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


People reached

Men 15,785,087
Women 17,431,895
Children 26,375,507
Boys 12,922,016 Girls 13,453,491

(Based on figures as of 19 February 2021)

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


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.

No one is safe until everyone is safe. We must work together to address the socioeconomic consequences of the COVID-19 pandemic that are threatening to reverse hard-won progress towards achievement of 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 coronavirus vaccines, tests and treatments for everyone who needs them.

- Disruptions to health systems could result in anywhere from 215,000 to 1.15 million additional child deaths in 118 low- and middle-income countries over the next six months. (Lancet, 2020)
- Child protection services have been disrupted in 104 countries, seriously limiting access to prevention and response services for 1.8 billion children and young people. (UNICEF, 2020)
- As many as 13 million extra child marriages will occur in the years following the pandemic, with at least 4 million more girls married in the first two years of the crisis. (UNICEF, 2020)
- Up to 66 million more children and young people could fall COVID-19 threatens to reverse the significant gains made in reducing the number of child labour cases, which had fallen by 94 million cases since 2000. (UN, 2020)
- A record 30 to 34 million children and young people were displaced in 2019. More than 80% are in countries or territories affected by acute food insecurity and malnutrition which are ill-equipped to respond to COVID-19. (UNHCR, 2020)

Key findings:

- World Vision has a network of 450,000 faith leaders in network equipped to respond to child well-being challenges in their communities.
- World Vision is already partnering with more than 124,000 faith leaders in care and prevention campaigns.
- 84% of faith leader survey respondents reported sharing health and hygiene practices with their congregations and/or communities.
- 52% actively correcting misinformation about COVID-19.

Faith leaders and communities are at the forefront of our COVID-19 Response, identifying and supporting the most vulnerable children and young people in their communities. In an unprecedented era of misinformation, disinformation, conspiracies, and confusion, these faith leaders must play a pivotal role in leveraging their platforms as we enter the vaccine phase of the Response.

Offices in six countries conducted Barrier Analysis studies on vaccine hesitancy studies (Bangladesh, Myanmar, India, Kenya, Tanzania, and Democratic Republic of Congo). The tool, developed by World Vision’s Global Lead for Health and Nutrition, Tom Davis, and our findings have been presented to various audiences, including the ACREDT demand technical working group (TWG), the Vaccine Confidence Project, and the Asia demand TWG. Additionally, the WHO/UNICEF has included brief guidance on Barrier Analysis (including what it is, the tools to be used, the format for analysis of the data, resources on training, and a sample summary report) in their report on behaviour and social drivers (BeSD) so country offices in Eastern and Southern Africa that choose to conduct Barrier Analysis have a standardised approach.

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Asia Pacific region

Situation overview

Asia Pacific is grappling with the impact of a surge in new COVID-19 cases, including the new coronavirus strains, that forced governments to implement stricter lockdown measures. Asian economies are still struggling, resulting in higher unemployment rates and/or decline in working hours.

While much has been done to help communities build back better and plan for long-term recovery, the threat of a new variant and an increase in cases calls for urgent attention for life-saving essentials to the hardest hit areas. Several countries were also confronted with natural disasters, which rendered thousands of people, including children, homeless and more vulnerable to COVID-19. Protection and education issues remain a challenge and a key focus for the humanitarian community to address. There is a need to look into the changes and patterns of vulnerabilities and gaps and zoom into the challenges faced by schools, protection service actors, and health-care facilities in the recovery phase.

Response highlights

- Coordination for a regional COVID-19 impact assessment follow-up to our Unmasking the impact of COVID-19 on Asia’s most vulnerable children report, is underway. It will inform World Vision’s adaptations to long-term development plans to address issues caused or exacerbated by COVID-19 and its economic downturn in Asia Pacific.

- In Sri Lanka, a small-scale response was implemented to support children and their communities, following a surge in new COVID-19 cases. Dry ration food packages, handwashing units, hand sanitisers, infrared thermometers, face shields, and other emergency essentials were distributed.

- In Cambodia, World Vision supported the education ministry and UNICEF to conduct a joint education assessment to inform education policy planning and support. Efforts are also underway to support the recovery of returning migrants in Batambang, Banteay Meanchey, and Siem Reap provinces.

- In Laos, migrant returnees who left the Savannakhet quarantine centres received a cash-based intervention and communities in lockdown, including primary schools, were provided with water filters.

- World Vision stands ready to partner with governments, donors, faith leaders, community health workers, and grassroots organisations across the region to implement immunisation campaigns and ensure communities understand the benefits of COVID-19 vaccination.

Africa region

Situation overview

Increasing vulnerabilities and worsening humanitarian needs due to lockdowns have devastated livelihoods. UNOCHA’s humanitarian response plans are showing a higher number of people in need (10% higher than this time last year, which equates to 48.9 million in East Africa, 45 million in Southern Africa, and 44.7 million in West Africa).

Prolonged 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 be blocked from returning to 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. In East Africa, for example, the World Food Programme has reduced food rations for refugees.

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.

The second wave caused by the B.1.351 (S01.V2) variant of the virus, is causing fears and has led to a significant increase in COVID-19 cases and death rates across the continent.

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Regional overviews

**Latin America and Caribbean region**

**People reached** 9,907,144  
**Children reached** 4,436,688

**Situation overview**

Out of every 100 infections in the world, approximately 16 are in Latin America and the Caribbean. The region is reporting 1 million new infections every 11 days and more than 20 million since the start of the pandemic.

Brazil continues to register the highest rate of infections in the region and is ranked third worldwide in confirmed cases and second in deaths. The country is registering a steep increase of cases, especially in Manaus, Amazonas state, where a **new strand** of the virus was detected in December. Amidst this context, Chile is leading the region in vaccinations. It has inoculated 1.5 million people, the equivalent of **5.58 vaccinations** per 100 inhabitants. In contrast, Mexico is administering 0.56 per 100. According to a recent BBC report, the region will receive 10% of the 337 million doses to be distributed by COVAX between February and May 2021 with more than 10 million to be sent to Brazil and 2.6 million to Colombia.

Tens of thousands of migrants also continue to face extremely hazardous conditions due to exacerbated violence at the borders.

**Response highlights**

- World Vision Brazil delivered 1,000 oxygen cylinders in Manaus, Amazonas.

**Middle East and Eastern Europe region**

**People reached** 2,526,899  
**Children reached** 1,280,626

**Situation overview**

Cases in the Middle East and North Africa non-European Union (EU) countries remain well below the US, EU, and Latin America, but are considerably higher than Africa and Asia. However, infection rates in Albania and Kosovo have been some of the highest globally. Rates were also high in Georgia, Iraq, Israel, Jordan, Lebanon, and Romania.

Only two of World Vision’s field offices (Romania and Jerusalem / West Bank / Gaza (JWG)) have been able to start vaccination programmes in the region and access remains reliant upon government policies and ability to procure vaccines. Armenia (Sputnik), Lebanon (Pfizer and AstraZeneca), and Iraq (AstraZeneca) have announced plans to start immunisations in February, and Bosnia and JWG have said they are procuring vaccines (Sputnik). With the exception of one office in the region, there are no reports of new challenges to running operations in the field. World Vision Lebanon has been working hard with UN partners to negotiate access to maintain essential operations during their national lockdown. Lebanon and Israel have begun gradually easing their severe lockdown restrictions. However, flight restrictions between countries appear to be growing. Lebanon, JWG, Iraq, and Romania all reported growing international travel restrictions.

**Response highlights**

- World Vision Afghanistan trained 1,000 faith leaders who then reached out to more than 98,000 people with faith-based messages on COVID-19 concerns. These networks were further strengthened by their work with the Department of Religious Affairs and Haj and two provincial-level faith leader forums.

- World Vision’s Syria Response continued their lobbying on cross-border access sharing a joint statement on social media along with 23 other aid agencies warning that reduced access impedes responding to COVID-19 accelerated vulnerabilities due to winter conditions.

- World Vision Georgia has started to implement COVID-19 Response action focusing on essential food distribution to the most vulnerable families.

- World Vision Albania, along with partner organisations UNICEF and Save the Children, sent a joint letter to the Albanian prime minister raising children’s issues prior to his address at the United Nations’ General Assembly’s Special Session on COVID-19, which received a formal response.
COVID-19 Response global highlights

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

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

**People reached through promotion of preventive behaviours**
31,451,096

**Information, education, and communication materials printed and distributed**
5,573,530

**Community members provided preventative materials**
14,944,464

**Handwashing supplies distributed**
4,803,098

**Comprehensive hygiene kits distributed**
2,774,173

**Cleaning kits distributed to vulnerable communities**
291,022

**Community-level public handwashing stations established or maintained**
88,654

**Water, sanitation, and hygiene facilities constructed or rehabilitated**
97,175

**Handwashing supplies distributed**
128,669*

*(Note: Figures have been amended to address errors recorded in previous sitrep. The number is lower than previously reported due to a mistake in counting methodology by a reporting country.)*

(Based on figures as of 19 February 2021)

OBJECTIVE 2: Strengthen health systems and workers

**Community health workers trained and supported**
158,661

**Medical personnel provided with personal protective equipment (PPE)**
428,867

**Masks distributed, including to health facilities, health workers, and communities**
8,441,555

**Glove sets distributed, including to health facilities, health workers, and communities**
4,681,942

**Medical facilities assisted**
18,258

**Disinfectant kits distributed to health-care facilities**
482,416

**People supported with the securing of safe quarantine and/or isolation spaces**
437,198

**Quarantine and isolation spaces supported, rehabilitated, or set up**
1,201

**People provided transportation support**
8,636

(Based on figures as of 19 February 2021)

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

*(Based on figures as of 19 February 2021)*
### OBJECTIVE 3: Support for children affected by COVID-19 through education, child protection, food security, and livelihoods

<table>
<thead>
<tr>
<th>People reached with information, education, and communication psychosocial support materials</th>
<th>Education materials provided to enable or support remote learning</th>
<th>People provided with education support or training</th>
<th>Children reached with targeted, age-specific health education</th>
<th>Teachers provided with education training and support</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,424,202</td>
<td>1,143,471</td>
<td>1,864,201</td>
<td>1,500,335</td>
<td>57,271</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash and voucher assistance distributed</th>
<th>People reached with cash and voucher assistance</th>
<th>People reached with food security assistance</th>
<th>Children supported with child protection programming</th>
<th>Frontline actors reached or trained on child protection programming</th>
</tr>
</thead>
<tbody>
<tr>
<td>US$21,754,076</td>
<td>2,017,056</td>
<td>6,675,430</td>
<td>1,461,446</td>
<td>149,615</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individuals supported with livelihoods training</th>
<th>Households provided livelihoods assets</th>
<th>Savings groups organised</th>
</tr>
</thead>
<tbody>
<tr>
<td>164,080</td>
<td>145,818</td>
<td>5,118</td>
</tr>
</tbody>
</table>

*Based on figures as of 19 February 2021*

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

- **Global, regional and national policy changes achieved through advocacy and external engagement to improve the international responses to COVID-19**
  
  - World Vision trained over 100 frontline workers and 200 faith leaders in Chile on COVID-19 prevention and child protection through a digital advocacy platform ‘Chile counts on me’.
  - In collaboration with UNHCR, World Vision Honduras helped to strengthen the government unit that addresses child protection issues resulting from prolonged confinement of children at home.
  - Joint advocacy with partner organisations in the Dominican Republic led to the ban of child marriage, in response to the increased use of it as a negative coping mechanism during the pandemic.
  - In Ethiopia, World Vision conducted an assessment to support advocacy for the opening of humanitarian corridor to Tigray region, where there is a serious increase in the spread of COVID-19.
  - In Indonesia, World Vision supported local governments in South Bengkuku to enact disaster management village regulations to regulate children’s and women’s protection during disasters, including the COVID-19 pandemic.
  - In Romania, World Vision contributed to the development of a national digital education strategy as lead of a ministry of education working group on digital competencies for students.
  - In JWG, in partnership with the ministry of health, World Vision finalised an assessment to identify the needs of community health centres and clinics in preparation for a population-wide vaccination campaign.

*During December 2020 and January 2021:*

- **External engagements where World Vision is advocating on priorities, including ending violence against children in the context of COVID-19**
  
  - 281
  - 1,062
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 that communities gave feedback requesting more support to enact the COVID-19 preventative behaviour messaging, that they needed more PPE, more WASH facilities, or were not able to follow social distancing advice due to work or family commitments.

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

Field offices reported community 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 about beneficiary selection, both wanting to be included in projects and requesting explanations of the beneficiary selection criteria.

88% of respondents reported satisfaction with World Vision interventions.

80% of respondents reported they received information about World Vision, expected staff behaviour, World Vision programmes, and how to provide feedback.

79% of complaints/feedback from community resolved based on agreed timeline.

We listen to communities and respond

Beneficiaries in Sierra Leone expressed appreciation for support but specifically requested for livelihoods support to cushion the impact of COVID-19. Thus, World Vision will provide livelihoods training and support to the most vulnerable households. Beneficiaries in western rural areas also requested that hard-to-reach areas be supported with water facilities to enable water access for these communities for handwashing, drinking, and domestic use. Thus, World Vision Sierra Leone is conducting water feasibility studies in the area and will construct two solar mechanised boreholes in 2021.

Some complaints were received from communities in Syria, mostly related to the need to receive more hygiene kits or the insufficiency of those distributed. World Vision Syria responded and distributed additional hygiene kits as needed. In response to requests to extend distributions of preventative items (such as soap, masks, gloves, and sterilisers) as part of several projects in Syria, World Vision Syria is addressing these requests and following up.

Feedback from communities over the past couple of months has mostly centred on COVID-19 vaccinations with communities asking about the safety and availability of vaccines and whether World Vision will support communities to access the vaccines. World Vision is working with field offices to help respond to these questions.

(qualitative data is based on narrative reporting from 32 field offices as of 30 January 2021)
We would like to thank the hundreds of thousands of generous child sponsors, donors, partners, and supporters whose contributions make this work possible, including:

FOR FURTHER INFORMATION, PLEASE CONTACT:

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Learn more about World Vision’s response to COVID-19, please visit: www.wvi.org or read about our vaccine response plans in our vaccine capacity statement.