



Leonardo, whose mother is hearing impaired, wears a mask to protect against the spread of COVID-19 that also facilitates lip reading. UNICEF supports the favela where he lives.

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Humanitarian Action for Children

Brazil

HIGHLIGHTS

- As of September 2020, there have been over 4.3 million cases of coronavirus disease 2019 (COVID-19) and nearly 132,000 deaths in Brazil.¹ This is the second highest number of cases globally and the highest number of COVID-19 deaths in the region. The pandemic has exacerbated pre-existing disparities and vulnerabilities in Brazil.
- While the country's richest and most populous Southeastern region has the highest number of cases, COVID-19 has quickly spread into vulnerable territories, with 1.8 million cases and 51,000 deaths in the North and Northeast regions.² Working with State and municipal authorities, UNICEF will respond to the COVID-19 crisis in 150 municipalities and 55 urban neighborhoods that are already covered by UNICEF programmes. The response will build on regular programming and partnerships.
- UNICEF is requesting US\$22.9 million to address the COVID-19-related needs of children in Brazil and strengthen existing systems.³

IN NEED

14 million
people⁴

4.7 million
children⁵

TO BE REACHED

4 million
people⁶

3.5 million
children⁷

KEY PLANNED TARGETS



1.3 million

children accessing water, sanitation and hygiene services in learning and safe spaces



1.1 million

children/caregivers accessing mental health and psychosocial support



3.5 million

children accessing educational services



130,000

households reached with cash transfers where UNICEF provided technical assistance

FUNDING REQUIREMENTS

US\$ 22.9
million

HUMANITARIAN SITUATION AND NEEDS

The COVID-19 pandemic is having a devastating impact on Brazil, in part due to the country's high levels of income inequality.⁸ The COVID-19 incidence rate is higher in the North and Northeast regions,⁹ where structural, gender and racial inequalities, lack of economic opportunities and poor service delivery are compounding its impacts on children and families. Indigenous communities, quilombolas, people of African descent and marginalized urban communities have been hardest hit and require additional support.¹⁰

The interruption of educational services has severely impacted children, generating potentially life-long consequences. While the safe reopening of schools is paramount, 39 per cent of schools lack basic hygiene services¹¹ and less than 60 per cent of schools in 1,600 municipalities have access to public water networks.¹²

Some 250,000 health care workers have been infected and 220 have died, further impacting the capacity of the health system to provide essential maternal, newborn and child health services, including nutrition services.¹³

Immunization has also been affected. While immunization coverage has been decreasing in Brazil since 2015, for the first time, the country will not reach vaccination coverage targets for a single vaccine. Measles cases have been identified in 20 states, illustrating the risk that vaccine-preventable diseases will recur.

Despite Brazil's generous national emergency social benefits, 30 per cent of people in the North and Northeast regions are unable to afford food, and 9 per cent of families have had to skip a meal at least once due to lack of financial resources.¹⁴ The economic impacts on the poorest families may lead to school dropouts and child labour. In the largest cities, adolescents are also impacted by armed violence and illegality.

COVID-19 lockdowns have increased violence against children, including gender-based violence, with related impacts on mental health and well-being. Intimate partner violence is also on the rise.¹⁵

SECTOR NEEDS



Water, sanitation and hygiene

1.9 million children are in schools not connected to water¹⁶



Education

4.4 million vulnerable children affected by school closures¹⁷

STORY FROM THE FIELD



COVID-19 has aggravated pre-existing inequalities in Brazil and increased their negative impacts on the most vulnerable people, particularly indigenous communities.

Young indigenous leaders expressed concern over the lack of information about COVID-19 and discussed the impacts of the pandemic on their communities during a live conversation promoted by UNICEF on YouTube.

Emerson Pataxó acts as an indigenous translator for Mídia Índia, an indigenous communications group that created a website to gather news about COVID-19. "The website was an achievement because traditional media do not bring enough information to understand the impact [of COVID-19] on our communities," he says.

[Read more about this story here](#)

Young indigenous people from different parts of Brazil are working to bring COVID-19 information to their communities and raise funds for needed food and hygiene supplies with UNICEF support.

HUMANITARIAN STRATEGY

UNICEF will support the implementation of federal and state humanitarian measures at the municipal and community levels in vulnerable areas of Brazil. In line with the Grand Bargain commitments,¹⁸ the Core Commitments for Children in Humanitarian Action and key guidance on COVID-19, this work will take a two-pronged approach: (1) containing transmission and ensuring the continuity of essential services; and (2) mitigating the pandemic's impact on the most vulnerable children and adolescents. UNICEF will disseminate key information promoting positive behavioural changes and engage affected communities in reducing infections and mitigating the secondary impacts of COVID-19.

The first component focuses on supporting safe conditions for children returning to schools and families attending primary health care facilities and social assistance centres, including enhancing water, sanitation and hygiene (WASH) and infection prevention and control services. Priority areas include 150 municipalities with significant populations of indigenous people, quilombolas and other vulnerable groups and 55 urban neighborhoods affected by armed violence and criminal activities.

The interventions of this component are SAFE in that they: (S) support education for the safe reopening of schools; (A) assist the continuity of maternal, newborn and child health services by strengthening WASH/infection prevention and control protocols; (F) facilitate hand hygiene in social assistance services for children;¹⁹ and (E) ensure that vulnerable households have access to information, receive adequate assistance to protect themselves and have access to quality feedback mechanisms.

The second component focuses on strengthening the linkages between humanitarian action and development programming by leveraging existing UNICEF development programmes in over 1,900 vulnerable municipalities in 18 states in the North and Northeast to strengthen COVID-19 prevention and mitigation. This will include: supporting WASH sector coordination for equitable access to WASH and infection prevention and control interventions; investing in risk communication, community engagement and behavioural change interventions; mitigating the impacts of COVID-19 on children's education by preventing and addressing school dropout at the start of the 2021/22 academic year, while enhancing skills development opportunities to prevent child labour; improving the quality and reach of mental health and psychosocial assistance services for children and adolescents; supporting specialized, gender-responsive child protection interventions for girls and boys affected by violence, including gender-based violence; addressing health and nutrition impacts on maternal, child and adolescent health, including vaccination; supporting infant and young child feeding counseling, micronutrient supplementation and healthy diets; and supporting government authorities to build shock-responsive social protection systems.

2021 PROGRAMME TARGETS



Nutrition

- **6,600** health and nutrition workers trained to provide adolescent nutrition counselling services



Health

- **24,300** health care facility staff and community health workers trained on infection prevention and control
- **699** health centres supported by UNICEF providing maternal, child and adolescent health services



Water, sanitation and hygiene

- **400,000** girls and women accessing menstrual hygiene management services
- **1,340,000** children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces
- **105,000** people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services



Child protection, GBViE and PSEA²⁰

- **1,100,000** children and caregivers accessing mental health and psychosocial support
- **50,000** people with access to safe channels to report sexual exploitation and abuse
- **3,500** children identified as in need of specialized services, including survivors of gender-based violence, who are referred to health, social welfare and justice services



Education

- **3,500,000** children accessing formal or non-formal education, including early learning
- **80,000** children/adolescents accessing skills development programmes
- **20,000** schools implementing safe school protocols (infection prevention and control)



Social protection and cash transfers

- **130,000** households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding



C4D, community engagement and AAP

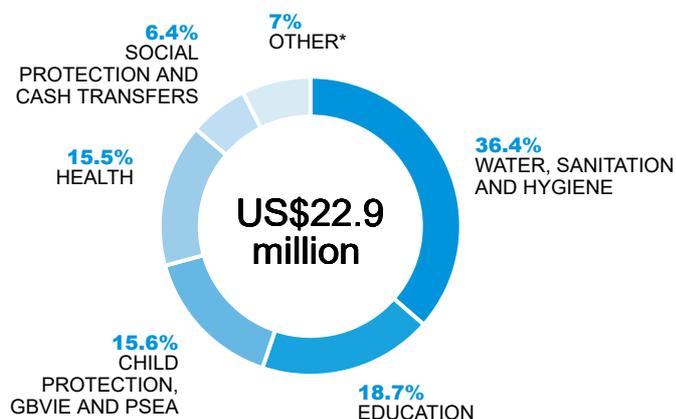
- **50,150,000** people reached with messages on access to services²¹
- **3,270,000** people participating in engagement actions for social and behavioural change
- **20,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms

FUNDING REQUIREMENTS IN 2021

UNICEF requests US\$22.9 million to meet the humanitarian needs of vulnerable Brazilian children, adolescents and families living in marginalized areas affected by COVID-19. This includes indigenous communities and quilombolas in the North and Northeast regions, and children and adolescents in marginalized urban communities that are increasingly affected by poverty, discrimination and armed violence.

This appeal complements UNICEF Brazil's ongoing humanitarian efforts in the context of the migration flows from the Bolivarian Republic of Venezuela and the upcoming Refugee and Migrant Response Plan for 2021.²² UNICEF will partner with the private sector in Brazil, as well as other United Nations agencies, and work alongside the Government to secure safe environments for children, ensure their access to life-saving education, health, nutrition and child protection services, and mitigate the secondary impacts of the COVID-19 pandemic.

Without adequate and timely funding, UNICEF and its partners will be unable to address the critical humanitarian needs of 4.7 million children and will miss the opportunity to: (1) contain the impacts of the pandemic through an equitable response; and (2) ensure that children and adolescents who are already behind are given opportunities to absorb and mitigate the shock of the pandemic.



Sector	2021 requirements (US\$)
Nutrition	536,790
Health	3,557,800
Water, sanitation and hygiene	8,360,137
Child protection, GBVIE and PSEA	3,580,000
Education	4,295,000
Social protection and cash transfers	1,460,000
C4D, community engagement and AAP	1,156,500
Total	22,946,227

*This includes costs from other sectors/interventions : C4D, community engagement and AAP (5.0%), Nutrition (2.3%).

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ENDNOTES

1. Brazil Ministry of Health, 'Coronavirus Brasil', <<https://covid.saude.gov.br/>>, accessed 14 September 2020.
2. Ibid.
3. This appeal complements UNICEF Brazil's ongoing humanitarian efforts in the context of the response to migration flows from the Bolivarian Republic of Venezuela and the upcoming Refugee and Migrant Response Plan for 2021. There is no overlap between the two efforts as the municipalities and communities targeted under the migration response (in Roraima, Para and Amazonas States) are not prioritized under this appeal.
4. This refers to the total population of the 249 municipalities and 85 urban neighborhoods characterized by high socio-economic vulnerabilities and steep COVID-19 transmission curves. 'Coronavirus Brasil' for epidemiological data and Brazilian Institute of Geography and Statistics and the 2019 School Census for vulnerability data.
5. Ibid.
6. This was calculated using the highest coverage programme targets for children to be reached with formal or non-formal education, including early learning (3.5 million), which includes children benefiting from WASH services; adults to be reached with health (24,300 + 6,600); adults to be reached with cash transfers (364,000); and adults to be reached with critical WASH supplies (73,500). This includes 52 per cent women/girls and 48 per cent men/boys. This also includes 7 per cent people with disabilities, according to the Brazilian Institute of Geography and Statistics. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
7. This was calculated based using the highest coverage programme targets for children to be reached with formal or non-formal education, including early learning (3.5 million), which includes children benefiting from WASH services. This includes 1,715,000 girls (49 per cent) and 1,785,000 boys (51 per cent). This also includes 245,000 children with disabilities (7 per cent), according to the Brazilian Institute of Geography and Statistics.
8. With a Gini index of 53.9 (2018), inequality in Brazil is among the highest in the world. World Bank, 'Gini index', <https://data.worldbank.org/indicator/SI.POV.GINI?most_recent_value_desc=true>, accessed 14 September 2020.
9. While the number of cases (incidence) has been higher in the populous Southeast region, the number of cases proportional to the population (incidence rate) is higher in the North and Northeast regions, which are less populous.
10. Quilombolas are Afro-Brazilian residents of quilombo settlements first established by escaped slaves. Marginalized urban communities are those often referred to as 'favelas'.
11. World Health Organization (WHO)/UNICEF Joint Monitoring Program on Water Supply, Sanitation and Hygiene, <<https://washdata.org/>>, accessed 14 September 2020.
12. QEDu, 'Brazil', <www.qedu.org.br/brasil/censo-escolar>, accessed 14 September 2020.
13. The majority are women. AgenciaBrasil, 'Covid-19: 257 thousand health professionals were infected in Brazil', 24 August 2020.
14. United Nations Children's Fund, 'Impactos primários e secundários da COVID-19 em Crianças e Adolescentes', UNICEF, 25 August 2020.
15. In the week from March 17 to 25, the Government's hotline recorded an 18 per cent rise in reports of intimate partner violence nationally, compared with the first two weeks of the previous month. Fumega, Silvana, 'Tracking Latin America's Other Pandemic: Violence against women', Americas Quarterly, 13 April 2020.
16. This figure represents the number of children in schools not connected to water in the 249 municipalities (National School Census, 2019) and in the 85 urban neighborhood (Population Census, 2010).
17. This figure represents the number of school-aged children (including early learning) in the 249 municipalities (National School Census, 2019) and in the 85 urban neighborhood (Population Census, 2010) affected by COVID-19 school closures.
18. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action.
19. The focus is on local social assistance services known as Centro de Referencia da Assistencia Social and Centro de Referencia Especializado da Assistencia Social.
20. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
21. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
22. The needs of people affected by migration flows from the Bolivarian Republic of Venezuela, including their COVID-19 needs, are addressed in the appeal for children on the move from the Bolivian Republic of Venezuela and people affected by COVID-19.