



Reaching children in a global pandemic



LOCATION: Over 70 countries



PROJECT NAME: Global COVID-19 response



GOAL: To reach 72 million people, including 36 million children, in 18 months



AIMS:

1. Prevent the spread of the virus;
2. Support health systems;
3. Support children impacted by COVID-19 through education, child protection, food security and livelihoods;
4. Collaborate and advocate to ensure the most vulnerable children are included.





RESULTS: GLOBAL HIGHLIGHTS



1. Scale up preventive measures to limit the spread of the virus – keeping people safe

Globally over 30 million people heard about important preventative behaviours such as handwashing and social distancing.

4.7 million handwashing sets and nearly 3 million hygiene kits were distributed.⁴

365,000+ faith leaders and community health workers have helped prevent the spread of COVID-19 within their communities. They now stand ready to support vaccine acceptance and roll-out.

A study of World Vision UK-supported Area Programmes⁵ found we delivered Personal Protective Equipment (PPE), hygiene kits and materials such as tippy taps and soap to both households and institutions. The close connection we have with faith leaders in communities proved valuable in raising awareness of COVID-19 and its prevention measures.



2. Support the health care system

Globally – over 8 million masks and 4 million glove sets were delivered to medical facilities, health workers and communities. Full PPE was provided to nearly half a million medical personnel. 98% of community health workers continued working.⁶



3. Support children and families impacted by COVID-19

Over 6 million people were helped with food security and nearly 2 million people received cash and voucher assistance worth over \$19 million.

Over 1 million sets of education materials were given so children could learn at home and almost 1.5 million children were supported with child protection programming.

The impact of the COVID-19 pandemic reaches far beyond individuals' health and the health systems. Schools across the world closed, markets became inaccessible, and people lost their livelihoods. Our programmes have delivered support to vulnerable households. Some families received cash vouchers to buy food, while others received food packages.



4. Collaborate and advocate to ensure most vulnerable children are included

From the start of this pandemic, we knew vulnerable families would be the hardest hit, not just health-wise, but by the economic, social and mental impacts. Therefore, we have been advocating for the world's most vulnerable children not to be forgotten. 278 global, regional and national policy changes have been achieved through advocacy and external engagement to improve the international responses to COVID-19.

Overview

As of 29 January 2021, there have been over 100 million confirmed cases of COVID-19¹ reported worldwide and over 2 million people who have died with the virus. With schools closed, learning lost and livelihoods collapsing, the economic impact of the lockdowns will be felt for years to come. Not to mention the secondary impacts, including increasing food insecurity and malnutrition, and a rise in domestic violence, child labour and teen pregnancy. During a review of the first six months of response to the crisis, a World Vision staff member said: "We've lost, I think it's fair to say, an entire generation of children in countries who will never go back to school now because the girls are pregnant, the boys are working."²

World Vision's response

World Vision responded as a worldwide partnership, coordinating emergency responses, while also adapting existing programmes.

By 14 December 2020 our global response had reached nearly 59 million people, including nearly 26 million children.

World Vision UK contributed to all four aims of the global Partnership's response, including adapting all programmes to the new reality of the pandemic, to ensure critical and lifesaving activities continued in as safe a way as possible.³



CHILDREN CREATING AWARENESS ON COVID-19 IN VAISHALI AP, INDIA

"We are doing this kind of messaging through arts and video clips for the first time which could help other children in the community. Before we didn't have the interest or curiosity for this, but now it is very interesting, and our free time is utilised in a proper manner. We are so glad that we got this golden opportunity to make people aware and teach them how to remain safe." (Children's Club member, Vaishali AP)

TOP LEFT: Social distancing implemented at a food distribution point in Zambia in response to the drought. ABOVE: Arohi, 12, from India, displays her poster saying: "Do hand washing frequently and this would defeat corona. Be at home and continue studies and be safe from corona."



ABOVE: Global hand washing day celebrated in DRC.



¹WHO Coronavirus Disease (COVID-19) Dashboard – covid19.who.int

²From a real-time learning exercise (23 Nov 2020 p.2) to review the first six months of World Vision's response to the COVID-19 pandemic. This process included online surveys, virtual interviews, and field office workshops to collect data from over 3,000 World Vision staff across 56 countries and 500 external partners.

³In this case study we have used data from the Partnership-wide COVID-19 response, alongside data from a review of how existing World Vision UK programmes adapted and how new World Vision UK-funded COVID-19 responses contributed.

⁴Global response data from updated documents available on [wvi.org/publications](https://www.wvi.org/publications). Data in this case study taken from the COVID-19 Response Update – December 14, 2020.

⁵A review of our long-term programming in 2020, using available reports from 15 out of 19 countries. The reports were analysed to discover themes in how we responded to COVID-19 in long-term UK-funded programming.

⁶Real time learning exercise, 23 Nov 2020, p 4.

RESULTS: PROGRAMME SNAPSHOTS



1. Scale up preventive measures to limit the spread of the virus – keeping people safe

Niger and India – Children and young people played their part by sharing information with their peers. They, in turn, told others about COVID-19 and its prevention.

Democratic Republic of Congo (DRC) – In grant-funded projects, supported by institutional donors, preventative measures were also taken. In the DRC we run a project supported by Unilever, where we estimate more than 5 million people heard health messages via community health workers, radio and SMS about the dangers of COVID-19 and how to prevent it. Additionally, 790 faith leaders shared public health messages to over 300,000 community members.

Zambia – Our drought emergency food distribution programme was adjusted⁷ to include social distancing and handwashing stations, alongside COVID-19 prevention messaging (see first image on page 2).

Ethiopia and South Sudan – In Ethiopia, our project addressing the worst forms of child labour temporarily halted research, while in neighbouring South Sudan data collectors screened people for potential COVID-19 infection, socially distanced and wore face coverings.



2. Support the health care system

Zambia, Sierra Leone, Honduras and Ethiopia – World Vision teams provided essentials to health facilities, including PPE, thermometers, and ready-to-use therapeutic foods.

Tanzania and Uganda – We trained health workers. Volunteer community health workers in Uganda were essential to new ways of providing ante-natal care services, while ensuring that births could be supervised by qualified personnel.

DRC – Unilever-funded project supports health workers with PPE, referral systems and transport for nurses to visit COVID patients at home.

Syria – With funding from the UK Disasters Emergency Committee, we're supporting medical facilities to deliver COVID-19 health services, and a local Non-Governmental Organisation to run an isolation unit.

Somalia – Our Tuberculosis response, through the Global Fund, has expanded its diagnostic capacity to include COVID-19 testing. This project is a blueprint for how to adapt budgets and programme activities meaning that life-saving work has continued despite constraints.



3. Support children and families impacted by COVID-19

Armenia – In countries with a reliable internet infrastructure, schools offered online teaching. The most vulnerable families in Armenia programmes had help with internet connection, so children could learn online and attend virtual Summer camps. Our education projects were all supported to continue in some form and, where still open, schools in programme areas were given PPE and hygiene equipment.

Senegal – Local radio stations broadcast lessons.

Honduras – The team supported home schooling for primary school children with a focus on mathematics and Spanish, plus teachers provided mentoring sessions and support for parents.

DRC – Girls Education Challenge project⁸ teachers conducted mentoring sessions for students where they live nearby.

Malawi – We set up a campaign to help families deal with potential stigma of falling sick with COVID-19.

Albania – A 'Stay at Home' family challenge engaged the whole family in positive activities and healthy behaviour during lockdown.



4. Collaborate and advocate to ensure most vulnerable children are included

CREATIVE ADVOCACY

Mozambique – We reached 4 million people through a national child protection campaign, via social media, mobile phones, television and community radio.⁹

RELATIONSHIPS WITH SERVICE PROVIDERS

Uganda, Albania and Mozambique – Young people have successfully advocated for their local leaders to recognise the impact COVID-19 has had on children and to consider young people in post-pandemic recovery plans.

SAFETY NETS

India and Cambodia – Our teams have worked to ensure families who have become vulnerable, during the pandemic, are supported by existing government welfare schemes.

PARTNERSHIP

DRC – The COVID-19 response team is working together with other organisations to ensure that hygiene messages are consistent and to organise mass campaigns, sharing knowledge and expertise and saving costs.



ABOVE: World Vision Somalia COVID-19 response team handing over PPE to World Vision-supported TB centres through the Ministry of Health in Somaliland in June 2020, to protect the health workers and vulnerable TB patients.



ABOVE: World Vision Alaverdi Area Programme staff and community social workers supporting extremely poor families with essential food and hygiene items.

⁷Five grant funded projects were reviewed to assess how projects are adapting to cope with the pandemic context. This is a project in Zambia funded by the Foreign, Commonwealth & Development Office.

⁸A project of the Girls Education Challenge, funded by the Foreign, Commonwealth & Development Office.
⁹From World Vision's *It takes a world: Global campaign progress report*, 2020.



What have we learnt?

The six-month learning review noted these as the biggest operational challenges: the prevalence of misinformation about COVID-19; movement restrictions due to lockdowns, with significant economic impacts; public uncertainty regarding the longer-term impacts of the pandemic; poor or non-existent mobile and internet connectivity; inadequate access to safe water and sanitation; and limited government and health system capacity. Despite those difficulties, there were huge positives noted by staff.

92% of World Vision staff¹⁰ agreed with the statement: “We have developed ways to implement activities when we have movement restrictions.” Showing great signs of programme adaptiveness.

The learning review noted that people outside our areas of work (such as urban areas) are now becoming vulnerable due to the pandemic and we are not always able to respond. However, in the areas where we’re working, 92% of staff surveyed believe that the response

was reaching and responding to the most vulnerable people. “I’m proud of the vulnerable households we’ve reached with cash transfers. Several households were hardly meeting their basic needs and when cash transfers happened, it was a great relief.” – World Vision staff quote from learning review.

During the response we sought to be accountable and responsive to feedback from those we’re helping. Based on data from 12 field offices, 88% of respondents reported satisfaction with World Vision interventions, 80% had received information about World Vision, our expected staff behaviour, our work and how to give feedback. 79% of complaints/feedback from community were resolved promptly.

INTO THE FUTURE

In the immediate future we will continue to respond to needs created by COVID-19, helping communities to recover from the long-term effects of the global pandemic and support the challenge of the global vaccine roll-out.

ABOVE: Staying at home comes with many demands which hinder learning. In June, after 104 days, schools reopened in Kilimatinde Tanzania, with measures such as increased hand washing, wearing of masks and extra teaching to cover the syllabus.

¹⁰2,674 field office staff surveyed from 56 offices in six regions as part of the real-time learning exercise.

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At World Vision, our focus is on helping the most vulnerable children, in the most dangerous places, overcome poverty and injustice. Inspired by our Christian faith, we’ve worked together with communities, partners, local leaders and governments, for over 70 years, so that children – of all faiths and none – are empowered to experience fullness of life. World Vision UK is a registered charity no. 285908, a company limited by guarantee and registered in England no. 1675552. Registered office as above.

COVER: World Vision, in partnership with UNICEF, distributed soap to Rohingya refugees like Nurankis, 11, in Bangladesh to help prevent coronavirus. All photos: © 2019/2020 World Vision