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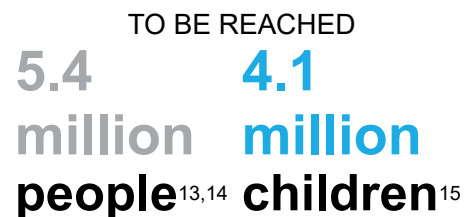
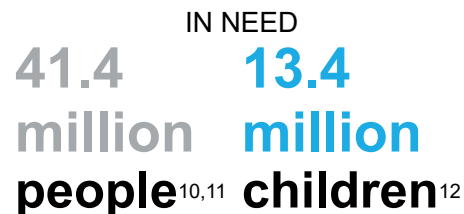
## Humanitarian Action for Children

Children from Venezuela take part of UNICEF intervention for migratory regularization in Peru.

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

### HIGHLIGHTS<sup>1</sup>

- In 2022, an estimated 41.4 million people, including 13.4 million children,<sup>2</sup> will need humanitarian support related to ongoing crises including migration flows from the Bolivarian Republic of Venezuela and other countries,<sup>3</sup> and needs related to the COVID-19 pandemic.<sup>4</sup>
- 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\$185.7M<sup>5</sup> million to address the humanitarian needs of the most vulnerable migrants and refugees,<sup>6</sup> including Venezuelan and other nationalities and host communities,<sup>7</sup> the most vulnerable national children and families affected by COVID-19,<sup>8</sup> and people affected by violence and displacement.<sup>9</sup>



### KEY PLANNED TARGETS



**133,967**

children receiving multiple micronutrient powders



**532,370**

children and women accessing health care



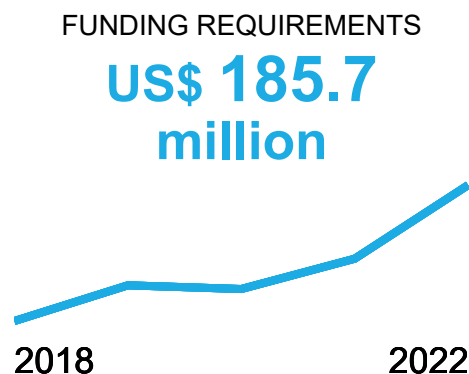
**2.8 million**

people reached with hand-washing behaviour-change programmes



**750,169**

children/caregivers accessing mental health and psychosocial support



## HUMANITARIAN SITUATION AND NEEDS

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,<sup>16</sup> Haiti, Cuba, Chile and Brazil,<sup>17</sup> 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.<sup>18</sup> 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.<sup>19</sup> 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.<sup>20</sup>

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.<sup>21</sup> 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.<sup>22</sup>

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.<sup>23</sup>

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.<sup>24</sup> 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.

## SECTOR NEEDS



**563,000**  
children in need of immunization services<sup>25</sup>



**4.9 million**  
people in need of WASH services<sup>26</sup>



**2.5 million**  
children in need of protection services<sup>27</sup>



**48.2 million**  
children affected by school closures (COVID-19)<sup>28</sup>

## 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,<sup>30</sup> 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 strengthen 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,<sup>31</sup> UNICEF will mainstream cash-based interventions where feasible, community engagement, accountability to affected populations, and the localization of interventions.

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

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/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<sup>32</sup>
- **18,737** health care facility staff and community health workers trained in infection prevention and control<sup>33</sup>
- **794,042** children receiving the minimum set of vaccines<sup>34</sup>



### Water, sanitation and hygiene

- **143,650** people accessing a sufficient quantity of safe water for drinking and domestic needs<sup>35</sup>
- **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<sup>36</sup>
- **798,567** people reached with critical WASH supplies<sup>37</sup>



### 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<sup>38</sup>
- **4,790** unaccompanied and separated children accessing family-based care or a suitable alternative<sup>39</sup>
- **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<sup>40</sup>



### Education<sup>41</sup>

- **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)

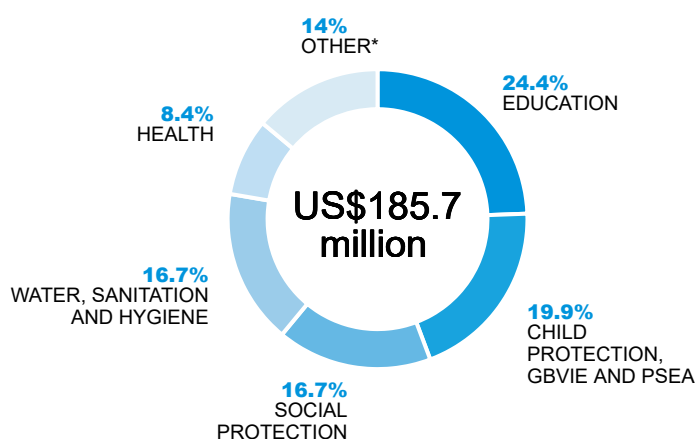
- **2,622,710** people reached through messaging on prevention and access to services<sup>42</sup>

## FUNDING REQUIREMENTS IN 2022

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;<sup>43</sup> (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);<sup>44</sup> and (c) meet the needs of internally displaced and violence-affected children and their communities in Colombia and Ecuador (7 per cent).<sup>45</sup> 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.



\*This includes costs from other sectors/interventions : Cross-sectoral (HCT, C4D, RCCE and AAP) (6.1%), Nutrition (4.7%), Regional office technical capacity (3.1%).

Appeal sector	Original 2022 HAC requirement (US\$)	Revised 2022 HAC requirement (US\$)	Funds available (US\$)	Funding gap (US\$)	2022 funding gap (%)
Nutrition	8,512,086	8,810,206	498,895	8,311,311	94.3%
Health	16,055,614	15,552,754	4,019,615	11,533,139	74.2%
WASH	28,866,349	31,004,821	5,246,402	25,758,419	83.1%
Child protection, GBVIE and PSEA	33,461,163	36,886,665	6,576,501	30,310,164	82.2%
Education	44,296,945	45,355,693	5,560,271	39,795,422	87.7%
Social protection	31,078,085	31,078,085	1,375,453	29,702,632	95.6%
Regional office technical capacity	5,700,000	5,700,000	1,380,874	4,319,126	75.8%
Cross-sectoral	10,955,353	11,361,353	955,815	10,405,538	91.6%
<b>Total</b>	<b>178,925,595</b>	<b>185,749,577</b>	<b>25,613,826<sup>46</sup></b>	<b>160,135,751</b>	<b>86.2%</b>

Sectors	Bolivia	Brazil	Colombia	Dominican Republic	Ecuador	Guyana	Peru	Trinidad and Tobago	Uruguay	Chile	Regional Office	2022 total requirement (US\$)
Nutrition	905,960	2,200,520	2,647,126	574,200	266,800	382,800	1,571,800	29,000	-	232,000	-	8,810,206
Health	2,518,360	4,593,600	2,204,054	684,400	1,218,000	278,400	3,963,140	-	-	92,800	-	15,552,754
Water, sanitation and hygiene	2,128,890	9,465,152	6,899,891	620,600	5,329,620	348,000	5,365,868	-	-	846,800	-	31,004,821
Child protection, GBV/E and PSEA	1,140,280	9,850,140	9,315,183	1,467,400	5,391,680	429,200	5,017,000	226,200	397,880	3,651,702	-	36,886,665
Education	923,360	13,688,000	8,469,066	1,287,600	9,794,808	574,200	7,041,200	2,498,411	20,300	1,058,748	-	45,355,693
Social protection	505,760	6,840,252	9,927,360	893,200	6,960,000	150,800	3,765,012	1,803,701	-	232,000	-	31,078,085
Regional office technical capacity	-	-	-	-	-	-	-	-	-	-	5,700,000	5,700,000
Cross-sectoral (HCT, CAD, RCCE and AAP)	1,032,400	3,757,973	5,547,860	220,400	353,800	139,200	-	19,720	-	290,000	-	11,361,353
<b>Total</b>	<b>9,155,010</b>	<b>50,395,637</b>	<b>45,010,540</b>	<b>5,747,800</b>	<b>29,314,708</b>	<b>2,302,600</b>	<b>26,724,020</b>	<b>4,577,032</b>	<b>418,180</b>	<b>6,404,050</b>	<b>5,700,000</b>	<b>185,749,577</b>

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# ENDNOTES

- UNICEF's public health and socio-economic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
- 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).
- Other countries include Chile, Brazil, Haiti, Cuba and extra continental migrants from Africa and Asia.
- This relates mainly to internal displacement and violence in Colombia and Ecuador.
- Migration: US\$114,505,337; COVID-19: US\$58,455,457; Other crisis: US\$12,788,783; Regional support: US\$5,700,000.
- The appeal has been revised to include Chile's response to the humanitarian 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 and Peru, has been recorded 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, housing, nutrition, and adequate WASH services. On February 14 an Emergency Decree allowed the military to take control of the Colchane border crossing and increase its presence in the region.
- Including response targeting 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 Uruguay.
- In all countries covered by this appeal.
- Internal displacement in Colombia and potential displacement of Colombians to Ecuador, where a contingency response has been planned.
- 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 (RMRP) 2022, this includes: 33,200 people in the Plurinational State of Bolivia; 312,000 in Brazil; 481,000 in Chile; 4,830,000 in Colombia; 99,100 in Dominican Republic; 873,000 in Ecuador; 29,500 in Guyana; 1,700,000 in Peru; 35,300 in Trinidad and Tobago; 15,100 in Uruguay; and 504,800 in other countries not part of this appeal (Argentina, Aruba, Costa Rica, Curaçao, Mexico, Panama, Paraguay). 60 per cent corresponds to other populations affected by the impacts of COVID-19 including: 575,292 in Bolivia; 18,146,236 in Brazil; 2,607,335 in Ecuador; 275,295 in Guyana; 2,954,136 in Peru and 255,215 in Uruguay. 19 per cent corresponds to violence and displacement in Colombia and Ecuador. These are UNICEF estimates based on country-level analysis and the 2022 Colombia HRP.
- The 2022 HAC includes new countries and components (COVID-19 in Brazil and Bolivia are new components, adding 18 million people in need; Chile, Dominican Republic and Uruguay are also new countries in 2022).
- Of the total, 22 per cent are children affected by human mobility from and to the Bolivarian Republic of Venezuela. According to RMRP 2022, this includes 6,076 children in the Plurinational State of Bolivia; 119,184 in Brazil; 102,453 in Chile; 1,854,720 in Colombia; 350,073 in Ecuador; 6,697 in Guyana; 392,700 in Peru; 22,496 in the Dominican Republic; 8,013 in Trinidad and Tobago; and 2,763 in Uruguay; and 101,686 in other countries not part of this appeal (Argentina, Aruba, Costa Rica, Curaçao, Mexico, Panama, Paraguay). The remaining 78 per cent are children affected by the impacts of COVID-19 including: 298,552 in Bolivia; 5,067,976 in Brazil; 1,352,781 in Ecuador; 82,589 in Guyana; 1,066,974 in Peru; 180,115 in Uruguay (these are UNICEF estimates based on country-level analysis); and 2,400,000 affected by violence and displacement in Colombia according to the Colombia Humanitarian Response Plan (HRP) 2022.
- Of the total, 39 per cent are Venezuelan migrants, refugees and host communities. The remaining 61 per cent corresponds to other populations affected by the impacts of COVID-19 in the Plurinational State of Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, Guyana, Peru, Trinidad and Tobago, and Uruguay – and those affected by violence and displacement in Colombia. Women and girls make up 55 per cent of the total. This was calculated using programme targets for: Bolivia (1,386,305), Brazil (1,255,462), Chile (31,360), Colombia (1,111,477), Dominican Republic (85,531), Ecuador (486,517), Guyana (169,512), Peru (884,802), Trinidad and Tobago (9,447) and Uruguay (2,950). UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
- Following the finalisation of the 2022 RMRP and the 2022 Colombia HRP, 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 Bolivia COVID-19 component's budget to Nutrition, Health, Child Protection and Social Protection. Detailed explanations on the changes to the targets can be found under the programme target endnotes.
- Of this figure, 25 per cent corresponds to Venezuelan migrant, refugee 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 (1,025,089); Chile (31,360); Chile (19,300) Colombia (629,732); Dominican Republic (69,031); Ecuador (409,405); Guyana (148,374), Peru (647,582); Trinidad and Tobago (7,363) and Uruguay (1,900).
- According to the RMRP 2022, 8.4 million people (34 per cent children) are in need of assistance across 17 countries in Latin America and the Caribbean.
- According to Panama Migration Authority, of the 19,905 children migrating through Panama from the year 2016 to August 2021, 3,442 (17 per cent) are Brazilian nationals and 6,456 (32 per cent) are Chilean nationals, children of Haitian and African parents.
- 2022 Regional Refugee and Migrant Response Plan (RMRP) - 07 Abril 22.
- As of December 2021, the number of refugees and migrants is 12,400 in the Plurinational State of Bolivia, 448,100 in Chile, 1,840,000 in Colombia, 115,300 in Dominican Republic, 1,290,000 in Peru, 513,900 in Ecuador, 325,800 in Brazil, 28,500 in Trinidad and Tobago, 19,000 in Uruguay and 24,500 in Guyana (source: R4V Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region – December 2022).
- Women and girls, including GBV survivors, are less able to obtain free medical care (including reproductive health), psychosocial support and access to justice and protection.
- Social protection for families with children/adolescents in Latin America and the Caribbean: An imperative to address the impact of COVID-19. ECLAC, UNICEF, December 2020.
- Although there are few regional data on the impact on the employment of the migrant population, surveys showed that in Colombia, Ecuador and Peru 7 out of every 10 Venezuelan migrants stated that their income decreased as a result of the pandemic. Moreover, 48 per cent of the interviewed migrants depend to a larger extent on unstable means of livelihood, such as informal market activities, humanitarian assistance, or help from family and friends, in comparison with 35 per cent of the national population that was interviewed. Seventeen percent of migrants are unemployed, affecting mainly women (20 per cent in comparison with 14 per cent of migrant men) (WFP, 2020).
- 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 (575,292), Brazil (18,146,236), Colombia (7,700,000) Ecuador (2,608,175), Guyana (275,295), Peru (2,954,136) and Uruguay (255,215).
- UNICEF estimate based on data from the Pan American Health Organization and UNICEF on the number of children missing immunization in 2020, in countries part of this appeal, according to estimated national immunization coverage.
- In the context of the Venezuelan outflow. According to RMRP 2022, including needs in 17 countries part of the RMRP.
- In the context of the Venezuelan outflow. According to RMRP 2022, including needs in 17 countries part of the RMRP.
- Bolivia (3,139), Brazil (29,479,670), Colombia (6,492,235), Ecuador (4,242,703), Guyana (196,294) and Peru (7,796,317). Database elaborated, based on the information processed by UNICEF Country Offices | Update 28 Education. September 2021.
- UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
- World Health Organization, COVID-19: Strategic preparedness and response plan, 1 February 2021 to 31 January 2022, WHO, February 2021.
- 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>.
- Bolivia's revision included a decrease in budget and targets 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 way.
- The number of People to be Reached and Children to be Reached have been reduced due to the downward revisions made in the Bolivia COVID-19 component's budget to Nutrition, Health, Child Protection and Social Protection. The scope of some activities is reduced according to the dynamics of the response in 2022.
- Depending on context, minimum set of vaccines includes bacille Calmette-Guérin, diphtheria, tetanus and pertussis, polio and measles, with some countries adding additional vaccines, such as haemophilus influenza type B and hepatitis B, as related to their context.
- This indicator's decrease in total target, as compared to 2021, is due to a decrease in Ecuador targets related to a change in response approach that in 2022 prioritizes WASH in schools and sanitation. In this appeal's countries, more costly activities in sanitation and rehabilitation of infrastructure have increased.
- In Bolivia, SBC efforts are oriented to promote the COVID-19 vaccination supporting to the National priority. The target was adjusted accordingly.
- In Bolivia, advocacy by UNICEF and other actors made it possible for most providers of social services to children to prioritize essential hygiene supplies to prevent the spread of COVID-19. The reduction of the target will allow the Country Office to have achievable results.
- During the HAC revision, UNICEF Peru has scaled up its GBV strategy for the COVID-19 and Migration response. In the first case, the strategy includes capacity-building among GBV hotline operators, as part of the response to an increase in GBV reports during the pandemic. In the second case, UNICEF Peru initiated interventions to empower migrant adolescent girls about GBV prevention, response and available services, including campaign in which they share information with their peers and demand their rights.
- In Bolivia, cases of children who have lost parental care have not been reported during 2022. Therefore, the target has been revised.
- This is the consolidated target for Bolivia, Brazil, Colombia, Guyana and Ecuador.
- Border reopening after one and a half years and the migration influx upsurge are some of the main reasons why there is a considerable increase in the UNICEF HAC 2022 ask. In 2022, UNICEF planned interventions in Education will last longer than those implemented during 2021. For example, UNICEF Brazil is focusing on access to school and/or non-formal education and skills development programmes. The activities are planned to support those children for the whole year. In Ecuador, the response includes the identification of out of school of children and adolescents who need support to access and to continue in the education system with an active support from UNICEF in the enrollment and retention processes. The cost for the active search for out-of-school children and adolescents is high as targeted beneficiaries are in rural areas, and it requires a detailed intervention from UNICEF. Likewise, this year's HAC includes evaluation, levelling and pedagogical support for boys and girls who have been out of school due to COVID-19 and this intervention also requires an increase in funding and tracking children's progress over time. In Trinidad and Tobago, the strategy is moving towards expanding accredited online education of children on the move in Trinidad and Tobago. This is an investment in their digital and 21st century skills.
- The decrease in the total target for this indicator, in comparison with 2021, is mainly due to changes in the measuring methodology, which in 2022 is more accurate and based on impressions instead of mass media outreach.
- The funding requirements for the migrant and refugee response (including COVID-19 related activities for migrants and refugees) by country are as follows: Plurinational State of Bolivia (US\$1.5 million), Brazil (US\$24.6 million), Colombia (US\$32.9 million), Dominican Republic (3 million), Ecuador (US\$20.5 million), Guyana (US\$1.2 million), Peru (US\$ 13.6 million), Trinidad and Tobago (US\$4.5 million), Uruguay (US\$238,000), Chile (US\$6.4 million).
- The funding requirements for COVID-19 by country are as follows: Plurinational State of Bolivia (US\$ 7.6 million), Brazil (US\$25.7 million), Dominican Republic (US\$ 2.1 million), Ecuador (US\$8.6 million), Guyana (US\$1.1 million), Peru (US\$ 13.1 million), Uruguay (US\$179,000).
- 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 COVID-19 related needs; Ecuador US\$240,000.
- Figures reported may differ from actual contributions, due to in-process allocation of flexible funding by the time of this document.