Thanks to UNICEF’s support to 94 health centres, a total of 2,846 first antenatal care consultations with 1,569 rapid diagnostic tests (RDT) for HIV/Syphilis were performed; 2,023 normal and complicated deliveries were attended; 266 critically ill new-borns received services at neonatal intensive care units; some 1,070 children (513 girls and 557 boys) living with HIV received antiretroviral treatment (ART); and 5,043 children and adolescents (2,420 girls and 2,623 boys) living with HIV, accessed treatment for opportunistic infections.

Preventive and curative nutritional services were provided nationwide to 9,699 children under five (4,777 girls and 4,922 boys), including 156 indigenous, 265 Afro-descendants and 24 children with disabilities.

To commemorate World Water Day in Venezuela, UNICEF engaged with 15 implementing partners, WASH Cluster members, two governmental entities and 30 private-sector companies, reaching 3,946,995 people, through mass-media campaigns and other activities.

Some 144,620 children (75,373 girls and 69,247 boys, including 3,386 indigenous children and 930 children with disabilities) from 73 schools in 17 states, were supported with distance education at home, through the distribution of didactic guides -digital and printed-, and pedagogical follow-up.
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 socio-economic and political context, the COVID-19 pandemic, and mixed migration flows across international borders. This funding would enable UNICEF to reach 3.8 million people, including 2.2 million children, in the most vulnerable communities. As of March 2021, UNICEF had US$ 36.2 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$ 8 million raised in 2021. UNICEF expresses its sincere gratitude to all public and private donors for contributions received. To reduce the 82 per cent funding gap for the 2021 HAC, UNICEF calls upon the international community to provide additional and flexible support to sustain UNICEF’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 Venezuela underscores the urgent need of resources to purchase routine immunization vaccines and strengthen the national cold chain system. Not only will this contribute to ensuring routine immunization vaccines are transported and stored at appropriate temperatures from the point of manufacture to the point of use, but will also support the critical preparatory work for Venezuela’s COVID-19 vaccine readiness, through a functioning cold chain system.

Situation Overview & Humanitarian Needs
On 3 March, President Maduro announced that a new COVID-19 variant, the so-called P.1, was registered in the country. The first person to contract the variant was a worker from the Simon Bolivar International Airport, followed by two other people in the capital city, Caracas. During March, the number of new confirmed cases increased considerably. On 22 March, some 1,191 new cases were registered, the highest number of new COVID-19 cases reported in a single day, since September 2020. Throughout the month, a total of 21,414 new cases were recorded, representing 13 per cent of all confirmed cases since the beginning of the pandemic (160,497 confirmed cases as of 31 March 2021). At the end of the month, a two-week lockdown, with a possible extension, was announced.

On 2 March, Venezuela received 500,000 doses of the Sinopharm vaccine. Vaccination of health professionals against the COVID-19, is ongoing using the vaccine stocks available in the country. The Venezuelan Vice President announced that Venezuela will not authorize the use of the AstraZeneca™ vaccine, due to reported side-effects in some patients in European countries.

Despite announcements of restoration of in-person education starting in April, by 25 March the government declared that school reopening would be postponed until further notice due to an increase in the number of confirmed COVID-19 cases. Additionally, the Minister of Education announced that due to the COVID-19 pandemic, the school year will most likely finish under a remote modality. Even though the COVID-19 vaccination campaign for teachers and school personnel began on 8 March, the Minister stated that future decisions regarding the education modality will be taken based on how the pandemic develops in the country. The vaccination chronogram has been designed to prioritize the states that have been hit the hardest by the new COVID-19 variant, especially those that border Colombia and Brazil, and is intended to reach 100,000 teachers in total.

According to the joint assessment by the United Nations Food and Agriculture Organization (FAO) and the World Food Programme (WFP) released on 23 March, ‘Hunger Hotspots. FAO-WFP early warnings on acute food insecurity,’ Venezuela’s food insecurity will continue to deteriorate, as hyperinflation, tightening of international sanctions, restrictions derived from the pandemic and fuel shortages, exacerbate hunger in the country. According to the assessment, 7 million Venezuelans are estimated to be moderately food insecure, while 2.3 million are severely food insecure. Both agencies have emphasized the importance of ensuring that the poorest communities in the country have access to school-age child feeding, and that should be done through local food production to improve rural economies.

Lastly, since 21 March, clashes have taken place in the state of Apure, in La Victoria -south of the Páez Municipality- a location bordering Colombia, between guerrilla groups and government armed forces. Consequently, approximately 5,000 people, have fled into Colombia in recent weeks, as clashes have continued. To address the situation, Venezuela requested emergency assistance from the United Nations Mine Action Service (UNMAS) to deactivate minefields left by irregular groups on the border with Apure, as announced by President Maduro.

Humanitarian Leadership, Coordination and Strategy
During March, the United Nations Humanitarian Country Team (UNHCT) discussed the necessity of defining a strategy to strengthen data collection and needs analysis initiatives, to develop the 2022 Humanitarian Needs Overview (HNO), ensure better geographical and programmatic prioritization of interventions, and reach the most vulnerable groups in Venezuela.
Thanks to the advocacy efforts undertaken by United Nations agencies and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), UNICEF and the United Nations Food and Agriculture Organization (FAO) were able to restart cash programming activities, which are being carried out jointly with their implementing partners. To tackle the main barriers for expanding the humanitarian footprint in the country, the UNHCT has focused on four specific areas: (a) politicization of humanitarian assistance; (b) bureaucratic barriers; (c) physical limitations and infrastructure; and (d) mobility restrictions due to the COVID-19 pandemic.

The publication of the HNO/Humanitarian Response Plan (HRP) 2021 has been postponed, and it will be disseminated in coordination with other United Nations Agencies and other stakeholders.

As part of its leading role in the implementation of the Accountability to Affected Populations (AAP) inter-agency framework, UNICEF is advocating for a collective system of indicators to measure AAP compliance at product (output), effect (outcome) and impact level, thus helping UNICEF and partners to report on progress. High-level discussions with authorities about the interagency feedback mechanism to be implemented by UNICEF, FAO, IOM, UNFPA, and OCHA in two municipalities in Zulia state are ongoing. Workflows and automated responses are being prepared, and an information-technology platform is being tested with the service provider.

**Summary of Programme Response**

UNICEF continues to work on different options to receive 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 are being implemented through an integrated, multi-sectoral response, targeting the most in need groups, including adolescent girls, children with disabilities, people in remote areas and indigenous and Afro-descendent communities.

**Health**

During March, UNICEF and PAHO continued leading the coordination of meetings with the National Technical Consultative Committee for the Access and Deployment of the COVID-19 vaccines and participated in subcommittees of Cold Chain and Service Delivery. UNICEF presented the cold chain strengthening plan to the Ministry of Health (MoH) which has been revised from the one presented for the regular immunization programme to incorporate needs for COVID-19 vaccines, based in the cold chain assessment carried out during 2021. UNICEF will also support the strengthening of the health information system, to improve monitoring of supplies, timely reporting of benefitted population, among others. As of March, the Vaccine Introduction Readiness Assessment Tool (VIRAT) was completed, and the draft of National Deployment Vaccine Plan (NVPD) is near completion while being revised by members of the National Technical Consultative Committee.

In addition, with vaccines and other medical supplies, including syringes and PPE, procured and distributed by UNICEF, routine immunization activities have also continued, and despite the overall low national coverages, there has been an improvement for most vaccines to prevent tuberculosis; measles, mumps, and rubella (MMR); yellow fever (YF); tetanus and diphtheria (Td); and polio, during 2021. Overall, the lowest coverages are for the second dose of the MMR vaccine and the Td for pregnant women, which are 4.3 per cent and 3.0 per cent, respectively. It is important to highlight that the second dose of MMR has registered low coverages as mothers are not keen on taking infants to vaccination sites; while for Td in pregnant women, causes are attributed to a decrease in attendance to antenatal consultations. States with lowest coverages include Amazonas and Zulia, followed by Falcon, Táchira, Bolívar and Caracas Capital District. Overall, low vaccination coverages are mainly linked to restrictive movements in the country, in consequence of lockdown measures, fuel shortages, and lack of transportation, due to the COVID-19 pandemic. To address low vaccination coverages UNICEF increased social mobilization and communication efforts, which contributed to a higher coverage for some antigens in February 2021 compared to the same period in 2020. Additionally, UNICEF is working on an intensification vaccination plan, to be implemented in the coming weeks.
Thanks to UNICEF’s support to 94 health centres, a total of 2,846 first antenatal care consultations with 1,569 rapid diagnostic tests (RDT) for HIV/Syphilis were performed; 2,023 normal and complicated deliveries were attended; 266 critically ill new-borns received services at neonatal intensive care units; some 1,070 children (513 girls and 557 boys) living with HIV, had access to treatment for opportunistic infections. \(^1\) In addition, 4,575 health workers (2,292 male and 2,283 female) received personal protective equipment (PPE), and 59 Inter-Agency Emergency Health Kits (IEHK) were distributed to 31 health centres. Also, 69 doctors, nurses, and other health staff, from 13 states, were remotely trained on HIV diagnostic, updated HIV prevention and treatment protocols, reaching in total 246 health workers from 16 states trained on HIV infection management since December 2020.

In Bolivar state, UNICEF has strengthened efforts to improve the quality of maternal and child health system in remote, vulnerable, and indigenous areas across five municipalities -Gran Sabana, Sifontes, Cedeño, Sucre, and Bolivariano Angostura- through multiple actions: (a) provision of essential medicines for emergency obstetric healthcare; (b) massive distribution of PPE; (c) rehabilitation of delivery room and prenatal-care areas in three hospitals and one outpatient clinic; (d) improvement of infection prevention and control (IPC); provision of access to safe water and WASH supplies; (e) provision of mosquito nets. Simultaneously, 71 health workers from three hospitals and three outpatient clinics, completed a four-month training on the COVID-19 and Maternal, New-born and Child Health (MNCH), receiving a cash incentive conditioned to completion of training and assistance to the workplace.

\(^1\) Children under ART are <15 years while treatment of opportunistic infections includes children and adolescents <19 living with HIV. The 15-18 years old group concentrates the biggest percentage of HIV opportunistic infections.
The slowdown of service delivery and statistical data processing has continued through March, due to mobility restrictions, health personnel's economic situation, and the lack of PPE, which are impacting the attendance of health personnel to their workplace. In consequence, remote monitoring and regular meetings with health authorities and with the Health Cluster members, have been key to assess needs, prioritize support to health centres and plan accordingly.

**Nutrition**

During March, UNICEF supported with PPE 155 centres (hospitals, outpatient care facilities and community centres) across eight states, that implement preventive and curative nutrition programmes for children and pregnant and lactating women (PLW). Also, some 30 health professionals and community workers (11 male and 19 female) from implementing partner Acción contra el Hambre (ACH) were trained on prevention and treatment of acute malnutrition of children under five and PLW, in the states of Zulia, Carabobo and Aragua.

Furthermore, through implementing partners, UNICEF continued supporting the provision of nutrition services in public health outpatient centres and community centres. Preventive and curative nutritional services were provided nationwide to 9,699 children under five (4,777 girls and 4,922 boys), including 156 indigenous, 265 afro-descendants and 24 children with disabilities. In addition, 1,899 PLW (1,312 pregnant and 1,083 lactating, including 749 pregnant and lactating adolescents) received nutritional services such as deworming, micronutrient supplementation, acute malnutrition prevention and treatment, and infant and young children feeding (ICYF) counseling.

According to UNICEF programme data, collected at the national level by implementing partners, 5,771 of children under five (2,940 girls and 2,831 boys) were screened for acute malnutrition. Among these, 450 children (222 girls and 228 boys) were identified with acute malnutrition, including 119 (57 girls and 62 boys) with severe acute malnutrition (SAM) and 331 (165 girls and 166 boys) with moderate acute malnutrition (MAM). Identified cases received treatment through UNICEF implementing partners. While this information is not statistically representative at national level, and therefore does not reflect the situation of the country, it does provide guidance for UNICEF programmes. Furthermore, 3,628 children (1,823 girls and 1,805 boys) under five received multiple micronutrient powders, 950 children (510 girls and 440 boys) received lipid-based nutrients or nutritional supplement (LNS-MG), an energy and protein supplement for the prevention of acute malnutrition, and 1,595 PLW received multiple micronutrient supplementation.

Out of the 1,899 PLW screened for undernutrition, 481 pregnant and 62 lactating women were identified as undernourished and received Plumpy Mum LNS to improve their nutritional status and to reduce the risk of low birth weight and infant and maternal morbidity. Also, 1,595 received multiple micronutrient supplementation and 1,032 pregnant women (Q2 or Q3) received deworming treatment to prevent undernutrition.

UNICEF implementing partner PALUZ, initiated community nutrition services in the COVID-19 context, reaching four vulnerable communities in the municipality Maracaibo. The intervention benefitted 725 children under five (281 girls and 444 boys) and 142 PLW and included the dissemination of key messages in nutrition and breastfeeding counseling. UNICEF partners ALINCA and El Paragüero provided nutrition services to 5,249 children (2,632 girls, 2,617 boys) under five and 2,457 PLW, where 350 were diagnosed with acute malnutrition and will be followed up through the nutritional recuperation plan implemented by these institutions, in the states of Bolivar. Anzoátegui, Delta Amacuro, Sucre and Monagas. These partners also supported delivery of supplies to 20 health centers and trained 21 professionals from outreach health centers to strengthen their capacities in nutrition essential services. Home visits to identify and provide treatment for acute malnutrition continued during March, which have been necessary due to the lockdown mobilization restrictions. As part of the Mother Kangaroo programme, UNICEF provided 440 baby-wrap-slings to the Ruiz y Páez Hospital in Ciudad Bolivar, to support the technique of care for premature and low birth weight newborns, where babies are kept skin-to-skin with the mother in feeding, stimulation and protection. There is evidence that Mother Kangaroo is effective in reducing infant mortality and the risk of hospital-acquired infection, as well as increasing weight gain and rates of breastfeeding, among others. In addition, in coordination with UNICEF, the Falcón state Health Secretariat, actively provided nutrition services to 1,004 children under five (436 girls and 568 boys) and 452 PLW in 18 health centers and delivered key nutrition messages through community promoters. Likewise, in Trujillo state, with UNICEF support the Health Secretariat, provided nutrition services to 400 children under five, (183 girls and 217 boys) and 80 PLW in five health centers, also carrying out nutrition home visits to the most vulnerable communities.

In March, the Nutrition Cluster in collaboration with Child Protection and Gender Base Violence (GBV) Areas of Responsibility launched the Needs Findings Tool, a referral mechanism for partners to report malnutrition cases, sexual exploitation and abuse cases, among other sector needs to deliver immediate assistance depending on partners’ presence and capacity. The tool is available on OCHA's Humanitarian Response website. On the same line, to strengthen partners’ operational coordination in the field, the cluster launched a Partners’ Mapping Tool, which is a dynamic platform to inquire about geographic presence and service delivery at municipality level. This is also available at the Humanitarian Response website.

In coordination with the Global Nutrition Cluster Technical Alliance, actions to establish the Community Management of Acute Malnutrition (CMAM) technical working group (TWG) continued throughout March. The TWG will be responsible for creating a CMAM protocol to guide sector partners in the response, adapted to Venezuela context.
WASH
UNICEF and the Ministry of Water (MoW) have worked together to continue providing safe water to the most vulnerable communities and key institutions. In Zulia state, works are ongoing in ‘Wuimpala’ and ‘Burro Negro’ water treatment plants, and in two supporting pumping stations (‘Macañilla’ and ‘F-7’). Final works are also underway at ‘Zamzibar’ water treatment plant (final pipe works, filter cleaning and painting) and at ‘Puerto Guervito’ pumping station; these interventions which will benefit 1,315,000 people2 (462,880 women, 438,027 men, 208,165 girls, 205,929 boys). While works are ongoing, UNICEF has provided water-trucking services to eight communities, benefiting approximately 11,480 people (4,041 women, 1,817 girls, 1,798 boys and 3,824 men).

In Bolivar state, UNICEF and partner ALINCA worked in two communities in Ciudad Guyana, 19 Abril and Cambalache, to restore water pumping and storage systems (including the installation of a new 95m³ tank), benefiting a total of 9,324 people (3,282 women, 1,476 girls, 1,460 boys and 3,106 men). In the state of Delta Amacuro, UNICEF has also reinforced its water supply in ‘Planta 2 Tucupita’ and ‘San Rafael’ water treatment plants, through the installation of new pumps and repair of existing ones, benefiting a total of 25,001 people (8,800 women, 3,958 girls, 3,915 boys and 8,328 men). In Táchira, UNICEF has continued to improve access to safe water in its main network, by installing new chlorine injection systems in ‘Abejas’ and ‘El Meson’ water treatment plants, benefitting in total approximately 100,000 people (35,200 women, 15,830 girls, 15,660 boys and 33,310 men). All interventions were complemented with operations and maintenance activities to support water-utility workers, such as the distribution of tools and equipment, capacity building and technical assistance.

To commemorate World Water Day in Venezuela, UNICEF’s WASH, Private Fundraising and Partnerships (PFP), and Communications for Development (C4D) teams, worked together on a campaign to generate and disseminate key messages on the importance of water conservation, treatment and efficient uses, associated also to hand hygiene practices, in line with the nationwide response to the COVID-19. Throughout the month, UNICEF engaged 15 implementing partners, WASH Cluster members, two governmental entities (MoE and MoW) and 30 private-sector companies, reaching 3,946,995 people, through mass-media campaigns and other activities. The MoE also issued a vice-ministerial resolution, which prescribed the dissemination of these messages to all schools in the country. At the same time, the hashtag #DiaMundialDelAgua was a trending topic on Twitter, with over 5,600 mentions. Finally, 17,210 children and adolescents from vulnerable communities nationwide participated actively generating content with key messages around hand hygiene, water disinfection and water conservation.

In March, UNICEF and FUNDAINIL engaged with local and international academic institutions such as Simon Bolivar University (USB) and London School of Hygiene & Tropical Medicine, to publish a national Knowledge, Attitudes and Practices study on WASH in households, contextualized to the most frequent problems met across the different communities in Venezuelan society. Information gathered consisted of behaviors, knowledge, attitudes, current practices, social norms, obstacles, facilitators, opportunities, good practices and recommendations that help guide WASH interventions and key impact indicators.

UNICEF also continued its IPC support to 53 health care facilities across 10 states, through the distribution of key cleaning and hygiene products and PPE, installation of handwashing points, and provision of technical assistance and

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2 Wuimpala water treatment plant (WTP): 700,000 persons; Burro Negro WTP: 600,000 persons, Zamzibar WTP: 15,000 persons.
capacity building on IPC-related subjects, such as handwashing, environmental cleaning, health care facilities waste management practices and use of PPE, among others.

In March, UNICEF also supported 24 protection, migration and COVID-19 quarantine centres across Bolivar and Zulia states with daily access to water, through water trucking and/or rehabilitation works; and distribution of handwashing, cleaning and disinfection supplies, benefiting a total of 9,774 people (2,136 girls, 1,674 boys, 4,936 women, 1,529 men). UNICEF and partners have also supported 90 schools across six states, with WASH infrastructure rehabilitation, distribution of hygiene, cleaning and disinfection supplies, which will provide 42,949 people (11,722 adults, 15,938 girls, 15,289 boys) with adequate WASH services when schools re-open.

The WASH Cluster provided a platform to disseminate and amplify activities related to World Water Day, and has continued to facilitate technical exchanges amongst cluster members in relation to priority topics, derived from an earlier survey on capacity-building needs, related to menstrual hygiene management, sanitation solutions, and practical ways to integrate the WASH needs of the elderly and that of people with disabilities. The WASH Cluster also continued engaging with other relevant sectors to carry out a review of cluster’s minimum standards and response strategies, and other areas of potential collaboration.

**Child Protection and Gender-Based Violence**

UNICEF continued strengthening local child protection systems in 15 states, benefitting 7,436 children (3,768 boys and 3,668 girls) with protection measures and specialized protection services such as legal support, psychosocial support, case management and alternative care.

Furthermore, 6,243 children (2,762 boys and 3,481 girls) and 1,118 caregivers (960 females and 1,580 males) were supported through integrated child protection programmes and services provided by implementing partners, including individual psychosocial support for children and their caregivers, legal assistance, case management, family support and referral to health and nutrition services.

Some 2,348 parents, caregivers, and community members (1,436 female and 912 male) have been trained on prevention of violence, sexual abuse and family separation, and 4,554 people (3,098 female and 1,456 male) have participated in awareness raising activities.

Moreover, 255 people (12 women, 199 girls and 44 boys) also received direct prevention or response care services for GBV, not only case management, but also psychosocial support and legal assistance, and 456 people (138 male and 318 female) were sensitized to prevent and mitigate GBV at community level.

In Bolívar state, 1,695 children and adolescents (837 girls and 858 boys), and 1,242 caregivers (970 women and 272 men) continued receiving psychosocial support services and specialized child protection services, through implementing partners, in the Caroní, Angostura del Orinoco, and Gran Sabana municipalities. Most of the services were provided to adolescents in conflict with the law, children and adolescents who are survivors of violence, including GBV, and unaccompanied and separated children (UASC) at the border with Brazil. Three cases of family reunification for UASC from Brazil were successfully supported and coordinated with Child Protection Councils, civil society organizations and UNICEF Brazil. In addition, through implementing partners, children and adolescents have been sensitized on child protection issues and prevention and mitigation of GBV, in communities and in health centres. Finally, through partner ASONACOP, the Tucupita Child Protection Council, in Delta Amacuro state, has been supported to provide care for an unaccompanied adolescent returning from Trinidad and Tobago.

In Táchira state, the Integrated Service Centre for Children and Women (CAINNAM by its Spanish acronym), provided support to 1,789 people (606 girls, 543 boys, 613 women and 27 men) in the border city of San Antonio del Táchira. Most of the services were provided to children and women on the move (most of them caminantes) and people living in host communities. Feedback from 570 users (532 female and 34 male) has been collected through the quick feedback and suggestion mechanism available at CAINNAM, and it is systematically analysed to improve quality and effectiveness of the service provided. Also, in San Antonio, UNICEF provided all the furniture to the first GBV Court located at the border area, as a strategy to strengthen the protection response provided by the child protection system to GBV survivors.

Mental health and psychosocial support (MHPSS) services were provided to several communities3 in Maracaibo municipality (Zulia state) and Tarijó, Palavecino, and Jimenez municipalities (Lara state), benefitting 739 children (341 female and 332 male) and 165 parents and caregivers (129 female and 36 male) with psychosocial support. In addition, 1,158 people (615 female and 543 male) were sensitized on prevention and response to Sexual Exploitation Abuse (SEA) and GBV. Some 38 UASC (24 female and 14 male) received services related to family reunification and alternative care, and 86 members of the Child Protection System (62 female and 24 male) were trained on child protection and case management.

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Moreover, UNICEF-supported Ombudsman Office in the northwest of Maracaibo, provided information related to birth registration and prevention of SEA and GBV, raising awareness on 111 vaccinated parents, caregivers and pregnant women (104 female and 7 male) and 256 children (126 female and 130 male).

**Child Protection Area of Responsibility (CP AoR):** Under the framework of the inter-cluster coordination, the Nutrition Cluster and the Child Protection AoR developed a tool to ensure safe and immediate referral of children with malnutrition or children at risk, in need of protection services. A pilot of the tool will be carried out by the Táchira Child Protection AoR. Also, the Child Protection AoR, together with the Protection Cluster and the GBV AoR, carried out an exercise to consolidate a mapping of protection services as a strategy to strengthen the protection response, both at national and subnational level, including a webinar on mental health and psychosocial support for implementing partners.

**Education**

In March, UNICEF distributed learning kits to 61,601 children (32,190 girls and 29,411 boys, including 1,327 children from indigenous populations and 400 children with disabilities) in 131 schools across 11 states, containing notebooks, pencils, crayons, scissors, rulers, blackboards, chalk, didactic games and other materials to support learning and teaching. Moreover, the school feeding programme benefited 6,976 children (3,676 girls and 3,300 boys, including 1,533 indigenous children) in the states of Amazonas, Apure, Bolívar, Táchira, and Zulia, through the monthly delivery of a basket of non-perishable food.

Some 144,620 children (75,373 girls and 69,247 boys, including 3,386 indigenous children and 930 children with disabilities) from 73 schools in 17 states were supported with distance education at home, through the distribution of didactic guides—digital and printed— and pedagogical follow-up. Throughout March, the radio programme ‘School on the Radio’ was broadcasted daily with academic content to support the distance education of 2,502,391 children (1,319,778 girls and 1,387,644 boys) in 16 states of the country.

In addition, 148,935 children and adolescents (77,452 girls and 71,483 boys) from 17 states, participated in a psychoeducational and recreational support programme, remotely, using toolkits that promote activities for recognition and management of emotions, self-care, motivation and recreation at home during the COVID-19 lockdown. Furthermore, 3,523 teachers (2,876 women and 647 men) from 192 schools in 16 states, participated in workshops on topics such as: pedagogical accompaniment of students remotely, promotion of life skills for adolescents, use of kits in education emergency, psycho-educational and recreational strategies, and attention to children with visual disabilities. Also, 716 teachers (474 women and 242 men) received incentives in the form of food bags, in the states of in Amazonas, Bolivar, Apure, Táchira, and Zulia, to promote their permanence in their teaching positions.

UNICEF and the MoE, designed an ‘Accelerated Education Programme’ which will allow a return to formal education and completion of primary education in a compressed period, by children and adolescents who are out of the education system and over-aged to reintegrate into regular school. Under this framework, the first seminar on ‘Accelerated Education’ organized by UNICEF, the MoE and the Education Cluster, was held in March, with the participation of specialists from the Global Working Group on Accelerated Education (GTCA), UNICEF Mexico, UNICEF Peru and the UNESCO Quito Office (Cluster). Additionally, a Workshop on Education in Emergency Minimum Standards was developed with the seven on-going Working Groups of the Cluster (47 participants) and the technical assistance of the Interagency Network of Education in Emergencies (INEE) to adapt the global norms to the Venezuelan context to the HRP activities.

**Communications for Development (C4D), Risk Communication and Community Engagement (RCCE), Accountability to Affected Populations (AAP)**

As mentioned previously, during World Water Day commemorations, UNICEF reiterated the importance of drinking safe water and hand hygiene, to safeguard the health of children and adolescents, reaching close to 3.9 million people through radio broadcasting messages, social media campaign and other activities. Among the radio activities, IRFA in Delta Amacuro, broadcasted during the week of 22-28 March, four micro-broadcasts: two in Spanish and two in Warao indigenous language. Additionally, implementing partner FINAMPYME conducted an interview with UNICEF’s WASH Chief, to sensitize people on the importance of safe water, and disseminate the importance of water treatment, conservation, handwashing and hygiene practices, especially during the COVID-19 pandemic. In addition, FINAMPYME also transmitted messages on access to services and life-saving behaviours: border mobility in times of COVID-19; prevention COVID-19, two testimonials on COVID-19 and two dedicated chapters of the radio soap opera ‘Las preguntas de Sofía,’ reaching 2,203 transmissions, 203 micro-broadcasts and 1,803,227 people in Táchira, Merida, Apure and Barinas states.

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4 Amazonas, Apure, Barinas, Bolivar, Distrito Capital, Falcón, Mérida, Miranda, Táchira, Trujillo and Zulia.
5 Amazonas, Apure, Anzoátegui, Barinas, Bolivar, Carabobo, Distrito Capital, Falcón, La Guaira, Lara, Mérida, Miranda, Monagas, Sucre, Táchira, Trujillo and Zulia.
4 https://dne-tya.blogspot.com/}
6 Amazonas, Anzoátegui, Apure, Barinas, Bolivar, Carabobo, Capital District, Falcón, La Guaira, Lara, Mérida, Miranda, Monagas, Sucre, Trujillo, Táchira and Zulia.
7 Seven Working Group of Cluster: Out of school children; Remote education: Adolescents and employment; Teachers; Food security; and indigenous people and gender.
A total of 43,816 people (26,454 adults and 17,362 children and adolescents) participated in social and behavioural change actions during the World Water Day campaign, including face-to-face activities and content generation, as well as an activity with indigenous populations in which 18 boys and 15 girls from the Warekena community in Amazonas state participated.

Two workshops on C4D, Hygiene Promotion and Community Approach were held for 20 women from the Norwegian Refugee Council (NRC) in the state of Zulia; the training was conducted remotely with interactive participation among all members of the organization. Also, two training of trainers (ToT) workshops on Essential Life Practices were held, where 91 people from implementing partners ASEINC, Afroamiga, ALINCA, FUNREAVH, Fe y Alegria, FINAMPYME and IRFA participated. Workshops were focused on children’s rights and structured in three modules: (a) What is UNICEF? and basic concepts on C4D; (b) Prioritized topics and key messages on WASH and nutrition: hand hygiene, water treatment and conservation, food treatment, breastfeeding and deworming; and (c) Key messages on health, education and protection, including immunization, GBV prevention, child sexual abuse prevention, school continuity, and life planning.

Moreover, FUNREAHV’s 63 community promoters carried out seven C4D activities in Táchira state, including (a) sensitization on menstrual hygiene; (b) dissemination of radio spot on Salmonella through instant messaging application; (c) dissemination of video on COVID-19 prevention and recommendations of what to do when going out and coming home through instant messaging application; (d) dissemination of a UNICEF video, on hand washing pre and post-test; (e) dissemination of home routine design at home radio spot on instant messaging application; (f) forum-chat on water and epidemiological diseases and (g) dissemination of a UNICEF video on the correct use of the facemask. These activities involved 12,019 people (1,429 girls, 5,484 women, 1,308 boys, 3,798 men) in the municipalities Pedro María Ureña, Junín, Cárdenas, Independencia, San Cristóbal and Bolívar.

Simultaneously, FINAMPYME’s 52 community promoters reached 1,668 people (597 girls, 376 women, 570 boys and 125 men) in Táchira state with activities including COVID-19 prevention workshops, World Water Day, water care and conservation, posters, murals, recreational activities, and awareness raising on the importance of hand washing. FINAMPYME also distributed flyers on protection of children and adolescents in times of COVID-19, and booklets with hygiene messages for households, through an insert of 5,444 printed materials in La Nación newspaper, reaching 13 municipalities in Táchira state. 9

In Zulia state, 11,033 pieces of printed materials were deployed and distributed across 59 AVEC and Fe y Alegria schools, 10 and through WASH and protection sections with support from FUDEP, NRC and ASONACOP.

Lastly, as part of the AAP commitment, starting from November 2020, UNICEF designed a country-wide mechanism for sensitive feedback, launched in March 2021. UNICEF’s report line (Línea de Reporte) builds on communication channels preferred by the population, such as phone, instant messaging applications, SMS and emails. Two dedicated staff members received extensive training to run the helpline and manage sensitive issues, including reports of SEA. 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. Operators have at their disposal a library of key messages to inform and refer callers who do not want to report sensitive issues. This pilot aims to inform the establishment of an inter-agency complaints and feedback mechanisms in the county.

9 San Cristóbal, Andrés Bello, Seboruco, Cárdenas, Torres, Fernández Feo, Capacho Libertad, Ayacucho, Bolívar, García de Hevia, Panamericano, Junín and Guásimos.
10 Municipalities: Maracaibo, San Francisco, Mara, Guajira, Colón, Valmore Rodríguez, Rosario de Perijá, Lagunillas and Machiques.
Planning, Monitoring and Evaluation
During March, 397 monitoring activities were carried out across 16 states in the country. Most of this monitoring focused on health, WASH and nutrition supplies (75 per cent of activities).
Due to an increase in the number of COVID-19 cases, almost all monitoring was carried out remotely (via phone calls, SMS, instant messaging application groups, email and fax) especially in the case of health facilities - which account for 90 per cent of monitored establishments.
Regarding AAP, progress has been made under the pillars of UNICEF Venezuela’s AAP Framework. For Leadership, Coordination and Results, the streamlining of indicators through programme documents and reporting tools is underway and a series of trainings at national and local level have been implemented to allow partners to report progress on the AAP commitment in line with the Annual Work Plan. Regarding Communication with Communities, an information kit is being developed with UNICEF’s Communications team, to guide information provision activities on the field. Lastly, in terms of Feedback, several mechanisms both at field and central level are being implemented, such as the quick feedback system at the CAINNAM and the national Report Line to report sensitive feedback.

Supply and Logistics
In March 2021, UNICEF Venezuela ordered goods for a total value of US$ 755,000, divided into US$ 636K for international procurement (97 per cent for PPEs) and US$119K for local purchase.
Additionally, UNICEF received in-country 20 tons of air cargo representing a total value of US$ 3.9 million; this includes 7.2 tons of vaccines for a value of over US$ 2.5 million and PPE for US$ 1.01 million.
During the reporting period, UNICEF distributed a total amount of US$ 3.7 million of relief supplies representing 183 tons, with vaccines going directly to the MoH warehouses, and other supplies being dispatched from UNICEF warehouses to various partners through the whole country.
Finally, US$ 74K of WASH, medical and office equipment were sent directly from local providers to implementing partners in Bolívar and Táchira states; and 25 suppliers received PSEA training.

Human Interest Stories and External Media
In March, UNICEF produced five videos, 152 photos, and five articles (HIS and photo-essays) for accountability, resource mobilization, and visibility purposes. Multimedia materials have been widely disseminated through social media.
On Digital, UNICEF Venezuela social media channels registered over 2.3 million impressions with posts on immunization, COVID-19 prevention, UNICEF’s response, and children’s rights. The UNICEF Venezuela website reported over 145,000 visits in March. Additionally, UNICEF continued disseminating at-home activities for children posts on social media, in partnership with Plastilinarte, a team of psychologists, communicators and other professionals. Among some of the activities disseminated during March: i) Drawing a fish bowl, ii) Drawings your favourite animal, and iii) Do a decorative mobile.
For the ‘International Women’s Day,’ UNICEF continued strengthening its annual multimedia campaign to prevent GBV. Among the activities that were rolled out: i) Talk on GBV and inequality, hosted by the Gender Specialist and a Protection Officer on FB Live, reaching 270 people; ii) Five radio interviews reaching over 3.2 million people, and iii) A pack of GBV prevention social media posts.
The award ceremony of ‘La escuela que es mi casa’ (The school that is my home) contest was broadcasted via YouTube and Facebook Live with the participation of the winners (18 children and adolescents). The ceremony registered over 9.2K impressions and 428 interactions. La escuela que es mi casa is a writing contest organized by UNICEF and El Pitazo (national digital outlet) to promote the right of participation among Venezuelan children.

Human interest stories (HIS) and multimedia stories:

- Photo essay: School Feeding Beyond School
- Video: UNICEF supports the most vulnerable children in Venezuela through school feeding programme
- Photo essay: “I want to learn and continue studying, to become a doctor and help my dad”, Claimar, 14 years old
- Video: How a chlorinator installed in a hospital also facilitates the cleaning of school and houses
- Video: UNICEF reaches to the most vulnerable children through educational kits and school feeding
- 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”, said Ronald, 6.
• HIS: "I feel motivated when I realized that those supplies that I count on an Excel spreadsheet and coordinate with drivers can save a child’s life"

UNICEF Venezuela: [https://www.unicef.org/venezuela/](https://www.unicef.org/venezuela/)
UNICEF Venezuela Facebook: [https://www.facebook.com/unicefvenezuela/](https://www.facebook.com/unicefvenezuela/)
UNICEF Venezuela Twitter: [@unicefvenezuela](https://twitter.com/unicefvenezuela)
UNICEF Venezuela Instagram: [@unicefvenezuela](https://www.instagram.com/unicefvenezuela/)

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### Annex A

#### Summary of Programme Results (HAC)

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and Partners</th>
<th>Sector Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-Dec 2021 target</td>
<td>Total results (Jan-Mar)</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 0 to 12 months vaccinated against measles</td>
<td>533,600</td>
<td>62,741</td>
</tr>
<tr>
<td>Children aged 0 to 12 months fully vaccinated with three doses of pentavalent vaccine</td>
<td>532,192</td>
<td>47,800</td>
</tr>
<tr>
<td>Pregnant women &amp; new-born babies receiving maternal/ neonatal life-saving services in UNICEF-supported facilities</td>
<td>246,900</td>
<td>14,590</td>
</tr>
<tr>
<td>Healthcare workers in healthcare facilities and communities provided with personal protective equipment (PPE)</td>
<td>60,000</td>
<td>8,266</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling</td>
<td>155,500</td>
<td>16,442</td>
</tr>
<tr>
<td>Children aged 6 to 59 months with severe and moderate acute malnutrition admitted for treatment.</td>
<td>51,447</td>
<td>2,570</td>
</tr>
<tr>
<td>Children aged 6 to 59 months and pregnant and lactating women receiving micronutrient supplementation</td>
<td>688,100</td>
<td>34,807</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>532,372</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>19,377</td>
</tr>
<tr>
<td>People receiving basic hygiene information and/or essential hygiene products</td>
<td>1,540,000</td>
<td>142,039</td>
</tr>
<tr>
<td><strong>Child Protection, Gender-based Violence &amp; 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>12,509</td>
</tr>
<tr>
<td>Women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions</td>
<td>60,000</td>
<td>4,865</td>
</tr>
<tr>
<td>People with access to safe channels to report sexual exploitation and abuse</td>
<td>10,000</td>
<td></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</td>
<td>150,000</td>
<td>127</td>
</tr>
<tr>
<td>Children receiving individual learning materials</td>
<td>1,180,000</td>
<td>212,641</td>
</tr>
<tr>
<td>Children benefiting from balanced school feeding programmes with hygiene standards</td>
<td>400,000</td>
<td>52,887</td>
</tr>
<tr>
<td><strong>C4D, Community Participation &amp; AAP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People participating in engagement actions for social and behavioural change</td>
<td>25,000</td>
<td>43,816</td>
</tr>
<tr>
<td>People who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms</td>
<td>52,000</td>
<td>1,669</td>
</tr>
<tr>
<td>People reached with messages on access to services and live-saving behaviours</td>
<td>4,800,000</td>
<td>3,869,702</td>
</tr>
</tbody>
</table>

11 Sector Response includes UNICEF implementing partners and cluster response.

12 Data from February 2021, as reporting from the Venezuelan Ministry of Health is submitted with a month of delay.

13 Data from February 2021, as reporting from the Venezuelan Ministry of Health is submitted with a month of delay.

14 Decrease in this figure, compared to last month’s reported result, is due to a change in the way the number of beneficiaries is calculated for this indicator. In previous months, we used the sum of all children and adolescents, in all areas of intervention, who benefited from all WASH activities as reference for this indicator. Given the rapid rise in the number of beneficiaries, we reviewed the calculations in detail and made a few corresponding adjustments to avoid duplication of beneficiaries.

15 Changed in indicator as it focuses only on people reached with information and basic hygiene products.

16 Indicator will be reported starting from April 2021.

17 Indicator will be reported starting from April 2021.

18 Indicator applies to out-of-school children only.

19 Data reported in March is lower than the previous month, due to a reporting error in February where some beneficiaries were counted twice.

20 Data reported in March is lower than the previous month, due to a reporting error in February where some beneficiaries were counted twice.

21 It is expected that the public reached by this mass communication activity on a monthly basis will be approximately the same. For that reason, the results reported for this indicator will always be the maximum number of beneficiaries reported in any given month up until the current month of report.
Annex B

HAC Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2021</th>
<th>Other resources used in 2021</th>
<th>Resources available from 2020 (Carry-over)</th>
<th>$</th>
<th>per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>26,960,000</td>
<td>367,946</td>
<td>146,092</td>
<td>2,212,372</td>
<td>24,233,590</td>
<td>90</td>
</tr>
<tr>
<td>Health</td>
<td>34,915,000</td>
<td>776,041</td>
<td>1,889,157</td>
<td>12,154,830</td>
<td>20,094,971</td>
<td>58</td>
</tr>
<tr>
<td>WASH</td>
<td>70,200,000</td>
<td>141,977</td>
<td>0</td>
<td>6,701,673</td>
<td>63,356,350</td>
<td>90</td>
</tr>
<tr>
<td>Child Protection</td>
<td>16,255,000</td>
<td>371,493</td>
<td>63,552</td>
<td>2,026,646</td>
<td>13,793,309</td>
<td>85</td>
</tr>
<tr>
<td>Education</td>
<td>50,260,000</td>
<td>4,154,421</td>
<td>0</td>
<td>4,086,194</td>
<td>42,019,385</td>
<td>84</td>
</tr>
<tr>
<td>C4D</td>
<td>3,200,000</td>
<td>49,649</td>
<td>70,843</td>
<td>997,206</td>
<td>2,082,302</td>
<td>65</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>201,790,000</strong></td>
<td><strong>5,861,528</strong></td>
<td><strong>2,169,644</strong></td>
<td><strong>28,178,921</strong></td>
<td><strong>165,579,907</strong></td>
<td><strong>82</strong></td>
</tr>
</tbody>
</table>

Note: All figures are as of December 2020.

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