



The fight against COVID-19 continues

Mitigating the effects of the pandemic on children in 2021



PROJECT: Global COVID-19 response (COVER)



TIMEFRAME: 2020 – 2021



LOCATION: Over 70 countries



GOAL: To limit the spread of COVID-19 and reduce its impact on vulnerable children and families. World Vision aims to reach 72 million people, including 36 million children, especially the most vulnerable with these efforts.



AIMS: 1. Scale up preventative measures to limit the spread of disease; 2. Strengthen health systems and workers; 3. Support children affected by COVID-19 through education, child protection, food security and livelihoods; 4. Collaborate and advocate to ensure the most vulnerable children are protected.

Introduction

By the end of 2021, over 273 million confirmed cases of COVID-19, and more than 5 million deaths, had been reported worldwide.¹ As higher income countries look to a return to 'normal', for many of the most vulnerable vaccines are scarce, high rates prevail and the secondary impacts of COVID-19 deepen.² Even when vaccines do become available, there is often a lack of capacity as well as myths which deter people from receiving this protection. Community workers, faith leaders and other frontline workers have become key in presenting the message of vaccine acceptance. Alongside this, mitigating the secondary impacts of COVID-19 such as lack of access to schooling; loss of livelihoods; increased poverty, hunger, and violence against children (e.g. teenage pregnancy, child marriage); and mental health concerns, has become ever more crucial.

World Vision's response

By October 2021, our global response had reached over 72 million people, including over 31 million children.³

The four aims of World Vision's global response were as follows: Scale up preventative measures; Strengthen health systems and workers; Support children affected by COVID-19 and continue to collaborate with local and national government, advocating for change.

We adapted long-term World Vision UK-funded programmes, for a second year, across 34 countries.⁴ Some countries required a specific COVID-19 response, especially where health systems were overwhelmed, or where new groups of people had become most vulnerable due to secondary impacts such as loss of income. These projects took place across five countries: DRC, India, Uganda, Syria and Venezuela.

Results – global highlights



Scale up preventive measures to limit the spread of the virus

Globally, over 38 million people were reached through promoting preventative behaviours, including handwashing, social-distancing and regular sanitising.⁵

Over 700,000 vaccine information and education materials were printed and distributed.⁶

Almost 17 million community members received COVID-19 prevention materials, which included over 7 million educational leaflets. In addition, almost 6.5 million handwashing supplies and over 3 million hygiene kits were distributed.

A review of World Vision UK-supported Area Programmes⁷ (AP) found that through the use of existing partnerships and ways of working, COVID-19 awareness and prevention campaigns, and vaccine messages, were promoted widely. In Tegloma AP, Sierra Leone, 50 Faith Leaders reached over 6,000 people with messages on COVID-19 prevention, contact tracing and vaccines, via loudspeakers on trucks driving through their communities. Faith leaders



also provided messages of hope. In Senegal, through Channels of Hope,⁸ 120 community and faith leaders – including Imams – received training on how to talk to their communities about the COVID-19 vaccination.

In Kilimatinde AP, in Tanzania, it is now more common to see people washing their hands regularly as handwashing facilities are available in schools, health facilities, places of worship and other public areas.

In India, COVID-19 rates were extremely high in 2021, due to the second wave in March 2021. Our local teams worked with local government to ensure the vulnerable were vaccinated. Prevention messaging was prioritised in children's groups and in Men Care groups, which usually address child marriage. Alongside their work to protect their daughters' rights, they also shared COVID-19 prevention messages. In Sarlahi AP, Nepal, awareness raising on the pandemic took place during training on livestock and crop insurance for farmers. In Suwila AP, Zambia, the programme supported nine schools and a health facility with COVID-19 preventive equipment, hygiene supplies and handwashing facilities. The number of boys and girls with improved handwashing behaviour doubled from 400 last year to 800 this year.

Support health care systems and workers

Globally over 18 million masks and more than 15 million glove sets have been distributed to medical facilities, health workers and vulnerable communities. 199,000 community health workers based in their local communities were trained and supported during the pandemic. In 2021, training included speaking out publicly to promote vaccine acceptance.

Supporting health systems in our long-term programmes⁹ has mainly been by promoting their services and helping people to access them. India suffered an acute situation and we saw more focus on medical support here than in other countries. In Bhojpur AP we assisted the government hospital with medical equipment, PPE kits, masks and sanitisers. The Disasters Emergency Committee (DEC) has enabled us to support the health system more intensively in India and Syria.

ABOVE LEFT: Richard, a community mobiliser with World Vision creating awareness and sending key messages on COVID-19 in Juba Urban, South Sudan. ©2021 Jemima Tumalu / World Vision **LEFT:** Pastor Willison Agele praying for Emmanuel Gale during a child monitoring visit in Yanagani, Bidibidi refugee settlement in Uganda. ©2021 Derrick Kyatuka / World Vision **ABOVE RIGHT:** A Doctor and an ICU technician discussing a treatment plan for a patient in a hospital supported by World Vision UK in Idleb, North West Syria. © SEMA



Spotlight on: World Vision UK/ Unilever project in the Democratic Republic of the Congo (DRC)

The eradication of COVID-19 through the promotion of preventative measures and community behaviour change was the main aim of our project in DRC, funded by Unilever and UK Aid. Channels of Hope and Community Hope Action Teams (CHAT) provided COVID-19 prevention messaging to 790 faith leaders, who then shared with their communities and churches. Using trusted leaders helped combat myths.

In fact, messaging from the faith leaders and health workers, and a mass media campaign through TV and radio, reached an estimated 6.5 million people by the end of the project.

Spotlight on: Disasters Emergency Committee (DEC) COVID-19 responses in Syria and India

With funding from the DEC, through our partner SEMA, we reached almost 30,000 people in North West Syria with hygiene kits, face masks, soap, and essential cleaning items. Community Health Workers were trained and hygiene messages were shared. Through the project, a hospital where over 500 COVID-19 patients were treated was supported. Face masks were distributed in 14 supported health facilities. Water, sanitation and hygiene facilities were repaired and handwashing stations set up in schools and mosques to support the response.

The DEC also enabled us to reach over 200,000 people in Southern India. This included awareness campaigns on prevention; support to 12 hospitals; psychosocial care to 1,200 of the most vulnerable children and families and financial assistance through a cash transfer programme for 4,574 of the most vulnerable COVID-19 affected families.

¹WHO Coronavirus Disease (COVID-19) Dashboard – Weekly epidemiological update on COVID-19 – 21 December 2021

²Global response data from updated documents available on wvi.org/publications. Data in this case study taken from the COVID-19 Response Update – October 25, 2021.

³Global response data from updated documents available on wvi.org/publications. Data in this case study taken from the COVID-19 Response Update – October 25, 2021.

⁴Adaption occurred across all our long term work and emergency responses in 2021. Five countries required a COVID-19 response to fill a specific gap in healthcare provision or secondary impacts of COVID-19 where the pandemic was at its height.

⁵All figures as per latest update available online: [COVID-19 Response Update – October 2021 | Coronavirus Health Crisis | World Vision International](https://wvi.org/publications) (wvi.org)

⁶Barrier analysis studies conducted by World Vision offices on vaccine barriers and hesitancy amongst other studies – further details available by April 2022. Analysis of this research was used to inform the vaccine messaging.

⁷A desk review of our Area Programme (AP) programming in 2021, using available reports from 14 out of 17 countries. The reports were analysed to discover themes in how we responded to COVID-19 in long-term UK-funded programming.

⁸Channels of Hope is an interactive process to create a safe space for faith leaders, their spouses and faith communities to become active participants in the wellbeing of children. (wvi.org/faith-and-development/channels-hope)

⁹A desk review of our Area Programme (AP) programming in 2021, using available reports from 14 out of 17 countries. The reports were analysed to discover themes in how we responded to COVID-19 in long-term UK-funded programming



Support for children and families affected by COVID-19

Over 11 million people received food rations, cash or food vouchers, valued at US\$38 million, to help them buy food or meet other household needs. 1.6 million children were supported with child protection programming and 1.8 million sets of educational materials were given to support children learning at home.¹⁰

In Sot Nikum AP, Cambodia, the programme worked with partners to ensure that 210 families, most at risk of hunger, received food parcels. Sarlahi AP, Nepal, we supported the families worst affected by the pandemic with food, with business recovery support and worked with adolescents to reduce instances of child marriage and mental health problems. In Patna AP, India, women were supported to

generate secondary sources of income, while children clubs and Men Care groups supported children with fun activities to reduce anxiety and trauma during lockdown.

Working with local government we supported schools with hygiene supplies to prevent infection, including in Mosoj Punchay AP in Bolivia. However, schooling was disrupted in many of our programmes, in countries where lockdowns prevented face to face teaching. In Albania we supported children most affected by school closures with online learning or materials where this was not possible. In Sot Nikum AP, Cambodia, we supported 1,600 children with materials for remote learning at home. Children were able to access libraries and borrow story books to read at home. By the end of 2021, 15 libraries were opened, 8,027 story books have been borrowed by children and 17 reading camps¹¹ run regularly at the weekend.

ABOVE: World Vision's Mobile Library in Cambodia helps restore community literacy through reading camps and weekly books distribution. Makara (in yellow), 12, says delightedly that now he "know more vocabulary and how to spell them." He is starting to read for his neighbour. © 2021 World Vision

¹⁰All figures as per latest update available online: [COVID-19 Response Update – October 2021 | Coronavirus Health Crisis | World Vision International](#) (wvi.org)

¹¹Reading camps were implemented following all COVID-19 safety procedures mandated by government.

Collaborate and advocate to ensure the most vulnerable children are protected



World Vision launched a **High Risk, Low Priority** report¹² focusing on the exclusion of refugees from COVID-19 vaccines. Worldwide by June 2021, more than 4.5 billion vaccine doses had been administered but less than half of 1% have been given in the lowest income countries. And only 2% of the population of Africa had been fully vaccinated.

World Vision is advocating on priorities, including ending violence against children in the context of COVID-19. Over 250 million vulnerable children have been positively affected by new or amended policies achieved through advocacy and external engagement. In Nepal, World Vision partnered with media outlets and the government to explain COVID-19 in over 295 radio broadcasts and launched a research report on the response towards children, to support advocacy efforts on COVID-19.¹³

Achievements at Area Programme level described in this case study are the result of collaboration, such as in India, Bhojpur AP, where the Village Development Committees worked with local government to organise a vaccination programme prioritising the most vulnerable, and families were helped to access government assistance.

What have we learnt?

Vaccine availability

Vaccine availability as well as acceptance continue to be issues, with refugees even less likely to be able to access this vital COVID-19 protection.¹⁴ World Vision adapted programmes and funded new ones to incorporate measures that prevent COVID-19, supporting the roll out of vaccines through community mobilisation; promoting understanding using accurate information for an increased vaccine take-up.

"...the whole COVID response is around social behaviour change, and faith leaders and the community health workers are big agents of change to increase awareness" (World Vision Staff member, DRC)

World Vision staff also reported that faith leaders are essential partners because they provide trusted local leadership which remains when NGOs like World Vision cannot reach communities. Finally, the research also noted World Vision's work with local faith leaders to provide spiritual nurture and support as part of their mental health and psychosocial support during the pandemic, in recognition of the fact that faith is a deeply felt core need in itself during times of crisis.

Working with faith groups as partners

Faith leaders and faith communities are at the forefront of the COVID-19 response, identifying and supporting the most vulnerable children and families. We are partnering with more than 124,000 faith leaders to disseminate accurate health information, care and prevention campaigns.¹⁵ World Vision has used its evidence-based Channels of Hope model, with faith leaders, to engage with communities and play a vital role in encouraging people to access the government provision of vaccines.¹⁶ Recent research¹⁷ found that working with faith leaders was one of World Vision's "most defined" contributions.

Remaining accountable

During the COVID-19 response in 2021, programme monitoring showed that 95% of respondents¹⁸ reported satisfaction with World Vision interventions; 90% stated they were provided information on expected World Vision staff behaviour and how to provide feedback; and 93% of complaints or feedback from community members were resolved within an agreed timeline.

¹²The report can be found at [wvi.org/publications](#) – **High Risk, Low Priority: Refugees Excluded from COVID-19 Vaccine Rollout**

¹³**COVID-19 Response Update – October 2021 | Coronavirus Health Crisis | World Vision International** (wvi.org)

¹⁴Taken from the report **High Risk, Low Priority: Refugees Excluded from COVID-19 Vaccine Rollout** (wvi.org/publications)

¹⁵Taken from the report **Faith in action: Power of faith leaders to fight a pandemic** (wvi.org/publications)

¹⁶**COVID-19 Response Plan: Phase 3** (wvi.org/publications)

¹⁷Faith and Development Responses to COVID-19' research conducted by Ellen Goodwin as part of a collaborative studentship between Ellen Goodwin and SOAS University of London which involved 30 virtual key informants conducting 77 key informant interviews (KIs) as part of the Democratic Republic of Congo (DRC) and Indonesia case studies co-facilitated by WWUK and WVI.

¹⁸All figures as per latest update available online: [COVID-19 Response Update – October 2021 | Coronavirus Health Crisis | World Vision International](#) (wvi.org)

¹⁹As per footnote 18



Conclusion

World Vision has worked globally across all four objectives and met the overarching goal of reaching 72 million people by the end of October 2021. In our World Vision UK-funded portfolio, we contributed most intensively to objectives: (1) COVID-19 prevention and (3) Support to children impacted by COVID-19, ensuring that essential components of child wellbeing such as education continue despite the pandemic, and in ways that prioritise the most vulnerable. Specific support was also given to health services (2) particularly through our DEC responses in places where the pandemic was most intense and the systems unable to cope. Collaboration and advocacy (4) with local government, NGOs and faith partners is how we work in our long-term programmes and we have used these relationships at local levels to address the additional needs caused by COVID-19.

ABOVE LEFT: In South Sudan, Matiop (left), 16, takes Yar, 14, through a science lesson on the life cycle of mosquitoes. ©2021 World Vision **ABOVE RIGHT:** Ever since the COVID-19 outbreak in Zimbabwe in March 2020, the country has been in a series of lockdowns as a way to curb the spread of the virus. These two girls hold a poster which says: "Lord please make the COVID-19 virus end so that we can continue with our education." ©2021 World Vision

Next Steps

The World Vision Partnership continues to integrate global COVID-19 response activities into ongoing programming. The fall-out of this pandemic is not over and has not affected everyone equally. We know the indirect impacts of COVID-19 will continue to evolve and affect vulnerable children and their families for years to come. Thus, we are committed to continuing to reduce the impact of COVID-19 on vulnerable children and families by:

- Supporting health systems and workers in the areas of vaccination programming and emergency relief, so they are better prepared to face future health emergencies and disasters.
- Prioritising efforts to support children affected by COVID-19 (education, child protection, food security, livelihoods) and fortifying local economies by equipping individuals and communities to recover, thrive, and be more resilient.
- Raising awareness about the indirect impacts of COVID-19 so the most vulnerable, particularly children, are not overlooked.
- Providing children and young people opportunities 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.

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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.

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COVER: Esther (left) shares preventative measures with fellow children in a refugee camp in South Sudan. © 2021 Scovia Faida Charles / World Vision

