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COVID-19 Brazil Humanitarian Situation Report No. 2



Reporting Period: 1 January to 31 December 2021

Highlights

- Brazil remains one of the countries most affected by COVID-19, with over 22 million reported cases and around 620,000 deaths (second worldwide). However, after massive peaks in the first semester with the health system in Manaus and other cities on the brink of collapse, from July onwards cases and deaths declined sharply, following the launch of the vaccination campaign.
- A third round of a study commissioned by UNICEF indicates that the impact of the pandemic on children from poor families continues to worsen. Despite the improved public health situation, the country remains severely affected by the economic impact which caused a technical recession.
- As chair of the UN COVID-19 Response Working group, UNICEF supported the arrival of more than 13 million vaccines via the COVAX facility. UNICEF implemented the SAFE strategy and provided WASH supplies for 788,000 people as well as WASH facilities and services benefiting around 129,200 children and adolescents in over 5,500 schools.
- UNICEF relentlessly invested in advocacy for safe reopening of public schools regularly publishing data, research, and evidence on the extent and negative impact of the closures on children's mental health and learning opportunities. To support a safe school reopening UNICEF provided self-assessment tools¹ on WASH-IPC preparedness, online training courses and guidelines, including on epidemiological monitoring.
- Most public schools reopened in mid-year. However, many have been offering hybrid education and a significant number only provides remote classes, which particularly impacts the 4.8 million children aged 9-17 without internet access at home. By late 2020, over 5 million children had lost contact with their school – either due to lack of remote activities or because they were not enrolled.

Situation in Numbers



22 million confirmed cases of COVID-19



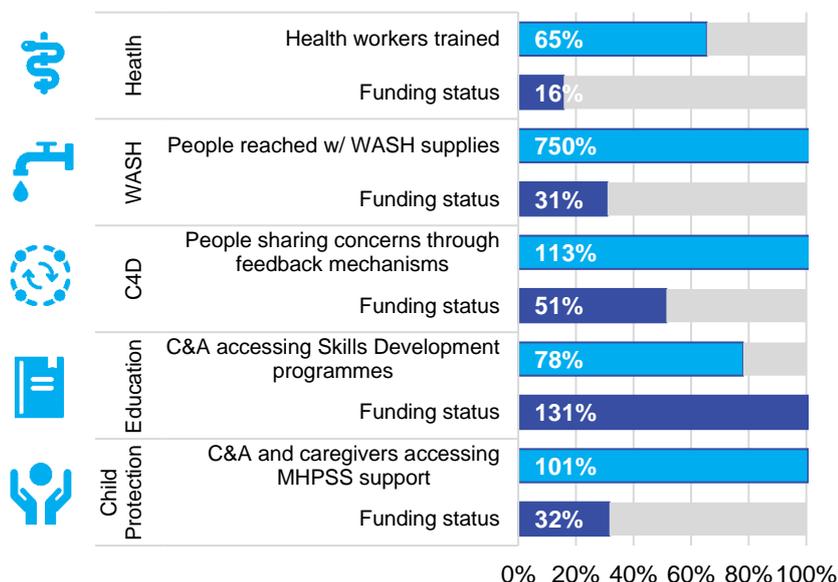
620,000 confirmed deaths



14 million people in need, including 4.7 million children

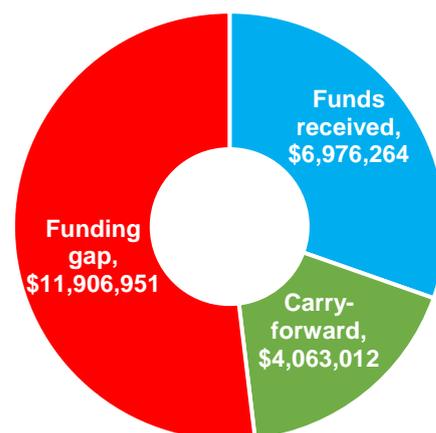
Source: <https://covid.saude.gov.br/>

UNICEF's Response and Funding Status



UNICEF Appeal 2021 US\$ 22.9 million

Funding Status (in US\$)



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

Funding Overview and Partnerships

In 2021, UNICEF appealed for USD 22.9 million to address the COVID-19 related needs of 3.5 million children in Brazil and to ensure that children and adolescents who are already behind are given opportunities to absorb and mitigate the shock of the pandemic, specially by strengthening existing systems such as from health, education and social assistance sectors.¹ During the reporting period, donors such as USAID/OFDA/BHA and the United Kingdom's Foreign, Commonwealth & Development Office (FCDO) provided support to address the immediate health and Water, Sanitation and Hygiene (WASH) needs. Furthermore, funding from ACT-A was critical to support health system strengthening². UNICEF leading role from the UN-COVID-19 was instrumental for the arrival of millions of vaccines through the COVAX facility. In addition, a range of corporate donors – both national and international – generously contributed to the UNICEF Brazil humanitarian response to COVID-19. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received. To meet the immediate response needs, UNICEF worked closely with civil society partners to deliver its response and has utilized 100 per cent of the emergency and global thematic funds received despite of a large funding gap of 52 per cent. Without sufficient funding and support, 3.5 million children and adolescents are at risk of not returning to school, eroding the gains made over the past 20 years in human capital development. Given the duration of the crisis and its economic effects, there is growing concern due to the increase in food insecurity affecting mainly families with children and the fact that adolescents, children, and caregivers in vulnerable communities had shown signs of deteriorating during the pandemic.³

Situation Overview & Humanitarian Needs

In the nearly two years after the WHO declared the COVID-19 outbreak a global pandemic, Brazil has become one of the countries hardest hit with more than 22 million cases recorded (8.4 per cent of the global total) and around 620,000 deaths (second worldwide)⁴ in early 2022. By the end of 2021, the rates of cases and deaths had decreased well below the peak registered in April 2021⁵, when Manaus and many other cities in Brazil were facing a near collapse of the health system with stock-outs of basic medical supplies and a slow start of the vaccination campaign. Towards mid-year, the situation had evolved more positively thanks to accelerated vaccination efforts: as of December 2021, 310 million vaccine doses had been administered in Brazil, and 62.9 per cent of the population were fully vaccinated against the disease⁶. Despite the improved public health situation, the country remains severely affected by the economic impact of the pandemic which caused a technical recession. In the second quarter of 2021, the average individual income of Brazilians was 9.4 per cent below its level at the end of 2019. After the mid-year break of 2021, more than 85 per cent of municipal schools reopened for face-to-face classes. Nevertheless, a majority offered a mix of digital learning and in-person classes and a significant number of schools provided only remote classes⁷. This impacted particularly the around 4.8 million children aged 9-17 who do not have internet access at home. At the start of 2021, over 5 million children had lost contact with their school - either due to lack of remote activities or because they were not enrolled. The COVID-19 pandemic also had a significant impact on the mental health of adolescents. In addition, there have been indications of increasing rates of child labour, often due to the prolonged school closures and rising poverty levels⁸. Finally, preliminary data points to an increase of 14 per cent in cases of children (up to 14 years old) having been treated in the public health system after becoming victims of sexual violence in the first semester of 2021, totalling almost 17,000 cases - 85 per cent involving girls.⁹

Summary Analysis of Programme Response

Health

UNICEF focused on responding to the immediate needs of the overstretched health system by supporting COVAX vaccine deliveries, while strengthening public health measures to contain and reduce transmission. As the chair of the UN-COVID-19 Response Working group, UNICEF's role was instrumental to enable the arrival of more than 13 million vaccines via the COVAX facility. UNICEF provided medical supplies and Personal Protection Equipment, including 64 oxygen concentrators and 37 helmet-based ventilators benefiting 3,859 health units in the Semiarid and Amazon

¹ UNICEF, 'Humanitarian Action for Children – Brazil 2021': <https://uni.cf/3zUhfzO>

² Funds for response actions related to COVID-19 vaccination efforts are channelled to Country Offices through the global 'Access to COVID-19 Tools Accelerator (ACT-A) HAC appeal <https://www.unicef.org/media/108371/file/2021-HAC-ACT-A-September-Revision.pdf>

³ In 2022, UNICEF Brazil funding needs to address humanitarian needs related to the health and socio-economic impacts of COVID-19 are integrated in the multi-country HAC appeal 'Children on the move - Venezuela', including Venezuelans and communities affected by COVID-19, <https://www.unicef.org/appeals/children-on-the-move-venezuela>.

⁴ <https://bit.ly/32ITEER>

⁵ <https://bit.ly/3qanDYH>

⁶ <https://bit.ly/3mkcJi3>

⁷ <https://uni.cf/3Jh6yW3>

⁸ <https://uni.cf/32axeXu>

⁹ <https://bit.ly/3GVvMHi> - Federal Police Daily Data, 01 Jan 2022

regions, with a focus on Manaus and Fortaleza, the two cities experiencing the worst health system collapse. As part of the integrated SAFE strategy, UNICEF implemented a WASH/IPC in-person and online training¹⁰ that reached over 15,000 health workers from Primary Health Care Facilities (PHCF) in the Legal Amazon and Semiarid regions in infection and prevention control measures and WASH protocols and to roll out a WASH/IPC assessment tool¹¹. Along with the provision of PPE, medical equipment and training for professionals working in PHCF, UNICEF continued to advocate for the maintenance of services focused on maternal and child health through the new edition of the Municipal Seal Initiative, implemented in 2,023 municipalities. In the health sector, the initiative has a special focus on immunization, aiming at increasing routine vaccination coverage, as well as the access and quality of prenatal care.

WASH

UNICEF implemented the SAFE strategy to help prevent further transmission and ensuring the continuity of essential education, health, and social protection services in 49 key hotspot municipalities in the Amazon and Semiarid regions via infection prevention and control measures. Around 788,000 people were reached with critical WASH supplies and hygiene items. WASH facilities and services benefited 129,192 children and adolescents in over 5,500 schools, and 72,587 girls received sanitary pads for adequate menstrual hygiene management (MHM). Also, in partnership with civil society organization IPREDE, UNICEF trained 8,255 teachers and 1,360 social assistance professionals in IPC/WASH. In the Amazon region, UNICEF supported the activation of State-and-City wide WASH sector coordination in Belem and Manaus to respond to the most immediate WASH needs to strengthen public health measures in hard-to-reach communities. In partnership with the Coordination of Indigenous Organizations of the Brazilian Legal Amazon (COIAB), UNICEF was able to work in 64 indigenous territories reaching over 95,630 indigenous people from 98 different ethnic groups with hygiene kits as well as protection messages. Furthermore, 2,500 health and child protection professionals in these communities were trained to contain transmission while also promoting mental health and well-being.

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

UNICEF continued to invest in evidence-based communication to support risk communication and community engagement while addressing the COVID-19 infodemic through its digital platforms¹² sharing COVID-19 prevention messages, promoting vaccination, and actively addressing fake news. At least 46,715,769 people were reached on social media (post with the highest number of impressions) and 3.5 million people engaged with the messages through targeted Social Behavior Change Communication (SBCC). In addition, a campaign in partnership with Facebook to influence people's perception of vaccine effectiveness reached more than 32 million people. Complementing its social media strategy, UNICEF invested in interpersonal communication with families, adolescents, and teachers in the Amazon region (Belem, Manaus and Gurupá) through participatory, evidence-based strategies, working closely with adolescents to adapt communication messages which are now being used for social media and radio campaigns. Almost 150,000 people were reached during focus group discussions and other meetings and 1.5 million impacted through radio broadcasting. In the Semiarid, UNICEF worked with adolescents, parents, and teachers in 39 municipalities to create demand and prepare for a safe school reopening and more than 1.9 million people were reached with safety messages. Building on lessons from the SBCC sessions, UNICEF engaged youth groups and partnered with influencers to produce a video (COLA BORA) with funk musicians to promote preventive behaviour during the year-end holiday season among adolescents and young people, reaching 100 million viewers by early January 2022. UNICEF also initiated a feedback process as part of its Accountability to Affected Populations (AAP) strategy with over 22,500 people providing feedback on UNICEF's interventions through different AAP channels, including U-Report and interpersonal communication.

Education

UNICEF relentlessly invested in advocacy for a safe reopening of public schools engaging with all national, state and municipal level stakeholders as well as UN partners¹³. UNICEF regularly published data, research, and evidence¹⁴ on the extent and negative impact of the closures on children's mental health and learning opportunities. UNICEF launched a safe school reopening website¹⁵ to support managers, school principals and teachers providing self-assessment tools¹⁶ on WASH-IPC preparedness, online training courses and guidelines, including on epidemiological monitoring. When most public schools reopened after the winter break in mid-year, education leaders in Rio de Janeiro and São

¹⁰ <https://bit.ly/34H55bu>

¹¹ <https://uni.cf/3I5AWRH>

¹² <https://uni.cf/3rebN0i>; <https://bit.ly/3nsZw6Z>; <https://bit.ly/3GqIbDg>

¹³ <https://uni.cf/3pV40DW>

¹⁴ <https://uni.cf/3yrjnt>

¹⁵ <https://uni.cf/3EWNWrE>

¹⁶ <https://bit.ly/3oX00n0>

Paulo explicitly referred to UNICEF guidance. Through the School Active Search, a UNICEF supported initiative that identifies out-of-school children and facilitates their re-enrolment more than 14,000 students were re-integrated in school. In addition, 135,000 children and adolescents were supported with distance and home-based learning.

UNICEF diversified its partnerships, including community-based and civil society organizations and adapted life skills trainings to hybrid modules. UNICEF distributed connectivity kits (smartphones, internet data packages and information material) to over 4,500 adolescents from ethnic minorities living in remote areas, so they could access educational opportunities, including life skills training. UNICEF also advocated jointly with partners for quality internet access and digital school connectivity to ensure educational continuity and foster digital education. This partnership is aligned with the Global initiative GIGA¹⁷ to map and develop low-cost solutions for regions without internet access, while advancing public advocacy for increased government investments in digital inclusion. Over 62,000 adolescents and young people, including from traditional, indigenous, and migrant communities and adolescents in conflict with the law by providing non-formal education and organizing workshops on employability, communication, digital skills, and human rights among other abilities. Lastly, UNICEF supported formal education programmes at state level for adolescents who are behind at school, reaching some 20,000 students.

Child Protection

Children's and adolescents' mental health and well-being remained a key concern due to prolonged social isolation and school closures. To address this issue, UNICEF partnered with professional networks and specialized civil society groups to create and launch the web-based platform "Pode Falar"¹⁸ to provide information and online support related to mental health issues. More than 36,000 adolescents received psychosocial support through the platform and more than 14 million adolescents and youth engaged via social media with specific support messages. The strategy was complemented by dedicated strategies for hard-to-reach minorities: for example, UNICEF offered training on mental health and psychological support and on child protection for indigenous groups, reaching more than 2,500 adolescents and youth.

UNICEF supported the Ministry of Women, Families and Human Rights (MMFDH), and other stakeholders to launch the SABE (Know) application and protocol¹⁹, where children can report cases of violence and abuse, and learn about their rights. UNICEF also continued to support prevention awareness raising on violence against children (VAC), including sexual violence, reaching 1.2 million people on social media. Moreover, pilot interventions for armed violence impact reduction, reached some 2,000 children identified as in need and referred to specialized services.

Social Protection and Cash Transfers

A third round of the nation-wide survey on the impact of COVID-19²⁰ on children and adolescents in Brazil with 1,500 respondents, showed persistent problems including the reduction of income in poorer families, despite the Government's emergency cash transfer programme. The study also confirmed disparities and lack of access to education and the internet, significant effects on mental health and growing malnutrition, among others. In response to the worrying situation in the country, UNICEF jointly with State and Municipal Governments, designed a humanitarian cash transfer (HCT) programme to address child hunger and extreme poverty among the most vulnerable families with children, in identified hotspot municipalities. The HCT Programme reached over 4,500 most vulnerable families in 13 hotspot municipalities in Semiarid, Amazon and Southeast regions. The HCT programme will complement the planned support for developing and implementing shock-responsive social protection services as the HCT builds on the existing public structures at municipal level, strengthening their capacities to identify, distribute, and monitor benefits to vulnerable families, most of whom are already served by the National System. The programme will be initially implemented in 2 States and 18 Municipalities with the possibility of being scaled up, depending on availability of funds.

Human Interest Stories and External Media

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

¹⁷ GIGA Global Initiative: <https://gigaconnect.org/>

¹⁸ <https://bit.ly/3dYzGTu>

¹⁹ <https://uni.cf/3oYrrNy/> / <https://bit.ly/3sdJ79N>

²⁰ <https://uni.cf/3laOJXf>

Through public and evidence-based advocacy, UNICEF positioned mental health, menstrual poverty, lethal and sexual violence in the public debate. Between January and December, UNICEF's engagement with the media resulted in more than 4,200 media reports (tier 1 and 2) mentioning the organization as a source. UNICEF published 312 communication products, including 111 human interest stories (text with photos and videos), 198 press releases, 1 op-ed and 2 brochures on its platforms. UNICEF reached more than 96 million people through online and print media, and TV presence grew by 121 per cent compared to 2020.

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

UNICEF Brazil human interest stories: [Internet and studies boost youth's dreams in the outskirts of Sao Paulo](#)

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Summary of Programme Results

Sector Indicator Disaggregation	UNICEF and IPs Response		
	2021 target	Total results	Percentage reached
Nutrition			
# Health and nutrition workers trained to provide adolescent nutrition counselling services	6,600	- ²¹	0%
Health			
# Healthcare facility staff and community health workers trained on infection prevention and control (IPC)	24,300	15,908	65%
# Health centers supported by UNICEF providing maternal, child and adolescent health services	699	3,859	552% ²²
WASH - Water, sanitation, and hygiene			
# people reached with critical water, sanitation, and hygiene supplies (including hygiene items) and services	105,000	787,550 ²³	750%
# children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces	1,340,000	129,192	10% ²⁴
# girls and women accessing menstrual hygiene management services	400,000	72,857	18% ²⁵
Child protection, GBVIE and PSEA			
# children and caregivers accessing mental health and psychosocial support	1,092,998	1,100,000 ²⁶	101%
# children identified as in need of specialized services, including survivors of gender-based violence, who are referred to health, social welfare and justice services	3,500	2,076	59%
# people with access to safe channels to report sexual exploitation and abuse	50,000	2,019	4% ²⁷
Education			
# children accessing formal or nonformal education, including early learning	100,000	14,009	14% ²⁸
# schools implementing safe school protocols (infection prevention and control)	20,000	13,757	69%
# children/adolescents accessing skills development programmes	80,000	62,463	78%
Social protection and cash transfers			
# households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding	130,000	4,559	4% ²⁹
C4D, community engagement and AAP			
# people reached with messages on access to services	50,150,000	46,715,769	93%
# people participating in engagement actions for social and behavioral change	3,270,000	3,570,793	109%
# people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	20,000	22,560	113%

²¹ Due to the lack of funds to PACs/IP agreements; the impossibility of conducting face to face trainings, initially planned during HAC phase planning; the worsening of the pandemic in Brazil that burdened health teams, there is a lack of progress at this indicator. To reach more health professionals, a distance learning course on WASH/IPC to PHCF was launched in September reaching over 15,000 health workers.

²² Our PFP team supported BCO with new partnerships, in which donors supported the provision of masks, thermometers, and oximeters to health facilities, in addition to oxygen concentrators and helmet-based ventilation during the period of greater crisis in Manaus

²³ At the height of the Pandemic (first half of 2021) UNICEF received high levels of in-contributions and dedicated funds for the provision of WASH supplies to the most vulnerable people; therefore, causing an overachievement of this indicator. This trend changed only in the second semester when UNICEF was able to focus on improving the quality of learning spaces with Infection Prevention and control measures.

²⁴ The number of children accessing learning facilities was reduced due to long period in which Brazilian public schools remained closed. Schools were reopened only after the mid-year break for face-to-face classes, often combined with remote classes. Therefore, this deeply impacted UNICEF efforts reflected by an underachievement of this indicator.

²⁵ Indicator under achieved due to limited funding received for the provision of menstrual hygiene items and for the improvement of menstrual hygiene management services, therefore limiting the number of girls and women reached

²⁶ The number of people accessing online messages, tips, and guidance on where to find support on mental health was 14,000,000, which is the number of people reached. The number 1,100,000 is equivalent to people who engaged online with messages that were disseminated

²⁷ This indicator was identified based on the launch and use of app SABE – to report sexual exploitation and abuse, among other types of violence-, initially planned to be in Feb 2021. This was a project carried out jointly with the government, being a tool under its responsibility. The delay in the launch and the promotion of its use was caused by the internal obstacles of the ministry; it happened in October 2021

²⁸ The number of children accessing formal and non-formal education was reduced due to long period in which Brazilian public schools remained closed. Schools were reopened only after the mid-year break for face-to-face classes, often combined with remote classes. Therefore, this deeply impacted UNICEF efforts reflected by an underachievement of this indicator

²⁹ Indicator under achieved due to limited funding received for UNICEF Humanitarian Cash Based Transfer approach therefore, limiting the number of households reached.

Annex B

Funding Status³⁰

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2021	Resources available from 2020 (Carry-over)	\$	%
Nutrition	536,790	-	-	536,790	100%
Health	3,557,800	420,060	143,206	2,994,534	84%
WASH - Water, sanitation, and hygiene	8,360,137	2,645,061	2,959,974 ³¹	2,755,101	33%
Child protection, GBViE and PSEA	3,580,000	950,384	183,371	2,446,245	68%
Education	4,295,000	2,356,255	234,054	1,704,691	40%
Social protection and cash transfers	1,460,000	464,726	87,241	908,033	62%
C4D, community engagement and AAP	1,156,500	139,778	455,165	561,557	49%
Total	22,946,227	6,976,264	4,063,012	11,906,951	52%

³⁰ As defined in Humanitarian Appeal of 01/01/2021 for a period of 12 months

³¹ WASH financial figures are a little different from the previous version due to exchange rate