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

HIGHLIGHTS

- In 2022, an estimated 41.4 million people, including 13.4 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$185.7 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

- 133,967 children receiving multiple micronutrient powders
- 532,370 children and women accessing health care
- 2.8 million people reached with hand-washing behaviour-change programmes
- 750,169 children/caregivers accessing mental health and psychosocial support

FUNDING REQUIREMENTS

- US$185.7 million

All figures are aligned with the finalized inter-agency planning documents.
In 2022, an estimated 41.4 million people, including 13.4 million children, will need humanitarian support related to ongoing crises including migration flows from the Bolivarian Republic of Venezuela, Haiti, Cuba, Chile, and Brazil, among others, as well as the internal displacement in Colombia. There are 6.11 million Venezuelans on the move worldwide, with 86 per cent (5.06 million) moving within the region. Approximately 4.6 million Venezuelans, including indigenous populations, are settled in the Plurinational State of Bolivia, Brazil, Chile, 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, 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, natural disasters, and the COVID-19 pandemic, which has aggravated the humanitarian situation in the country.

In Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, Guyana, Peru, Trinidad and Tobago, and Uruguay, approximately 32.5 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.

**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.
HUMANITARIAN STRATEGY

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/rapports/children-on-the-move-venezuela/situation-reports](https://www.unicef.org/rapports/children-on-the-move-venezuela/situation-reports)

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
- 133,967 children aged 6 to 59 months receiving multiple micronutrient powders

**Health**
- 455,382 children aged 6 to 59 months vaccinated against measles
- 532,370 children and women accessing primary health care in UNICEF-supported facilities
- 18,737 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**
- 143,650 people accessing a sufficient quantity of safe water for drinking and domestic needs
- 305,900 children use safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces
- 2,810,000 people reached with hand-washing behaviour-change programmes
- 798,567 people reached with critical WASH supplies

**Child protection, GBViE and PSEA**
- 750,169 children and parents/caregivers accessing mental health and psychosocial support
- 152,009 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 4,790 unaccompanied and separated children accessing family-based care or a suitable alternative
- 87,517 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**
- 932,521 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**
- 97,079 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)**
- 2,622,710 people reached through messaging on prevention and access to services

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.

All figures are aligned with the finalized inter-agency planning documents.
UNICEF is requesting US$185.7 million to: (a) meet humanitarian needs, including those related to COVID-19, of Venezuelan migrants, refugees and host communities (62 per cent of the total appeal), in line with the Regional Refugee and Migrant Response Plan; \(^4\) (b) respond to other vulnerable children and their families affected by COVID-19 in Bolivia, Brazil, Dominican Republic, Ecuador, Guyana, Peru and Uruguay (31 per cent); \(^4\) and (c) meet the needs of internally displaced and violence-affected children and their communities in Colombia and Ecuador (7 per cent). \(^4\) 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.

The total funding requirement has increased compared to the 2021 level to reflect the needs of the newly added countries which are Chile, Dominican Republic and Uruguay. In addition, Brazil and Bolivia updated their COVID-19 response components, reflecting the needs of an additional 18 million people in need to this appeal.

Flexible and urgent support is needed to enable the continuation of basic services and to ensure local partners and authorities 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 13.4 million children in the region.

<table>
<thead>
<tr>
<th>Appeal sector</th>
<th>Original 2022 HAC requirement (US$)</th>
<th>Revised 2022 HAC requirement (US$)</th>
<th>Funds available (US$)</th>
<th>Funding gap (US$)</th>
<th>2022 funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>8,512,086</td>
<td>8,810,206</td>
<td>498,895</td>
<td>8,311,311</td>
<td>94.3%</td>
</tr>
<tr>
<td>Health</td>
<td>16,055,614</td>
<td>15,552,754</td>
<td>4,019,615</td>
<td>11,533,139</td>
<td>74.2%</td>
</tr>
<tr>
<td>WASH</td>
<td>28,866,349</td>
<td>31,004,821</td>
<td>5,246,402</td>
<td>25,758,419</td>
<td>83.1%</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>33,461,163</td>
<td>36,886,665</td>
<td>6,576,501</td>
<td>30,310,164</td>
<td>82.2%</td>
</tr>
<tr>
<td>Education</td>
<td>44,296,945</td>
<td>45,355,693</td>
<td>5,560,271</td>
<td>39,795,422</td>
<td>87.7%</td>
</tr>
<tr>
<td>Social protection</td>
<td>31,078,085</td>
<td>31,078,085</td>
<td>1,375,453</td>
<td>29,702,632</td>
<td>95.6%</td>
</tr>
<tr>
<td>Regional office technical capacity</td>
<td>5,700,000</td>
<td>5,700,000</td>
<td>1,380,874</td>
<td>4,319,126</td>
<td>75.8%</td>
</tr>
<tr>
<td>Cross-sectoral</td>
<td>10,955,353</td>
<td>11,361,353</td>
<td>955,815</td>
<td>10,405,538</td>
<td>91.6%</td>
</tr>
<tr>
<td>Total</td>
<td>178,925,595</td>
<td>185,749,577</td>
<td>25,613,826(^4)</td>
<td>160,135,751</td>
<td>86.2%</td>
</tr>
</tbody>
</table>
**Sectors**

<table>
<thead>
<tr>
<th>Bolivia</th>
<th>Brazil</th>
<th>Colombia</th>
<th>Dominican Republic</th>
<th>Ecuador</th>
<th>Guyana</th>
<th>Peru</th>
</tr>
</thead>
<tbody>
<tr>
<td>115,810</td>
<td>25,007</td>
<td>5,700,000</td>
<td>185,749,577</td>
<td>1,032,400</td>
<td>3,757,973</td>
<td>5,547,860</td>
</tr>
</tbody>
</table>

**Regional Office 2022 Total Requirement**

<table>
<thead>
<tr>
<th>Asia and the Pacific</th>
<th>10,032,400</th>
<th>3,757,973</th>
<th>5,547,860</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Social Protection</td>
<td>2,518,360</td>
<td>4,593,600</td>
<td>2,204,054</td>
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<tr>
<td>Water, Sanitation and Hygiene (WASH)</td>
<td>2,128,890</td>
<td>9,465,152</td>
<td>6,899,891</td>
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<tr>
<td>Child Protection, GBViE and PSEA</td>
<td>1,140,280</td>
<td>9,850,140</td>
<td>9,315,183</td>
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<tr>
<td>Education</td>
<td>923,360</td>
<td>13,688,000</td>
<td>8,469,066</td>
</tr>
<tr>
<td>Social Protection</td>
<td>505,760</td>
<td>6,840,252</td>
<td>9,927,360</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>1,032,400</td>
<td>3,757,973</td>
<td>5,547,860</td>
</tr>
<tr>
<td>Total</td>
<td>9,155,010</td>
<td>50,395,637</td>
<td>45,010,540</td>
</tr>
</tbody>
</table>

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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 providing or catalyzing 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 2022 (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. The Regional Refugee and Migrant Response Plan 2022 (RRRP) is the consolidated response framework for the most vulnerable children and youth in the humanitarians needs of the most vulnerable migrants and refugees entering the country. In Chile an important increase in the number of refugees and migrants, majority from Venezuela, enter the country from the northern borders with Bolivia with Peru has increased since February 2022, with an average of 600 persons daily. These migrants don’t have access to basic needs and services such as protection, education, health, nutrition, and adequate WASH services. On February 14 an Emergency Decree allowed the military to take the control of the Chilean border crossing and increasing its presence in the region.
7. Including responsible4ing Venezuelan migrants in the Plurinational State of Bolivia, Brazil, Chile, Colombia, Dominican Republic, Ecuador, Guyana, Peru, Trinidad and Tobago, and Uruguay; and other nationalities in Colombia, Dominican Republic, Ecuador, and Peru.
8. In all countries covered by the appeal.
9. Internal displacement in Colombia and potential displacement of Colombians to Ecuador, where a contingency response has been planned.
10. Of the total, 21 per cent are people affected by human mobility from the Bolivarian Republic of Venezuela. According to the Regional Refugee and Migrant Response Plan (RRRP) 2022, this includes: 33,200 people in the Plurinational State of Bolivia; 31,360 people in Colombia; 1,480,000 in Colombia; 673,000 in Ecuador; 29,500 in Guyane; 1,700,000 in Peru; 35,360 in Trinidad and Tobago; 15,160 in Uruguay; and 504,800 in other countries not part of this appeal (Argentina, Arabica, Costa Rica, Curazao, Mexico, Panama, Paraguay). 60 per cent corresponds to other populations affected by the impacts of COVID-19 including: 575,262 in Bolivia; 18,146,236 in Brazil; 2,607,335 in Ecuador; 275,295 in Peru; 2,954,138 in Uruguay and 252,151 in Uruguay. In 2022, according to the RRRP, the number of people in need and Children in need were revised to align with both documents. The number of People to be Reached and Children to be Reached has been reduced due to the downward revisions made in the 2022 COVID-19 component’s budget to Health, Nutrition, Child Protection and Social Protection. Detailed explanations on the changes to the targets can be found under the programme targets endnotes.
11. Of this figure, 25 per cent corresponds to Venezuelan migrants, refugees and host community children. The remaining 75 per cent corresponds to other children affected by the impacts of COVID-19 in Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, Guyana, Peru, Trinidad and Tobago, and Uruguay – and by violence and displacement in Colombia. Girls make up 52 per cent of the total. This was calculated using programme targets: Bolivia (1,137,042), Brazil (1,225,069), Chile (31,360), Colombia (80,031), Ecuador (409,405), Guyana (148,374), Peru (647,582), Trinidad and Tobago (7,363) and Uruguay (1,900).
12. According to the RRRP 2022. 8.4 million people (34 per cent children) are in need of assistance across 17 countries in Latin America and the Caribbean.
13. According to Panama Migration Authority, the 19,000 children migrating through Panama from the year 2016 to August 2021, 3,442 (17 per cent) are Brazilian nationals and 6,548 (32 per cent) are Chilean nationals, children of Haitian and African parents.
15. Of the total, 21 per cent are people affected by human mobility from the Bolivarian Republic of Venezuela. According to the Regional Refugee and Migrant Response Plan (RRRP) 2022, this includes: 33,200 people in the Plurinational State of Bolivia; 31,360 people in Colombia; 1,480,000 in Colombia; 673,000 in Ecuador; 29,500 in Guyane; 1,700,000 in Peru; 35,360 in Trinidad and Tobago; 15,160 in Uruguay; and 504,800 in other countries not part of this appeal (Argentina, Arabica, Costa Rica, Curazao, Mexico, Panama, Paraguay). 60 per cent corresponds to other populations affected by the impacts of COVID-19 including: 575,262 in Bolivia; 18,146,236 in Brazil; 2,607,335 in Ecuador; 275,295 in Peru; 2,954,138 in Uruguay and 252,151 in Uruguay. In 2022, according to the RRRP, the number of people in need and Children in need were revised to align with both documents. The number of People to be Reached and Children to be Reached has been reduced due to the downward revisions made in the 2022 COVID-19 component’s budget to Health, Nutrition, Child Protection and Social Protection. Detailed explanations on the changes to the targets can be found under the programme targets endnotes.
16. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action. More about The Grand Bargain: https://interagencystandingcommittee.org/grand-bargain.
17. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
19. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action. More about The Grand Bargain: https://interagencystandingcommittee.org/grand-bargain.
20. Bolivia (3,139), Brazil (29,479,870), Colombia (6,492,235), Ecuador (4,424,703), Guyana (136,264) and Peru (7,766,317). Database elaborated, based on the information processed by UNICEF Country Offices | Update 28 Education. September 2020.
21. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
22. 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 providing or catalyzing equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
23. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action. More about The Grand Bargain: https://interagencystandingcommittee.org/grand-bargain.
24. Bolivia's revision included a decrease in targets and budgets for the COVID-19 response. In this case, the Bolivian National Government redirected the response to COVID-19 by concentrating efforts on vaccination. UNICEF provides support in this area.
25. UNICEF will ensure that planned response under the 2022 HAC is aligned with its humanitarian action reflected in the 2022 Colombia Humanitarian Response Plan (HRP), which was published in February 2022. This figure does not include migrants, refugees, and host communities. It includes other vulnerable people in Bolivia (755,592), Brazil (18,146,236), Colombia (7,700,000) Ecuador (2,607,335), Guyana (275,295), Peru (2,954,138) and Uruguay (275,295).
26. UNICEF estimate based on data from the Pan American Health Organization and UNICEF on the number of children missing immunisation in 2020, in countries of appeal part of this appeal, according to estimated national immunization coverage.
27. In the context of the Venezuelan outline. According to the RRRP 2022, including needs in 17 countries part of the RRRP.
29. According to Panama Migration Authority, of the 19,000 children migrating through Panama from the year 2016 to August 2021, 3,442 (17 per cent) are Brazilian nationals and 6,548 (32 per cent) are Chilean nationals, children of Haitian and African parents.
30. In all countries covered by this appeal.
31. The funding requirements for COVID-19 by country are as follows: Plurinational State of Bolivia (US$ 1.9 million), Brazil (US$24.6 million), Colombia (US$2.9 million), Dominican Republic (3 million), Ecuador (US$20.5 million), Guyana (US$1.2 million), Peru (US$3.6 million), Trinidad and Tobago (US$4.5 million), Uruguay (US$286,000), Chile (US$ 4.4 million).
32. The funding requirements for COVID-19 by country are as follows: Plurinational State of Bolivia (US$ 1.9 million), Brazil (US$25.7 million), Dominican Republic (US$ 2.1 million), Ecuador (US$6.6 million), Guyana (US$1.1 million), Peru (US$ 13.1 million), Uruguay (US$179,000).
33. 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$12,015,063, including needs related to displaced; Ecuador US$240,000.4.