Funding Overview and Partnerships

The Under the UNICEF Global COVID-19 Humanitarian Action for Children (HAC) appeal, UNICEF Venezuela has requested US$ 26.8 million to prevent the collapse of the health system, and at the same time help reduce the propagation of the virus. UNICEF’s COVID-19 response focuses primarily on health and Infection Prevention and Control (IPC) by providing safe water and hygiene supplies to health centres, also through cross-cutting Risk Communication and Community Engagement (RCCE). In addition, UNICEF continues to support efforts to meet the needs of children in education, child protection and nutrition, which can be disrupted in the context of COVID-19. UNICEF Venezuela appeal under the UNICEF Global COVID-19 HAC, is linked to and complements the existing UNICEF’s humanitarian programme in Venezuela, under the 2020 Venezuela HAC, which appeals for US$153.2 million to meet the needs of 2.6 million people, including 1.7 million girls, boys and adolescents.

As of 30 April 2020, UNICEF has raised US$ 3 million against the HAC appeal to support implementation of child protection, education, health, nutrition, and WASH interventions, as well as operational and logistic
support costs related to the delivery of this assistance. In addition, UNICEF has raised US$ 2.2 million specifically for the COVID-19 response, primarily to (i) provide health workers and other staff engaged in the response with PPE; (ii) accommodate hospitals with medical supplies and equipment, WASH supplies (including soap, hand-sanitizer, chlorine, masks, drinking water dispensers and disinfectant), safe water, and capacity building on hygiene practices; (iii) strengthen RCCE by promoting effective handwashing and hygiene practices along with social distancing and other changes in behaviour to slow the transmission of the virus; and (iv) combat stigmatization.

UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date. However, to reduce the current 92 per cent gap for COVID-19 response and 73 per cent funding gap for the HAC appeal, UNICEF calls upon the international community to provide additional and flexible support to respond to the urgent needs emerging from the pandemic and to mitigate its collateral impacts, including risks to the continuity of essential social services for children, women and vulnerable populations.

Situation Overview & Humanitarian Needs
On 13 March 2020, Venezuela confirmed its first two cases of coronavirus. As of 30 April, 333 cases have been confirmed and 10 deaths reported in the country, including cases of community transmission. Since the beginning of the breakout, the Venezuelan Government has taken preventive measures to curb the spread of the disease, including among others: school closure; mandatory confinement; nationwide quarantine; ban on public gatherings; health checks at international border crossings; activation of the Health Emergency Operations Centre and National Biosafety Committee; suspension of most international flights from Europe, Colombia, Panama and the Dominican Republic for a month; and mandatory use of masks in streets and other public spaces. It also announced that school year 2019-2020 will be carried out online.

Since early March, noticeable and rising returns of Venezuelan migrants from neighbouring countries (mostly Colombia, Ecuador and Brazil) has been recorded. These returns have been triggered by the economic and social constraints faced by migrants in host countries confronted with the COVID-19. In the same month, authorities from the town of Cucuta (Colombia) reported that over 34,000 people to have returned to Venezuela by crossing into the state of Táchira. It is estimated that between 500 to 600 people are crossing daily the Simón Bolívar international bridge towards the city of San Antonio in Táchira. Once in Venezuela, returning migrants are screened for COVID-19 and placed in confinement centres for up to 14 days. Those tested positive are isolated and treated in designated health facilities and those testing negative can proceed to designated places to spend the 14-day quarantine period. School buildings have been chosen to serve as isolation centres.

Reliable access to water, energy and communications services continue to be the main challenge in effectively responding to COVID-19 prevention and treatment strategies. In health facilities, power outages have been reported up to 12 hours in the state of Bolivar. Online distance learning activities are seriously hampered because of poor telephone and internet services and failures, impacting access to learning platforms. However, the biggest challenge to ensuring an effective COVID-19 response is the critical situation caused by fuel and gasoline shortages, which has deteriorated in the last month. Food security and health-related activities are also challenged as there is an increasing number of children without access to the school feeding programme due to the confinement, constraints on food distribution, and lack of gas and water. Fuel shortages are also impacting health workers’ ability to reach their working premises.

Humanitarian Leadership, Coordination and Strategy
At the inter-agency level, the response to COVID-19 in Venezuela is coordinated through the existing Humanitarian Structure, which includes a dedicated cluster system. The Humanitarian Coordinator is leading the response with the technical guidance of the United Nations Humanitarian Country Team, of which PAHO/WHO and UNICEF are part. Under OCHA’s leadership the cluster system developed the COVID-19 Inter-sectorial Preparedness and Response Plan that aims at contributing to reduce the vulnerability of the population and the risk of high morbidity and mortality rates for COVID-19 in Venezuela. UNICEF, as the lead agency of the WASH cluster, is leading the WASH response and co-leading with PAHO/WHO the implementation of WASH activities in hospitals and health facilities. UNICEF is also leading the education, nutrition and child protection COVID-19 response coordinated within the inter-sectorial plan. UNICEF Venezuela’s response is aligned with other response plans currently in place: Venezuela National Response Plan, Inter-sectorial Response Plan, Humanitarian Response Plan and HAC for Venezuela 2020.
UNICEF's COVID-19 response in Venezuela aims at: enhancing IPC in health facilities and communities by providing critical medical and WASH supplies, services, technical assistance and capacity building; strengthening RCCE through Communication for Development (C4D) interventions; and ensuring, to the extent possible, continuity of health, education, nutrition and child protection services, including psychosocial support to children and their caregivers. UNICEF is also planning a massive dissemination of key messages on prevention of violence against children, neglect and abuse, positive parenting, Gender Based Violence (GBV) and Prevention of Sexual Exploitation and Abuse (PSEA), while at the same time assessing and responding to the longer-term socioeconomic impacts of COVID-19. This aims to guarantee that vulnerabilities existing prior to the outbreak are not further exacerbated.

Since COVID-19 appeared in Venezuela, UNICEF has provided water and sanitation services to over 151,000 people and has reached over 46,000 children with a specially designed school feeding programme, among others. In addition, nutrition, child protection and GBV programmes have continued, adapting to the new COVID-19 context, complementing UNICEF Venezuela’s existing humanitarian response.

Risk Communication and Community Engagement (RCCE)
As of 30 April, over 18,000 people have benefited from the Tippy Tap campaign in Zulia state – carried out by UNICEF’s partner’s community mobilizers – that promotes hand washing with soap, water savings and key sanitation messages as preventive practices against COVID-19. In addition, UNICEF has translated key COVID-19 messages in three indigenous languages (Ware, Karíña and Yekuana), to be broadcasted through a community radio network in Delta Amacuro state, targeting an audience of 527,444 people.

UNICEF continues the campaign on COVID-19 prevention, hygiene promotion and psychosocial support via SMS (reaching 8.5 million people daily) and through social media (872,331 people). Additionally, four radio spots were disseminated through 26 local radio stations, reaching more than 4,190,000 people. Likewise, over 8,850 posters with key COVID-19 information were distributed in hospitals and health centres across de country, and more than 1,000 leaflets on how to use purification tables and other water treatment and preservation methods were distributed in the Gran Sabana Municipality, in the state of Bolivar. Similarly, more than 100 posters on proper use of granulated and liquid chlorine solutions for health care facility disinfection have been distributed, reaching over 3,000 people in the Rosario Vera Zurita hospital and five other primary health centres located in Santa Elena de Uarién (Bolivar state), on the border with Brazil.

Infection Prevention and Control (IPC)
UNICEF initiated the repairing works of the water distribution system in Caicara del Orinoco, Bolivar state, which will provide 65,000 people with access to safe water. Likewise, UNICEF has provided daily access to water through water trucks to over 45,400 people in different states, including 25,000 people in the communities of San Félix and Puerto Ordaz (Bolivar state); 11,400 people in health centres in Tucupita (Delta Amacuro state) and Ciudad Guayana and Ciudad Bolivar (Bolivar state); and over 9,000 people in the municipalities bordering Bolivar and Pedro María Ureña (Táchira state). Additionally, together with the local water authority of Bolivar, UNICEF has put in place a contingency plan to provide water for 30,000 people – through water trucking – to the vulnerable municipalities of Sabanita and Jose Antonio.

On 22 April 2020, UNICEF finished works for a second borehole and the installation of two 25 HP pumps, which will benefit 10,000 people with water in the Ruíz y Paéz Hospital (Bolivar state). UNICEF will also begin drilling for water access in the Domingo Luciani Hospital, located in Gran Caracas. As part of its strategy to provide solutions for water access, UNICEF rehabilitated water trucks that enabled Hidrolago (local water authority in Zulia state) to provide water to 41 health centres, including hospitals, ambulatories, diagnostic centres, in the municipalities of Maracaibo and San Francisco. Likewise, with UNICEF’s support, Hidrolago installed and is now operating two 30 HP pumps in the Estanque Norte pumping station, which will benefit over 50,000 people.

To ensure COVID-19 prevention and control through hygiene promotion UNICEF distributed 28 tonnes of essential WASH supplies to five sentinel hospitals in Bolivar and Delta Amacuro: Ruíz y Paéz (Ciudad Bolivar), Uyapar (Ciudad Guayana), Rosa Vera Zurita (Santa Elena de Uarién), José Gregorio Hernandez (Tumeremo) and Luis Razzetti (Tucupita). Similarly, to guarantee cleaning and disinfection in Zulia state, UNICEF dispatched over 6.5 tonnes of WASH supplies to 19 health centres in Maracaibo, in addition to the 180 gallons of liquid soap, 60 gallons of antibacterial gel and 22 drums of concentrated hypochlorite delivered to Castillo Plaza Maternity and other 10 health centres in
Maracaibo. In the area of Gran Caracas, UNICEF delivered 59 drums of chlorine and provided training on its use for COVID-19 prevention and control in five hospitals: Dr. Jose Maria Vargas, Dr. Miguel Perez Carreño, Dr. Jesus Yerena, Dr. Domingo Luciani and Ana Perez de Leon.

Furthermore, UNICEF has delivered granulated chlorine to the mayor of the Bolivar municipality in Táchira to ensure a clean environment in the terminal area, where around 600 people transit daily; and has refilled the terminal’s hand washing point twice daily (3,000 litres), reaching 18,000 litres per week, providing safe water to 6,000 people. It also supplied 247,000 litres of safe water to seven tanks of 45 m3, located on the border with Colombia, benefiting 9,880 people. Likewise, in the communities of Sierra Nevara, San Isidro parish (Zulia state), UNICEF recently installed a 45,000 litres tank, which will benefit 3,150 people. The water will be refilled by the Maracaibo Fire Fighters, through water trucks every three days, and chlorination will be carried out by the Maracaibo Civil Protection with UNICEF’s supplies.

**Continuity of Health Care and Nutrition Services**

**Health**

In relation to COVID-19, UNICEF equipped 10 priority hospitals with PPE, essential medicines, renewables, and medical equipment including 10 oxygen concentrator sets. Additionally, hospital staff were trained in the rational use of PPE, as well as on how to put them on and take them off. Similarly, in the state of Bolivar, 47 health centres received PPE, stethoscopes, sphygmanometers, thermometers for screening of suspected cases and essential medicines, and in Táchira, 33 health centres conducting COVID-19 tests received 7.3 tonnes of supplies, and 10,000 people were equipped with masks.

UNICEF is supporting the Ministry of Health (MOH) with vaccines transportation and other medical supplies, in response to the gaps in essential health care services for pregnant women, newborns and children, especially antenatal consultations, vaccinations and institutional deliveries. Alternative strategies to ensure access to essential services are under discussion, as lack of fuel is impacting staff transportation to health centres and that of mothers to take the children to vaccination points.

Since February, UNICEF has observed a declining trend in neonatal mortality at the Ruiz y Páez Hospital, contributing factors could be improved coordination and strengthening of the primary health care system though the establishment of the infection prevention committee; capacity building of 110 obstetricians and paediatricians; equipment and rehabilitation of the delivery and neonatal wards; organization of the flow of patients, staff and visitors; availability of water tanks in the neonatal ward; and implementation of strict hygiene measures in the wards.

**Nutrition**

In Zulia, UNICEF supported nutritional screening activities benefiting 399 pregnant women and 259 children, including 129 children and 29 pregnant and lactating women (PLW) from the vulnerable Barrio Etnia Guajira – the latter ones having no access to water, electricity and very low access to food. Of these 259 children, 60 were identified as at risk of malnutrition, 11 diagnosed with moderate acute malnutrition (MAM) and 7 with severe acute malnutrition (SAM). Also, since the outbreak of COVID-19, UNICEF’s partner PALUZ has been carrying out nutritional diagnosis, through digital tools and by telephone, as a way to identify vulnerable children with nutritional changes, followed by planned home visits to provide nutritional treatment to those with acute malnutrition. Over 100 families have been interviewed as part of this activity. Likewise, in the state of Bolivar, during the third and fourth weeks of April, 1,044 children under five years of age were screened at home – as per nutrition strategy under COVID-19 – by UNICEF’s partner ALINCA and 38 children with SAM were provided treatment based on the assessment.

Through its partners, UNICEF distributed nutritional supplies to 22 ambulatories in Bolivar state, which will benefit 6,000 children and 1,200 PLW, as well as delivered nutritional treatment to 310 children under five years of age, including 13 with SAM and 12 MAM, and 301 PLW received micronutrient supplementation in municipalities of Caroni, Angostura del Orinoco and Piar. Additionally, in Caroni municipality 265 children between 2 and 14 years of age were dewormed at home, following the preventive measures of COVID-19. UNICEF delivered micronutrients F-75 and F-100 for in-

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1 Equipped hospitals: Complejo Hospitalario Universitario Ruiz y Páez, Ciudad Bolivar; Hospital General de Lídice Dr. Jesús Yerena, Dtto. Capital; Hospital Universitario, Caracas; Hospital Doctor Miguel Perez Carreño Dtto. Capital; Hospital Ana Francisca Pérez de León II, Miranda; Hospital Dr. Domingo Luciani, Miranda; Hospital Dr. José María Vargas, La Guaira; Hospital Central de San Cristóbal, Táchira; Hospital General Dr. Armando Velásquez Mago, Lara; and Hospital Universitario de Maracaibo, Zulia.
patient treatment and for out-patient cases, and ready to use therapeutic foods (RUTF) and LNS-MQ to 310 children under five years of age in the hospital Rosario Vera in Santa Elena de Uarién.

Access to continuous education, child protection and GBV services

Education

UNICEF has provided technical support to the Ministry of Education (MOE) to design and strengthen the distance learning national plan ‘Each family, one school’, developed through TV, radio, digital media and other offline modalities, such as distribution of didactic guides, publication of activities on school doors and boards, or through notebook pick-up and delivery by teachers. Components of the distance educational plan include: advise for technical teams; design and production of educational and communication resources; and capacity building through virtual seminars on topics such as ‘alternatives for educational continuity after COVID-19’ and ‘mental health and psychosocial support for families.’ The distance educational plan is carried out in partnership with the Education Cluster and national educational organizations (public and NGOs) as well as international specialists from UNICEF, UNESCO and Save the Children, among others.

Moreover, UNICEF is supporting efforts to maintain and expand school feeding programmes under the COVID-19 quarantine, benefiting 46,000 children in the states of Miranda, Capital District, Zulia and Táchira, through two modalities: (a) daily food preparation in schools and further delivery to children at home, or (b) distribution of bags of non-perishable food to children's households on a regular basis (fortnightly/monthly), following hygiene and prevention protocols. Besides, a variety of activities were carried out to promote hygiene, handwashing and prevention of COVID-19 with 25,825 students (12,807 boys and 13,018 girls) and 742 adults. Activities included sharing materials on handwashing, prevention and hygiene at home, and guidelines for children and families on how to prepare posters, concept maps and other educational activities for COVID-19 prevention.

During the reporting period, 69,159 children were supported with distance learning activities by UNICEF’s implementing partners AVEC, Fe y Alegría, Construyendo Futuros and Fundana. Likewise, materials designed with key messages have been disseminated through radio and social networks, which contribute to remote school continuity in the states of Bolívar, Miranda, Distrito Capital and Zulia, benefiting 48,201 children (25,216 girls and 22,985 boys) and 28,911 adults. Key messages on early childhood development have been designed and disseminated by C4D and Communication sections. Bags with educational materials have been distributed during the quarantine to 7,244 children in the states of Miranda, Táchira and the Capital District (including notebooks, pencils, erasers, crayons, pencil sharpeners, a set of squares and other resources) to support children's school activities at home.

Child Protection and GBV services

UNICEF provided 4,126 children, parents and caregivers with remote mental health and psychosocial support through partners such as FUNDANA, FUNDAINIL, Luz y Vida, Otro Enfoque in Miranda state and Rehabilitarte in Zulia state. Due to COVID-19, remote psychosocial support services are being conducted by telephone or online. In the states of Bolívar, Sucre and Anzoátegui, UNICEF is supporting through CODEHCU, ALINCA y ASONACOP, eleven protection councils that have activated hotlines, managing an average of 13 cases per week. In addition, through partner ALINCA, UNICEF is supporting protection councils with a mobile protection service in the municipalities of Caroní, Piar y Angostura del Orinoco, and Angostura.

UNICEF is also supporting INTERSOS in Táchira: the implementing partner is training first-line health personnel on GBV prevention and response and strengthening referral pathways to other essential services such as psychosocial care, protection services and legal support. In addition, UNICEF is working and coordinating with the Child Protection Area of Responsibility (AoR) to design psychosocial support and violence prevention and response messages, including GBV, for children and caregivers in order to disseminate them nationally and locally.

Through different partners, UNICEF has reached over 1,800 people with different supporting services. Under the current contingency, community mobilizers in the state of Bolívar have reached 720 people (mothers, fathers and caregivers) in two weeks, through phone calls, with information on COVID-19, protection, emotions management and stress at home. UNICEF’s partner FUNDANA has reported over 800 phone calls as part of the monitoring and accompanying of children and families, while FUNDAINIL has continued psychosocial support services, by telephone, providing assistance to 259 children in Miranda state.
In Táchira, UNICEF has inaugurated the Integral Attention Centre for Children and Women (CAINNAM by its Spanish acronym) in the San Antonio bus terminal. The CAINNAM will provide protection services (for women and children), nutritional and other health services to children and women in the terminal. Also, UNICEF has finished the refurbishing of the birth registration area in the Ruiz y Páez Hospital (Bolivar state), which is providing services at a reduced schedule during COVID-19.

Planning, Monitoring and Evaluation
UNICEF is currently tracking 12 of the global indicators in support of the COVID-19 response. Detailed reports of supplies distribution are updated regularly, allowing staff to have clarity and precision in terms of value, amount, volume and weight of what has been distributed. All sites receiving supplies are included in detailed maps (online and offline) that show UNICEF’s actual reach. Although the current situation and quarantine measures limit the continuous field presence of our third party monitors, UNICEF is using a combination of onsite follow-up through local implementing partners – essential to account for the medical supplies – while using other remote monitoring tools that have been jointly developed with UNICEF’s partners over the last 12 months. Monitoring tools include tailor-made end user monitoring surveys to assess beneficiaries’ feedback in terms of the relevance, quality, timeliness and impact of specific programmes, services or supplies delivered. When face-to-face visits cannot take place -due to the quarantine and limitation of movement-, UNICEF staff communicates with the health facilities via mobile phones and messaging applications.

Furthermore, UNICEF has developed a microsite with information on COVID-19 in Venezuela in addition to information on UNICEF’s ongoing humanitarian response in the country. In addition, UNICEF is developing an interactive tool where distributed supplies can be monitored. A draft version is already operational, and the public dashboard will be launched in the upcoming weeks.

UNICEF and partners are using social media to engage with UNICEF services beneficiaries – including children and caregivers – and to get their views and feedback, including complaints, on issues related to service accessibility, quality of services provided, and accountability to affected populations. When possible and respecting all precaution measure to reduce the risk of COVID-19 transmission, face to face interaction also takes place.

Supply and Logistics
Over 90 tonnes worth of supplies purchased to respond to COVID-19 in Venezuela are being distributed, reaching 189 health facilities, including 38 sentinel hospitals, clinics and community health centres. UNICEF is currently prioritizing the distribution of supplies in 14 hospitals, out of the 47 identified by the Government. A detailed distribution plan has been developed based on needs and quantities required by UNICEF programmes and Field Offices.

Since the beginning of the COVID-19 response and as of 30 April 2020, UNICEF had distributed over 78 tonnes of supplies worth over US$ 728,000 including: 61,950 water purifying tabs; 106,872 protection masks; 8,850 posters with COVID-19 messages; 5,733 litres of hand sanitizer 60 per cent alcohol; 5,420 litres of liquid chlorine 12 per cent; 1,925 kg of granulated chlorine and 6,250 PPE kits. COVID-19 response and case management-related supplies distributed represented 43.5 per cent, while COVID-19 prevention-related supplies accounted 56.5 per cent.
Human Interest Stories and External Media

A press release on a shipment managed by UNICEF of approximately 90 tonnes of vital supplies was disseminated reaching more than 12 million people. Also, over 270 photos and 23 videos on UNICEF response in Education, Immunization, Health and Nutrition were produced and disseminated. In addition, more than 6.1 million people were reached via UNICEF Venezuela Instagram, Twitter and Facebook accounts. During the reporting period, UNICEF Venezuela’s social media accounts received 130,286 interactions (comments, likes, RT). The UNICEF Venezuela Facebook account was recognized as a trust account at the Coronavirus (COVID-19) Information Hub for Facebook.

Under the framework of Immunization Week, UNICEF Venezuela prepared a multimedia package focusing on ensuring access to vaccines for children in a remote indigenous community in Venezuela, that includes a video and a photo-essay.

Human interest stories and multimedia stories:

- The vaccines journey: Immunizing the children in the most remote communities in Venezuela
- Help mothers to keep their children alive
- UNICEF contributes immunization program in remote communities

UNICEF Venezuela: https://www.unicef.org/venezuela/spanish/
UNICEF Venezuela Facebook: https://www.facebook.com/unicefvenezuela/
UNICEF Venezuela Twitter: @unicefvenezuela
UNICEF Venezuela Instagram: @unicefvenezuela

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Annex A

Summary of COVID-19 Programme Results

<table>
<thead>
<tr>
<th>Response Pillar</th>
<th>Apr-Dec 2020 target</th>
<th>Total results*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Communication and Community Engagement (RCCE)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People reached on COVID-19 through messaging on prevention and access to services</td>
<td>-</td>
<td>12,173,676</td>
</tr>
<tr>
<td>People engaged on COVID-19 through RCCE actions</td>
<td>-</td>
<td>29,749</td>
</tr>
<tr>
<td><strong>Infection Prevention and Control (IPC)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care workers, UNICEF partners and others provided with Personal Protective Equipment (PPE)</td>
<td>1,258^3</td>
<td>8,560</td>
</tr>
<tr>
<td>People provided with hygiene items/kits</td>
<td>100,000</td>
<td>1,312</td>
</tr>
<tr>
<td>People with access to basic WASH (safe water and sanitation) services at the community level</td>
<td>350,000</td>
<td>151,421</td>
</tr>
<tr>
<td><strong>Continuity of Health Care and Nutrition Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and women that received response care services for GBV</td>
<td>24,000</td>
<td>53</td>
</tr>
<tr>
<td>Children and pregnant and lactating women (PLWs) received micro-nutrients^4</td>
<td>130,000</td>
<td>1,809</td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)</td>
<td>-</td>
<td>30</td>
</tr>
<tr>
<td>Number of prenatal care consultations</td>
<td>142,000</td>
<td>2,434</td>
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<tr>
<td><strong>Access to continuous education, child protection and social protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children supported with distance/home-based learning</td>
<td>400,000</td>
<td>69,159</td>
</tr>
<tr>
<td>Children and adolescents reached within the school feeding programme</td>
<td>80,000</td>
<td>46,000</td>
</tr>
<tr>
<td>Children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>20,000</td>
<td>4,126</td>
</tr>
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</table>

Annex B

COVID-19 Funding Status

<table>
<thead>
<tr>
<th>Response Pillar</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2020</th>
<th>Other resources received in 2020</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk communication and community engagement (RCCE)</td>
<td>2,288,940</td>
<td>109,325</td>
<td>44,359</td>
<td>2,135,256</td>
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</tr>
<tr>
<td>Infection Prevention and Control (IPC)</td>
<td>21,321,144</td>
<td>575,676</td>
<td>-</td>
<td>20,745,468</td>
<td>97</td>
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<tr>
<td>Continuity of Health Care and Nutrition Services</td>
<td>2,372,985</td>
<td>307,575</td>
<td>-</td>
<td>2,065,410</td>
<td>87</td>
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<tr>
<td>Access to continuous education, child protection and GBV services</td>
<td>627,870</td>
<td>170,492</td>
<td>1,026,134^6</td>
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<td>0</td>
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<tr>
<td>Data collection social science research for public health decision making</td>
<td>217,581</td>
<td>10,392</td>
<td>4,217</td>
<td>202,972</td>
<td>93</td>
</tr>
<tr>
<td>Total</td>
<td>26,828,520</td>
<td>1,173,461</td>
<td>1,074,710</td>
<td>24,580,350</td>
<td>92</td>
</tr>
</tbody>
</table>

^2 Total results since the beginning of the COVID-19 response. Indicators have been selected and aligned with UNICEF’s global response. Complete Summary Programme Results for the Venezuela 2020 HAC will be available in future reports.

^3 Indicators are being revised and will be updated in the next Situation Report.

^4 2020 HAC indicator, thus target from January to December 2020.

^5 As defined by UNICEF COVID-19 Global Response 2020 requirements launched on 15 March 2020, for a period of nine months.

^6 Other resources for COVID-19 include funding for the continuation of the school feeding programme, which under the COVID-19 context is carried out through different modalities.
Annex C

HAC Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Humanitarian resources received in 2020</td>
<td>Other resources received in 2020</td>
</tr>
<tr>
<td>Nutrition</td>
<td>12,745,000</td>
<td>84,372</td>
<td>-</td>
</tr>
<tr>
<td>Health</td>
<td>22,290,000</td>
<td>1,374,581</td>
<td>80,400</td>
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<tr>
<td>WASH</td>
<td>58,300,000</td>
<td>876,549</td>
<td>-</td>
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<tr>
<td>Child Protection</td>
<td>14,400,000</td>
<td>529,661</td>
<td>-</td>
</tr>
<tr>
<td>Education</td>
<td>45,512,000</td>
<td>62,214</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>153,247,000</td>
<td>2,927,376</td>
<td>80,400</td>
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</table>

As defined in [Venezuela 2020 Humanitarian Appeal](#) launched on 05 December 2019 for a period of 12 months