24 March 2023

Situation Report No. 2

Reporting Period
1 January to 31 December 2022

Venezuela

HIGHLIGHTS

- Between January-December 2022, UNICEF lifesaving interventions reached around 2.5 million people including 2.1 million children.
- 69 per cent of 22,080 children with wasting in 21 states have been discharged as cured thanks to UNICEF nutrition supported programmes.
- 160,000 children (19,200 children with disabilities) in 259 schools gained access to inclusive WASH services and practices, including menstrual hygiene management.
- UNICEF procured and delivered 3 million doses of measles/rubella vaccine to reach 1.8 million children under 6 years in support of the national vaccination campaign against polio, measles, and rubella to prevent outbreaks.
- 47,912 children gained access to birth registration through UNICEF’s work with the MoH and the National Electoral Commission, which contributes to promoting and protecting children’s right to identity

SITUATION IN NUMBERS

- 7,000,000 People in need of assistance
- 3,200,000 Children in need of assistance
- 2,500,000 Children in need of education assistance

UNICEF RESPONSE AND FUNDING STATUS*

<table>
<thead>
<tr>
<th></th>
<th>Funding status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>84%</td>
</tr>
<tr>
<td>Feeding counseling</td>
<td>72%</td>
</tr>
<tr>
<td>Health</td>
<td>73%</td>
</tr>
<tr>
<td>Access to health care</td>
<td>41%</td>
</tr>
<tr>
<td>Nutrition, GBV, and PSEA</td>
<td>114%</td>
</tr>
<tr>
<td>Access to GBV services</td>
<td>81%</td>
</tr>
<tr>
<td>Education</td>
<td>24%</td>
</tr>
<tr>
<td>School Feeding</td>
<td>21%</td>
</tr>
</tbody>
</table>

* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING STATUS (IN US$)**

- $80.4M Humanitarian Resources
- $44.3M 2021 carry over
- $2M Other Resources
- $190.6M Funding gap
- $190.6M US $317.2M

** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

A nurse provides oxygen and medication to a newborn baby inside an incubator at health centre supported by UNICEF in Caracas, Venezuela on December 6, 2022.

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FUNDING OVERVIEW AND PARTNERSHIPS

In 2022, UNICEF appealed for US$317.2 million to reach 4.6 million people in need – including 2.6 million children – in Venezuela. Thanks to generous contributions from partners, the appeal was funded at around 40 per cent by the end of 2022. This includes flexible emergency funding from both public and private partners, which allowed UNICEF to respond to the most pressing needs. UNICEF expresses its sincere gratitude to all public and private donors for their continued support in 2022, including the Governments of Canada, France, Germany, Japan, Norway, Sweden, Switzerland, the United States of America (USA), the European Commission, the Development Bank of Latin America (CAF as per its Spanish acronym), the Central Emergency Response Fund, The Sustainable Development Goals Fund and the French, Canadian, and USA National Committees for UNICEF for their generous contributions.

Throughout 2022, UNICEF continued to work with national and local authorities, United Nations (UN) agencies, civil society organizations (CSOs)/non-governmental organizations (NGOs), private sector and other partners to achieve results for children, including raising awareness and mobilizing increased support for the realization of child rights. Particularly, for the second year in a row, in 2022 UNICEF in partnership with the Ministry of Education (MoE) launched the national back-to-school campaign to raise awareness on the importance of education as a critical child right and to promote school enrollment and retention. Additionally, UNICEF renewed its collaboration with The National System of Youth and Children's Orchestras and Choirs of Venezuela, a UNICEF Goodwill Ambassador since 2004, and established a new partnership with the Venezuelan Football Federation for the promotion of child rights through sports.

SITUATION OVERVIEW

Following eight consecutive years of economic contraction the Venezuelan economy has shown some macroeconomic stabilization and economic growth of around 18 per cent between January-September 2022\(^1\). Despite this positive macroeconomic outlook, purchasing power continues to be affected by high levels of inflation, with consumer prices rising at an annual rate of 305.7 per cent\(^2\). While the availability of goods has improved, access to quality and diversified diets is limited, especially for the most vulnerable people. Venezuela is the third country in the world registering an interannual food inflation of 158 per cent between November 2021 and 2022\(^3\).

Throughout 2022, clashes in the Colombia-Venezuela border particularly affected the rural municipalities of Paez (Apure state, Venezuela) and Saravena, Fortul, Tame, Arauquita and Arauca (Arauca department, Colombia); forcing the displacement of around 3,300 people\(^4\). At the same time, internal and external population movements increased again in 2022 following a COVID-19-related slowdown. The border with Brazil was reopened in late February, almost two years after its closure with the onset of the COVID-19 pandemic, while the border with Colombia reopened in September, after being closed for nearly seven years.

Throughout 2022, particularly, during April and October, heavy rains, caused floods and landslides across Venezuela, damaging 14,000 houses and affecting around 26,000 families\(^5\). Areas most affected included the country's central region and to the south of Lake Maracaibo in Zulia state. These events impacted on property, infrastructure, livelihoods, and human lives. It also exposed children and adolescents by increasing distress that threatened their mental health.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

Cindy Medina (mother) and Lulu (8 months), during the medical attention at the Integral Care Centre for Children and Woman (CAINNAM) located at San Antonio, Táchira state.

Throughout 2022, UNICEF continued enabling access to critical maternal, neonatal and child health services in 86 hospitals and 379 primary healthcare facilities, in 24 states, through the the provision of medical supplies and equipment, capacity building of health staff, community health outreach activities, as well as the rehabilitation of critical spaces, including pediatric, prenatal, and neonatal consultation areas, specialized units for adolescents and vaccination rooms. Thanks to this support, compared to 2021 figures, increases are observed in the number of prenatal (from 82,135 to 96,322; 17 per cent increase) and pediatric consultations (from 483,820 to 511,799; 6 per cent increase), as well as in the number of newborns admitted in neonatal intensive care units (from 8,473 to 12,474; 47 per cent increase), and births attended by skilled personal (from 96,441 to 124,329; 29 per cent increase), which contributes to reducing the risks related to pregnancy and childbirth complications.

Additionally, UNICEF continued strengthening the national immunization programme, including the cold chain system at national, regional, and local level. Particularly, through the installation of 176 solar powered refrigerators and freezers for the vaccine storage in remote areas, 10 walk-in cold rooms and 12 backup power generators to support existing cold chain equipment in regional facilities, UNICEF has contributed to improving the country’s cold chain vaccine storage capacity by 35 per cent, compared to 2021 figures. This support has enabled the safe storage of more than 11 million vaccine doses at national and subnational level.

UNICEF also procured 4.9 million doses of eight vaccines\(^6\) of the national immunization programme to support catch-up vaccination to address routine immunization backsliding, reaching 684,333 children under ten years old and 98,870 pregnant women until October 2022. Additionally, UNICEF procured and delivered 3 million doses of measles/rubella vaccine to reach 1.8 million children under 6 years old in support of the national vaccination campaign against polio, measles, and rubella to prevent outbreaks. In a joint effort with PAHO, UNICEF successfully advocated for GAVI’s (Global Vaccine Alliance) support to Venezuela, which resulted in the commitment to
fund all the routine immunization vaccines in 2023 and support the cold chain through a GAVI’s exceptional one-time support mechanism for middle-income countries.

Moreover, UNICEF has remained vital as the only provider of pediatric antiretroviral treatment for children under 15 years of age living with the Human Immunodeficiency Virus (HIV), and in the prevention of mother to child transmissions. In 2022, 1,022 HIV-positive children and adolescents successfully complied with their antiretroviral treatment, which represents 85 percent of the national target (1,200 children).

In 2022, UNICEF has also strengthened work with regional and local authorities to support implementation, coordination, and oversight of local service delivery arrangements. In Delta Amacuro state, UNICEF continued to support the innovative hospital boat, launched in 2021 to ensure access to critical integrated health and social services to populations of most remote and hard to reach fluvial areas of the state. Ownership and shared responsibilities established by the Government of the State and regional health authorities increasingly sustain the operations of the hospital boat. Throughout 2022 the hospital boat reached more than 40,000 people in 320 indigenous Warao communities living in a vast area of the delta of the Orinoco River with integrated health, nutrition, immunization, prenatal care, and minor surgeries, as well as birth registration and family planning services.

Nutrition

A health worker is measuring to a child, upper-arm-circumference during a medical appointment in a health center located in Caracas, Venezuela on November 8, 2022.

In 2022, UNICEF continued to focus on the delivery of life-saving nutrition services for the prevention, identification, and treatment of malnutrition in all its forms across the life cycle, increasing the coverage of its nutrition program in reference hospitals and healthcare centers by 50 per cent, compared to 2021.

UNICEF and implementing partners reached 281,884 children under five years (including 2,877 afro-descendants, 13,744 from indigenous communities and 581 children with disabilities) and 71,821 pregnant and lactating women (PLW) in 21 states with essential nutrition services and procured/prepositioned 15,000 cartons of ready-to-use therapeutic food (RUTF) to respond to the rising needs. Despite these achievements, global nutrition supply chain disruptions impacted the supply pipeline in Venezuela. As a result, from March to June, 50 per cent of targeted health centers registered stock outs of RUTF and Plumpy Mum, challenging the provision of treatment for children and PLW in UNICEF supported facilities.

Thanks to UNICEF and implementing partners’ support, out of 281,884 children under five screened for acute malnutrition, 18,635 children were identified with moderate acute malnutrition (MAM) and 3,445 children with severe acute malnutrition (SAM) and received appropriate treatment. 69 per cent of these children admitted into MAM and SAM treatment have been discharged as cured.

To sustain the monitoring of the nutrition status of children while at home, 1,775 mothers, fathers, caregivers of young children, and community promoters in four states gained knowledge on the mid-upper arm circumference (MUAC) for home-based malnutrition screening and were equipped with measuring tapes. This intervention will help to lower the rate of malnutrition-related child mortality among children under the age of five. The adoption of the MUAC initiative as a supplemental package to the simplified approach for all children with acute malnutrition is an innovative component to enable prompt access to care.

Throughout 2022, UNICEF and the nutrition cluster continued to provide technical support to the National Institute of Nutrition, Ministry of Health (MoH) and implementing partners for the standardization of the nutritional care guidelines aimed at improving quality of services and nutrition outcomes of children, adolescents and PLW nationwide.

Education

A girl smiles for the camera as she does her tasks in the classroom of the comprehensive care program for academic leveling in Bolívar, Venezuela, on October 17, 2022.

In 2022, UNICEF continued working with Education authorities and partner CSOs to promote improved access and quality learning opportunities for children. This effort included particular focus in addressing the learning losses due to COVID-19 learning disruptions a major global threat to medium and long-term recovery from the pandemic. UNICEF provided technical support to the MoE and led the process through the Education cluster in the preparatory consultations and active participation of Venezuela at the TES. The design and coordination of pre-TES national consultations included an online survey launched by UNICEF that reached participation of 170,000 people, 86 per cent of whom were women. This consultation resulted in a substantive agenda that set out the national priorities presented by the Venezuelan Minister of Education during the TES held in New York in September 2022.

The COVID-19 prolonged closure of schools had a significant impact on children, thus the need to enhance quality and accelerate recovery of learning outcomes. UNICEF supported the MoE with technical contributions for the revision and adoption of a new literacy and numeracy learning plan to be implemented in secondary schools
Moreover, UNICEF carried out activities for capacity building and Childhood Development (ECD), which benefitted 57,023 children (50 per cent girls) under the age of six in Zulia and Falcon states. UNICEF’s nutrition that facilitate school retention.

Additionally, UNICEF’s school feeding programme provided meals for 96,157 children (88,912 girls). The average attendance rate in 319 schools has increased more than 50 per cent (from 38.7 per cent at the beginning of the school year in November 2021 to 91.4 per cent at the end of the school year in June 2022), highlighting the need for more sustainable and inclusive social protection policies and schemes to promote the return of children to school at the beginning of the next school year. As a result, 7,983 out-of-school children have been supported to return to the formal education system, with 1,456 children reinserted.

In order to address the needs of those children who dropped out of school prematurely or have never started, UNICEF launched a catch-up pilot program in seven states aimed at developing a model that can be replicated by the MoE and scale-up the program to promote the return of children to school at the beginning of the next school year. As a result, 7,983 out-of-school children have been supported to return to the formal education system, with 1,456 children reinserted.
menstrual care, UNICEF leveraged advocacy on the World Water Day (22nd March) and Menstrual Hygiene Day (28th May). UNICEF and 33 partners, including the MoH, the MoW and the MoE, reached more than 3 million people through several activities, including messages in social media and roundtable discussion at national and subnational levels on the risks caused by the lack of adequate safe water and key hygiene services and practices.

### Cross-sectoral (Social Behavior Change)

A girl washing her hands during the handwashing world day activity in Zulia State, October 15, 2022.

UNICEF in coordination with community leaders and structures (e.g., communal councils, leaders from indigenous communities) strengthened the community promotion strategy developed in 2021 through the reinforcement of community participation and the dissemination of life-saving messages and practices\(^6\) adapted to communities’ contexts. This strategy contributed to enhancing local capacities and community networks through alliances with protection, health and education services. In 2022, 248,675 people including 25,594 from indigenous communities and 705 people with disabilities were reached with home visits, training on key lifesaving topics and recreational and cultural activities. These efforts have empowered community members through the adoption of healthy behaviors which will be key to overcome social and structural barriers and improve their lives and those of their families.

In partnership with the Maternal Route Directorate of the Ministry of Health (MoH) and CSOs, UNICEF reached 446,000 people (267,600 women) through the implementation of the “12 steps for a healthy baby” guide, a social and behavior change strategy aimed at promoting the adoption of improved health practices. The guide is in Spanish and has also been adapted to indigenous’ communities’ contexts and languages, which contributes to ensuring adoption and sustainability of practices among those most in need.

UNICEF collaborated with CSOs and Ministries to improve social mobilization around key dates such as World Water Day and Global Handwashing Day to promote community engagement and the necessity of water care and treatment, as well as handwashing for health. As a result, more than 3 million people were reached through several activities, including messages in social media, roundtable discussions, etc., to raise awareness on the risks caused by the lack of adequate safe water and key hygiene services and practices.

### Child Protection

Children read to each other the note they wrote to their parents, while her tutors are at the exchange of experiences at the Alternative Care Programme in Caracas, Venezuela on August 29th, 2022.

In 2022, UNICEF in coordination with implementing partners and authorities continued to support psychosocial support services reaching 61,760 children with group focused and non-focused psychosocial services and individual counselling and 206,200 caregivers with a different range of psychosocial support services including positive parenting programs.

To increase the availability and quality of child protection services, UNICEF provided technical support to eight Child Rights Defendants/Ombudsman Offices within prioritized hospitals and community centers in three states\(^9\) which can assist up to 600 children per month, including adolescent pregnant girls facing risks of violence. These structures have been able to provide counselling and articulate referrals to additional services according to the needs. Hospital managers have remarked the effectiveness of this intervention in the strengthening of staff skills and knowledge as well as in the quality of assistance provided to children, adolescents, and women survivors of violence.

Moreover, to prevent child’s risk exposure to violence, abuse, and exploitation, 60 children (38 girls and 22 boys) in 6 states\(^10\) have been reunified with their families through coordinated efforts between UNICEF, implementing partners and national authorities. Additionally, 72 unaccompanied and separated children (28 girls and 44 boys) in Miranda state that could not be reunified with their families, were provided with appropriate alternative care options to promote the child’s wellbeing.

As part of UNICEF and UNFPA joint efforts to ensure an appropriate response to survivors of sexual violence, 45 health frontline workers were trained and gained knowledge on the provision of clinical care and psychological support with a focus on the articulation of this response with the national Child Protection system. In 2022, 97 per cent of the participants demonstrated increased capacities and highlighted the relevance of the trainings for the execution of functions. Additionally, 10 hospitals in seven states have improved capacity to serve 400 survivors of sexual violence thanks to UNICEF provision of post-exposure prophylaxis (PEP) kits.

UNICEF in partnership with Fundación Vanessa Peretti contributed to strengthening the delivery of specialized and inclusive health and psychosocial support services through capacity building of 50 national Child Protection CSOs to reach 600 children with disabilities. This intervention does not only aim at improving access to specialized services for children with disabilities, but also aims at
offering them opportunities for inclusion and meaningful participation in society.

Moreover, UNICEF also collaborated with the MoH and the National Electoral Commission to promote and protect children’s right to identity, ensuring birth registration services for 47,912 children nationwide. These efforts have been particularly important to increase birth registration rates among vulnerable indigenous populations in Delta Amacuro state’s hard-to-reach areas, where Registry Officers are unable to access.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY


UNICEF continued playing an active role within the Humanitarian Country Team (HCT), ensuring coordination among humanitarian actors operating in Venezuela, UN agencies, and national and international CSOs. National coordination efforts continued to be replicated and strengthened at the local level, enabling close contact and cooperation among partners as well as with government authorities through Cluster Lead in Education, Nutrition and WASH and Child Protection (CP) Area of Responsibility (AoR). UNICEF also strengthened its relationship with the UN system agencies as part of the process to develop the new United Nations Sustainable Development Cooperation Framework which was approved in September 2022.

Additionally, in Falcon state, 3,604 children in 15 schools benefitted from the implementation of coordinated interventions between UNICEF, FAO and WFP focused on strengthening the resilience of school and surrounding communities. Particularly, UNICEF improved access to safe water, strengthened the capacities of adolescents in life skills and ensured the continuity of children in the education process through the provision of learning kits.

UNICEF with the Office for the Coordination of Humanitarian Affairs (OCHA) supported several subnational multisectorial needs analysis workshops which resulted in the production of an updated needs overview and the revision of the Humanitarian Response Plan with substantive information from UNICEF-led Clusters as well as the CP AoR at both national and subnational levels. Additionally, UNICEF in coordination with OCHA and other UN agencies scaled up the UN Interagency Contact Line reaching national coverage and processing more than 41,000 feedbacks in 2022 which have been useful to implement programmatic adjustments (e.g., community engagement approaches, strengthening of communication mechanisms with children and adolescents). The Line has also served as a mean for communities and children to be referred and have access to specialized child protection services such Mental Health and Psychosocial Support (MHPSS), legal assistance, and documentation, among others.

During the flood emergency response, UNICEF coordinated with local, regional, and national authorities and UN agencies while also leading sectoral Cluster coordination to complement local capacities and respond with technical assistance and provision of supplies as required. UNICEF immediate emergency response actions focused on continued communication with line ministries and local authorities to ensure access to data, and a coordinated and integrated intervention. In Las Tejerías (Aragua state) UNICEF advocated and contributed to the return to classes and provided psychosocial support for teachers and affected school communities, in addition to the distribution of supplies for pedagogical purposes, WASH, nutrition and health, and promoted technical engagement of partner CSOs.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Valennis Terrero conversa con Yareidy Rivas, Especialista de Cambio Social y Comportamiento, en el pasillo de una escuela en Las Tejerías.

Valennis is a 11-year-old smiling and intelligent girl. She lives in the city of Las Tejerías, located about two hours from Caracas. Heavy rains in Las Tejerías left more than 50 dead and countless disappeared as a result of the landslide that dragged sediments, trees, vehicles and ended up with a large number of homes in the area. More than a thousand children and adolescents were not able to attend classes because of the mudslide, and Valennis was one of them. To ensure the continuity of the education process, UNICEF supported the rehabilitation of schools and provided socio-emotional support to the educational community, especially teachers, so they could work on their own emotions and provide emotional support to children and adolescents on their way back to school.

"When I went back to school I felt good because I saw my classmates. One of my friends lost her house. I feel bad because many also lost their relatives," says Valennis.

Read more: https://www.unicef.org/venezuela/historias/esto-ya-no-era-las-tejer%C3%ADas-das-era-un-desastre-valennis-11-a%C3%B1os

UNICEF Venezuela Videos
https://www.youtube.com/user/UNICEFVenezuela

UNICEF Venezuela rap contest
https://hablemosdefrente.org/

Las vacunas salvan millones de vidas de niños y niñas cada año. Protégete y protégelos
https://www.youtube.com/watch?v=-NLuVX-LZ9c

HAC APPEALS AND SITREPS

- Venezuela Appeals
  https://www.unicef.org/appeals/venezuela

- Venezuela Situation Reports
  https://www.unicef.org/appeals/venezuela/situation-reports

- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals

- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: JULY 2023
<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>Disaggregation</th>
<th>Total needs</th>
<th>2022 targets</th>
<th>Total results</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td>Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling</td>
<td>Total</td>
<td>-</td>
<td>465,285$^{11}$</td>
<td>390,158</td>
<td>▶️ 84%</td>
</tr>
<tr>
<td></td>
<td>Pregnant women receiving preventative iron supplementation</td>
<td>Total</td>
<td>-</td>
<td>507,582$^{12}$</td>
<td>52,372$^{13}$</td>
<td>▶️ 10%</td>
</tr>
<tr>
<td></td>
<td>Children aged 6 to 59 months with severe and moderate acute malnutrition admitted for treatment</td>
<td>Total</td>
<td>-</td>
<td>81,617$^{14}$</td>
<td>21,398$^{15}$</td>
<td>▶️ 26%</td>
</tr>
<tr>
<td></td>
<td>Children aged 6 to 59 months receiving multiple micronutrient powders.</td>
<td>Total</td>
<td>-</td>
<td>700,000</td>
<td>231,330$^{16}$</td>
<td>▶️ 33%</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>Children and women accessing primary health care in UNICEF-supported facilities</td>
<td>Total</td>
<td>-</td>
<td>300,000$^{17}$</td>
<td>217,689</td>
<td>▶️ 73%</td>
</tr>
<tr>
<td></td>
<td>Children aged 0 to 12 months vaccinated against measles</td>
<td>Total</td>
<td>-</td>
<td>533,600</td>
<td>149,123</td>
<td>▶️ 28%</td>
</tr>
<tr>
<td></td>
<td>Children aged 0 to 12 months fully vaccinated with three doses of pentavalent vaccine</td>
<td>Total</td>
<td>-</td>
<td>532,192</td>
<td>181,528</td>
<td>▶️ 34%</td>
</tr>
<tr>
<td></td>
<td>Health care workers within health facilities and communities provided with personal protective equipment</td>
<td>Total</td>
<td>-</td>
<td>60,000</td>
<td>42,510</td>
<td>▶️ 71%</td>
</tr>
<tr>
<td><strong>Water, sanitation and hygiene</strong></td>
<td>People accessing a sufficient quantity of safe water for drinking and domestic needs</td>
<td>Total</td>
<td>-</td>
<td>3.5 million$^{18}$</td>
<td>493,738$^{19}$</td>
<td>▶️ 14%</td>
</tr>
<tr>
<td></td>
<td>People use safe and appropriate sanitation facilities</td>
<td>Total</td>
<td>-</td>
<td>200,000</td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>People reached with critical WASH supplies</td>
<td>Total</td>
<td>-</td>
<td>3 million$^{21}$</td>
<td>246,610$^{22}$</td>
<td>▶️ 8%</td>
</tr>
<tr>
<td></td>
<td>Children use safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces</td>
<td>Total</td>
<td>-</td>
<td>450,000</td>
<td>166,718</td>
<td>▶️ 37%</td>
</tr>
<tr>
<td><strong>Child protection, GBViE and PSEA</strong></td>
<td>Children and parents/caregivers accessing mental health and psychosocial support</td>
<td>Total</td>
<td>-</td>
<td>165,275</td>
<td>94,254</td>
<td>▶️ 57%</td>
</tr>
<tr>
<td></td>
<td>Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions</td>
<td>Total</td>
<td>-</td>
<td>63,000</td>
<td>71,646$^{23}$</td>
<td>▶️ 114%</td>
</tr>
<tr>
<td></td>
<td>People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers</td>
<td>Total</td>
<td>-</td>
<td>10,000</td>
<td>146,565$^{24}$</td>
<td>▶️ 1466%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Children accessing formal or non-formal education, including early learning</td>
<td>Total</td>
<td>-</td>
<td>150,000$^{25}$</td>
<td>2,763$^{26}$</td>
<td>▶️ 2%</td>
</tr>
<tr>
<td></td>
<td>Children receiving individual learning materials</td>
<td>Total</td>
<td>-</td>
<td>1.3 million$^{27}$</td>
<td>173,143</td>
<td>▶️ 14%</td>
</tr>
<tr>
<td></td>
<td>Children benefiting from balanced school feeding programmes with hygiene standards</td>
<td>Total</td>
<td>-</td>
<td>400,000$^{28}$</td>
<td>96,157</td>
<td>▶️ 24%</td>
</tr>
<tr>
<td>Sector</td>
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<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>Children accessing psychosocial support in schools</td>
<td>Total</td>
<td>-</td>
<td>300,000</td>
<td>9,291</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP) People reached through messaging on prevention and access to services</td>
<td>Total</td>
<td>-</td>
<td>10 million²⁹</td>
<td>2.5 million</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP) People engaged in risk communication and community engagement actions</td>
<td>Total</td>
<td>-</td>
<td>130,000²⁰</td>
<td>233,305²¹</td>
<td>179%</td>
</tr>
<tr>
<td></td>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP) People who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms</td>
<td>Total</td>
<td>-</td>
<td>229,016</td>
<td>45,195</td>
<td>20%</td>
</tr>
</tbody>
</table>
## ANNEX B FUNDING STATUS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2022</th>
<th>Other resources used in 2022</th>
<th>Resources available from 2021 (carry over)**</th>
<th>Funding gap (US$)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>34,880,000</td>
<td>19,309,677</td>
<td>159,354</td>
<td>5,411,511</td>
<td>9,736,710</td>
<td>28%</td>
</tr>
<tr>
<td>Health</td>
<td>53,840,00032</td>
<td>12,570,666</td>
<td>1,166,533</td>
<td>8,152,551</td>
<td>31,687,502</td>
<td>59%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>95,770,000</td>
<td>19,982,421</td>
<td>198,941</td>
<td>15,280,580</td>
<td>60,308,058</td>
<td>63%</td>
</tr>
<tr>
<td>Child protection, GBVIE and PSEA</td>
<td>23,530,00033</td>
<td>12,386,885</td>
<td>116,000</td>
<td>6,642,691</td>
<td>4,384,424</td>
<td>19%</td>
</tr>
<tr>
<td>Education</td>
<td>105,000,00034</td>
<td>14,230,208</td>
<td>357,905</td>
<td>7,086,045</td>
<td>83,325,842</td>
<td>79%</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>4,220,000</td>
<td>1,917,309</td>
<td>16,616</td>
<td>1,163,107</td>
<td>1,122,968</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>317,240,000</strong></td>
<td><strong>80,397,166</strong></td>
<td><strong>2,015,349</strong></td>
<td><strong>43,736,484</strong></td>
<td><strong>190,565,504</strong></td>
<td><strong>60%</strong></td>
</tr>
</tbody>
</table>

*repurposed other resources with agreement from donors
**Health and Nutrition figures revised.

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6. **BCG, OPV (oral polio)**, IPV (injectable polio), Pentavalent, MMR, Yellow Fever, DT and Pediatric Hepatitis B.


8. **COVID-19 prevention, immunization, breastfeeding, deworming, complementary feeding, hand washing, water treatment, promotion of menstrual hygiene, school enrollment and continuation, civil birth registration, prevention of GBV and prevention of violence against children and adolescents.**

9. **The Capital District and Miranda and Tachira states.**

10. **The Capital District and Bolivar, Zulia, Apure, Miranda, Sucre states.**

11. Indicator includes 250,000 caregivers receiving counselling on infant and young child feeding practices, and 215,285 caregivers receiving key messages about nutrition through social media platforms, community outreach and nutrition facilities.

12. Indicator refers to pregnant and lactating women receiving micronutrient supplementation.

13. The indicator refers to pregnant and lactating women receiving micronutrient supplementation. These activities are conducted in collaboration with the health system through the ante-natal care clinics, which were affected by the capacity of health centers to deliver services. UNICEF implementing partners complemented this with outreach activities at the community level.

14. Indicator includes the following default Humanitarian Action for Children indicator: children aged 6 to 59 months with SAM admitted for treatment. SAM cases represent 28 per cent of the target. UNICEF will aim to reach 70 per cent of children under 5 years affected by severe and moderate acute malnutrition in 15 vulnerable states with the highest global acute malnutrition rates among children under five, as per its own estimated figures on malnutrition.

15. The effectiveness of the implementation of preventive activities with micronutrient supplementation and nutrition counselling on infant and young child feeding led to a lower trend of acute malnutrition cases admitted for treatment.

16. The disruption of global supply chain and congestions of the international logistics market caused delays in the arrival of supplies. See more: https://cutt.ly/eXqEYoB.

17. Indicator refers only to pregnant and newborn babies receiving maternal/neonatal life-saving services in UNICEF-supported facilities.

18. UNICEF is targeting 81 per cent of people with urgent WASH needs as a provider of last resort.

19. In 2022, UNICEF focused its interventions on working with local water service providers in rural/peri urban medium and small-scale interventions as well as in operation and maintenance interventions (e.g. technical assistance, training, providing tools and protective equipment, reinforcing existing infrastructure), including water quality monitoring. In addition, these numbers were also contributed through HWTS solutions, in community-based interventions.

20. Indicator revised. In 2022, UNICEF did not implement community-based sanitation interventions through the installation of latrines or safe sanitation facilities through methodologies such as Community-Led Total Sanitation. Most of UNICEF’s sanitation interventions were targeted within institutions (schools, health facilities and protection centres).

21. Indicator refers to distribution of WASH supplies (including hygiene items) and services for COVID-19 response.

22. In 2022, UNICEF consolidated its community-based interventions focused on enhancing nutrition and education outcomes, through behavior change methodologies (e.g., "WASH’Em") which are completed in a period between 6 and 12 months.

23. Rising needs in GBV related activities led UNICEF and partners to cover a wider population.

24. Aligned with UNICEF global standards, specific channels to report sexual exploitation and abuse by aid workers have been included in all interventions since the beginning of 2022. UNICEF has also increased the efforts to disseminate information at community levels on PSEA and on the existing reporting channels. All UNICEF partners have been trained in PSEA and are currently raising awareness on the existing reporting mechanisms, including the UNICEF supported reporting line (or contact center – línea de contacto / línea de reporte in Spanish). All of these factors contributed to increase the number of people that have access to a safe and accessible SEA reporting channel.

25. Indicator only applies to out-of-school children (never been to school or have attended less than 60 per cent of the time). UNICEF will aim to reach 150,000 out-of-school children (48 per cent girls, 53 per cent boys) aged 0 to 18 years (or 30 per cent of the estimated number of out-of-school children in 18 prioritized states out of 24). Operational/administrative challenges that are out of UNICEF’s control hinder implementation capacity, such as constraints to identify out-of-school children, as the entire school-aged population has been affected by COVID-19 school closures.

26. The complexity of working with this population requires advocacy and technical work with educational authorities, community authorities, and implementing partners for the identification and placement of out-of-school children.

27. Children aged 0 to 18 years will receive education materials (48 per cent girls, 53 per cent boys).

28. Children aged 0 to 18 years will benefit from balanced school feeding programmes with hygiene standards (48 per cent girls, 53 per cent boys).

29. Population targeted is higher than total number of people/children in need due to target including mass media outreach, including COVID-19 prevention messages.

30. Indicator refers to engagement at the community level.

31. This indicator was overachieved due to the effectiveness of social mobilization during social campaigns particularly in the World Water Day.

32. In 2022, UNICEF will procure eight vaccines for the national regular immunization scheme, while in 2020 and 2021 it procured seven, increasing the health sector requirement. In addition, the COVID-19 impact on global supplies and logistics has increased the overall costs of programming in this supply-driven health response.

33. Within the child protection funding requirement, US$300,000 is prevention or response interventions and access to safe channels to report sexual exploitation and abuse.

34. The school feeding programme, based on daily food preparation in schools, is included in the total education funding requirement. With schools closed due to COVID-19, the programme was adapted and, along with food preparation in schools, UNICEF distributed non-perishable food bags to children's households. Food bag distribution has not been considered in the current scenario and funding requirement. Additionally, the final budget has increased due to the programme’s expansion to remote areas, higher operational cost to reach the most in need, and standardization of the school food package to align with the newly developed Education Cluster guidelines.