World Vision is responding to the impact of COVID-19 in 17 countries and territories in Asia Pacific, especially in places where children and families are most vulnerable.

It has been more than a year since Asia Pacific began responding to the impacts and aftershocks of the pandemic's initial spread throughout the region. But a second wave surge of COVID-19 across the Indian subcontinent and the Pacific is a pressing concern. With over 400,000 new cases a day in India alone, public health systems across India and neighbouring countries, like Nepal and Sri Lanka, are under immense pressure while the vulnerabilities of children and the poor are being further exacerbated. Nepal is now recording 57 times as many cases as a month ago, while Lanka reports its largest number of new infections since the start of the pandemic. Overflowing hospitals and crematoria are in direct contrast with the short supply of oxygen and life-saving drugs in many parts of these countries. The governments of India, Nepal, and Lanka have called for international support and to our local World Vision offices for assistance.

WV India is providing life-saving support to communities and health-care workers; whereas in Nepal and Sri Lanka, we are also providing preventative and response support to children, families, and government. In the Pacific, the challenges of a lack of health-care infrastructure, community awareness, and low vaccination acceptance are compounded by recent cyclones. WV Papua New Guinea (PNG) and WV Timor Leste are expanding response efforts and supporting governments’ vaccination rollouts.

People’s needs will understandably vary and vulnerability will shift over time. Thus, World Vision has undertaken a follow-up regional assessment to see what has changed, for who, since the release of the Unmasking the impact of COVID-19 on Asia’s most vulnerable children report in May 2020. It will focus on COVID-19’s impact on livelihoods, health and nutrition, and child protection (specifically child marriage, child labour, and teenage pregnancy), as well as the effects of school closures. This study will enable World Vision and other stakeholders to:

- better support programmes that address the disparate impacts of the COVID-19 crisis and minimise risks posed by the pandemic, supporting the resilience of children and their families as they recover and heal
- enable programmes to better meet the needs of the most vulnerable children and amplify their voices, along with those of their parent/caregivers, in the broader regional and global arena.

As of April 2020, the study’s research tools had been finalised and national offices in Asia Pacific are now working with communities to collect data.

COVID-19 CASES: 25,045,411 DEATHS: 314,533
(COVID-19 case and death figures. Source: WHO, 4 May 2021)

Key concerns

The COVID-19 pandemic has exposed a sharp digital divide along gender lines in Asia, with girls facing more hurdles than boys in accessing the Internet while also suffering the brunt of rising online abuse. We call on governments and all stakeholders to update, reform, and enact legal frameworks on online harassment and violence against all girls and young women in consideration of specific intersectional characteristics, such as race, age, disability, ethnicity, sexual orientation, identity, and expression.

In light of the COVID-19 vaccine roll-out, national vaccination plans need to have specific mapping of vulnerable populations apart from health workers, the elderly and people with underlying conditions. Plans need to be specific in including refugees and populations living in the urban hotspots.

National vaccination plans need to ensure community engagement and representation in coordination structures created for vaccine roll-out and count with long-term and sufficient funding for community participation, including faith leaders.
COVID-19 Response highlights

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

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

- People reached through promotion of preventative behaviours: 6,178,283
- Information, education, and communication materials printed and distributed: 2,269,112
- Community members provided with preventative materials: 4,720,765
- Handwashing supplies distributed: 1,536,122
- Comprehensive hygiene kits distributed: 1,865,563
- Cleaning kits distributed to vulnerable communities: 11,402
- Community-level public handwashing stations established or maintained: 18,345
- Water, sanitation, and hygiene facilities constructed or rehabilitated: 21,535
- Faith leaders disseminating preventative measures: 5,319

Objective 2: Strengthen health systems and workers

- Community health workers trained and supported: 19,239
- Medical personnel provided with personal protective equipment (PPE): 86,960
- Masks distributed, including to health facilities, health workers, and communities: 4,215,198
- Glove sets distributed, including to health facilities, health workers, and communities: 772,992
- Medical facilities assisted: 2,714
- Disinfectant kits distributed to health-care facilities: 116,219
- People supported with the securing of safe quarantine and/or isolation spaces: 26,209
- Quarantine and isolation spaces supported, rehabilitated or set up: 295
- People provided transportation support: 1,373

(Based on figures as of 5 May 2021)
OBJECTIVE 3: Support children affected by COVID-19 with education, child protection, food security, and livelihoods

- **307,281** People provided with education support or training
- **319,196** Education materials provided to enable or support remote learning
- **677,462** People reached with information, education, and communication psychosocial support materials
- **1,423,256** Education materials provided to enable or support remote learning
- **192,175** Children reached with targetted, age-specific health education
- **60,032** Children supported with child protection programming
- **1,409,519** Teachers provided with education training and support
- **1,409,519** Teachers provided with education training and support
- **1,423,256** People reached with education support or training
- **1,409,519** Teachers provided with education training and support
- **377,525** Children supported with child protection programming
- **17,346** Individuals supported with livelihoods training
- **48,041** Households provided livelihoods assets
- **105** Savings groups organised
- **US$8,881,448** Cash and voucher assistance distributed
- **3,795,120** People reached with cash and voucher assistance
- **1,409,519** Teachers provided with education training and support
- **1,409,519** Teachers provided with education training and support
- **6,439** Teachers provided with education training and support
- **61** Global, regional, and national policy changes achieved through advocacy and external engagement to improve the international responses to COVID-19
- **54** External engagements where World Vision is advocating on priorities, including ending violence against children in the context of COVID-19
- **229** External actions, including sign ons and public statements
- **515** External engagements with Tier 1 and Tier 2 stakeholders where World Vision is chairing, presenting, or leading
- **133** External engagements with faith actors where World Vision is chairing, presenting, or leading

(Based on figures as of 5 May 2021)

^Examples of Tier 1 and Tier 2 stakeholders include: WFP, WHO, Global Fund, UNICEF, UNHRC, UNOCHA, and national governments.
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