

# One year on

**COVID-19** Response

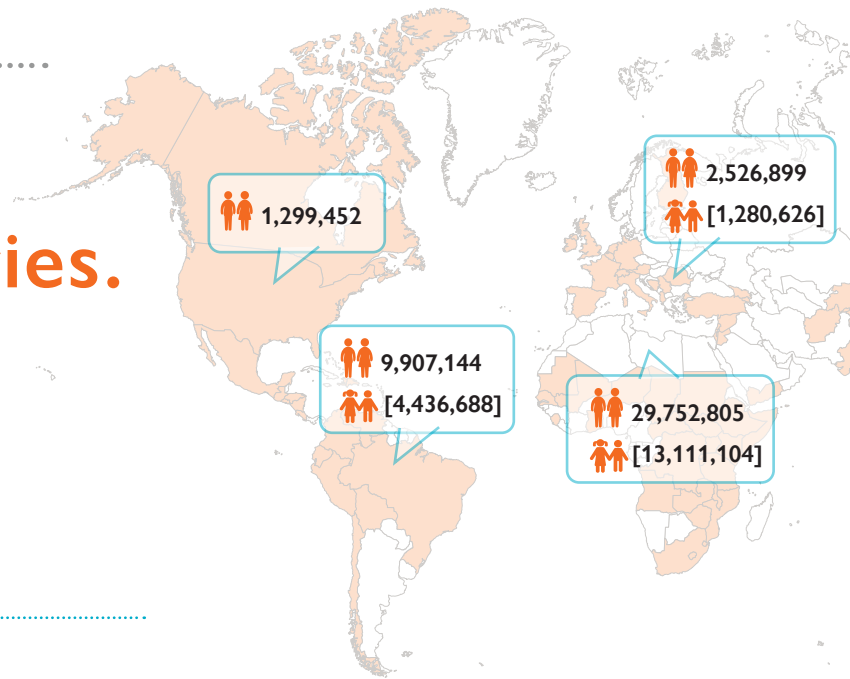
11 March 2021

# Our response

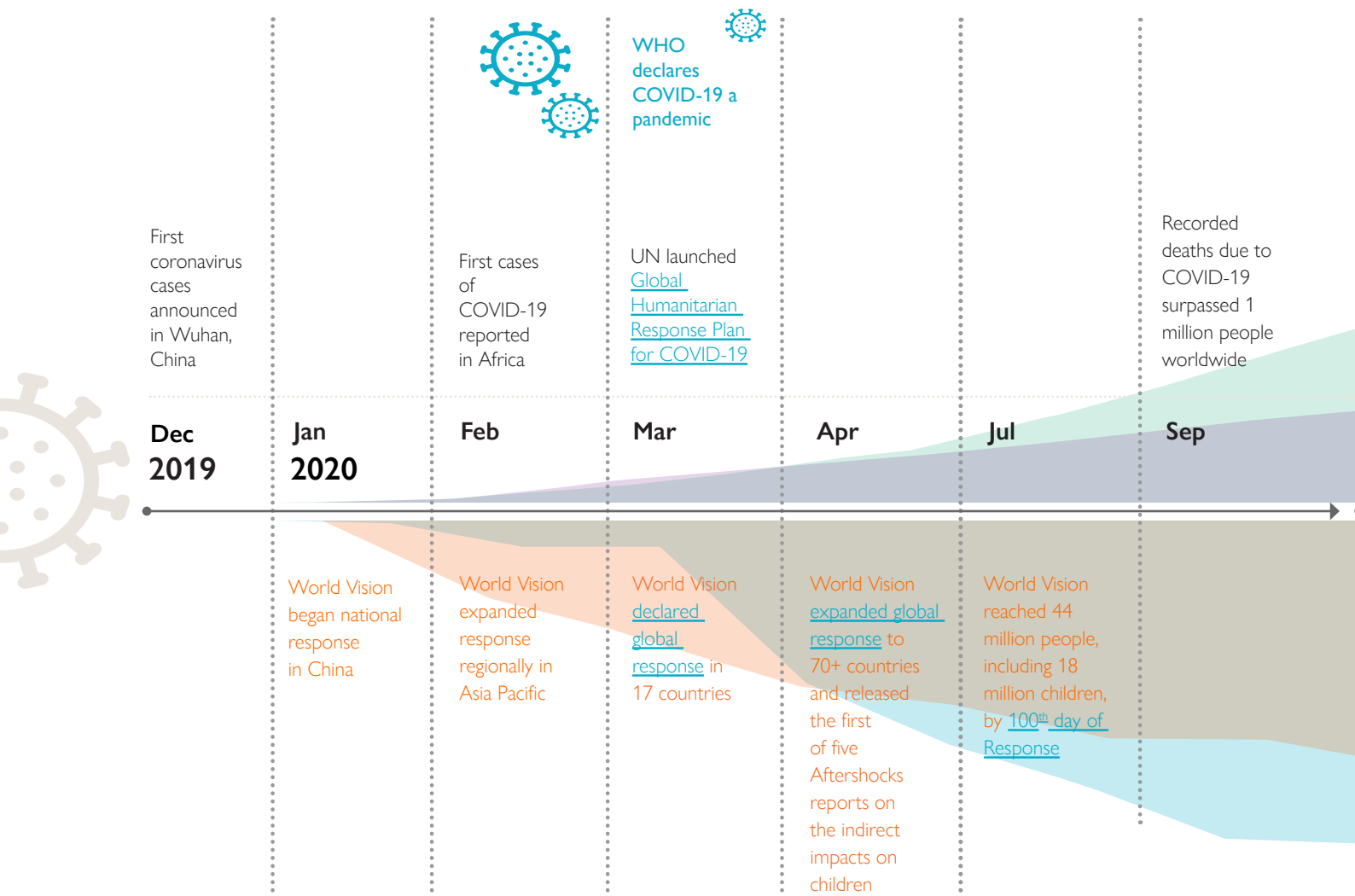
World Vision is responding\* to the devastating impact of COVID-19 in **more than 70 countries.**

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

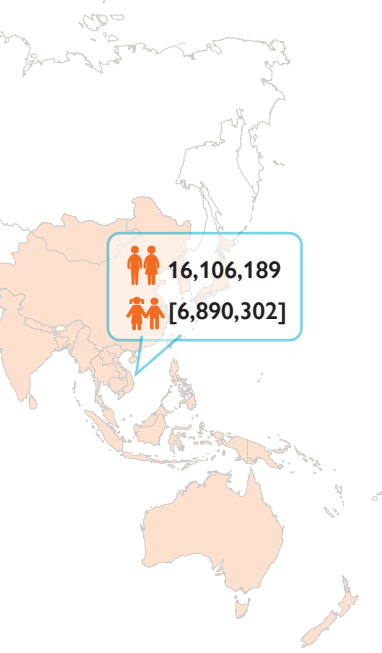


## World Vision response timeline

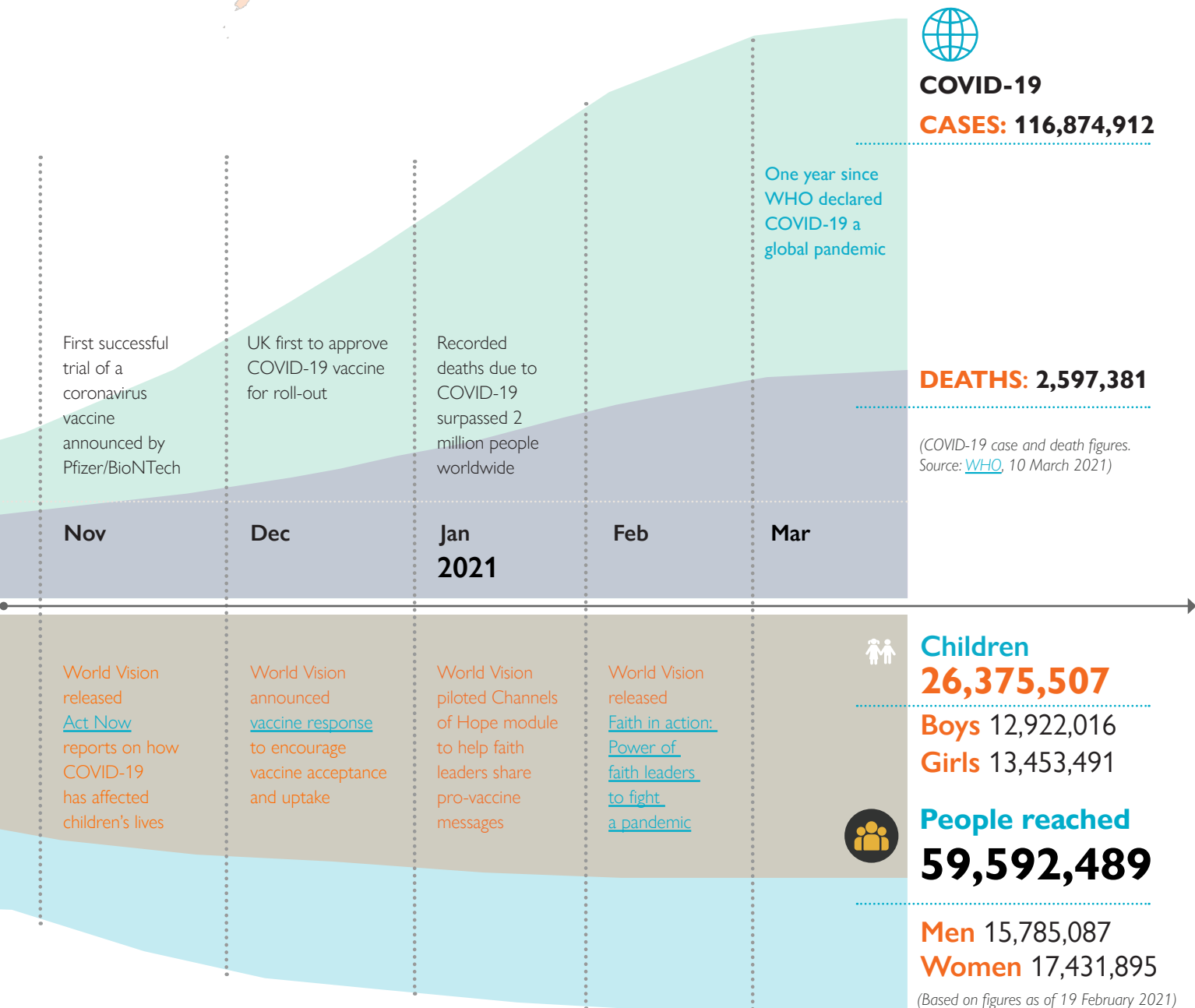


COVID-19 has changed life as we know it. Millions of people have died and the devastating aftershocks of the virus have driven adults out of work, children out of school, forced girls and boys into extreme vulnerability, and are now threatening millions with hunger and desperation.

On 11 March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. In the face of the most harrowing health crisis in a century, World Vision immediately launched the largest humanitarian response in our 70-year history. We pivoted all 35,000 staff working in nearly 100 countries, utilising our decades of humanitarian experience, to respond in a way that ensured our programme quality and accountability to children and their families remained at the heart of our work.



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



# Our impact



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



**31,451,096**

People reached through promotion of preventative behaviours



**5,573,530**

Information, education, and communication materials printed and distributed



**4,803,098**

Handwashing supplies distributed



**14,944,464**

Community members provided preventative materials



**2,774,173**

Comprehensive hygiene kits distributed

*(Based on figures as of 19 February 2021)*



To reach the Amazon, World Vision travelled by hospital ship, the *Solidaridad*, to distribute much needed supplies to the most vulnerable.



Hope and Linsay show off their new face masks. World Vision South Sudan's women empowerment programme provides vulnerable women with skills that will benefit their community as well as their income as they produce personal protective equipment (PPE), such as face masks to sell.



**291,022**

Cleaning kits distributed to vulnerable communities



**88,654**

Community-level public handwashing stations established or maintained



**97,175**

Water, sanitation, and hygiene facilities constructed or rehabilitated



**128,669**

Faith leaders disseminating preventative measures

*(Based on figures as of 19 February 2021)*



© Qauom Abdullahi / World Vision

World Vision stepped in to provide preventative materials and disinfect the Great Mosque of Herat in Afghanistan to protect community members from falling ill with COVID-19 when attending prayers, and reduce the risk of a coronavirus outbreak.

The Bangladeshi government is discouraging communities from gathering for mass prayer. Thus, mosques, churches, and temples are almost empty and faith leaders are taking part in the sensitisation process, urging their congregants to stay home, wash their hands frequently, wear masks, and social distance themselves when in public.



© Subarno Chisim / World Vision

World Vision partnered with Maseru United Church in Lesotho to distribute blankets, gumboots, and hygiene packs to herd boys.



© Makopane Senakale / World Vision



## OBJECTIVE 2 Strengthen health systems and workers



**158,661**

Community health workers (CHWs) trained and supported



**8,441,555**

Masks distributed, including to health facilities, health workers, and communities



**4,681,942**

Glove sets distributed, including to health facilities, health workers, and communities



**428,867**

Medical personnel provided with PPE

*(Based on figures as of 19 February 2021)*



© Fred Ouma, Racheal Auma, Sophia Aloikin / World Vision

A community health worker trained by World Vision checks on a mother during a routine home visit in Busia, Uganda.



© Maria Bou-Chaya / World Vision

World Vision Lebanon distributes PPE and first aid kits to provide COVID-19 awareness sessions to a community-based organisation managing health centres in Beqaa.

By 3 February 2020, World Vision China had delivered nearly 50,000 surgical masks to health facilities in counties where the coronavirus had begun to spread.



© Pradeep Daniel / World Vision



**18,258**

Medical facilities assisted



**482,416**

Disinfectant kits distributed to health-care facilities



**437,198**

People supported with the securing of safe quarantine and/or isolation spaces



**1,201**

Quarantine and isolation spaces supported, rehabilitated, or set up



**8,636**

People provided transportation support

*(Based on figures as of 19 February 2021)*

In February 2021, hospitals in Manaus, Brazil were dangerously depleted of life-saving oxygen supplies in a health system crisis caused by a peak in hospitalisations due to the emergence of a new variant of COVID-19. World Vision Brazil leveraged its existing partnerships to reach new locations and support the most vulnerable populations. In partnership with *Água Branca* Baptist church, they delivered 1,000 oxygen cylinders to 31 hospitals and health centres in 11 cities in Amazonas and Pará states, plus 620 hygiene kits and cleaning materials and 680 litres of gel alcohol.



© José Monteiro / World Vision

World Vision India provides disinfectant kits and PPE, including face masks and gloves, to medical personnel at a health-care facility in Ramanathapuram.



© World Vision field staff / World Vision



## OBJECTIVE 3 Support children affected by COVID-19 with education, child protection, food security, and livelihoods



### 3,424,202

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



### 1,143,471

Education materials provided to enable or support remote learning



### 1,864,201

People provided with education support or training



### 1,500,335

Children reached with targeted, age-specific health education



### 57,271

Teachers provided with education training and support



### US\$21,754,076

Cash and voucher assistance distributed



### 2,017,056

People reached with cash and voucher assistance

*(Based on figures as of 19 February 2021)*

World Vision Australia provided psychosocial support to vulnerable families to combat the increased risks to well-being from increased isolation and illness.

World Vision Taiwan supported 813 children who had to stay home alone due to school closure.



© Suborno Chisim / World Vision

Mousami counts the money she received from World Vision Bangladesh as part of an unconditional cash grant which targeted the most vulnerable families affected by the countrywide lockdown and super cyclone Amphan.



© Florence Joy Maluyo / World Vision

In the midst of COVID-19, World Vision Philippines launched an unconditional cash transfer project to complement government efforts and aid at least 15,000 families. Jessica used this money (1,000 Philippine pesos / US\$20) to buy vitamins for her children, rice, and vegetables.





**6,675,430**

People reached with food security assistance



**1,461,446**

Children supported with child protection programming



**149,615**

Frontline actors reached or trained on child protection programming



**164,080**

Individuals supported with livelihoods training



**145,818**

Households provided livelihoods assets



**5,118**

Savings groups organised

*(Based on figures as of 19 February 2021)*



© Tucker County

Gracie looks through her family's fresh food box to see what kind of produce has arrived. World Vision US distributed 2.2 million boxes of produce, dairy, and meat to 7.57 million children and families.

In collaboration with the United Nations Refugee Agency (UNHCR), World Vision Honduras helped strengthen the government unit that addresses child protection issues resulting from prolonged confinement of children at home.



© Rafael Zalidivar / World Vision

Alfredo, Osiel, Arnold, and Anaomi together at their home in Yuscarán, Honduras.

World Vision Zambia hosted community sensitisation and engagement on hygiene and preventative behaviours with a local savings group.





## World Vision, through its microfinance subsidiary VisionFund, is equipping individuals and communities to recover and thrive in the midst of COVID-19

### VisionFund's response to COVID-19 aims to help families to overcome:

- the uncertainty and ongoing disruptions to markets
- reduced buying powers
- havoc caused by illness and movement restrictions.

It does this by providing hope and a financial lifeline through recovery loans, enabling farmers, entrepreneurs and savings groups to recapitalise their depleted salaries, reignite farming, and get back to business quickly to restore their livelihoods.

### Programme targets



US\$55 million in recovery lending



2.1 million recovery loans



Recovery for more than 700,000 people, including women, rural farmers and small businesses, urban microbusinesses, and savings groups

### In 2020, VisionFund's recovery lending for resilience programme:



provided **103,000 recovery loans** to savings groups and microfinance clients



benefitted over **76,000 women**



employed an **empowered world view model** to promote a shift in mindset from dependency to empowerment and resiliency



impacted more than **320,000 children**



provided **recovery lending** to:



**digitised** client registrations, loan applications, and collection processes to:

microfinance institutions in Democratic Republic of Congo, Ghana, Guatemala, Mexico, Kenya, Senegal, Uganda, and Zambia, totaling US\$3.7 million



reduce reliance on cash



64,147 loans disbursed (73% went to women to support recovery)



extend reach to areas currently too remote to serve



202,526 children benefitted from loans



contribute towards reducing the spread of COVID-19 by decreasing face-to-face meetings

savings groups in Ghana, Malawi, Rwanda, Uganda, and Zambia, totaling US\$705,279



reduce cost of lending operations so more money ends up in beneficiaries' pockets



39,328 members of 1,810 savings groups



improve credit officers' productivity



117,725 children benefitted

## Maltina rises again

Maltina is a 43-year-old businesswoman living in Kenya. She is married with three daughters. Maltina owns a cosmetics and salon shop. VisionFund Kenya supported her with her first loan and she opened for business in 2015. She used it to buy assorted cosmetics including body lotions, hair oils, shampoo, hair extensions, and other household toiletries because she loves to help women look and feel beautiful.



© Brenda Olenja / World Vision

When COVID-19 struck early in March 2020, Maltina's business was badly affected. She watched as her sales declined day after day. The customers she depended on were no longer able to shop with her. They barely had enough money to eat. "I didn't have stock and what was available was expensive for my customers. I wanted to buy low-cost cosmetics for my customers," said Maltina.

In September 2020, with a 150,000 Kenyan shilling loan (~US\$1,367) from the recovery lending fund, Maltina was able to restock her shelves with products, including essential items, such as baby diapers and shampoo. "The recovery lending loan has been a great blessing to my family. It came at a time when we needed it most," Maltina said.

As Maltina works to repay her loan, she looks forward to building her business over the next five years. She wants to expand into the wholesale market and bring on employees to help her manage the day-to-day running of her salon. With VisionFund's loan helping her to stay afloat during the economic downturn due to COVID-19, she is hopeful her dreams will come true.

## Albertina perseveres

Albertina lives in Saquilla, a village in Guatemala. The village was affected by the government measures, *el cordón sanitario*, implemented at the beginning of the pandemic, in May 2020, to prevent contagion across the country. However, the results were devastating for the entire municipality of Patzún, including Albertina, who was supporting her family by creating and selling traditional textile products.

But a VisionFund loan helped get her and her loved ones through the worst of times, giving her enough cash to relaunch the business and restore her hope for a better future.



© World Vision



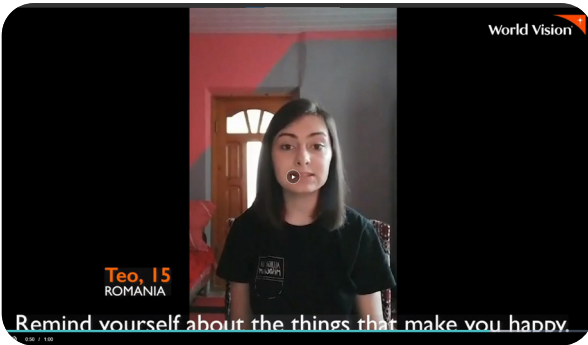
## OBJECTIVE 4

### Collaborate and advocate to ensure vulnerable children are protected



281

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



Teo, a 15-year-old student, spoke to World Vision about how COVID-19 was affecting children and young people in Romania and what support they needed in order to overcome COVID-19's aftershocks.

Initial efforts supported the response by asking governments to ensure that World Vision staff were identified as essential workers so they could continue to reach the most vulnerable populations during lockdown and keep programming going during the onset of the pandemic.



A World Vision response work provides hand sanitiser and raises awareness about COVID-19 prevention in rural Kenya.

World Vision Romania contributed to the development of a national digital education strategy as lead of a ministry of education working group on digital competencies for students.



1,062

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

World Vision advocates for the integration of faith leaders into ongoing response efforts and national vaccination campaigns. As World Vision offices use the Barrier Analysis tool to help to understand social beliefs around COVID-19 vaccines and how they can inform people's attitudes and behaviours, faith leaders will play an essential role in ensuring the successful uptake of vaccines as they engage with their communities using our Channels of Hope vaccine module.

World Vision and our partner, Joining Forces, successfully petitioned India's Ministry of Women and Child Development and the National Commission for Protection of Child Rights to identify the most vulnerable children for COVID-19 prevention and response measures.



Sheik Mohammed Kon Ajak, a faith leader in South Sudan, speaks about COVID-19 on the radio to share his thoughts with listeners on how peace will help win the fight against COVID-19.



Globally, offices engaged communities and surveyed community members to track feedback trends and programme relevance as contexts changed. On average,



**86%** reported they were satisfied with World Vision interventions



**77%** reported that they received information about World Vision, expected staff behaviour, programmes, and how to provide feedback



**80%** agreed that complaints/feedback they made to World Vision were resolved based on agreed timeline

*(Based on figures as of 19 February 2021)*



© Susan Anyangu-Amu / World Vision

In response to feedback, World Vision Sierra Leone provided livelihood training and support to the most vulnerable households in communities to cushion the impact of COVID-19 and provided new boreholes in a rural, hard-to-reach area. This gave communities access to clean water for handwashing, drinking, and domestic use.



## Working with partners

Partnering to combat the pandemic and its impacts was central to much of World Vision's work. At the country and community level faith leaders, community health workers and local organisations proved key collaborators in preventing the spread of the virus and bolstering had-pressed health services. World Vision's advocacy work was also amplified through key partner engagements from grassroots to global levels. Central to this work was the need to protect children from the harm caused by the secondary impacts of lockdown and social distancing regulations. World Vision listened to children to ensure response activities addressed their age and gender specific issues and concerns and that these were brought to the attention of leaders and partners at all levels. Other advocacy priorities included: improving flexibility and transparency of funding flows, increasing direct funding to non-governmental organisations, the equitable distribution of vaccines, and the creation of the 'humanitarian buffer' to ensure vulnerable populations such as refugees and displaced people receive vaccines.

Key partners, actions, and roles included:

### [COVAX](#) and [WHO](#)

- World Vision served as a civil society organisation representative on the working group focused on ensuring vaccine demand
- provided guidance, data and analysis on reasons for vaccine hesitancy/acceptance (Barrier Analysis tool)

### [GAVI, The Vaccine Alliance](#)

### [Coalition for Epidemic Preparedness Innovations \(CEPI\)](#)

### [London School of Hygiene and Tropical Medicine](#)

### [United Nations Office for the Coordination of Humanitarian Affairs \(OCHA\)](#)

- contributed to the [United Nations' Global Humanitarian Response Plan for COVID-19](#)

### [UNHCR](#)

- co-lead for faith-based organisation task force
- weekly coordination on COVID-19
- child rights initiative as part of [The Global Compact on Refugees](#)

### [United Nations Children's Fund \(UNICEF\)](#)

- joint recommendations on children at the United Nations' Special Session of the General Assembly on COVID-19
- co-chair east and southern Africa demand working group
- ending violence against children

### [World Food Programme \(WFP\)](#)

- [High-level Political Forum on Sustainable Development](#)
- school meal programmes' take-home rations

### [Collaborative Cash Delivery Network](#)

- global co-lead

Children in South Sudan wait to receive take-home food rations. World Vision collaborated with WFP to adjust school meal programmes in Kenya, South Sudan, Sudan, the Democratic Republic of Congo, Jordan, Ecuador, and Haiti to distribute take-home rations when widespread school closures resulted in the most vulnerable children going hungry. In South Sudan, World Vision and WFP distributed 149 metric tonnes of take-home rations to more than 19,000 schoolchildren.





© Wesley Koskei / World Vision



## Aftershocks

One month after COVID-19 was declared a global pandemic, World Vision released the first of a series of five Aftershocks reports, setting projections about the dimension of indirect impacts of the coronavirus on children in different contexts. Our Ebola response experience, global footprint, and expertise allowed us to establish concrete predictions and recommendations for all humanitarian actors.



[COVID-19 Aftershocks: Secondary impacts threaten more children's lives than disease itself](#)

World Vision's first Aftershocks report considers what would happen if the devastating indirect impacts of the 2015–2016 Ebola outbreak on children were replicated in the 24 most fragile countries covered by the United Nations' COVID-19 humanitarian appeal.



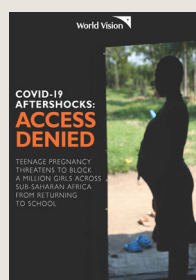
[COVID-19 Aftershocks: A perfect storm](#)

This report looks at the impact of violence on girls and boys. We predict a major spike in the cases of children experiencing physical, emotional and sexual violence, both now and in the months and years to come.



[COVID-19 Aftershocks: Out of time](#)

World Vision gives further evidence that the most vulnerable families and their children are the hardest hit in such crises. This is based on analysis of rapid assessments from 24 countries across Latin America, sub-Saharan Africa, and Asia, that confirms the alarming predictions of increased child hunger, violence, and poverty due to the economic impact of COVID-19.



[COVID-19 Aftershocks: Access denied](#)

This report spotlights teenage pregnancy, a vulnerability that is known to be exacerbated by school closures in times of crisis and risks the continued education of vulnerable children. World Vision estimates that as many as one million girls across sub-Saharan Africa may be blocked from returning to school due to pregnancy during COVID-19 school closures.



[COVID-19 Aftershocks: Deadly waves](#)

World Vision looks at the findings of surveys, historical trends of pandemics, and what a second wave of COVID-19 may look like as well as providing recommendations to prevent or mitigate additional, potentially deadlier, waves of COVID-19.

# Agility in adversity: How World Vision adjusted the way we work to ensure a life in all its fullness for every child, even during a pandemic

By Jamo Huddle, Director for MEAL (monitoring, evaluation, accountability, learning)

How can we understand our work, what we have accomplished, and where we need to adjust and improve? We should ask ourselves these questions as individuals, teams, and as an organisation. However, we must also ask community members and other external stakeholders so we can understand the impact of our work from their perspective. When there is so much urgent work to be done, it can be easy to set aside the ever-present need to reflect on these questions and focus on getting things done. But those questions are essential to ensure we respond in a way that meets the changing needs of children and communities. Therefore, despite the pressing activities we needed to accomplish in order to address the emerging indirect impacts of the pandemic over the last year, we chose to implement our first ever global real-time learning (RTL) process. The RTL enabled a diverse group of people inside and outside the organisation to help us to reflect on what we have done and give us input on how we can improve in the future.

## We listened

to the views of

**3,000+** staff  
across **55** countries

**1,600**

community members  
and **500** external partners.



**We probed.** We analysed data from each field office to get a clear picture of our accomplishments and gaps regionally and globally.

**We persisted.** As the COVID-19 pandemic continues, so does our Response. This learning journey will continue throughout 2021 as offices and teams across the Partnership implement their learning action plans.

Four overarching themes emerged from the RTL process:

- 1. While much of the world was shutting down, World Vision stayed open, alongside other frontline responders, to ensure the most vulnerable children, families, and communities were served.** Staff kept operations going, even as countries locked down, and, in some countries, staff were designated 'essential workers' to facilitate travel to hard-to-reach areas to ensure we continued to reach the most vulnerable.

- 2. We took a big, and sometimes messy, journey and marched off the map together.**

Collaborations were quickly built across previously siloed groups in the organisation as staff worked to resolve longstanding and new challenges. There was some initial confusion around roles and responsibilities, but this lessened over time.

- 3. We did locally appropriate programme adaptations that were globally important.**

There was no single adaptation that worked everywhere – rather staff worked within local contexts to figure out what they could do to meet their objectives.

- 4. We worked within and around systems and processes designed for a more predictable, stable world.**

The clear focus on 'what' was to be achieved gave people space to figure out 'how' to achieve it within, or despite, existing systems.



# What's next?



## We are expanding our scope in vaccination programming

World Vision is already responding to the devastating impact of COVID-19 in more than 70 countries, and we are prepared to support vaccine roll-outs in the next phase of our response. We aim 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.

There is hope on the horizon. Several effective vaccines have been, and are continuing to be developed. As of early March 2021, more than 273 million doses had been administered in 108 countries.<sup>1</sup> However, it is probable that while some countries begin to achieve widespread coverage by the end of 2021, many others will remain unable to reach this target before the end of 2023.<sup>2</sup> Beyond the complex issues related to equitable international vaccine distribution, lie also the issues of equitable distribution at the national level. For example, only half of the countries with COVID-19 vaccination strategies have included refugees in their plans.<sup>3</sup> And the mismatch between vaccine supply and demand is just one of the issues arising from the vaccination campaign. Another significant challenge for vaccine roll-out is people's hesitancy or unwillingness to take a vaccine. In India, only 4% of people who received the first vaccine dosage returned for the booster shot<sup>4</sup> – an indicative of belief systems and logistical complexities in administering the vaccines are key challenges to overcome in the coming year.

Thus, as part of our vaccination programming, we are promoting the use of Barrier Analysis and other social data survey tools by national governments so they can better understand what communities think, feel, and know about the vaccines and use these findings to guide their vaccine deployment strategies. We will advocate for the specific mapping of vulnerable populations, especially refugees and populations living in urban hotspots, and their prioritisation for early vaccination. We will also ask decision makers to ensure faith leaders

and communities participate in all phases of governments' vaccination strategies so that plans take into consideration the local context and belief systems and engage all critical stakeholders early on to increase vaccine acceptance and uptake.

We are already partnering with massive networks of people to combat the spread and impact of COVID-19. Our networks include 450,000 faith leaders, more than 184,000 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. With these networks we have already:

- trained and supported 158,661 community health workers
- worked with 128,669 faith leaders to disseminate prevention messaging
- used Barrier Analysis to assess potential contextual barriers to vaccine uptake

Thanks to our 70 years' programming experience, we have established partnerships around the world, with the UN and other agencies, including UNICEF and as WFP's largest implementing non-governmental organisation partner plus relationships with an additional 20,000 partners in nearly 100 countries.



## We will integrate but continue to respond with agility

The World Bank estimated that COVID-19 plunged 119 to 124 million people into poverty in 2020 and poverty induced by COVID-19 will rise between 143 and 163 million.<sup>5</sup> There are growing concerns about sharp rises in acute food insecurity in many fragile and humanitarian contexts. Of greatest concern are the 30 million people considered to be facing 'emergency' (IPC 4)<sup>6</sup> levels of food insecurity. An additional 139 million people are estimated to be in a 'crisis' (IPC 3) situation with the WFP warning these numbers will increase throughout 2021.<sup>7</sup> World Vision's rapid assessments across Latin America, sub-Saharan Africa and Asia confirmed these alarming predictions of COVID-19 increasing hunger and wrecking national economies and local livelihoods.<sup>8</sup>

Extreme poverty is also on the rise for the first time in 22 years, and unemployment has increased dramatically. The World Bank predicted that COVID-19 will add as many as 150 million extreme poor in 2021, half of them children. As much as '30 per cent of the global new poor will reside in urban areas, compared to 20 per cent of the existing poor',<sup>9</sup> highlighting new patterns of vulnerability that must be taken into account.

Therefore, the response to the COVID-19 crisis can no longer be viewed as a standalone response, but must also be considered a core element of our ongoing humanitarian and development programmes. In this phase of the response, we will see growing livelihoods recovery, food and cash, and social safety net elements across our programmes, including supporting savings groups and recovery lending through our microfinance subsidiary, VisionFund International.

Whilst we continue to address the indirect impacts of COVID-19 through a multi-sectoral approach, we will remain responsive to contextual changes, agile, and adaptive to new developments of the pandemic, particularly in relation to the vaccine roll-out. We have seen extraordinary examples of adaptation and agility by our field offices. We have remained flexible to our daily changing contexts, embraced digital technology like never before, partnered with and empowered communities, and quickly pivoted existing work practices and funding to address COVID-19, while also influencing others externally to ensure children's needs were considered. This will continue in this third phase of the response.



## We will strive to target the most vulnerable

The pandemic changed the profile of people who are vulnerable to economic stress, poor educational outcomes, hunger, and abuse, based on geography, gender, and age. We have also seen large increases in the numbers of people who are now vulnerable. In particular, fragile and conflict-affected states, countries affected by multiple crises, and countries with significant currency depreciation are considered food-security 'hotspots'. Urban dwellers, women, and children have had quantifiable drops in critical well-being indicators. We

will use the findings from our real-time learning exercise to re-align our perspective of who is vulnerable to which kinds of crises. As the crisis continues to exacerbate and expose new vulnerabilities, we will re-assess our beneficiary reach and re-evaluate what it means to be vulnerable in the contexts we work in. In addition, as we have gathered data and are able to better tell the story of our work on COVID-19, we are able to forecast and make some bold statements about the outcomes of our programming.



## We will increase our focus on evidence and impact

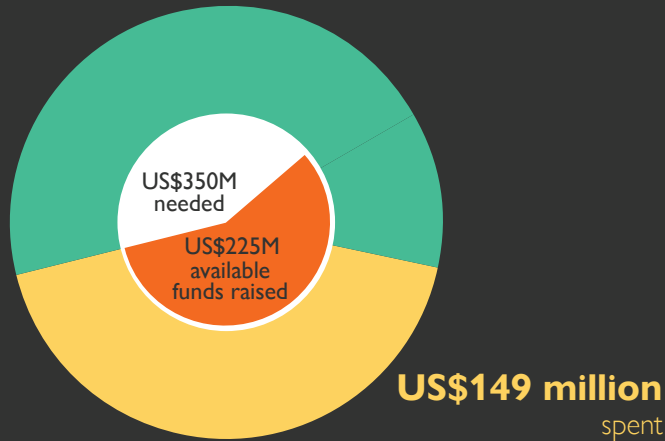
This response is unique not only because of its beneficiary reach, budget, or pan-sectoral approach, but also because of the way it has affected our staff and business processes. Evaluating our contribution will require an equally unique approach. In this new phase of the response, a

large-scale, multi-country evaluation will be planned and executed. The goal of this evaluation is to ensure that we are accountable to our supporters and communities, that we can effectively tell the story of our work, and we learn from our successes and challenges for future emergencies.

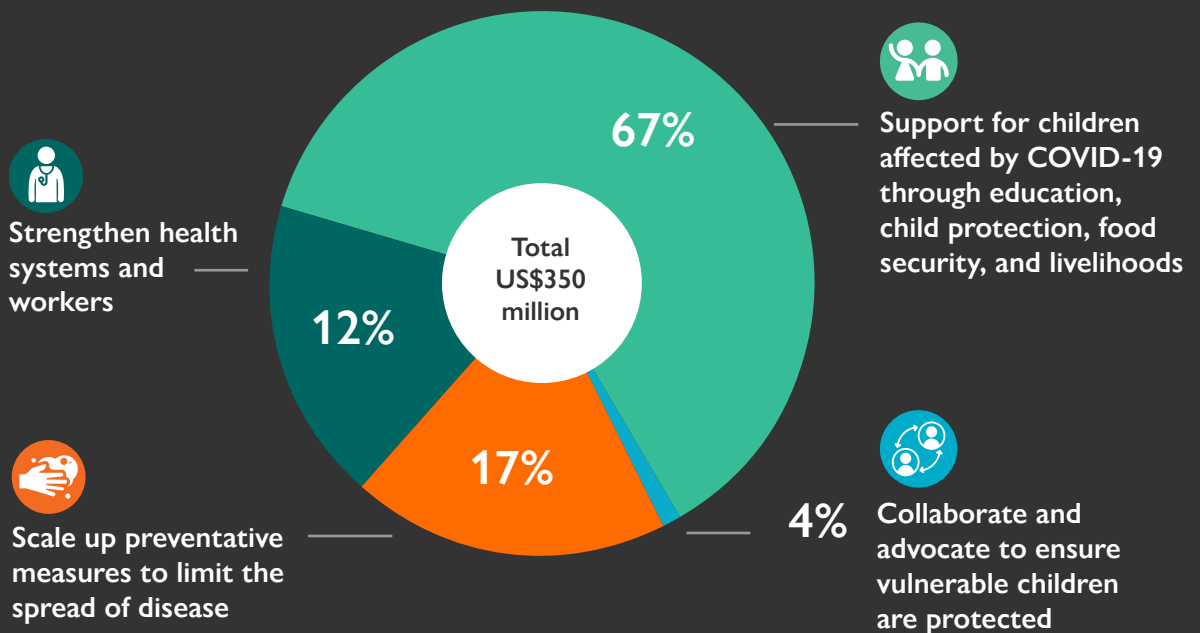
# Funding requirements

One year on, World Vision is well on the way to meeting its target to raise the US\$350 million needed to reach the most vulnerable children and families affected by COVID-19. World Vision has spent two-thirds of the funds raised so far. Remaining funds and new funding will go towards vaccine roll-out plans, supporting programming to counteract the pandemic’s indirect impacts on children, and other activities through the end of the response. The response will run for one further year, until March 2022.

**US\$201 million** planned spending



## Funding by **strategic objective: 2021–2022**



# Resources and publications

To read our thought leadership pieces on topics related to the COVID-19 pandemic, its aftershocks, and COVID-19 vaccines, click [here](#).

For an overview of our response, approach, and impact, visit our [website](#).

## Policy briefs

- [COVID-19 child protection in fragile and humanitarian contexts](#)
- [COVID-19 & conflict sensitivity](#)
- [COVID-19 & risks to children's health and nutrition](#)
- [COVID-19 & disruptions to education](#)
- [COVID-19 & urgent needs of child-sensitive social protection](#)
- [COVID-19 & the risks to children in urban contexts](#)
- [Ending violence against children and COVID-19](#)
- [COVID-19 & poverty and hunger](#)
- [Faith actors in the COVID-19 Response](#)
- [Complex crisis, broken childhood: The situation for children affected by conflict and fragility in the Central Sahel](#)
- [COVID-19 & green recovery](#)
- [Addressing COVID-19 in fragile cities in the Northern Triangle of Central America](#)

## Reports

- [Response plan 3.0](#)
- [Agile in adversity: How COVID-19 changed the way World Vision works](#)
- [Double hardship: Protecting conflict-affected children in the age of COVID-19](#)
- [Faith in action: Power of faith leaders to fight a pandemic](#)
- [CHW \[community health worker\] survey report for COVID-19 Response countries](#)
- [ACT NOW: Experiences and recommendations of girls and boys on the impact of COVID-19](#)
- [Breaking Point- COVID-19 and the child protection crisis in Afghanistan](#)
- [A double-edged sword: Protection risks facing Venezuelan children during the COVID-19 pandemic](#)
- [COVID-19 Aftershocks: Deadly waves](#)
- [COVID-19 Aftershocks: Access denied](#)
- [100 days on: COVID-19 Emergency Response](#)
- [Unmasking the impact of COVID-19 on Asia's most vulnerable children](#)
- [COVID-19 Aftershocks: Out of time](#)
- [Stolen future: War and child marriage in Northwest Syria](#)
- [Migration and COVID-19: Venezuelan children between a rock and a hard place](#)
- [COVID-19 Aftershocks: A perfect storm](#)
- [Children's voices in times of COVID-19](#)
- [COVID-19 Aftershocks: Secondary impacts threaten more children's lives than disease itself](#)

## Endnotes

- <sup>1</sup> Bloomberg (2021) “COVID-19 tracker,” *Bloomberg* 6 February [Online]. Available from: <https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/> [Accessed 8/3/2021].
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- <sup>6</sup> Integrated [Food Security] Phase Classification (IPC) phases are ranked as follows: IPC 1 (minimal), IPC 2 (stressed), IPC 3 (crisis), IPC 4 (emergency), and IPC 5 (catastrophe/famine). See: WFP (2021) WFP Global Operational Response Plan 2021 Update #1 [Online]. Available from: <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000123959.pdf>
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