Children in Tumaco learn using flexible curriculums and innovative education strategies, such as La Aldea, within parameters of COVID-19 safe schools protocols.

Children on the move, including Venezuelans and communities affected by COVID-19

HIGHLIGHTS

- In 2022, an estimated 33.4 million people, including 10.7 million children, will need humanitarian support related to ongoing crises including migration flows from the Bolivarian Republic of Venezuela and other countries, and needs related to the COVID-19 pandemic.

- Children and families have been hit by the humanitarian and socioeconomic impacts of the COVID-19 pandemic, including extended school closures, disruption of essential services, and rising violence against children and women.

- In response, UNICEF will support safe access to quality education, child protection and gender-based violence, and social protection services, including life-saving cash transfers, water, sanitation and hygiene (WASH), health, and nutrition services.

- UNICEF requests US$178.9 million to address the humanitarian needs of the most vulnerable migrants and refugees, including Venezuelan and other nationalities and host communities, the most vulnerable national children and families affected by COVID-19, and people affected by violence and displacement.

KEY PLANNED TARGETS

- 183,967 children receiving multiple micronutrient powders
- 568,811 children and women accessing health care
- 2.9 million people reached with hand-washing behaviour-change programmes
- 695,699 children/caregivers accessing mental health and psychosocial support

Figures are provisional and subject to change upon finalization of the inter-agency planning documents.
HUMANITARIAN SITUATION AND NEEDS

In 2022, an estimated 33.4 million people, including 10.7 million children, will need humanitarian assistance due to COVID-19 impacts and the migration outflows from the Bolivarian Republic of Venezuela, Haiti, Cuba, Chile and Brazil, among others, as well as the internal displacement in Colombia. There are 5.7 million Venezuelans on the move worldwide, with 80 per cent (4.6 million) moving within the region. Approximately 3.6 million Venezuelans, including indigenous populations, are settled in the Plurinational State of Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, Guyana, Peru, Trinidad and Tobago, and Uruguay. These countries host the most vulnerable migrants and refugees, with limited livelihood opportunities and poor access to health, nutrition, education, WASH, and child protection and gender-based violence (GBV) services.

Children and adolescents on the move, especially girls and those unaccompanied, face many challenges due to the lack of safe pathways. Due to a high prevalence of irregular migratory status across the region, they are highly vulnerable and often encounter different forms of violence, abuse, exploitation and neglect – including recruitment by armed groups and child labour – while also being at heightened GBV risk, trafficking, smuggling, discrimination and exposure to COVID-19. They often lack access to the national education systems, policies and other basic services such as WASH, health, nutrition and child protection.

The socioeconomic effects of the COVID-19 pandemic have hit the Latin America and Caribbean Region harder than any other region in the world, pushing half of the region’s children below the poverty line. Venezuelan migrants and refugees, in particular families with children, and pregnant women and single mothers, have been extremely vulnerable to the impacts of the pandemic on income and livelihoods due to their overrepresentation in the informal sector and their low inclusion in social protection mechanisms. Venezuelan children and their families are in urgent need of integration into national social protection systems to access basic income support and essential social services.

Colombia continues to experience multiple emergency affectations compounded by internal displacements and violence, the Venezuelan migration crisis, migration influx from other countries, disasters, and the COVID-19 pandemic, which has aggravated the humanitarian situation in Colombia.

In Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, Guyana, Peru, Trinidad and Tobago, and Uruguay, approximately 24.8 million vulnerable people will need assistance due to the COVID-19 pandemic, violence and internal displacement. They have limited access to health care, including maternal health and vaccinations, nutrition, child protection, education, early childhood development, WASH and social protection services. Furthermore, girls and women are increasingly vulnerable to GBV. Additionally, 86 million children and adolescents continue to be affected by the total or partial closure of schools in the region.

STORY FROM THE FIELD

Being only 6 years old, Dayse has already faced difficulties that should not be part of any child’s life. She had to leave her native country of Venezuela and had to overcome acute malnutrition in Brazil. She crossed the border into Brazil in 2018, along with her family – her father, mother and two sisters. They arrived by bus to Pacaraima (Roraima State) and stayed there for three months before heading to the state capital, where they now live in the Pintolandia shelter and where UNICEF and partners ensured her early nutrition treatment.

Read more about this story here

After months of treatment, Dayse is now in good health and enjoys running with other children, playing ball and having fun.
In line with its Agenda for Refugee and Migrant Children and the Core Commitments for Children, UNICEF, with governments and partners, will prioritize three strategic objectives: (1) promote and advocate for the rights of migrant, refugee and internally displaced children and their families, including indigenous populations; (2) ensure access to child protection, social protection, education, GBV prevention and response, early childhood development, health, nutrition and WASH services for migrant, refugee, internally displaced and host community children; and (3) promote social inclusion, integration and prevention of xenophobia by ensuring access to social services and long-term solutions for migrants and host communities; the regularization of children’s and families’ legal status and legal identity; strengthened social policies and national/local capacities; and strong linkages between humanitarian action and development.

Following global strategy on COVID-19, the response will focus on vulnerable affected populations, emphasizing indigenous people. It encompasses: (1) limiting human-to-human transmission and minimizing morbidity and mortality by supporting the public health response for prevention, care and treatment; and (2) preventing and addressing the socio-economic impacts and ensuring the continuity and strengthening of critical services for children.

Given the complexity of the situation, UNICEF will link its humanitarian action and development programming in order to strengthen national policies and systems. Given the evolving nature of the pandemic, UNICEF will concurrently monitor outbreaks in the countries to provide rapid response actions at the territorial level to address emerging public health emergencies related to COVID-19, including technical assistance and provision of WASH services, personal protection items and critical services for children.

Across sectors, national and partner capacities will be strengthened to respond to the needs of and support the integration of Venezuelan and other nationalities migrants, refugees, internally displaced and violence-affected children and families in Colombia and Ecuador. UNICEF will also prioritize protection against sexual exploitation and abuse, GBV, adolescent participation, and the provision of age, gender and disability appropriate services. As per its Grand Bargain commitments, UNICEF will mainstream cash-based interventions where feasible, community engagement, accountability to affected populations, and the localization of interventions.

At the regional level, UNICEF will support countries to adopt adequate preparedness and response measures. At the national and regional levels, UNICEF will collaborate with agencies and partners in line with the 2022 Regional Refugee and Migrant Response Plan and provide leadership in the child protection, education, nutrition, WASH and communications sectors.

Progress against the latest programme targets is available in the humanitarian situation reports: https://www.unicef.org/appeals/migration-flows/situation-reports

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.

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### 2022 PROGRAMME TARGETS

#### Nutrition
- 1,160 children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- 110,445 primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- 183,967 children aged 6 to 59 months receiving multiple micronutrient powders

#### Health
- 455,382 children aged 6 to 59 months vaccinated against measles
- 568,811 children and women accessing primary health care in UNICEF-supported facilities
- 23,737 health care facility staff and community health workers trained in infection prevention and control
- 794,042 children receiving the minimum set of vaccines

#### Water, sanitation and hygiene
- 135,650 people accessing a sufficient quantity of safe water for drinking and domestic needs
- 305,000 children use safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces
- 2,920,000 people reached with hand-washing behaviour-change programmes
- 816,898 people reached with critical WASH supplies

#### Child protection, GBVIE and PSEA
- 695,699 children and parents/caregivers accessing mental health and psychosocial support
- 39,346 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 5,210 unaccompanied and separated children accessing family-based care or a suitable alternative
- 55,401 children identified as in need of specialized services who are referred to health, social welfare and justice services
- 262,893 people reached with awareness activities and community mobilisation interventions on PSEA

#### Education
- 907,121 children accessing formal or non-formal education, including early learning
- 103,904 children receiving individual learning materials
- 185,767 children/adolescents accessing skills development programmes

#### Social protection
- 94,329 households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding
- 12,350 households reached with UNICEF funded multi-purpose humanitarian cash transfers
- 15,000 households benefitting from new or additional social transfers from governments with UNICEF technical assistance support

#### Cross-sectoral (HCT, C4D, RCCE and AAP)
- 1,589,380 people reached through messaging on prevention and access to services
UNICEF is requesting US$178.9 million to: (a) meet humanitarian needs, including those related to COVID-19, of Venezuelan migrants, refugees and host communities (55 per cent of the total appeal), in line with the Regional Refugee and Migrant Response Plan; (b) respond to other vulnerable children and their families affected by COVID-19 in Bolivia, Brazil, Dominican Republic, Ecuador, Guyana, Peru and Uruguay (34 per cent); and (c) meet the needs of internally displaced and violence-affected children and their communities in Colombia and Ecuador (8 per cent). The Regional Office requirement of US$5.7 million will cover technical assistance, quality assurance, direct support to country offices, and regional inter-agency coordination.

Flexible funding will enable UNICEF to support the continuity of basic services impacted by COVID-19, in education, child protection and GBV, social protection, health, nutrition and WASH sectors. Urgent support is needed to enable local partners and authorities to provide critical protection and psychosocial support to women, children and families on the move, and those disproportionately hit by the socioeconomic impacts of COVID-19. Without sufficient and timely funding, UNICEF and its partners will be unable to address the urgent humanitarian needs of 10.7 million children in the region.

**Sectors**

<table>
<thead>
<tr>
<th>Sectors</th>
<th>2022 total requirement (US$)</th>
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</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>8,512,086</td>
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<tr>
<td>Health</td>
<td>16,055,614</td>
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<tr>
<td>Water, sanitation and hygiene</td>
<td>28,866,349</td>
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<tr>
<td>Child protection, GBViE and PSEA</td>
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<tr>
<td>Education</td>
<td>44,296,945</td>
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<tr>
<td>Social protection</td>
<td>31,078,085</td>
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<tr>
<td>Regional office technical capacity</td>
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<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>10,955,353</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>178,925,595</strong></td>
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</tbody>
</table>

*This includes costs from other sectors/interventions: Cross-sectoral (HCT, C4D, RCCE and AAP) (6.1%), Nutrition (4.8%), Regional office technical capacity (3.2%).
### Sectors

<table>
<thead>
<tr>
<th></th>
<th>Bolivia</th>
<th>Brazil</th>
<th>Colombia</th>
<th>Dominican Republic</th>
<th>Ecuador</th>
<th>Peru</th>
<th>Trinidad and Tobago</th>
<th>Uruguay</th>
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<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td>1,193,640</td>
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<td>2,647,126</td>
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<td>29,000</td>
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<tr>
<td><strong>Health</strong></td>
<td>3,446,360</td>
<td>4,593,600</td>
<td>9,465,152</td>
<td>620,600</td>
<td>5,329,620</td>
<td>348,000</td>
<td>4,254,866</td>
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<tr>
<td><strong>Water, sanitation and hygiene</strong></td>
<td>1,948,220</td>
<td>9,465,152</td>
<td>6,899,891</td>
<td>620,600</td>
<td>5,329,620</td>
<td>348,000</td>
<td>4,254,866</td>
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<tr>
<td><strong>Child protection, GBViE and PSEA</strong></td>
<td>1,888,480</td>
<td>9,850,140</td>
<td>9,315,183</td>
<td>1,467,400</td>
<td>5,391,680</td>
<td>429,200</td>
<td>4,495,000</td>
<td>226,200</td>
<td>397,880</td>
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<td><strong>Education</strong></td>
<td>923,360</td>
<td>13,688,000</td>
<td>8,469,066</td>
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<td><strong>Social protection</strong></td>
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<td><strong>Regional office technical capacity</strong></td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5,700,000</td>
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<tr>
<td><strong>Cross-sectoral</strong> (HCT, C4D, RCCE and AAP)**</td>
<td>916,400</td>
<td>3,757,973</td>
<td>5,474,860</td>
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<td>399,800</td>
<td>226,800</td>
<td>1,218,000</td>
<td>29,000</td>
<td>-</td>
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<tr>
<td><strong>Total</strong></td>
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<td>45,010,540</td>
<td>5,747,800</td>
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<td>2,302,600</td>
<td>24,381,670</td>
<td>4,577,032</td>
<td>418,180</td>
</tr>
</tbody>
</table>

**Who to contact for further information:**

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The funding requirements for COVID-19 by country are as follows: Plurinational State of Bolivia (US$ 9.7 million), Brazil (US$25.7 million), Dominican Republic (US$ 2.1 million), Ecuador (US$8.6 million), Mexico (US$3.9 million), Colombia (US$32.9 million), Dominican Republic (3 million), Ecuador (US$0.5 million), Guyana (US$1.2 million), Peru (US$11.7 million), Trinidad and Tobago (US$4.5 million), Uruguay (US$238,000). RMRP 2022 is under development and will be updated in January 2022.

The 2022 HAC includes new countries and components (COVID-19 in Brazil and Bolivia are new components, adding 18 million people in need; COVID-19 in Colombia and Uruguay are new countries in 2022).

This approach includes children affected by human mobility from and to the Bolivarian Republic of Venezuela, together with responses to COVID-19, and other crises. In 2021, this includes: 15,654 people in the Plurinational State of Bolivia; 376,700 in Brazil; 3,999,000 in Colombia; 105,000 in Dominican Republic; 602,000 in Ecuador; 44,250 in Guyana; 1,235,000 in Peru; 36,720 in Trinidad and Tobago; 22,200 in Uruguay; and 762,496 in other countries not part of this appeal (Argentina, Aruba, Chile, Costa Rica, Curaçao, Mexico, Panama, Paraguay). The remaining 74 per cent corresponds to other populations affected by the impacts of COVID-19 including: 575,292 in Bolivia; 18,146,236 in Brazil; 2,607,336 in Colombia; 275,295 in Guyana; 2,934,136 in Peru and 265,215 in Uruguay. Four per cent correspond to people displaced in Colombia and 25 per cent are in Ecuador. These are UNICEF estimates based on country-level analysis. RMRP 2022 is under development and will be updated in January 2022.

According to the RMRP 2021, 7.2 million people (30 per cent children) are in need of assistance across 17 countries in Latin America and the Caribbean.

According to Migration Panama, of the 19,905 children migrating through Panama from the year 2016 to 2021, 3,442 (17 per cent) are Brazilian nationals and 6,456 (32 per cent) are Chilean nationals, children of Haitian and African parents. Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (RAV) Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region – September 2021.

Brazil (US$24.6 million), Colombia (US$32.9 million), Dominican Republic (3 million), Ecuador (US$0.5 million), Guyana (US$1.2 million), Peru (US$11.7 million), Trinidad and Tobago (US$4.5 million), Uruguay (US$238,000). RMRP 2022 is under development and will be updated in January 2022.

The funding requirements for COVID-19 by country are as follows: Plurinational State of Bolivia (US$ 9.7 million), Brazil (US$25.7 million), Dominican Republic (US$ 2.1 million), Ecuador (US$0.5 million), Guyana (US$1.2 million), Peru (US$11.7 million), Trinidad and Tobago (US$4.5 million), Uruguay (US$238,000). RMRP 2022 is under development and will be updated in January 2022.

The RMRP for 2022 has been developed through an extensive participatory process, including: consultation with ministry representatives in the 17 countries; meeting with partners and agencies; and country-level analysis. However, these estimates are based on country-level analysis and do not reflect the complexity and dynamics of the situation.

ENDNOTES

1. UNICEF’s public health and socio-economic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.

2. UNICEF estimate based on country-level analysis (for needs related to COVID-19) and the Regional Refugee and Migrant Response Plan 2021 (for needs related to the Venezuelan migration situation).

3. Other countries include Chile, Brazil, Haiti, Cuba and extra continental migrants from Africa and Asia.

4. This relates mainly to internal displacement and violence in Colombia and Ecuador.


6. Including response targeting Venezuelan refugees in the Plurinational State of Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, Guyana, Peru, Trinidad and Tobago, and Uruguay; and other crises.

7. In all countries covered by this appeal.

8. Internal displacement in Colombia and potential displacement of Colombians to Ecuador, where contingency response has been planned.

9. Of the total, 23 per cent are people affected by human mobility from the Bolivarian Republic of Venezuela. According to the Regional Refugee and Migrant Response Plan (RMRP) 2021, this includes: 15,654 people in the Plurinational State of Bolivia; 376,700 in Brazil; 3,999,000 in Colombia; 105,000 in Dominican Republic; 602,000 in Ecuador; 44,250 in Guyana; 1,235,000 in Peru; 36,720 in Trinidad and Tobago; 22,200 in Uruguay; and 762,496 in other countries not part of this appeal (Argentina, Aruba, Chile, Costa Rica, Curaçao, Mexico, Panama, Paraguay). The remaining 74 per cent corresponds to other populations affected by the impacts of COVID-19 including: 575,292 in Bolivia; 18,146,236 in Brazil; 2,607,336 in Colombia; 275,295 in Guyana; 2,934,136 in Peru and 265,215 in Uruguay. Four per cent correspond to people displaced in Colombia and 25 per cent are in Ecuador. These are UNICEF estimates based on country-level analysis. RMRP 2022 is under development and will be updated in January 2022.

10. The Grand Bargain has been an agreement between some of the largest donors and humanitarian organizations, who have committed to get more money into the hands of people in need and improving the effectiveness and efficiency of humanitarian action.


12. Depending on context, a minimum package for a family includes: Maternal care, child nutrition and protection, health services, education, water and sanitation, and income generation. In countries with high unemployment rates, supplementary income generation activities, such as small businesses or informal market activities, are included.

13. This indicator’s decrease in total target, as compared to 2021, is due to a decrease in Ecuador targets related to a change in response approach that in 2022 prioritizes WASH in schools and sanitation. In this appeal’s countries, more costly activities in sanitation and rehabilitation of infrastructure have increased.

14. This is the consolidated target for Bolivia, Brazil, Colombia, Guyana and Ecuador.

15. Border reopening after one and a half years and the migration influx upsurge is one of the main reasons why there is a considerable increase in the HAC 2022 ack. In 2022, UNICEF planned interventions in Education will last longer than those implemented during 2021. For example, UNICEF Brazil is focusing on access to school and/or non-formal education and skills development programmes. The activities are planned to support those children for the whole year. In Ecuador, the response includes the identification of out of school of children and adolescents who need support to access and continue in the education system with an active support from UNICEF in the enrolment and retention processes. The cost for the active search for out-of-school children and adolescents is high as targeted interventions require a detailed intervention from UNICEF. Likewise, this year’s HAC includes evaluation, levelling and pedagogical support for boys and girls who have been out of school due to COVID-19 and this intervention also requires an increase in funding and tracking children’s progress over time. In Trinidad and Tobago, the strategy is moving towards expanding accredited online education of children on the move in Trinidad and Tobago. This is an investment in their digital and 21st century skills.

16. The decrease in the total target for this indicator, in comparison with 2021, is mainly due to changes in the measuring methodology, which in 2022 is more accurate and based on impressions instead of medical interventions.

17. The funding requirements for the migrant and refugee response (including COVID-19 related activities for migrants and refugees) by country are as follows: Plurinational State of Bolivia (US$1.3 million), Brazil (US$24.6 million), Colombia (US$32.9 million), Dominican Republic (3 million), Ecuador (US$0.5 million), Guyana (US$1.2 million), Peru (US$11.7 million), Trinidad and Tobago (US$4.5 million), Uruguay (US$238,000). RMRP 2022 is under development and will be updated in January 2022.

18. The funding requirements for COVID-19 by country are as follows: Plurinational State of Bolivia (US$ 9.7 million), Brazil (US$25.7 million), Dominican Republic (US$ 2.1 million), Ecuador (US$0.5 million), Guyana (US$1.2 million), Peru (US$11.7 million), Trinidad and Tobago (US$4.5 million), Uruguay (US$238,000). RMRP 2022 is under development and will be updated in January 2022.

19. Including the needs of migrants and refugees with other nationalities in Colombia, Dominican Republic and Ecuador. The funding requirements for the violence/displacement response by country are approximately as follows: Colombia US$11,665,063, including COVID-19 related needs; Ecuador US$240,000.