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.

Since the beginning of the pandemic, more than 1.2 million people have died globally, and over 51 million people have been infected. The pandemic’s economic toll has left families, already living on the edge, out of work, has forced vulnerable children out of school due to lockdowns, and threatened millions more with hunger and starvation.

A recent World Vision consultation with children and young people from 50 countries shows that violence has surged in the past year, with 81% of those interviewed stating that they had seen or faced violence in their homes, communities, or online since the start of the COVID-19 pandemic, and 82% saying COVID-19 has disrupted their education.

Children are urging world leaders to protect them from the rise in violence and consult them as nations respond to COVID-19.


Working closely together with governments, partners, supporters, and communities at all levels, from grassroots to global, World Vision has worked to limit the spread of the disease and reduce its impact on the world’s most vulnerable children and families.

We urge the world to stand together with the most vulnerable children to fight COVID-19, especially refugees and the internally displaced. We are deeply concerned that the impacts of COVID-19 will permanently scar the development of a generation of the world’s most vulnerable children.

Devastating aftershocks of the crisis are putting at least 85 million more children at risk of violence. Millions of parents and caregivers have lost incomes and jobs due to COVID-19, forcing 8 million children into child labour in Asia alone. As many as 1 million girls may drop out of school across sub-Saharan Africa due to teenage pregnancy and school closures. We urgently need to address both the direct health impacts of the virus and the secondary shocks brought about by viral containment measures.

The impact from COVID-19 is threatening to reverse decades of progress in the fight against poverty and income inequalities. World Vision has warned that over 19 million people, including 10 million children, are at risk of famine in 12 of the world’s most fragile countries due to a deadly mix of conflict, the economic impacts of COVID-19, and climate-related natural disasters.

Joining hands with faith leaders remains critical to bring hope and strengthen preparedness, behaviour change and protecting children.
Asia Pacific Region

Situation overview
As the region experiences more intense disasters and changing geography of disaster risks, alongside the implications of a global pandemic, children are at greater risk of food insecurity and more vulnerable to health-related issues.

Displacement of affected populations, destruction of water, sanitation, and hygiene (WASH) facilities and loss of household necessities may increase the spread of COVID-19 and add an extra burden on households' and countries' already strained livelihoods and food security, making early recovery extremely challenging.

Thailand, Cambodia, Laos, and Vietnam are facing tropical storms that have brought excessive rainfall and widespread flooding, causing colossal loss to properties, infrastructures, and livelihoods, and the Philippines has estimated agricultural damages, caused by Typhoon Goni, as high as US$48.6 million.

Response highlights
- Trained hundreds of faith leaders across the region on COVID-19 awareness, mental health concerns, how to support affected families, digital communication skills, disseminating COVID-19 preventative messaging, and small group Bible study facilitation in accordance with COVID-19 restrictions.
- Engaged community health workers in 10 internally displaced person camps in Baidoa, Somalia, in partnership with the government, to conduct hygiene promotion and disseminate COVID-19 messaging.
- Facilitated the visit of First Lady of Democratic Republic of Congo to the Kongo Central programme area where she addressed the secondary impact of COVID-19 on communities, amongst other initiatives.
- In Sudan, World Vision continued to collaborate with the ministry of health to reach communities in remote areas with COVID-19 preventative messaging using community radio.
- In Malawi, World Vision launched an advocacy project to mobilise communities against child abuse, teenage pregnancy, and early marriage, all of which have been on the rise during the COVID-19 pandemic.

Africa Region

Situation overview
Increasing vulnerabilities and worsening humanitarian needs due to lockdowns have devastated livelihoods in sub-Saharan Africa.

School closures have negatively affected children’s learning and led to higher teenage pregnancy rates. According to a recent World Vision study, as many as 1 million girls may drop out of school across sub-Saharan Africa.

Reduced funding commitments and COVID-19 lockdowns have increased vulnerabilities amongst forced migration populations (i.e. internally displaced persons and refugees) and migrant workers across east, west, and southern regions.

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 triple threat of issues from health, climate change, and loss of livelihoods with the COVID-19 pandemic; desert locust infestations in East Africa devastating vegetation; and flooding in parts of West and East Africa resulting in loss of life, displacement, infrastructure damage, inaccessibility to basic services, and crop disruptions.

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People Reached 27,930,965
Children Reached 12,556,577

People Reached 15,680,172
Children Reached 6,751,814

(figures as of 11 November 2020)
Situation overview

The virus is surging across the region, with reported cases rising daily. In North America, states in the U.S., Canada, and Mexico are experiencing spikes in cases due to the gradual reopening of economic and social activities, but cases are decreasing in some countries in the Caribbean, Central America, and South America. Brazil continues to have the third highest number of confirmed cases in the world and remains the hardest hit nation in the region. However, Colombia, Mexico, and Peru have all dropped in the global ranking of infections to ninth, 11th, and 12th, respectively.

November’s Hurricane Eta exasperated the already difficult conditions faced by millions of families in Central America; an area already facing increased economic devastation, hunger, and unemployment because of COVID-19. Approximately 3.4 million people have been directly affected by Eta, with 1.5 million in need of urgent humanitarian aid and more than 91,000 relocated to temporary shelters. Eta’s effects on the region’s infrastructure, crops, and families, particularly children, are devastating. And now the region is being threatened by another storm – Iota.

Response highlights

- Lifting preventative measures and lessening restrictions for confinement may lead to an increase of cases throughout Latin America and the Caribbean.
- Mental health issues in children may severely increase after a long period of confinement.
- The situation may rapidly deteriorate for thousands of children in Venezuela and host countries in South America as families are selling or trading their goods, intensifying their precarious economic situations; children are being separated from their parents; and an increase in cases of child marriage are being reported.
- Central America and southeast Mexico are dealing with a double crisis after Hurricane Eta. The cyclone worsened the already perilous situations for thousands of vulnerable people affected by the economic crisis brought on by the pandemic. As of 13 November 2020, the sub-region is on high alert for the arrival of a new storm, lotta, whose effects are predicted to be catastrophic.

Situation overview

Cases in northwest Syria recently reached alarming levels amongst the 2.7 million internally displaced persons. Many health workers also reportedly tested positive for COVID-19, putting effective containment and the response at even greater risk. However, due to the incapacity to test, a perception of underreporting, and the general wariness to seek treatment due to stigmatisation or fear of catching the disease, aid agencies fear that the actual number of positive cases is much higher.

Lebanon is grappling with the rapidly escalating public health crisis, along with its economic fallout, escalating unemployment, and currency devaluations, pushing high numbers of local communities and refugee populations below the poverty line.

An increase of infections in Iraq led the Kurdistan region of Iraq’s government to issue a new set of public health guidelines to prevent further spread. Ongoing conflict in Armenia, resulting in thousands of displaced families arriving from Nagorno-Karabakh to collective living arrangements with host families, is also adding pressure on national health systems and undermining efforts to prevent the spread of COVID-19. Romania, Georgia, Albania, and Bosnia and Herzegovina have all seen surges, despite stricter containment measures being observed.

Response highlights

- As winter approaches, World Vision is extremely worried about the safety of vulnerable displaced children.
- Equal access to medical care for all – displaced populations and local communities – is key to preventing yet another crisis in northwest Syria. World Vision believes that for this to happen, fighting must immediately stop and health facilities must be strengthened to accommodate the growing number of cases in the country.
- World Vision Lebanon, with UNICEF, collaborated with 12 faith- and three community-based organisations in Beqaa to provide key child protection messaging. The organisations will, in turn, support children’s well-being by disseminating the messaging to their community members through initiatives funded by a US$2,000 contribution from World Vision. Faith leaders also received training on Channels of Hope, including ways to address violence against children and various forms of abuse, neglect, and exploitation, first aid, and raising awareness on COVID-19.
**OBJECTIVE 1: Scale up preventative measures to limit the spread of disease**

- **29,404,971** People reached through promotion of preventive behaviours
- **5,173,199** Information, education, and communication materials printed and distributed
- **14,339,665** Community members provided preventative materials
- **4,451,798** Handwashing supplies distributed
- **2,686,773** Comprehensive hygiene kits distributed
- **250,750** Cleaning kits distributed to vulnerable communities
- **87,187** Community-level public handwashing stations established or maintained
- **88,343** Water, sanitation, and hygiene facilities constructed or rehabilitated
- **205,845** Faith leaders disseminating preventative measures

(Based on figures as of 11 November 2020)

**OBJECTIVE 2: Strengthen health systems and workers**

- **138,434** Community health workers trained and supported
- **420,221** Medical personnel provided with personal protective equipment (PPE)
- **7,870,353** Masks distributed, including to health facilities, health workers, and communities
- **4,601,663** Glove sets distributed, including to health facilities, health workers, and communities
- **447,891** Disinfectant kits distributed to health-care facilities
- **419,646** People supported with the securing of safe quarantine and/or isolation spaces
- **1,181** Quarantine and isolation spaces supported, rehabilitated, or set up
- **17,927** Medical facilities assisted
- **1,181** People provided transportation support

(Based on figures as of 11 November 2020)

*Note: Figure amounts are lower than previously reported due to address changes in counting methodology.*
**OBJECTIVE 3: Support for children affected by COVID-19 through education, child protection, food security, and livelihoods**

| People reached with information, education, and communication | 3,154,279 |
| Education materials provided to enable or support remote learning | 1,047,313 |
| People provided with education support or training | 1,735,049 |
| Children reached with targeted, age-specific health education | 1,441,099 |
| Teachers provided with education training and support | 54,426 |
| Education materials provided to enable or support remote learning | 1,820,301 |
| People reached with food security assistance | 6,213,995 |
| People reached with cash and voucher assistance | 1,399,294 |
| Frontline actors reached or trained on child protection programming | 121,604 |
| Cash and voucher assistance distributed | US$17,051,055 |
| Individuals supported with livelihoods training | 154,051 |
| Households provided livelihoods assets | 144,737 |
| Savings groups organised | 4,985 |
| (Based on figures from 70 countries, as of 11 November 2020) |

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

- World Vision, with UNICEF and other child-focused agencies, released a statement ahead of the UN General Assembly’s Special Session on COVID-19 calling for children to be prioritised in the pandemic response.
- In *Zimbabwe*, World Vision worked with faith leaders to share COVID-19 prevention and management messages via WhatsApp to 4,000 congregations across the country.
- *World Vision Chile* carried out a consultation with 17,000 children about their concerns with and interest in Chile’s new political constitution, to take their wishes and voices into consideration during this pandemic.
- In *Angola*, World Vision supported the government to effectively implement a child protection and integral development law, carrying out awareness campaigns in schools focused on child rights during COVID-19.
- *World Vision South Africa* trained 22 faith leaders on psychosocial support, which allowed them to then attend to 262 children’s needs, addressing their stress and trauma endured during the lockdown period.
- In *Honduras*, World Vision partnered with 15 churches and community leaders to present petitions to local governments with municipal budget allocation recommendations to address child protection needs during the pandemic.

(Based on figures from 70 countries, as of 11 November 2020)
Humanitarian Accountability

A key focus for World Vision’s COVID-19 response is to provide information, consult people on their needs and how they want to participate in their own self-recovery, and take action based on the feedback and complaints we hear from people so that we remain accountable to the children and communities that we serve. Here are the top trends of what communities* are telling us this reporting period:

Field offices reported community feedback related to beneficiary selection and unmet needs within the community.

Field offices reported receiving positive feedback/appreciation of World Vision’s support from communities.

Field offices reported that community members submitted feedback requesting more information about World Vision programmes and distributions, for information to be shared through different channels or in different languages, or to clarify confusion and rumours.

Field offices reported community feedback requesting food security and livelihoods support.

We listen to communities and respond

Community leaders in Sudan gave feedback urging stakeholders to create a network to coordinate with the local radio and television stations on COVID-19 awareness and prevention messaging. Thus, World Vision Sudan, the ministry of health, and community volunteers and leaders will work to connect hard-to-reach rural communities in remote areas with life-changing COVID-19 awareness and prevention information through community radio and local and national television channels as they strive to ensure the needs of these communities are not forgotten.

Over the past few months, World Vision Costa Rica heard from the general population that there was a demand for hygiene and disinfection supplies. In response, two grants allowed World Vision to distribute hygiene products, such as hand soap, alcohol gel, masks, and personal hygiene items to programme areas who had requested the kits.

In Zimbabwe, communities have emphasised the need for increased access to clean water as well as food, following disruptions to livelihoods as a result of COVID-19 lockdown measures. In response to these requests, World Vision has: (1) prioritised water, sanitation, and hygiene interventions; (2) will continue to provide food distributions, with the support of the World Food Programme; and (3) will offer assistance with agricultural inputs, establishment of nutrition gardens, and related trainings, as well as the provision of water for productive use, all in an effort to rebuild vulnerable communities’ livelihoods as part of its COVID-19 recovery approach.

Communities in Zimbabwe have also indicated that some community members are no longer adhering to the government’s COVID-19 regulations, as a result of a decrease in COVID-19 cases across the country. In response, World Vision Zimbabwe will continue to share appropriate messaging on COVID-19 awareness and prevention with communities.

OBJECTIVE 4.1: Engage communities to ensure programme relevance as context changes, in the overall global results framework

86% of respondents reported satisfaction with World Vision interventions

85% of respondents reported they 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

(qualitative data is based on narrative reporting from 20 field offices as of 4 November 2020)

(indicator data based on 12 field offices reporting against these indicators as of 4 November 2020)
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