100 Days On
COVID-19 Emergency Response
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Foreword

100 days on, we must redouble our efforts to protect the world’s most vulnerable children.

When we entered 2020, we had no idea that within days the world would be confronting a virus that would kill hundreds of thousands and put tens of millions of children at risk from the aftershocks of the crisis.

As we write this report, nearly 15 million people have contracted COVID-19, over 600,000 have died, and lockdown and containment measures have created an economic meltdown that has devastated the incomes of millions more families.

I am deeply concerned about the plight of children. Beyond the tragic loss of family members from the virus, many are facing increased stress, violence, and harm at home and in their communities. School closures affecting more than 1.5 billion girls and boys are impacting the educational and psychosocial development of their young minds. The most vulnerable children already living in difficult and dangerous places are now enduring especially challenging times.

The series of Aftershocks reports that World Vision has produced provide detailed and disturbing insights into what is happening to children.

Our third and latest is the most sobering yet. Based on assessments in 24 countries across Latin America, Sub-Saharan Africa, and Asia, it shows that 85 million households in Asia now have limited or no food supplies, with 8 million children forced into child labour or begging. In Latin America, every third Venezuelan migrant child is going to bed hungry. In Sub-Saharan Africa, one in seven female business owners told us they are earning less than half their salary compared to before the spread of the pandemic. Communities are telling us that as a result, children are facing rising risks of child marriage, violence, and abuse.

This unique challenge for vulnerable children has necessitated a unique response. When our team in China started to support those affected in January, it was impossible to foresee this growing into World Vision’s largest-ever programme, bringing together all our offices to support an 18-month US$350 million COVID-19 Emergency Response to assist 72 million people across 70 countries.

This report tells the story of the first 100 days of our response. It is a testimony to the work of thousands of staff, volunteers, and partners who have already reached 44 million people with support, including more than 18 million girls and boys. The report reflects on how we have adapted to remote response coordination; how we quickly scaled up community, health worker, and faith leader mobilisation — as well as mass media and social media; how we have reimaged refugee camp operations; how we use digital training and learning; and how we have pivoted our development funds to respond to this crisis.

We know that this is a marathon, not a sprint. We are deeply concerned at COVID-19’s spread across Latin America, parts of Asia, and into Africa where health systems are at great risk of being overwhelmed. We also know that the secondary impacts of this pandemic will be with us for years, with 71 million people expected to be pushed back into extreme poverty.

This is why I am calling for urgent action by governments and the international community to ensure a more inclusive and resilient economic recovery plan. If it takes just US$90 billion to protect the world’s most vulnerable children and their families from COVID-19’s worst impacts (equivalent to only 1% of what the Organisation for Economic Co-operation and Development and G20 countries have pledged for the global stimulus package) and it doesn’t happen, I say ‘shame on us’ if we do not make this a reality.

It is in these dark days that the light of Christ shines strongest. I am amazed to see how our partners, donors, communities, neighbours, families, and young people are coming together. The self-sacrifice, love, and humble service of millions of people, including those in World Vision and our dedicated partners, are helping and empowering children around the globe.

God bless you, and thank you once again for all you do.

Andrew Morley
World Vision International
President and CEO
@andrewmorley0
World Vision response timeline

December 2019
First coronavirus cases reported in Hubei Province, China

January 2020
World Vision responds in Wuhan, China, to support children and communities impacted by COVID-19

February 2020
First cases of COVID-19 reported in Americas and Europe

March 2020
WHO declares COVID-19 as pandemic

April 2020
WHO declares Latin America as epicentre of COVID-19

May 2020
World Vision declares a global response, initially focusing on 17 countries with pre-existing vulnerability, aiming to reach 22.5 million people -- half of them children -- appealing for US$80 million to do so

June 2020
World Vision expands its response to other countries with reported cases across Asia and Latin America

World Vision expands its global response to more than 70 countries, aiming to reach 72 million people - half of them children - appealing for US $350 million to do so

Total cases 13,285,640
Total deaths 578,110

Source: WHO, 16 July 2020

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

People Reached

43,811,099

Men 12,139,868
Women 13,294,328

Children 18,376,903

Boys 9,027,233
Girls 9,349,670

(Based on figures from 70 countries, as of 10 July 2020)

Strategic Objectives

1: Scale up preventive measures to limit the spread of disease
2: Strengthen health systems and workers
3: Support for children impacted by COVID-19 through, education, child protection, food security, and livelihoods
4: Collaborate and advocate to ensure vulnerable children are protected
OBJECTIVE 1
SCALE UP PREVENTIVE MEASURES TO LIMIT THE SPREAD OF DISEASE

In the first 100 days of our response to the coronavirus outbreak, World Vision leveraged its grassroots presence and long-term relationships with communities in villages, cities, and refugee camps around the world to catalyse efforts to limit the spread of the virus. With COVID-19 proving to be so infectious, it was a race against time to curb the outbreak in fragile and vulnerable contexts where health systems were weak and where death rates could potentially be huge.

Using what we had learned from containing earlier Ebola outbreaks in Africa, World Vision partnered with nearly 90,000 faith leaders, training them to communicate accurate health messages to those who trusted them to tell the truth. A variety of media was used, including radio and social media platforms, text messaging, TV broadcasts, posters, and even children’s games, to educate communities on how to stay safe. Doing this countered much of the false information that was being spread.

In addition, World Vision set up handwashing stations in refugee camps, in the street, at schools, and alongside health centres. Soap and sanitiser were distributed to those who could not afford these items. One-by-one, girls and boys learned how to wash their hands and sneeze safely; in turn, they encouraged their parents to do the same. Concerns that COVID-19 would run wild in the camps has yet to materialise thanks in part to these types of containment efforts. However, with the pandemic spreading in Latin America, Africa, Asia, and the Middle East, work to curb the spread of the virus must continue with urgency.

Impact highlights

- **22,443,250** People reached through promotion of preventive behaviours
- **3,518,889** Information, education, and communication materials printed and distributed
- **6,992,237** Community members provided with preventive materials
- **2,021,287** Handwashing supplies distributed
- **1,771,101** Comprehensive hygiene kits distributed
- **118,707** Cleaning kits distributed to vulnerable communities
- **73,110** Community-level public handwashing stations established or maintained
- **30,726** Water, sanitation, and hygiene facilities constructed or rehabilitated
- **88,194** Faith leaders disseminating preventive measures
In Lebanon, World Vision is distributing door-to-door bleach and sanitising products to Syrian refugees, while reminding children about proper handwashing. Crowded spaces like refugee camps are at especially high risk of COVID-19 due to difficulties in social distancing and lack of access to essential water, hygiene, and sanitation facilities. In Lebanon, World Vision has supported nearly 30,000 community members with COVID-19 preventive materials such as masks and hand sanitisers.
Intervention impact

Re-imagining Uganda’s refugee response

In Uganda, refugees (like everyone else) have had to comply with strict COVID-19 guidelines. The lockdown measures have had a massive impact on refugee families and children. World Vision has adapted its range of programmes to make sure South Sudanese refugee families living in the Bidi Bidi settlement in northern Uganda are supported through this difficult time.

A range of innovative health education measures have emerged to ensure that refugees are informed about the risks of COVID-19 and are practicing social distancing. World Vision trained and mobilised children and adult volunteers to go throughout the settlements using megaphones and public address systems to highlight the importance of handwashing and social distancing. Radio stations helped broadcast interviews with staff and refugee leaders. Handwashing stations were set up, 150,000 people received soap, and tailoring groups established by World Vision manufactured face covering.

Multiple agencies have already distributed masks to over 230,000 refugees. Youth journalists trained by World Vision also spread news stories about COVID-19 through social media. They even created rap music, which is played at food distribution points.

Distributions of food, provided by World Vision’s partner the World Food Programme, to hundreds of thousands of refugees had to be re-imagined to prevent the spread of the virus. Food pack sizes for families were doubled and individually packaged, and the frequency of distribution to each family reduced. Those collecting food were temperature checked by staff wearing protective gear, required to wash hands, and to maintain distance. In addition, finger scanning was replaced with form scanning to reduce human contact.

The closure of schools and child-friendly spaces – affecting 800,000 refugee children across Uganda – has also massively impacted children’s ability to meet and play. Children have continued learning by listening to radio lessons provided by the government, but parents have also taken advantage of a World Vision/UNICEF-funded project that taught them how to produce basic play items, including using local materials like clay to fashion things such as letters of the alphabet and figurines. For children who have fled brutal conflict in South Sudan, connecting with others to learn and play is central to their healing.

“\nFor months now, awareness campaigns have been created by various non-governmental organisations like World Vision in the settlement. This includes posters, radio messages, and public address systems. The behaviour of people now has changed to avoid coronavirus... and youth have created a number of songs about the disease.”

- David, 17, mobile journalist, Bidi Bidi refugee settlement, Uganda
I feel obligated to the community, to not only provide religious teachings, but also persuade members of my church to take time and understand the risks associated with the novel coronavirus, how the virus spreads, and then making them aware of the various preventive measures. … We use Sundays not just for prayers, but also allocate an hour for education sessions on COVID-19 and for community members to share openly their challenges.”

- Pastor Boutros al Nour, chairperson of the Blue Nile Council of Churches, Sudan
Central to World Vision’s response from the beginning has been supporting hard-pressed medical staff, community health workers, and local leaders as they battle to contain COVID-19, care for the sick, and control its spread.

As China fought to care for those falling ill with COVID-19, it quickly became clear that countries with poorer equipped and staffed health systems would become overwhelmed. In response, World Vision set about training some 80,000 of its network of 220,000 health workers to deliver health education and provide care.

In the first 100 days, millions of gloves, masks, personal protective equipment (PPE), medical supplies, and equipment were provided to hospitals and frontline health workers. This included tents to help health facilities manage a surge of patients and support isolation and quarantine spaces.

In the midst of this, World Vision worked to ensure children’s vaccination programmes continued so that girls and boys were protected from disease and the secondary health impacts of COVID-19.

### Impact highlights

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>85,301</strong></td>
<td>Community health workers trained and supported</td>
<td></td>
</tr>
<tr>
<td><strong>201,721</strong></td>
<td>Medical personnel provided with personal protective equipment (PPE)</td>
<td></td>
</tr>
<tr>
<td><strong>5,322,690</strong></td>
<td>Masks distributed, including to health facilities, health workers and communities</td>
<td></td>
</tr>
<tr>
<td><strong>3,689,915</strong></td>
<td>Glove sets distributed, including to health facilities, health workers and communities</td>
<td></td>
</tr>
<tr>
<td><strong>8,628</strong></td>
<td>Medical facilities assisted</td>
<td></td>
</tr>
<tr>
<td><strong>331,002</strong></td>
<td>Disinfectant kits distributed to healthcare facilities</td>
<td></td>
</tr>
<tr>
<td><strong>137,598</strong></td>
<td>People supported with the securing of safe quarantine and/or isolation spaces</td>
<td></td>
</tr>
<tr>
<td><strong>761</strong></td>
<td>Quarantine and isolation spaces supported, rehabilitated or set up</td>
<td></td>
</tr>
<tr>
<td><strong>6,963</strong></td>
<td>People provided with transportation support</td>
<td></td>
</tr>
</tbody>
</table>
In Honduras, World Vision donated medical, biosecurity, and hygiene supplies to a health centre in Ojojona. World Vision has supported over 350 medical facilities, including hospitals and clinics.
Intervention impact

Equipping health workers for the fight

Health systems in many poorer parts of the world are understaffed and under-equipped, and health workers are overwhelmed by the pandemic. World Vision’s efforts to support national and local health efforts have varied from country to country and community to community. However, the ambition is singular – to enable health workers to stay safe and keep children and families healthy.

A massive focus has been on providing personal protective equipment (PPE), which for months was in short supply. In the days after COVID-19 first appeared, World Vision China set about supplying hospitals in Wuhan (epicentre of the outbreak) with ventilators and heart monitors. In addition, health centres, hospitals, and schools received hundreds of thousands of masks, as well as gloves, thermometers, and protective clothing. Staff worked day and night to track and acquire items that were desperately needed and in very short supply. These types of procurements have since been replicated in countries across the world with at least 4 million masks now distributed.

In the Philippines, World Vision provided hospitals with tents for the isolation and triage of COVID-19 patients. And in an urban community in Manila, World Vision distributed PPE such face masks, to local health workers tasked with protecting their community of 60,000 by checking temperatures.

In Brazil, where the pandemic has spread very quickly, staff are working diligently to reach the most vulnerable. Traveling on the ‘Solidarity’ hospital ship, they visit Indigenous Amazonian communities with stay-COVID-19-free health messages based on WHO guidance and provide hygiene kits and educational materials. Amazonian communities are extremely vulnerable to the virus because hospital care is so distant.

The training of health workers in countries across the world has also been essential given the unique nature of the virus. World Vision is partnering with health ministries and tens of thousands of community health workers to ensure they stay safe and in turn accurately educate communities. In Senegal, health workers were trained on how to detect the virus and break transmission chains.


“Being a frontliner is a challenging task especially when the enemy is invisible. I am worried especially because I have an infant waiting for me at home. But I need to take on this task of being a health worker, because it is where I am most needed. I hope that the country will recover from this pandemic and everything will get back to normal. For now, I will do my part to achieve the goal of a country that is free from COVID-19.”

- Lenny Lyn, a government health worker, Philippines
COVID-19 needs to be a digital driver

By Isabel Gomes, Global Director for Humanitarian Operations | @IsabelCSGomes

Exciting new opportunities to test, develop, and expand the use of digital technology must be pursued to address the challenges of running and implementing humanitarian operations in the midst of the COVID-19 pandemic.

As the virus spreads around the globe, lockdowns, social distancing, and travel restrictions are likely to be a fact of life until a vaccine is found. This means humanitarian agencies must explore and scale new ways of operating and coordinating that use digital technologies and services. What is adopted now is likely to become common humanitarian practice, bringing greater efficiencies, better global coordination, and improved data management and analysis. Their use will also speed efforts to empower local responders and result in entirely new ways of working, delivering, and monitoring aid and assistance.

For as long as international aid agencies have operated, the traditional response model to the world’s biggest crises has been one in which an international set of United Nations and international non-governmental organisation humanitarian managers and specialists deploy into disaster zones to coordinate and lead response efforts in partnership with local responders. However, the COVID-19 pandemic has resulted in the almost total non-deployment of fly-in staff. For World Vision, this means that the global response is being remotely coordinated from home offices in garden sheds, spare bedrooms, and kitchen tables. Zoom meetings have proliferated, effectively connecting disaster management, sector experts, and country offices across time zones.

The global nature of the crisis also has led to further rapid digitalisation of internal systems and processes. In World Vision’s case, a COVID-19 response operations and coordination room was built in Microsoft Teams; an internal web portal was expanded to host response and other plans for more than 70 countries; and new internal communications, situation report, and knowledge management processes were rolled out to ensure all staff were clear about the what, where, and how – and impact – of the response.

The rapid use of new global digital data collection systems also enabled the integration of data and its presentation to different audiences.

In light of COVID-19, humanitarian agencies now need to re-examine the who and why of staff deployments and what should be coordinated remotely. Reduced deployments could drive localisation efforts – which many consider to have stalled until now – and may prove less harmful to the environment.

There is also massive potential to further digitise the delivery of assistance – primarily via mobile phones. Cash, health education, case management, teaching and training, as well as using mobile phones to survey impacted populations to better understand humanitarian impacts and needs, have been used in emergencies before. However, now is the time to speed the process.

Digital tool companies such as Dimagi and Viamo are already working with agencies like World Vision to respond to the challenge of COVID-19. This means expanding efforts to deliver assistance via mobile phones, which can be used in a variety of ways, including to share stay-safe health messages, to support community care workers with training and caseload management, to deliver text campaigns, and to conduct surveys that use voice-activated responses. COVID-19 is demonstrating that when social distancing is critical, the phone in someone’s hand is often the safest, quickest, and most effective way to communicate and hear from communities.

In the midst of this crisis, reaching those who need food and livelihoods assistance remains critical. This is why we are scaling up our Last Mile Mobile Solutions technology to speed the delivery of cash and voucher assistance using mobile-based beneficiary registration processes.

In Bangladesh, World Vision staff are using Last Mile Mobile Solution (LMMS), an android-based app to create individual profiles to identify people in need, track the distribution, and to produce reports instantly.
OBJECTIVE 3. SUPPORT FOR CHILDREN IMPACTED BY COVID-19

Food security and livelihoods

The poor in many parts of the world were faced with the stark reality that lockdown measures to slow the spread of the virus also meant the collapse of livelihoods, desperation, and hunger. In the first 100 days of the response, World Vision focused on averting this crisis for families by protecting and expanding access to food in refugee camps and by ensuring the most vulnerable children still had access to nutrition. In the face of incomes drying up and increasing debt, World Vision ensured cash and voucher support for the most in-need families, small business financing, and grassroots savings groups.

Impact highlights

US$20,702,385 Cash and voucher assistance distributed
1,559,663 People reached with cash and voucher assistance
79,748 Individuals supported with livelihoods training
55,273 Households provided livelihoods assets
3,785 Savings groups organised
4,613,656 People reached with food security assistance

Kenya: Just like most people in Kenya, Catherine was gripped with fear when the first COVID-19 case was announced. She listened keenly to recommended preventive measures for the disease that were being relayed through various media outlets. They all put emphasis on the importance of frequent handwashing with soap and water to prevent spread of the disease. Catherine was surprised and pleased to learn that such a seemingly simple act had immense power in tackling COVID-19. She rallied her peers through the Chomnyogh Women’s Group to increase the production of locally made soap to make it accessible to families and to help sustain their livelihoods to offset COVID-19’s economic aftershocks. The women’s group was trained by World Vision using approaches such as the organisation’s signature Savings for Transformation model that empowers households to generate income for the improved well-being of their children and families.

“World Vision trained us in soap-making. So we decided to use those skills to make soap that is desperately needed now to fight the coronavirus. As women, we never thought we could start businesses. But through the training and mentorship of World Vision, we have made it and changed the lives of our families and community.”

- Catherine, 39, leader of the Chomnyogh Women’s Group, Kenya
We’re running out of time

By Norbert Hsu, Partnership Leader for Global Impact | @HsuNorbert

“The cost of living has become more challenging than the disease.” Mindaye, a mother of two in Ethiopia, simply and painfully articulates the problem facing millions of parents around the world. “I am worried about what to feed my children, about their future, full of uncertainty about what tomorrow holds.”

In an Ethiopian market town, on the Venezuelan border, in the north of Syria, in eastern Democratic Republic of Congo, millions of vulnerable families share one terrible thing in common. If you’re in lockdown, you’re not working, and you and your children are going without food.

As my colleague Rani in Idlib, Syria, said recently, people have to choose between COVID-19 or starvation.

If five months ago you found life tough trying to provide your family with two good meals a day, imagine the horror and stress today when you are not able to do even that. In these cases, we do whatever we need to in order to survive. We make the impossible choices, take the worst decisions. For some parents, this will mean sending their children out to beg. It will mean pushing their daughter into marriage at the age of 14, believing it’s the least worst thing for her right now.

We know this is happening all over the world. Our rapid assessments in countries across Latin America, Sub-Saharan Africa, and Asia told us what we feared: We are on the cusp of a catastrophe for children. An estimated 85 million families across Asia have little or no food stocks, and 110 million children are going hungry. Children are out of school, where so many receive their only nutritious meal of the day. One in three Venezuelan migrant children is going to bed hungry, and small business owners in Africa – mostly women – are spending less money on healthy food.

It is clear that desperate parents and caregivers are finding it increasingly difficult to provide their children with healthy nutritious food and buy medicine and vital hygiene products. Due to the pandemic, millions of children cannot attend school. Combined with parents’ loss of income and worry about what comes next, tensions can increase at home, putting even more children at risk from violence and abuse.

Then there are the less obvious psychosocial effects – the loss of hope and the feelings of despair:

Our work is trying to provide these families with another option. A pathway out of the dark cloud of impending extreme poverty, where just a few months ago it looked like there might be some light ahead.

What they need right now are people who can walk alongside them, listen to them, and respond. Food is no good if what they need is money to pay for medicine. Personal protective equipment isn’t going to feed their children. There is no one-size-fits-all response, even though thousands of our staff are working long hours to make sure we’re working with communities to provide people with what they need, not what others think they should have.

This is why we have distributed more than US$17 million worth of cash or vouchers to more than 985,000 people. It is why we have reached more than 4.1 million people with food assistance and, where school closures have restricted children’s access to school meals, we have redesigned these programmes as take-home rations.

But food and cash are not long-term solutions, which is why we are poised to help people recover and rebound as soon as it is safe to do so. We are doing this by:

- Analysing disrupted market systems to identify recovery strategies that both engage market forces and support the productive capacity of poor households with the goal of sustainable economic recovery in 70 countries; given the concentration of the poor in agriculture, we are focusing on food and agriculture market systems, subsistence farmers, and rural households, with particular attention on women’s economic empowerment.

- Providing extremely poor households, particularly ones headed by women, an integrated package of assistance, savings groups, training, and assets, to help families return to farming, reopen their shops, earn income, save, and build resilience.

A prolonged and uncertain crisis like this wipes out the often small but significant savings the world’s poorest families have been able to set aside. This is why we support some of the 54,400 Savings for Transformation groups we have grown and supported over the past 10 years to find new ways for these groups to continue. Amongst the groups, 1.3 million members, the majority of whom are women, care for more than 865,800 children. So far, we have helped 3,785 savings groups adapt, continue to meet, and save.

We are not done looking at what we can still learn. As the long-term livelihoods crisis starts to become a reality, our need to adapt and prepare families for the future is more important than ever. Every problem needs to be reframed so we can find new, innovative solutions.

We have hope. We have faith there is a way through this global crisis. We have faith in a God who can conquer all of this.
“I was already having a hard time as a single mother before COVID-19, but since the community quarantine was imposed, I’ve never felt more helpless. It has been two months since I was rendered jobless. It frustrates me and it breaks my heart when my children cry because of hunger.

I used the Php1,000 (USD20) I received to buy rice and vitamins for the children. I am thankful to World Vision because we were chosen [for the unconditional cash transfer] to help meet the needs of our children.”

- Jessica, mother of three, Philippines

In the Philippines, World Vision partnered with a financial provider to launch an unconditional cash transfer project to aid at least 15,000 families.
Children’s education

With 1.5 billion pupils and students impacted by school closures, in the first 100 days World Vision’s interventions focused on helping girls and boys and their families cope with the physical, emotional, and social implications of being socially distanced.

Staff provided families and teachers with education materials, supported reading camps, and helped parents learn how to keep their children emotionally and psychologically healthy and cope with fears about the virus.

Mobile phones also were used to ensure children could keep learning at home with World Vision working to deliver school lessons digitally by audio and Whatsapp. In some cases, at-risk students also received digital tablets.

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Impact highlights

- **345,433** Education materials provided to enable or support remote learning
- **1,231,505** Children reached with targeted, age-specific health education
- **19,845** Teachers provided with education training and support
- **833,087** People provided with education support or training

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**Zimbabwe:** Thousands of students in Zimbabwe were only just getting back to school following the devastation caused by 2019’s Cyclone Idai when COVID-19 forced the government to lock down all schools. In response to this education tragedy, World Vision is leading a consortium to deliver early education to 10,000 pupils via mobile phones, using the Viamo platform. Half will also receive awareness-raising lessons on COVID-19. The platform allows voice-activated responses to questions and delivers pre-recorded audio packages by subject and grade.

*My son is fidgety and sometimes his attention wanders. At least with this platform, I can help him and ensure he’s paying attention. I’m glad that he can still continue his education during this lockdown, because otherwise he’ll start to forget what he’s learnt before.* - Mother, Zimbabwe
“Every day I have to teach my children to read and write. They have learned at home because they have not been able to go to school after COVID-19.”

- Josalinel, mother of David, 8; Isai, 6, and Yonailys, 3; Ecuador

Josalinel and her family are Venezuelan migrants living in a small, cramped, 60 square metre home in Quito, Ecuador. With quarantining and school closures in place, like parents across the world, Josalinel is now also her children’s teacher. World Vision provided educational kits including notebooks, storybooks, and writing utensils to support the continuity of education through home-based learning.
Child protection

Child marriage, child labour, an increase in begging, and the threat of trafficking have all increased as poverty, stress, and hunger stalk the lives of the most vulnerable. In the first 100 days, World Vision has been working to warn communities to look out for children at risk, engaging with girls and boys to alert them to the threats, and telling them how to access hotlines. Through these difficult times, livelihoods support also is given to help families. This protection work means speaking out for children in the street, educating community and faith leaders about the risks, and partnering with governments to ensure the protection of children first and foremost at this time of increased vulnerability.

Impact highlights

- **4,638,373** People reached with information, education, and communication psychosocial support materials
- **1,130,832** Children supported with child protection programming
- **62,094** Frontline actors reached or trained on child protection programming

**Bolivia:** COVID-19 containment measures in Bolivia, such as strict quarantining, has affected many vulnerable families who now find it difficult to earn a living and feed their children. Many parents have informal jobs and live off their daily work. During times of isolation and quarantine, children are also at higher risk of experiencing domestic violence and abuse. Prior to the COVID-19 pandemic, World Vision had trained local officials, community volunteers, and police on how to care for and protect children in their community, which is especially important in times like this.

“We coordinate with our community members to ensure that there are no cases of domestic violence. When there are incidences, in each neighbourhood there is a community volunteer, so they are watching and we know what steps to take to solve the cases.”

- Silvia del Carmen, deputy mayor in the municipality of Cotoca de Santa Cruz, Bolivia
**Intervention impact**

How empowering girls has prevented child marriage and abuse during India’s COVID-19 lockdown

Economic uncertainty, families stuck together at home by COVID-19 lockdown measures, rising debt, and to top it all off, frustration that children are not in school.

In many homes around the world, tensions are boiling over, violence is rising, and children are bearing the brunt in a range of ways – from child marriage to trafficking, and from begging to violence.

Due to increased poverty brought about by COVID-19, the UN Population Fund expects that 13 million more child marriages could take place by 2030 than would otherwise have happened.

In India – vulnerable girls are now especially at risk of being married off, which simply means one less mouth to feed. This is why World Vision’s work with empowered girls groups – like the Henna Girl Power Group in Bansanti, West Bengal – has become so important during the COVID-19 lockdowns.

The groups – which meet weekly to play sports, learn about their rights, and know how to protect themselves and others – have been the ears and eyes on the ground, keeping girls safe from life-changing, life-damaging decisions made by families.

The devastating economic impact of the pandemic was already making girls more vulnerable when Cyclone Amphan struck in May 2020, devastating and destroying homes in which families lost everything.

Sandip Bhowmic, World Vision’s technical specialist with the West Bengal Combat Child Trafficking for Sexual Exploitation Project, based in Basanti, said: “Children and families were sandwiched between these problems. Families didn’t have enough money and food, and they were struggling to meet basic needs ... children were often neglected and faced physical, verbal, and mental abuse.”

With a natural disaster layered on a pandemic, it was time for the Henna Girl Power Group to act. The group identified 149 children at imminent risk of trafficking as well as 59 survivors of sex trafficking. World Vision then liaised with police and district officials to provide food packages of lentils, flour, rice, beans, and other items to their families. In addition, police were provided with masks and sanitiser.

Sandip has also prevented nine child marriages and two sexual abuse cases during the lockdown period. With eight years’ experience working in Basanti, he has helped forge a strong network of empowered girls, district administrators, and police. He also trained Men Care groups that are working together to be on the lookout for child protection issues, especially during the lockdown.

With respect to violence during the lockdown, some parents tried to marry off their children. But when we found out, we stopped the marriage and made the family understand. They told us that they have no income because of the lockdown, so they can’t afford to eat and can’t afford tuition for their children. Schools are also closed. That is why they were arranging for the child to get married. We explain to them that child marriage is a crime and against our values, and that’s how we stopped the marriage.”

- Mousumi, 17, President of the Henna Girls Power Group, India
**OBJECTIVE 4: COLLABORATE AND ADVOCATE TO ENSURE VULNERABLE CHILDREN ARE PROTECTED**

In the first **100 days** World Vision’s goal was to ensure that children are at the centre of the international emergency response to the pandemic.

World Vision’s advocacy and engagements with decision-makers centred on ensuring a stronger child protection focus across policies, guidance, and plans being developed by the United Nations and by governments.

Based on previous experience, World Vision recognised that a pandemic of this scale would have significant indirect effects on children’s well-being both in the short and longer term. A two-pronged, simultaneous approach to advocacy was put in place – one focusing on life-saving prevention and response measures, and one focusing on engaging actors to develop policy to address the indirect impacts of the virus that were coming. Backed by input from the thousands of families and children with whom we work, research and historical analysis, World Vision released a set of policy reports, now known as the ‘Aftershocks’ series, that focus on the indirect impacts of the virus.

These reports include recommendations for policy action by the international community. World Vision’s findings have already informed the UN Global Humanitarian Response Plan, guidance documents for programme response across the sector, and national decision-making.

To facilitate humanitarian response operations and enable World Vision, collectively with the rest of the sector, to access children in need, World Vision partnered with a range of actors to advocate for policies that would expand humanitarian reach. Working closely with other non-governmental organisations and the UN World Food Programme, World Vision has successfully ensured funding of air bridges when commercial airline services came to a halt. This made it possible to pre-position health supplies, get staff on planes to reach communities, and deliver life-saving assistance.

In the face of the challenges posed by COVID-19, collective action has become the norm, not an exception. The speed of change to policies by governments, donors, UN actors, and non-governmental organisations alike has been unprecedented. From faster funding allocations to flexibility in contracting to strengthening protection interventions, to taking policy decisions to help meet the needs of the most vulnerable children, all have come together to fight this pandemic head on. World Vision thanks colleagues in the NGO Consortia, such as the International Council of Voluntary Agencies (ICVA), the Steering Committee for Humanitarian Response, InterAction, and partners in the United Nations, governments, donors, and the private sector. **World Vision has truly felt that we are in this together!**

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**Impact highlights**

**199**

Global, regional and national policy changes achieved through advocacy and external engagement to improve the international responses to COVID-19

**751**

External engagements where World Vision is advocating on priorities, including ending violence against children in the context of COVID-19
Highlights of policy changes that resulted from World Vision’s national advocacy and partnerships across the globe

**Bosnia and Herzegovina**
World Vision worked in partnership with other agencies to successfully advocate for a complete cessation of the Government policy, which put a total ban on the movement of children under the age of 18 as part of the COVID-19 lockdown measures. The action benefited all children in the country, giving back parents and children the right to make their own decisions about the necessity of safe and appropriate movement based on need.

**Democratic Republic of Congo**
World Vision, as a member of the Haut Katanga Province COVID-19 response team, worked to ensure the adoption of policy and response measure to address violence against children in the province’s COVID-19 response plan.

**El Salvador**
World Vision worked in partnership with other agencies in the Joining Forces coalition to engage the government on the need to take action within COVID-19 quarantine shelters to protect children. This led to the government asking World Vision and the Joining Forces coalition to contribute to the development of the protocol, which has now been adopted and is being used in quarantine shelters to better protect children during their stay.

**Indonesia**
In partnership with the national Ending Violence Against Children Alliance, World Vision engaged the government to improve its child protection response and data management in the context of COVID-19. This advocacy effort led to World Vision being invited to help the government draft the general guidelines on ‘Child Protection Principles in the COVID-19 crisis situation’, as well as the ‘Inter-Sectoral and Ministries National Protocol on Children’s Data Management in the COVID-19 Crisis Situation’ together with UNICEF. These guidelines and the protocol now regulate all government sectors and ministries, helping them to better respond to the needs of children infected with COVID-19 and their families and to manage their data appropriately.

**Thailand**
World Vision, in partnership with UNICEF and the Thailand Safe Schools Network, advocated for improvement of COVID-19 control and prevention in schools. This led to the drafting and adoption of ‘The National Guidelines for Prevention and Control of COVID-19 in schools’, which was approved by the Ministry of Education and is being implemented across Thai educational facilities to prevent, detect, and control the spread of the virus.
At an international virtual event to launch World Vision’s findings of the indirect effects of COVID-19 on livelihoods of millions of families across the world, a young female leader, Malu, from Peru, advocated eloquently with hundreds of adult decision makers. She told them that to deal with COVID-19:

1. Governments must continue to provide aid
2. Governments and the private sector must work to create jobs
3. Adults must manage economies better
4. Listen to children’s proposals of how to respond to COVID-19
5. Commit to children that no one will be left behind and achieve the Sustainable Development Goals

In Lebanon, Syrian refugee children share an awareness message for people to stay at home during COVID-19 and encouraged people in the settlement to stay resilient during quarantine.
Changing the COVID-19 world for children

By Dana Buzducea, Partnership Leader for Advocacy and External Engagement | @DanaBuzducea

In Romania, Alexandru, aged 13, told us, “Coronavirus is affecting us very seriously.” “I do not like this situation,” said 16-year-old Anita in the Democratic Republic of Congo. “…Despite the fact that isolation will help protect us from the virus, this will bring starvation that can still kill us too.” And in Peru, Natalia, 16, put it simply: “The situation is very bad.”

It was obvious to us from the beginning that this pandemic would become a children’s crisis. While the infection rates and worst effects of the virus itself seem to largely spare young children, early lockdowns and school closures all over the world directly affect them. From the first moment I heard about lockdowns, children being locked in abusive environments have weighed heavily on my heart.

Our expert analysis keeps finding new and disturbing evidence to which we need decision-makers to pay attention. In our Aftershocks report series, we found the secondary effects of the pandemic could put 30 million children at risk of disease and death, warned that up to 85 million more children could be affected by violence in the coming months as vital isolation measures force them to stay home, and that the impact of plummeting incomes is forcing millions of children to go hungry, beg, work, or be forced into child marriage.

Our consultations with children, captured in Children’s voices in the time of COVID-19, revealed that three-quarters of children and young people felt isolated and lonely because of COVID-19. We knew the problems, and we had to find ways to be part of the solutions.

Around the world, while our teams were springing into action to respond to the frontline needs of millions of people, we began our coordinated efforts to ensure governments, donors, humanitarian partners, and faith and local leaders – from local right through to global levels – kept vulnerable children’s needs in mind in every decision they made.

Driven by our best policy thinking, we asked that prevention and response work prioritise the most vulnerable children. We pleaded to strengthen child protection services amid lockdowns. We made the case for essential access, health service delivery, and for supporting frontline and community health workers. We helped to frame or amend policies and plans that ensure humanitarian assistance and protection continue for those who were in need before the pandemic hit.

We worked with media to get the right messages out, raising awareness of the need to protect children. We engaged doctors, high-level government officials, and celebrities to educate children on different issues that negatively impact their lives during lockdown.

From Haiti to Burundi, we contributed to 150 policies to address operational challenges. We advocated for standard operating procedures on food and nutrition for people held in quarantine, for advance cash transfers for especially vulnerable families, for more effective humanitarian response for people on the move, and to ensure that the most vulnerable children and families are reached by life-saving assistance.

A growing body of evidence shows us that when given a chance, children and young people actively embrace opportunities to act and to advocate for social change. When empowered, children are not helpless victims – in fact, they often become the hidden heroes in a crisis. They have given us so many reasons to hope.

William, age 14, had to flee his home because of the conflict in South Sudan and is now living in a refugee camp in Uganda. Keeping a safe distance from other people and wearing a mask and gloves, he goes door to door, sharing with other children how they can stay safe. Salimata, 15 and living in Mali, has begun producing videos teaching people about good hygiene practices.

Partnering with faith leaders, organisations, the United Nations, businesses, donors, and governments to go further, faster, together; William and Salimata are just two of the millions of children around the world whose futures we are committed to making bright.
Ensuring accountability to the communities we serve

Humanitarian accountability, in alignment with the Core Humanitarian Standards*, has been a key priority for World Vision’s COVID-19 response in the first 100 days through providing information, listening, and taking action based on the feedback and complaints we heard from the children and communities we serve.

Impact highlights

- **85%** of respondents reported satisfaction with World Vision interventions
- **71%** of respondents reported they have received information about World Vision, expected staff behaviour, World Vision programmes and how to provide feedback
- **84%** of complaints/feedback from community resolved based on agreed timeline

(All figures are averages from 25 field offices)

World Vision has also been collecting and analysing community feedback trends and programme adaptations since the beginning of the response.

**Significant community feedback trends include:**

- Requests for support to cope with the economic impacts of movement restrictions and lockdowns associated with COVID-19.
- Comments on how people are selected to benefit from World Vision relief programmes and requests for more vulnerable people to be included.
- Requests for support to be able to enact the suggested COVID-19 preventive behaviours, such as increased access to personal protective equipment (PPE) and access to clean water.
- Requests for more information about World Vision programmes, for information to be shared through different channels or in different languages, or to clarify rumours about COVID-19.

**Examples of how World Vision has responded to community feedback:**

- Based on the feedback World Vision received from communities in Mexico, response plans include the delivery of humanitarian aid to families who are most affected by their stagnated local economy.
- In Uganda, community feedback indicated that communities prefer more direct approaches to communicating preventive behaviour messaging. In response, World Vision adopted more direct channels, such as using community health workers/village health team members moving door to door with these messages, while observing the Ministry of Health’s standard operating procedures.
- Communities in the Central African Republic requested the installation of handwashing stations in all public places. In response, World Vision negotiated with some of its donors to make budget adjustments while also seeking new funding to meet these requests.

In Afghanistan, community members joined an awareness raising campaign to learn more about how to protect themselves from COVID-19 and engaged in a discussion session about COVID-19 prevention and control measures.

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*Specifically, World Vision’s humanitarian accountability aims to fulfill Commitment 4: Humanitarian response is based on communication, participation, and feedback, and Commitment 5: Complaints are welcomed and addressed, of the Core Humanitarian Standards.*
Reports and policy briefs

Reports

- COVID-19 Aftershocks: Secondary impacts threaten more children’s lives than the disease itself
- COVID-19 Aftershocks: A Perfect Storm
- COVID-19 Aftershocks: Out of Time
- Children’s voices in the time of COVID-19
- Migration and COVID-19: Venezuelan children between a rock and a hard place

Policy briefs

- COVID-19 & Child Protection in Fragile and Humanitarian Contexts
- COVID-19 & Disruptions to Education
- COVID-19 & Conflict Sensitivity
- COVID-19 & Urgent Need for Child-Sensitive Social Protection
- COVID-19 & the Risks to Children in Urban Contexts
- COVID-19 & Poverty & Hunger
- Joining Forces: Ending Violence Against Children and COVID-19

In Brazil, the hospital ship “Solidarity” operated by World Vision and the Presbyterian Church of Manaus, is reaching the most remote communities in Brazil’s Amazon region through providing medical attention, hygiene supplies and education to prevent COVID-19. After a 12-hour trip across Lake Sacamu, the hospital ship is serving six communities to provide urgent medical attention and emergency dentistry.

Solidarity delivered 600 hygiene kits, 600 basic food baskets and 1,200 “tenderness boxes”, which are kits containing educational material for children to protect themselves from COVID-19 and violence, which is spiking amid the pandemic. These kits aim to ensure a child’s mental and emotional well-being.
Financial report

World Vision is appealing for **US$350 million** to implement its emergency response over an 18 month period. In the first 100 days, World Vision has raised **US$154.3 million** and spent **US$53.8 million** working towards its strategic objectives.

As part of its Grand Bargain commitments, World Vision is on track for allocating at least US$100 million of its development funding as a crisis modifier to help protect development gains, bridge the humanitarian development nexus, support localisation efforts, and help communities quickly prepare, respond, and recover from COVID-19.

**First 100 days funding update** *(as of 30 June 2020)*

| Repurposed Development Funding | US$83.7M | 24% |
| Grants | US$55.4M | 16% |
| Private Funding | US$15.2M | 4% |
| **Total** | **US$154.3M** | **44%** |

**Funding Gap** **US$195.7M**

**First 100 days spending by strategic objective** *(as of 30 June 2020)*

- **Objective 1. Scale up preventive measures to limit the spread of disease**
  - Total spending **US$53.8M**
  - 23%

- **Objective 2. Strengthen health systems and workers**
  - 12%

- **Objective 3. Support for children impacted by COVID-19 through education, child protection, food security, and livelihoods**
  - 56%

- **Objective 4. Collaborate and advocate to ensure vulnerable children are protected**
  - 1%

- **Operational and Management Cost** 8%
Supporters and partners who make everything possible

By Marcus Frost, World Vision Partnership Leader for Marketing and Communications | @MarcusFrost

As we navigate through the coronavirus pandemic, now with some experience of its devastation, and amid the uncertainties of what lies ahead, it is my hope and prayer that we all have people who can carry us through. As an organisation, World Vision has been blessed to be carried by millions of supporters for 70 years, and this crisis is no different.

It is easy to feel despair and fear right now, but I have hope. It’s not starry eyed optimism; it’s grounded in the reality of children we are all working tirelessly to help, and it’s fuelled by my experience that in times of need, people’s instinct is to help.

This is exactly what we are seeing all over the world, right now. Child sponsors and donors continue to step up to prevent this virus from wreaking havoc on children who have already faced so much. Committing to monthly giving is an act of faith, but it’s not blind faith. Our generous supporters are discerning, they do their homework, they ask around. They take these decisions seriously, and we take them seriously.

World Vision supporters are something else, and they are the greatest! We are supported and uplifted by more than 2.6 million of them around the world – essential partners, hidden heroes carrying the children we work with all over the world through this most difficult of times.

Their support, their faith, their generosity are real reasons to be hopeful.

To our supporters and partners; health and community workers, faith leaders, civil society, volunteers, and media outlets, businesses, philanthropists, private donors, sponsors of children, and United Nations and government donor agencies… thank you for helping to make our work possible.

We would like to especially thank our generous donors, partners, and supporters including:
“We were exposed to hunger, we could not feed our children. Now we are here to collect food rations. We are grateful for that.”

- Abera Gemeda, 25, mother of five, Ethiopia

In Ethiopia, World Vision is working in collaboration with USAID to provide support for 624,000 internally displaced people. Given the especially dire situation due to COVID-19 containment measures, World Vision is distributing double rations to support vulnerable families in need.
For further information please contact:

Jeff Wright, COVID-19 Emergency Response Director
Jeff_wright@wvi.org | P: +1.253.275.8573 | Skype: jeffrey.wright1

Albert Yu, COVID-19 Emergency Response Communications Lead
covid@wvi.org | P: +886.90.5462.926 | Skype: albertwwyu

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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