19 vaccines on vaccine strategy, delivery, implementation and financing, in addition to updates on policy developments and other technical recommendations, such as on booster doses
- consulted on an operational guidance tool to strengthen COVID-19 vaccine demand and acceptance in refugees and migrants

GAVI, The Vaccine Alliance

- elected to lead a consortium of seven faith-based organisations
- won a US\$60 million competitive contract to reduce under-immunised and zero-dose children in key Gavi countries in **the Sahel (Burkina Faso, Central Africa Republic, Chad, Mali, Niger, and Nigeria)** over four years using Nurturing Care Groups, Citizen Voice and Action, and other models
- secured a US\$1 million grant to reduce vaccine hesitancy amongst faith leaders and their communities in the **DRC, Uganda, and Nigeria**
- received funding to pilot Nurturing Care Groups and Citizen Voice and Action project models for one year in the **DRC** to reduce under-immunised and zero-dose children
- hosted [COVID-19 vaccination: The demand side](#) a discussion of concerns and how vaccine hesitancy is undermining efforts to reach 70% global immunisation at UNGA76, which included GAVI's Managing Director of Country Programmes
- attained grant for faith leaders' training on increasing COVID-19 vaccine acceptance

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

- significant contributions to the UN's [Global Humanitarian Response Plan for COVID-19](#)
- highlighted our Barrier Analysis tool in the Global Humanitarian Response Plan's [final COVID-19 progress report](#) as a means to prepare the ground for COVID-19 vaccination campaigns



World Vision's CORE Group polio project coordinator in **South Sudan** collaborates with the WHO.

© Jemima Tumu / World Vision

Coalition for Epidemic Preparedness Innovations (CEPI)

The Global Fund

- top performing, A-rated partner
- shared findings from Barrier Analysis research in Sierra Leone with the Country Coordinating Mechanism members as part of the government's successful COVID-19 proposal on vaccine demand creation strategies

London School of Hygiene and Tropical Medicine

- co-authored research studies on behaviour change as it relates to COVID-19 vaccines with Heidi Larson, the founding director of the Vaccine Confidence Project:
 - › [Behavioural determinants of COVID-19 vaccine acceptance in rural areas of six lower- and middle-income countries](#)
 - › [Exploring the behavioural determinants of COVID-19 vaccine acceptance among an urban population in Bangladesh: Implications for behaviour change interventions](#)

The UN Refugee Agency (UNHCR)

- co-lead for faith-based organisation task force
- provided private briefings and data on vaccine access and overall impact of COVID-19 on refugees and internally displaced persons

United Nations Children's Fund (UNICEF)

- jointly advocated on ending violence against children within COVID-19 context
- member of thought partnership platform on immunisation
- contributed to UNICEF's COVID-19 vaccines advocacy strategy
- shared guidance on how home visitors and community health workers can talk to community members about COVID-19 vaccination
- provided joint recommendations on children at the UN's Special Session of the General Assembly on COVID-19
- co-chaired east and southern Africa demand working groups

Collaborative Cash Delivery Network

- global co-lead
- contributed to COVID-19 resources produced by social protection working group
- key informant to [Overseas Development Institute study](#) on the use of cash assistance in the COVID-19 Response



© Paola Avello / World Vision

World Food Programme (WFP)

- negotiated for school meal programmes' to be take-home rations
- collaborated to ensure that all of our distributions followed good COVID-19 protocols

Global NGO consortia (including [Steering Committee for Humanitarian Response \(SCHR\)](#), [InterAction](#), and [International Council of Voluntary Agencies \(ICVA\)](#))

- World Vision actively contributes to these groups and has advocated for our positions on COVID-19 in strategic conversations

Peer agencies

- humanitarian agencies, including World Vision and Save the Children, are jointly developing a safe return to child-friendly spaces guidance for the gradual opening post-COVID-19 in Uganda and use of the sites with alternative approaches¹¹

The Alliance for Child Protection in Humanitarian Action

- Steering Committee Member and incoming global co-lead
- contributed to the Alliance's [five-year strategic plan](#) on humanitarian action work, particularly in the aftermath of the pandemic
- co-organised the 2021 annual meeting with UNICEF
- included in [Summary of Abstracts - 2021 Annual Meeting for Child Protection in Humanitarian Action](#)
 - › "Utilising research to build preventive programming" on addressing the root causes of child labour in **Lebanon** during COVID-19
 - › "Preventing harm through adolescent's engagement" on the increase in child marriage, child labour, and violence against children during COVID-19, earthquakes, and floods in **Nepal**

High-level Political Forum on Sustainable Development

- hosted a high profile engagement focussed on sustainable and resilient recovery from COVID-19 with a spotlight on the impact of children and solutions for child protection and ending violence against children

ALNAP

- co-panellist at *Changes to humanitarian evaluation following COVID-19* session at the [American Evaluation Association](#) conference
- contributed to [From real-time evaluation to real-time learning: Exploring new approaches from the COVID-19 response](#)
- contributed to the ALNAP21 conference: *Learning from disruption: evolution, revolution or status quo?* with a conversation about [Voices on disruption: How has COVID disrupted children's lives in crisis contexts?](#)

Food Security Cluster

- member of COVID-19 working group
- seconded World Vision’s livelihood & food security expert to lead on advocacy messaging for working group¹²

Global Health Cluster

- highlighted World Vision’s vaccination work as part of the **South Sudan** Health Cluster as part of the [global health cluster’s vaccine roll-out](#)
- contributed to [position paper](#) – provided key messages to guide global and country-level health cluster partners to advocate and support equitable vaccine availability and uptake for populations of concern in humanitarian settings with 28 key partners, agencies, and clusters

NetHope

- founding member
- lead implementing partner on digital connectivity COVID-19 Response project in Kakuma refugee camp in **Kenya**

Christian Connections for International Health (CCIH)

- co-sponsored event on the [strategic engagement of religious leaders in COVID-19 vaccination](#)



© Jemima Tumalu / World Vision

As a partner of the **South Sudan** Health Cluster, World Vision has been supporting the COVID-19 vaccination scale up by targeting vulnerable populations with door-to-door outreach visits from health promoters that included COVID-19 information as part of their routine home visits.



How World Vision’s COVID-19 Response contributed to the global conversation around the pandemic



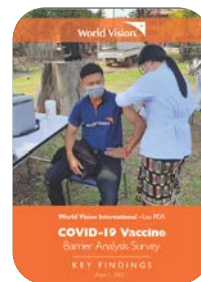
COVID-19 vaccination: The demand side

On the margins of the 76th United Nations’ General Assembly high-level week, World Vision organised a side event in partnership with GAVI, UNICEF, WHO, and City University of New York where we discussed the challenges of COVID-19 vaccine demand creation and launched an assessment of national vaccine deployment plans from diverse contexts.



High risk, low priority: Refugees excluded from COVID-19 vaccine roll-out

This report uses findings from a World Vision survey conducted across eight countries with forcibly displaced persons that validates existing evidence of the tremendous impact of the pandemic on refugee and displaced communities.



Barrier Analysis studies

World Vision is promoting the use of Barrier Analysis and other social data survey tools to better understand what communities think, feel, and know about the vaccines. We are using these findings to guide our vaccine messaging and support governments’ deployment strategies. Global studies on vaccine hesitancy include research conducted in [rural areas of six lower- and middle-income countries](#) and [an urban population in Bangladesh](#).¹³



Home visitors and community health workers COVID-19 vaccination messaging guide

This resource is designed to empower home visitors, community health workers, and partners working directly with communities to communicate about COVID-19 vaccines clearly and with confidence. The guide has two sections: the first explains important findings from behavioural science (including our Barrier Analysis studies) to remember during vaccine counselling and the second focusses on common questions and answers when promoting COVID-19 vaccines.

A look back: Persistence in the face of the pandemic

Vaccines are for everyone



38 countries are supporting vaccine roll-outs in their countries



more than **1.6 million people** reached with vaccine uptake activities in 2021



41 studies conducted to inform vaccine messaging and address contextual barriers



© Chhim Dara / World Vision

Frontline workers get vaccinated in **Cambodia**.



© Martin Muluka / World Vision

World Vision has partnered with the government and other NGOs to create awareness and sensitise refugees on COVID-19 by sharing information on vaccination and encouraging best hygiene practices. Refugees can now access vaccines as they collect food. Abdijabar is getting vaccinated at Dadaab Refugee Camp in **Kenya**.

Vaccines save lives, protect livelihoods, and safeguard families and children from impoverishment and violence.

The success of national vaccination campaigns depends on a deep understanding of people's belief systems and the social and personal barriers that affect their vaccine acceptance.

Through the global Response team and coordination mechanisms, the COVID-19 Response has provided a vaccine programming framework and guidance for all responding field offices as well as additional support and resources to countries that need it most. Where possible, field offices have been actively involved in vaccine introduction efforts at the country level through engagement with national vaccine taskforces; advocacy for equitable vaccine distribution and specific mapping of vulnerable populations, especially refugees and populations living in urban hotspots; and programmes aligned with World Vision's vaccine programmatic resource guide.



Awareness raising

An August 2021 evaluation of national COVID-19 vaccine deployment plans¹⁴ identified a number of issues, including:

- unaddressed challenges on how to reach the most vulnerable
- gaps in coordinating with civil society and communities
- lack of education on vaccines.¹⁵

We know, based on our behaviour-change work in other areas, that the endorsement of faith leaders and community health workers is vital for community-level acceptance. So, to address these concerns, World Vision offices are using their grassroots

*Nisreen, a 43-year-old mother of three boys from **Lebanon**, has already had COVID-19. She found the activity run by World Vision to be helpful, "I learned much new information today, especially info on how to help my boys better during this period. We got infected by the coronavirus, so I was able to relate to what was said, but the information on the vaccine cleared my perspective and doubts, especially that my husband and I are getting our first dose next month," she says.*

connections with community and frontline health workers and faith leaders to offer trainings on COVID-19 vaccines. We've done this so these trusted community members are able to provide the most vulnerable communities with accurate health information, vaccine counselling, encourage vaccine uptake; to help individuals to make informed decisions about their health; and to create vaccine demand.

Faith leaders can, and have, worked with communities to address religious and cultural barriers to the vaccine as well as modelled positive social norms when they are provided access to accurate information from trusted sources.



© Maria Bou Chaaya / World Vision



Nearly 500,000 faith leaders and frontline and community health workers have been trained and supported to provide COVID-19 and vaccine-related community-based services, such as home support; contact tracing; preventative measures; and COVID-19 vaccine acceptance, uptake, compliance, communication, and counselling.

- Christian and Muslim faith leaders in **Sierra Leone** are partnering with World Vision to address vaccine hesitancy by working to understand key contextual local barriers and use the Bible and Quran to address faith-related barriers.
- World Vision **Angola** is partnering with faith leaders to support their sensitisation efforts around COVID-19 prevention, distribute accurate vaccine information, and help families address the added stress by the pandemic and increased violence against children.
- Our Channels of Hope COVID-19 vaccine module was adapted in **Lebanon** and **Indonesia** for the Muslim context in collaboration with partner agency, Islamic Relief Worldwide. More than 70 faith leaders from across all zones in Indonesia have already attended trainings and developed and are implementing action plans.
- Offices in **India**, **Indonesia**, and the **Philippines** have implemented Channels of Hope modules with faith leaders, and the Philippines is also working with the WHO and the health ministry to implement the programme model as a main approach to address vaccine hesitancy.



Advocacy

By the end of 2021, more than 9 billion vaccine doses had been administered globally in just one year; however, only 13% of people in low-income countries were reported to have received at least one of those doses.¹⁶ Thus, in addition to the practical aspect of awareness raising, we are also focussing on advocacy and supporting mechanisms, such as [COVAX](#), for equitable distribution.

Beyond the complex matters related to equitable international vaccine distribution, also lies the issue of equitable distribution at the national level and disparities in vaccine roll-out planning. A May 2021 World Vision study of forcibly displaced persons found that only 20 countries were known to have begun vaccinating refugees and asylum seekers on an equal footing to citizens.¹⁷

68% of surveyed refugees and displaced persons had not heard of any plans for vaccinations in their communities.¹⁸

In addition to advocating for vaccine access for all eligible persons living in a country, we have also asked decision makers to ensure that faith leaders, civil society organisations, and communities participate in all phases of governmental vaccination strategies so that plans take into consideration the local context and belief systems and engage all critical stakeholders early on to increase vaccine acceptance and uptake.

World Vision **Sierra Leone** encouraged the national government to engage traditional leaders on the COVID-19 vaccine which led the Ministry of Health and Sanitation engaging them as vaccine champions within their chiefdoms.

World Vision called on **Indonesia's** government to expand its reach and accelerate vaccine access to ensure all vulnerable groups were included in the national vaccination programme. They collaborated with civil society organisations for the disabled and in remote communities to raise access issues with health and internal affairs ministries. In response, the Ministry of Health issued a circular to ensure and accelerate vaccination services for vulnerable groups, including people living with disabilities, children (12–17 years old) in alternative care institutions, people in remote villages, and people without civil registration.

In **Ethiopia**, World Vision strongly advocated the need to expand the vaccination to reach the most vulnerable individuals. They were able to support local health authorities to mobilise and sensitise people living in two *woredas*, Kiltu Kara and Boji Dirmeji, on COVID-19 vaccines. As a result, nearly 3,200 individuals were vaccinated.

World Vision participated in national and county-level forums discussing COVID-19 vaccination issues in **Kenya**, as well as sensitising our own staff on factual information about vaccination and its importance.



Addressing vaccine hesitancy

The mismatch between vaccine supply and demand is just one of the issues arising from the vaccination campaign. Another significant challenge is people's hesitancy, or unwillingness, to take a vaccine. An evaluation of national vaccine deployment plans in mid-2021 showed that many countries had either not included or only included limited plans to address vaccine hesitancy in their plans.

Yet, findings from **Bangladesh, Myanmar, Kenya, Tanzania, and India** show that vaccine 'acceptors' were more likely to say that most of their community leaders and religious leaders wanted them (or would want them) to get a COVID-19 vaccine,¹⁹ indicating that governments must also consider belief systems when administering the vaccines, not just vaccine accessibility and logistical complexities. Thus, as part of our vaccination programming, World Vision is also promoting the use of Barrier Analysis and other social data survey tools by national governments so they can better understand what communities think, feel, and know about the vaccines and use these findings to guide their vaccine deployment strategies.



© Reilly Kanamon / World Vision

*World Vision supports frontline workers on COVID-19 vaccine sensitisation in **Papua New Guinea**.*

Vaccine acceptance does not only involve making people aware of the benefits of vaccination and combat misinformation. It also includes working with communities to understand and address the cultural, political and environmental factors that influence their behaviour. Door-to-door outreach plays a vital role in the success to immunisation programmes by allowing discussions on concerns and finding ways to address them in a participatory way. Ensuring continuous engagement with community networks and leaders, local governments, and partners for a community-driven response builds trust and acceptance of vaccines.

World Vision's advocacy does not end at vaccine roll-out, though. Our ambition is to create opportunities for communities and supporters to take part in all aspects of advocacy planning, implementation, and evaluation. Our Citizen Voice and Action project model is designed to empower communities to hold their

governments accountable for services promised in areas that have an impact on the well-being of children and their families, including COVID-19 vaccination. Citizen Voice and Action works by strengthening systems; it equips communities with tools to help them identify service gaps and effectively advocate with local and national governments to improve quality and meet standards for these services, such as nurses-per-head of population.

In **Indonesia**, Citizen Voice and Action has been used to expand the boundaries of the health system at the local level to include citizens and local government officials and strengthen component elements of the system. Relationships were established between various elements of the system, stronger information and resource flows introduced, and positive feedback loops added to support ongoing actions and improve effectiveness.²⁰ Since the start of the pandemic, they expanded their Citizen Voice and Action programme to work jointly with the National Planning Ministry on implementing this social accountability tool in response to COVID-19. Citizen Voice and Action is also being used to ensure accountable delivery of vaccine services in several countries, including **Ghana, Uganda, Indonesia, and Zambia**.



Coping with the long-term impact of COVID-19 on education

Hundreds of millions of children's educations and futures are in jeopardy. The most vulnerable children especially are falling further behind and less likely to return to school. Yet, we know that education has the power to change lives and break the cycle of poverty.²¹



*13-year-old Samjhana sheds light on the impact of COVID-19 in her family and community in **Nepal**. "My family struggles to buy stationery items, like pencils, for me. I have not been able to go to school and meet my friends. I have seen that children are not going to school and getting married."*

© Garima Chaulagain / World Vision



The reality: Children face a range of indirect impacts when school closures and disruptions to their education occur

An estimated 258 million children were already out of school before COVID-19 exacerbated these challenges and left millions more children without access to quality education and a safe learning environment.²²

- 94% of the world's student population, 1.6 billion learners in more than 190 countries, were affected by the closure of educational institutions at the peak of the crisis.²³
- Early indications suggest that up to 11 million children may never return to school.²⁴

Dropping out of school can have a devastating effect on a child's potential – estimates put total earnings loss for this 'generation of students [at] [US]\$17 trillion . . . about 14 per cent of today's global GDP [gross domestic product], as a result of COVID-19 pandemic-related school closures.²⁵

Even those who do go back will struggle; an estimated 100 million children have fallen behind in literacy as a result of the health crisis.²⁶

- Prior to the pandemic, less than half – just 47% – of 10-year-olds in low- and middle-income countries were in school or gaining basic reading skills. In 2021 that number dropped to barely more than 1 in 3 (37%).²⁷
- At the start of the pandemic, hundreds of millions of children were dependent on school meals as

a reliable source of nutrition,²⁸ and, in just the first year of the pandemic, children missed more than 39 billion in-school meals.²⁹

Children may also experience intergenerational impacts on health and nutrition due to also missing routine immunisations, often mandated for students in order to attend school, which could lead to an increase in deaths and the potential resurgence of vaccine-preventable diseases, such as measles, tetanus, yellow fever, HPV, and others.³⁰

Children and young people are particularly dependent on social support and need the interaction with peers and adults to develop.

- 91% of children and young people surveyed by World Vision early in the pandemic reported feeling emotional distress or facing troubling experiences and 71% said they felt isolated and lonely since their schools closed.³¹

Social isolation, coupled with repeated school closures, can also put children at risk of experiencing violence and exploitation, which increase the probability of missing further education, early pregnancies, and poor pregnancy outcomes.

- A global survey of children and young people heard 81% of children and young people talk about violence in their homes, communities, and online since the start of the COVID-19 pandemic.³²

Every child – including those displaced for years on end – has the right to quality education

World Vision is deeply concerned that the impacts of COVID-19 on education will permanently scar the development of a generation of the world's most vulnerable children, which is why one of the Response's priorities throughout the pandemic focussed on providing education opportunities to children, families, and teachers to deal with ongoing school closures caused by the pandemic.

In **Bolivia**, World Vision partnered with the Ministry of Education to produce educational programmes and broadcast them nationally on public television.³³

World Vision promoted home-based learning through the provision of educational materials, including reading books, toys, colouring books and crayons in **Cambodia**. Staff also worked with teachers, school directors, and community reading facilitators to encourage and support parents/caregivers to establish reading corners in their homes to give children access to reading and literacy materials.³⁴

Faith leaders in **Thailand** worked closely with World Vision to join a network of educational volunteers that helped primary school children from remote areas across the country with their education.

In the **DRC**, World Vision provided lessons online and over radio and TV broadcasts and supported hundreds of volunteers to go door-to-door to 10,000 households in order to educate parents about remote learning and distribute reading materials to 20,000 students.³⁵

World Vision purchased and distributed 1,000 solar-powered radios to boost access to learning in **Malawi** during COVID-19.³⁶

In **Mozambique**, World Vision improved access to school supplies and materials through the acquisition and production of books stocked in book banks and school libraries.³⁷





© Charity Beza Uwase / World Vision

*In partnership with the **Rwanda** Education Board, World Vision launched the ProFuturo project – an initiative that aims to improve the quality of education through use of digital technologies.*



Adaptability in adversity

When COVID-19 began to exacerbate some of the existing challenges of supporting the most hard-to-reach neighbourhoods and vulnerable communities, World Vision developed guidance to support offices to implement remote programming in a way that is safe for children and adults³⁸ and tailor 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 to best address emerging needs.

Reconnecting children with education

In **Peru**, World Vision developed a virtual platform in collaboration with [Worldreader International](#) and [GRADE Peru](#) that allowed students to read together. This mobile application helps students to improve their reading skills by providing them access to an extensive virtual library and educational activities. The project is being scaled up to reach nearly 10,000.

Across **Central America**, World Vision used phone applications, such as WhatsApp, YouTube, and Skype, to implement virtual soft and technical skills trainings for children and young people.³⁹

In collaboration with Plan International and Save the Children, World Vision **Zimbabwe** spearheaded the use of a mobile learning-based platform, Viamo, to share high quality lessons aligned with the national curriculum.⁴⁰

As part of efforts to improve primary school education in **Rwanda** through digitisation and enable students to learn remotely, World Vision equipped an additional 60 schools with information and communication technologies infrastructure; trained 274 teachers in digital education; distributed more than 70 laptops, projectors, and power adapters to schools; and supplied 3,390 tablets to students.

Repurposing technology to support vaccination campaigns and strengthen health systems

Many of the lessons learnt from (1) **digitisation efforts** to inform, engage, and educate communities on health, nutrition, hygiene, and child protection issues through technology and (2) the adoption of **flexible and innovative approaches** to reach the most vulnerable people in marginalised and remote locations, including people without access to the Internet or gadgets, are now being utilised by field offices as they support vaccine roll-outs in their countries. For example, data is now being collected virtually by phone, social media, or text messaging in order to assess needs, despite limited access to the field due to travel restrictions.⁴¹ Field offices are also using these methods to conduct surveys to gauge vaccine hesitancy and ascertain vaccine availability for particularly vulnerable populations.

Other solutions, such as World Vision's Last Mile Mobile Solutions ([LMMS](#)) technology, are also being employed. Besides simplifying beneficiary registration and management, LMMS avoided duplication with government systems, and in Indonesia, it helped reveal vulnerability factors that went beyond government criteria. World Vision was then able to advocate effectively for the newly identified vulnerable populations to be included in government support services.⁴² This data is invaluable when advocating for inclusion of often overlooked communities in national vaccine distribution plans.

World Vision staff helps Abdirahman, a refugee living in Dadaab Refugee Camp in Kenya, through the identification process using LMMS.



© Martin Muluka / World Vision

World Vision's agile digital solutions are delivering innovative health-care support in Sierra Leone

“[World Vision Sierra Leone] has done a great job and I want to use this opportunity to say thank you.” – His Excellency, President Dr Julius Maada Bio

The Sierra Leone government, through the Ministry of Health and Sanitation's eHealth Coordination Hub, approached World Vision to find innovative ways of supporting the remote training of health-care workers in response to the 'new normal' that prohibited gatherings to curtail the spread of COVID-19.

World Vision Sierra Leone reintroduced its Mobile Training System (MOTS), a nationally acclaimed training mechanism that is able to safely train health-care workers around the country – including those in the most remote locations – with no need for in-person gatherings. The digital learning platform was originally piloted with community health workers during

the Ebola outbreak using interactive voice response technology to deliver voice-recorded training content in local languages on various topics, such as vaccines and disease surveillance. World Vision [handed over the training platform](#) to the Ministry of Health and Sanitation to support their ongoing efforts to deliver quality health care at an event during which, His Excellency, President Dr Julius Maada Bio, pointed out that this technology has a number of uses beyond COVID-19 and Ebola. “[It] could also help manage risk communications during public health emergencies and help reduce the high burden of disease, as well as maternal and child mortality rates through public health messaging.”

Reaching the most vulnerable digitally

Partnerships with Viamo, Dimagi, and other telecommunication companies, helped World Vision 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 and trainings.⁴³

In **Lesotho**, clubs established to leverage WhatsApp to educate children on water, sanitation, and hygiene best practices during the pandemic reached over 12,000 people. Pre-recorded COVID-19 messages were also disseminated over public address systems.⁴⁴ These examples of promising communication methods that are already being employed in the field are also now being leveraged as part of vaccine acceptance efforts.

World Vision's fragile contexts programme approach has allowed offices to prioritise agility and flexibility in the use of digital technology, accelerated data collection, real-time analysis, and remote programme management.

World Vision **Honduras** is already incorporating lessons learnt and approaches from their 2019 pilot into COVID-19 Response efforts in fragile cities across the region.⁴⁵

In **Lebanon**, World Vision uses e-cards to distribute food assistance for over 2,000 vulnerable Syrian and Lebanese families unable to meet their basic food needs.⁴⁶ These electronic food e-cards are redeemable at point-of-sale machines in WFP-contracted shops or as cash that can be withdrawn from automated teller machines (ATMs), both of which are delivered through bank cards distributed by WFP's financial service provider.

NetHope selects World Vision to lead on digitisation project in Kenya

“The [World Vision] super-team did a fantastic job [leading the connectivity infrastructure setup] and showed such great professionalism. Thank you so very much for a superb job.”
– Dagbjartur Brynjarsson, NetHope programme manager

In October 2021, NetHope⁴⁷ and World Vision kicked off a 12-month project to provide connectivity to Kakuma refugee camp in northern **Kenya**, an issue which was made more urgent by COVID-19 shutdowns. Funded by Cisco, NetHope donated equipment and software licences to 10 sites in the camp, including two World Vision distribution points.

As lead implementing partner on the project, four World Vision technology and digital solutions staff from **Kenya, Malawi, and Somalia** offices worked together with partner agencies, including the Danish Refugee Council, Norwegian Refugee Council, and UNHCR to set up connectivity infrastructure, as well as members of the refugee community, who assisted with the installation. The project aims to provide free Internet access to refugees and NetHope members to establish

collaborative information exchanges around refugee education, livelihoods, participation, and protection by:

- providing free Internet access at five training and vocational centres (two of which are women-only centres), enabling visitors to access online learning and career-building resources more easily
- improving efficiency and effectiveness for World Vision's and UNHCR's onsite biometric refugee verification process
- connecting the 112,000 refugees who visit World Vision's distribution sites monthly to access information and connect with friends and relatives.

What's next?

World Vision recognises that the fall-out of this pandemic is not over and has not affected everyone equally. Even as World Vision concludes its global Response, we know the indirect impacts of COVID-19 will continue to evolve and affect vulnerable children and their families for years to come. Our continuing response to both the current and lasting impacts of the COVID-19 pandemic is more essential than ever. Thus, we are committed to continuing to reduce the impact of COVID-19 on vulnerable children and families by:

- supporting people and health systems as countries face new waves and variants of COVID-19 (vaccination programming, emergency relief)
- strengthening health systems and workers so they are better prepared to face future health emergencies and disasters (disaster preparedness)
- prioritising efforts to support children affected by COVID-19 (education, child protection, food security, livelihoods)
- fortifying local economies by equipping individuals and communities to recover, thrive, and be more resilient (microfinance)
- raising awareness about the indirect impacts of COVID-19 so the most vulnerable, particularly children, are not overlooked (advocacy)
- providing children and young people opportunities and platforms to speak about issues affecting them, amplifying their voices with governments and partners, and advocating for opportunities for them to shape and participate in recovery efforts (child participation)

In some Response countries, these plans are being integrated into their long-term strategic plans. Priorities include:

- addressing the indirect and psychosocial impacts of the pandemic
- leveraging our learnings from COVID-19 vaccination campaigns to increase immunisations to under-immunised and zero-dose children
- enhancing our field offices' preparedness to future emergencies
- strengthening gender equality and social inclusion programmes.

For example, in **Uganda**, World Vision has programmes in health and nutrition; resilience and livelihoods; sanitation and hygiene; education; child protection; and emergency response to holistically contribute to the sustained well-being of 5.2 million vulnerable Ugandan children.⁴⁸ Understanding the prolonged psychosocial and economic impact that the pandemic will have on the country and its children, their office included a long-term child protection approach in their latest country strategy ([2021–2025](#)).

We are conducting a large-scale, multi-country evaluation in order to ensure accountability, reflect upon successes and challenges, and improve upon future global emergency responses. This evaluation will represent insights from thousands of households across eight countries, an initial desk review of more than 4,000 pages about Response efforts, as well as staff and community consultations. Results will be released in July 2022.

Children from Chennai, **India** during India's deadly second wave of COVID-19.



© Luke Aslaksan / World Vision

Gen C19: 'The COVID-19 generation'

The pandemic has thrust children everywhere into a new world of uncertainty, with loss of loved ones, shuttered schools, and isolation from friends, family members, and community. For a generation of children, hopes and dreams of a better future are now threatened.

We can already see that COVID-19 and its indirect impacts will have long-lasting, and potentially life-long, effects on a generation of young lives – those children living through this pandemic (those born after approximately 2004) and those born during it – Gen C19. Despite being at lower risk of infection, suffering from severe symptoms or serious illness, or fatal outcomes, children have been disproportionately affected by the long-term impacts of COVID-19. For many children, particularly those living in less wealthy countries, it has also brought increased poverty, hunger, and risk of child marriage and child labour. The pandemic has caused a global public health and socioeconomic crisis and reversed years of hard-won progress toward ending extreme poverty.



"We have to work to make a difference and be brave."

World Vision's global lead of child protection and participation, Bill Forbes, spoke about his work to understand the effects of COVID-19. "It's terribly upsetting," he said. "The waves of COVID-19 infections keep coming and hitting vulnerable communities and fragile contexts, aggravating existing challenges and difficulties and creating new ones."

Bill has listened to children's accounts of daily life as part of learning his team's learning of World Vision can best serve children, families, and communities. The pandemic has created an environment of unease; children are feeling anxious, depressed, and lonely, he says. He voiced deepening concerns over the rising number of children globally who have been negatively affected by COVID-19. "The challenges remain massive and continue to accumulate," Bill says. "It's a bleak picture, but there are beautiful parts of the picture as people courageously act to help children thrive under such challenges." "We hear children saying, 'We have to work to make a difference and be brave' and in the face of these challenges, there is courage," Bill says.

COVID-19 aftershocks still rippling

Sourcevie sells embers in a community market in the **DRC**. “I hope to become a teacher when I grow up. I pray that I can find someone to help me get out of this life of selling embers. That I can lead a normal life like any child my age. In this life, every morning I wake up and pack the bags and go to sell. It weighs much on me.”

COVID-19 is one of many things stopping Sourcevie from reaching for her dreams. The pandemic has only made life harder for her as she sells embers in a community market.



© Patrick Abega / World Vision

Poverty

Just under 100 million people fell into extreme poverty during 2020 – a 10% increase since 2019 – as a result of restrictions to movement and social interaction.⁴⁹ Yet the effects of COVID-19 and subsequent lockdowns are still felt in many communities where we work and continue to hamper the economic recovery of many of the people with whom we work. Poverty and insufficient, reduced family incomes have become the primary experience, even in the second year of pandemic, leading to consequential effects on children’s learning, well-being, and protection due to reduced access to healthy food and/or increase in psychosocial stress and violence.

Surveys conducted by World Vision showed:



Income drops reported by



72%

refugees and IDPs⁵⁰

63%

households in the **Asia Pacific** region⁵¹

School closures

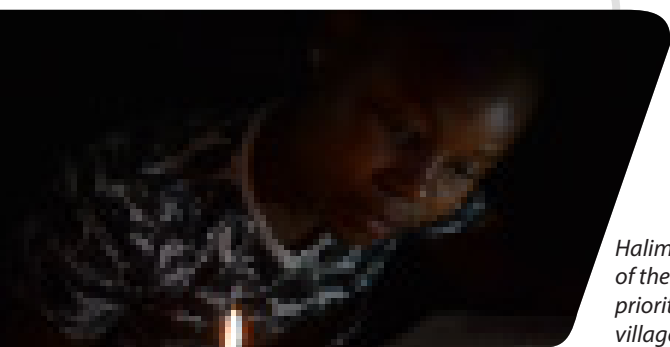
School closures sever precarious connections to education and school-based social supports, reducing education and employment opportunities, and potentially leading to juvenile justice involvement and unemployment. Furthermore, school closures have a greater impact on children with disabilities and learning difficulties and in low- and middle-income countries with reduced access to online learning.⁵²

In a survey conducted in six conflict-affected countries:



almost **90%** of children said they could not go to school because of COVID-19 – this meant they could not access the services they needed or do things children should be able to do – like learn and play with their friends.⁵³

Halima, 17, is in secondary school in Dodoma, Tanzania. When schools closed because of the pandemic, she noted, “Studying at home gave me a hard time because my parents’ priority is house chores, and learning is like an extra thing. There is no electricity in our village, the only source of light that I can read by is a candle or sometimes a kerosene lamp.”



© Agness John / World Vision

Service disruptions and reduced access to health-care systems

The disruption of child protection and health services seriously limits access to prevention and response services for children and young people.

- **23 million children under age 1** missed out on basic childhood vaccines through routine health services in 2020⁵⁴ – putting them at risk from devastating, deadly preventable diseases like measles, polio, or meningitis
- **69%** reduction in measles, mumps and rubella vaccination in India⁵⁵
- **1.6 million more girls** were not fully protected from human papillomavirus (HPV) – which causes cervical cancer later in life – than in 2019⁵⁶
- hospital births down by **21%** in **India** and **some African countries**⁵⁷
- **40%** less coverage of essential nutritional services during COVID-19 in low- and middle-income countries⁵⁸

Aftershocks disproportionately affect children

The long-term implications of COVID-19, such as hunger, education losses, experiencing abuse and violence, social isolation, suffering the loss of family members, and the psychosocial impacts of these experiences, will all have a persistent bearing on this generation's children.



Hunger and food insecurity

Due to losses of incomes and disruptions in domestic food supply chains, COVID-19 led to severe widespread increases in global food insecurity. Far from temporary, this insecurity is expected to continue throughout 2022, establishing a dangerous pattern that can be impossible to escape.



Food insecurity is a leading cause⁵⁹ of wasting in children

- **47 million children under age 5** suffered from wasting in 2019 before the onset of COVID-19⁶⁰
- **13.6 million more children** will suffer from wasting⁶¹ or acute malnutrition by 2022 due to the impacts of COVID-19
- **3.6 million more children** will suffer from stunting⁶²



US\$1,400 is lost in average lifetime earnings for every person who is stunted in childhood

- COVID-related stunting and mortality will lead to **US\$29.7 billion** in productivity losses by 2022



250 children estimated to die per day from pandemic-related malnutrition between 2020 and 2022

- malnutrition is the main underlying cause of **45%** of all preventable deaths of children under five⁶³
- children who suffer from wasting are **11 times more likely** to die than well-nourished children⁶⁴



Children and their families suffering from hunger and malnutrition do not get the nutrition support their bodies need to fight off severe COVID-19 infections, making them more susceptible to contracting and spreading the disease itself

Surveys conducted by World Vision showed:



the lack of access to food or a nutritious diet was in the **top three concerns** reported by forcibly displaced families around the world⁶⁵



1 in 5 households in the **Pacific** reported skipping meals or eating cheaper meals because they could not afford a healthy diet⁶⁶



hunger was a major driver for children ending up in gangs or armed groups in **Kenya** due to a decrease in food availability⁶⁷



Stress and mental health concerns

Children everywhere have experienced a rollercoaster of emotions — anger, fear and hopelessness during the pandemic, worsened by existing vulnerabilities and experiencing violence. Not only do they fear COVID-19 itself and what it might do to their loved ones, but they fear for their future amidst school closures and loss of livelihoods. This has placed more pressure on parents, and many are worried about how their children are coping with COVID-19.

In partnership with Al Ghad, World Vision conducts sessions to help children to learn how to protect themselves from COVID-19 and provide psychotherapy for children. Ameer, a 10-year-old from West Mosul, Iraq, attends these sessions.*

**Name has been changed to protect identity.*



© Shayan Nuradeen / World Vision

Surveys conducted by World Vision showed:



38% of children and young people living in conflict-affected countries said they felt sad and fearful, with **12%** at the extreme end (higher than the WHO's estimate of 9%),⁶⁸ and at risk of developing moderate to severe mental health disorders, such as depression and anxiety⁶⁹



1 in 7 children in the **Asia Pacific** region said they felt so afraid nothing could calm them down most or all of the time, and around **1 in every 18 children** felt so hopeless that they did not want to carry on living, most or all of the time⁷⁰



almost **half of all parents** living in conflict-affected countries noticed changes in their relationships with their children, noticing things like more aggressive behaviour from their children, as well as added stress to the relationship overall⁷¹



more than **1 in 9 children in Asia Pacific** said they felt so angry, they felt out of control, most or all of the time⁷²

However, COVID-19 has created even more stress in the lives of children already affected by conflict and poverty. Conflict and displacement can have devastating and lifelong effects on children's mental, emotional, and physical health. Bombardments, attacks, occupation, and being forced to flee erode their sense of safety. The risk of being injured or maimed due to conflict results in acute fear.⁷³ Furthermore, children who have previously experienced traumatic events are more vulnerable to new stressors. The stress of the COVID-19 pandemic may resemble past traumatic experiences, such as bombings, escapes or conflict events. Fear of death, destruction, injury and loss of loved ones may resurface. Some children may not be stressed by COVID-19 itself, but by the memories and emotions that the situation evokes.⁷⁴

Children living with COVID-19 in conflict and poverty are asking for help

They are dreaming of being able to go back to school, play with their friends, participate in sport, and of peace where they live. The majority of children surveyed are in need of psychosocial support. Displaced children are struggling with the added stress the most – 70% of them said they were in need of psychosocial support, which is three times the pre-COVID-19 estimated amount. This means 456 million children are likely to be in need of mental health and psychosocial support worldwide.⁷⁵



Increased exposure to violence and abuse

Girls and boys are facing unprecedented protection concerns threatening their physical safety, rights, and future as a result of the pandemic.

PHYSICAL AND EMOTIONAL ABUSE

Surveys conducted by World Vision showed:



1 in every 10 children in **Asia Pacific** experienced physical violence and **1 in every 9** faced emotional abuse⁷⁶



65%–99% of children surveyed in countries across **East and West Africa** reported experiencing physical or psychological aggression from guardians in the past month⁷⁷



61% of children in **Kenya** reported increased physical abuse⁷⁸



in **Uganda**, respondents said that high stress due to job/income losses and movement restrictions had led to increased violence against children⁷⁹

Physical and emotional abuse is closely linked to children's stress levels and feelings of fear, anger, and hopelessness.

According to a World Vision survey conducted in the **Asia Pacific** region:⁸⁰



children experiencing physical abuse were **2 times** as likely to feel fear and anger and **4 times** as likely to feel hopelessness



1 in every 4 children who experienced verbal (**24%**) and physical abuse (**27%**) reported feeling so afraid nothing could calm them down

CHILD LABOUR

Before the pandemic, 160 million children worldwide were participating in child labour – an increase by 8.4 million children in the past four years – nearly half those children (79 million) were performing hazardous tasks. Millions more children are at risk due to the economic impacts of the pandemic. As many families experience financial hardship, through the loss of breadwinners due to illness or death or income/job loss, they are forced to rely on their children to contribute. Global estimates predict that an additional 9 million children could be exploited and pushed into child labour by the end of 2022 as a result of the pandemic.⁸¹

Surveys conducted by World Vision showed:



- **40%** of children in **Asia** were engaged in economic activities, with **1 in every 10 children** engaged in child labour
- **43%** of forcibly displaced people in the **DRC** reported having to send their children to work
- an increase in forced labour by children in **Uganda** and **Ethiopia**⁸²
- **14%** of families in the **Pacific** said they sent their children to work to make up for lost income⁸³



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*Nuri, age 11, lives in **Bangladesh**. She has been forced to drop out of school and start breaking bricks to help support her family.*

CHILD MARRIAGE

Almost two years after the first COVID-19 lockdowns, families are still struggling to make ends meet, children are in and out of school, and protection services have closed and restarted several times. Multiple projections have been made about the impact that the pandemic will have on child marriage rates⁸⁴ – everyone agrees there will be an increase, the only question is by how much. Unfortunately, we are already seeing this realised – 2020 saw the largest increase in child marriage rates in 25 years.⁸⁵

Surveys conducted by World Vision showed:



a child who went to bed hungry within the past four weeks was **60%** more likely to be married than their peers who did not experience hunger⁸⁶



3.3 million children in this generation are at heightened risk of child marriage based on the increased hunger they are now experiencing⁸⁷



child marriages **more than doubled** in many communities where World Vision works between 2019 and 2020⁸⁸



82% of the married children we talked to in countries across the Asia Pacific region wed after the beginning of the pandemic⁸⁹

Building back better from the pandemic

While global awareness can ensure NGOs and governments are prepared to address the issues this generation may face going forward, it's the deep connections within communities that have the potential to have an impact on an individual child's well-being or change their trajectory.

Faith leaders in particular are critical change agents and partners. Their unique insights into the impact of COVID-19 on their communities enable them to recognise the significant and multi-faceted challenges facing children and young people as a result of the pandemic, including health, education, and livelihood-related implications. Local pastors and faith communities can also often identify vulnerable children or households when it comes to increased levels of violence. Their position as a trusted leader in the community can allow them to work towards prevention, lead and encourage parents to participate in positive parenting, share resources, and refer abuse cases to child protection systems.

While we remain committed to meeting immediate needs, guaranteed and equitable access to coronavirus vaccines, tests, and treatments is imperative. The

roll-out of safe vaccines is key to protecting the world's most vulnerable people and restoring hope and livelihoods. Even in countries where children are not yet eligible to get vaccinated against COVID-19, access barriers to the COVID-19 vaccines, vaccine hesitancy, and a lack of equitable access can still affect them and vaccination campaigns' successes are necessary to ensure we can address the many areas of children's increased vulnerability.

Yet, as the world continues to adapt to the changing nature of the COVID-19 pandemic, it's children like Eulalie, a 15-year-old from Kenya, who are seeking a better life and future. Through World Vision's Empowering Children as Peacebuilders project, Eulalie and other children in Kakuma Refugee Camp are calling for an end to conflict and violence, and the building of a peaceful world in which they can achieve their dreams. Their strength, resilience, and courage give us hope.



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Peace poem

By Eulalie, 15, Kakuma Refugee Camp, Kenya

Growing up as a child, life always seemed fair. But COVID-19 proved me wrong, opening my eyes and making me realise that grass isn't always green.

When I thought that the journey of achieving my dream career as a doctor had taken off, it was suddenly cut off when schools were closed indefinitely due to the pandemic.

Job opportunities became less frequent, so Father became jobless. And others who had succumbed to this enemy became lifeless.

But when I thought life was over, the heroes and heroines in the medical field came through for the world, with the vaccines. The hope we had lost is now back.

So, let us choose peace. Stop preaching negativity and embrace positivity so we can be united.

We have been in the darkness but now we see the light at the end of the tunnel. Let's bury hatred and choose to love one another.

Let's destroy the chords of violence and sing the tunes of peace, because united we stand and divided, we fall.

So, as children, we are choosing to recover better for a more equitable, peaceful, and sustainable world, since we represent the future generation.

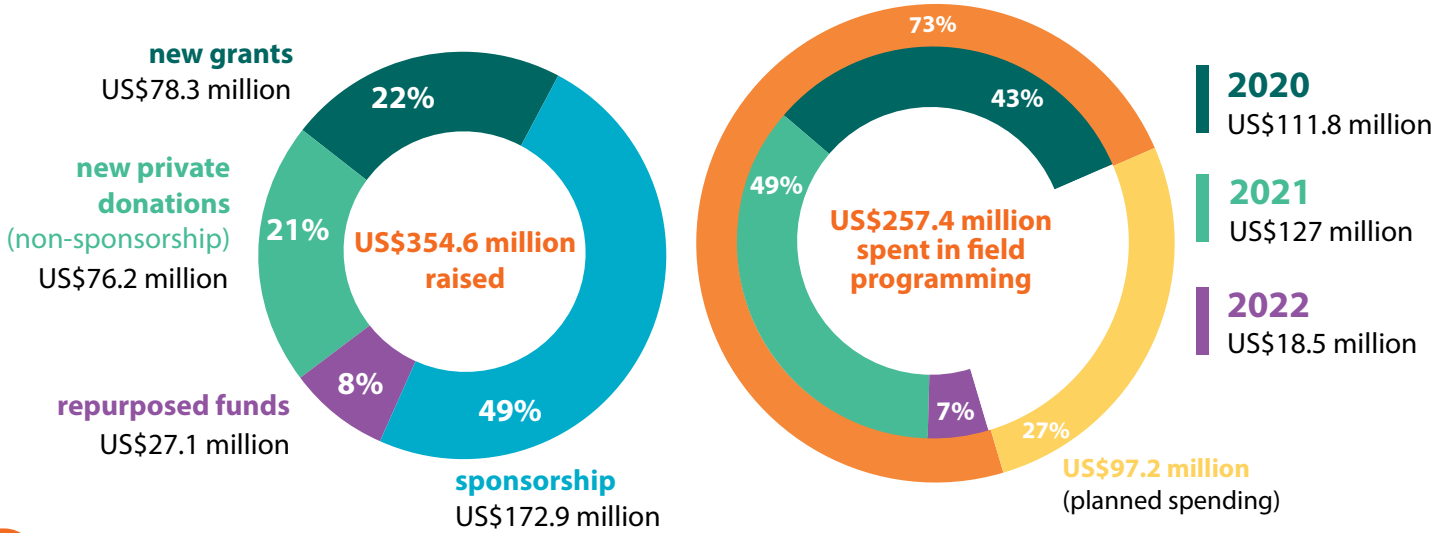
COVID-19 has threatened to put us down. And now we are slowly but surely rising from the ashes of this pandemic.

Tough times never last but tough people do.

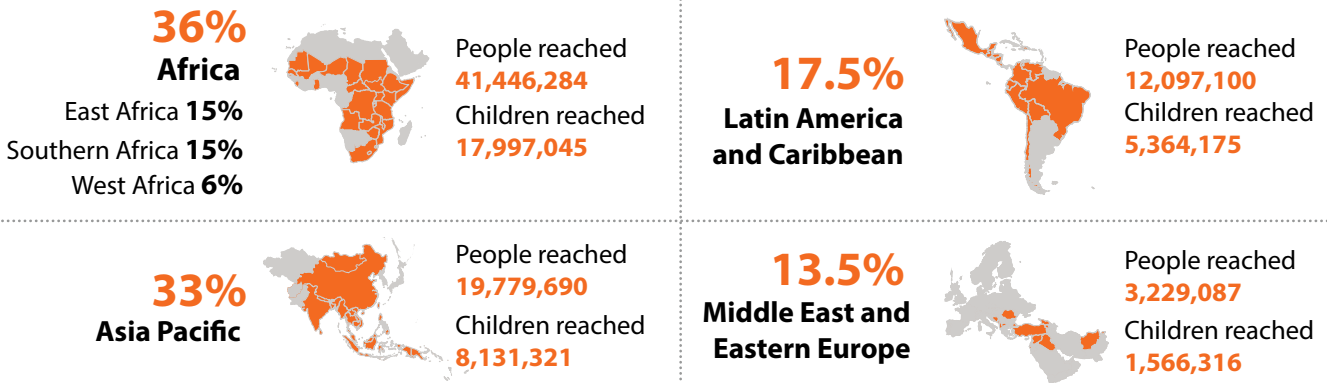
So, as surely as the sun rises each morning, we shall arise and overcome this pandemic.

Funding overview

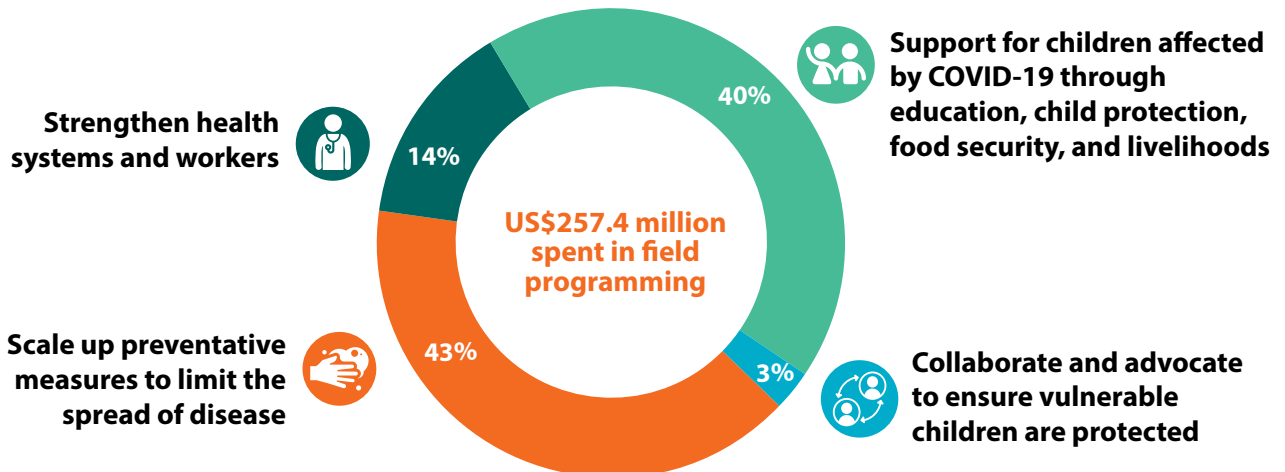
Two years in, World Vision has surpassed our target to raise the US\$350 million needed to reach the most vulnerable children and families affected by COVID-19. World Vision has spent three-quarters of the funds raised so far in field programming. This financial reporting does not yet account for domestic programming in support offices, fundraising, and other costs. Remaining funds will go towards vaccine roll-out activities, supporting programming to counteract COVID-19's ongoing indirect impacts on children, and other pandemic-related activities through the end of the Response.



Spending per region



Spending by strategic objective



2021-22 Publications

To read our thought leadership pieces on topics related to the COVID-19 pandemic, its aftershocks, and COVID-19 vaccines, click [here](#).

For an overview of our response, approach, and impact, visit our [website](#).

Policy briefs

- [Nutrition, the key to COVID recovery](#)
- [Crossroads: The Syrian children's rights and the Global Refugee Forum](#)
- [Shattered lives: Understanding the mental health and psychosocial needs of women and children in Northwest Syria](#)
- [Gaps in mental health and psychosocial support programming affecting already vulnerable population groups in the Middle East](#)
- [There is no place for famine in the 21st century](#)

Reports

- [COVID-19 Response update – February 2022](#)
- [Behavioural determinants of COVID-19 vaccine acceptance in rural areas of six lower- and middle-income countries](#)
- [COVID-19 Response update – October 2021](#)
- [Unmasking II: Childhood lost](#)
- [COVID-19 and child marriage](#)
- [Price shocks - How COVID-19 is triggering a pandemic of child malnutrition and what is needed to prevent this from happening](#)
- [Protecting children during the COVID-19 crisis and beyond: A report on child protection needs during the pandemic in five African countries](#)
- [COVID-19 vaccination – The demand side](#)
- [COVID-19 vaccine programming response](#)
- [COVID-19 Response update – August 2021](#)
- [Health and social protection services at local level: Lessons from COVID-19 first surge in Nepal](#)
- [Cash and voucher programming in COVID-19: Lessons learnt from Asia Pacific](#)
- [Diagnosis on the situation of the rights of girls, boys and adolescents in Ecuador, before and after the declaration of emergency by COVID-19](#)
- [Exploring the behavioural determinants of COVID-19 vaccine acceptance among an urban population in Bangladesh: Implications for behaviour change interventions](#)
- [High risk, low priority: Refugees excluded from COVID-19 vaccine roll-out](#)
- [COVID-19 vaccine – Barrier Analysis staff survey key findings](#)
- [COVID-19 Response Update – May 2021](#)
- [Breaking the chain: Empowering girls and communities to end child marriages during COVID-19 and beyond](#)
- [The silent pandemic: The impact of the COVID-19 pandemic on the mental health and psychosocial wellbeing of children in conflict-affected countries](#)
- [Response plan 3.0](#)
- [Agile in adversity: How COVID-19 changed the way World Vision works](#)
- [COVID-19 Response Update – February 2021](#)
- [Double hardship: Protecting conflict-affected children in the age of COVID-19](#)
- [Faith in action: Power of faith leaders to fight a pandemic](#)
- [Report of the CHW survey for COVID-19 Response countries](#)
- [World Vision's global accountability report 2020](#)
- [World Vision's global annual report 2020](#)



Endnotes

- 1 Figures represent activities and people reached between January 2020 and December 2021 (validated as of 7 March 2022). World Vision only tracks new people reached, facilities assisted, etc. each quarter; thus, we share cumulative figures in order to provide a more accurate representation of Response activities during 2021 as our offices continue to reach many of the same people with varying activities and support.
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World Vision cannot do this work alone. It is only through the dedicated support and cooperation of local governments, hundreds of thousands of child sponsors and supporters, institutional donors, and communities themselves that our programming makes a change. We would like to extend our heartfelt gratitude to our friends, partners, and donors including:

Aktion Deutschland Hilft
Dutch Relief Alliance
Disaster Emergency Committee
European Commission Humanitarian Aid and Civil Protection (ECHO)
GAVI, The Vaccine Alliance
Government of Australia
Government of Canada
Government of the United Kingdom
Government of the United States
The Global Fund
Red Cross Singapore
Unilever
The UN Refugee Agency (UNHCR)
United Nations Children's Fund (UNICEF)
United Nations Office for the Coordination of Humanitarian Affairs
World Bank
World Food Programme
World Health Organization
XP Investimentos

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families, and their communities to reach their full potential by tackling the root causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.



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