



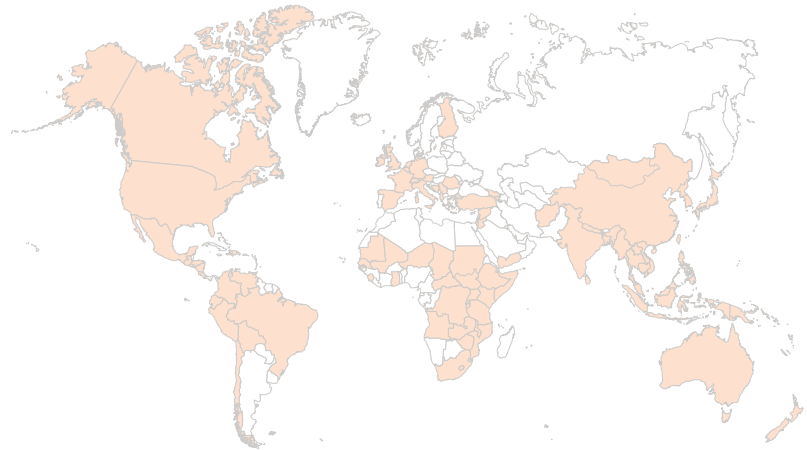
COVID-19 Response

Situation report | 12 August 2021

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

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

*responding includes field programming and/or fundraising



(COVID-19 case and death figures. Source: WHO, 11 August 2021)

COVID-19 CASES: 203,295,170 DEATHS: 4,303,515

People reached

66,194,595 **Men 17,617,159** **Women 19,648,356** **Children 28,928,810** **Boys 14,165,801** **Girls 14,763,009**

(Based on figures as of 30 June 2021)

Not everywhere is 'going back to normal'. We have lost more than [4.3 million people](#) in the last 18 months to COVID-19. And, in just the first six months of 2021, [more people have already died than in all of 2020](#). In actuality though, the real death rate is much higher. Excess mortality during this pandemic may include as many as 7 to 13 million more people than reported.

Worldwide, more than [4.5 billion vaccine doses](#) have been administered. Yet, 81% of those shots were administered to people living in high- and upper-middle-income countries. Less than half of 1% – just 0.3% – have been given in the lowest income countries. So far, [only 2% of the population of Africa has been fully vaccinated](#). Realistically, we must recognise that COVID-19 and its indirect impacts will be with us for a long time.

As the higher income countries across the world look to move on from the pandemic, the world's most vulnerable are still battling dangerous increases in cases and feeling its effects. Myanmar's recent massive spike in COVID-19 cases highlights the potential impact that the virus can have on

conflict-affected countries where the Delta variant has yet to spread. And the massive second wave of COVID-19 continues to have an impact on India, pushing the already stretched health system into an even more critical situation. Syria is now experiencing the highest levels of humanitarian need since the start of its 10-year war, due in part to the socioeconomic impacts of COVID-19, as well as the ongoing conflict and displacement. The situation has been worsening across Africa which is experiencing its third – and worst wave of COVID-19 – with the Delta variant now present throughout the continent. Countries including South Africa, Uganda, and Zambia are amongst those accounting for the most deaths. Anecdotal reports indicate that movement restrictions and school closures have further exposed children globally to increased violence, including child neglect, domestic violence, child labour, and physical and sexual abuse.

However, while undoubtedly devastating, this pandemic has been vital in testing the world's preparedness for a large-scale health crisis and presenting gaps that can now be addressed. Evolving policies, governance, manufacturing, and technical innovations emerging as a result of COVID-19 will ensure that nations are better prepared for future pandemics.

Key concerns and needs



We must work together to address the socioeconomic consequences of the COVID-19 pandemic that are threatening to reverse hard-won progress towards achieving the Sustainable Development Goals, leaving children hardest hit and putting the ambition of 'leaving no one behind' at serious risk. We won't be able to start restoring economies and building back until there is guaranteed, global access to COVID-19 vaccines, tests, and treatments for everyone who needs them.



Ongoing lockdowns in several countries is hampering the economic activity of many people in the communities where World Vision and VisionFund work.



Every person deserves a quality assured and effective vaccine, and no one should be discriminated against once they get one. Where international protocols, such as travel, are being considered, vaccines must be treated equally. The European Union and other countries should make public statements in support of all vaccines approved by a [stringent regulatory authority](#), encouraging their use and discouraging dangerous discriminations.



The spread of the Delta variant to conflict-affected countries and other fragile contexts will push already struggling health systems towards collapse and put an already vulnerable population at even higher risk of COVID-19 infection.



Official figures tell us that more than 4.3 million people have died in the last 18 months from COVID-19. And, in just the first six months of 2021, more people have already died than in all of 2020. However, we're increasingly aware that the real death rate is likely much higher. It's been suggested that [excess mortality](#) during this pandemic may include as many as 7 to 13 million more people than reported.

Regional overviews

(figures as of 30 June 2021)



Africa region



People reached 34,367,903



Children reached 14,991,546

Situation overview

Increasing vulnerabilities and worsening humanitarian needs due to lockdowns have devastated livelihoods across Africa. [OCHA](#) reports that 10% more people are in need now versus a year ago (48.9 million in East Africa, 45 million in Southern Africa, and 44.7 million in West Africa). The Delta variant has caused the third wave with a significant increase in new infections and deaths in many countries on the continent. The re-introduction of preventative measures will help to curb the spread, but will also have a negative economic impact on communities and disrupt other health services, including the provision of HIV and AIDS treatments. A 16–30% decrease in HIV testing was found [in Kenya](#) after earlier lockdowns, and a similar [study in South Africa](#) reported a 50% decrease in HIV testing and antiretroviral treatment. COVID-19 restriction measures have constrained access to some affected populations, and school closures and adapted class schedules have resulted in learners losing significant education time.

Reduced funding and lockdowns have also increased vulnerabilities amongst internally displaced persons, refugees, and migrant workers across all regions. In East Africa, for example, the [World Food Programme](#) has reduced food rations for refugees. Additionally, reports indicate that gender-based violence and mental health challenges are also increasing due to lockdowns and lost livelihoods.

Countries across sub-Saharan Africa are facing a quadruple threat of issues from health, climate change, and loss of livelihoods alongside the pandemic. Locusts in East Africa have devastated vegetation and food production, and climate-related shocks, as well as protracted and new conflicts, in parts of East, West, and Southern Africa have resulted in loss of life, displacement, infrastructure damage, inaccessibility to basic services, and crop disruptions.

Most governments have begun rolling out COVID-19 vaccinations, albeit at a slow pace, largely due to limited availability and low vaccine uptake in some contexts.

Response highlights

- Held a two-day training for nine East Africa field offices to emphasise strategies for vaccine uptake demand creation, World Vision's role in mobilising priority populations for COVID-19 vaccination, the importance of social listening, and knowledge on standard tools for generating behavioural data.
- Started Barrier Analysis efforts in six countries (Angola, Democratic Republic of Congo, Lesotho, Malawi, Mozambique and South Africa) in Southern Africa to evaluate COVID-19 vaccine acceptance.
- Sierra Leone presented findings from five Barrier Analysis studies on COVID-19 vaccine acceptance and hesitation at COVAX's Civil Society Organisation forum.



Asia Pacific region



People reached 16,795,153



Children reached 7,044,921

Situation overview

Countries across Asia Pacific began experiencing significant spikes in their daily COVID-19 case rates in April, starting with India and then spreading to Nepal, Sri Lanka, and Mongolia. The trend seemed to be on the decrease as of June, but a surge in cases has since been recorded in Indonesia, Thailand, Myanmar and Bangladesh.

Mongolia has the highest vaccination rate in the region, with [58% of their population fully vaccinated](#); however, other countries, like Papua New Guinea, are being left behind, with only enough doses to immunise less than 1% of their population.

Countries across the region have faced multiple issues, including overburdened health systems, natural disasters brought on by climate change, and loss of livelihoods in addition to the health risks they faced from COVID-19.

Over the past months, the [ASEAN Humanitarian Assistance Centre](#) has also issued frequent alerts across Asia Pacific warning of floods, tornadoes, storms, earthquakes, and volcanic eruptions. Ongoing concerns due to the Taal volcano eruptions have disrupted parts of the Philippines and India was hit by Cyclone Yaas while experiencing extremely high daily case rates during a second wave of COVID-19. Wahana Visi Indonesia and

World Vision Timor Leste also declared Category 1 responses following April's Cyclone Seroja.

Additionally, the ongoing humanitarian situation remains uncertain in Myanmar, causing increasing concern in the face of a surge of COVID-19 infections and the inability of citizens to access critical health services during the height of the pandemic. Papua, Indonesia also experienced unrest in May, which led to a category I response by World Vision Indonesia.

Response highlights

- In April, India declared a category 3 response under the global COVID-19 Response following a significant nationwide spike of COVID-19 cases starting in February and the emergence of the delta variant. With a budget of US\$15 million, World Vision India is working to strengthen health systems, provide psychosocial support, build resilience, and promote vaccination awareness.
- Following India's spike, Nepal experienced a catastrophic surge in cases. Between May and July, World Vision Nepal focused on risk messaging, strengthening and providing immediate support to the government and health sector, and cash interventions for livelihoods support. They have also received US\$287,000 in funding from the Dutch Appeal Fund to support COVID-19 vaccinations over the next 12 months.

Regional overviews

(figures as of 30 June 2021)



Latin America and Caribbean region



People reached **10,714,871**



Children reached **4,779,124**

Situation overview

The second and third waves of the virus have proved particularly lethal – Brazil, Mexico, and Peru, are three of the top five in number of deaths. The region's largest country, Brazil, also ranks third in number of cases worldwide, and Colombia, home to 1.7 million Venezuelan migrants is ninth in the global ranking of cases.

[Chile's](#) vaccination campaign has been very successful – 74% of people are immunised with at least one dose (67% fully).^{*} However, other countries in the region have not been able to access vaccines at the same rate; less than 4% of [Venezuela's](#) population are fully vaccinated and only 2% of [Guatemalans](#).^{*}

The World Bank estimates that [170 million children](#) in the region are out of school, a quiet crisis that will increase inequalities and poverty. If governments do not start prioritising support for children's education, including school materials and Internet access for online learning, the most vulnerable children will fall further behind and be even less likely to return to school. In a [May 2021 World Vision study](#), 3 out of 4 respondents in Peru said they were either not at all (39%) or only partially (37%) able to meet their education needs.

[World Vision's survey of refugee and internally displaced persons](#) also identified that a wide range of protection services for displaced children had been severely disrupted. Safe shelter was also critically missing before the

pandemic and has now reduced drastically because of it, with respondents in Peru (71%), Venezuela (69%), and Colombia (67%) reporting no access to safe shelter for large proportions of forcibly displaced children.

Response highlights

- Peru provided a series of educational materials for children studying remotely, especially from indigenous communities and distributed over 3,000 tablets.
- Venezuela distributed 9,000 nutritional kits and will continue to distribute food supplies monthly to families in need. World Vision, together with the church network, Hope without Borders, also trained 412 people on nutrition, including healthy recipes and practical meal preparation skills to help their families eat better.
- World Vision, through its regional platform for children's protection and promotion of 'tenderness' – *Conexion Ternura* – launched a [radio programme](#), which broadcasts contents on positive parenting, Biblical principles for raising children in a loving and stimulating environment, etc.
- Brazil, Colombia, Peru, and Venezuela participated in World Vision's survey of forcibly displaced households, which revealed COVID-19's tremendous impact on these communities, ongoing challenges, and implications of their very limited access to COVID-19 vaccines and health services.



Middle East and Eastern Europe region



People reached **2,945,991**



Children reached **1,456,432**

Situation overview

Since early April, Bosnia and Herzegovina has consistently had the [third highest COVID-19 death rate](#) in the world (per capita). As of 4 August, just 12% of the total population was reported to have [received the first dose](#) of a COVID-19 vaccine. [Georgia](#) is now in the first place worldwide for the spread of the virus per 100,000 population. New cases are higher now than at any point in the epidemic and are growing. Since the beginning of the third wave in June 2021, there has been an exponential increase in the number of cases in Afghanistan, with an average of over 2,000 new cases and 100 deaths per day. Infection rates have also been rising in Iraq, and there are growing concerns about the Delta variant.

COVID-19 is exacerbating existing challenges. Concerns are being raised in Georgia and Bosnia and Herzegovina about how school closures and lack of digital access are affecting children's education and mental health. In Jordan and Turkey, [World Vision's survey of refugee and internally displaced persons](#) showed that respondents' top concern for children was school drop out (33%). The report also found that education support to Syrian refugees and host communities in Turkey had been reduced, affecting secondary school-aged children who were not able to access e-learning.

The longer-term economic impact of COVID-19 on poverty and food insecurity is also a common regional concern. In





Afghanistan, [COVID-19 has reduced income for 59% of households](#), while 17% of recently assessed households have taken on catastrophic levels of debt, mainly to cover immediate food and health-care needs. In May, World Vision declared a category 3 hunger crisis in Afghanistan, citing climate change, conflict, and the economic impact of COVID-19 as key factors driving food insecurity within their context.

Response highlights

- The Syria Response worked on the cross-border resolution renewal to ensure this lifeline of humanitarian access, also a necessity for COVID-19 prevention and containment measures, remained open. One border crossing was confirmed for northwest Syria.
- Afghanistan, Albania, Iraq, Lebanon, Jordan, and Jerusalem/West Bank/Gaza offices have been working with faith leaders on community messaging around COVID-19 and vaccination.
- World Vision Lebanon's National Director, spoke at an inter-agency panel for UN Member States on the worsening crisis, highlighting COVID-19's impacts.
- Alongside provincial-level faith leaders, World Vision established a vaccination centre inside the Department of Religious Affairs and Haj compound in Afghanistan.
- Romania is working with the National Committee for Immunisation against COVID-19 to increase public awareness on the availability and importance of vaccination.

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

Strategic objectives

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

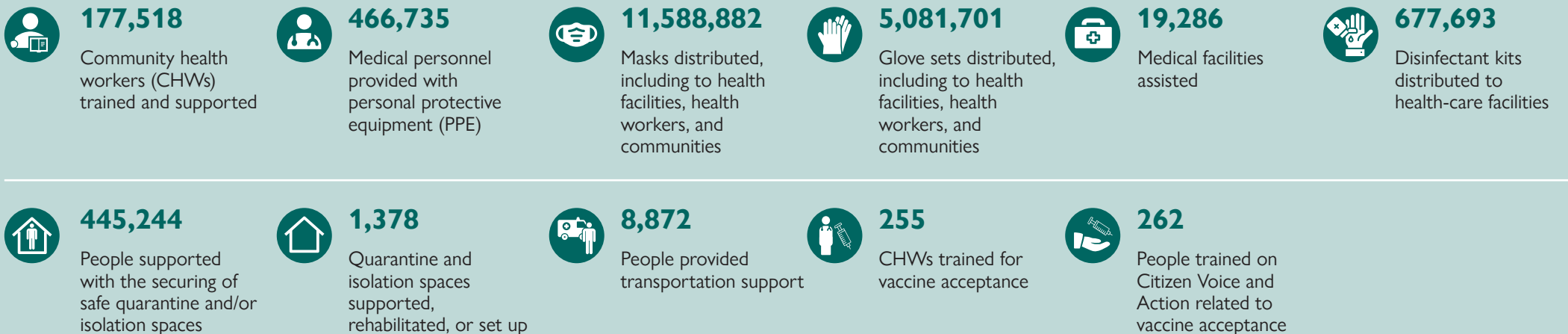
OBJECTIVE 1: Scale up preventative measures to limit the spread of disease



Due to reporting delays from some countries, cumulative totals for some indicators will be included in the next report.

(Based on figures as of 30 June 2021)

OBJECTIVE 2: Strengthen health systems and workers



Due to reporting delays from some countries, cumulative totals for some indicators will be included in the next report.

(Based on figures as of 30 June 2021) 4

OBJECTIVE 3: Support for children affected by COVID-19 through education, child protection, food security, and livelihoods



4,160,084

People reached with information, education, and communication psychosocial support materials



1,551,744

Education materials provided to enable or support remote learning



2,108,620

People provided with education support or training



1,689,626

Children reached with targeted, age-specific health education



64,594

Teachers provided with education training and support



US\$29,748,088

Cash and voucher assistance distributed



2,458,969

People reached with cash and voucher assistance



7,472,056

People reached with food security assistance



1,567,351

Children supported with child protection programming



180,539

Frontline actors reached or trained on child protection programming



250,022

Individuals supported with livelihoods training



160,272

Households provided livelihoods assets



6,700

Savings groups organised



5

Children with disabilities receiving extra support during emergencies



225,342

Loans disbursed by VisionFund to support recovery



US\$116,591,013

Loan assistance distributed by VisionFund to support recovery



121,090

Savings group members supported with VisionFund linkage loans

VisionFund Response highlights

- In March, [a study](#) with 206 VisionFund Kenya clients was conducted. Findings included:
 - 83% of those caring for children reported that their recovery loan improved their ability to support those children.
 - 91% reported an improved quality of life because of the recovery loan.
 - More than 4 out of 5 clients said they are better able to support their children thanks to the recovery loan.
 - 9 out of 10 said their life has improved because of VisionFund's work.
 - 49% reported decreased levels of stress after receiving their recovery loan. Continuous worry about money and family welfare can eventually cause physical and psychological damage and is also linked to increased levels of violence, abuse, and poor decision-making. By helping to reduce stress, the recovery lending programme provides much more than just financial credit; it also provides a means for families to mend broken relationships.
 - 92% said they could not find an alternative to the recovery loan from other financial service providers. This is reflective of VisionFund's more agile response to the crisis when lockdowns and other restrictions were causing dreadful damage to clients' livelihood activities and an understanding of the need for quick solutions.
- Technology
 - VisionFund recognises that the need to further digitise services to reduce the risk of disease transmission is essential. VisionFund offices in Guatemala, Mexico, Ghana, the Democratic Republic of Congo (DRC), Kenya, Mali, and Senegal are currently upgrading their systems to enable mobile payments and disbursements, thus reducing paperwork, cash handling, and unnecessary travel for clients to access financial services.
- Savings groups
 - Many groups are struggling to recapitalise their cash savings, depleted by members' withdrawals during lockdowns. In response, VisionFund rolled out linkage loans, putting extra money into savings groups in the DRC, Ghana, Malawi, Rwanda, Uganda, and Zambia, allowing 66,000+ savings group members (73% of whom are women) to re-plant, re-stock businesses, meet household needs, increase household incomes, and become more resilient to shocks.

OBJECTIVE 4: Collaborate and advocate to ensure vulnerable children are protected



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



1,272

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



251,597,000

Vulnerable children affected by new or amended policies achieved through advocacy and external engagement



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Field offices participating in vaccine coordinating body

- World Vision launched its [High Risk, Low Priority](#) report focusing on the exclusion of refugees from COVID-19 vaccines roll-out.
 - At least 6 countries engaged externally with Tier 1 and Tier 2 stakeholders[^] to advocate on refugees' and internally displaced persons' limited access to vaccines and other indirect impacts of the pandemic they are facing.
 - Findings were presented at two ECOSOC HAS (Economic and Social Committee Humanitarian Affairs Segment) side events and the Venezuela Pledging Conference.
 - World Vision's Syria Response awareness raising efforts for unregistered Syrian refugees in Turkey and internally displaced persons in north central Syria led to donors starting an investigation on this situation. Both ECHO and UNICEF are now monitoring refugees' vaccine access in Turkey.
 - Report findings were also highlighted in numerous news outlets around World Refugee Day, reaching up to 262 million people with this information.
- Christo Greyling, Senior Director for Church Partnerships and Andrea Kaufmann, Director of Faith and External Engagement, participated on two of the three panels of the COVID-19 vaccine communications webinar series hosted by WHO, UNICEF, and Religions for Peace, discussing the role and impact of faith actors in overcoming barriers to COVID-19 vaccination and in global and national advocacy for vaccine equity and access.
- NiñezYA*, a coalition comprised of **World Vision Colombia** and 100 other organisations working on behalf of Colombian children, released an executive summary, [The SDGs are at risk](#), of their earlier national SDG report, [La pandemia tiene en crisis los derechos de la niñez](#) (*The pandemic caused a crisis in child rights*), warning of the setbacks in education, emotional health, and child protection rights due to the prolonged confinement children and young people have experienced since 2020.
- In **Ecuador**, World Vision released their study [Diagnóstico sobre la situación de los derechos de las niñas, niños y adolescentes en el Ecuador, antes y después de la declaratoria de emergencia por COVID-19](#) (Assessment on the situation of the rights of girls, boys and adolescents in Ecuador, before and after the declaration of emergency by COVID-19) with the participation of the President of the Specialised Commission for the Comprehensive Protection of Children and Adolescents of the National Assembly of Ecuador as well as representatives from the international cooperation and civil society.
- In **Mozambique**, World Vision launched a special birth registration campaign for children under 6 months old to address the challenges posed by the COVID-19 situation and restrictions. Being registered will help these children become eligible for basic social services and included in government plans.
- In **Zimbabwe**, World Vision mobilised 689 faith leaders to use the WhatsApp platform and visit schools to address children and young people who are finding it hard to cope due to stresses and pressure caused by the pandemic.

Due to reporting delays from some countries in the region, cumulative totals for some indicators will be included in the next report.

[^]Examples of Tier 1 and Tier 2 stakeholders include WFP, WHO, Global Fund, UNICEF, UNHCR, UNOCHA, and national governments

(Based on figures as of 30 June 2021)

SPOTLIGHT ON OBJECTIVE 1.11: Studies conducted to inform vaccine messaging

World Vision is using Barrier Analysis, a rapid assessment tool developed by one of our public health experts, to identify behavioural determinants associated with particular conduct, such as perceived social norms (who approves and disapproves of the behaviour), perceived self-efficacy (the belief that one can do the behaviour if one wants to), perceived divine will (whether people believe that God [or Allah or the religious teachings] approves of one adopting the behaviour), and perceived risk (such as the risk of contracting COVID-19) and allows for quantitative comparisons of the responses to ensure that the differences identified are real.

- World Vision **Sierra Leone** conducted Barrier Analysis studies on COVID-19 vaccine hesitancy to help them design behaviour change messages to address the factors keeping people from being vaccinated. The findings also helped them to successfully advocate with their government partners to decentralise COVID-19 vaccination sites and services to the district and chiefdom levels. These learnings and successes are being shared widely with our partners, including the ACT-A Vaccine Pillar Civil Society Dialogue and COVAX.
- Two studies on regional and national Barrier Analysis findings have also been published: [Determinants of COVID-19 vaccine acceptance in six lower- and middle-income countries](#) and [Exploring the behavioral determinants of COVID-19 vaccine acceptance among an urban population in Bangladesh](#).



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countries, including Bangladesh, Myanmar, India, Kenya, Tanzania, Democratic Republic of Congo, and Laos have used this tool to collect social and behavioural data to help to inform their COVID-19 vaccine demand creation programmes



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organisations in more than 59 countries have conducted hundreds of Barrier Analysis studies



Several World Vision Kenya staff in Nairobi celebrate receiving their first COVID-19 vaccine with a 'V for vaccinated' sign.
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Resources and publications

Reports

- [High Risk, Low Priority: Why unlocking COVID-19 vaccine access for refugees and internally displaced communities is critical for children](#)
- [COVID-19 Response Plan 3.0](#)
- [One year on: COVID-19 Response](#)
- [Agile in adversity: How COVID-19 changed the way World Vision works](#)
- [Faith in action: Power of faith leaders to fight a pandemic](#)
- [COVID-19 Aftershocks: Secondary impacts threaten more children's lives than disease itself](#)
- [COVID-19 Aftershocks: A perfect storm](#)
- [COVID-19 Aftershocks: Out of time](#)
- [COVID-19 Aftershocks: Access denied](#)
- [COVID-19 Aftershocks: Deadly waves](#)
- [Children's voices in times of COVID-19](#)
- [ACT NOW: Experiences and recommendations of girls and boys on the impact of COVID-19](#)
- [ACT NOW: regional reports](#)

Policy briefs

- [COVID-19 & the child protection crisis in Afghanistan](#)
- [COVID-19 & the fragile cities in the Northern Triangle of Central America \(English and Spanish\)](#)
- [COVID-19 & child protection in fragile and humanitarian contexts](#)
- [COVID-19 & risks to children's health and nutrition](#)
- [COVID-19 & disruptions to education](#)
- [COVID-19 & urgent needs of child-sensitive social protection](#)
- [COVID-19 & the risks to children in urban contexts](#)
- [COVID-19 & poverty and hunger](#)
- [COVID-19 & faith actors](#)

Learn more about World Vision's response to COVID-19, please visit: www.wvi.org.

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