



Handwashing point in Puente Jose Antonio Paez humanitarian corridor
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Reporting Period: January – June 2020

Highlights

- In 2020, UNICEF aims at reaching 1.29 million people, including 633,000 children from the most vulnerable groups of Venezuelan migrants and disadvantaged host communities in Brazil, Colombia, Ecuador, Guyana, Peru and Trinidad and Tobago. As of June, these countries concentrate 77 per cent of the population in need across the region.
- By end June 2020, 5.1 million Venezuelans had migrated worldwide, 4.3 million of whom are hosted in Latin America and Caribbean countries. The Venezuelan refugee and migrant crisis continues to be one of the largest migration emergencies.
- COVID-19 has been sorely hitting Latin America and Caribbean countries. Venezuelan refugees and migrants are among the vulnerable to COVID-19 health and socioeconomic impact. Brazil is the second most affected country in the world (1.37 million cumulative confirmed cases as of June 2020).
- Authorities and humanitarian partners, including UNICEF, reinforced preparedness and humanitarian measures. In this context, a revision of the 2020 Regional Migration Response Plan (RMRP) was conducted to better respond to and mitigate the COVID-19 health and socioeconomic impact on refugees, migrants and host communities.
- A significant migration flow back to Venezuela has reached more than 80,000 people.
- High-level advocacy and technical support to governments during the reporting period contributed to significant achievements for migrant children. In Colombia, UNICEF provided a technical concept to the Constitutional Court to issue a historic decision to protect the right to nationality of children of Venezuelan parents in irregular situation, this has been incorporated into the Colombian ordinance for the prevention of statelessness.
- UNICEF is supporting the development of intersectoral guidance for national authorities and for schools, to ensure the safe reopening of schools in the region, in the COVID-19 context.

Migration flows in Latin America and the Caribbean

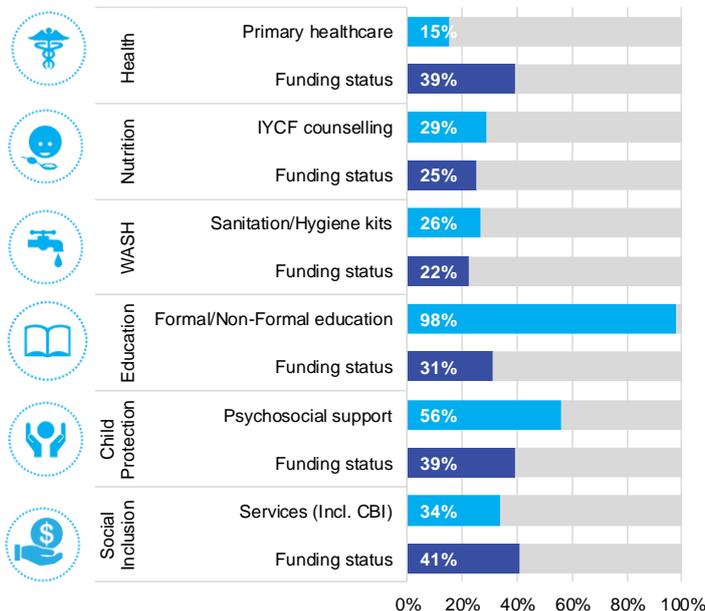
Situation Report
January – June 2020

unicef 
for every child

Situation in Numbers

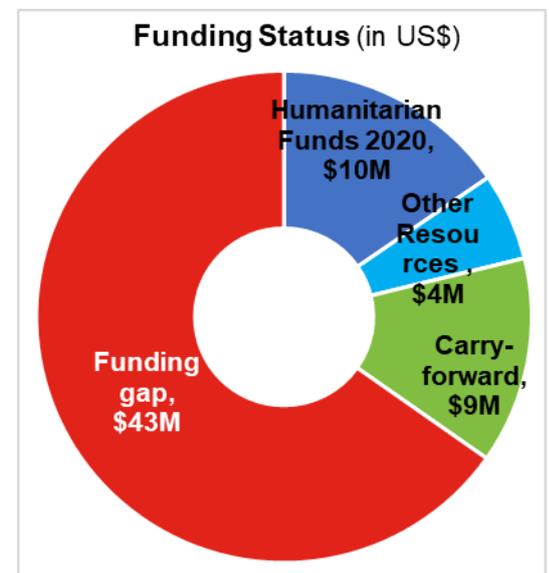
-  **1.98 million**
children in need of assistance
(UNICEF HAC 2020, based on RMRP 2020)
-  **6.17 million**
people in need of assistance
(R4V, Apr. 2020)
-  **4.3 million**
Venezuelan migrants in Latin America and the Caribbean
(R4V, Apr. 2020)
-  **5.1 million**
Venezuelan migrants worldwide
(R4V, June 2020)

UNICEF's Response and Funding Status



■ **Results** achieved as of June 2020, for one specific indicator (see Annex A and footnotes for full report on performance indicators).
■ **Sector** funding status. Includes funding available in 2020 allocated to the overall HAC sector, which comprises several countries and other activities not necessarily reflected in the featured indicator.

UNICEF Appeal 2020 US\$ 65.6 million



*Funding available includes humanitarian and non-humanitarian funds received in the current year, and carry-over from the previous year.

Funding Overview and Partnerships

In December 2019, UNICEF launched its 2020 Humanitarian Action for Children (HAC), which appeals for US\$ 65.6 million¹. During the first semester of 2020, UNICEF has been delivering life-saving humanitarian assistance bridged with long-term access to basic services. Beneficiaries consist of 1.29 million people, including 633,000 children from the most vulnerable groups of Venezuelan migrants and disadvantaged host communities in Brazil, Colombia, Ecuador, Guyana, Peru and Trinidad and Tobago. As of June 2020, UNICEF has US\$ 22.8 million available, including US\$ 8.9 million carried over from 2019 and US\$ 13.8 million received in 2020. UNICEF is grateful for the generous contributions received from public and private donors, as well as global funds. The results achieved as of June 2020 in terms of protection, education, health, nutrition, water, sanitation and hygiene would have not been possible without the continued support from key partners, including the United States Bureau of Population, Refugees, and Migration (BPRM), ECHO, Sweden, Canada, Norway, the Danish and Spanish Committees for UNICEF, and private contributions raised at country level.

The humanitarian needs of refugees and migrants from Venezuela persist, including growing and mutable irregular migration flows, further exacerbated by the COVID-19 pandemic that is severely affecting Latin America and the Caribbean (LAC). UNICEF requires additional flexible funding to: ensure capacity to adapt programming to the different priorities across the region; establish adapted mechanisms to identify and assess the situation of children in need; and, further expand its presence and integration efforts in urban and rural communities where migrant families are settling. A prolonged period of funding gaps (the current gap stands at 65 per cent) will hinder UNICEF capacity to respond to existing and emerging needs in a timely fashion.

To address the imminent health risks posed by COVID-19, UNICEF LACRO also launched the UNICEF COVID-19 Global Response, appealing for US\$ 155 million (the total global appeal stands at US\$ 1.6 billion)². The two appeals, despite differences in scope and nature, are complementary.

Regional Situation Overview & Humanitarian Needs

The Venezuelan refugee and migrant crisis continue to be one of the largest migration emergencies worldwide. There are approximately 5.1 million Venezuelan refugees and migrants, of whom more than 4.3 million are hosted in LAC. Colombia, Peru, Ecuador, Brazil, Guyana and Trinidad and Tobago host 3.3 million Venezuelan migrants and refugees³. The Coordination Platform for Refugees and Migrants from Venezuela (R4V) estimates that 6.17 million people in 2020 would require some form of assistance across 17 countries in the region, including: migrants in transit and destination countries, people crossing borders to meet basic needs on a temporary and usually repeated basis (pendular movements), returnees, and host communities⁴. UNICEF estimates that 1.98 million children are part of the population in need of assistance.

Country	 No. of people in need (Est. 2020)	 No. of children in need (Est. 2020)
Colombia	3,217,489	1,032,794
Peru	885,856	285,712
Ecuador	741,404	245,962
Brazil	398,610	123,850
Guyana	35,000	11,660
Trinidad and Tobago	34,500	10,985
Other countries	852,365	267,498
Total	6,165,224	1,978,460

**No. of people in need from RMRP 2020, No. of children in need estimated by UNICEF based on RMRP 2020.*

Despite the commendable efforts of hosting countries, the situation of migrants and refugees is worsening. The first semester of 2020 has been dramatically marked by the global COVID-19 pandemic, which is challenging countries' health and social welfare systems and sorely compounding the situation of already vulnerable groups. Venezuelan refugees and migrants are among the most affected by COVID-19 health and socioeconomic impact. Due to high levels of informal labour, the implementation of lockdown and other movement restrictions measures has had a disproportionate impact on refugees and migrants. While most of the countries have rapidly implemented social protection measures for vulnerable people, migrant populations, especially those in an irregular situation, are often excluded⁵. Without savings or alternative social safety nets, the loss of employment has resulted in many being unable to cover their basic needs. In this context, many saw no other option than returning to their country of origin. The migration flow back to Venezuela has reached more than 80,000 people, including 45,900 migrants between April and May only⁶. Children and adolescents on the move are at risk of family separation, insecurity, trafficking, exploitation, child recruitment and gender-based violence (GBV). The scale and urgency of the needs have strained limited national capacities to absorb additional demand and is preventing children from enjoying their very basic human rights.

Despite the challenges posed by the pandemic and in line with COVID-19 preventive measures, UNICEF is focusing efforts to ensure continuity of services for refugees and migrants, including vaccinations, WASH, education and protection services, and psychosocial support, as well as implementing cash transfer programmes to protect the livelihood of migrant families with children. UNICEF responses continues, varying based on the countries' context. In Colombia and Brazil the response has a strong multi-sectoral humanitarian component; in Ecuador and Peru tracking and assessing the needs of migrants in irregular situation, supporting regularization, integration and preventing xenophobia are major challenges; in Guyana, ensuring integration and availability of basic services for both migrants and disadvantaged indigenous host communities is critical; in Trinidad and Tobago ensuring visibility of the needs of migrants and integration remain priorities.

¹ UNICEF, 'Humanitarian Action for Children 2020 - Children and populations affected by the migration flows from the Bolivarian Republic of Venezuela', December 2019, <<https://www.unicef.org/appeals/children-on-the-move.html>>.

² UNICEF, 'Coronavirus (COVID-19) Global Response', March 2020< <https://www.unicef.org/appeals/covid-2019.html>>

³ Coordination Platform for Refugees and Migrants from Venezuela (R4V), 'Venezuelan refugees and migrants in the Region - Latin America and the Caribbean', < <https://r4v.info/en/situations/platform>>, accessed 10 July 2020.

⁴ Coordination Platform for Refugees and Migrants from Venezuela (R4V), 'RMRP 2020 for refugees and migrants from Venezuela, January - December 2020', November 2019, <<https://bit.ly/2VFwC6g>>, accessed 10 July 2020.

⁵ Social Protection, 'Protección social y respuesta al COVID-19 en América Latina y el Caribe II Edición: Asistencia Social', March 2020 <https://socialprotection.org/sites/default/files/publications_files/Nota%20Tecnica%20Abril_FINAL.pdf>

⁶ UNOCHA, Venezuela: COVID-19 Flash Update N° 4, 22 May 2020, <<https://reliefweb.int/report/venezuela-bolivarian-republic/venezuela-covid-19-flash-update-n-4-22-may-2020>>, accessed 10 July 2020.

Humanitarian Leadership, Coordination and Strategy

In 2020, UNICEF has prioritized actions in Brazil, Colombia, Ecuador, Guyana, Peru, and Trinidad and Tobago, which concentrate 77 per cent of the population in need across the region. Due to the conditions of migrants and refugees hosted in those countries and limited national and local capacities, the humanitarian needs are high, and UNICEF responds to each country's context by bridging life-saving relief with efforts to foster longer-term access to basic services. In 2020, UNICEF continues working in hotspots at the border and in transit pathways but also scales up its response to address pressing needs, including the ones related to COVID-19, keeping child protection at the centre of its humanitarian action.

UNICEF 2020 strategy rests on three pillars: **1) conduct humanitarian action as per humanitarian principles**, in line with the Core Commitments for Children in Humanitarian Action, to ensure that children have access to protection, education, health, nutrition, water, sanitation and hygiene (WASH) services; **2) enhance advocacy on the rights of migrant and refugee children and their families**, in collaboration with national stakeholders and key partners; and **3) foster resilient and equitable development**, focusing on social inclusion and integration, and advocating for migrant access to social protection systems.

UNICEF's response plans, at country and regional levels, contribute to the revised 2020 Regional Refugee and Migrant Response Plan (RMRP)⁷ and, as part of RMRP coordination mechanisms (Regional/Sub-national/National Platforms), UNICEF leads/co-leads sectoral working groups/sectors. While the regional coordination platform system is in place, many R4V cluster working groups have integrated interventions under the wider COVID-19 umbrella. In April-May 2020, a revision of the 2020 RMRP was conducted to better respond to and mitigate the COVID-19 impact on refugees, migrants and host communities. To face the pandemic, UNICEF launched a global COVID-19 HAC of US\$ 1.6 billion.

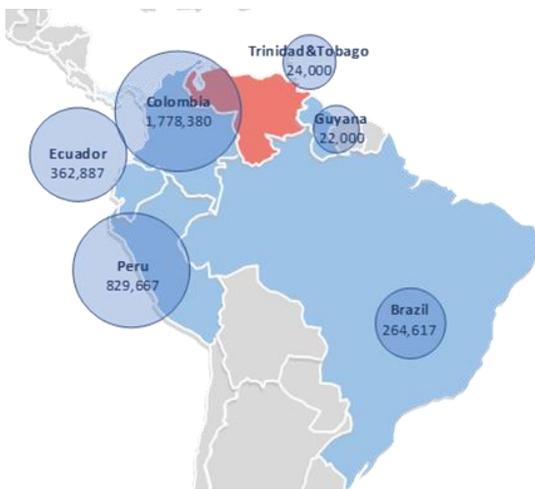
Country	UNICEF's role in inter-agency coordination mechanisms, recent developments in coordination
Brazil	UNICEF leads the R4V coordination of the WASH, Nutrition and Education sectors, the Child Protection sub-sector and the Communicating with Communities working group. COVID-19 has sealed a new phase in which cross sectoral work is heightened, global guidance and tools (e.g. WASH in schools) permeate sector strategies. Foreseen Information management and Accountability to Affected Populations (AAP) dedicated resources will provide a quality leap in sector responses. UNICEF is initiating the first inter-agency, multi-sector child-focused rapid assessment of migrants and refugees outside shelters. It will be the first step in setting up a community surveillance system.
Colombia	UNICEF participates in the Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (GIFMM) at the national and territorial level to protect and promote children's rights. UNICEF leads the WASH, Child Protection Area of Responsibility and Education sectors, and Communication with communities (CwC)/Communication for Development (C4D) . UNICEF co-leads the sub-cluster on Child Health and Nutrition. Through inter-agency coordination, progress was made in prevention of statelessness, actions for unaccompanied and separated children (UASC), prevention of xenophobia, promotion of social integration, accountability to communities and integral response in community canteens.
Ecuador	In the new COVID-19 context, and following an official request from the government, the Humanitarian Country Team (HCT) was activated, under the leadership of the United Nations Resident Coordinator and the coordination of the Office for the Coordination of Humanitarian Affairs (OCHA), adopting the cluster approach as established by the Inter-Agency Standing Committee (IASC). UNICEF is leading the WASH and Education clusters and the Child Protection Area of Responsibility . UNICEF is also actively participating in the Health, Logistics and Protection Clusters .
Guyana	UNICEF is an active member of the Multi-Agency Coordinating Committee to Address Venezuelan Migrant Influx in Guyana , including for the national COVID-19 response. The committee is headed by the Minister of Citizenship and the secretariat function is carried out by the National Disaster Risk Management (DRM) agency, and the Civil Defence Commission (CDC), to whom UNICEF provided IM capacity building trainings to support overall coordinated response. UNICEF is an active member of the Health Emergency Operations Centre (HEOC), which is leading the national COVID-19 response. As UNICEF Country Programme 2017-2021 integrated emergency preparedness and response across sectors, there has been an ease of transition for migrant response activities within the national Disaster Risk Management (DRM) framework, focusing on humanitarian-development nexus.
Peru	UNICEF actively participates in the Refugee and Migrant Working Group , an inter-agency coordination platform that addresses and responds to Venezuelan migration. UNICEF leads the Education sub-group and facilitates the Child Protection sub-group, which focuses on UASC and promotes alternative care measures to avoid institutionalization. UNICEF participates in the Education Cannot Wait initiative to attend out-of-school children in Lima, especially migrants. In northern Lima, UNICEF coordinates with other UN agencies for a One UN approach to local governments and remains in the Ministry of Education's worktable for migrant students, as well as the Migratory Integration sector of the National Migrations Authority. Moreover, the Ministry of Foreign Affairs requested the UNS to implement a response for migrants in the country after COVID-19.
Trinidad and Tobago	UNICEF is an active member of the sub-regional Platform, particularly in the areas of child protection and education. The Education Working Group is being reactivated to ensure sustainable solutions that will grant children access to the right to education. UNICEF is supporting shaping the strategic role of the group, engaging the government and numerous stakeholders.
Regional	UNICEF leads the Food Security / Nutrition / WASH Sector Group ; co-leads the Child Protection Sector Sub-Group , and the CwC/C4D, Support Spaces and Communications Working Groups ; and actively participates in the Cash Based Interventions (CBI) Sector Group (acting as Technical Secretariat), the GBV and the Human trafficking and smuggling Sector Sub-Groups (part of the Protection Group), the Information Management Working Group, and the Gender Initiative. Into the Quito Process, UNICEF has the technical leadership in the promotion to UNHCR, IOM, <i>Instituto de Políticas Públicas en Derechos Humanos</i> (IPPDH) and Inter-American Children's Institute of a regional protocol addressing the needs of migrant and refugee children moving through countries of the region.

Summary Analysis of Regional Response

UNICEF Latin America and the Caribbean Regional Office (LACRO) continued its technical and coordination role, also in the COVID-19 response, focusing on developing guidelines and protocols, addressing child protection gaps before and during the pandemic, and ensuring international and regional child protection standards are upheld at national and regional levels. LACRO continued providing technical support to Country Offices (CO) in the adaptation of psychosocial support interventions, prevention and response to violence, also involved in the Quito Process⁸ to promote a regional protocol to assist migrant and refugee children. A technical draft has been prepared as input for the governments' discussion; technical consultations have been initiated with Public Institutions, UN Agencies and civil society at country and regional level, advancing towards Quito VI meeting in September. Delays in the process have been caused by the pandemic. In late January, UNICEF Headquarters (HQ), LACRO and Ecuador

⁷ Coordination Platform for Refugees and Migrants from Venezuela (R4V), 'Regional Refugee and Migrant Response Plan (RMRP) for Refugees and Migrants from Venezuela 2020', April 2020, < https://reliefweb.int/sites/reliefweb.int/files/resources/76211_0.pdf>.

⁸ The Quito Process is a state-led initiative to promote consensus and dialogue between countries receiving Venezuelan refugees and migrants in Latin America and the Caribbean.



Number of Venezuelan migrants and refugees in LAC (R4V, June 2020)

CO participated in the Global Forum on Migration and Development (GFMD) and the Youth Forum side event held in Ecuador, facilitating the participation of migrant adolescents and young people, providing a space for sharing of concerns, ideas and experiences⁹. LACRO and COs have started planning a series of upcoming trainings for service providers, within the framework of the adolescent-friendly guide on GBV prevention and care. Due to the current situation, this activity continued online. In April, LACRO and Ecuador, Peru and Colombia COs started, with the support from the Canadian government, a gender responsive project focused in the development of protection guidelines, alternative care modalities and GBV activities adapted to the needs of migrant girls and boys. In addition to technical and coordination support, LACRO Education team is in the process of developing intersectoral guidance for national authorities and schools, to ensure the safe reopening of schools in the LAC region. Each guidance will include a checklist to support the reopening process.

The [U-Report Uniendo Voces](#) Regional Committee (UNICEF, UNCHR and IFRC) designed and agreed on standard operational procedures for the regional and inter-agency implementation of the project. The digital structure

was built and is ready for use. This includes a shared Rapid Pro workspace, a joint website to share results with stakeholders, and a shared and working Facebook channel. Context-specific templates and guidelines for flow development (registration, infobots, polls and emergency messages) are already available.

In early January, UNICEF LACRO, in coordination with CO and HQ teams, led the field visit of the Goodwill Ambassador Liam Neeson to Brazil. During the visit, he filmed a series of content to raise awareness and fundraise for Venezuelan children in Brazil and the region¹⁰. From 4-7 February, LACRO Communication team, in coordination with Panama CO, conducted a multimedia mission to Darién (Colombia/Panama border) to showcase UNICEF response to migrant families crossing the jungle, including Venezuelans. Five [human interest stories](#) and five compelling high-quality [videos](#) were produced, and a [press release](#) was launched globally and picked up by [key international media](#) and news agencies.¹¹ Since the COVID19 pandemic hit the region, the team has been proactive in the production and dissemination of live-saving messages adapted to migrant families on specific and critical issues as handwashing or child protection, and sharing educational resources. An [UNICEF, UNHCR and IOM joint statement](#) was produced and published on El País for the [Virtual Venezuela pledging Conference](#) hosted by Spain and EU on May. A package with stories, multimedia (photos and videos) assets and social media messages on UNICEF response to migration flows from Venezuela was also produced and broadly disseminated. The team also coordinated the production of inter-agency advocacy and communication materials as part of [R4V](#), including key messages and Q&A, social media and multimedia assets and digital newsletters.

During the reporting period, LACRO Social Policy Unit (SPU) continued providing technical support to Ecuador CO on its cash-based intervention, working to redesign the programme, aiming at better complementarity with other UN System interventions, and alignment with the national social protection system. Likewise, SPU has participated in tripartite missions (CO-RO-HQ) to support the design of new cash transfer programmes in Peru, Bolivia and Colombia, that will start implementation by the second semester.

In the period, the C4D LACRO team, as co-leader of the [CwC / C4D - R4V Regional Working Group](#), led a series of coordination meetings to support the response to COVID-19, involving the 30 member organizations of the regional group, as well as the Regional Communication Group and the interagency groups of the Sub-Regional and National Platforms. C4D LACRO strengthened a [Regional Message Bank](#) with 33 message packages on various topics, such as security, health and education prevention to COVID-19, led the creation of a platform for the exchange of resources on Risk Communication and Community Engagement (RCCE), and ensured to feed other platforms, such as REDLAC and the United Nations Secretariat. C4D LACRO co-led, together with the Child Protection team, the development of the first regional information package adapted to COVID-19 for people on the move from Venezuela, composed by maps, brochures, post cards and educational materials of cross-border scope. The products include life-saving messages on route safety, weather, health, nutrition, prevention of human trafficking and smuggling, and sexual abuse. Besides, they include distances, location of cities and travel recommendations in Venezuela, Guyana, Colombia, Ecuador, Peru, Brazil, Bolivia, Chile and Argentina.



⁹ UNICEF, 'What young people can teach about protecting the rights of young migrants and refugees', January 2020, <<https://www.unicef.org/innovation/stories/UreportOnTheMoveYouthSummitEcuador>>.

Situation Overview & Humanitarian Needs

Over 260,000 Venezuelan migrants and refugees arrived in Brazil since the onset of the migration crisis¹⁰. Some 50,000 settled in the Northern States of Roraima, Amazonas and Para, where services and monitoring activities focus on 73 identified locations, including: 22 official shelters, 17 spontaneous occupations, church/civil society institutions, *Operação Acolhida* (OA) facilities (screening, reception, transit centres), and indigenous communities. From January to 18 March, when the national borders closed due to COVID-19, over 12,000 entries were registered. Starting from 28 March 2103 Venezuelan returnees were recorded. By the end of June, 191,829 COVID-19 cases were registered in Roraima, Amazonas and Para, with 8,097 deaths. Brazil is the second worst COVID-19 affected country in the world. To address COVID-19 within the migration response, OA elaborated a contingency plan and standard operating procedures (SOPs), which have been regularly updated as the response evolves. The plan established the field-based hospital in Roraima, which attended over 700 Venezuelans by end June (over 30% children). Social distancing restrictions, interruption of services and disrupted livelihood activities contributed to increase tensions within shelters, including gender-based violence and instances of xenophobia and violence against Venezuelans in public spaces. Dire support is required for indigenous populations, who are disproportionately affected by COVID-19, and particular attention is required for migrants beyond the OA reach.

Summary Analysis of Programme Response

Health. Provision of primary health care services increased significantly in shelters, with health teams conducting weekly risk groups monitoring (1,840 individuals per week) to prevent and control the spread of COVID-19. This action directly complements overstretched national health services. UNICEF is further supporting strengthening of government health facilities through deployment of professionals to: i) secure access to services by migrants living in spontaneous shelters, and ii) ensure continuity of services in isolation and care centres for COVID-19 patients. A total of 38,000 hygiene items have been provided to migrants, complementing Infection Prevention and Control (IPC) actions together with Personal Protective Equipment (PPE) gear for 660 frontline workers. Support is forthcoming for community health workers and for the creation of sanitary barriers and isolation areas in indigenous territories of Roraima. An online IPC training is ready to be rolled out before end 2020, targeting 5,000 professionals across the Northern States.

Nutrition. Nutritional surveillance activities and the number of shelters receiving nutritional support services increased in Roraima, Amazonas and Para. Focusing on children and pregnant and lactating women. Nutritional surveillance proved to be an optimal strategy for securing basic health conditions of children in shelters, especially considering the socioeconomic impact of COVID-19. The Nutrition Sector is extending services to populations living in spontaneous shelters, and articulating strategies to encourage the establishment of a regionalized food culture in migrant populations, including by reactivating community kitchens and researching specific vulnerability factors for migrant and indigenous groups.

WASH. WASH in shelters includes hygiene promotion and WASH services monitoring, delivery of cleaning equipment and distribution of gender-responsive hygiene items through a Cash-Based Intervention (CBI). Local authorities received technical support in developing safe shelter operation guidelines. Handwashing facilities were installed in shelters and WASH services have been extended to spontaneous occupation sites, through installation of handwashing stations and doubling the deployment of WASH monitors. Water availability is being secured through water trucking. The national WASH sector coordination has geared attention towards WASH in schools, WASH in health and WASH for communities outside shelters (including indigenous populations) as coined in its revised national strategy, guiding interventions at sub-national level.

Education. The 25 *Super Panas* spaces across the cities of Boa Vista, Pacaraima, Manaus and Belem provided integrated services, including non-formal education, psychosocial support

and protection activities, reaching over 15,528 children and school-aged adolescents (7855 girls and 7673 boys). As of March, and due to the COVID-19, schools throughout the country closed. This required devising distance learning modalities to secure continuous learning opportunities for Venezuelan students enrolled in formal education. *Super Panas* activities have been adapted in line with social distancing requirements and focused on facilitation of distance learning through family-based activities. Activities rely on the use of remote technologies, such as the *Super Panas* radio programme, and the distribution of 2,000 radio sets to children. Back to school preparation is underway, and the sector is planning culturally relevant and adapted multicultural education modalities for indigenous communities and migrant and refugee children.

Child Protection. The use of remote technologies and community-based approaches ensured continuity of psychosocial support activities and protection services through the 25 *Super Panas* spaces. Content has focused on the negative impact of COVID-19, including tailored messaging on violence prevention and response. *Casa Lares*, the family-based homes for unaccompanied and separated children introduced by UNICEF in Roraima, are gradually transferred to authorities as alternatives to institutionalisation. Over 400 family reunifications were facilitated by specialised case worker teams supported by UNICEF across Amazonas, Para and Roraima, but the pace drastically decreased due to financial strain of families exacerbated by COVID-19. A 6 months CBI project was therefore elaborated and is currently being finalised. Care arrangements for children temporarily separated due to COVID-19 have been set up, including in the field-based hospital. UNICEF guided the elaboration of an interagency GBV referral pathway for children and adolescents with corresponding orientation sessions for local child protection network of statutory and civil society stakeholders.

Social Inclusion. As part of inter-agency efforts, the leaflet on "How to Access Federal Government Emergency Aid and Other Support During the COVID-19 Crisis" (including domestic and family violence) was disseminated in four languages. Based on a UNICEF qualitative study on factors impairing migrants' and refugees' access to social protection (mainly the *Bolsa Familia* programme) in Roraima, Manaus, Belem and Sao Paulo, UNICEF is considering deploying technical staff to state/municipal Social Assistance Departments to support effective planning, budgeting and implementation of existing public policies and to recommend remedial actions. As part of the ongoing regional rapid assessment initiative on the impact of COVID-19, Brazil included a module on migrant households in Roraima State. Some 1,209 municipalities engaged in *Selo*

¹⁰ Coordination Platform for Refugees and Migrants from Venezuela (R4V), 'Venezuelan refugees and migrants in the Region - Latin America and the Caribbean', < <https://r4v.info/en/situations/platform>>, accessed 23 July 2020.

had dedicated sessions on socio-economic integration of migrants and refugees, with queries addressed through a two-way communication system.

Communications for Development (C4D), Community Engagement & Accountability. The C4D programme directed humanitarian efforts to promote lifesaving COVID-19 prevention messages, reaching 16,571 migrants and refugees, inside and outside shelters, with positive behaviour messaging, particularly on WASH and health practices, integrated with delivery of emergency services and supplies. To address xenophobia, youth engagement activities focused on integration and mutual respect in different contexts, moved from public schools to the digital domain. A network of Brazilian and Venezuelan students received tools and training to disseminate and engage peers in antixenophobia campaigns, interacting with both host and migrant communities. They work together with a new network of migrant mobilizers in Boa Vista and Pacaraima official shelters, established in a context where access has been restricted due to COVID-19. Besides real time monitoring, UNICEF has invested in equipment and capacity development to enable community-based monitoring, counting on the active participation of adolescents and youth.

Human Interest Stories and External Media. New materials, including videos, illustrate the impacts of UNICEF's interventions during COVID-19 pandemic.

Videos

Super Panas, child friendly spaces where migrant and refugee children can enjoy their childhood: [English](#) and [Portuguese](#)

New handwashing facilities in informal urban settlements: [English](#) and [Portuguese](#)

Stories and Press releases

Access to water in informal urban settlements: [Portuguese](#)

Donation of masks and hand sanitizers to guardianship councillors: [Portuguese](#)

Hygiene kits for population in informal settlements: [Portuguese](#)

UNICEF and WHO provide training on children's mental health: [Portuguese](#)

Family reunification in Boa Vista-Manaus: [Portuguese](#)

Casa Lar inauguration in Roraima: [Portuguese](#)

Liam Neeson's visit: Press release ([Portuguese](#)) and Story ([Portuguese](#))

For more information: www.unicef.org/brazil

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 [/UNICEFBrasil](https://www.instagram.com/UNICEFBrasil)

Colombia

Situation Overview & Humanitarian Needs

In Colombia there are 1,778,380 Venezuelan migrants and refugees¹¹. According to the most recent official figures, 24 per cent (432,674) of them are girls, boys and adolescents, and 57 per cent (1,024,836) are migrants who entered irregularly. The number of Venezuelans in an irregular situation is expected to continue to rise, as well as the compounded barriers to social inclusion, enjoyment of human rights, and access to services for migrants in hosting countries. The cities with the highest presence of Venezuelan populations are Bogota (352,627), Cucuta (106,436), Barranquilla (97,651), Medellin (89,497), Cali (62,549) and Maicao (54,256). Border closures and quarantine starting in March due to COVID-19 has led to increased use of irregular migration routes, resulting in heightened risks of human trafficking, sexual violence, smuggling, and recruitment by illegal armed groups, particularly for women and girls. It is a priority that progress is achieved in mitigating migrants' and refugees' protection risks, including: i) physical and emotional abuse; ii) GBV; iii) psychosocial stress and mental disorders; iv) child labour; v) risks associated with unaccompanied or separated boys and girls; vi) social exclusion. Furthermore, the context of human mobility, sorely exacerbated by COVID-19, presents further risks for children, such as the risk of being left behind by their families or caregivers and being victims of xenophobia. UNICEF response has been adapted to address the COVID-19 impact on the different migrant populations (returnees, host communities, walkers, etc.).

Summary Analysis of Programme Response

Health. UNICEF actions have been affected by COVID-19. At the beginning of the quarantine, a general decrease in number of health services provided by the extramural health teams was recorded, probably linked to mobility restrictions and border closure. UNICEF worked to strengthen the capacity of the extramural teams to adapt the provision of services, including to migrants and refugees, to the new requirements of the Ministry of Health, including the use of PPE. Adapted modalities of service provision have been initiated, such as domiciliary prenatal care, home-based vaccination, telemedicine and telehealth.

Nutrition. The nutrition actions have been adapted to respond to the new challenges generated by COVID-19. Extramural teams have been trained on the provision of home services and the monitoring of children at risk of malnutrition.

The technical team designed and started implementing a training programme for all implementing partners, which covers modalities to addressing the practice of breastfeeding in the pandemic context, in order to mitigate the risk of decreased breastfeeding rate. Additionally, UNICEF, in cooperation with other agencies, is disseminating messages on social media networks and other media to inform about safe breastfeeding practices for mothers diagnosed with COVID-19.

Early childhood development (ECD). In the 11 child-friendly spaces, face-to-face modalities have been replaced by distance-based activities, with the opening of 19 child-friendly helplines in four departments. The helplines provided services to and monitored 3,509 families. Services include: i) COVID-19 prevention activities, such as dissemination of handwashing, hygiene practices and COVID-19 information, and monitoring of compliance in terms of isolation and prevention of contagion

¹¹ Coordination Platform for Refugees and Migrants from Venezuela (R4V), 'Venezuelan refugees and migrants in the Region - Latin America and the Caribbean', < <https://r4v.info/en/situations/platform>>, accessed 23 July 2020

standards; ii) pedagogical attention based on the promotion of psychosocial care to families and communities; iii) emotional and psychosocial first aid care; iv) health and nutrition care, referral of cases; v) activation of support and care networks to address instances of GBV and other child protection violations. These actions have been well received by the communities, both migrant and host.

WASH. In the first semester of 2020, WASH actions reached and benefitted 11,032 people (girls, 3,519; boys, 2,627; men, 2,269 and women 2,617) in the six main departments affected by migratory flows. The WASH response has been adapted to address the COVID-19 impact on migrant populations (returnees, host communities, walkers, etc.). Activities focused on promoting handwashing with water and soap, and physical distancing. In addition, the COVID19 crisis has increased the number of returnees to Venezuela, concentrating on border points: UNICEF has responded to the needs of returnees through the delivery of hygiene kits, PPE and installation of handwashing points. UNICEF continued to lead the coordination of the WASH response at the national and sub-national levels.

Education. More than 1,369 children (686 boys, 683 girls), both migrants and from host communities, are enrolled in the school system through the learning cycles supported by UNICEF. Among these children, 27.4 per cent were enrolled in school in 2020. As result of the COVID-19 pandemic, UNICEF has developed a long-distance tutoring programme, where family engagement, specific school supplies (such as pedagogical guidelines and literature) and monitoring of learning outcomes are key to boost development of children at home. Additionally, 590 children are now in the school system thanks to the UNICEF-supported enrolment management processes (non-formal education). Activities have been implemented to ensure children's wellbeing and continue educational path: catching-up support and socio-emotional strengthening services benefitted 3,602 children (1,925 boys, 1,680 girls) in the reporting period.

Child Protection. Since the beginning of the quarantine, only 474 children (232 girls and 242 boys) were able to access civil registry services and thus prevent statelessness. Resources are being mobilized to facilitate compliance with health protocols and safe reopening of civil registries and to strengthen communication with the communities on the importance of birth registration. Despite the limitations to implement communities' actions, children continue to participate in psychosocial support actions to prevent violence, in Arauca, Norte de Santander and La Guajira. The methodologies have been adapted in compliance with COVID-19 prevention measures in place: messages on COVID-19 prevention and violence prevention at home during confinement have been incorporated; and virtual supports, telephone calls and home visits, complying with health protocols, have been carried out. In the framework of the Protection and Equal regional project, funded by the government of Canada, in Riohacha, UNICEF, together with the "Significarte Foundation" and ICBF (*Instituto Colombiano de Bienestar Familiar*), continues to support alternative care models for children on the street. The model has been adapted

to meet COVID-19 prevention standards and includes a gender approach to prevent sexual GBV. This is the only intervention on alternative care operating the country. New models will be carried out in Norte de Santander and La Guajira, in July 2020. UNICEF continues the technical assistance to ICBF, to establish a family reunification strategy and to promote a regularization measure for children on the move.

Social Inclusion. To promote the nexus between humanitarian and development actions, UNICEF has advocated to include a focus on migrant children within the 2020-2024 territorial development plans. As result, the government included this priority within the "National Guidelines for Territorial Development Plans 2020-2024" for 1,132 territories. Also, concerning the national Child Friendly Territories (TAN) strategy, UNICEF has provided direct technical assistance to 13 prioritized territories affected by the migration crisis to promote local engagement and sustainability of the current responses. UNICEF is supporting the National Attorney General's Office to include the Joint General Comments on the Human Rights of Children in the Context of International Migration (CRC- CMW) within a national guideline.

Communications for Development (C4D), Community Engagement & Accountability. Due to face-to-face approach to deliver information, promote intercultural dialogue and community integration through public art, C4D activities have been heavily affected by COVID-19 physical and social distancing measures. During the first quarter of the year, C4D continued managing information points at the border with Venezuela and Ecuador, to provide reliable information to migrant families, promote awareness raising activities, and thus reducing the incidence of fake news. Regarding community integration, C4D strategy includes working with adolescents, young leaders, and teachers to promote public art activities on non-discrimination. For the second quarter of 2020, the activities have been adapted and information is delivered through community and local radios. The radio programmes promote integration, empowerment, and resilience. As of June 2020, 25,036 people have been informed, 13,571 of them are male and 11,465 are female; 5,449 people (2,388 male and 3,061 female) have participated in activities to promote community integration to prevent violence and xenophobia, and 4,857 people have participated in Accountability to Affected Population mechanisms, 2,582 of them are male and 2,275 are female.

Human Interest Stories and External Media. UNICEF continued the social media campaign against xenophobia, *Super Panas* – Super Buddies in digital, *Super Panas* chapters.

[Yudis Peralta](#) story: more than work, it is a passion. During his childhood, he grew up seeing the migration of Colombians to Venezuela and he remembers well how, at that time, people went through the difficult trails to cross the border.

UNICEF is preparing the launch of the TV Series for children between 6 and 12 years old, "Friends without borders", which will have 13 chapters. The series will be on national TV by the end of 2020, thanks to an alliance with the national TV system in Colombia.

For more information: www.unicef.org/colombia



Situation Overview & Humanitarian Needs

Since March 2020, the response to the Venezuelan migration crisis has undergone a shift due to the COVID-19 health emergency. The first confirmed COVID-19 case in Ecuador was identified on 29 February, and on 16 March, through the Presidential Decree No 1017, a National Health Emergency was declared. In this context, all air and land borders closed, and transportation and mobility were under strict restrictions due to the national curfew. This led to difficulty in monitoring the flow of people entering and leaving Ecuador, also because of the absence of UNICEF and implementing partners' staff on the field, who were also under lockdown. Informal sources have indicated a flow of Venezuelan nationals leaving Guayaquil, the most affected city by the COVID-19, toward Quito and the northern borders, trying to cross to Colombia or returning to Venezuela. However, there is no official data on the number of people who have left or entered Ecuador during the past three months. In this context, UNICEF has adjusted its interventions to adapt to this new context.

Summary Analysis of Programme Response

Health. Efforts have been reoriented to provide technical support to the Ministry of Health, particularly to develop guidelines to manage COVID-19 suspected and confirmed cases in newborns, during pregnancy, and for childbirth and postnatal care. UNICEF also supported the development of triage and paediatric patient flow guidelines in the second level of attention and provided a module on COVID-19 as part of an advanced breastfeeding training for health professionals. The delivery of essential PPE for health workers was also part of the response. UNICEF is implementing community surveillance plans to prevent virus transmission in local communities and to refer suspected COVID-19 cases to health services. Baby kits were delivered to Venezuelan families for the care of children under 3 years old continue, and 283 girls and 226 boys were reached since January 2020.

Nutrition. The COVID-19 emergency resulted in the impossibility to directly reach families on the move: thus, UNICEF had to rethink its strategy. UNICEF partnered with WFP to monitoring food security, nutrition and mental health among school-aged children and their families, while advocating for school nutrition programmes. Additionally, UNICEF developed communication messages and shared available evidence that can address questions related to COVID-19 and maternal and child health, breastfeeding, and healthy habits for school-aged children.

WASH. Since the in-person delivery of hygiene kits to Venezuelan families was interrupted due to COVID-19, UNICEF changed its strategy to ensure that uprooted families could still receive these items, especially for the kits role in preventing the spread of the disease. To do this, UNICEF partnered with WFP to include cash-based assistance for WASH items, through the WFP vouchers, so that families could use this support to procure soap, alcohol gel and other key items directly in specific supermarkets. This support reached 2,316 families since April 2020. Additionally, UNICEF is delivering safe water through water-trucks in the most vulnerable neighbourhoods of Esmeraldas and Manabi, complemented by handwashing practice messages through a music jingle accompanying the trucks.

Education. Because of the national lockdown and the closure of presential education, uprooted children face multiples vulnerabilities, which include difficulties to access education, materials, uniform and currently the connectivity barriers to access online education. The most vulnerable migrant and refugee families often do not count with equipment, such as a laptop or a computer, or connectivity to support home-based education of their children and adolescents. In the COVID-19 response, UNICEF supported the development of multiplatform learning, such as television, education programmes in community radios and the distribution of printed material in Spanish and indigenous languages. As part of the Education Cannot Wait (ECW) project, UNICEF also donated tablets and connectivity plans to staff to support the communication between teachers and students.

Child Protection. Since the Comprehensive Support Space in Tulcan was temporarily closed to curb the spreading COVID-19, activities continued remotely, through telephones or online

platforms. UNICEF reached more than 1,679 girls and 1,630 boys with psycho-emotional support, and 488 girls and 403 boys, separated or unaccompanied, were identified and referred to specialized protection services. Moreover, 22 adolescent boys and 11 adolescent girls received psychological support and alternative care services in the House of First Attention in Quito. Regarding the broader response to COVID-19, UNICEF also supported guidelines for management of cases of children victims of violence and GBV and is also working with local authorities and municipalities to analyse information and define mechanisms to improve victims care. This is done in coordination with the GBV sub-group.

Social Inclusion. The social inclusion cash assistance to Venezuelan families for initial settlement in Ecuador has also been adjusted to reach families from the distance. Cash transfers are now distributed through one-time password codes, so that families can directly withdraw at bank ATMs. Remote mechanisms for screening and providing psychosocial support are implemented through phone calls. Since March, 646 families were supported through this intervention. To respond to COVID-19, efforts focus on strengthening the social protection system: UNICEF is part of a group of UN agencies and International Financial Institutions to advise the government on the socioeconomic recovery and is conducting a microsimulation exercise to determine the income and multidimensional poverty effects that COVID-19 will have on households with children. The results of the microsimulations will be used to inform policy recommendations to redesign the National Social Protection System. UNICEF is also working with the group IMPAQTO, the GIZ, the Secretariat for Human Rights, UNFPA, WFP and women's groups, to carry out the implementation of the winning initiatives of the Hackathon, Hack the crisis Women + Girls that develops initiatives for the prevention and approach of gender-based violence in confinement and emergency situations.

Communications for Development (C4D), Community Engagement & Accountability. From January to April, life-saving messages reached 4.793 people through the direct attention of HIAS and ADRA, our implementing partners. Due to the pandemic, partners are not attending in person, but still have communication with beneficiaries through the phone. Messages and key recommendations are also disseminated on handwashing, Edu-communicational activities for families and caregivers, prevention of violence in households, healthy feeding habits, and promotion of reading at home with children and parents. UNICEF is also working with adolescents and young people to guarantee that their voices are heard. A committee of 4 Ecuadorian and 6 Venezuelan youth of U-Report and U-Report on the Move is launching, with the support of the mobile network Claro, the initiative Internet of Good Things, to amplify the voices of the youth, including those who speak Kichwa. A community-based intervention called the DreamLab also engages adolescents and youth to develop sustainability projects.

Human Interest Stories and External Media. All communication materials on the Venezuelan migration response and COVID-19 response can be found at www.unicef.org/ecuador/.



Guyana

Situation Overview & Humanitarian Needs

From April 2018 to February 2020 there have been 14,215 official entries of migrant (30 per cent children)¹². This figure does not reflect the real magnitude of the actual migration inflow. Since March, the government has not released additional official data but, based on Displacement Tracking Matrix (DTM)-rounds and UN estimates through the RMRP, the forecast is that 31,000 new migrants will enter Guyana by the end of 2020. This forecast represents an additional 4 per cent of Guyana's total population of 750,000 people, with the migrants concentrated mainly in the border hinterland areas. With active monitoring of COVID-19 at all ports of entry into Guyana, recognition has been taken of the additional vulnerabilities faced by border area communities hosting migrants, especially Region 1, which has been placed on lockdown since June. UNICEF supported response interventions to address these challenges. The unresolved national elections held on 2 March, along with COVID-19, have impacted coordination and implementation mechanisms, although UN agencies have been engaging with the government to ensure continuity of service delivery.

Summary Analysis of Programme Response

Health. With most of the migrants from Venezuela travelling through unofficial or limitedly monitored entry points, UNICEF, through the Health Emergency Operations Centre (HEOC) supported the decision-making processes and planning of the response related to border host communities. Through coordinated intersectoral responses, UNICEF has integrated COVID-19 Risk Communication and Community Engagement (RCCE) awareness and prevention messaging for both migrants and host communities. Vaccination teams from the Ministry of Public Health (MoPH) continue to work with border host communities, with UNICEF support for strengthening the hinterland cold chain capacity through solar fridges and vaccine carriers.

Nutrition. Sustained infant and young child feeding (IYCF) outreach for caregivers of children between 0 to 24 months has been maintained and adjusted within the COVID-19 MoPH programming. Nutrition and ECD indicators for hinterland regions are below the national average, therefore nutrition interventions are closely coordinated with UNICEF education and WASH partners, to maximise impact. UNICEF, through the national ECD platform, trained and supported volunteers in host communities to undertake regular ECD sessions, although these had to be reduced due to COVID-19.

WASH. UNICEF partner GWI has continued implementation of WASH infrastructure works and hygiene promotion interventions for host communities in Region 1, including increased provision of safe drinking water in three riverain communities. As part of the COVID-19 IPC intervention, UNICEF, through its implementing partners, has delivered 1,158 hygiene kits to migrant and host community female-focused families in Regions 1, 2, 4 and 7. Interventions in remote border locations present logistical and financial challenges, which are being addressed through multi-sector collaborations, and through UNICEF WASH IPC support to the government response in the Region 1.

Education. The Ministry of Education (MoE)'s statistical update on the number of migrant children enrolled in public schools shows an increase, from 692 children in January 2020 to 1,434 (713 girls, 721 boys) in June, across all grades. The majority of migrant children enrolled are in Regions 1, 2 and 3. Increased populations are further stretching coping capacity, especially in Region 1 host community schools. Since March, all public schools have been closed due to COVID-19 restrictions. UNICEF support to the MoE in school reopening

protocols includes special emphasis on the additional challenges that will be faced by schools hosting migrants in terms of spacing requirements, WASH needs and the continuation of language support and psychosocial support. Through GWI, the WASH needs of host community schools were assessed and included in the 2020 WASH sector plan.

Child Protection. UNICEF supported Migrant and Host Community Services (MHCS) initiatives implemented through Child Advocacy Centers (CACs). GBV and trauma counselling sessions are being sustained for migrants and host communities. Implementing partners staff report increased demand for existing services due to the impact of COVID-19 on migrants: there is a need to expand areas of support, especially in relation to translation and access to information. UNICEF has initiated providing translation services, including sign language, to address this challenge faced by staff and children. The CACs are proving to be effective for facilitating referrals to relevant state mechanisms. In July, an additional CAC has been established in Region 10, which further extends coverage for migrant and host communities' children. Since February, CACs and sector partners had to cut on GBV and sexual exploitation and abuse (SEA) prevention community visits in Region 2 and 7 host communities, due to COVID-19 restrictions.

Social Inclusion. CACs have been providing Spanish guidance and information materials through WhatsApp and other social media. This approach addresses the limited access to relevant and correct information migrants face, also in terms of COVID-19 prevention, and thus increases their ability to access life-saving health and education services. In June, UNICEF transferred funds to the Ministry of Social Protection (MoSP) to provide a cash transfers for migrant families through the national social protection system, continuing the programme initiated in 2019. Currently, MoSP is disbursing cash-based aid to the first identified families.

Communications for Development (C4D), Community Engagement & Accountability. Due to COVID-19 restrictions, UNICEF supported Sports-Culture for Development (SC4D) programmes had to be temporarily halted. The SC4D programme allows adolescents and young people to actively engage in positive development and healthy lifestyle choices, through participation and empowerment, and provides a forum for WASH, nutrition and child protection messaging. The SC4D will continue once restrictions, especially in hinterland Regions,

¹² Coordination Platform for Refugees and Migrants from Venezuela (R4V), 'Venezuelan refugees and migrants in the Region - Latin America and the Caribbean', < <https://r4v.info/en/situations/platform>>, accessed 23 July 2020

are lifted. The risks posed by xenophobia and misrepresentation of information have been significant due to language and culture differences, therefore UNICEF and sector partners have been collaborating through RCCE social media messaging to address this.

Human Interest Stories and External Media.

All communication materials on the Venezuelan migration response is here: <https://www.unicef.org/guyanasuriname/>

For more information: www.unicef.org/guyana



Peru

Situation Overview & Humanitarian Needs

As of 5 June 2020, there are 829,677 Venezuelan migrants (estimated 18.7 per cent children) registered in Peru – 30,000 less than what was reported in February – over 80 per cent residing in Lima¹³. Government estimations indicate there may be more than 1.2 million migrants in total, including those who have not registered their entry. Arrivals at the northern Binational Border Assistance Centre (CEBAF) have been suspended due to COVID-19 lockdowns; on the contrary, there is a reduced but constant number of migrants attempting to cross the border on the opposite direction back to Ecuador. Border closures and the temporary paralysation of the asylum system increased the vulnerability of children and families entering the territory, as they face a suspended migratory regularization system, lack of adequate documentation to access essential services, and risks of arbitrary detention or deportation. Mandatory quarantine also increased vulnerability among settled Venezuelan families. Mostly in the informal labour market, migrant parents cannot access social protection benefits, pushing them back to work, often informally, and increasing exposure to contagion, while overcrowded living conditions facilitate transmission. Since few have access to permanent migrant status documents, most cannot access the Integrated Health System. UNICEF has adapted its Migrant Integration Programme to respond to these and other arising challenges.

Summary Analysis of Programme Response

Health. UNICEF and the Local Health Directorate of northern Lima (DIRIS) trained 105 primary health care personnel (82 women, 23 men) on human rights and inclusive and gender-sensitive care, benefitting the 17,692 children (8,833 girls, 8,859 boys) who received primary healthcare services in UNICEF-supported facilities as of 31 May. Thanks to UNICEF strengthening the DIRIS's information system, reports on migrant children accessing health services are now available. COVID-19 paused training of primary health care personnel; however, a virtual adaptation of the IASC Basic Psychosocial Skills for COVID-19 Responders is being developed to train 100 health professionals. UNICEF is also designing communication materials for adolescents and a peer-to-peer programme to promote participation, in line with COVID-19 prevention and control measures.

WASH. UNICEF distributed 1,420 hygiene kits (both personal and family kits) at CEBAF and 3,082 in places congregating migrants in Tumbes, benefitting a total of 1,326 girls, 1,272 boys, 3,075 women and 871 men. UNICEF also adapted sanitation facilities for personal hygiene in two schools in Tumbes, and gave workshops on hygiene promotion, reaching 46 school principals and 2 specialists from the Tumbes Regional Education Directorate. Implementing partner COOPI also systematized the hygiene promotion and solid waste management strategy at CEBAF.

Education. UNICEF has worked with the MoE and the Lima Regional Education Directorate to increase school enrolment and attention for migrant children. The MoE incorporated UNICEF recommendations in key new regulations that affect migrant children's education, namely a norm about evaluation and pedagogical guidelines for adjusting to distance-based education. The training programme for directors and teachers on gender-sensitive and inclusive education was paused but is now being digitalized in a more comprehensive and useful way, as it includes modules on socioemotional support and digital skills. UNICEF and implementing partner Alternativa carried out over 50 virtual sessions on self-care and emotional self-regulation, reaching 1,019 female and 344 male teachers and principals, and sessions on peaceful coexistence and

psychosocial support for 38 female and 28 male students. UNICEF is preparing 10,400 kits with school supplies and hygiene items for students, to be distributed in July. Education for migrant students faces the new risk of school dropouts. UNICEF is designing an active search mechanism to identify migrant students at risk of dropping out, and support schools and families in its prevention. UNICEF, along with partners, is supporting the MOE to define a Strategic Plan for the safe reopening of schools.

Child Protection. Before the pandemic, 218 girls and 256 boys accessed UNICEF child-friendly space at CEBAF. During the mandatory quarantine, UNICEF provided psychosocial support to 109 Venezuelan and Haitian children (49 girls, 60 boys) and their families in shelters in Tumbes and Lima, using digital platforms and methodologies. In northern Lima, 1,22 girls and 37 boys and their families benefitted from virtual accompaniment and monitoring, and messages on violence prevention, non-discrimination and good parenting. In Tumbes, UNICEF helped the Child Protection Sub-group, led by the Ministry of Women and Vulnerable Population's Special Protection Unit, articulating the protection response to unaccompanied and separated children. With UNICEF support, 3,050 people were provided with legal counselling, vulnerability assessments, and referrals to other services, and work is ongoing to promote migratory regularization of 4,368 Venezuelan children and their families.

UNICEF is working with health professionals to include a gender approach in the elaboration of reports and epidemiology data, through a module on "Data Analysis and Gender". A training programme on gender and childhood is being coordinated with the National School of Public Administration and the Ministry of Women and Vulnerable Populations.

Social Inclusion. UNICEF conducted a secondary analysis of the 2018 National Survey of Venezuelan Population in Peru, using the database on children and adolescents to expand the results and analysis. It will be published by the end of 2020. In February, UNICEF concluded the Displacement Tracking Matrix Round 7 with IOM, finding that only 37 per cent of

¹³ Coordination Platform for Refugees and Migrants from Venezuela (R4V), 'Venezuelan refugees and migrants in the Region - Latin America and the Caribbean', < <https://r4v.info/en/situations/platform>>, accessed 23 July 2020

children were traveling with both parents while 2 per cent were traveling without them, and that 70 per cent of children experienced emotional changes throughout the journey. UNICEF is participating in an interagency study to measure the socioeconomic impact of COVID-19 on the migrant population, emphasizing the situation of children. Finally, several planned studies are being reframed due to methodological difficulties or new information needs related to COVID-19.

Communications for Development (C4D), Community Engagement & Accountability. UNICEF carried out activities with migrant and host populations in four communities in northern Lima, with adolescent dance interventions, parent validation of a family guidance manual, and community leaders learning about masculinities. The work is coordinated with local governments and other institutions, of which 31 public officials participate in the design of a community case management model. A social integration fair in February offered participative and ludic activities, diffusing information on access to services and promoting key social inclusion messages. Furthermore, an intergenerational dialogue had 75 adult and 83 adolescent leaders participating (67 women, 8 men, 47 female adolescents and 36 male adolescents). In the community child-friendly integration spaces, suggestion boxes gathered positive comments on the activities, while qualitative observations show that children, adolescents and adults have gained a positive

perception regarding migration and integration, as well as greater empathy for their Venezuelan peers. Since the pandemic, the C4D strategy turned to digital platforms where adolescents share their dance videos and rhymes, COVID-19 prevention tips and messages promoting social integration; videos, infographics and messages had a reach of 184,148 on social media and 14,453 interactions.

Human Interest Stories and External Media. Two UNICEF-conducted interviews of Peruvian and Venezuelan adolescents were broadcasted in ATV national TV outlet, to make visible the situation of migrants during the pandemic, while one Venezuelan adolescent participated in a forum organized by Voice of America about refugee children in Latin America. UNICEF also published messages on non-xenophobia and promotion of social integration, with a reach of 5,741,269. UNICEF developed a [video on the humanitarian assistance provided at the CEBAF](#), where migrant children tell their stories and emphasize how child-friendly space made them feel better. UNICEF also shared [Ariadna's Story: "The Designer"](#), where a Venezuelan adolescent living in Peru writes a letter to her grandmother depicting how she and her family are facing the COVID-19 pandemic in Peru.

For more information: www.unicef.org/peru



Trinidad and Tobago

Situation Overview & Humanitarian Needs

Currently, there are approximately 20,000 migrants and refugees in Trinidad and Tobago¹⁴. Children and adolescents constitute 17 per cent of the population. UNHCR estimates predict that by December 2020 there will be 33,400 migrants and refugees from Venezuela in the island State. Still, significant data gaps remain, hindering better understanding of the situation of families with children and adolescents in Trinidad and Tobago. COVID-19 has had a significant impact in the capacity of families to provide protection and shelter for children. UNICEF and other partners provided significant support to families through delivery of food packages to ensure the nutritional needs of children are covered. In addition, two other areas grew exponentially: the demand for online learning opportunities, and the demand for psychosocial support services. There has also been a significant reach to migrants and refugees with life-saving information.

Summary Analysis of Programme Response

Nutrition. Prior to COVID-19, UNICEF and partners were monitoring the nutritional status of migrant and refugee children. Some 226 migrant children under 5 years old (112 girls and 114 boys) and pregnant and lactating women were screened. No case of severe or moderate malnutrition was identified. With COVID-19, services were shifted, and support was provided as part of the counselling to families utilizing the Care for Child Development package, and C4D. Parents have shared concerns over the quantity and quality of food they can access. LWC, one of UNICEF implementing partners, saw a tenfold increase in the number of requests for food packages. The joint response under the UNICEF-LWC partnership allowed for the provision of 500 food packages to be distributed among families of the population of concern.

Education. Since March 2020, with the confirmation of the first COVID-19 case in Trinidad and Tobago, the Equal Place (EP) initiative has supported education for 848 children (414 boys and 434 girls). Two main challenges are impacting the delivery of learning services: connectivity and, as parents and

guardians start returning to work as part of the phased approach to reopening, children are left without support and access to internet. Implementing partners are working to finetune strategies that enable continued access to online learning. Adolescents are also continuing their education using an online platform that supported a small group in finishing their secondary education. UNICEF supported 41 EP facilitators (13 males and 28 females) in receiving self-care and psychosocial support sessions in response to the high number of hours they spend catering for the needs of children. Self-care activities are fundamental for the wellbeing of facilitators, and the quality of education they deliver.

Child Protection. With the closure of Child Friendly Spaces (CFS) in March, the use of remote technologies and community-based approaches ensured continuity of psychosocial support activities and protection services. Capacity development of facilitators were conducted to adopt flexible approaches to CFS programming. To date 2,735 children (1,291 boys and 1,444 girls) were provided with

¹⁴ Coordination Platform for Refugees and Migrants from Venezuela (R4V), 'Venezuelan refugees and migrants in the Region - Latin America and the Caribbean', < <https://r4v.info/en/situations/platform>>, accessed 23 July 2020

psychosocial support and 579 benefitted from protection initiatives (276 boys and 303 girls). Content has focused on adverse impact of COVID-19, family recreational activities at home, coping with stress, and violence prevention and response messaging. Guidelines were established to support alternative care arrangements for children in the event of temporary separation due to COVID-19 and referral pathways were revised in accordance with new methods of operation due to the lockdown. To support frontline workers and caregivers, UNICEF partnered with PAHO to provide bilingual tele-mental health and psychosocial support to both host and migrant populations. With the lifting of restrictions, activities focus on safe return to CFSs in September and messages on care and supervision as caregivers return to work.

Communications for Development (C4D), Community Engagement & Accountability. As a result of COVID-19, UNICEF focus shifted. Through the partnership with LWC, Jabulous and the Family Planning Association of Trinidad and Tobago, UNICEF was able to reach migrant families with messages to curb the spread of COVID-19 as well as with information on how to academically and psychologically support children during the pandemic. To date, approximately 9,000 families were reached through these partnerships. The main constraint was finding appropriate channels to reach migrants with information, due to halt of face-to-face activities

and national lockdown. Reach was limited to the use of social media platforms, which too became a challenge as many migrants had lost their jobs due to COVID-19, can no longer afford data plans and have limited WIFI access.

Human Interest Stories and External Media. UNICEF continued to use digital and social media to document the impact of UNICEF and its partners' work on the migrant communities. This included a special edition of the Office's electronic newsletter as well as an edition of the Office's Facebook live series, which was presented in Spanish, to address the concerns of migrant children and their families during the COVID 19 pandemic.

<https://www.unicef.org/easterncaribbean/reports/children-focus-1>

https://www.facebook.com/watch/live/?v=245630279861231&ref=watch_permalink

https://www.facebook.com/watch/live/?v=1082232782145583&ref=watch_permalink

<https://www.facebook.com/UNICEFeasterncaribbean/photos/a.188676194511243/2943082889070546/?type=3&theater>

https://www.facebook.com/UNICEFeasterncaribbean/posts/2728137707231733?_tn=-R

For more information: www.unicef.org/easterncaribbean



Next SitRep: December 2020

UNICEF Latin America and the Caribbean Regional Office: www.unicef.org/lac

UNICEF LAC Facebook: www.facebook.com/uniceflac

UNICEF LAC Humanitarian Action for Children Appeal: www.unicef.org/appeals/children-on-the-move.html

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Annex A

Summary of Programme Results¹

Sector / Country	UNICEF Target 2020	Total Results 2020					
		Women	Men	Girls	Boys	Total	% Progress
HEALTH							
No. of children vaccinated against measles	17,866			2,868	2,664	5,532	31%
BRAZIL ²	6,000			2,232	2,100	4,332	72%
COLOMBIA ³	11,066			573	468	1,041	9%
GUYANA ⁴	800			63	96	159	20%
No. of children and women receiving primary healthcare in UNICEF-supported facilities	215,140	2,638		15,615	15,000	33,253	15%
BRAZIL ⁵	41,100	520		4,102	3,890	8,512	21%
COLOMBIA ⁶	127,114	2,118		5,268	4,885	12,271	10%
ECUADOR ⁷	1,926						0%
PERU ⁸	45,000			8,833	8,859	17,692	39%
NUTRITION							
No. of caregivers of children under 5 reached with IYCF counselling	91,102	18,089	8,310			26,399	29%
BRAZIL ⁹	4,200	2,561	657			3,218	77%
COLOMBIA ¹⁰	84,738	12,024	4,152			16,176	19%
T&T ¹¹	200	4	1			5	3%
ECUADOR ¹²	964						0%
GUYANA ¹³	1,000	3,500	3,500			7,000	700%
No. of children under 5 screened for malnutrition, including anaemia	18,563			1,266	1,193	2,459	13%
BRAZIL ¹⁴	2,700			1,031	953	1,984	73%
COLOMBIA ¹⁵	13,903			224	230	454	3%
T&T ¹⁶	200			11	10	21	11%
ECUADOR ¹⁷	1,560						0%
GUYANA ¹⁸	200						0%
WASH							
No. of people with access to safe water at community level, including access to water through water filters	177,986	7,115	7,144	4,885	5,211	24,335	14%
BRAZIL ¹⁹	30,000	4898	4797	3448	3733	16,876	56%
COLOMBIA ²⁰	17,186	0	0	5	5	10	0%
ECUADOR ²¹	118,800	696	826	418	459	2,399	2%
GUYANA ²²	12,000	1521	1521	1014	1014	5,070	42%
No. of people accessing key hygiene items	69,963	6,577	3,190	4,736	4,036	18,539	26%
BRAZIL ²³	42,600	3,663	3,934	2,999	3,332	13,928	33%
COLOMBIA ²⁴	17,186	183	236	557	417	1,393	8%
ECUADOR ²⁵	8,177	4,480	1,041	2,903	2,344	10,768	132%
GUYANA ²⁶	2,000	1,914	1,913	1,276	1,275	6,378	319%
EDUCATION							
No. of children and adolescents accessing formal or non-formal learning activities	68,250			33,608	33,126	66,734	98%
BRAZIL ²⁷	16,000			7,855	7,673	15,528	97%
COLOMBIA ²⁸	5,250			2,672	3,028	5,700	109%
T&T	1,000			63	43	106	11%
ECUADOR ²⁹	10,000			4,978	4,701	9,679	97%
GUYANA ³⁰	3,000			62	62	124	4%
PERU	33,000			17,978	17,619	35,597	108%
No. of children aged under 5 benefiting from early childhood development activities	100,318			15,146	15,459	30,706	31%
BRAZIL ³¹	5,000			1,830	1,852	3,682	81%
COLOMBIA ³²	79,618			11,541	11,853	23,394	74%
T&T ³²	200			162	173	335	29%
ECUADOR ³²	15,300			1,574	1,550	3,124	168%
GUYANA ³²	200			86	85	171	20%
CHILD PROTECTION							
No. of children accessing mental health and psychosocial support	38,720			11,036	10,699	21,753	56%
BRAZIL ³³	24,000			8,067	7,907	15,974	67%
T&T ³⁴	600			766	663	1,429	238%
ECUADOR ³⁵	3,300			1,679	1,630	3,309	100%
GUYANA ³⁶	6,020			150	150	300	5%
PERU ³⁷	10,800			374	349	723	7%
No. of children, adolescent, and women accessing GBV risk mitigation, prevention or response interventions	150,900	539		1,281	1,435	3,255	2%
COLOMBIA ³⁸	148,000			1,244	1,393	2,637	2%
ECUADOR ³⁹	700					0	0%
GUYANA	1,000	539		28	29	596	67%
PERU ⁴⁰	1,200			9	13	22	2%
No. of children accessing mitigation, prevention or response interventions to violence, abuse and exploitation	136,700			7,873	8,442	16,315	12%
BRAZIL ⁴¹	16,000			3,037	3,133	6,170	39%

Sector / Country	UNICEF Target 2020	Total Results 2020					
		Women	Men	Girls	Boys	Total	% Progress
COLOMBIA ⁴²	120,000			4,622	5,123	9,745	8%
T&T	700			214	186	400	57%
SOCIAL INCLUSION							
No. of families benefiting from cash-transfers	6,735					2,261	34%
T&T	3,000						0%
ECUADOR	2,735					2,261	83%
GUYANA ⁴³	1,000						0%
COMMUNICATION FOR DEVELOPMENT							
No. of people reached with messages on life-saving skills and protective practices or information on uptake of services ⁴⁴	70,170					54,860	78%
BRAZIL	25,000					16,571	66%
COLOMBIA	24,000					25,040	104%
T&T	13,170					9,351	71%
ECUADOR	8,000					3,898	49%
No. of people in targeted areas actively participating in accountability mechanisms supported by UNICEF	51,970	3,123	3,277	2,337	2,106	10,843	21%
BRAZIL ⁴⁵	27,000	2,023	1,604	1,125	1,176	5,928	22%
COLOMBIA ⁴⁶	10,980	1,081	1,659	1,194	923	4,857	44%
ECUADOR ⁴⁷	13,990	19	14	18	7	58	0%
No. of people in host communities participating in community activities on prevention of xenophobia, promotion of inter-cultural dialogue or inclusion	512,960					191,236	37%
BRAZIL ⁴⁸	84,000					449	1%
COLOMBIA ⁴⁹	18,000					5,449	30%
T&T ⁵⁰	5,000					390	8%
ECUADOR ⁵¹	396,960						0%
GUYANA ⁵²	2,000					475	24%
PERU ⁵³	7,000					184,473	2635%

Table of footnotes

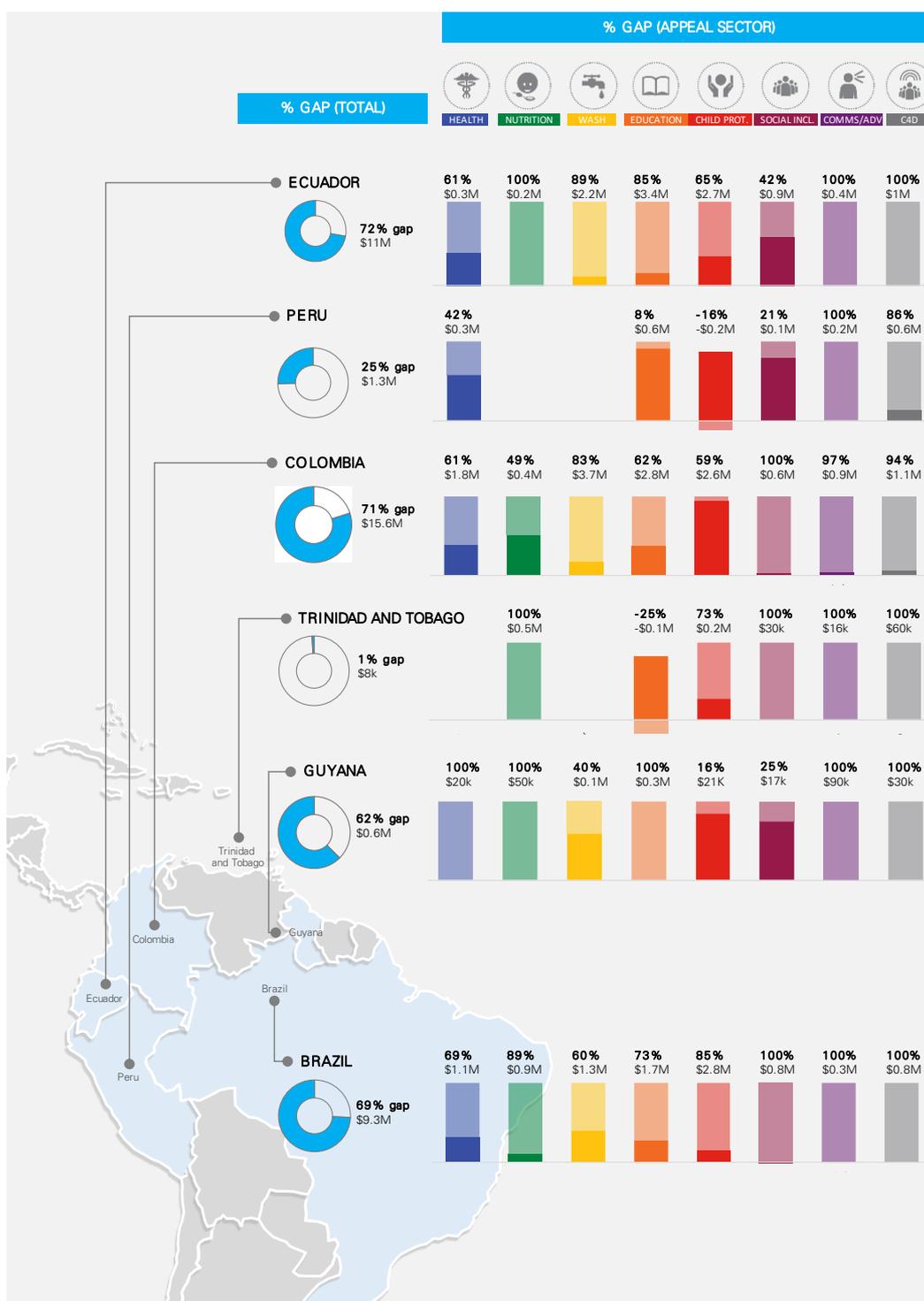
No. 1	Due to COVID-19, progress against indicators has been severely affected. As reflected in the Summary of Programme Results table, activities have been either: temporarily suspended, cancelled, intensified or modified. Detailed information is available in the notes below. Information on progress against COVID-19 indicators is available here
No.	HEALTH
BRA2	Actions have been intensified due to COVID-19. If borders open, overachievement of this indicator is envisioned.
COL3	Low achievement is due to population mobility restrictions: closing of borders led to decrease of migrants through official entry points.
GUY4	Low achievement of vaccination outreach to migrants and host communities is a result of COVID-19 travel restrictions.
BRA5	Due to borders closure, population did not vary as expected. Also, some pregnant women receive PHC from other service providers.
COL6	Low achievement is due to: suspension of care that leads to agglomeration of people, temporary suspension of health services not related to antenatal care and vaccination, while adapting to home care or teleconsultation; population mobility restrictions, which makes it difficult to attend health services; restrictions on mobility of extramural teams due to the security situation in some municipalities; suspension of care in community spaces; lower population coverage and higher costs when having to carry out home care; and changes in the dynamics of the migratory flow, very noticeable in Ipiales due to the closure of borders.
ECU7	This activity has changed due to COVID-19. Now, community workers are trained to refer children to health services.
PER8	June data not yet available from Health Directorate. Between March and July, patients drastically reduced due to closure of primary health centres.
No.	NUTRITION
BRA9	Actions have been intensified due to COVID-19. If borders open, overachievement of this indicator is envisioned.
COL10	Services provided by extramural teams and from child-friendly spaces. Low achievement is also due to: suspension of care that leads to agglomeration of people, temporary suspension of health services not related to antenatal care and vaccination; suspension of face-to-face activities in child-friendly spaces.
T&T11	Low achievement is due to COVID-19 restrictions.
ECU12	Activities cannot be implemented due to COVID-19.
GUY13	Overachievement is due to expanded coverage through COVID-19 response actions.
BRA14	Actions have been intensified due to COVID-19. If borders open, overachievement of this indicator is envisioned.
COL15	This indicator corresponds to the services provided by the extramural teams. Low achievement is due to: declaration of emergency and population mobility restrictions; restrictions on mobility of extramural teams due to the security situation in some municipalities; suspension of care in community spaces; suspension of primary health care services in some places while adapting to home care; permanent suspension of development services; and less population coverage due home care provision.
T&T16	Low achievement is due to COVID-19 restrictions
ECU17	Activities cannot be implemented due to COVID-19.
GUY18	Activities cannot be implemented due to COVID-19.
No.	WASH
BRA19	As borders are closed, population is not varying as envisioned, which is affecting implementation and reaching the target.
COL20	COVID-19 has increased needs for WASH services for refugees, migrants and host communities, mainly because of the difficulty in carrying out economic activities, both formal and informal. However, the pandemic has also challenged provision of WASH services
ECU21	Water is delivered in vulnerable communities in the province of Esmeraldas, but not exclusively to Venezuelan migrants and refugees.
GUY22	Implementation of medium and long-term infrastructure solutions for migrants and host communities in Region 1. Expansion to other Regions delayed due to COVID-19 restrictions and limited funding available.
BRA23	Actions have been intensified. As borders are closed, population is not varying as envisioned, which is affecting implementation and reaching the target.
COL24	COVID-19 has increased needs for WASH services for refugees, migrants and host communities, mainly because of the difficulty in carrying out economic activities, both formal and informal. However, the pandemic has also challenged provision of WASH services.

ECU25	Overachievement is linked to the fact that delivery of hygiene kits has changed, now Venezuelan families can access these items through a WASH CBI. Menstrual Hygiene services on hold, will resume once schools open again
GUY26	Higher demand due to COVID-19 resulted in overachievement. Linked with COVID-19 response
No.	EDUCATION
BRA27	COVID-19 impacted this activity so alternative remote measures had to be put in place, leading to high results-
COL28	Due to COVID-19, there were delays in enrolments. As a result, UNICEF was asked to include distance monitoring processes to promote learning and socio-emotional strengthening of children and adolescents, leading to overachieving the target.
ECU29	Ecuador will have official data in September 2020.
GUY30	Activity on hold due to COVID-19 restrictions.
BRA31	Actions have been intensified due to COVID-19. If borders open, overachievement of this indicator is envisioned.
32	Activity on hold due to COVID-19 restrictions
No.	CHILD PROTECTION
BRA33	COVID-19 impacted this activity so alternative/online measures had to be put in place.
T&T34	Actions have been upscaled within the COVID-19 response.
ECU35	Continuing with remote interventions.
GUY36	# children accessing Humanitarian Education programmes that incorporate psychosocial support (on hold). # children accessing mental health and psychosocial support (Integrated and expanded within COVID-19 response).
PER37	Due to national quarantine spaces for psychosocial support have been closed and this resulted in low achievement.
COL38	Quarantine and social distancing prevented the development of actions of a community, massive or broad nature. In order to harmonize the actions proposed in the HAC with these preventive measures and to promote safe actions that do not put children and adolescents at risk, progress is being made in adapting the strategy, to develop activities through virtual or telephone support.
ECU39	Activity on hold, will resume in the second semester of 2020.
PER40	Low result is due to reduced number of migrants officially entering via CEBAF at the beginning of the year and closure of border from 16 March 2020 for covid19.
BRA41	This activity has been paused in many places and some IPs collaborators got infected.
COL42	Quarantine and social distancing prevented the development of actions of a community, massive or broad nature. In order to harmonize the actions proposed in the HAC with these preventive measures and to promote safe actions that do not put children and adolescents at risk, progress is being made in adapting the strategy, to develop activities through virtual or telephone support.
No.	SOCIAL INCLUSION
GUY43	DCT has been released to Ministry of Social Protection. Disbursements expected in July to first recipients
No.	COMMUNICATION FOR DEVELOPMENT
44	Integrated and expanded within RCCE components of COVID-19 response
BRA45	C4D strategies had to be reduced due to COVID-19 preventive measures. In addition, many people responsible for those activities got sick. Alternative measures are planned to be put in place soon to ensure target is reached.
COL46	The physical distancing regulations due to COVID 19 affected this indicator. Target is planned to be reached through alternative modalities.
ECU47	Strategy has changed to U-Report on the Move.
BRA48	COVID-19 paused this activity that also suffered a delay at the beginning of the year. Efforts are in place to reach the target.
COL49	The physical distancing regulations due to COVID 19 affected this indicator. Target is planned to be reached through online modalities.
T&T50	Due to Covid-19, the activities for the prevention of xenophobia had to be put on hold.
ECU51	On hold due to COVID-19. Activities will resume soon to ensure progress against the target.
GUY52	Limited response due to COVID-19 restrictions impacting community outreach activities.
PER53	Digitalization of C4D strategy in host and migrant communities led to overachievement.

Annex B
Funding Status*

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2020	Other resources used in 2020	Resources available from 2019 (Carry-over)	US\$	%
Health	5,974,000	1,600,581		740,381	3,633,038	61%
Nutrition	2,156,000	321,338		219,324	1,615,338	75%
WASH	9,581,000	1,369,117	131,988	622,801	7,457,094	78%
Education	12,581,000	1,915,478	49,532	1,937,688	8,678,302	69%
Child Protection	13,469,000	1,070,400	2,939,727	1,265,728	8,193,145	61%
Social Inclusion	4,312,000	1,350,841		418,763	2,542,396	59%
Advocacy / Communications	1,952,000	0		25,045	1,926,955	99%
C4D	3,792,000	39,204		126,809	3,625,987	96%
Cross-sectoral support	3,942,000	1,300,017	272,120	1,809,993	559,870	14%
Regional support	7,860,000	1,150,087	380741.89	1,355,649	4,973,522	63%
Total	65,619,000	10,117,064	3,774,109	8,920,688	42,807,139	65%

Funding Gap per Country / Sector



Annex C

Detailed Funding Status per Country

BRAZIL						
Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2020	Other resources used in 2020	Resources available from 2019 (Carry-over)	US\$	%
Health	1,660,000	512,439		9,074	1,138,487	69%
Nutrition	1,025,000			114,659	910,342	89%
WASH	2,218,000	757,604		140,213	1,320,184	60%
Education	2,450,000	464,996		207,814	1,777,190	73%
Child Protection	3,350,000	383,538		115,899	2,850,563	85%
Social Inclusion	830,000			330	829,670	100%
Advocacy / Communications	300,000				300,000	100%
C4D	810,000				810,000	100%
Cross-sectoral support	853,000	370,377	164,120	920,717	(602,214)	-71%
Total BRAZIL	13,496,000	2,488,954	164,120	1,508,705	9,334,222	69%

COLOMBIA						
Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2020	Other resources used in 2020	Resources available from 2019 (Carry-over)	US\$	%
Health	3,000,000	890,862		267,834	1,841,304	61%
Nutrition	831,000	321,338		104,665	404,997	49%
WASH	4,533,000	435,120		327,459	3,770,421	83%
Education	4,603,000	1,019,163		726,440	2,857,397	62%
Child Protection	4,366,000	15,345	1,536,162	231,737	2,582,756	59%
Social Inclusion	636,000	-		16	635,984	100%
Advocacy / Communications	940,000	-		25,045	914,955	97%
C4D	1,181,000	39,204		29,593	1,112,203	94%
Cross-sectoral support	2,009,000	169,651		376,215	1,463,134	73%
Total COLOMBIA	22,099,000	2,890,683	1,536,162	2,089,004	15,583,151	71%

ECUADOR						
Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2020	Other resources used in 2020	Resources available from 2019 (Carry-over)	US\$	%
Health	500,000	197,280		157	302,563	61%
Nutrition	200,000			-	200,000	100%
WASH	2,520,000	123,542		155,129	2,241,329	89%
Education	4,000,000	54,585		533,200	3,412,215	85%
Child Protection	4,118,000	486,000	788,315	170,946	2,672,739	65%
Social Inclusion	2,220,000	1,298,340		341	921,319	42%
Advocacy / Communications	430,000				430,000	100%
C4D	1,000,000				1,000,000	100%
Cross-sectoral support	250,000	80,900	108,000	225,211	(164,111)	-66%
Total ECUADOR	15,238,000	2,240,647	896,315	1,084,984	11,016,054	72%

GUYANA						
Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2020	Other resources used in 2020	Resources available from 2019 (Carry-over)	US\$	%
Health	20,000				20,000	100%
Nutrition	50,000				50,000	100%
WASH	310,000	52,851	131,988		125,160	40%
Education	270,000	-			270,000	100%
Child Protection	135,000	113,856			21,144	16%
Social Inclusion	70,000	52,501			17,499	25%
Advocacy / Communications	90,000	-			90,000	100%
C4D	30,000	-			30,000	100%
Cross-sectoral support		14,506			(14,506)	
Total GUYANA	975,000	233,714	131,988		609,297	62%

PERU						
Sector	Requirements	Funds available			Funding gap	

		Humanitarian resources received in 2020	Other resources used in 2020	Resources available from 2019 (Carry-over)	US\$	%
Health	794,000			463,316	330,684	42%
Nutrition						
WASH						
Education	858,000		49,532	743,523	64,945	8%
Child Protection	1,150,000	71,662	615,250	652,165	(189,077)	-16%
Social Inclusion	526,000			418,076	107,924	21%
Advocacy / Communications	176,000				176,000	100%
C4D	711,000			97,216	613,784	86%
Cross-sectoral support	830,000	388,813		262,923	178,264	21%
Total PERU	5,045,000	460,475	664,782	2,637,482	1,282,261	25%

TRINIDAD AND TOBAGO						
Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2020	Other resources used in 2020	Resources available from 2019 (Carry-over)	US\$	%
Nutrition	50,000				50,000	100%
Education	400,000	376,734		125,174	(101,908)	-25%
Child Protection	350,000			94,718	255,282	73%
Social Inclusion	30,000				30,000	100%
Advocacy / Communications	16,000				16,000	100%
C4D	60,000				60,000	100%
Cross-sectoral support		27,5770		24,927	(300,697)	—
Total T&T	906,000	652,504		244,819	8,677	1%