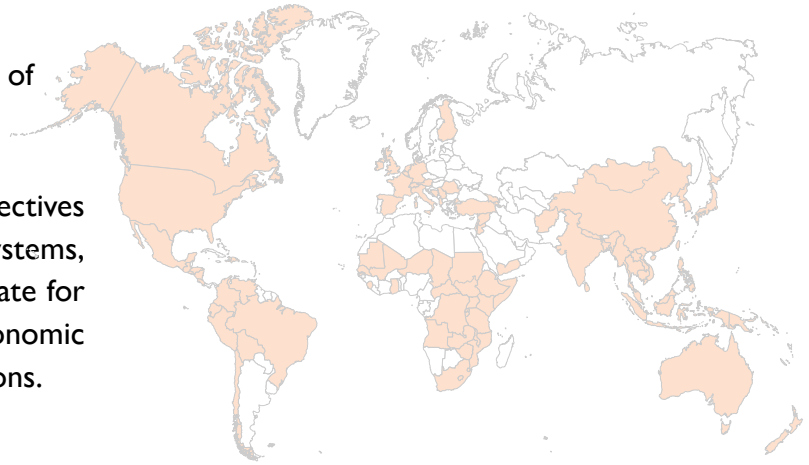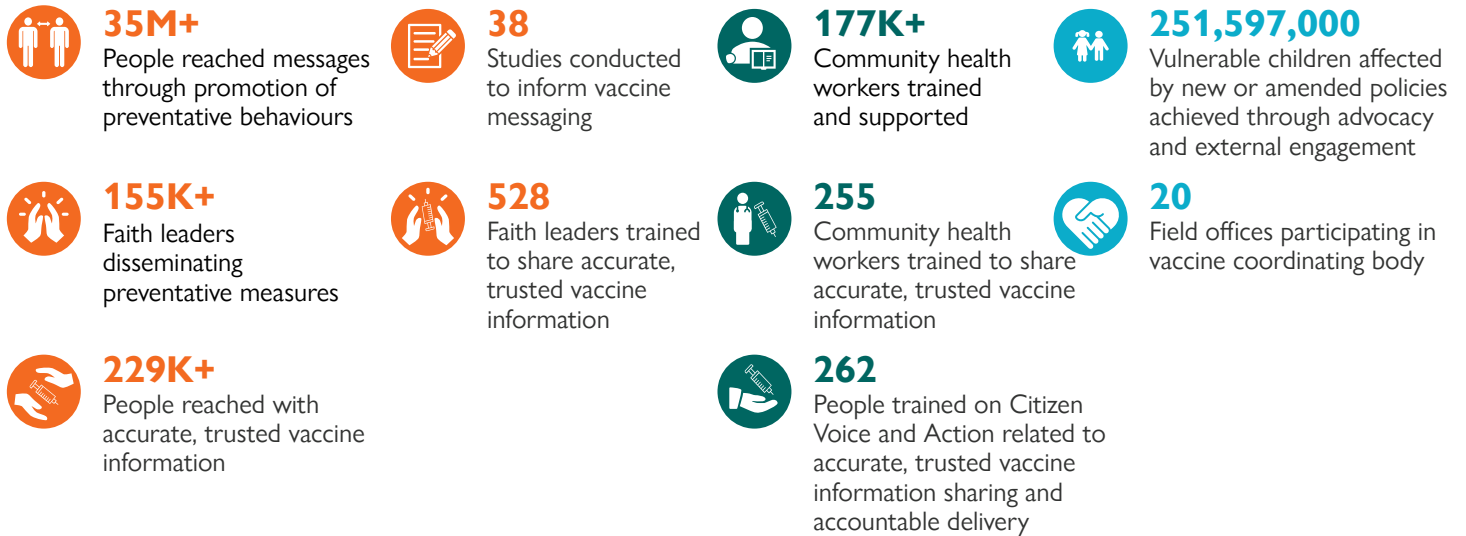# World Vision's COVID-19 vaccine response

World Vision

World Vision is responding to the devastating impact of COVID-19 in **more than 70 countries.**
We have reached **66.1 million people,** including **28.9 million children,** as part of our strategic objectives to limit the spread of COVID-19, strengthen health systems, support affected children, and collaborate and advocate for vulnerable children through health and nutrition, economic livelihood, child protection, and education interventions.

So far we have:

35M+
People reached messages through promotion of preventative behaviours

38
Studies conducted to inform vaccine messaging

177K+
Community health workers trained and supported

251,597,000
Vulnerable children affected by new or amended policies achieved through advocacy and external engagement

155K+
Faith leaders disseminating preventative measures

528
Faith leaders trained to share accurate, trusted vaccine information

255
Community health workers trained to share accurate, trusted vaccine information

20
Field offices participating in vaccine coordinating body

229K+
People reached with accurate, trusted vaccine information

262
People trained on Citizen Voice and Action related to accurate, trusted vaccine information sharing and accountable delivery

(data from January 2020 through 30 June 2021)

World Vision's strategic intent

To use our global reach and grassroots connections to encourage vaccine acceptance and uptake by the world's most vulnerable communities to save lives, protect livelihoods, and safeguard families and children from impoverishment and violence.

Value proposition

Global reach
We are already partnering with massive networks of people to combat the spread and impact of COVID-19. **Our networks include 450K faith leaders, 184K community health workers, government and private sector partners as well as our own humanitarian and development experts in remote, hard-to-reach, and difficult contexts around the world.**

Strengthen health systems
World Vision's principal role in the COVID-19 vaccine supply chain is to help prepare communities for vaccine uptake. This means ensuring that communities are accurately informed on the nature and purpose of each COVID-19 vaccine, that leaders and champions are equipped to support their constituencies, that public health decision makers understand vaccine acceptance barriers and the science of reducing vaccine hesitancy. We will also ensure planning processes include citizens and are accountable to them, that allocation strategies are equitable, and that frontline health workers are supported to provide vaccine services with quality. World Vision's work on vaccines builds on our existing COVID-19 Response in more than 70 countries.

Technical expertise

Advocacy

Globally, World Vision participates in the Access to COVID-19 Tools Accelerator (ACT-A).[1] We support the vaccines pillar, COVAX,[2] in an advisory role, providing guidance on community engagement and participate in a working group on demand-side preparedness. We also support health system strengthening through our participation on the Health Systems Connector pillar.[3]

Through this representation, World Vision has had the opportunity to share the evidenced-based findings from community surveys and Barrier Analysis research in Sierra Leone and the Democratic Republic of Congo with COVAX, demonstrating the importance of gathering social data to inform vaccine confidence messaging and interventions. This has also led to the Country Readiness and Delivery working group and GAVI integrating Barrier Analysis as the social data collection methodology within the demand generation framework.

Locally, our Citizen Voice and Action – an evidence-based, social accountability model – equips communities to hold their governments accountable for improvements to basic services. Since 2005, it has successfully been used in programmes in 50 countries, including 15 fragile contexts, to strengthen relationships and direct accountability between citizens, policymakers, and service providers. It is now being adapted and employed to address vaccine availability within countries and ensure that the impoverished, vulnerable, marginalised, and other typically overlooked communities are included in national vaccine distributions.

Collaboration

World Vision is a top performing, A-rated partner of The Global Fund. We have implemented 160 grants worth US$691M in an effort to eliminate HIV and AIDS, tuberculosis, and malaria as epidemics. Remarkable gains in these programmes demonstrate World Vision's ability to boost care seeking and case finding, skills which can be leveraged in this and other pandemics.

Faith partners

World Vision works with faith leaders using Channels of Hope, an evidence-based interactive process to share accurate health messages in ways that connect with faith leaders and communities and incorporate a behaviour change communication approach. We have developed two modules on COVID-19 and vaccines which directly address some of the toughest questions and vaccination barriers from a faith perspective, providing factual information about the vaccine and a theological exploration of faith doctrines supporting vaccination.

Technology

World Vision is using mobile phones to enable health workers, in even the most remote areas, to access vital voice message trainings on COVID-19.[5] And during the Ebola outbreak, World Vision partnered with ministries of health and other experts in several African countries to design a mobile gap analysis tool to help to assess whether communities were ready for vaccine deployment. This tool can be repurposed for COVID-19, allowing users to provide real-time feedback online on communities' readiness for, or compliance with, vaccination campaign efforts. We also developed mobile technology to track vaccinees and encourage booster vaccination adherence that could prove helpful with COVID-19 vaccination campaigns.

Health care

World Vision uses our community health committee model to build the capacity and empower local communities to coordinate activities leading to: (1) increased community capacity, (2) improved health policy and service environment, and (3) support of community health worker programmes, which, taken together, lead to strengthened community health systems and positive health outcomes. They are an excellent entry point to communities for prioritised health information sharing on COVID-19 and dissemination, as well as providing a formal bridge between communities and health service providers.

World Vision currently supports 184,000+ community health workers in 46 countries. A June 2020 survey found that 98% of these health workers continued to provide services, despite 74% being in countries with movement restrictions. More than 80% could be reached by mobile phone, and more than two-thirds had been trained in COVID-19 at the time of the survey. Community health workers are the point of the spear of many primary health-care services in low resource settings and provide prevention, treatment, and referral services. Within World Vision's community health worker and nurturing care group project models, childhood immunisation receives strong coverage and immunisation uptake is monitored.

Rapid assessment

World Vision uses Barrier Analysis, a rapid assessment tool, developed by one of our public health experts, in community health and other development projects to identify behavioural determinants[6] associated with particular a particular practice or behaviour. This tool has been used in past disease outbreaks[7] as a way to better identify important barriers and enablers of preventative behaviours so that more effective behaviour change communication messages, strategies, and supporting activities can be developed. World Vision's field offices are currently using this tool to explore determinants of mask use and COVID-19 vaccine acceptance in multiple countries.[8]

Programming **expertise**

Field-level vaccine advocacy[9]

20 Field offices participating in national vaccine coordination bodies

- Much of these efforts include advocacy to ensure that national vaccination plans include specific mapping and explicit inclusion of vulnerable populations, including refugees and populations living in the urban hotspots, in addition to health and frontline workers, the elderly, and people with underlying conditions.
- Other advocacy is focused on ensuring community engagement and representation in coordination structures created for vaccine roll-outs as well as long-term and sufficient funding for community participation, including faith leaders.

528 Faith leaders trained to share accurate, trusted vaccine information

- World Vision Lebanon is using Channels of Hope project model in their Communication for Development (C4D) activities. This has raised UNICEF's and the World Health Organization's interest around the potential to work with faith leaders across the region.
- World Vision Romania is advocating for the inclusion of faith leaders in local authority campaigns.

38 Studies conducted to inform vaccine messaging and advocacy efforts

- World Vision Sierra Leone used Barrier Analysis findings to successfully advocate with government partners to decentralise COVID-19 vaccination sites and services to the districts and chiefdoms.
- Eight field offices in Latin America and the Caribbean, sub-Saharan Africa, and the Middle East and Eastern Europe surveyed refugees and internally displaced persons (IDPs) about vaccine availability. This study, _High Risk, Low Priority_, has been extensively used nationally and regionally to engage stakeholders, including United Nations agencies; Gavi, the Vaccine Alliance; Research Centre on Asylum and Migration (IGAM); government partners; donors; and other civil society actors to advocate on refugees' and IDPs' limited access to vaccines. World Vision's Syria Response awareness-raising efforts for unregistered Syrian refugees in Turkey has already led to donors starting an investigation on this situation. Both ECHO and UNICEF are now monitoring refugees' vaccine access in Turkey.

Programme **adaptability**

When COVID-19 began to exacerbate some of the existing challenges of supporting the most hard-to-reach neighbourhoods and vulnerable communities, World Vision developed guidance to support offices to implement remote programming in a way that is safe for children and adults[10] and tailor pre-existing emergency response approaches to the COVID-19 Response by making them more virtual, digital, and efficient in a wide variety of contextually relevant ways to best address emerging needs. Many of the lessons learnt from (1) digitisation efforts to inform, engage, and educate communities on health, nutrition, hygiene, and child protection issues through technology and (2) the adoption of flexible and innovative approaches to reach the most vulnerable people in marginalised and remote locations, including people without access to the Internet or gadgets, can be utilised by field offices as they prepare for vaccine roll-outs in their countries.

For example, data was collected virtually by phone, social media, or text messaging in order to assess needs, despite lockdowns.[11] Field offices are now using these methods to conduct surveys to gauge vaccine hesitancy and ascertain vaccine availability for particularly vulnerable populations.

Other solutions, such as World Vision's Last Mile Mobile Solutions (LMMS) technology were also employed. Besides simplifying beneficiary registration and management, LMMS avoided duplication with government systems, and in Indonesia, it helped reveal vulnerability factors that went beyond government criteria. World Vision later advocated effectively for the newly identified vulnerable populations to be included in government support services.[12] This could be invaluable data when advocating for inclusion of often overlooked communities in national vaccine distribution plans.

Partnerships with Viamo, Dimagi, and other telecommunication companies, helped World Vision increase its reach to at-risk populations by sharing vital health and hygiene messages via radio, television, text messaging, and social media. For community health workers and other local volunteers, these tools were also used to conduct surveys and trainings.[13] In Central America, World Vision used phone applications, such as WhatsApp, YouTube, and Skype, to implement virtual soft and technical skills trainings for children and young people.[14] In Lesotho, clubs established to leverage WhatsApp to educate children on water, sanitation, and hygiene best practices during the pandemic reached over 12,000 people. Pre-recorded COVID-19 messages were also disseminated over public address systems.[15] These examples of promising communication methods that are already being employed in the field could also be leveraged as part of vaccine acceptance efforts.

World Vision's fragile contexts programme approach (FCPA) has allowed offices to prioritise agility and flexibility in the use of digital technology, accelerated data collection, real-time analysis, and remote programme management. World Vision Honduras is already incorporating lessons learnt and approaches from their 2019 FCPA pilot into COVID-19 response efforts in fragile cities across the region.[16]

Community **accountability**

The 70+ World Vision offices with COVID-19 responses incorporated the community feedback insights received on their programming into their advocacy and programme adaptations, working with communities to respond to their most pressing requests. For example, community members in the Democratic Republic of Congo requested to be more involved in disseminating messages to stop the spread of COVID-19, so 80 young people were trained as community reporters to document and share COVID-19 communications within their communities.[17] This feedback analysis will continue at the global and local levels to help guide advocacy efforts on vaccines and vaccine roll-out programming.

Barrier Analysis

Hundreds of Barrier Analysis studies have been done by more than 38 organisations and agencies in more than 30 countries.

This tool looks at a host of behavioural determinants, including 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 gods] or their religious teachings are supportive of the behaviour), and perceived risk (such as the risk of contracting COVID-19). It also allows us to quantitatively compare the responses that 'doers' versus 'non-doers' give, helping us to be sure the differences identified are real. It is a goldmine of information, and has been vital in our work towards ending the COVID-19 pandemic more quickly.[18]

This sort of focused listening, combined with other more qualitative methods like focus groups, helps us to really understand and address people's concerns about getting the COVID-19 vaccines and to assure that people that they trust (such as faith and community leaders) will lead the way in providing accurate information about the vaccines.

Findings from Bangladesh, Myanmar, Kenya, Tanzania, and India show that vaccine 'acceptors' were more likely to say that most of their community leaders and religious leaders wanted them (or would want them) to get a COVID-19 vaccine. They were also more likely to say that they would get a vaccine if a health worker recommended it to them.[19]

Studies in communities in rural Bangladesh found that non-acceptors were 2.6 times more likely than acceptors to strongly agree with the statement: "Whether I get COVID-19 or not is purely a matter of God's will or chance." They were also 5 times more likely to say they did not trust the COVID-19 vaccines at all and 7.8 times more likely to say they did not know if getting vaccinated would protect them.[20]

In Myanmar, the research found that the factors driving COVID-19 vaccine acceptance in communities there were similar in some aspects: Acceptors were 3.7 times more likely to say that they would be very likely to get a vaccine if a health worker recommended it to them, and more likely to believe that most of their community and religious leaders will want them to get the vaccine (100% of acceptors vs. 80% of non-acceptors).[21] These findings suggest that endorsement by religious leaders and community health workers is vital for community-level acceptance, the promotion of accurate health information, and to help to ensure high-level vaccination uptake.[22]

The studies also provide important contextual data that can help offices to combat misinformation as they raise awareness in support of vaccination roll-out campaigns. For example, in Tanzania, vaccine acceptors were more than five times more likely [than non-acceptors] to say that they fear becoming impotent if they get a COVID-19 vaccine.[23]

More than **177,500 community health workers** have been trained and supported as part of COVID-19 Response efforts to strengthen health systems.

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

These findings have been presented to various audiences, including the UNICEF-led ACREDT demand technical working group (TWG), the Vaccine Confidence Project, and the Asia demand TWG. Additionally, WHO/UNICEF included brief guidance on Barrier Analysis (including 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. One study has completed peer review and should be published soon and a second study is being submitted for peer review currently. Both studies are currently available on preprint servers for use by the humanitarian health community and the general public.

World Vision staff around the world receive a COVID-19 vaccine.
© World Vision

Citizen **Voice and Action**

World Vision's ambition is to create opportunities for communities and supporters to take part in all aspects of advocacy planning, implementation, and evaluation.

Our Citizen Voice and Action (CVA) project model is designed to empower communities to hold their governments accountable for services promised, including child protection, health care, education, access to clean water, and other areas that have an impact on the well-being of children and their families. CVA equips communities with tools to help them identify service gaps and effectively advocate with local and national governments to improve quality and meet standards for services, such as student-teacher ratios or nurses-per-head of population.

6
Field offices currently* using Citizen Voice and Action for accurate, trusted vaccine information sharing and accountable delivery

*As of August 2021. Offices in 50 countries are already using CVA in ongoing programmes but many countries' vaccine activities are yet to be implemented.

World Vision hosts a Citizen Voice and Action activity with women in India in November 2020. © Shireen Mathew Varghese / World Vision

CVA has four core elements – information, voice, dialogue, and accountability. The approach begins with civic education on people's rights, entitlements, and responsibilities, followed by a social audit that allows the community to assess whether government services meet the existing standards as set by government. In a separate set of activities, communities use a scorecard to rank their satisfaction with those services. At a town hall meeting, they discuss their findings and recommendations with government representatives. Together, community members and government representatives agree upon an action plan to improve services. Communities then continue to work with government and other local partners to ensure that agreed commitments are met.

It works by changing power relations and strengthening systems. It does so by using structured and transparent processes to organise collective opinion, which is harder to dismiss than individual opinions, empowering women, and by making the criteria for judgements transparent. By bringing disparate types and levels of decision makers into the process, various authority figures are available to address different issues.

Currently, 76% of World Vision's development programmes support communities in 50 countries to advocate directly to decision makers for changes in policy or practice using this approach.[24]

Also, during the keynote address at the global partners' forum, the head of World Bank's Global Partnership for Social Accountability highlighted how the success of our social accountability model in Indonesia helped the World Bank to understand and map how social accountability strengthens health systems and addresses power asymmetries.[25]

CVA works by strengthening systems. In Indonesia, CVA has been used to expand the boundaries of the health system at the local level to include citizens and local government officials and strengthen component elements of the system. Relationships were established between various elements of the system, stronger information and resource flows introduced, and positive feedback loops added to support ongoing actions and improve effectiveness.[26] Since the start of the pandemic, World Vision Indonesia has expanded their CVA programme to work jointly with the National Planning Ministry on implementing this social accountability tool in response to COVID-19. CVA is also being used to ensure accountable delivery of vaccine services in several countries, including Ghana, Uganda, Indonesia, and Zambia.

- Our global CVA is the largest and most rigorous social accountability footprint of all non-governmental organisations.
- The programme is included in more than 185 grant-funded projects (valued at more than US$519 million).
- CVA is supported by a globally unique citizen feedback application and cloud-based database, covering 15+ countries.
- CVA provides a competitive advantage, especially for large cross-sectorial grants, and is anticipated to be a differentiator for cash and voucher programming into the future.
- CVA a core part of our approach to empower communities for sustainability outcomes.
- CVA is cross-sectoral and has been adapted to fragile, urban and humanitarian contexts.

Channels of **Hope**

World Vision programmes seek to engage faith partners to address the difficult issues of poverty and injustice by tackling problems such as stigma, abuse, and exploitation.

The Channels of Hope model is an evidence-based interactive process to create safe spaces for faith leaders, their spouses, and faith communities where they can become active participants in the well-being of children. These conversations aim to address the root causes and deepest convictions that affect attitudes, norms, values, and practices towards the most vulnerable. The process is grounded in guiding principles from participants' religious texts and designed to move the heart, inform the mind, and motivate a sustained and effective response to significant issues with factual information.

The objective of the COVID-19 vaccine module is to equip faith leaders with accurate information regarding COVID-19 vaccines and create spaces to explore relevant ethical and theological issues. It draws on religious texts, scientific information and messages, case studies, personal experiences, and interactive activities to remove religious and social barriers related to COVID-19 vaccines so they can make the best decisions for themselves and their communities. This module enables faith leaders to become powerful messengers and agents of change, inspiring entire communities to care for and love one another by deconstructing barriers to good health in their communities.

The programme fully equips faith leaders to promote accurate and responsible messages about COVID-19 and encourages them to combat misinformation, rumours, and disinformation and commit to specific actions to ensure individuals and families have accurate information to make decisions about COVID-19 vaccines.

As influential leaders in their communities, faith leaders play a crucial role in changing harmful attitudes and behaviours. Because of their long-term presence in their communities, churches and other faith-based organisations become valuable partners in ensuring that the progress made is sustainable into the future.

More than **450,000 faith leaders** globally have been trained by World Vision to address child well-being challenges through Channels of Hope.

155,725 faith leaders have partnered with World Vision to disseminate preventative measures as part of the global COVID-19 Response.

45 faith leaders in Kenya and South Africa participated in virtual COVID-19 vaccine module pilot workshops in February 2021.

23 countries in Asia Pacific, the Middle East and Eastern Europe, southern Africa, East Africa, and West Africa have trained or have scheduled facilitator trainings for the COVID-19 vaccine module.

528 faith leaders trained to share accurate, trusted vaccine information in the Democratic Republic of Congo, Sierra Leone, South Africa, Lebanon, Ecuador, and Angola.
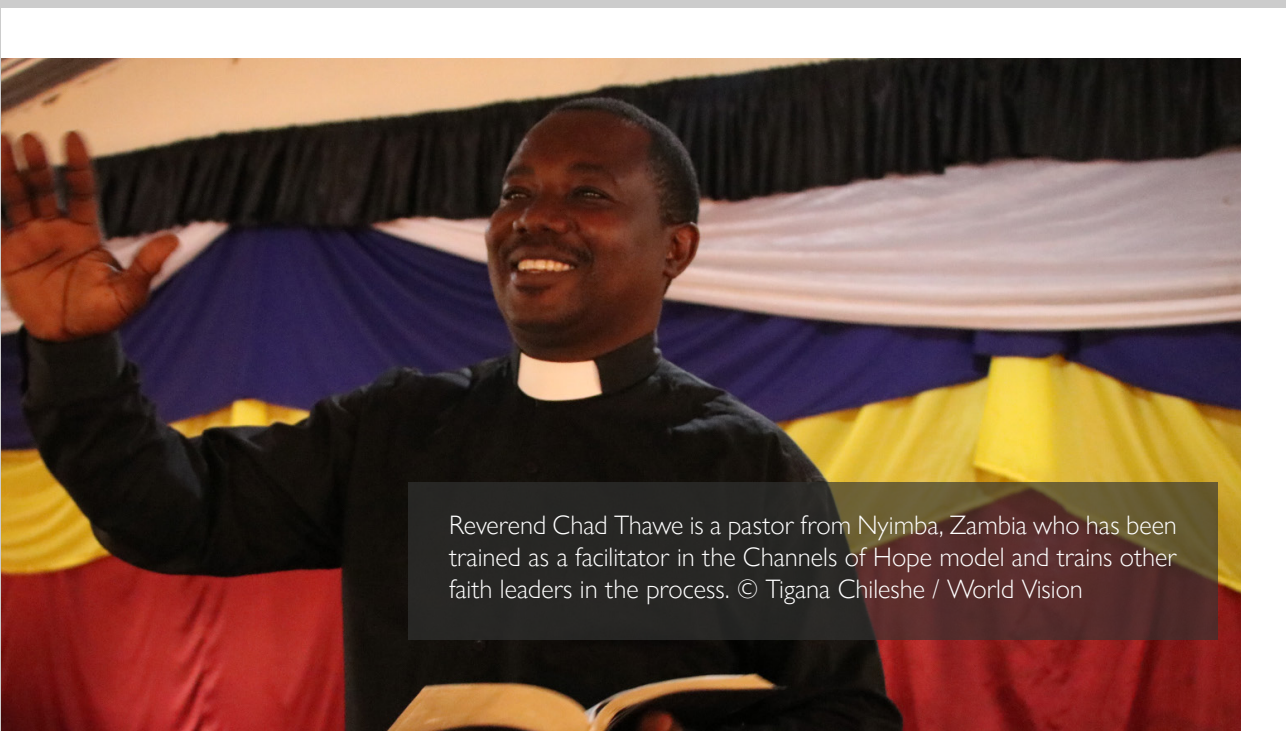
Reverend Chad Thawe is a pastor from Nyimba, Zambia who has been trained as a facilitator in the Channels of Hope model and trains other faith leaders in the process. © Tigana Chileshe / World Vision

Field office programming

32 countries are already working on vaccine uptake, including training health and nutrition technical leads on demand creation for vaccine roll-outs.

Through the global response team and coordination mechanisms, the COVID-19 Response will continue to provide the framework and guidance for all responding field offices and additional support and resources to countries that need it most. Field offices are actively involved in vaccine introduction efforts at the country level through engagement with national vaccine taskforces, advocacy for equitable vaccine distribution, and programmes aligned with World Vision's vaccine programmatic resource guide. Countries that have already begun vaccine roll-outs will share best practices, demand creation plans, and lessons learnt to help other countries dealing with vaccine myths and misconceptions.

World Vision Ethiopia is facilitating COVID-19 vaccine acceptance and community uptake through community and social mobilisation, awareness raising, and social and behaviour change communications and activities within communities. They have created messaging, engaged with faith leaders to help disseminate, and supported *woreda* (district-level) and health centre immunisation campaigns, while building and strengthening health systems' capacity to provide vaccines and ensure mutual accountability. They are also providing logistical support for vaccine roll-outs, trainings for community health and frontline workers on vaccine uptake, and information on any adverse effects following immunisations. World Vision Ethiopia will also conduct Barrier Analysis research and trust assessments to ensure that all planned and future activities address the most pressing needs and concerns within their context.

World Vision Afghanistan is using their grassroots connections and strong relationships with community health workers, community health shura, family health action group members, faith leaders, and community elders within the community-based health-care system to engage communities and share accurate, trusted vaccine information.

As part of their ongoing efforts to strengthen health systems, the Afghanistan office has already provided essential equipment and materials to the Infection Prevention and Control health facilities. They are also working to ensure immunisation planning processes include citizens and are accountable to them, that allocation strategies are equitable, and that frontline health workers are supported to provide quality vaccine services.

In order to advocate for the most vulnerable, World Vision Afghanistan will use their experience with community health worker functionality and SMART assessments to identify vaccine barriers and boosters. They also plan to use Citizen Voice and Action to address vaccine availability within the country and ensure that the impoverished, vulnerable, marginalised, and other typically overlooked communities are included in its distribution in addition to their local-level advocacy and awareness-raising campaigns.

World Vision South Sudan is raising community awareness and engaging in mobilisation efforts to encourage vaccine uptake.

World Vision Mozambique is working to ensure accurate information is being shared and create demand for COVID-19 vaccines by advocating at all levels of the government, to the public and private sectors, and within civil society for continued engagement on COVID-19 prevention and the prioritisation and mobilisation of target groups for vaccine adherence. They are providing information to communities on how to access available COVID-19 vaccines, the benefits, as well as continued preventative behaviours. They are also coordinating with other stakeholders to harmonise messaging to combat misinformation and rumours.

World Vision Somalia is working on a number of vaccine activities (such as information, education, and communication materials on vaccine acceptance; engaging with faith leaders to disseminate the vaccine messaging to encourage vaccine uptake and foster hope; community health and frontline worker trainings; demand creation; social accountability; and advocacy for the equitable distribution of vaccines).

World Vision Uganda is member of the country's COVID-19 task force and closely engaged in COVID-19-related activities since the onset of the pandemic in Uganda. They are supporting the national COVID-19 community engagement strategy, including community-level interventions to increase vaccine uptake. As a part of the ministry of health's risk communications' COVID-19 pillar; they are working with other stakeholders to finalise an advocacy strategy to address the country's low vaccine uptake. The office has also oriented faith leaders on COVID-19 vaccines and conducted Barrier Analysis surveys to determine the contextual barriers keeping people from getting immunised. These findings were used to inform World Vision Uganda's vaccine activities (such as information, education, and communication materials; faith leader and community health worker trainings; demand creation; social accountability; and advocacy), but were also shared with the ministry of health and other stakeholders so key barriers could be addressed more widely.

Frontline staff from World Vision Uganda's Refugee Crisis Response were excited to receive a vaccine. "Vaccines work and over the years we have witnessed their impact through immunisation. We need to keep raising awareness about vaccination and encouraging all World Vision staff to lead by example," explained a staff member.
© Aggrey Nyondwa / World Vision

COVID-19

Even as COVID-19 vaccines are rolled out, other prevention methods (e.g. wearing a mask, hand washing) continue to need to be widely promoted for the foreseeable future, especially given the high levels of vaccine hesitancy in some countries and the rise of dangerous variants. World Vision has developed risk communication and community engagement guidance, in alignment with World Health Organization guidance, intended for training community health workers and volunteers, World Vision health staff, and other frontline workers on COVID-19 transmission, prevention, symptoms, home-based care, child protection considerations, and mental health.

Deep experience **delivering health solutions**

Based on our experience responding to other crises, we know that incorporating vaccinations into our armoury of public health responses, accompanied by community mobilisation and effective communications, enables individuals to be protected and communities to contain outbreaks.

HIV and AIDS

In 2000, World Vision launched the 'Hope Initiative' to respond to the HIV and AIDS crisis. By using the same technical models we are using to combat COVID-19 (i.e. Channels of Hope, collaborative government partnerships, health care support), we successfully:

- worked with clergy and lay leaders to implement solutions that affect people living with or affected by HIV and AIDS (e.g. combatting gender violence, protecting children, and reducing stigma)
- trained community health workers to maintain relationships and provide palliative care
- partnered with governments to influence health-care policy and schools to promote awareness
- identified and screened people living with HIV for tuberculosis so they could start on prevention regimes and helped them to enrol in antiretroviral drug programmes
- trained children and young people on how to avoid risky behaviour and prevent the spread of HIV
- improved service delivery to HIV-affected populations and supported HIV health-care providers
- organised community groups for HIV prevention and care.

EBOLA

World Vision was chosen to be a part of a US$40M initiative to bring an Ebola vaccine solution to West Africa as a member of the Ebola Vaccine Deployment, Acceptance, and Compliance (EBODAC)[27] consortium, that worked in four countries to develop strategies and tools to promote the acceptance and uptake of new Ebola vaccines, so the right persons would receive the right vaccine at the right time.

EBODAC used community engagement, enabling technologies, such as iris scanning and phone messaging, as well as clear communication methods to build trust and address misconceptions surrounding the vaccine in the community. EBODAC also built local knowledge and capacity and strengthened health systems by working with ministries of health and community health workers by providing training and preparedness activities for the potential future deployment of a licensed vaccine.

ZIKA

Drawing on its successes and lessons learnt from the fight against Ebola, World Vision launched a response to the Zika outbreak in five countries in 2016, working with local community and faith leaders to provide 1.9 million beneficiaries accurate prevention and protection messages and dispel misinformation and rumours, provide health services and protection kits and enhance surveillance and monitoring.

POLIO

The CORE Group Polio Project (CGPP)[28] has contributed to polio eradication by successfully engaging civil society, particularly the non-governmental organisation (NGO) community. This engagement, which World Vision has directed since 1999, has contributed to improvements in routine immunisation programmes, polio campaign quality,[29] and surveillance for acute flaccid paralysis in many challenging geographic areas. To achieve this, the CGPP has collaborated closely and supported polio eradication partners to focus on high-risk areas with marginalised or hard-to-reach populations where health systems and immunisation programmes have also been weak.[30]

CGPP's model for coordinating vaccination stakeholders has proven effective. CGPP also pioneered effective development of community-level champions to counter vaccine misconceptions. Many of the innovations and approaches that the CGPP helped to develop are now being replicated to tackle other public health priorities, such as COVID-19.

Daniel Loku Kenyi, a polio vaccinatinator in Terekeka County, South Sudan. © Jemima Tumalu / World Vision

Strengths

70 years of programming experience

Every 60 seconds:
a hungry child is fed
a family gains access to clean water
a family receives the tools to overcome poverty

100 countries[32]
- US$3 billion raised from 31 bilateral/multilateral donors and more than 3.3 million supporters
- 251,597,000 vulnerable children impacted by new or amended policies achieved through advocacy and external engagement
- 200+ million vulnerable children's lives changed by tackling root causes of poverty
- 47 million people benefitted in 54 countries through sponsorship programming
- 27.1 million people assisted through 66 global emergency responses in 48 countries
- 13.6+ million children (including sponsored and non-sponsored children) benefitted from our community-focused solutions
- 10 million people fed through food programmes in 31 countries
- 8.2 million people reached with hygiene promotion
- 6.4 million people in at least 41 countries reached with US$410 million with cash and voucher programming
- nearly 6 million advocacy actions taken by World Vision suppporters who campaigned for vulnerable children in 34 countries
- 4.5 million children in 53 countries protected through child protection programmes
- 3.4 million people gained access to clean water

- 3.6 million children helped by providing financial and livelihood services to families that help increase incomes so their children can grow up educated and healthy
- 2.7 million people gained access to household sanitation
- 1.9 million provided with educational support or training
- 1.4 million jobs created through loans
- 1.1 million women empowered through VisionFund
- 1 million borrowers received loans worth US$576 million from VisionFund
- 450,000 faith leaders equipped to respond to child well-being challenges in the past decade
- 184,229 community health workers supported across 46 countries
- 146,950+ volunteers and staff
- 96,000 children experiencing severe or acute malnutrition treated
- 81,000 children and young people in sponsorship communities took action to end violence against children
- 76,000+ women and 320,000+ children benefitted by VisionFund's savings groups and microfinance recovery loans
- 50,500 schools and health centres had handwashing facilities installed
- 35,317 occasions when communities engaged in monitoring and dialogue with decision makers on child protection issues in line with our child protection & advocacy model
- 1,250 area programmes

(data as of 2020 report)

"World Vision is a great partner . . . we have a lot to do, we are going to do it together!"
– David Beasley, World Food Programme Executive Director

Partnering expertise

"[World Vision has] been amongst the strongest performing NGOs, at least from my perspective, on the COVID-19 Response, both operationally and in terms of advocacy." **– External partner**

20,000+ partners
in nearly 100 countries

US$46.3 million
in emergency funds provided to local partners

Humanitarian local partnering has been key in responding to the COVID-19 pandemic. For example, in Somalia we worked with local NGOs and community committees to maximise information to communities, identify need, analyse feedback, and identify where COVID-19 messaging was not reaching.[33]

World Vision is:
- one of the most engaged members of the Steering Committee for Humanitarian Response (SCHR)
- co-lead of the global Collaborative Cash Delivery Network (CCD) of 15 global non-governmental organisations (NGOs) engaged in localising cash programming
- actively engaged in strategic conversations about the COVID-19 response within three key global NGO consortia, of which it is a member, SCHR, InterAction, and International Council of Voluntary Agencies (ICVA)
- recognised as an expert amongst our peers – the Food Security Cluster's working group on COVID-19 seconded a World Vision livelihood and food security expert to lead the development of its advocacy messaging[34]

1 COVAX is an initiative to support the research, development, and manufacturing of COVID-19 vaccine candidates and negotiate their pricing to ensure that people in all corners of the world, regardless of income, will have equal access to the COVID-19 vaccines, that are approved as safe and effective, when they become available. Berkley, S. (2020) "COVAX explained," *Gavi, The Vaccine Alliance*. Available from: https://www.gavi.org/vaccineswork/covax-explained [Accessed 6/2/2021].

2 "The Access to COVID-19 Tools (ACT) Accelerator, is a groundbreaking global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines." The World Health Organization (WHO) (n.d.) "What is the ACT-Accelerator," *WHO* [Online]. Available from: https://www.who.int/initiatives/act-accelerator/about [Accessed 16/08/2021].

3 Gavi (2020) "COVAX welcomes appointment of civil society representatives," *Gavi*, 30 October. Available from: https://www.gavi.org/news/media-room/covax-welcomes-appointment-civil-society-representatives [Accessed 16/08/2021].

4 "The Health System Connector (HSC) – also referred to as the fourth 'Pillar' – is convened by the World Bank, the World Health Organization, and the Global Fund. Its purpose is to work across all the pillars (diagnostics, therapeutics, and vaccines) with a strong focus on country-level implementation of efforts related to the roll-out of new COVID-19 technologies developed or approved, primarily in low and middle income countries where equitable access is less assured." COVID 19 Advocacy (n.d.) "Community and Civil Society Health Systems Connector Representatives Selected," *ACT-A Pillars* [Online]. Available from: http://covid19advocacy.org/community-and-civil-society-health-systems-connector-representatives-selected/ [Accessed 16/08/2021].

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6 It focuses on eight determinants: perceived susceptibility, perceived severity, perceived action efficacy, perceived social acceptability, perceived self-efficacy, cues for action, perception of divine will, and positive and negative attributes of the action (i.e. the behaviour).

7 Barrier Analysis has been used in Ebola, Zika, and Polio outbreaks. See: Davis T. and Srinivasan A. (Eds.) (2016) "Ebola Barrier Analysis compendium: Summary of Barrier Analysis studies on Ebola-related behaviors," *Curamericas Global* [Online]. Available from: https://www.fsnnetwork.org/resource/ebola-barrier-analysis-compendium-summary-barrier-analysis-studies-ebola-related-behaviors [Accessed 29/11/2020]. Choudhary, M. et al. (2018) "Demand-side determinants of timely vaccination of oral polio vaccine in social mobilization network areas of CORE Group polio project in Uttar Pradesh, India," *BMC Infectious Diseases* 18 (222). Available from: https://doi.org/10.1186/s12879-018-3129-2 [Accessed 29/11/2020].

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9 For more examples of our field-level advocacy achievements, see our COVID-19 Response Updates online: https://www.wvi.org/publications/coronavirus-health-crisis-

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13 Ibid p16.

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15 WVI (unpublished) "Education amidst COVID-19: Providing education to children we serve during a pandemic," 1 February 2021. p16.

16 WVI (2020a) p4.

17 WVI (2021b) *Global Accountability Report 2020, WVI*, 28 June [Online]. Available from: https://www.wvi.org/sites/default/files/2021-06/WVI%20Global%20Accountability%20Report%202020.pdf. p10.

18 Davis, T. (2021) "The beauty of truly listening," *WVI*, 19 January [Online]. Available from: https://www.wvi.org/stories/coronavirus-health-crisis/beauty-truly-listening [Accessed 15 July 2021].

19 Kalam, M.A. et al. (2021).

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21 WVI (2020b) *Behavioural and other determinants of COVID-19 vaccine acceptance in Myanmar, WVI*, December [Online]. Available from: https://docs.google.com/document/d/1EJWo4qNBw-BTAIUHD0UQ0j_cny6XnqLzO/edit [Accessed 15/7/2021].

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24 WVI (2021b) p11.

25 Ibid p5.

26 Ball, D. and Westhorp, G. (2018) *Citizen Voice and Action for Government Accountability and Improved Services: Maternal, Newborn, Infant and Child Health Services: Final Evaluation Report. World Bank Group*. [Online]. Available from: http://documents.worldbank.org/curated/en/331651607355519716/Final-Evaluation-Report

27 EBODAC was funded by the European Union. Other consortium partners included Janssen Pharmaceuticals, London School of Hygiene and Tropical Medicine, and Grameen Foundation.

28 "CGPP is a multi-country, multi-partner initiative providing financial support and on-the-ground technical guidance and support to strengthen host country efforts to eradicate polio." https://coregroup.org/our-work/programs/core-group-polio-project/

29 Choudhary et al. (2018).

30 The Global Polio Eradication Initiative is a public-private partnership led by national governments with six core partners – the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), the United Nations Children's Fund (UNICEF), the Bill & Melinda Gates Foundation, and Gavi, the Vaccine Alliance. Its goal is to eradicate polio worldwide. See: https://polioeradication.org/

32 See: WVI (2021d) *Global annual report 2020*. 25 June [Online]. Available from: https://www.wvi.org/sites/default/files/2021-06/World%20Vision%20International%20Global%20Annual%20Report%202020.pdf and WVI (n.d.) "Our global impact," [Online]. Available from: https://www.wvi.org/our-impact [Accessed 23/6/2021].

33 WVI (2021b) p9.

34 Ibid p5.

Pastor Solomon, a faith leader from Kenya, speaks about his World Vision training and how it has helped in his work with families and to enhance children's well-being during COVID-19. Thanks to the training he received, Pastor Solomon has been able to spread accurate, trusted information with people in his community. "Children have been home since schools closed due to the coronavirus disease. This has put them at risk of harmful cultural practices like FGM [female genital mutilation] and child marriage. My goal is to keep them safe," he says.

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