

Brazil
Consolidated Emergency Report 2021
COVID-19



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1. Innovations and lessons learned

Considering the COVID-19 global pandemic scenario, UNICEF focused on establishing strong partnerships with national and subnational governments to advance important agendas to guarantee children's rights. Furthermore, evidence-based advocacy and programming was fundamental for leverage important initiatives and reach the most excluded children and adolescents. Below is a summary of main lessons learned and innovations:

- As the chair of the United Nations COVID-19 Response Working Group, UNICEF's role was instrumental to enabling the arrival of vaccines via the COVAX facility and to facilitate the coordination of United Nations support
- UNICEF survey on the impacts of COVID-19 in children and adolescents was key to shedding light on the devastating impact of the prolonged closure of public schools on children and adolescents – on their education, mental health, and protection – and on the overall development of the country.
- Adjustment of the life skills methodologies by creating games on adolescents' rights that could be displayed in low-cost mobile phones and invested in digital meetings and training processes in which adolescents could participate by using their devices, establishing learning networks in social media as well as in community-based associations.
- Diversification of partnerships, including organizations with expertise in mobilizing historical excluded groups, such as indigenous, migrants, quilombola (Afro-Brazilian) populations to reach the most excluded children and adolescents.
- Strengthening of actions on the promotion of adolescent's mental health during the pandemic using online platforms, like Póde Falar (You can talk)¹ an innovative online tool in which adolescents have access to professionals trained to provide health psychosocial support.
- Strong partnerships with national and subnational governments allowed BCO to advance in important agendas such as public finance for children, shock-responsive and regular social protection, including Humanitarian cash transfers, and Government-led Evaluations. Working with political and governmental partners is challenging and demanding, but it's also key to gain scale and sustainability, as well as to diversify lines of work and find linkages among different agendas.
- UNICEF's added value was recognized throughout the humanitarian-development nexus with through important flagship initiatives such as the: SAFE Strategy and Municipal SEAL of Approval. To reach scale, a shift in type of partnership and stronger collaboration with municipal and state governments was sought for the implementation of the Amazonas state-backed Salta-Z water system (low cost and maintenance technology) and handwashing facility designs that were suitable to municipalities.
- More online systems were used, including the School Active Search platform to consolidate number of schools implementing safe protocols.
- Focus on immunization through the BAV (Vaccines Active Search) platform was a feasible and strategic way to achieve results, considering immunization a priority topic in view of the decreased vaccine coverage in the last years and worsening of immunization during the COVID-19 pandemic.
- Simplification of the intersectoral flagship initiative Municipal SEAL of approval to support municipalities from the most vulnerable regions of Brazil to overcome the impacts of COVID-19 in public policies in the next four years, monitoring relevant indicators such as adolescent

¹ <https://www.podefalar.org.br/>

pregnancy, school dropout rates, adolescent enrollment in upper secondary education rate, child vaccination rates, WASH facilities in schools, children's rights violation reported and referred to adequate services; and percentage of families receiving social assistance services.

- Evidence-based advocacy was key for the roll out of UAPI (Early Childhood-Friendly Units Initiative)² in the capitals, leading health, and education secretariats to recognize the need to restructure and improve services after a strong COVID-19 outbreak, having the initiative as a way to motivate Units and their professionals.

2. Grand Bargain commitments

In the first part of the year, UNICEF focused on responding to immediate needs of the overstretched health system, supporting COVAX vaccine deliveries, while strengthening public health measures to contain and reduce transmission, and advocating for safe school reopening. As the chair of the United Nations COVID-19 Response Working Group, UNICEF's role was instrumental to enabling the arrival of more than 13 million vaccines via the COVAX facility and to facilitate the coordination of United Nations support. UNICEF also provided medical supplies and personal protection equipment and worked closely with governments to provide direct support to community health facilities to expand outreach of health and nutrition services.

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.

UNICEF Brazil also 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. UNICEF's vocal positioning and technical support made a crucial difference, including in large cities like São Paulo and Rio de Janeiro, where municipal governments reopened schools and referred to UNICEF guidance. This attests to the importance of UNICEF taking on difficult advocacy positions to advance the best interests of children, even against a lack of public support. While most schools reopened, the fragile context will require continual advocacy to guarantee educational continuity.

Simplification of the seventh edition of UNICEF's intersectoral flagship initiative Municipal Seal of approval to support municipalities from the most vulnerable regions of Brazil to overcome the impacts of COVID-19 in public policies in the next four years, monitoring relevant indicators and strengthening the humanitarian-development nexus. The 2021–24 edition was designed to consider the pandemic and post-pandemic scenario, focusing on seven results aligned to child-focused Sustainable Development Goals. More than 2,000 municipalities across 18 states enrolled in the initiative. UNICEF launched the seventh edition of its Municipal Seal of Approval, inviting newly elected municipal governments to commit, with

² <https://uni.cf/3pYYK2k>

UNICEF technical assistance and support, to measurable progress in child outcomes during their term of office.

The escalation of the crisis in the first half of the year also required rapid adaptation to deliver timely and effective responses where they were most needed. At the same time, UNICEF expanded its risk communication and community engagement beyond digital outreach and the distribution of printed materials. The identification of key local actors such as neighbourhood organizations, community and religious leaders, and youth groups, and their involvement, were fundamental for achieving large-scale mobilization results, including in social media.

As part of its response, UNICEF rolled out the framework for accountability to affected populations, and developed feedback mechanisms and tools, allowing local teams to better understand and respond to the needs and aspirations of low-income, minority and indigenous communities. The strategy on community mobilization with adolescent participation has consolidated itself as an innovative and cost-effective tool that has made it possible to do surveys efficiently through local youth, collecting insights and feedback for programming, advocacy, and interagency coordination.

3. Results Achieved from Humanitarian Thematic Funding

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 (PPE), including 64 oxygen concentrators and 37 helmet-based ventilators benefiting 3,859 health units in the Semi-arid and Amazon 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 training that reached over 15,000 health workers from Primary Health Care Facilities (PHCF) in the Legal Amazon and Semi-arid regions in infection and prevention control measures and WASH protocols and rolled out a WASH/IPC assessment tool. 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. Some challenges faced were the lack of funds to PACs/IP agreements; the impossibility of conducting face to face trainings, initially planned during HAC phase planning and the worsening of the pandemic in Brazil that burdened health teams. These factors justify the lack of progress at the indicator about health and nutrition workers training. To reach more health professionals, a distance learning course on WASH/IPC to PHCF was launched in September, reaching over 15,000 health workers.

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	-	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%

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 municipalities³ 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. As the number of children accessing learning facilities was reduced due to the long period in which Brazilian public schools remained closed, UNICEF's indicator on providing children with appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces was impacted. In addition, the improvement of menstrual hygiene management services to girls and women was underachieved because of funding limitations.

Sector Indicator Disaggregation	UNICEF and IPs Response		
	2021 target	Total results	Percentage reached
WASH - Water, sanitation, and hygiene			
# people reached with critical water, sanitation, and hygiene supplies (including hygiene items) and services	105,000	787,550 ³	750%
# children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces	1.340.000	129,192	10%
# girls and women accessing menstrual hygiene management services	400,000	72,857	18%

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 platforms 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

³ Highly affected communities with a high degree of socio-economic vulnerability

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 Semi-arid, 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-Report⁴ and interpersonal communication.

Sector Indicator Disaggregation	UNICEF and IPs Response		
	2021 target	Total results	Percentage reached
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%

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 partners. UNICEF regularly published data, research, and evidence on the extent and negative impact of the closures on children’s mental health and learning opportunities. UNICEF launched a safe school reopening website to support managers, school principals and teachers providing self-assessment tools⁵ 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 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 GIGA⁶ 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. The number of

⁴ <https://www.ureportbrasil.org.br/>

⁵ <https://bit.ly/3oX00n0>

⁶ <https://gigaconnect.org>

children accessing formal and non-formal education was reduced due to the 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.

Sector Indicator Disaggregation	UNICEF and IPs Response		
	2021 target	Total results	Percentage reached
Education			
# children accessing formal or nonformal education, including early learning	100,000	14,009	14%
# 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%

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 (You can Talk) 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 protocol⁷, 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. Regarding the under achievement of the indicator on access to safe channels to report sexual exploitation and abuse, 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; the launch happened in October 2021.

Sector Indicator Disaggregation	UNICEF and IPs Response		
	2021 target	Total results	Percentage reached
Child protection, GBViE and PSEA			
# children and caregivers accessing mental health and psychosocial support	1,092,998	1,100,000	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%

SOCIAL PROTECTION AND CASH TRANSFERS

⁷ <https://uni.cf/3oYrrNy>

A third round of the nation-wide survey on the impact of COVID-19 on children and adolescents in Brazil with 1,500 respondents, showed persistent problems including the reduction of income in poorer families, despite the Government’s emergency cash transfer programme. The study also confirmed disparities and lack of access to education and the internet, significant effects on mental health and growing malnutrition, among others. In response to the worrying situation in the country, UNICEF jointly with State and Municipal Governments, designed a humanitarian cash transfer (HCT) programme to address child hunger and extreme poverty among the most vulnerable families with children, in identified hotspot municipalities. The HCT 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. The number of households reached with cash transfers was reduced due to limited funding received for UNICEF Humanitarian Cash Based Transfer approach.

Sector Indicator Disaggregation	UNICEF and IPs Response		
	2021 target	Total results	Percentage reached
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%

4. Assessment, Monitoring and Evaluation

With the COVID-19 pandemic still a raging, monitoring and generating evidence on the evolution of the pandemic, on UNICEF’s response and on the vaccination campaigns remained a priority. Evidence generation was the basis for intensive advocacy work led by BCO. UNICEF launched a [third round of the study on COVID impact together with IPEC](#) showed that almost two thirds of people living with children and adolescents had suffered cuts to their family income, leading to further growth of the country’s chronic disparities and that more families were demanding a return to classroom education. The report served as an important source for programme design (e.g Humanitarian Cash Transfer Programme, food insecurity) as well for other advocacy purposes (safe school reopening). The report was launched in June 2021, received substantial coverage from the media and served as an important source of information for the development of the HAC Appeal 2022.

Furthermore, the finalization of the Country Programme Evaluation (CPE), which included a formal assessment of the BCO’s COVID-19 response, was a major undertaking. After a year-long development, the evaluation report was finalized. A validation workshop was organized with CMT and LACRO members to validate its findings, conclusions and recommendations and develop a first draft of the management response.

At the same time, UNICEF’s response to the Venezuelan Migration Crisis continued to demand the development of surveillance and monitoring tools. Monitoring has been improved by using personal ID information to avoid double counting. General analysis has been generated through an internally developed system that protects personal data and shows non-identifiable information on dashboards. UNICEF also conducted a second Inter-sectoral Multipartner Rapid Needs Assessment with a focus on Children in Roraima, Amazonas and Para, living in shelters, indigenous communities and

spontaneous occupations. The results of the needs assessment were made available in a report and a dashboard (ISNAC Dashboard) have been extensively used for internal programming, and to inform R4V sectors during the development of the Refugee and Migrant Response Plan 2022.

5. Future Work Plan

UNICEF's work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society, and the private sector. Voluntary contributions enabled UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF. Furthermore, funding from ACT-A as well as from Global Thematic Funding was critical to support health system strengthening, safe school reopening and to reach the most vulnerable children and adolescents in Brazil.

UNICEF will continue strengthening its efforts to develop initiatives in a post-pandemic scenario and leverage the humanitarian-development nexus by simplifying and adapting its programming interventions. In 2022 Brazil response to COVID-19 will be incorporated in LACRO Multicountry HAC Appeal focusing on strengthening national policies and systems and 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. Furthermore, a stronger approach to risk-informed programming and preparedness planning is emerging and informing the development of UNICEF strategy around climate change and child rights in Brazil.

6. Case Study: Skills development programmes and connectivity kits for adolescents

The scenario caused by COVID-19 in Brazil had a direct impact on the health of millions of people, but it also caused the worsening of existing social vulnerabilities, affecting basic rights such as access to quality education, with the closing of schools and the resumption of classes through distance learning, using digital teaching platforms. It also had an effect on the employability of adolescents and young people.

Although most education networks have adapted to offer options for distance school activities, this is not a solution for everyone: 4.8 million Brazilian children and adolescents, aged 9 to 17, do not have access to internet at home (equivalent to 18% of this population), according to data from the [TIC Kids Online Brazil 2019](#) survey, released in June 2020 by the Internet Steering Committee in Brazil.

Many students also do not have equipment that allows digital connection or cannot afford the costs of data packages charged by cell phone companies. Access to printed materials is also a challenge. According to data from [Pnad COVID-19](#), an edition of the IBGE survey created specifically to measure the effects of the new coronavirus in the country, 3.7 million girls and boys, aged between 6 and 17, did not have any school activity made available the week of the survey in August 2020. In 2021, schools continued, for the most part, with distance learning and the right to connectivity was and still remains a very important piece for children and adolescents to be able to continue studying while public and private schools are integral or partially closed.

Having access to the internet has been essential for millions of teenagers and young people to continue studying, learning and maintaining their ties to school or university. Based on national and international precepts and regulations to guarantee the right to inclusive education, and with funds from the Global Humanitarian Fund COVID-19, among other emergency funds from private companies, UNICEF developed an initiative for the acquisition and distribution of connectivity kits, linked to digital skills development training, in order to complement the activities already carried out in extremely vulnerable communities, focusing on the outskirts of large urban centers.

Adolescents and young people were granted access to Póde Falar, a virtual emotional reception channel, providing mental health assistance for adolescents and young people aged 13 to 24. Access is free and confidential. Also, all were registered in the U-Report, UNICEF's platform for the expression of opinion and access to agile information, of interest to young people. Additionally, adolescents and young people were able to register on the 1MiO⁸ platform, an online training space and access to opportunities in the job market or as entrepreneurs.

All kits were composed of data packages lasting six months, and might have been accompanied by smartphones, in addition to other information and support materials for the prevention of COVID-19, such as packages of disposable masks and alcohol gel.

⁸ <https://bit.ly/3qB2FB0>



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More than 62,000 adolescents were positively impacted by the skills development training, and among them, around 4,000 adolescents also received the digital education kits. The adolescents were selected through a public notice, taking into account, in addition to the criteria for receiving the kits, their profile, which should be cooperation, protagonism, empathy, creativity, concern for the surroundings, sensitivity to social causes, who likes to think about and devise solutions to problems in their community, curious and dreamy. For the kits distribution, UNICEF had the support of partner civil society organizations that work regularly with the public who live on the outskirts of some of the main Brazilian urban centers. UNICEF's networking with local partners allowed the kits to reach the teenagers and young people who needed it most in different communities.

Digital inclusion is a big challenge in Brazil due to the economic crisis and the inequities affecting children's rights. To include the most vulnerable implies on ensuring access, not only to a device and a data package. The mobilization and participation of population groups who have been historically excluded from universal public policies demanded innovative strategies, considering the challenging context in which they live (communities marked by extreme poverty, violence, lack of infrastructure, food insecurity), problems that became even more acute with the COVID-19 pandemic, and consequent social isolation, closing of health units and schools.

When providing access to internet to an adolescent, we need the commitment of his/her family. According to the Brazilian law, only adults can register a SIM card to connect a cellphone to an internet provider. Another lesson learnt is about the lack of competencies of vulnerable adolescents in the digital world. UNICEF had to develop a training (path) on safe surfing at internet, which was part of the competencies for life skills training.

Therefore, UNICEF adjusted the life skills methodologies by creating games on adolescents' rights that could be displayed in low-cost mobile phones and investing in digital meetings and training processes in which adolescents could participate by using their devices, establishing learning networks in social media as well as in community-based associations that already had bonds with these vulnerable populations.

These adaptations were fundamental, especially the design of specific strategies, the diversification of partnerships, including with community-based organizations with mobilization expertise as well as contextual knowledge to mobilize the most excluded groups, such as indigenous, migrants, quilombola (Afro-Brazilian) populations. Furthermore, the increased investments on transportation, communication, infrastructure, and inclusive methodologies guaranteed the participation of adolescents from low-income and low-schooling levels and the ones who live in remote areas such as: like the riverside and outskirts on large urban centers affected by poverty and violence.

UNICEF Brazil developed an advocacy strategy with private sector mobile phone companies; together with the Ministry of Communications and the National Congress, participating in public hearings related to the regulation of the Fund for Universalization of the Telecommunications System (FUST) with the objective of promoting internet access to children and adolescents from the most vulnerable families. As a result of the actions of different social actors engaged in UNICEF's advocacy efforts, two funds were allocated for digital inclusion and 5G internet mobile access. These funds are specifically earmarked for connecting students from vulnerable families and public schools, and for IT equipment for these schools and families. In consequence, UNICEF Brazil will redesign its digital inclusion program to support municipalities and states in accessing these funds and to focus on the digital inclusion of the most vulnerable communities in large urban centers.

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Annex A: Two-Pager

Brazil remains one of the countries most affected by COVID-19, with over 22 million reported cases and around 620,000 deaths (second worldwide) by the end of 2021. However, after massive peaks in the first semester of the year, with the health system some cities on the brink of collapse, from July onwards cases and deaths declined sharply, following the launch of the vaccination campaign. Nevertheless, a third round of a study commissioned by UNICEF, launched in June, indicated that the impact of the pandemic on children from poor families continued to worsen. Despite the improved public health situation, the country remained severely affected by the economic impact 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 classes. This impacted particularly the around 4.8 million children aged 9-17 who do not have internet access at home⁹. 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 levels. 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 girls¹⁰.

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 strengthening[2]. 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.

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 in Brazil. As part of the integrated SAFE strategy, UNICEF implemented a WASH/IPC in-person and online training 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 tool. 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.

⁹ <https://bit.ly/3ywO3rj>

¹⁰ <https://bit.ly/3GVvMHi>

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 tools[1] on WASH-IPC preparedness, online training courses and guidelines, including on epidemiological monitoring. 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 also 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 partnered with professional networks and specialized civil society groups to create and launch a web-based platform 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. UNICEF also continued to support prevention awareness raising on violence against children (VAC), including sexual violence, reaching 1.2 million people on social media.

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.

Some of the challenges for reaching programme results were related not only to the long period in which Brazilian public schools remained closed, but also to the impossibility of having face to face trainings and the adaptation period to change to online or hybrid models. The progress of some indicators were also related to projects that UNICEF carried out jointly with the government, which decided to delay their launches. Lastly, other few under achievements were due to limited funding received to PACs/IP agreements, provision of menstrual hygiene items and for the improvement of menstrual hygiene management services and the UNICEF Humanitarian Cash Based Transfer approach.

UNICEF's vocal positioning and technical support made a crucial difference, including in large cities like São Paulo and Rio de Janeiro, where municipal governments reopened schools and referred to UNICEF guidance. This attests to the importance of UNICEF taking on difficult advocacy positions to advance the best interests of children, even against a lack of public support. The UNICEF survey was key to shedding light on the devastating impact of the prolonged closure of public schools on children and adolescents – on their education, mental health, and protection – and on the overall development of the country. While most schools reopened, the fragile context will require continual advocacy to guarantee educational continuity. Digital interpersonal communication channels continued to be fundamental in maintaining community engagement, two-way communication, and feedback tools. At the same time, UNICEF expanded its risk communication and community engagement beyond digital outreach and the distribution of printed materials. The identification of key local actors such as neighbourhood organizations, community and religious leaders, and youth groups, and their involvement, were fundamental for achieving large-scale mobilization results, including in social media.

As part of its response, UNICEF rolled out the framework for accountability to affected populations, and developed feedback mechanisms and tools, allowing local teams to better understand and respond to the needs and aspirations of low-income, minority and indigenous communities. The strategy on community

mobilization with adolescent participation has consolidated itself as an innovative and cost-effective tool that has made it possible to do surveys efficiently through local youth, collecting insights and feedback for programming, advocacy, and interagency coordination.

Table - Funding Received and Available by 31 December 2021 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
Global Thematic Humanitarian	SM/18/9910	1,602,223
b) Non-Thematic Humanitarian Funds		
UNICEF - BRAZIL (various Donors)	SM/21/0023	506,064
Swiss Committee for UNICEF	SM/21/0090	251,251
UNICEF - BRAZIL (Aguas de Manaus)	SM/21/0098	36,879
UNICEF - BRAZIL (Klabin)	SM/21/0144	36,677
UNICEF - BRAZIL (PLKC Advogados)	SM/21/0205	108,395
UNICEF - BRAZIL (Hydro)	SM/21/0225	261,292
UNICEF - BRAZIL (Instituto Samuel Klein)	SM/21/0257	40,976
UNICEF - BRAZIL (United Way)	SM/21/0270	89,000
UNICEF - BRAZIL (Ipiranga)	SM/21/0284	37,250
UNICEF - BRAZIL (Johnson & Johnson)	SM/21/0429	94,428
UNICEF - BRAZIL (Bayer - SEAL)	SM/210/430	283,286
UNICEF - BRAZIL (Accenture)	SM/21/0567	691,426
UNICEF - BRAZIL (Yara)	SM/21/0607	39,510
UNICEF - BRAZIL (Raia - Drogaia)	SM/21/0627	30,333
UNICEF - BRAZIL (Itaul Social)	SM/21/0628	95,969
UNICEF - BRAZIL (Hidroviás Brasil)	SM/21/0783	46,049
UNICEF - BRAZIL (BHA)	SM/21/0837	400,000
UNICEF - BRAZIL (Youtube)	SM/21/0896	490,000
UNICEF - BRAZIL (BRF)	SM/21/0912	801,282
UNICEF - BRAZIL (MITSUI)	SM/21/0930	98,290
UNICEF - BRAZIL (UNILEVER)	SM/21/0995	56,445
UNICEF - BRAZIL (ADM)	SM/21/1001	185,185
UNICEF - BRAZIL (MC BRAZIL DOWNSTREAM)	SM/21/1002	68,376
Total Non-Thematic Humanitarian Funds		4,748,371

c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
N/A	N/A	N/
d) Other types of humanitarian funds		
In-Kind assistance: UNICEF - BRAZIL (Lenovo - Motorola)	KM/21/0032	94,500
In-Kind assistance: UNICEF - BRAZIL (Fundação Casas Bahia Via Varejo)	KM/21/0034	17,723
In-Kind assistance: UNICEF - BRAZIL (Carrefour)	KM/21/0036	59,635
In-Kind assistance: UNICEF - BRAZIL (Tigre)	KM/21/0065	55,955
In-Kind assistance: UNICEF - BRAZIL (3M)	KM/21/0068	37,500
In-Kind assistance: UNICEF - BRAZIL (Imediato Comercio)	KM/21/0070	22,264
In-Kind assistance: UNICEF - BRAZIL (Johnson & Johnson)	KM/21/0077	95,050
In-Kind assistance: UNICEF - BRAZIL (Raia - Drograria)	KM/21/0078	36,000
In-Kind assistance: UNICEF - BRAZIL (CUMMINS)	KM/21/0125	207,000
Total humanitarian funds received in 2021		6,976,264
II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/18/9910	244,351
Thematic Humanitarian Funds COVID-19	SM/20/9910	343,810
f) Carry-over of non-Thematic Humanitarian Funds		
In-Kind assistance: UNICEF – Brazil Colgate	KM/20/0135	268,000
In-Kind assistance: UNICEF – Brazil Malwee	KM/20/0136	1,400,000
United Nations funds for UNICEF	SM/20/0452	300,000
UNICEF - BRAZIL (various Donors)	SM/20/0205	166,252
Spanish Committee for UNICEF	SM/20/0521	73,038
British Government (DFID)	SM/20/0202	131,359
UNICEF – BRAZIL (B3 Social)	SM/20/0873	392,293
UNICEF – BRAZIL (EDF)	SM/20/0872	209,024
Swiss Committee for UNICEF (Various Donors)	SM/20/0876	236,400
USA (OFDA)	SM/20/0539	312,876
UNICEF – BRAZIL (Fundação Vale)	SM/20/0389	70,741
UNICEF – BRAZIL (Teles Pires)	SM/20/0569	463
Total carry-over non-Thematic Humanitarian Funds		3,560,176
Total carry-over humanitarian funds		4,148,338