Highlights

- During the first semester of 2021, UNICEF distributed a total of 881.6 tons of relief supplies worth US$6.95 million from its warehouses to various partners throughout the country. In addition, vaccines worth US$4.7 million were directly distributed to the Ministry of Health’s main warehouse and counterparts.
- Between January and June 2021, 78,510 women and their newborns were reached with health interventions across the 24 Venezuelan states.
- Some 15,540 health workers (7,786 men and 7,754 women) received personal protective equipment (PPE), allowing them to provide uninterrupted health services to children and adults.
- Some 95,195 children under five were screened for detection of acute malnutrition (48,549 boys and 46,646 girls), including 2,995 indigenous (1,524 boys and 1,492 girls) and 1,647 Afro-descendent children (841 boys and 806 girls).
- UNICEF and the Ministry of Water have been working on various projects that, once completed, will contribute to improving safe access to water for more than 1.7 million people in Bolivar, Delta Amacuro, Zulia and Táchira states.
- A total of 43,128 children (24,016 boys and 19,112 girls) were provided with legal support, child protection interventions, alternative care and case management.
- From January to June, UNICEF has distributed school supplies to 258,537 children (130,145 girls and 128,392 boys) in 15 states.

UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Category</th>
<th>Micronutrient supplementation</th>
<th>Funding status</th>
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*Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.
**Funding overview and partnerships**

In 2021, **UNICEF is appealing for US$201.8 million** to continue providing life-saving services for women and children in Venezuela affected by a triple burden: the protracted socioeconomic and political context, the coronavirus disease 2019 (COVID-19) pandemic, and mixed migration flows across international borders. This funding will enable UNICEF to reach 3.8 million people — including 2.2 million children — in the most vulnerable communities. As of June 2021, UNICEF had US$50.8 million available to support the implementation of child protection, education, health, nutrition, and water, sanitation and hygiene (WASH) interventions. Of this amount, US$28.2 million was carried over from 2020, and US$22.6 million was raised in 2021. UNICEF expresses its sincere gratitude to all public and private donors for contributions received. To reduce the 75 per cent funding gap for Humanitarian Action for Children (HAC) in 2021, UNICEF calls on the international community to provide additional and flexible support to sustain the organization’s response. Without sufficient funding, UNICEF will be unable to support critical activities such as school feeding, which is key for retention and good school performance. In addition, funds are required for interventions aimed at safeguarding essential health services, preventing and addressing malnutrition, mitigating and responding to protection risks, and facilitating access to safe water. UNICEF emphasizes the urgent need for resources to purchase routine immunization vaccines and paediatric antiretroviral treatment (ART) to support uninterrupted delivery of these two critical interventions that save children’s lives.

**Situation overview and humanitarian needs**

As of 28 June 2021, Venezuela had reached 275,205 confirmed positive cases of COVID-19, with over 3,150 deaths. According to [data from the World Health Organization (WHO)](https://www.who.int/data), 1,446,988 doses of vaccines against COVID-19 have been administered. Venezuela has received over 4.8 million doses of three vaccines: 2.3 million doses of Sputnik V, 2.5 million doses of Sinopharm and a number of doses of Abdala.¹ UNICEF, together with the Pan American Health Organization (PAHO), has been coordinating Venezuela’s access to the COVAX facility with authorities and stakeholders, and was part of the negotiations to evaluate the different options to receive COVID-19 vaccines. Venezuelan officials have confirmed that payments of $120 million to the COVAX mechanisms have been successfully made; therefore, the country should be accessing some 12 million doses through COVAX for health and other front-line workers, and vulnerable populations. **Venezuela will not authorize the use of the AstraZeneca™ vaccine, and most likely will be receiving doses of Sinovac and Sinopharm vaccines.** To this end, UNICEF has been supporting the cold chain in the country to ensure vaccines are transported and stored at appropriate temperatures from the point of manufacture to the point of use.

Throughout the first six months of 2021, education continued under a distance learning modality, and the humanitarian situation in the country continued to be characterized by interruptions in the electrical system, particularly in the western part of the country (Falcón, Lara, Trujillo and Zulia states), causing connectivity challenges for education and remote working. Together with gasoline shortages, scarcity of diesel has also been registered in the country, directly impacting both public transport and the transportation of goods and services. The state of Bolivar has been hit the hardest by the lack of fuel.

During the first half of 2021, UNICEF and partners reported displacements of people (*caminantes*), walking hundreds of kilometres to reach bordering states from different parts of the country, including increased numbers of children, adolescents and single mothers. As a result of COVID-19 restrictions being imposed in neighbouring countries, some Venezuelan migrants are returning, causing a mixed flux of migrants across the different borders.

Lastly, in June, the Office of the Coordination of Humanitarian Affairs (OCHA) reported that [most displaced people from La Victoria were thought to have returned to Venezuela](https://ocha.un.org) after the armed conflict that took place in March and April, when over 5,000 people (including 2,100 children) fled to Colombia. United Nations agencies and other humanitarian actors have combined efforts for a coordinated response in that state.

**Summary of programme response**

During the first half of 2021, UNICEF supported the cold chain system in Venezuela, both for the regular immunization programme and COVID-19 vaccines, while providing support to the national health system to reduce the spread of COVID-19 and adapting interventions to ensure uninterrupted access to essential services in the education, child protection, nutrition and WASH sectors. All activities were implemented through an integrated, multisectoral response, targeting the groups most in need, including adolescent girls, children with disabilities, people in remote areas and indigenous and Afro-descendant communities. As the United Nations agency with the largest footprint in the country, UNICEF carried out interventions nationwide, including in hard-to-reach-areas.

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¹ On 24 June 2021, [government officials reported the arrival of Abdala vaccines doses](https://www.unicef.org/en/news/414655-unicef-announces-arrivals-abdala-vaccine-doses-venezuela) without specifying the number of doses received in the country. [Venezuela signed an agreement to receive 12 million doses](https://www.cnn.com/2021/06/14/americas/venezuela-astra-zeneca-12-million-doses-exclusivity-intl-hnk/index.html).
² La Victoria is located in the state of Apure, bordering Colombia.
Health Immunization: As part of a big project aimed at substantially expanding the quality and capacity of the country’s cold chain, UNICEF has procured 100 freezers, which are being installed in mass vaccination centres nationwide to fight the COVID-19 pandemic. More equipment is expected to arrive in the coming months, including another 150 freezers. Venezuela is expected to receive the first COVAX shipment during the third quarter of the year, after the fifth round of allocation is completed. UNICEF, together with PAHO, has continued to coordinate Venezuela's access to the COVAX mechanism, through the Technical Committee.

In May, under the framework of the 2021 Vaccination Week in the Americas, UNICEF and PAHO intensified the Expanded Programme of Immunization. As a result, an increase in the number of children under five immunized was registered, especially for Bacille Calmette-Guérin (BCG), inactivated polio vaccine (IPV), yellow fever, and first dose of measles, mumps and rubella (MMR) vaccines.

Figure 1. Total number of children vaccinated up to May 2021

![Figure 1. Total number of children vaccinated up to May 2021](image)

Notes: BCG, Bacille Calmette-Guérin; IPV, inactivated polio vaccine; bOPV3, bivalent oral poliovirus vaccine; DTP-HepB-Hib3, diphtheria-pertussis-hepatitis B-Haemophilus influenzae type B; MMR1, first dose of measles, mumps and rubella; MMR2, second dose of measles, mumps and rubella; YF, yellow fever; Td, tetanus-diphtheria.

Figure 2. Vaccination coverage up to May 2021 (%)

![Figure 2. Vaccination coverage up to May 2021 (%)](image)

Despite the improvements in May, the persistent low rates of coverage are a consequence of the COVID-19 restrictions implemented in the country, which have limited people’s mobility compared to 2020. UNICEF continues to support access to seven essential vaccines and immunization supplies to guarantee the continuity of immunization services in 2021. Additionally, UNICEF is strengthening social mobilization and community engagement efforts to strengthen demand for services and improve vaccine coverage among children under 10 and pregnant women through mass media campaigns and social media communication.
Maternal, neonatal and child health: UNICEF health interventions during the first half of 2021 have benefited 78,510 women and their newborns across the 24 states, with 38,536 prenatal consultations performed and 3,209 newborns (1,622 boys, 1,460 girls and 127 not stated) receiving life-saving treatments in neonatal intensive care units. Technical training sessions for health personnel have reached 1,466 individuals (996 women and 470 men, including 60 indigenous professionals). Repairs were carried out in 15 health centres, specifically in areas of prenatal consultation, delivery room and paediatric hospitalization for COVID-19 nationwide. UNICEF has supported oxygen therapy and respiratory assistance through donation or repair of equipment which is being used to respond to COVID-19 in over 34 referral hospitals, specifically in emergency, hospitalization, operating rooms, delivery rooms, and adult and neonatal intensive care units nationwide. Some 15,540 health workers (7,786 men and 7,754 women) were provided with PPE, which has contributed to ensuring uninterrupted delivery of health services to children and adults.

HIV programme: During the first half of 2021, 1,022 HIV-positive children under 15 years of age (563 boys and 459 girls), beneficiaries of the national HIV/AIDS/sexually transmitted infection (STI) programme, received ART according to the corresponding scheme, with UNICEF being the only provider of paediatric ART in the country. In addition, 4,970 children and adolescents under 19 years of age living with HIV (2,572 boys and 2,398 girls) accessed treatment for opportunistic infections. Six pregnant women (three from Bolivar state, two from Sucre state and one from Delta Amacuro state) received antiretrovirals during obstetric care for prevention of mother-to-child HIV transmission (PMTCT). Also, 19,176 rapid diagnostic tests for HIV/syphilis were carried out on pregnant women in antenatal care, including 322 indigenous women. Of the women tested, 1,222 were reactive for syphilis (6.4 per cent), and 73 were positive for HIV (0.4 per cent). All the pregnant women who tested positive for HIV were referred to the national HIV/AIDS programme for treatment and follow-up.

Between January and March 2021, 226 health professionals nationwide received training on diagnosis, biosafety and counselling on HIV, PMTCT and the approach to seropositive children and adolescents. In addition, 19 general physicians (17 women and 2 men) from the Caracas Capital District and La Guaira state outpatient network were trained on the application of rapid diagnostic tests for HIV/syphilis in antenatal consultations.

Lastly, UNICEF has worked with the Ministry of Health, PAHO, UNAIDS and civil society to coordinate efforts to strengthen the response to HIV, and in June 2021, UNICEF supported the transportation and distribution of antiretrovirals nationwide.

Nutrition
Essential nutrition interventions implemented by UNICEF, partners and allies prioritized strengthening access to quality nutrition services for children under five and pregnant and lactating women (PLW) at health centres and community care points. During the first six months of 2021, 95,195 children under five were screened for acute malnutrition (48,549 boys and 46,646 girls), including 2,995 indigenous (1,524 boys and 1,492 girls) and 1,647 Afro-descendent children (841 boys and 806 girls). Among the children screened, 5,559 (2,835 boys and 2,724 girls) were identified with acute malnutrition, including 1,422 with severe acute malnutrition (766 boys and 656 girls), who received treatment with ready-to-use therapeutic food (RUTF).

Some 37,134 PLW were screened to identify undernutrition during pregnancy and lactation, and 8,164 were diagnosed with undernutrition and received treatment with Lipid-based Nutritional Supplement (LNS).
UNICEF expanded nutrition services – primarily screening – to 23 states in Venezuela. Although the data collected from the nutrition interventions are not statistically representative and should not be taken as a population reference, they are used to inform programmatic decisions.

Figure 4. Number of children under five screened for acute malnutrition, January to June 2021

UNICEF has focused on the expansion of essential nutritional services for the prevention of acute malnutrition by 410 health facilities (342 outpatient health centres, 40 community centres with a focus on nutrition, and 28 hospitals), which have adapted nutrition protocols to the COVID-19 context.

The national campaign for prophylactic deworming implemented by the Ministry of Health aimed to reach 1,595,175 children aged 2-14 years old nationwide. By the end of June, 562,809 children had received one dose of Albendazole 400 mg, and six states had already reached their planned target: Delta Amacuro, Guárico, Monagas, Táchira, Trujillo and Yaracuy.

Nutrition Cluster

At the beginning of 2021, the Nutrition Cluster conducted the Cluster Coordination Performance Monitoring (CCPM). Taking into account the results of the CCPM, the cluster developed a cluster workplan for 2021, which included strengthening the subnational coordination structures to approach constraints, support needed, and solutions from a regional point of view with the intervention of local counterparts and the partner’s regional presence. In line with the cluster workplan, a Partners Mapping Tool was developed (http://bit.do/mapeo_nutricion) to visualize partners’ interventions and to avoid duplication.

After the first quarter of 2021, the cluster conducted a workshop to monitor implementation of the response plan, and the main achievements and challenges, following up its 2021 workplan. According to the monitoring workshop results, as of April 2021, the Nutrition Cluster had reached 13 per cent (112,533 people) of the target population for 2021 (850,000 people), including 59,000 children under five and 48,000 PLW with prevention and treatment services for acute malnutrition and micronutrient deficiencies.

To strengthen inter-cluster coordination, the Nutrition Cluster, in collaboration with the Child Protection and Gender-Based Violence (GBV) Areas of Responsibility (AoRs) launched the Needs Findings Tool, a referral mechanism for partners to report cases of malnutrition, sexual exploitation and abuse, among other sector cases, to deliver immediate assistance depending on partners’ presence and capacity. The tool is available at https://ee.kobotoolbox.org/x/KiVJjvwa. To strengthen the referral mechanism, the partners from the AoRs received training on key signs to identify malnutrition. Likewise, nutrition partners were trained on key ways to identify protection risks.

In line with the cluster’s workplan, the Nutrition Cluster’s Coordination, with the support of the Global Nutrition Cluster Technical Alliance, established the Community Management of Acute Malnutrition (CMAM) technical working group (TWG) in May. The TWG is responsible for creating a CMAM operational guideline to feed into the National Nutrition Institute’s National Protocol on the Management of Acute Malnutrition.

In Venezuela the main constraint for nutrition partners regards domestic procurement of nutritional supplies, which directly impacts the implementation of nutrition interventions. To reduce supply gaps, the Nutrition Cluster and UNICEF have conducted an introductory session on UNICEF’s Procurement Services as a potential mechanism to support
government counterparts and implementing partners to access UNICEF’s supply networks, experience and expertise to procure strategic, essential nutrition commodities.

**WASH**

During the first half of 2021, UNICEF focused on enhancing WASH results that contribute to nutrition, education, health and protection outcomes, including COVID-19 infection prevention and control (IPC), by providing safe water, essential hygiene and IPC supplies and information to the most vulnerable communities and key institutions (health-care facilities, temporary shelters, child protection centres and schools). Together with the Ministry of Water, UNICEF has also been working on various projects that, once completed, will contribute to improving safe access to water for more than 1.7 million people in Bolivar, Delta Amacuro, Táchira and Zulia states.

In Bolivar state, UNICEF completed the rehabilitation of Tanque C/Tocomita pumping station and water tank, and the Angostura water treatment plant; the drilling of two deep bore-holes in two indigenous communities (Warao and Pemon); and the installation of four water storage tanks in Angostura del Orinoco and Caroni municipalities. These interventions are benefiting 410,946 people (144,653 women, 136,886 men, 65,053 girls and 64,354 boys).

In the indigenous state of Delta Amacuro, UNICEF has also rehabilitated the San Rafael pumping station and its main water networks, benefiting 25,001 people (8,800 women, 8,328 men, 3,958 girls and 3,915 boys). In Zulia state, the rehabilitation of Zanzibar water treatment plant and Puerto Cuervito water pumping station, located in the indigenous municipality of Guajira – on the border with Colombia – has been completed, providing access to safe water for the first time after 10 years of being out of service. These works directly benefit a total of 15,001 people (10,277 adults, 2,375 girls and 2,349 boys).

Since early 2021, works have been ongoing in Wuinpala and Pueblo Viejo-Burro Negro water treatment plants, and in two supporting pumping stations (Macañilla and F-7). These rehabilitation works include international procurement and installation of large-scale equipment; once completed, they will benefit a total of 1,065,599 people (375,091 women, 354,951 men, 168,684 girls and 168,873 boys).

In Táchira state, UNICEF has improved access to safe water in its main network by rehabilitating two water pumping stations (Santa Barbara and La Fría) and improving the chlorine dosing systems in three stations (Pata Gallina, La Caricuena and La San Juana). Altogether these works have contributed to improve water availability for 210,000 people (73,920 women, 69,951 men, 33,243 girls and 32,886 boys).

All the above-mentioned interventions have been complemented by joint operational and maintenance activities, in which UNICEF provided tools and equipment to improve workplaces, such as by rehabilitating bathrooms and kitchens, painting spaces, distributing tools and equipment (industrial protective equipment and PPE) and providing technical assistance.

Concurrently, UNICEF has also organized community-led hygiene promotion activities, along with the distribution of 3,000 water filters, 2,200 hygiene kits and other hygiene items for the response to COVID-19 and natural disasters, primarily floods and mudslides, benefiting 23,000 people (8,096 women, 7,661 men, 3,641 girls and 3,602 boys).

Additionally, UNICEF has partnered with the national non-governmental organization (NGO) FUNDANA to create local sustainable production of soap, promote hygiene practices and boost the local economy, and with FUNDAINIL and the London School of Hygiene and Tropical Medicine to conduct a knowledge, attitudes and practices (KAP) study that will ultimately improve the implementation of community WASH interventions. Through FUNDAINIL, two other documents
were produced: a compendium of hand-washing stations used in Venezuela, which summarizes all of the different technologies implemented based on purpose and context, and ‘WASH in Schools’ Communications for Development (C4D) materials.

UNICEF also celebrated two important events: World Water Day on 22 March and Menstrual Hygiene Day on 28 May, with more than 15 UNICEF partners, cluster members, government agencies and private sector companies participating in the dissemination of key information through mass media campaigns, technical workshops and other activities.

UNICEF also provided IPC support to 64 health-care facilities across seven states, including some in states bordering Colombia and Brazil. UNICEF and its seven partners distributed key cleaning and hygiene products and PPE, installed hand-washing points and provided technical assistance and capacity-building on IPC-related subjects such as hand-washing, environmental cleaning, health-care facilities’ waste management practices and use of PPE. UNICEF also scaled up infrastructure works through: (i) the installation of 16 saline electrolytic chlorine generators in 16 main hospitals across 7 states, allowing production of enough chlorine for water disinfection, cleaning and hand-washing purposes, using ordinary table salt; (ii) the drilling of four bore-holes across four main hospitals in Caracas; (iii) in rural areas of Bolivar state, the installation of two biodigesters in two primary health-care facilities, and a biological waste landfill at Caicara del Orinoco Hospital; and (iv) the installation of a portable water treatment plant in Apure state,\(^3\) benefiting approximately 7,800 people per day (2,746 women, 2,598 men, 1,235 girls and 1,221 boys).

Interventions were complemented by the provision of hygiene kits to patients and health, operations and maintenance staff, and contributed to the sustainability of quality health services by promoting ownership and community engagement.

Furthermore, UNICEF and implementing partners supported 27 temporary shelters (protection centres, migrant shelters and COVID-19 quarantine shelters) in 4 states with daily access to water through water trucking and/or rehabilitation works, in addition to distributing hand-washing, cleaning and disinfection supplies, benefiting a total of 12,278 people (3,363 women, 2,751 men, 3,208 girls and 2,956 boys).

For ‘Back to School’ activities, UNICEF provided continuous support to 50 schools and learning spaces across 5 states, with WASH infrastructure rehabilitation and hygiene promotion activities (including the distribution of supplies), ensuring that 31,945 children (17,420 girls, and 14,525 boys) have access to adequate WASH services when schools reopen. Another 39 schools were supported with hygiene, cleaning and disinfection supplies and hygiene promotion for ongoing school feeding programmes. Simultaneously, UNICEF has started working with the Ministry of Education (MoE) to adjust standard IPC protocols to minimize and prevent risks of COVID-19 infection. UNICEF has also supported ongoing school feeding activities through the distribution of PPE, household water storage and treatment and other hygiene supplies to children and their families, teachers and other school staff.

\(^3\) [https://twitter.com/unicefvenezuela/status/1407429361867923460](https://twitter.com/unicefvenezuela/status/1407429361867923460)
WASH Cluster

During the first half of 2021, the WASH Cluster has continued to advance and improve on the effective use of available data to inform strategic priorities at key moments in the programme cycle – drawing on the analysis implemented for the Humanitarian Needs Overview and the Humanitarian Response Plan 2021 and ensuring briefings to donor focal points on the identified priority needs in each area of the WASH response. The WASH Cluster has also engaged with other clusters in areas of shared responsibility, such as the working group between WASH and Health in health centres. In addition, the WASH Cluster has engaged with Education to ensure the integration of WASH best practices and resources in the definition of Education standards for school feeding programmes and the safe reopening of schools. The WASH Cluster also led an inter-cluster initiative related to menstrual hygiene, which remains active with its own momentum. In addition, smaller contributions have been made to nutrition-led initiatives; similar work in reviewing WASH standards with Emergency Shelter and Protection has been initiated; and exploration of contractor/supplier mapping with the Logistics Cluster has also started.

In terms of better operational coordination, the WASH Cluster has actively sought to engage in discussions and initiatives related to field coordination centres and subnational cluster functioning. The national cluster has continued to promote the improvement of the availability of 5W data and improve on the 2020 dashboard’s visualization of geographic and thematic gaps, and the identification of potential duplication.

Finally, within the cluster, several technical areas are being explored with support from different members: an investigation into household water treatment options with support from the Centre for Affordable Water and Sanitation Technology and UNICEF; menstrual hygiene with support from the GBV AoR and multiple organizations; hand hygiene with support from the UNICEF Regional Office for Latin America and the Caribbean; and rainwater collection possibilities, among others.

Child protection and gender-based violence

UNICEF supported affected and at-risk groups of children and adolescents with specialized protection programmes and services. During the first six months of 2021, a total of 43,128 children (24,016 boys and 19,112 girls) were provided with legal support, child protection measures, alternative care and case management. Moreover, 24,199 people (17,577 children (9,031 girls and 8,546 boys) and 6,622 caregivers) were reached with psychosocial support programmes in person or remotely.

In Caracas Capital District and Aragua, Carabobo, La Guaira and Miranda states, 9,502 children and adolescents (4,764 boys and 4,738 girls) and 3,636 caregivers (3,185 women and 451 men) received psychosocial support services, and 467 people (226 women, 132 girls, 69 boys and 40 men) at risk of GBV received psychosocial support services, including capacity-building and awareness-raising activities on child protection and GBV prevention, through implementing partners. Specialized protection services were provided to 8,914 children and adolescents (4,581 boys and 4,333 girls).

In addition, 56,058 boys, girls and adolescents, caregivers and people from the communities (37,326 female and 18,732 male) were sensitized, and 41,118 (28,772 female and 13,170 male) were trained in prevention of violence, family separation and GBV. Moreover, 3,242 members of organizations and institutions (2,726 female and 516 male) were trained in person or remotely, following the COVID-19 pandemic, on child protection and GBV issues at national level.

In Anzoátegui, Bolívar, Delta Amacuro and Sucre states, 3,293 children and adolescents (1,810 girls and 1,483 boys) received psychosocial support services and specialized child protection services through implementing partners. Most of these services were provided in the Angostura del Orinoco, Caroni and Gran Sabana municipalities. During this first half of 2021, services were provided to adolescents in conflict with the law, children and adolescents who are survivors of violence, including GBV, children and adolescents in the Bolivar state HIV programme, unaccompanied and separated children (UASC) at the border with Brazil, and adolescent girl survivors of trafficking. In addition, through implementing partners, 5,595 children and adolescents (3,245 girls and 2,350 boys) and 32,741 caregivers (25,370 women and 7,371 men) have been sensitized on child protection issues, GBV prevention and mitigation in communities and at health centres. Furthermore, UNICEF and partners supported 3,065 children (1,589 boys and 1,476 girls) with access to birth registration in the state of Bolívar.

In Táchira, 7,152 people (2,807 girls, 2,421 boys, 1,603 women and 321 men) were reached with psychosocial support programmes in person or remotely. Also, 2,039 people (899 women, 631 girls, 458 boys and 51 men) were supported with GBV services, and 2,453 people were sensitized and 84 trained on GBV prevention and mitigation. Moreover, 10,925 children (5,846 girls and 5,079 boys) received legal support, child protection measures, alternative care and case management. UNICEF continued supporting the child protection system in Táchira state by providing computers, printers and cameras for the first child protection court and the first GBV court, located in San Antonio del Táchira, as a strategy to strengthen the protection response provided by the child protection system in the border area. In Zulia state, despite lockdown measures, confinement and mobility restrictions, UNICEF strengthened psychosocial support services, reaching 2,245 people (776 girls, 704 boys, and 700 female and 65 male caregivers).
UNICEF also responded in a timely manner, and in coordination with government authorities and other United Nations agencies, to the emergency caused by heavy rains in the indigenous community of La Sierra de Perijá, where hundreds of families had to leave their homes. Some 1,117 Yukpa indigenous people (455 girls, 396 boys and 266 caregivers, pregnant or lactating women) received protection services that included the delivery of non-food items and core relief items.

During the reporting period, UNICEF conducted capacity-building and awareness-raising activities among communities, civil society and government institutions on issues related to prevention of GBV and family separation, and promoted positive parenting and built capacities on child protection issues, reaching 6,728 people (2,654 women, 1,517 girls, 1,494 boys and 1,063 men).

In Lara state, psychosocial support programmes reached 3,967 people (1,886 girls, 1,852 boys, and 220 female and 9 male caregivers), including life-skills components. Protection programmes, including family reunification services, benefited 2,221 children (1,128 girls and 1,093 boys), and training for adult members of the community, civil society and state institutions reached 4,104 people (3,090 women and 1,014 men).

Child Protection Area of Responsibility

The Child Protection AoR, in conjunction with the AoR in Geneva and CECODAP, a national organization, conducted mental health and psychosocial support workshops which included the following topics: recovery from traumatic situations; new trends in psychosocial care; basic psychosocial skills; and orientation for COVID-19 front-line staff. In January, 144 people from organizations and psychosocial support teams participated, and at least 45 people participated in each seminar in February, March and April.

Furthermore, the Child Protection AoR at the subnational level in Ciudad Guayana set up a working group to improve assistance for UASC at the border with Brazil. Local, national and international NGOs, UNFPA, UNHCR, OCHA, UNICEF Venezuela and UNICEF Brazil have participated in this working group. The coordination mechanism has provided support to UASC reunification cases from Brazil with protection services offered by NGOs and institutions. These children had access to case management, psychosocial support, legal orientation and medical care, while institutions received operational assistance during the reunification process, including shelter, transportation and meals.

In June, local organizations and child protection institutions participated in a webinar organized by UNICEF Venezuela in coordination with UNICEF Brazil and the regional office, at which an independent specialist presented the Brazilian child protection system to Venezuelan institutions and humanitarian actors. Additionally, during the first half of 2021, two training courses were developed for child protection at subnational level: (i) regarding prevention of human trafficking, led by EXODO; and (ii) on safeguarding, led by Save the Children.

Finally, the Child Protection AoR at the subnational level in Táchira carried out training on child safeguarding, jointly with Save the Children, for 26 members of civil society and NGOs. The Child Protection AoR in Táchira was also involved in the contingency plans to address the issue of people on the move at the border area with Colombia. This initiative was coordinated by OCHA with all the clusters/AoR coordinators at the subnational level and local authorities.

Education

During the first half of 2021, UNICEF prioritized actions supporting the continuity of learning, with special emphasis on children from the most vulnerable communities in the country in the midst of school closures due to the pandemic. A total of 258,537 children (130,145 girls and 128,392 boys) were reached in 820 schools in 194 parishes and 84 municipalities across 15 states, including 7,129 children with disabilities and 4,457 children from indigenous populations.

To support children to continue their remote schooling, learning kits were distributed to 258,537 children (130,145 girls and 128,392 boys) in vulnerable communities in 15 states, including 7,129 children with disabilities and 4,457 children from indigenous populations. UNICEF also supported a distance education process benefiting 141,108 children (73,807 girls and 67,301 boys) through the design and distribution of didactic guides with guidelines for school activities at home, and pedagogical counselling with teachers (by telephone and in person). Didactic guides were adapted for children from indigenous populations. Distance education was provided to 2,584 indigenous children and 930 children with disabilities.

In an agreement with the national network of Radio Fe y Alegria, the programme ‘La Escuela en la Radio’ (’School on the Radio’) with school content was broadcast daily to an estimated national audience of 4,445,742 adults and 2,486,631 children (1,271,700 boys and 1,214,931 girls) across 19 states.

Furthermore, UNICEF provided permanent psycho-educational support to 172,152 children (88,642 girls and 83,510 boys) in 339 schools across 17 states, through activities to be carried out at home, with emphasis on the recognition and management of emotions, healthy routines, self-care and the development of values. A complementary recreational programme was carried out in seven states with 61,628 children (34,028 girls and 27,600 boys and including 5,586

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4 Amazonas, Anzoátegui, Apure, Barinas, Bolívar, Distrito Capital, Falcón, Lara, Mérida, Miranda, Nueva Esparta, Sucre, Táchira, Trujillo y Zulia
5 In May there was a mistake in the number of states reported, and this has been corrected in this report. States include: Amazonas, Anzoátegui, Apure, Barinas, Bolívar, Distrito Capital, Falcón, Lara, Mérida, Miranda, Nueva Esparta, Sucre, Táchira, Trujillo y Zulia
children from indigenous populations), promoting home games to support them through the long confinement period due to the pandemic.

School feeding programmes have been a fundamental activity to support families during the pandemic, offering balanced meals to 53,590 children (27,051 girls and 26,539 boys) so that they can participate satisfactorily in the learning process at home. Of this group of children, 2,957 are from indigenous populations. The school feeding programme has also benefited 4,535 teachers and educational personnel (3,647 women and 888 men). It has fostered connections between families and schools, the pedagogical follow-up of students and the dissemination of key messages during food deliveries. Prepared meals and food bags were distributed at 162 schools in 7 states: Amazonas, Apure, Bolivar, Mérida, Miranda, Táchira and Zulia.

In addition, a life-skills programme reached 48,901 adolescents (25,582 girls and 23,319 boys) using the educational programme cards of the UNICEF Adolescent Kit, which began with a training workshop for trainers, who then trained secondary school teachers in 214 schools for subsequent application targeting adolescents for a period of 12 continuous weeks in 17 states of the country. The life-skills programme was very well received by the adolescents and their families involved in each of the activities projected from home and who participated in a national presentation session of experiences led by the adolescents.

UNICEF contributed to strengthening the capacities of 7,482 teachers for teaching in the context of emergency situations, focusing on methods and resources for distance learning, early childhood development, socio-emotional care, strategies for distance care of children with disabilities, life-skills development, and preparation for a safe return to school. Also, to respond to the difficult situation faced by teachers due to low salaries, UNICEF provided incentives to 1,977 teachers (1,165 women and 812 men), including 101 from indigenous populations, in the form of food bags, to prevent resignation and improve teachers’ motivation to continue participating in the distance learning process.

Lastly, UNICEF has provided technical advice to the MoE to promote and guide the route and protocols for school reopening, anticipated for October, together with the Education Cluster. A teacher training package was adapted for the safe reopening of schools with support from the UNICEF Regional Office for Latin America and the Caribbean. A seminar was held with the technical teams of the MoE’s 24 regional offices, and a virtual course is currently being designed to continue strengthening the capacities of teachers before the new school year. Likewise, an accelerated education programme is being jointly designed with the MoE for children and adolescents who are out of school and over age. The programme will allow children and adolescents to return to formal education and complete their primary education in a compressed period of time.

Education Cluster
A workshop on minimum standards of education in emergencies was developed with the working groups of the Education Cluster and with technical assistance from the Interagency Network of Education in Emergencies (INEE) to adapt the global norms to the Venezuelan context and Humanitarian Response Plan activities. In addition, the Education Cluster released the draft of the framework for action developed by its 10 working groups6 with the participation of the UNICEF Latin America and Caribbean Regional Office, Save the Children and the INEE. Also, the Education Cluster and UNICEF have continued providing advice to the MoE, particularly on the road map for school reopening estimated to take place in October 2021.

The Education Cluster, in coordination with the Gender and Education Working Group, the GBV AoR and the Child Protection AoR with the Protection, WASH and Nutrition clusters and the National System for Research and Teacher Training, designed the online course ‘Educational Transformation from a Gender Perspective’. The course will last six weeks, and over 1,000 students have enrolled to date.

Communication for Development, Risk Communication and Community Engagement, and Accountability to Affected Populations
During the first half of 2021, UNICEF has maintained the greatest possible reach through social mobilization campaigns with key messages on health, nutrition, child protection, education and WASH, with emphasis on prevention of COVID-19, and has improved the capacities of implementing partners and community promoters to generate more engagement from the affected populations.

UNICEF has reached more than 7.5 million people nationwide with messages related to access to services and life-saving behaviours through radio and partners’ social media. UNICEF has also promoted messages through TV, instant messaging and the traditional press. The two most important campaigns were World Water Day in March, with messages of hygiene practices in general, as well as recommendations for water treatment for safe consumption, and Menstrual Hygiene Day in May, also with messages of hygiene practices in general, with emphasis on menstrual hygiene and involving adolescents. These campaigns also helped promote other activities targeting affected populations through the

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6 The 10 working groups as part of the Education Cluster cover: out-of-school children; school feeding; youth, life skills and work; distance learning; teacher training; psychosocial support; indigenous peoples; children with disabilities; gender; and WASH in schools.
network created with implementing partners and allies, reaching at least 52,000 people (22,456 men, 21,907 women, 3,953 girls and 3,684 boys) with social and behaviour change messages.

In the first six months of 2021, UNICEF has managed to mobilize 835 community promoters (622 women and 213 men) in Amazonas, Bolívar, Delta Amacuro, Miranda, Táchira and Zulia states and Caracas Capital District, with training on the topics prioritized by each programmatic section.

In addition, during this time, UNICEF distributed 255,893 items of printed materials with priority messages on life-saving practices, including COVID-19 prevention measures; hygiene promotion at school, at home and in communities; safe water consumption/treatment; immunization; breastfeeding; deworming; the importance of continuing schooling and the role of teachers; civil registration of children; prevention of family separation; and prevention of violence (including GBV).

Regarding Accountability to Affected Populations (AAP), progress has been made under the four pillars of the UNICEF Venezuela AAP framework:

1. Leadership, coordination and results: Commitment to AAP is included in HAC, the annual workplan and strategic meetings; new partnership documents signed in 2021 include activities to apply the AAP commitment; three indicators streamlined in humanitarian and regular programme documents and reporting mechanisms; programmatic visit and post-distribution monitoring (PDM) include the AAP approach; three United Nations volunteers are supporting AAP streamlining in field offices; staff and partners are constantly trained on a systematic and ad hoc basis; and UNICEF has thoroughly contributed to collective (inter-agency) efforts such as a framework, a community of practice led by OCHA and UNICEF to regularly exchange good practices, the creation of an AAP working group and a collective standard workflow to handle feedback.

2. Communication with communities: The systematic provision of information on UNICEF and partners’ work and mandate has been included in every new project; a checklist with basic information to share with communities has been prepared and is being implemented; assessments of favourite communication channels are used in different communities to establish C4D and Communicating with Children strategies; and a strong link has been developed to connect C4D activities to the AAP commitment.

3. Participation: A toolkit for community engagement in the project planning phase is being constructed, and sectoral and project-based initiatives are being promoted.

4. Feedback: The main activities include end-user monitoring for psychosocial support services. PDM includes questions to assess user satisfaction, and quick feedback mechanisms to assess user’s satisfaction and listen to recommendations from the affected population. The UNICEF Venezuela Report Line, a country-wide mechanism for sensitive feedback, including sexual exploitation and abuse, launched in March 2021. It builds on communication channels preferred by the population, such as phone, instant messaging, SMS and emails. The helpline operating procedures include feedback management flows, pre-established pathways to refer feedback to focal points in UNICEF, and specific guidance on how to address different types of sensitive reports. This has led to the establishment of a risk committee7 to ensure seamless and confidential management of sensitive issues. Finally, UNICEF has led the establishment of an inter-agency contact line — a collective mechanism for the affected population to provide feedback and complaints, and ask the humanitarian actors intervening in the area for information. Its pilot will be launched in Zulia state in July 2021. As of June 2021, the final consultative processes with the communities was being implemented to better tailor the initiative to the local context and ensure that key messages are adapted to different populations groups (rural and urban, indigenous, young and adult, information technology (IT) proficient and not etc.), the initiative’s standard operating procedures were being finalized, involving local-level coordinators, and an IT system and data protection measures were being tested.

UNICEF has continued supporting inter-agency efforts on the prevention of sexual exploitation and abuse (PSEA) by actively participating in the monthly PSEA network meetings and by providing technical support and resources to implement PSEA activities.

**Humanitarian leadership, coordination and strategy**

During the first six months of the year, UNICEF has continued to provide strategic inputs and support to the United Nations Humanitarian Country Team (UNHCT) and the overall humanitarian response, ensuring leadership of the WASH, Nutrition and Education clusters and the Child Protection AoR, technical capacity to the PSEA inter-agency network and the Access Working Group. UNICEF has also supported the AAP inter-agency working group and initiatives, including by leading the development of an inter-agency feedback mechanism, together with the United Nations Food and Agricultural Organization (FAO), the International Organization for Migration (IOM), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP) and OCHA, in two municipalities in Zulia state.

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7 The risk committee is confirmed by UNICEF management and is the only body that addresses sensitive issues and decides on treatment. Among the possible outcomes are reprogramming at the local level, or referral to the Office of Internal Affairs and Investigations for further investigation.
Since February 2021, clusters have been involved in the evaluation of projects for the Venezuela Humanitarian Fund, with 12 of the 17 projects presented to the steering committee approved for US$3.5 million. Projects include an intersectoral approach with a focus on: (i) sexual and reproductive health and rights, especially for adolescent girls; and (ii) vulnerable elderly persons, especially those taking care of separated children due to the migration situation.

In May, WFP presented its operations in Venezuela to the UNHCT, highlighting that its initial intervention will focus on school feeding programmes and will prioritize preschool and special education schools, targeting 185,000 children by the end of the year.

Lastly, the Venezuela 2021 Humanitarian Response Plan was launched on 17 June. It appeals for $708.1 million to reach 4.5 million vulnerable people in Venezuela with emergency assistance aimed at saving lives, providing access to basic services, improving resilience, and prevention and response to protection risks, including those associated with people on the move. The plan presents 223 projects to be implemented by 144 humanitarian organizations and has taken into account the updated Humanitarian Needs Overview, which incorporates the humanitarian situation and the impact that the COVID-19 pandemic has had on the Venezuelan context.

Planning, monitoring and evaluation
During the first half of the year, UNICEF carried out 6,150 monitoring activities, which for the most part were carried out remotely, mainly through phone calls or instant messaging applications, due to the increasing number of confirmed positive cases of COVID-19, the preventative measures established by the national government and the mobility restrictions caused by gasoline shortages.

Of these activities, around 32 per cent were carried out by UNICEF staff. The monitoring of supplies was the most common activity (58.8 per cent), and PDM (13.4 per cent) and results monitoring (12.1 per cent) were also carried out. At least one of these activities was carried out in 20 federal entities, but in greater numbers in Bolivar, Táchira and Zulia states and in Caracas Capital District (entities where field offices are established).

The remaining 68 per cent of monitoring activities were implemented in partnership with the Social Research Center (CISOR). The following intervention were monitored: (i) monetary incentives given to 289 protection counsellors; (ii) distribution and use of educational materials and development of distance education (in 1,320 households); and (iii) vaccination scheme compliance in boys and girls under five years of age (in 2,508 households). In addition, the conditions (infrastructure and services, equipment, staff deficit, administrative records) of 93 councils for the protection of boys, girls and adolescents were explored, and opinions about the supplies delivered were collected.

Supply and logistics
During the reporting period, UNICEF Venezuela ordered goods for a total value of $10,817,125, of which $9,614,393 was for international procurement and $1,202,732 for local procurement.

Additionally, UNICEF received 89.3 tons of air cargo in country – mostly cold chain equipment and vaccines – representing a total value of $7,535,183. These included three airfreight donations for transporting cold chain equipment (100 freezers) and syringes for a total value of $605,000. Some 447.1 tons of sea freight was also received at a value of $2,285,425.

During the first half of 2021, UNICEF distributed a total of 881.6 tons of relief supplies worth $6.95 million from its warehouses to various partners throughout the country (health, WASH, nutrition, education, C4D and child protection). In addition, vaccines worth $4.7 million were directly distributed to the Ministry of Health’s main warehouse and counterparts.

Finally, various equipment worth $406,610 was sent directly from local providers to implementing partners (mainly WASH, hygiene and office equipment).

Human interest stories and external media
During 2021, UNICEF Venezuela’s communications strategy focused on promoting children’s rights and showcasing its response in the field as a key humanitarian actor for children.

As part of a comprehensive communications strategy for transparency, advocacy and resource mobilization purposes, UNICEF produced 13 videos and over 450 photos during the first half of the year. External communications included an interactive activity called a virtual field trip (VFT), to engage external audiences with UNICEF Venezuela’s response in the field and children’s needs. UNICEF Venezuela’s VFT was the first at-home production in Latin America.

Digital communication has been a key element of UNICEF Venezuela’s communications strategy to disseminate information and engage with communities. During the reporting period, UNICEF reached 42 million impressions through social media accounts, while its website received 539,000 visits. UNICEF also had 600 mentions in top-tier media during the first half of the year.

The main topics addressed in UNICEF communications during the first half of the year continued to focus on COVID-19 pandemic prevention measures, as well as the organization’s humanitarian and programmatic response, on topics
such as GBV prevention, psychosocial and educational support, nutrition and breastfeeding promotion, and humanitarian principles, which are permanently disseminated.

Early in the year, a press release with the winners of a writing contest was disseminated. In addition, the award ceremony was broadcast via YouTube and Facebook, registering 9,200 impressions and 428 interactions. The contest aimed to promote children’s and adolescents’ rights, foster their participation and motivate them to express their feelings and views about home-schooling.

Continuing the GBV prevention campaign from 2020, in March 2021, UNICEF rolled out a series of communication activities under the framework of International Women’s Day, including: a social media conversation on GBV and inequality that reached 270 people; five radio interviews that reached over 3.2 million people; and a special pack of social media posts about GBV prevention.

The UNICEF Venezuela annual report 2020 was released during the first half of 2021. The report summarizes a year of work and provides an overview of the challenges of keeping children healthy, protected and learning despite the COVID-19 pandemic.

UNICEF Venezuela joined the global communication campaign #VaccinesWork, with a digital campaign aiming to raise awareness on the importance of immunization to avoid child fatalities from preventable diseases and to spread the message that vaccines are safe. The campaign achieved 114,500 impressions and over 5,400 interactions.

Human interest stories and multimedia stories:
- Video: UNICEF contributes to the national immunization programme in Venezuela
- Video: UNICEF reaches to the most vulnerable children through educational kits and school feeding
- Video: UNICEF supports the councils for the protection of the rights of children and adolescents.
- Article: How Are the Vaccines that Arrive in Venezuela Being Preserved?
- School Feeding Beyond School
- HIS: “I want to learn and continue studying, to become a doctor and help my dad”, Claimar, 14 years old
- HIS: “24 Hours a Day, 365 Days a Year, to Protect every Child and Adolescent”
- HIS: “I got excited and wanted to do it all over again, I washed my hands, I painted & had a great time.”
- HIS: “I feel motivated when I realized that those supplies that I count and coordinate save child’s life”
- Photo essay: The journey of a vaccine: a journey at optimal temperatures for its conservation
- Video: How a chlorinator installed in a hospital also facilitates the cleaning of schools and houses
- Video: UNICEF reaches to the most vulnerable children through educational kits and school feeding
- Video: UNICEF supports the installation of water tanks to benefit the country’s indigenous communities
- Video: UNICEF continues to support the strengthening of the cold chain in Venezuela
- Video: UNICEF supports the strengthening of the cold chain for vaccines and the Routine Immunization Programme in Venezuela
- Video: UNICEF works to reach children and adolescents in the most remote parts of Venezuela
- Video: UNICEF reached children and pregnant and lactating women through nutrition services
- HIS: The journey of a vaccine: a journey at optimal temperatures for its conservation
- 75th anniversary of UNICEF, a photo-essay
- UNICEF contributes to the improvement of specialized child protection programmes and services
- Video: How does UNICEF contribute to strengthening the cold chain in Venezuela?

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

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### Summary of programme results (HAC)

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and partners</th>
<th>Sector response&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-Dec 2021 target</td>
<td>Total results (Jan-June)</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 0-12 months vaccinated against measles</td>
<td>533,600</td>
<td>160,074&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Children aged 0-12 months fully vaccinated with three doses of pentavalent vaccine</td>
<td>532,192</td>
<td>125,797&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Pregnant women and newborn babies receiving maternal/ neonatal life-saving services in UNICEF-supported facilities</td>
<td>246,900</td>
<td>117,046</td>
</tr>
<tr>
<td>Health-care workers in health-care facilities and communities provided with personal protective equipment</td>
<td>60,000</td>
<td>15,540</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary caregivers of children aged 0-23 months receiving infant and young child feeding counselling</td>
<td>155,500</td>
<td>60,088</td>
</tr>
<tr>
<td>Children aged 6-59 months with severe or moderate acute malnutrition admitted for treatment</td>
<td>51,447</td>
<td>6,503</td>
</tr>
<tr>
<td>Children aged 6-59 months and pregnant and lactating women receiving micronutrient supplementation</td>
<td>688,100</td>
<td>106,942</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>3,000,000</td>
<td>469,235&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>Children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces</td>
<td>300,000</td>
<td>32,172</td>
</tr>
<tr>
<td>People receiving basic hygiene information and/or essential hygiene products&lt;sup&gt;e&lt;/sup&gt;</td>
<td>1,540,000</td>
<td>477,848</td>
</tr>
<tr>
<td><strong>Child Protection, GBV and PSEA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and caregivers accessing mental health and psychosocial support</td>
<td>150,250</td>
<td>24,199</td>
</tr>
<tr>
<td>Women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions</td>
<td>60,000</td>
<td>18,018</td>
</tr>
<tr>
<td>People with access to safe channels to report sexual exploitation and abuse</td>
<td>10,000</td>
<td>205</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children accessing formal or non-formal education, including early learning&lt;sup&gt;f&lt;/sup&gt;</td>
<td>150,000</td>
<td>127</td>
</tr>
<tr>
<td>Children receiving individual learning materials</td>
<td>1,180,000</td>
<td>258,537</td>
</tr>
<tr>
<td>Children benefiting from balanced school feeding programmes with hygiene standards</td>
<td>400,000</td>
<td>53,590</td>
</tr>
<tr>
<td><strong>C4D, Community Participation and AAP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People participating in engagement actions for social and behaviour change</td>
<td>25,000&lt;sup&gt;g&lt;/sup&gt;</td>
<td>52,000</td>
</tr>
<tr>
<td>People who shared their concerns and asked questions to address their needs through established feedback mechanisms</td>
<td>52,000</td>
<td>2,950</td>
</tr>
<tr>
<td>People reached with messages on access to services and life-saving behaviours&lt;sup&gt;h&lt;/sup&gt;</td>
<td>4,800,000&lt;sup&gt;i&lt;/sup&gt;</td>
<td>7,511,728&lt;sup&gt;j&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup> Sector response includes UNICEF implementing partners and cluster response.

<sup>b</sup> Data from May 2021, as reporting from the Venezuelan Ministry of Health is submitted with a month’s delay.

<sup>c</sup> Ibid.

<sup>d</sup> Based on the application of new criteria on the continuity of the water service (according to cluster adjustment) in the calculation of the number of beneficiaries reached, UNICEF results have been recalculated and adjusted downwards, to better reflect actual daily coverage.

<sup>e</sup> Change in indicator, as it focuses only on the number of people reached with information and basic hygiene products.

<sup>f</sup> Indicator applies to out-of-school children only.

<sup>g</sup> C4D targets for 2021 were estimated based on the reality of 2020, when activities that included engagement and behaviour change were severely limited by the pandemic. As part of the lessons learned, UNICEF started to include electronic materials and remote or online activities (which were not previously accounted for), which have added to the digital strengths that implementing partners have developed. These have allowed the organization to expand the scope of activities and largely exceed targets for 2021. Although these activities have greater reach, they also have less impact on behaviour change; therefore, they need to be replicated more frequently in populations that have already been reached.

<sup>h</sup> It is expected that the audience reached by this mass communication activity will be approximately the same each monthly. Thus, the results reported for this indicator will always be the maximum number of beneficiaries reported in any given month up until the current reporting month.
Annex B

HAC funding status\(^{17}\)

<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 2021</td>
<td>Other resources used in 2021</td>
</tr>
<tr>
<td>Nutrition</td>
<td>26,960,000</td>
<td>3,165,362</td>
<td>146,092</td>
</tr>
<tr>
<td>Health</td>
<td>34,915,000</td>
<td>3,545,291</td>
<td>1,975,037</td>
</tr>
<tr>
<td>WASH</td>
<td>70,200,000</td>
<td>3,477,202</td>
<td>0</td>
</tr>
<tr>
<td>Child Protection</td>
<td>16,255,000</td>
<td>2,187,813</td>
<td>63,552</td>
</tr>
<tr>
<td>Education</td>
<td>50,260,000</td>
<td>7,424,705</td>
<td>0</td>
</tr>
<tr>
<td>C4D</td>
<td>3,200,000</td>
<td>584,908</td>
<td>74,063</td>
</tr>
<tr>
<td>Total</td>
<td>201,790,000</td>
<td>20,385,282</td>
<td>2,258,744</td>
</tr>
</tbody>
</table>

\(^{17}\) As defined in the [Venezuela 2021 Humanitarian Appeal](#) launched on 3 December 2020 for a period of 12 months.