



COVID-19 Brazil Humanitarian Situation Report No. 1





Reporting Period: 1 January to 30 June 2021

Highlights

- Brazil remains one of the countries most affected by COVID-19, with almost 20 million reported cases (the 3. highest number after the US and India) and more than half a million deaths (the 2. highest number after the US). In South America, Brazil ranks second in terms of deaths per 1 million inhabitants (2,583), after Peru (5,861/1 million).
- Several rounds of a study commissioned by UNICEF indicate that the impact of the pandemic on children from poor families continues to worsen. Among the lowest income group, 80 per cent of families with children said in June their income had been reduced, after 69 per cent in December. Some 33 per cent of these families said that at least at one point they lacked money to buy food. Half of families with children in a public school (48 per cent) were missing out on school feeding.
- UNICEF implemented its SAFE strategy in 49 hotspots in the North and North-East of Brazil, reaching 703,250 people with WASH supplies. In Manaus, where the health system was close to collapse in January, UNICEF distributed 50 oxygen concentrators. A total of 885 health facilities in the Amazon region received thermometers and oximeters, and 5,708 health workers were provided with Personal Protective Equipment. UNICEF advocated for the safe reopening of schools which mostly had remained closed since March 2020.

Situation in Numbers

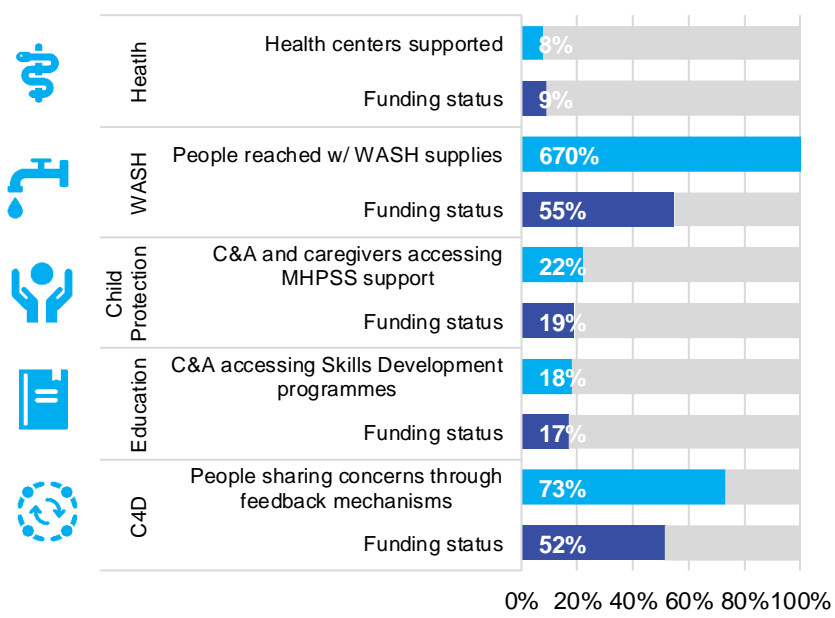
 **19.8 million confirmed cases of COVID-19**

 **553,179 confirmed deaths**

 **14 million people in need, including 4.7 million children**

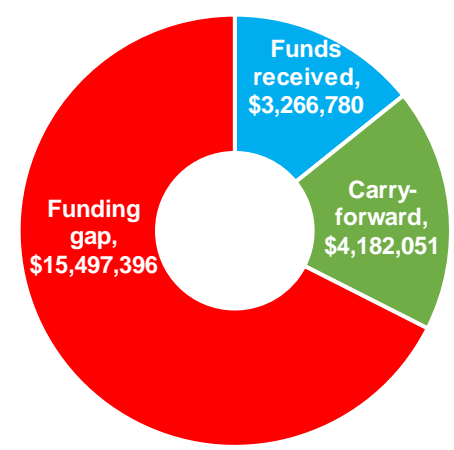
Source: <https://covid.saude.gov.br/>

UNICEF's Response and Funding Status



UNICEF Appeal 2021 US\$ 22.9 million

Funding Status (in US\$)



*Funding available includes funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.

Funding Overview and Partnerships

In 2021, UNICEF appeals for USD 22.9 million to address the COVID-19 related needs of 3.5 million children in Brazil and to strengthen and adapt existing systems.¹ During the reporting period, donors such as USAID/OFDA and the United Kingdom's Foreign, Commonwealth & Development Office (FCDO) provided support to address the immediate health and Water, Sanitation and Hygiene (WASH) needs. In addition, a range of corporate donors – both national and international – generously contributed to the UNICEF Brazil humanitarian response to COVID-19. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received. To meet the immediate response needs, UNICEF worked closely with civil society partners to deliver its response and has utilized over 80 per cent of the emergency and global thematic funds received. At the same time, there is still a large funding gap of 68 per cent. Without sufficient funding and support, 3.5 million children and adolescents are at risk of not returning to school, eroding the gains made over the past 20 years in human capital development. Given the duration of the crisis and its economic effects, there is growing concern due to the increase in food insecurity affecting mainly families with children and the fact that adolescents, children and caregivers in vulnerable communities are left without access to basic mental health and psychosocial support.

Situation Overview & Humanitarian Needs

The COVID-19 pandemic is having a devastating impact on Brazil, also because of the country's high levels of income inequality. The COVID-19 death toll stands at more than 553,000² and the number of cases remains very high, despite the advancement of vaccinations (46.4% of the population received at least one dose, 18.6% are fully vaccinated). As of July 29th, the total number of cases reached 19,797,086, and the 14-day average of deaths stood at 1.083. The North and Northeast of the country have been particularly heavily affected, due to lack of medical supplies such as oxygen. Structural, gender and racial inequalities, lack of economic opportunities and poor service delivery are compounding the impact on children and families. Indigenous communities have been hardest hit, with more than 51,000 confirmed cases (among a total population of 769,000 living in traditional communities), therefore requiring critical support.³ School closures have been particularly difficult for vulnerable children, with more than 50 per cent lacking adequate equipment for remote education. The provision of food at school has been stopped, leaving almost half of children from public schools without school meals (48 per cent). As a result, one third of poorer children were without access to food at some point during the pandemic. Data collected by UNICEF shows that, from the beginning of the pandemic, around 13 per cent of all families reported that children and adolescents had stopped eating at some point due to lack of money. And more than half of families (56 per cent) noticed mental health symptoms in adolescents in their households. UNICEF in partnership with subnational Governments identified support with cash transfers as an emergency strategy to tackle child hunger, which will be initiated during the second semester.

Summary Analysis of Programme Response

Health

During the second wave of the pandemic, UNICEF responded to critical needs of the health system, which was close to a total collapse in Manaus and other municipalities located in the Amazon state, by distributing 50 oxygen concentrators. In addition, UNICEF supported small municipalities delivering thermometers and oximeters to 885 health facilities that provide maternal, child and adolescent services. Moreover, a total of 5,708 health workers were provided with Personal Protective Equipment (PPE), such as surgical masks and other items.

As part of the integrated SAFE strategy, UNICEF elaborated a comprehensive capacity building document⁴ and trained a total of 1,928 staff from Primary Health Care Facilities (PHCF) in the Legal Amazon and Semiarid regions in infection and prevention control measures and WASH protocols and to roll out a WASH/IPC assessment tool⁵.

Along with the provision of PPE, medical equipment and training for professionals working in Primary Health Care Units, UNICEF will continue to advocate for the maintenance of services focused on maternal and child health through the new edition of the UNICEF Seal strategy, implemented in around 1,900 municipalities located in the Amazon and

¹ UNICEF, 'Humanitarian Action for Children – Brazil 2021', December 2020, <<https://www.unicef.org/media/86486/file/2021-HAC-Brazil.pdf>>.

² Ministério da Saúde Brasil, <<https://covid.saude.gov.br/>>.

³ Ministério da Saúde Brasil, <<http://www.saudeindigena.net.br/coronavirus/mapaEp.php>>.

⁴ <https://www.unicef.org/brazil/media/13126/file/orientacoes-gerais-treinamento-ashi-e-pci-em-ups.pdf>

⁵ <https://www.unicef.org/brazil/media/13121/file/passos-a-passos-kobo-formulario-autoavaliacao-ashi-pci.pdf>

Semiarid regions. In the health sector, the new UNICEF Seal has a special focus on immunization, aiming at increasing routine vaccination coverage, as well as the access and quality of prenatal care.

WASH

UNICEF implemented the SAFE response strategy which focuses on containing transmission and ensuring the continuity of essential education, health and social protection services to mitigate the pandemic's impact on the most vulnerable children and adolescents in 49 hotspots in some of the regions most affected by the second wave of COVID-19 in the Amazon (the states of Amazonas, Pará and Maranhão) and in the Semiarid region (the states of Pernambuco, Ceará and Bahia). A total of 703,250 people was reached with critical WASH supplies and hygiene items. WASH facilities and services benefited 49,645 children, and 9,800 girls received sanitary pads for adequate menstrual hygiene management (MHM). The SAFE strategy focused on supporting the safe reopening of schools and health services for children and their families, through training in basic WASH/infection prevention and control (IPC) measures reaching 1,428 teachers, 1,928 health professionals and 95 social assistance professionals. A total of 1,472 schools and 1,464 primary health care facilities (PHCFs) have been assessed against WASH IPC standards. A total of 95,630 indigenous people from 98 different ethnic groups were protected and empowered with hygiene kits, WASH as well as protection messages. UNICEF supported WASH sector coordination in the states of Amazonas and Pará, where WASH committees composed of local governments, civil society, academics, development cooperation agencies and service providers were activated at state level as well as in the capital cities of Belém and Manaus. They were supported through technical assistance to identify and respond to the most immediate WASH needs.

Child Protection

A total of 241,043 adolescents, young people and caregivers accessed content on adolescents' mental health through the following strategies: UNICEF launched the *Pode Falar* (You can talk) online platform (<https://www.podefalar.org.br/>), partnering with different service providers and reaching 24,998 adolescents with online mental health support; 3,876 adolescents and young people accessed the U-Report info centre on mental health; 2,853 professionals from Health, Education and Social Assistance services and 1,057 adolescents were trained on mental health, including how to strengthen psychosocial capacities, respond to violence and how the child protection system can reach and engage out-of-school children; 208,259 people engaged on mental health content through social media, commenting and sharing information provided by UNICEF.

These actions complemented psychosocial support remote sessions for individuals and groups, reaching 1,312 children and adolescents. Additionally, 2,504 indigenous social workers, and 3,829 child protection professionals from urban cities had their capacities strengthened to prevent and respond to violence against children.

Education

UNICEF relentlessly invested in advocacy for safe school reopening, working with sister agencies and partners and providing protocols with up-to-date standards and guidance to support stakeholders. Both a self-evaluation tool and an online checklist to measure the implementation of safety protocols were developed and made available during this first semester. A United Nations event on safe school reopening organized by UNICEF Brazil and other agencies with high level representation from federal and subnational governments and civil society was held just after the reporting period, on July 7th. Following the event, both the Health and the Education Minister publicly called for a restart of in-person education after the winter break. Through a partnership with local governments and a private sector partner, 5 schools are implementing safety protocols in the Rio Grande do Norte state and more than 780 schools have already been trained to be able to reopen safely.

UNICEF further contributed to strengthening the life skills of approximately 10,000 adolescents and young people by providing non-formal education and organizing workshops on employability, communication, digital skills, and human rights among other abilities. UNICEF also supported formal education programmes at state level for adolescents who are behind at school, reaching more than 4,500 students. Through the School Active Search, a UNICEF supported initiative that identifies out-of-school children and facilitates their re-enrolment, 5,324 students were re-integrated in school.

Social Protection and Cash Transfers

A third round of the nation-wide survey on the impact of COVID-19 on children and adolescents in Brazil with 1,500 respondents, showed persistent problems including the reduction of income in poorer families, despite the Government's emergency cash transfer programme. The study also confirmed disparities and lack of access to education and the internet, significant effects on mental health and growing malnutrition, among others. In response to the worrying situation in the country, UNICEF jointly with State and Municipal Governments, designed a humanitarian cash transfer (HCT) programme to address child hunger and extreme poverty among the most vulnerable families with children, in

identified hotspot municipalities. The HCT, will be implemented during the second semester and will complement the planned support for developing and implementing shock-responsive social protection services as the HCT will build on the existing public structures at municipal level, strengthening their capacities to identify, distribute, and monitor benefits to vulnerable families, most of whom are already served by the National System. The programme will be initially implemented in 2 States and 18 Municipalities with the possibility of being scaled up, depending on availability of funds.

Communications for Development (C4D), Community Engagement and Accountability to Affected Populations (AAP)

UNICEF continued to invest in evidence-based communication to support risk communication and community engagement while addressing the COVID-19 infodemic through its digital platforms⁶ sharing COVID-19 prevention messages and actively addressing fake news. At least 46,715,760 people were reached on social media (post with the highest number of impressions) and 976,605 people engaged with the messages (post with highest engagement). Complementing its social media strategy, UNICEF invested in interpersonal communication with families, adolescents, and teachers in the Amazon region (Belem, Manaus and Gurupá) through participatory, evidence-based strategies, working closely with adolescents to adapt communication messages which are now being used for social media and radio campaigns. Working with local influencers, a total of 48,918 people were engaged in the Amazon, while a total of 265,282 people were reached in 39 hotspot municipalities in the Semiarid region in the Northeast of the country, through traditional and digital media. UNICEF also initiated a feedback process as part of its Accountability to Affected Populations (AAP) strategy with 14,643 people providing feedback on UNICEF's interventions through different AAP channels, including U-Report and interpersonal communication. Interpersonal communication activities with youth in the Amazon region for instance revealed that many did not see a role for themselves in the fight against COVID-19 and that it was difficult to reach them through general prevention messages.

Human Interest Stories and External Media

UNICEF continued to engage regularly with the media to communicate and explain the impact of the pandemic on children, adolescents, and their families, thus further strengthening its reputation as a highly reliable source of information. During the first semester of 2021, UNICEF used evidence generated through two nation-wide surveys conducted in partnership with the CENPEC Institute to advocate for a safe reopening of schools⁷. UNICEF also highlighted the importance of child immunization and the impact of violence against children.

Between January and June, UNICEF's engagement with the media resulted in more than 1,800 media reports (tier 1 and 2) mentioning the organization as a source. This included 232 reports by prime TV broadcasters. Through online and print news platforms alone, UNICEF reached 9.48 million people in March (the month with the highest reach on media platforms).

During the first semester, UNICEF published 135 communication products, including 34 human interest stories (text and photos), five videos featuring human interest material and 96 own press releases.

UNICEF Brazil website, dedicated to COVID-19: <https://www.unicef.org/brazil/>

UNICEF Brazil human interest stories: <https://www.unicef.org/brazil/historias/>

Next SitRep: January 2022

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⁶ <https://www.unicef.org/brazil/coronavirus-covid-19>; <https://www.instagram.com/p/CLhi46GjD5q/>; <https://www.facebook.com/128850220504786/posts/4048711818518587>

⁷ <https://www.unicef.org/brazil/comunicados-de-imprensa/criancas-de-6-10-anos-sao-mais-afetadas-pela-exclusao-escolar-na-pandemia>

Summary of Programme Results

Sector Indicator Disaggregation	UNICEF and IPs Response		Percentage Reached
	2021 target	Total results	
Health			
# Healthcare facility staff and community health workers trained on infection prevention and control (IPC)	24,300	1,928	8% ⁸
# Health centers supported by UNICEF providing maternal, child and adolescent health services	699	902	129%
Social protection and cash transfers			
# households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding	130,000	- ⁹	0%
Nutrition			
# Health and nutrition workers trained to provide adolescent nutrition counselling services	6,600	-	0% ¹⁰
Child protection, GBViE and PSEA			
# children and caregivers accessing mental health and psychosocial support	1,092,998	241,403	22%
# children identified as in need of specialized services, including survivors of gender-based violence, who are referred to health, social welfare, and justice services	3,500	1,312	37%
# people with access to safe channels to report sexual exploitation and abuse	50,000	100	0%
Education			
# children accessing formal or nonformal education, including early learning	100,000	5,324	5%
# schools implementing safe school protocols (infection prevention and control)	20,000	5	0%
# children/adolescents accessing skills development programmes	80,000	14,500	18%
WASH - Water, sanitation, and hygiene			
# people reached with critical water, sanitation, and hygiene supplies (including hygiene items) and services	105,000	703,250 ¹¹	670%
# children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces	1,340,000	49,645	4%
# girls and women accessing menstrual hygiene management services	400,000	9,800	2%
C4D, community engagement and AAP			
# people reached with messages on access to services	50,150,000	46,981,042	94%
# people participating in engagement actions for social and behavioral change	3,270,000	1,025,523	31%
# people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	20,000	14,643	73%

⁸ Due to the initial lack of funds to PACs/IP agreements; the impossibility of conducting face to face trainings, initially planned during HAC phase planning; the worsening of the pandemic in Brazil that burdened health teams, there is a lack of progress at this indicator. To reach more health professionals, a distance learning course on WASH/IPC to PHCF will be launched in September.

⁹ This activity will start in the second semester of 2021.

¹⁰ A distance learning course, to be launched in September 2021, is the first activity regarding the training of health and nutrition workers. Therefore, there is a lack of progress in this indicator at the moment.

¹¹ Funds and in-kind donations received were specifically allocated to this activity in response to the second wave of the pandemic that was much more aggressive in Brazil than the first one.

Funding Status*

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2021	Resources available from 2020 (Carry-over)	\$	%
Nutrition	536,790	-	-	536,790	100%
Health	3,557,800	178,902	143,206	3,235,693	91%
WASH - Water, sanitation and hygiene	8,360,137	1,487,163	3,079,014	3,793,961	45%
Child protection, GBVIE and PSEA	3,580,000	497,280	183,371	2,899,349	81%
Education	4,295,000	492,248	234,054	3,568,698	83%
Social protection and cash transfers	1,460,000	468,068	87,241	904,691	62%
C4D, community engagement and AAP	1,156,500	143,120	455,165	558,215	48%
Total	22,946,227	3,266,780	4,182,051	15,497,396	68%

*As defined in Humanitarian Appeal of 01/01/2021 for a period of 12 months