



Spotlight on
COVER

Evaluating World Vision's COVID-19 Emergency Response through the experiences of key stakeholders

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This evaluation was built on the generous input and reflections of more than 5,700 community members around the globe. They gave their time so we could learn how the pandemic affected them, the protective actions they took, and their efforts to recover. Surrounding the core of community members was an extensive network of teams throughout the World Vision Partnership, who planned the various components of the evaluation process, collected, analysed, and wrote up the findings.

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As part of the national response to protect children against COVID-19 in Bolivia, World Vision hand-delivered over 120,000 face masks, and also trained community members and healthcare workers on their proper use.

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ACRONYMS

CBO	Community-based organisation
CHW	Community health worker
COVER	COVID-19 [Emergency] Response
CVA	Citizen Voice and Action
DRC	Democratic Republic of Congo
FGD	Focus group discussion
GBV	Gender-based violence
KII	Key informant interview
MEAL	Monitoring, evaluation, accountability, and learning
NGO	Non-governmental organisation
PPE	Personal protective equipment
PSS	Psychosocial support
WASH	Water, sanitation, and hygiene
WHO	World Health Organization

TERMS

Community members	People who participated in the focus group discussions (FGDs) facilitated in the eight focus countries
External partner survey	An internally created survey, disseminated by field offices and completed by external partners
Faith leaders	Includes formal and informal faith leaders from various faiths
Focus countries	The eight countries – Brazil, the Democratic Republic of Congo (DRC), Guatemala, India, Iraq, the Philippines, Sierra Leone, and South Sudan – that conducted primary data collection in communities where World Vision operates and had staff participate in key informant interviews (KIIs)
Households	Households that participated in household surveys across the eight focus countries
Interviewed staff	Staff from the eight focus countries that participated in KIIs
Parents	Refers more broadly to encompass parents and/or caregivers
Staff survey	The survey completed by staff members in field offices that participated in the learning process. In early 2022, this survey was also shared with World Vision staff in all offices globally, however participation was optional

FOREWORD

COVID-19 was a crisis like no other. World Vision immediately rose to respond, launching its global response on the very same day the World Health Organization (WHO) declared the pandemic. Never could we have foreseen, however, the devastating impact it would have on girls and boys around the globe.

Children have been most affected by the indirect impacts of the pandemic. They were the ones who were out of school, missing life-saving childhood immunisations, enduring ill-health, while limited health-care resources were diverted. Children went without basic necessities when parents lost their jobs and experienced heightened mental stress and sadness during school closures. It was also children and young people who were subjected to horrendous violence, sometimes living with their abusers during lockdown.

That is why our staff, who live and work in the communities we serve and were already on the ground, rose to respond immediately. Since the pandemic's declaration in March 2020, our global COVID-19 Response (COVER) has assisted more than 81 million people in the field, as well as an additional 15 million people in other countries where we operate.

Together, with faith leaders and so many valued partners, we kept hope alive.

Now, to take our experiences from this global emergency into the future, our Response requires further scrutiny and evaluation. We have asked: What did we learn? Where did our organisation excel? What can we do better?

No one is better placed to answer these questions than the communities, health workers, and faith leaders we endeavoured to support and the staff we engaged. Through our comprehensive research process, their answers are found in this report.

Amongst many topics, they speak of the benefit of extensive collaborations with community health workers and faith leaders; of food, cash, and voucher programmes empowering families; the value of remote learning in communities; and the vital importance of our child protection and advocacy work.

At the same time, we know that the ripple effects of COVID-19, including education losses, are still being felt and continue to drive new crises, such as growing global hunger, and that ongoing support, particularly focussing on children, will be needed.

Above all, we learned that hope and faith persisted in the darkest of times. Spectacular stories of generosity, giving, and of triumph over adversity, emerged every single day throughout this period – ensuring children were able to overcome huge challenges and achieve their God-given potential in life.

Over the last two years, our staff have worked tirelessly alongside families and partners to help limit the spread of the virus and reduce the secondary effects of the pandemic. I thank each and every one of them from the bottom of my heart. And I commend this report, setting out how our efforts were experienced by those who needed us most and how it will guide our work going forward.

Andrew Morley

World Vision International President
and Chief Executive Officer

EXECUTIVE SUMMARY

March 2020 represented a catalytic moment in World Vision's history. In four quick months the 'novel coronavirus', COVID-19, had gripped the world in an unforeseen crisis. However, within hours of the pandemic's declaration, World Vision was able to launch the widest-reaching disaster response in our history – a global, US\$350 million emergency and humanitarian response aimed at reaching 72 million people in more than 70 countries to limit the spread and reduce the impacts of COVID-19.

This evaluation report is a significant milestone in building our knowledge and shaping future direction. The findings are rooted in the experiences of 5,700 community members in eight countries, and the insights of World Vision staff from more than 50 offices. In addition, more than 250 documents were coded and analysed and used to guide the overall data collection.

Key findings

World Vision worked with and supported others to help to limit the spread of the disease:

The widespread adoption of preventative measures by community members combined with focused support for health services helped to reduce illness and death from COVID-19 and led to self-reported improvements in overall household health and hygiene. Despite this, household health and hygiene gains may be short-lived, as the frequency of preventative behaviours decreased over time.

The pandemic is not just a health crisis: This evaluation's findings highlight the multifaceted nature of both the pandemic and World Vision's Response. Beyond the fundamental health concerns for everyone, the crisis underscored how access to food and meeting basic needs were consistent concerns for families.

World Vision livelihood, child protection, and education activities helped to reduce the pandemic's indirect impacts on vulnerable children and families:

Our 'COVID-19 Emergency Response' (COVER) reached close to 10 million people with food security assistance, more than 3.3 million people received cash and voucher assistance, and almost 2 million children were supported with child protection programming. However, the magnitude of these indirect impacts was so great, future programming will need to address the ongoing and sometimes growing needs in child protection, livelihoods, and education.

Food security and livelihood support were the most valued programme activities:

Food, cash, and voucher assistance were regarded by surveyed communities as the most important types of support received during the pandemic. Cash assistance enabled vulnerable households to buy essential items, provided dignity and freedom of choice, reduced stress and conflict, and fostered hope. However, some families were unable to access what they needed because the amount of cash and voucher assistance they received from World Vision was insufficient and infrequent.

New or amended policies achieved through our advocacy efforts improved vulnerable children's lives globally:

Alliances with consortia, coalitions, and networks strengthened World Vision's ability to draw attention to the pandemic's impact on vulnerable children and families and influence policy changes to improve COVID-19 responses and ensure children are protected.

Child protection remains a priority:

Adults and children in all focus countries talked about violence, loneliness, and grief. World Vision prioritised awareness-raising on how to protect the rights of children, promoted positive parenting approaches, and provided or enabled the provision of psychosocial support (PSS) in collaboration with partners. World Vision also strengthened local capacity to handle increases in gender-based violence and child protection cases. Nevertheless, the issues for children during the pandemic were widespread and require ongoing attention.

The extent of education loss is unclear, but children are certain about their desire for ongoing support:

Almost half of respondents said the remote learning materials and approach received from all sources were enough to prevent education loss for their child. However, results varied across the eight focus countries and many children and World Vision staff felt the education support during this time was insufficient compared to the extent of education loss.

World Vision staff safely engaged with communities:

Overall, respondents said World Vision staff followed COVID-19 protocols, communicated expected behaviour norms, facilitated safe mechanisms for community feedback, and improved activities in response to community feedback.

World Vision rapidly reoriented systems and processes:

World Vision quickly adapted to meet the challenges posed by limited physical access to communities, the scale of the emergency, and the need for new skills and knowledge. While necessary, this adaptation had its drawbacks, with staff feeling pressure to be 'always online', putting a strain on themselves and their families.

World Vision staff were proud: World Vision's global strategy and rapid, community-focused response were frequently cited sources of pride for staff. The global design, common reporting framework, and frequent information sharing helped to build staff awareness and fostered a sense of joint action.

This was a whole-of-society response: Despite all the challenges and grief, the findings showcased the beauty of humanity. Many respondents in every surveyed area mentioned the absolute dedication of health workers and families, as well as the kindness of neighbours, relatives, and faith communities. In every corner of the globe, regardless of how dire the circumstances were, stories emerged of donations, support, giving, and unexpected generosity.



Photo: © Katherine Maldonado/World Vision, Colombia (2020)

INTRODUCTION

The COVID-19 pandemic was, and continues to be, a global public health emergency. Within hours of the World Health Organization (WHO) declaring the pandemic on 11 March 2020, World Vision launched a US\$350 million global campaign and emergency response, the 'COVID-19 Emergency Response' (COVER). More than 70 World Vision offices implemented activities to limit the spread of the disease and reduce its impact on vulnerable children and families.

In December 2021, World Vision launched a multi-country evaluation to understand the effectiveness of our multi-year pandemic response and document key achievements and challenges of activities that took place from March 2020 to February 2022. This report is built on the input and reflections of community members with whom World Vision works around the globe. Through focus group discussions (FGDs), household surveys, key informant interviews (KIIs), and other methods, participants gave their time and provided valuable insights so that we could understand how the pandemic personally affected them, as well as the protective actions they took, and their efforts to recover. Surrounding the core of community members was an extensive network of teams across the World Vision Partnership who planned the various components of the evaluation process, collected, analysed, and wrote up the findings.

The widespread adoption of preventative measures and support to health services helped to reduce illness and death from COVID-19 and led to self-reported improvements in overall household health and hygiene. This evaluation summarises the actions of community members, faith leaders, and community health workers (CHWs) to help limit the spread of the virus and its indirect impacts on their communities, as well as World Vision's actions to support and extend the work of these crucial actors. An overall assessment of the effectiveness of World Vision's actions is presented in this report, based on input from communities and staff, as well as a summary of priority actions suggested by staff and partners. A summary of the different methods used in this evaluation can be viewed in Annexe 2.

Response 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



Photo: © Agness John/World Vision, Tanzania (2020)

About this report

This evaluation draws attention to the whole-of-society nature of the COVID-19 pandemic. What began as a rapidly spreading infectious disease, soon affected country and global politics, economies, and social relationships. Evaluation data from the household surveys and FGDs illustrate the multifaceted nature of the crisis. In addition to health-related concerns, adequate food and the ability to meet basic needs were consistent priorities for families throughout the pandemic.

Paradoxically, the findings also encouragingly illustrate the significance of individual actions when committed health workers and families, along with their neighbours, relatives, and faith communities, made choices to implement preventative measures, share scarce resources, and support education and child protection efforts.

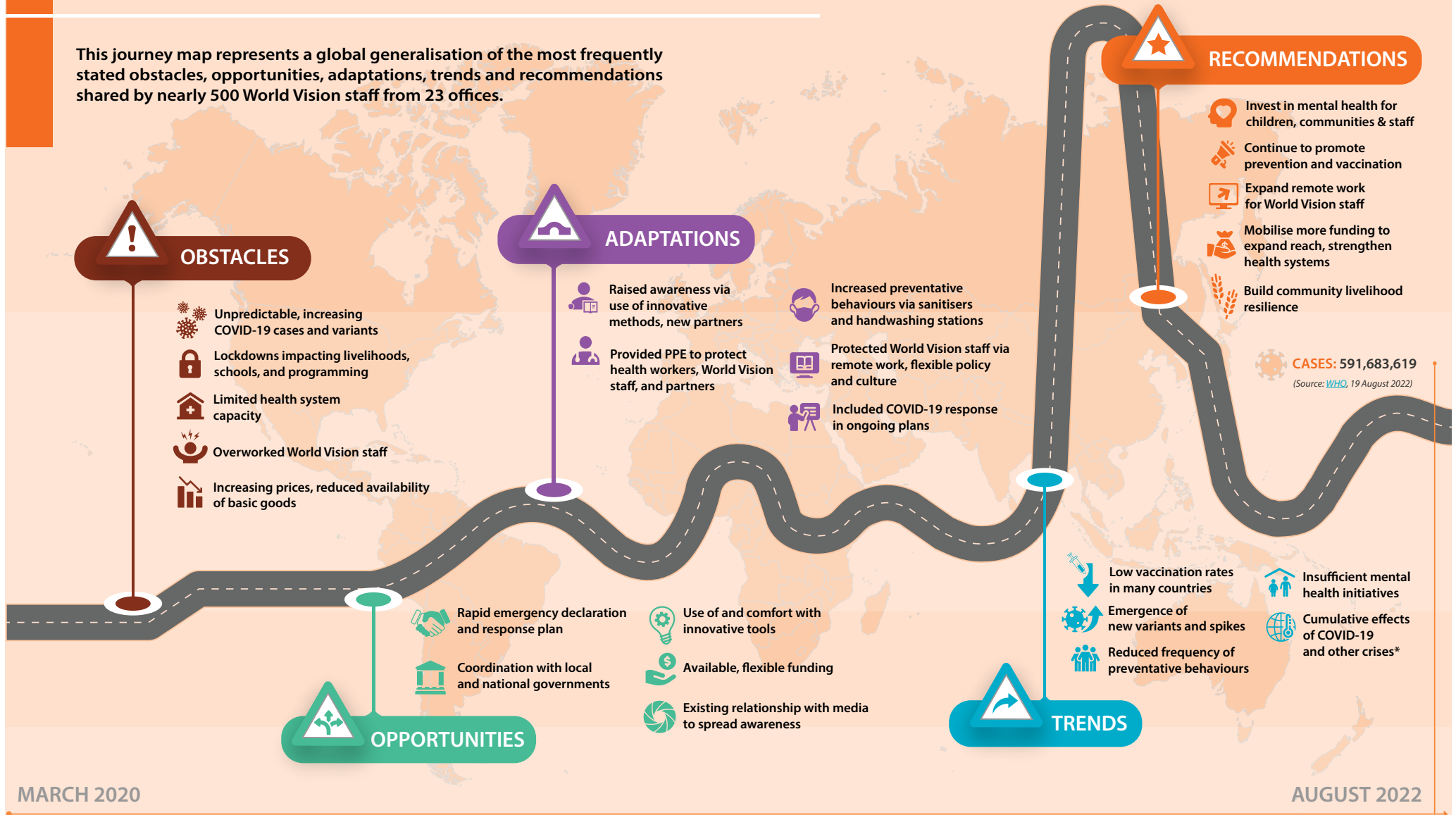
This report highlights what boys and girls, women and men, families, faith leaders, CHWs, and others were doing to prevent the spread of the virus and mitigate the secondary effects of the pandemic. Alongside these actions, the evaluation documents the effectiveness and gaps of World Vision's activities. We have strived to balance accounting for our own organisational activities with acknowledging and documenting the actions of others.

To understand the effectiveness of two years of COVID-19 programming activities and document key achievements and challenges, the evaluation team planned a technically rigorous process guided by three principles:

1. **Understand our work in context rather than in isolation.** This meant documenting the range of actions taken by individuals and groups in partner communities because we cannot really understand our own actions separated from the actions of others.
2. **Data must provide value for country and global-level stakeholders.** Data collection was designed to provide findings that could be used at multiple levels in the organisation and also be shared with affected communities. Global-level stakeholders wanted visibility of effectiveness across multiple contexts and field offices wanted practical information to share with communities and guide programmatic choices in the year following the evaluation.
3. **Ensure input from diverse perspectives rather than a single source.** A diverse group of respondents (adults, children, faith leaders, CHWs, staff across eight countries) were asked open-ended questions to provide input on changes (outcomes) they observed during the pandemic. These observations, which were not linked to or limited to the overall programme design, were intentionally combined with other data that was directly connected to the results framework for the global COVID-19 Response.

COVID-19 Response Journey Map

This journey map represents a global generalisation of the most frequently stated obstacles, opportunities, adaptations, trends and recommendations shared by nearly 500 World Vision staff from 23 offices.



*Compounding crises includes conflict, climate change, and costs of fuel, food, and fertiliser.

LIMITING THE SPREAD OF COVID-19: Raising awareness, adopting prevention measures, and strengthening health systems and workers

Communities acted to reduce the spread of COVID-19

At the onset of the pandemic in early 2020, many communities with whom World Vision works were uninterested or resistant to hearing about COVID-19. However, as the virus spread, the prevalence of illness and death increased, lockdowns were implemented, and families within our partner communities consequently became fearful and were isolated from their usual networks of relatives, friends, neighbours, and faith communities. They started to urgently seek information and materials to protect themselves from the virus.

“There were daily funerals, there was a loss of neighbours and relatives, we could not go to bury them and we could only see them from afar.”

FGD participant, female faith leader, Guatemala

“The absurd numbers of people dying and the scenes of tractors burying them. It made me depressed.”

FGD participant, adult female, Brazil

1 in 5 households reported at least one member having contracted COVID-19 however, in Brazil¹ and Iraq² more than 50.0% of households reported someone contracting COVID-19

In response to the need for accurate, fact-based information and rapid behaviour change, CHWs, faith leaders, governments, schools, and other key stakeholders, including World Vision, raised awareness about COVID-19, promoted preventative measures, and supported and modelled appropriate behaviours.

Communities and World Vision staff observed that rising COVID-19 awareness and prevalence were accompanied by a shift in attitudes towards preventative measures. As the death toll rose, communities were forced to confront loss on a daily basis, consequently motivating people to implement these behaviours to curb the spread of the virus and making them more hopeful as they acted to protect their health and safety.

“In the beginning there was no response by the community, [but after] the infection of many people and death of some with this virus, the community started to apply the prevention and distance methods.”

FGD participant, adult male, Iraq

Observations from FGDs around people's actions in their communities to raise awareness and support behaviour change:

- **Faith leaders** disseminated messages on prevention and ensured physical distancing and mask-wearing during gatherings.
- **CHWs** conducted door-to-door awareness-raising and distributed masks, soap, buckets, and sanitiser to help families with COVID-19 prevention (often with support from non-governmental organisations (NGOs)).
- **Schools** (when open) set up handwashing stations, had children wash hands when entering classrooms, and developed socially distanced seating arrangements for children.
- **Local leaders and other authorities** monitored regulations related to prevention protocols, imposing penalties for non-compliance in some locations.
- **Children and young people** spread prevention messages through megaphones and other methods.
- **Parents** instructed their children to wash their hands, practice physical distancing, avoid crowds, sneeze into elbows, and avoid strangers.
- **Families** set up handwashing stations at their houses, cleaned their compounds, and made masks.

Faith leaders disseminated key messages and provided emotional support for families

Communities of faith could not meet in person for extended periods during the pandemic, so faith leaders used new approaches to dispel fear, address stigma, and pass on messages. Mindful of the importance of strengthening remote communication modalities, faith leaders promoted science-supported health guidelines and encouraged preventative behaviours, through telephone, social, and traditional media, as well as house visits when it was safe to do so. For many households, the role of faith leaders was critical. Across the eight focus countries, two-thirds of surveyed households said their greatest sources of encouragement and hope during the difficult times of the pandemic were prayer and faith.

When asked to reflect on the role of faith leaders in cultivating these sources of encouragement, over a third of households said they observed faith leaders comforting the sick and grieving families:

- Nine out of 10 households surveyed said that faith leaders shared messages about preventing COVID-19 transmission and nearly half (49.0%) of all households said they heard messages from faith leaders promoting COVID-19 vaccines. Reported vaccine promotion by faith leaders was particularly high in India (92.1%) and Sierra Leone (75.5%).
- One in three surveyed households said they saw faith leaders collecting donations to help people, whilst FGD participants said faith leaders made masks and distributed food and personal protective equipment (PPE).
- Four in 10 surveyed households reported hearing faith leaders share information about the ways in which people could support each other during the pandemic. This was as high as 66.0% in India.

CHWs spread prevention messages, conducted home visits, and promoted vaccinations

Governments determined and communicated the public health measures to counter COVID-19. Initial government actions included conducting household surveys, setting geographical priorities, and creating information hotlines. Later, governments coordinated COVID-19 vaccination programmes. Within the overall government directives and coordination, CHWs were expected to communicate information to the public, model preventative behaviours, identify and follow up on COVID-19 positive cases, notify and counsel close contacts and, in some locations, facilitate burial services.

CHWs who participated in the FGDs reported facing enormous obstacles and risks as they fought the rapidly spreading virus, including:

- risks to personal health and safety
- community resistance to adopting preventative measures
- insufficient resources (e.g. staff, equipment, vaccines, transportation)
- challenges supporting stigmatised families.

“As health-care workers, it is quite exhausting psychologically, emotionally, and physically having to go from one place to another with terrible roads and without transportation.”

FGD participant, male CHW, Guatemala

Nonetheless, despite significant personal and systemic challenges, CHWs continued to address the health needs of communities. They disseminated information, distributed PPE, conducted home visits, and did community monitoring to help prevent and contain the spread of the virus.

- Nearly nine in 10 surveyed households reported hearing CHWs speak about ways to prevent COVID-19 transmission.
- More than half the surveyed households (55.6%) reported hearing CHWs promoting vaccine uptake.

“The health workers worried about us, they asked if we got the vaccines and supported and encouraged us to get the vaccines.”

FGD participant, adult male, Brazil

World Vision's contribution to limiting the spread of COVID-19

Spreading prevention messages directly and through others helped to raise awareness

World Vision disseminated COVID-19 prevention messages to over 43 million people globally through radio, television, social media, text messages, public announcement systems, loudspeakers on vehicles, posters, and leaflets. Messages were disseminated by World Vision staff and through networks of faith leaders, CHWs, and other stakeholders. World Vision and other NGOs (50.3%), governments (58.2%), and CHWs (60.0%) were the most frequently named sources of COVID-19 information by the communities surveyed.

As the pandemic continued, World Vision's awareness-raising efforts expanded to include information about COVID-19 vaccines. Overall, household survey participants reported receiving more messages about the benefits of vaccination than messages focused on vaccine problems. Social media was the main source of messages about vaccine risks and problems. Households who expressed concerns about vaccines were mostly concerned about vaccine safety and side-effects.

- As a result of awareness-raising activities, community members said that people knew how to prevent and reduce COVID-19 transmission. They knew the benefits of wearing masks, maintaining physical distance, handwashing, and home isolation.
- On average, 85.0% of households heard messages about the benefits of COVID-19 vaccination – more than half heard such messages on television (53.4%) or from their local health centre (54.4%).
- In contrast, 57.8% of households heard messages about problems or risks of the vaccine, with the most common sources being social media (48.7%) and television (33.5%).

Collaborating with faith leaders to ensure communities heard accurate, fact-based messages from trusted leaders

World Vision collaborated with over 250,000 faith leaders to disseminate COVID-19 prevention and vaccine acceptance messages, training leaders from various faiths using specially developed Channels of Hope modules for the pandemic context. World Vision engaged faith leaders to dispel fears brought on by the spread of confusion about COVID-19, to address misinterpretations of religious texts, advocate for vaccine acceptance, identify vulnerable individuals in communities, address stigma issues, and pass on prevention messages.

This extensive collaboration with faith leaders enabled more vulnerable children and families to be reached, both in existing and new, hard-to-reach areas.

- One in five of the surveyed households reported hearing faith leaders address misinformation about COVID-19.
- In Sierra Leone, a third of the surveyed households said one reason they were vaccinated was because their faith leader said it was important – this was over 2.5 times the average rate (13.1%) across the eight focus countries.
- In the Democratic Republic of Congo (DRC), World Vision provided nearly 400 faith leaders with smartphones to spread prevention messages.

Collaborating with CHWs and supporting struggling health systems helped to protect CHWs and enable better patient care

World Vision's distribution of medical supplies was coordinated with government, health ministries, health clusters, and task forces, and helped to fill a critical gap before governments were able to procure and distribute supplies.

As part of COVER:

- World Vision distributed over 20 million masks, 16 million pairs of gloves, 835,000 disinfectant kits and assisted more than 25,000 health facilities
- Nearly 550,000 people were supported to secure a safe quarantine or isolation space
- World Vision trained over 300,000 CHWs and frontline workers to provide COVID-19 support and accurate information about vaccines.

Community members and CHWs who participated in FGDs attributed the resumption of various community activities (work and reopening of schools) and the improved quality of health services to national vaccination programmes as well as the combined activities of World Vision, themselves, and other stakeholders. The majority of CHWs told us that:

- World Vision's training and support for CHWs and provision of PPE to health centres contributed to the reduced prevalence of infections and deaths amongst health staff and communities.

- Following training by World Vision, they had increased confidence to safely engage in contact tracing and provide treatment and psychosocial support (PSS) to patients who tested positive for COVID-19.

Findings from KIIs revealed that World Vision staff also agreed that World Vision's support for health systems improved government relationships and extended programme reach.

Providing handwashing stations and PPE supported the adoption of preventative measures

More than half (56.0%) of households surveyed had challenges washing their hands with soap and water at the beginning of the pandemic due to the high cost of soap and limited access to clean water.

- Households surveyed across the focus countries said their access to handwashing facilities near their homes increased since the pandemic (74.1% had access pre-pandemic compared to 83.9% in February 2022). Nevertheless, access to handwashing stations was still considered limited for a fifth of respondents, mainly due to their proximity, which affected older people and children the most.
- The majority of households (82.8%) said they washed their hands more frequently than before the pandemic, and three-quarters of these said they sustained this practice throughout the pandemic period. People reported washing their hands much more often because they were reacting to COVID-19 prevention messages (53.6%), it became a new habit (53.5%), and handwashing stations were convenient (37.4%).
- Around one in eight households (12.0%) said World Vision's provision of PPE was the most important assistance they received from us during the pandemic.

Supporting overwhelmed health systems helped to limit the spread of COVID-19

- Over 80.0% of households surveyed said they adopted handwashing and masking measures following significant awareness-raising efforts and were aided by the distribution of masks, handwashing stations, soap, and sanitising products by World Vision, other NGOs, governments, CHWs, and faith leaders.
- Following training from World Vision, CHWs and faith leaders played a vital role in raising awareness, modelling preventative measures, promoting vaccines, and conducting home visits, especially when lockdown restrictions prevented World Vision staff from physically accessing communities.

As part of COVER:

- World Vision constructed or rehabilitated almost 150,000 water, sanitation, and hygiene (WASH) facilities and established or maintained more than 147,000 public handwashing stations
 - Nearly nine million units of handwashing supplies and over 3.4 million hygiene kits were distributed
 - World Vision provided over 18.3 million people with COVID-19 preventative materials to assist families when global supply chains were limited and prices of goods increased.
- World Vision's training of CHWs and provision of PPE to health centres contributed to a reduction in the self-reported prevalence of infections amongst health staff and gave the latter the confidence to safely engage in contact tracing and provide treatment and PSS to patients who tested positive for COVID-19.
 - Pre-existing relationships with health ministries and CHWs enabled World Vision to respond rapidly at the outset of the pandemic. World Vision's early distribution of PPE, medical supplies, and equipment – sometimes even before governments were able to mobilise – was greatly valued by the CHWs who participated in FGDs.
 - Most of the World Vision staff who participated in the field office learning process (91.0%) rated their office's preventative measures' outcomes as 'good' or 'very good', with only minor gaps or small areas for improvement – a rating consistent with findings from the community FGDs and the household survey.
 - Three out of four staff who participated in the field office learning process (74.0%) rated their office's strengthening of health systems' outcomes as 'good' or 'very good', with only minor gaps or small areas for improvement. A further 21.0% of field office staff rated their health systems' outcomes as 'fair' – meaning the outcomes were somewhat valuable for health facilities and workers, and while some key needs of programme participants were met, there were important gaps or areas for improvement. While staff at learning workshops acknowledged some gaps and areas for improvement in activities aimed at strengthening health systems, nearly two-thirds of respondents in the staff survey (64.0%) and three out of four external partners (70.0%) identified World Vision's contribution to strengthening health systems as very important.



Photo: © Derrick Kyatuka/World Vision, Uganda (2020)

- Despite World Vision's contributions towards strengthening health systems and limiting the spread of COVID-19, preventative measures practices waned over the course of the pandemic, suggesting that the adoption of preventative behaviours is unlikely to be sustained. Half (50.6%) of surveyed households said COVID-19 preventative behaviours were practised mostly at the beginning of the pandemic and another group (22.1%) reported they were practised mostly when COVID-19 cases spiked. Since this question asked about all preventative practices, it is not possible to separate out specific behaviours, although a separate question on handwashing indicates that about two-thirds of households maintained this behaviour throughout the pandemic.

Priority focus: Prevent, advocate, support

- 1. Stay vigilant in prevention measures:** Nearly nine out of 10 (88.0%) World Vision staff and three-quarters (74.0%) of external partners surveyed agreed that World Vision should continue to promote preventative measures such as handwashing and vaccines over the next year to limit the spread of COVID-19.
- 2. Advocate for stronger health systems:** Most surveyed staff (80.0%) and external partners (64.0%) agreed that World Vision should advocate for stronger health systems over the next year.
- 3. Continue to develop and strengthen partnerships with faith leaders:** World Vision staff suggested implementing or maintaining the following actions to ensure partnerships with faith leaders are effective:
 - integrating relevant faith models, approaches, and partnerships in programme design, monitoring, and evaluation processes to boost learning on effective faith engagement
 - investing in faith partner relationships since they are trusted sources of information and support in communities and are strong, pre-existing relationships which enable World Vision to move quickly and effectively
 - analysing behaviours and supporting faith partners to address vaccination barriers (for the 6.0% of households globally that said one reason they were vaccine-hesitant was related to their faith or beliefs).



Photo: © Maria Bou Chaaya/World Vision, Lebanon (2022)

Reducing COVID-19's impact on vulnerable children and families: LIVELIHOODS AND FOOD SECURITY

As income sources were affected by lockdowns, many families struggled to meet their basic needs. Economic and food insecurity increased during the pandemic among surveyed households. Before the pandemic, half (50.4%) of the surveyed households said they could meet most or all their basic household needs; by February 2022, this dropped to a third (32.5%). The rising cost of food and other essential items led to food insecurity, caused many to borrow money or sell assets, and contributed to rising stress, anxiety, and conflict within households.

Livelihood and food security challenges were consistently rated the highest priority

Households across the eight focus countries were asked to identify the greatest problem facing their family before the pandemic, at the start of the pandemic, and at the time of the survey in February 2022. While there was some variation between responses amongst the countries, every country's top challenge was either related to livelihood, income, or food at each point in time. Similarly, when parents were asked about their greatest concern for their children's well-being before the pandemic, during the worst spikes in cases, and at the time of the survey, finding enough food to eat was by far the most common response across the eight countries.

The top challenge facing households was related to livelihood, income or food before and during the pandemic, and in early 2022 (n=4,478).

Priority needs	Before the pandemic	At start of pandemic	February 2022
Livelihood, income	31.5%	41.5%	37.2%
Food	22.8%	27.0%	22.5%
Health	5.5%	6.3%	4.9%
Education	3.9%	5.1%	5.4%
Water	3.9%	3.3%	4.0%
Shelter	3.9%	2.3%	2.6%

■ 2.0%-4.9%
 ■ 5.0%-19.9%
 ■ Above 20%

Nearly a third of all surveyed households (31.0%) reported feeling more prepared to meet their basic needs in case of another pandemic wave compared to pre-2020. Conversely, a third of households (35.0%) feel less prepared.

“The scale of the severity of the loss of livelihoods was 11 on a scale of 1 to 10.”

KII participant, World Vision staff

Community members and groups addressed livelihood issues

Families sold assets, shared food, and used other coping strategies to mitigate the impact of partial or total income loss during lockdowns

Livelihood and food security issues were highlighted in every FGD and rated as the most significant issue by the majority of groups in Guatemala (94.0%), India (75.0%), the Philippines (66.0%), and Brazil (60.0%). Movement restrictions and other lockdown measures were regarded as the greatest challenges for subsistence farmers, casual labourers, petty traders, salaried workers, and small business owners. Farmers were unable to access their fields, traders stopped selling goods between communities and across borders, and markets closed. Unharvested food spoiled in the fields. FGD participants said they ‘eat what they work today’, so without access to their fields, food supplies ran out no matter how well-managed. Urban families faced food shortages and higher food prices with concurrent loss of casual labour, salaried jobs, and business closures.

- Sharing food with neighbours and family was the most common activity taken by households to ensure there was enough to eat. More than a third (35.8%) of families did this.
- FGD participants said families who could access agricultural land sold their harvests early or even sold land to purchase food.
- Families said they intentionally reduced food waste during the pandemic.
- A fifth (21.5%) of families set up backyard gardens to ensure they had enough food and shared or sold extra produce.
- Families developed income-generating activities, sometimes with the support of agencies.

“The one who has the corn could make the exchange with the other who has the beans.”

FGD participant, faith leader, DRC

Various groups provided food, cash, and livelihood assistance to struggling families

Providers of food, cash, and other livelihood assistance stretched across all levels, from neighbours and relatives exchanging food items to nationally coordinated distributions of food and cash. FGD participants described supporting groups as including schools, faith communities, government agencies, employers, community-based organisations (CBOs), and NGOs. Faith communities, NGOs, and UN agencies reportedly provided vocational training. In FGDs, participants described how they donated food to others through faith communities and community pantries. Some groups also said that health units promoted backyard gardens.

- About a quarter of the families surveyed (24.2%) said they loaned money between family and neighbours.
- Half of surveyed households (50.9%) received cash assistance during the pandemic.
- The most common form of cash assistance was direct cash (41.6%), followed by mobile money (20.5%), bank transfer (15.9%), paper voucher (13.5%), and prepaid debit card (12.6%). Of those who received money via bank transfer or mobile money, 31.4% said they opened a new account.
- 29.7% of surveyed households received cash or voucher assistance from the government or another organisation. The most common sources for these households were the government (52.5%), an international NGO (43.0%), or a local organisation (28.4%).

World Vision's contribution to improving food and livelihood security

Cash and voucher assistance and VisionFund's loan assistance helped families to meet basic needs and improved food quality and access

More than a third (37.0%) of all households said they received cash or voucher assistance from World Vision or its partners during the pandemic. Approximately 28.0% of COVER's budget globally was allocated to food and livelihood support.

As part of COVER:

- Over 3.3 million people in 51 countries received cash or voucher assistance from World Vision worth more than US\$54.5 million.
- Globally, VisionFund disbursed over 465,000 recovery loans worth over US\$282.6 million.
- Almost a quarter of a million savings group members in 10 countries received VisionFund loans.
- VisionFund rescheduled loans for clients, provided deferments, and paid out savings or insurance. VisionFund capped interest rates and provided more favourable terms for borrowing.

Of the surveyed households that received cash assistance from World Vision, their government, or other organisations, 51.9% said it helped them to mostly or fully meet their household's basic needs. When asked what changes their household experienced from cash assistance, the two most common responses for nearly every country were 'more food available to eat' and 'better-quality food available for their families'. When asked if any household members used the cash assistance for specific uses, two in five agreed they used it to access a livelihood opportunity and more than a third said they paid back debt. In the FGDs, participants indicated the following positive outcomes:

- Families' access to money increased, which allowed them to reduce debts, purchase food and water, pay for education and housing needs, and buy productive assets. Some families were able to save money.
- Families were able to implement preventative measures because they did not need to leave the house to find work or obtain food.

Food assistance and livelihood support helped families with overall expenses and reduced stress

Food and livelihood challenges were extreme for many families in the eight focus countries. The impacts of insufficient food and severely reduced livelihoods were discussed in all FGDs and were described by adults and children as sources of heightened stress, anxiety, and depression, which sometimes led to increased violence within families. World Vision's food and livelihood assistance, along with government and other agency assistance, provided critical support for vulnerable families.

As part of COVER:

- World Vision reached over 9.7 million people with food assistance in 60 countries.
- Two in five (39.8%) surveyed households said they received food assistance from World Vision. Nine in 10 (89.5%) households that received food assistance from World Vision said they were satisfied with this assistance.
- Nearly 300,000 households were provided with livelihood assets.
- World Vision provided livelihoods training for more than 420,000 people in 51 countries.

Community members identified numerous positive outcomes from World Vision's in-kind food aid and cash and voucher assistance, including that families became joyful, fears about the future decreased, and there were fewer family conflicts. Families also reported feeling supported and experienced reduced stress from food insecurity. FGD participants reported that their children's morale improved when they saw their parents or caregivers coming with food. Access to cash, vouchers, and food allowed families to purchase preventative materials (e.g. masks, soap), medicine and cover education costs (including phone charging for online classes). An unexpected positive outcome reported in some locations was more empathy from wealthy families when they delivered food to vulnerable families and saw the challenges they faced. Another unexpected outcome observed by communities was how food distribution activities fostered unity, kindness, and understanding by bringing together people across age groups who usually did not interact with each other.

Despite overall positive outcomes, FGD participants also noted some negative outcomes: the cash was infrequent and insufficient to support the needs of some families and there were perceived to be inclusion and exclusion errors in targeting for cash, vouchers, and food assistance. Exclusion errors were the most commonly cited issue related to other vulnerable people who were not included

“The cash distribution by World Vision was one of the best things during the pandemic, although the amount of assistance did not meet all our needs.”

FGD participant, adult male, Iraq

in distributions, with some FGD participants reporting that disagreements occurred between those who received support and those who did not.

In terms of the outcomes related to livelihoods assets and training, FGD participants said World Vision's vocational training and apprenticeships for youth limited harmful behaviours and fostered entrepreneurship and financial independence. Beyond the short-term gains in managing their daily expenses, participants said support for small businesses helped families regain dignity and social recognition, which helped to counter increasing levels of family conflict, fears about the future, and depression.

Food assistance and livelihood support provided by a variety of sources helped families meet their needs, however their effectiveness was limited by larger economic shifts

- **Food, cash, and voucher assistance were regarded by households as the most important forms of support received from World Vision during the pandemic.** A quarter (25.2%) of surveyed households said food assistance was the most important form of assistance received from World Vision during the pandemic, whilst 22.6% cited cash or voucher assistance.
- **World Vision's cash assistance enabled vulnerable households to buy essential items, provided freedom of choice, reduced stress and conflict, and fostered hope.** Community members identified the following overall outcomes of World Vision's food and cash assistance: reduced stress for families, the ability to use limited funds for other essential needs, improved nutrition, and fostering a sense of hope and relief for those going through difficult times. Some families still reported being unable to access essential goods, saying the cash distribution from World Vision was not frequent and not enough to cover their needs.
- **Staff were positive about the impact of their livelihoods and food security programming, including new or expanded multipurpose cash initiatives.** Many offices implemented multipurpose cash assistance for the first time or on a larger scale than ever before, and the feedback on this model was extremely positive from both communities and staff. Similarly, substituting standard food distributions with cash transfers proved to be valued by community members and allowed for ongoing support, while adhering to COVID-19 prevention protocols. Almost three-quarters (70.0%) of staff who participated in the field office learning process rated their livelihood and food programming outcomes as 'good' or 'very good', with only minor gaps or small areas for improvement.



Photo: © Chris Huber/World Vision, Ecuador (2021)

Priority focus: Ongoing cash, voucher, and food assistance

1. Prioritise cash and voucher assistance and in-kind food support over the next year
 - Two-thirds of World Vision staff said helping families recover their livelihoods should be a priority and three out of four (76.0%) of external partners stated World Vision should prioritise food assistance.
2. Continue working to improve inclusion and exclusion errors in all distributions, so the most vulnerable are reached.
3. Advocate for governments to strengthen social safety nets for vulnerable families
 - Most World Vision staff (62.0%) and 59.0% of external partners surveyed agreed that World Vision should advocate for new or ongoing government cash assistance to vulnerable families as a priority in the next year.



Photo: © Dara Chhim/World Vision, Cambodia (2020)

Reducing COVID-19's impact on vulnerable children and families: CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT

Children's well-being during the pandemic

The pandemic created and deepened a variety of issues for children. It exacerbated existing child protection risks and increased distress for children caused by social isolation, fear of the virus, grief over illness and death, and education loss. The following is a summary of the wide range of child-focused issues described by children and adults.

Children encountered domestic violence

Parents or caregivers were asked if any adult in their home had used specific disciplinary practices with a child in the previous month and more than a third (37.2%) said they had shouted, yelled at, or screamed at a child. Furthermore, close to 20.0% said they had called children negative names and the same percentage said they had hit a child on the hand, arm, or leg.

Children grieved the loss of family members, loss of education, and limited social interaction

Children in all focus countries shared how the pandemic led to grief due to COVID-19-related deaths in their families, isolation in their homes, school closures, and lack of play and social interaction with friends. Children who participated in the FGDs expressed sadness about their loss of learning and future job prospects, in addition to their fear of being unable to care for their parents and fulfil their dreams. Children's grief at these losses was still visible to parents at the time of the evaluation. Close to one in five parents reported sadness or loneliness in their children and unusual crying and screaming in the month prior to the household survey.

Children's isolation put them at risk

While not every FGD raised this specific point, community members in all surveyed locations linked isolation resulting from school closures and lockdowns with protection concerns (e.g. increased teenage pregnancies, child work, forced and early marriages, domestic abuse), as well as social isolation, distress, and idleness. They said older children faced increased risks of online sexual abuse when learning and interacting more online.

"My daughters felt they were drowning because they were used to going out and not being locked up."

FGD participant, adult female, Guatemala

Children faced protection issues

An average of 16.6% of households who took part in the household survey said at least one school-age child in their home had to work more to help the family during the pandemic, and overall, 6.0% of households said at least one school-age child in their home married earlier than they would have before the pandemic; however, South Sudan (21.7%) and the DRC (10.6%) rated the highest for utilising early marriage as a coping mechanism during the pandemic – all other countries were 4.0% or less.

Children struggled to learn at home

Many children who participated in the FGDs reported that they were distressed when schools were closed and face-to-face learning was reduced or suspended. Children missed being in a classroom with their friends and interacting with teachers. Younger children had reduced school-based developmental activities. Children who had parents who were illiterate found it difficult to complete their homework assignments, even if teachers provided homework guides to parents.

"My parents don't know how to read or write. They couldn't help me. It's not the same – going to school or being sent a lot of homework that we did not understand. We used to understand more when we attended in person."

FGD participant, girl, Guatemala

Faith leaders addressed protection issues alongside existing community-based services

Most communities had services to report child abuse during the pandemic

Awareness messaging about support for children who were separated from their caregivers or orphaned during the pandemic was less widespread than other COVID-19-related messaging. Just under 40.0% of household survey participants heard media messages about ways to care for children who had been separated from their family or were suffering the loss of a parent due to COVID-19. Nevertheless, two-thirds (67.3%) of households said they knew how to respond to an unaccompanied or separated child. They would report the issue to the police (62.7%) or contact a local organisation responsible for unaccompanied children (56.8%). One in 15 (6.8%) households said there were children in their community that had been separated from their parents due to COVID-19, with the highest reported in India (13.6%). Almost half (45.5%) of these respondents said someone cared for the children while their sick parent was receiving health care, 31.4% said they called the police, and another 31.4% said they reported the issue to a helpline.

Adult and child FGD participants and surveyed households across all eight focus countries reported an increase in child protection issues during the pandemic, including increases in child marriage and child work. These challenging situations indicated a clear need for effective child protective services. Nearly two-thirds (64.1%) of the surveyed households said their community had services to report suspected physical or sexual abuse of a child; the most common reporting options were the police and government services. For those who were aware of services, 75.4% of households said they would feel safe reporting a suspected case. Nearly one in five (19.2%) households that were aware of protection services said they had reported a suspected case during the pandemic, with much higher rates in India (44.0%) and South Sudan (40.5%). Of the cases reported, 83.7% said the required support was received.

Faith leaders acted to protect children and adults and provide PSS

- More than one in 10 households (11.9%)³ said faith leaders protected people suffering abuse in their home with those in India (24.1%) and Sierra Leone (19.0%) reportedly supporting people in abusive situations more frequently than in other countries.

- On average, about one in seven households (14.9%)⁴ said they would report suspected cases of child abuse or neglect to their faith leader. Households in the DRC (33.8%), Sierra Leone (32.6%), and South Sudan (23.9%) all reported a higher-than-average trust in their faith leader to help them in this situation.

As children experienced the losses, grief, and isolation described above, there was a need for PSS for them, their caregivers and other adults. The most common types reported by surveyed households were text or radio messages, support from their faith leader or faith community, or provision of a PSS kit. On average, one in four (24.1%) households said they had received PSS during the pandemic, with Sierra Leone reporting the highest prevalence (49.9%) and Brazil (4.8%) and Guatemala (5.6%) the lowest prevalence.⁵ Of the households receiving PSS, 27.7% said this support came from their faith leader or faith community, although this figure was as high as 60.3% in Sierra Leone and 48.2% in the DRC.

In the FGDs, community members described many forms of PSS provided by family members, faith leaders, and other community members. Faith leaders observed energy and mood swings in the community and helped their congregants during the closure of places of worship and suspension of collective religious activities. They conducted home visits to provide emotional support and PSS to children and families, during which time they checked on the well-being of families, spent time with youth to understand their pandemic-related problems, and gave support to grieving families. Faith leaders also reassured elderly people that they were not the target of the pandemic and paid attention to gender-based violence (GBV); psychosocial issues facing men, women, boys, and girls; and the stigma against people infected by COVID-19 and their families.

World Vision's contribution to supporting child protection and PSS initiatives

Raising awareness on child rights and protection, strengthening community capacity to handle child protection incidents, and increasing provision of community-based PSS

World Vision trained police officers, teachers, doctors, health and nutrition workers, judiciary and paralegal bodies, WASH committees, community leaders, and children on child protection in response to increasing risks while pandemic restrictions were in place.

As part of COVER:

- Over 5 million people were reached with information, education, and communication PSS materials in 59 countries.
- More than 210,000 frontline workers in 54 countries were trained on child protection.
- Almost 2 million children in 59 countries were supported with child protection programming.

Almost half (48.3%) the parents who participated in the household survey said they had received training on child protection and 36.1% said they had received training on how to help children deal with stress as a result of not being in school. Nearly one in five (18.7%) households said they received PSS from World Vision during the pandemic.⁶ Almost all (96.7%) of those who received PSS found it very valuable (82.0%) or somewhat valuable (14.7%).

Community members and World Vision staff observed changes in communities because of World Vision's child protection and PSS activities during the pandemic. Although not mentioned in many FGDs, those that did discuss child protection described changes which included:

- increased confidence and self-awareness in children
- children's and adults' increased knowledge of government policies related to protection
- improved relationships between children and teachers/parents and amongst children.

Prioritising awareness-raising on how to protect the rights of children, promoting positive parenting approaches, and providing or enabling the provision of PSS

- World Vision adapted its child protection and PSS programming in response to the effects of the pandemic by prioritising awareness-raising on how to protect the rights of children, promoting positive parenting approaches, and providing or enabling the provision of PSS to survivors of abuse and violence in collaboration with partners.
- World Vision offices strengthened local capacity to handle increases in GBV and child protection cases by training police officers, teachers, health workers, judiciary and paralegal bodies, WASH committees, community leaders, and children on child protection.

- Households received PSS during the pandemic from various organisations and faith communities. About a fifth of all surveyed households said they received PSS from World Vision. The extent to which both the adult and child FGDs described the distress resulting from the health and secondary impacts of the pandemic suggests there was a need for a greater reach of PSS services during the pandemic and an ongoing need for PSS in many families and children over the next few years.
- Most households said their community had services to report suspected physical or sexual abuse of a child during the pandemic; the most common reporting options were the police and government services.

Priority focus: Case management and PSS

1. Seven out of 10 World Vision staff surveyed and nearly two-thirds of external partners (64.0%) agreed that World Vision should prioritise case management to help protect children over the next year.
2. The majority of World Vision staff (70.0%) and partners (59.9%) said increased PSS for children and their parents should also be a priority in the next year.
3. Child protection staff also recommended integrating protection activities into existing programmes to respond to the higher rates of GBV, teenage pregnancies, and early marriage observed during the pandemic, in locations with limited options for designated protection funding.



Photo: © Jemima Tumalu/World Vision, South Sudan (2021)

Reducing COVID-19's impact on vulnerable children and families: EDUCATION

Families, faith communities, teachers, and governments supported children's learning

A wide variety of individuals and groups acted to support children during school closures and reopening. Direct support for, and interaction with, children was primarily within families with assistance from teachers, CBOs and, in some locations, NGOs. Faith communities provided financial support for students and, along with health centres and NGOs, provided non-food items to schools. Governments provided and promoted radio and television programming, online classes and sometimes gave financial support to families to purchase phones.

- Over two-thirds (70.0%) of surveyed parents helped their children to learn during the pandemic, with more than half (51.7%) helping with homework. About a third of parents (31.5%) read to their children and a quarter (25.4%) listened to their children read.
- Parents' most commonly cited forms of support for children from the school or government during school closures were paper-based learning materials (31.6%), followed by school textbooks (29.1%), and study packs with items such as pens, paper, and notebooks (27.7%). An average of 23.9% of households said their child did not receive specific support from the school or government, with the highest rates in the DRC (53.8%), Iraq (43.2%), and Brazil (35.7%).
- The most common challenges for parents related to their children's education were insufficient time to support them (34.8%) and inadequate access to learning materials (25.8%).

Although children who participated in the FGDs expressed appreciation for and were motivated by learning materials, overall, they said the modalities of remote learning, lack of equipment, and connectivity challenges really limited their learning during school closures. Additionally, in households where one or both parents were illiterate, children found it difficult to complete their assigned homework, even if teachers provided homework guides to parents. In contrast, almost half of parents surveyed said the remote learning materials and approach received from all sources were enough to prevent education loss for their child, with varied results across the eight focus countries. Almost 60.0% of parents across all countries said they felt their child would be able to catch up on missed schooling.

World Vision's contribution to child learning

Supporting children and parents with home-learning materials and training during school closures and providing targeted support for children who could not access online learning programmes

World Vision's activities to support learning during the pandemic aligned with government initiatives, were tailored to context-specific needs, and were generally appreciated by parents and children who participated in FGDs and household surveys. Each country's approach to education support depended heavily on the government's education capacity and infrastructure available within communities. According to World Vision staff KIIs, the countries that showed the strongest support for children's education demonstrated robust collaboration with their national education ministries. Nearly half (49.6%) of the parents surveyed received training from World Vision on how to help children with reading or homework.

As part of COVER:

- World Vision reached more than 2.8 million children and parents or caregivers across 57 countries with education support or training (e.g. home learning materials, activity packs).
- World Vision's age-specific health education reached more than 2.2 million children in 41 countries.
- Extra learning support was provided by World Vision to 3,184 children living with disabilities in 11 countries.
- The most common form of education support received from World Vision was a study pack containing items such as pens, paper, and notebooks (50.5%), followed by paper-based learning materials (42.7%).

Supporting the education system by training teachers, supporting parent-teacher associations, and collaborating with government ministries

World Vision worked across 45 countries to train and support over 85,000 teachers during the pandemic. World Vision staff consulted as part of the education case study conducted during this evaluation noted improved parental and caregiver engagement in education support for children resulting from World Vision's activities. The following are a few examples of World Vision's educational support from the focus countries:

- In Sierra Leone, the Ministry of Education broadcast educational programmes for students by radio. World Vision distributed more than 48,000 solar-powered radios for children with limited electricity and internet connection to enable them to access these programmes and participate in national exams.
- In South Sudan, as schools were preparing to reopen in April 2021, World Vision conducted a campaign with the Ministry of Education to bring children back to school. According to interviewed staff, the enrolment rate in early 2022 was low compared to pre-pandemic. The rise in early pregnancies, child marriages, and child work are some of the reasons behind the decreased enrolment.
- In India, World Vision initiated home-based education activities which engaged volunteers to work with groups of 30 vulnerable children. This enabled them to access learning opportunities during the two years that schools were closed, even without access to the government online learning platform.

Engaging parents, teachers, and volunteers with children during school closures⁷

In the early months of the pandemic, no one could have predicted how long schools would remain closed and how this would affect children's learning and development. Families, faith communities, teachers, and governments supported children's learning during the pandemic and were assisted and encouraged by materials and training from World Vision staff and partners. Nevertheless, with schools shut down for between seven and 24 months in most of the surveyed communities, the likely education loss for children was extensive. Though a critical need, education received less attention and funding in many contexts and did not resonate as an urgent priority in the same manner as preventative measures or livelihood support. The extent of education losses will be evident in the coming years through gaps in skills and proficiency, and enrolment rates in primary, secondary, and post-secondary education for children

that were most affected. At the time of the evaluation, parents responding in FGDs and household surveys held diverse views about the extent of education loss and the potential for their children to catch up.

While some of the children who participated in the FGDs liked online learning, more frequently they talked about its limitations. Children expressed difficulty understanding and keeping up with online lessons due to a lack of follow-up guidance or supervision normally provided by teachers in a classroom setting. Parents also expressed difficulties supporting their children with the online class set-up and helping their children with class modules. Many families lacked computers or Internet-connected devices to access classes, and the financial constraints manifested by the pandemic prevented parents from purchasing them. Home internet access and cost were frequent issues highlighted as barriers to online learning by both parents and children.

Findings from the field office learning process workshops, staff survey, and KIIs showed that many World Vision staff felt the education activities were insufficient compared to the extent of education loss. Almost two-thirds (61.0%) of surveyed staff rated their office's education programming outcomes as 'good' or 'very good', with only minor gaps or small areas for improvement. However, 40.0% rated the education programming outcomes as fair or poor, meaning the outcomes were only somewhat valuable for children.⁸

Priority focus: Catch-up and re-enrolment

1. Four out of six World Vision staff and partners (66.0%) said World Vision education programmes should prioritise catch-up classes.
2. More than 60.0% of World Vision staff suggested helping children recover from education losses brought on by the pandemic by making efforts to understand who has not returned to school, actively support re-enrolment, and provide school supplies and/or school fees.
3. Staff also said that in some contexts there is a need to advocate for children who are prevented from or are unlikely to return to school due to a change in their situation (e.g. pregnant girls or young mothers).

Reducing COVID-19's impact on vulnerable children and families: COLLABORATING AND ADVOCATING FOR VULNERABLE CHILDREN

World Vision's contribution to COVID-19-related advocacy

Strengthened alliances helped to draw attention to the impacts of the pandemic on vulnerable children and families, as well as influence policy changes

Local and global advocacy staff working in partnership with other stakeholders highlighted the effects of the pandemic on vulnerable children and their families. Prominent advocacy themes during the pandemic were: 1) ensuring humanitarian access to communities; 2) addressing increasing violence against children; 3) addressing the need for social protection; and 4) ensuring an equitable distribution of vaccines.

As part of COVER:

- World Vision staff articulated pandemic-specific issues for vulnerable children and their families at more than 6,000 local, national, and global level external engagements.
- These advocacy efforts positioned World Vision as a trusted partner for global organisations, including the WHO.
- Collaborative advocacy efforts resulted in access to communities for humanitarian workers during lockdowns.
- Advocacy initiatives contributed to 431 national, regional, and global policy changes related to the pandemic and its secondary effects.
- World Vision's Citizen Voice and Action (CVA) initiatives improved community access to social protection, health, and education services during the pandemic.

In the global survey, some staff said World Vision was at its best when partnering with the local government and other organisations on COVID-19 sensitisation and other activities. However, despite the success of World Vision's advocacy work in strengthening partnerships and improving humanitarian access, our collaborative efforts were not well known at the household level.

About a quarter of households said they did not know if World Vision worked with others, including the government, and a further 15.0% said World Vision did not work with others.

Three out of four staff who participated in the field office learning process rated their advocacy outcomes as 'good' or 'very good', with only minor gaps or small areas for improvement. According to surveyed partners, close to half (47.0%) said that World Vision's relationship was strongest with partners at the beginning of the pandemic, while 22.0% said the relationship was consistent throughout the pandemic. Over 90.0% of external partners said that World Vision collaborated very well (71.0%) or moderately well (24.0%). World Vision communicated regularly with partners about plans according to almost all external partners (96.0%), and consulted with and used feedback from partners according to about 60.0% of partners.

Priority focus: Awareness-raising to foster future opportunities

1. In addition to the recommended advocacy actions noted in prior sections, staff also suggested that World Vision work to increase community-level awareness of our commitment to collaboration and partnership.



Photo: © Otgonkhuu Dashdorj/World Vision, Mongolia (2020)

WORLD VISION STAFF MEMBERS' EXPERIENCES

Community perspectives on World Vision staff members' engagement

In addition to measuring programmatic outcomes, the evaluation findings also documented community perspectives about how World Vision worked during the COVID-19 pandemic.

- Community members reported that they observed most World Vision staff following COVID-19 protocols and communicating behaviour norms that correlated with the organisation's messaging on COVID-19; 84.0% of household survey participants said World Vision staff adhered to COVID-19 protocols and 75.0% said staff shared the type of behaviours that communities should expect from World Vision staff.
- Overall, World Vision staff and community members said that World Vision facilitated safe mechanisms for community feedback and improved activities in response to community feedback.
- Overall, 68.0% of household survey participants said World Vision provided safe ways for community members to provide feedback and complaints during the pandemic. Respondents living in fragile contexts reported feeling less safe to provide feedback.
- Similarly, three in five household survey participants (60.0%) reported that World Vision consulted them about their needs at least once during the pandemic. Respondents in fragile contexts reported less frequent consultations; although this could be attributed to their situation (e.g. they may be less accessible due to security issues, hard-to-reach locations, lack of technological devices or Internet connectivity).
- A third of household survey participants were aware of feedback given to World Vision during the pandemic and 76.0% of those said World Vision adjusted activities in response to the feedback.
- Just over half (53.0%) of the surveyed households said World Vision informed the community when it was going to stop providing activities.

World Vision staff's perspectives on organisational effectiveness

Most staff (78.0%) who participated in the field office learning process rated World Vision's organisational environment as 'good' or 'very good', with only minor gaps or small areas for improvement. Furthermore, the majority (87.0%) also rated World Vision's staff safety, support, and staff care as 'good' or 'very good', with only minor gaps or small areas for improvement.

World Vision successfully transitioned many staff from offices to working from home due to movement restrictions during the pandemic.

Remote work enabled business continuity and allowed teams to work virtually with local partners and community members. According to 65.0% of surveyed staff, World Vision successfully modified existing systems, or created new systems and processes, to enable staff to work remotely during the pandemic. However, this level of adaptability created some challenges. A common issue noted by field office staff was the expectation that staff should 'always' be online, which was tiring and affected the time they could spend with their families.

In addition, the lack of power and limited Internet connectivity in rural areas meant that, despite being given the option for remote work, some staff had to work from offices where they were often unable to work at safe physical distances. Some staff felt more could have been done to protect them, like being more intentional about scheduling fewer staff in rotating shifts.

Faced with myriad, impromptu workplace changes, some staff members said it was challenging to remain productive.

The global framework and strategy enabled FOs to create plans and begin implementing activities rapidly, while being encouraged to adapt approaches as conditions changed.

World Vision's ability to develop a global response strategy, create business continuity, and implement a rapid response to reach communities quickly were a frequently cited source of pride for staff. Almost three-quarters (84.0%) of surveyed staff agreed that World Vision successfully adapted programmes to rapidly changing conditions as part of this response. Several staff acknowledged that the Partnership and individual FOs frequently adapted guidelines and standards of practice to a rapidly changing context.



Photo: © Susan Otieno/World Vision, Kenya (2020)

World Vision's contribution to staff care

Staff said World Vision was at its best when processes were in place to keep staff safe through assistance with implementing preventative measures, staff vaccine promotion, and support for remote work.

Staff care was available but could not alleviate all issues

The pandemic caused stress and anxiety for staff, especially at the outset. World Vision carried out a range of activities to care for staff well-being, and the organisation's Christian identity encouraged staff to pray individually and collectively.

The majority (87.0%) of staff rated World Vision's staff safety, support, and staff care as 'good' or 'very good', with only minor gaps or small areas for improvement.

When asked during the staff survey when World Vision best supported them during COVER, the most common reply was around the organisation's actions to protect staff from contracting COVID-19. However, some also said World Vision came up short when some staff did not fully adhere to COVID-19 protocols in public places, whilst using work vehicles, or during meetings, or opted not to get vaccinated, putting others at risk.

In the global staff survey, 77.0% of staff agreed that World Vision helped them to cope with stress by providing the option to work from home. Other factors that helped to alleviate stress included:

- moving processes and events online (55.0% agreed)
- offering flexible work hours (42.0% agreed)
- offering a well-being day off for all staff (32.0% agreed).

Staff were proud of World Vision's partnerships and ability to adapt

World Vision's strong presence in and relationships with communities facilitated a rapid response in the early days of the pandemic. Field offices' networks of volunteers, faith leaders and churches, civil society organisations, and other partners were invaluable for mobilising and sharing information on COVID-19 with communities.

Priority focus: Ongoing support for staff

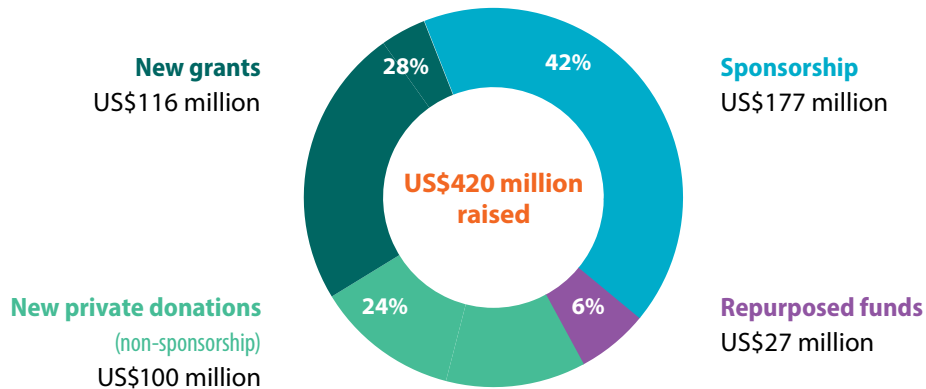
1. Staff stated it was important to them that World Vision continue sensitising all staff on COVID-19 prevention measures and the benefits of vaccination.
2. Respondents to the staff survey also said there was a need for World Vision to maintain staff members' safety by providing PPE, vaccines, test kits, etc. and also support staff with their resilience, mental health, and well-being.

ANNEXES

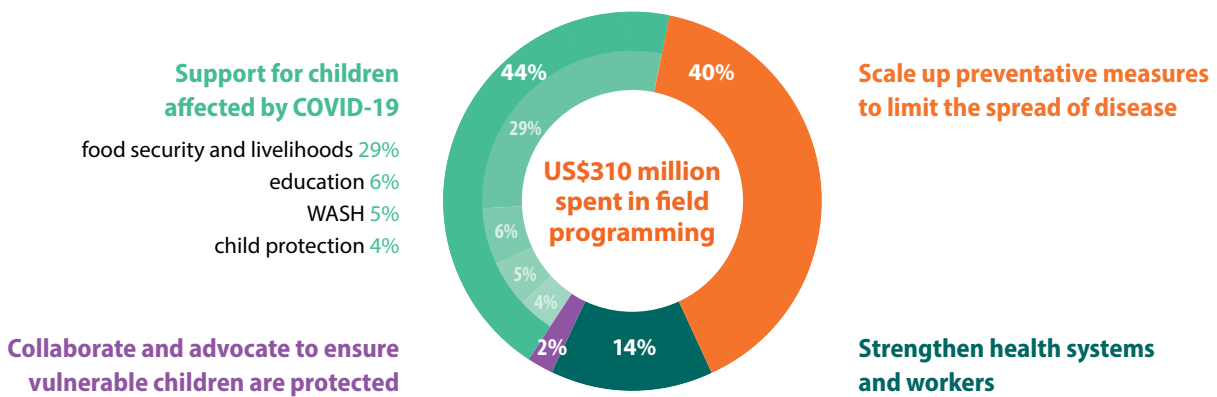
Annexe 1. Funding overview

World Vision's 30-month (March 2020 to September 2022) global COVID-19 Emergency Response raised US\$420 million; US\$310 million was spent in field programming. Over 81million people were reached through field programmes, and an additional 15 million people were assisted through domestic programming in WV support offices.⁹

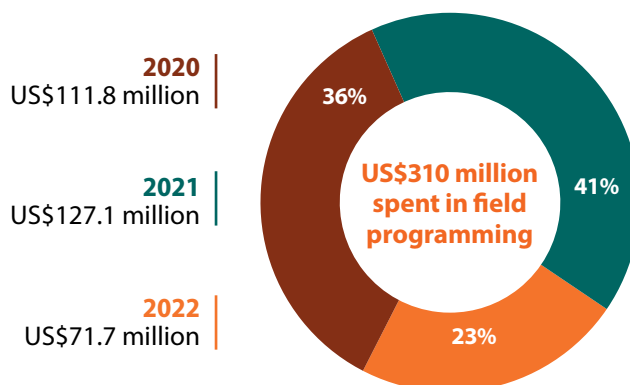
Global funding



Spending per strategic objective



Annual spending



Annexe 2. Methodology

Between December 2021 and May 2022, World Vision's COVER and monitoring, evaluation, accountability, and learning (MEAL) teams conducted an in-depth evaluation of all activities that took place over the course of the Response (March 2020 through September 2022). The evaluation data was collected using a variety of methods:

Evaluation data sources

Method	Description
Desk review November 2021–January 2022	A comprehensive desk review and qualitative analysis of more than 250 documents (more than 4,000 pages combined collected from all countries implementing COVER activities) began in December 2021 to identify gaps in information, inform the design of data collection tools, and provide additional evidence for this evaluation. COVER and MEAL staff coded these documents by text segment using MAXQDA v2020 and a structured code tree. This data resulted in 10 thematic fact sheet overviews of existing data and helped to guide the evaluation questions.
Consultations June 2021– March 2022	Global sector and technical leads provided input to the evaluation questions, feedback on the household questionnaire, and authored some of the spotlight sections and case studies.
Spotlight sections January–March 2022	Short summaries prepared by global and support office staff on sponsorship, faith and development, and support office domestic programming, amongst other activities.
Case studies January–March 2022	Evaluative case studies completed by World Vision specialists from the CVA and education sectors, describing specific field experiences during the pandemic to supplement the primary and secondary data collected for this evaluation.
Primary data collection January–March 2022	<p>Eight countries were selected as the focus countries for primary data collection based on the following criteria: breadth of COVID-19 programming, significant COVID-19 funding, programming reach, and months of COVER implementation. Additionally, countries were selected across regions and intentionally included countries facing sustained humanitarian responses as well as countries with a larger development focus.</p> <p>Staff, facilitators, and enumerators in the eight focus countries translated, conducted, and submitted the data from household surveys, FGDs, and KIIs. These culminated in eight reports – one for each focus country.</p>
Household surveys	<p>Surveys were conducted with 4,478 households. The sampling frame involved a random selection of households from beneficiary lists in a limited number of communities where COVER activities were implemented.¹⁰ The sample size of 377 households per country was determined using 95.0% confidence level, 5.0% confidence interval.</p> <p>The questionnaire was reviewed by World Vision's technical leads and shared with country teams for feedback before finalising. The questionnaire was then translated by the country teams from English into 12 languages (French, Spanish, Portuguese, Telugu, Bengali, Hindi, Tamil, Iraqi Arabic, Filipino, Krio, Azandec, South Sudanese Arabic). The survey was then administered face-to-face by trained World Vision staff or external enumerators. Android mobile devices installed with the Kobo Collect app were used to capture responses.</p>

Method	Description
FGDs	<p>Discussions were conducted with 1,162 participants in 116 groups (disaggregated by adult men, adult women, boys, girls, CHWs, and faith leaders) to understand: how the pandemic affected families and communities (i.e. the most pressing challenges they faced during the pandemic); what actions various stakeholders, including World Vision, had done well or could have been done better; and significant changes observed.</p> <p>The FGD guide was prepared in English and translated into the same 12 languages used for the household survey. Each discussion was captured using note-taker forms, which were reviewed by country MEAL teams for quality, translated into English, shared with the global evaluation team, and coded for analysis using MAXQDA software. This data resulted in nine summary reports (one per focus country and one global).</p>
KIs	<p>Structured interviews were facilitated virtually in Spanish, Portuguese, Arabic, French, and English by staff volunteers with 70 World Vision FO staff (i.e. programme, support,¹¹ and frontline staff members) with direct experience with the COVID-19 response.</p> <p>All interview transcripts were translated to English, shared with the global evaluation team, and coded for analysis using MAXQDA software. To ensure confidentiality, only members of the evaluation team had access to interview transcripts.</p>
Field office learning process February–April 2022	<p>In total, 23 field offices across five regions participated in this optional real-time learning process. This learning process included a standardised workshop, an optional staff survey, and an optional external partner survey. Offices submitted outputs from these activities, which were analysed and included in this report.</p>
Standardised workshop	<p>Workshops were conducted either virtually or in-person for approximately six hours over the course of one to three days. A total of 487 staff participated in these workshops. Each participating office was required to prepare a response roadmap, a rubric detailing a self-assessment of their response, and an action plan. These reports were compiled into regional and global summaries by the global learning team.</p>
Staff survey	<p>A staff survey was conducted as part of the field office learning process and was later broadly shared with staff around the Partnership. It was completed by 790 staff from 53 countries. Respondents were 58.0% male, 42.0% female, and included operations, programme management, technical sectors, and MEAL staff. The questionnaires were made available in English, French, Spanish, and Portuguese using Survey Monkey. The survey data was cleaned, translated, and summarised in country, regional, and global reports and made available for the field office workshops. Note that some questions were optional – but all quantitative questions were responded to by more than 650 staff.</p>
External partner survey	<p>An optional survey was shared by field offices participating in the learning process. We received responses from 57 external partners in seven countries, including partners with other faith-based organisations, local governments, national governments, and international NGOs.</p>
COVER dashboard	<p>The COVER dashboard is an internal, online database where more than 70 World Vision offices reported quantitative and qualitative data on COVER indicators. This data was used to report global achievements within each objective and included in the desk review fact sheets, field office reports, and the global report.</p>

Number of people consulted across eight core countries, by method

Country	total # process conducted			Men			Women			Boys	Girls
	Household survey	FGD	KII	Household survey	FGD	KII	Household survey	FGD	KII	FGD	FGD
Brazil	400	10	9	76	26	5	324	20	4	16	16
DRC	800	20	9	252	62	8	548	58	1	43	42
Guatemala	602	18	9	86	52	5	514	75	4	26	29
India	800	20	9	184	41	9	616	89	0	45	48
Iraq	399	10	8	196	36	6	203	24	2	20	22
Philippines	438	12	8	47	31	4	391	45	4	15	20
Sierra Leone	601	14	9	320	45	8	281	44	1	34	32
South Sudan	438	12	9	166	34	7	272	36	2	17	19
Subtotal				1326	327	52	3149	391	18	216	228
TOTAL	4478	116	70		1705			3558		216	228

The total number of HH survey respondents includes three people who identified their gender as 'other'.

Limitations

COVID-19-related travel restrictions prevented the global team from travelling to any of the eight focus countries to help ensure consistency with tools and processes for the evaluation. This resulted in two specific technical limitations.

1. Education module: Despite field testing the household survey questionnaire, there was a skip logic error which was discovered after some households had been surveyed. The error was corrected, and the revised survey sent to all offices. The impact of the error was a reduced sample size in one country for the education component of the survey. The overall 'n' for the education module was 4,137 respondents.
2. Consistency in FGDs: There were slight variations in the administration of the FGD guide between the focus countries. Some groups did not fully document voting activities, so it was not possible to globally aggregate the voting results.

Additionally, some substitutions were made when communities initially selected for the evaluation were inaccessible at the time of the data collection.

Annexe 3. Endnotes

- 1 This could potentially be accounted for due to the timing of the household surveys in early 2022. According to the World Health Organization's (WHO's) COVID-19 dashboard, Brazil experienced a major spike between January and February 2022, and has been consistently ranked in the top countries by number of confirmed cases and deaths. As of 17 October 2022, Brazil was number four in confirmed cases and number two in the number of deaths. See: WHO (n.d.-a) "WHO Coronavirus (COVID-19) dashboard," [Accessed 18/10/2022]. <https://covid19.who.int/>; and WHO (n.d.-b) "Brazil situation," [Accessed 18/10/2022]. <https://covid19.who.int/region/amro/country/br>.
- 2 Even though Iraq has reported confirmed cases at a below-average rate per their population size – 0.05% compared to 0.07% global case rate, they also experienced a spike in cases in January 2022, which may account for this heightened reporting of cases. Iraq case rate as of 17 October 2022 (2,460,844) divided by projected national population (44,553,662) = 0.055%. Global case rate as of 17 October 2022 (621,797,133) divided by global population as of September 2022 (7,922,312,800) = 0.078%. See: World Population Review (WPR) (n.d.) "2022 world population by country," [Accessed 18/10/2022]. <https://worldpopulationreview.com/>; and WPR (n.d.) "Iraq population 2022 (live)," [Accessed 18/10/2022] <https://worldpopulationreview.com/countries/iraq-population>; and WHO (n.d.-b) "Iraq situation," [Accessed 18/10/2022]. <https://covid19.who.int/region/emro/country/ig>; and [WHO \(n.d.-a\)](#).
- 3 n=2,901. The 'n' is lower because this answer was in response to a follow-up question for households who said faith leaders were active in their communities.
- 4 n=2,240.
- 5 It is unclear why the levels of PSS between these contexts differ so vastly. We know that Sierra Leone had a significant amount of church engagement within their context; however, it could also possibly be attributed to people's varying understandings of PSS across the various countries.
- 6 This figure only captures the number of households who received direct PSS from World Vision and does not take into account any indirect PSS households may have received from World Vision-trained individuals in their communities (e.g. frontline actors, CHWs, faith leaders).
- 7 The field office learning process did not provide additional information about the perceived gaps or why staff felt this way about the education programming.
- 8 The field office learning process did not provide additional information about the perceived gaps or why staff felt this way about the education programming.
- 9 Some World Vision support offices, including the United States, South Korea, Taiwan, Malaysia, Hong Kong and Singapore, conducted response activities domestically to help reduce the pandemic' impact.
- 10 Participants were selected from lists of World Vision beneficiaries in target countries, but were not limited to registered children's families or area programme geography.
- 11 e.g. finance, human resources, supply chain, and procurement.

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families, and their communities to reach their full potential by tackling the root causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.



Polok, 5, from the Wazirpur area with his Home-Based Learning materials distributed by World Vision Bangladesh.
Photo: © Pamela Heng/World Vision, Bangladesh (2020)

www.wvi.org/emergencies/coronavirus-health-crisis

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