United Nations CERF Central Emergency Response Fund

RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS VENEZUELA RAPID RESPONSE DISRUPTION OF BASIC SERVICES 2018

18-RR-VEN-33275

RESIDENT/HUMANITARIAN COORDINATOR	Peter Grohmann

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.

The After-Action Review meeting was conducted on 9 September. Participants included representatives from UNHCR, UNFPA, UNICEF and IOM, as well as the Nutrition Cluster Coordinator and the coordinators for the areas of responsibility of Child Protection and Gender-Based Violence. PAHO/WHO could not attend but a separate meeting was held with representatives from this agency on 16 September to discuss their lessons learnt and challenges and include their feedback.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☐ NO ☒

The report was not discussed in the Humanitarian Country Team (HCT) as there were no humanitarian coordination mechanisms established at the time of the CERF grant. However, the report and conclusions were discussed and shared with the UN agencies for review.

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The consolidated report was shared on 7 October with the recipient agencies for final review before submission to CERF Secretariat on 9 October.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

In November 2018, CERF allocated US$ 9.2 million under the Rapid Response window in order to sustain the provision of life-saving basic services in health, nutrition and protection in Venezuela. In a complex political context, where the operating environment for humanitarian action at the time was limited, this emergency funding allowed UN agencies and partners to start scaling up activities and alleviate some of the consequences of a deteriorating situation on vulnerable populations.

CERF funds were critical to support the scale up of humanitarian assistance of the UN agencies and their partners in Venezuela, with the overall cost of the scale up strategy estimated at US$112 million. They contributed to strengthening the health delivery capacity and emergency care services in 12 priority hospitals, creating six transit centres for people on the move, enhancing nutritional screening and malnutrition prevention and treatment, and strengthening access to services in the areas of protection, child protection, prevention and response to gender-based violence, and sexual and reproductive health. In total, it is estimated that almost 1.3 million people benefitted from the CERF interventions.

Beyond allowing life-saving assistance to be delivered to vulnerable populations, CERF funds allowed UN agencies and partners to strengthen their presence on the ground and their activities, which was a critical step for further programming and contributed to the expansion of humanitarian space, where today we have a Humanitarian Country Team (HCT), eight activated clusters, an Inter-Cluster mechanism, field coordination hubs and a Humanitarian Response Plan for the remainder of 2019.

1. OVERVIEW

18-RR-VEN-33275 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**112,000,000**
FUNDING RECEIVED BY SOURCE	
CERF	9,202,761
COUNTRY-BASED POOLED FUND (if applicable)	N/A
OTHER (bilateral/multilateral)	40,797,239
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**50,000,000**

18-RR-VEN-33275 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)

Allocation 1 – date of official submission: 01/11/2018

Agency	Project code	Cluster/Sector	Amount
IOM	18-RR-IOM-035	Multi-Cluster - Multi-sector	400,000
UNFPA	18-RR-FPA-045	Multi-Cluster - Multi-sector	1,727,515
UNHCR	18-RR-HCR-034	Multi-Cluster - Multi-sector refugee assistance	762,268
UNICEF	18-RR-CEF-117	Multi-Cluster – Multi-sector	2,662,108
WHO	18-RR-WHO-047	Health - Health	3,650,870
TOTAL			**9,202,761**

18-RR-VEN-33275 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**8,353,064**
Funds transferred to Government partners*	0
Funds transferred to International NGOs partners*	418,219
Funds transferred to National NGOs partners*	276,432
Funds transferred to Red Cross/Red Crescent partners*	155,046
Total funds transferred to implementing partners (IP)*	**849,697**
TOTAL	**9,202,761**

** These figures should match with totals in Annex 1.*

2. HUMANITARIAN CONTEXT AND NEEDS

During the reporting period the humanitarian community undertook a humanitarian needs overview (March 2019) which has provided a more updated overview of the humanitarian situation. Venezuelans have been suffering from the impact of an unprecedented contraction in their economy caused by a number of factors, both internal and external. As noted in the Humanitarian Needs Overview (HNO) and according to the Venezuela Central Bank, in 2018 the Bolivarian Republic of Venezuela saw its gross domestic product shrink for the fifth year in a row, bringing the cumulative contraction to 48 per cent since 2013. While the International Monetary Fund (IMF) and private consulting firms have estimated even larger contractions over the past two years, a shrinking of the economy of this scale, coupled with continuous hyperinflation, has impacted other economic variables, such as private consumption, public spending and investment, with purchasing power and real wages falling dramatically. As a result, there has been a breakdown in basic service provision, including health, WASH, protection and education services, as basic goods are no longer available and thousands of professionals and technical experts have left the country. Purchasing power has eroded significantly, leaving the most vulnerable unable to meet their most basic needs. Socio-political tensions have worsened as a result, and emigration has increased with UNHCR estimating that as of June 2019 some 4 million people have left the country. Increasing incidents of gender-based violence including sexual violence, transactional sex for survival and human trafficking are among the key protection concerns, primarily impacting women, girls and boys. Due to the humanitarian situation, children are becoming separated and unaccompanied, are engaging in hazardous work, and are exposed to several types of violence and psychosocial distress. As indicated in the HNO 2019, an estimated 7 million people (including 3.2 million children) are in need of humanitarian assistance in Venezuela. The crisis has resulted in significant needs in the areas of health, food security and nutrition, water, sanitation and hygiene, protection, shelter and education. The most vulnerable groups identified include the indigenous population, pregnant and lactating women, children under five years, women, boys and girls at risk, the elderly, displaced people, those in need of international protection, people with chronic health conditions and serious illnesses as well as people with dependencies and with disabilities. Vaccine-preventable diseases including measles and diphtheria have re-emerged, and yellow fever and malaria are on the rise. Approximately, 6.8 million people suffer from undernourishment with prevalence rising from 3.6 per cent in 2010-2012 period to 21 per cent in 2015-2018. At least 4.3 million people need access to safe water, with 14 per cent of the population receiving water only every 15 days. The rapid deterioration of a protective environment is exposing children to family separation, gender-based violence (GBV) including trafficking, abuse and sexual exploitation, particularly impacting women and girls, and the worst forms of child labour. An estimated 1.3 million children and adolescents need protection services, while over 1 million children are out of school.

The health system in Venezuela despite the implementation of humanitarian activities, continue to suffer accumulated stress due to a combination of shortages of medicines and health commodities, as well as the emigration of doctors and health workers. An estimated one-fifth of the country's medical personnel have left the country over the past four years. Shortages of basic medicines and other crucial medical supplies have led to a sharp deterioration in the quality of health care in hospitals. Deaths from HIV/AIDS are ascending rapidly, and more than one hundred thousand HIV/AIDS patients are at risk of losing access to necessary medication. Formerly controlled preventable diseases such as malaria and tuberculosis were on the rise; the outbreaks of vaccine preventable diseases such as diphtheria and measles, although the rate is currently reduced, after concerted interventions by the humanitarian community still need to be fully controlled and vaccination campaigns need to be

conducted regularly without breaks... Health and nutrition conditions have led to an increase in maternal and child mortality. According to the figures of the Ministry of Health between 2015 and 2016 there was an increase of 30.12% in the number of child deaths under one year of age and of 65.79% in maternal deaths. Venezuela has one of the highest rates of adolescent's pregnancy in Latin America. The Venezuelan health system's infrastructure continues to have some capacity, with a network of 288 hospitals, 421 specialized ambulatories and 17,986 community-based centres, although many are no longer functioning.

Scarcity of food items and reduced economic access to adequate food have caused nutritional deficits especially for vulnerable population groups, including children, elderly, indigenous groups. In general, the localized nutritional studies are not representative of the general population although they show a deterioration in child nutrition with continued high levels of malnutrition especially in vulnerable poor population groups. Per the Global Nutrition Report, figures for Venezuela show 13.4 per cent stunting prevalence and 4.1% wasting prevalence. In addition, during the last two years the health and school infrastructure has deteriorated due to lack of proper maintenance and replacement material. According to recent reports, 69% of health centers and 86% of schools experience water shortages and cuts. Malnourished children are more likely to die from common childhood illnesses such as diarhea, pneumonia, or malaria. Such health and nutrition impediments contribute to approximately 45% of deaths of children under the age of five. Improving access to safe water consumption, personal hygiene, handwashing and adequate environmental sanitation, has a direct impact on reducing the spread of diseases.

Loss of livelihoods and wages because of economic distortions and scarcity of basic products has led to significant movements of people to neighbouring countries and beyond. An increasing number of Venezuelans willing to migrate abroad and in transit in several states of Venezuela have difficulties in accessing water, health and education, temporary shelters and food, particularly in border areas with insufficient assistance and referral services. High concentrations of people on the move combined with lack of documentation exacerbates the risks of trafficking in persons, smuggling of migrants, abuse, exploitation and gender-based violence, especially among indigenous and afro-descendent populations, women, elderly, unaccompanied children and adolescents, and LGBTI (lesbian, gay, bisexual, transsexual, intersex) population. In this context, women and girls are specially exposed to sexual and gender-based violence, including trafficking, particularly in border areas and children are also exposed to separation from their parents, child labour and domestic violence.

3. PRIORITIZATION PROCESS

In response to the consequences of the economic crisis, two years ago the UN decided to identify priority sectors within the normal implementation of the United Nations Development Assistance Framework (UNDAF) to focus on food and nutrition, health and poverty and social protection. It has shifted from a programme largely focused on policy support to one that includes technical advice and provision of basic supplies (vaccines, medicines, school meals, nutritional supplements, contraception, etc.) combined with protection of persons with specific needs such as survivors of sexual and gender-violence and children at risk. The UN Country Team (UNCT) started to expand its cooperation modality and scaled up its programming in Venezuela, developing a Scale-Up Strategy in November 2018, with the aim of addressing the impact of the ongoing economic crisis on vulnerable populations.

The CERF strategy was based on the first phase of the Scale-Up Strategy developed by the UNCT in Venezuela. The CERF funding only focused on emergency short term actions to prevent the degradation of the population's access to basic health and nutrition services as well as social protection including prevention of trafficking and smuggling and protection and assistance to people in transit and temporary host communities.

Based on constant vulnerability tracking by each agency in the scope of their mandates, the sectors of health, nutrition and protection were prioritized for this proposal. The selection of areas to be targeted was based on current experiences and in conversation with government authorities that also identified the areas as a priority.

In this politically delicate context, the consideration of CERF funds required government agreement. The UNCT presented an initial concept note with the basic lines of action and relevant funding sources, which served as a discussion document with the government. Following a positive dialogue outcome, the UNCT started preparing the concept note to be submitted to the CERF.

The Inter agency group for emergency preparedness (UNETE) elaborated the operational aspects of the concept note following the proposal, ensuring cooperation and complementarity within the proposals, as well as guaranteeing proper coverage of activities building up on in-house capacities and experience of the different agencies in identified areas. Priority sectors and operational strategies were designed based on ongoing activities that required incremental coverage or to reach the increasing number of affected populations. Considering the 6-month timeframe it was been important to build on pre-existing activities to minimize the risk of encountering unexpected factors. The UN worked with partners and in priority areas where they have capacity and solid relations with local government bodies and communities for efficient implementation, which means the use of pre-existing cooperation channels.

4. CERF RESULTS

In November 2018, CERF allocated US$9.2 million under the Rapid Response (RR) window in order to sustain the provision of life-saving basic services in health, nutrition and protection in Venezuela. This funding enabled UN agencies and partners to work in a coordinated manner to alleviate the consequences of the economic crisis on vulnerable populations. They contributed to strengthening the health delivery capacity and emergency care services in 12 priority hospitals, creating six transit centres for people on the move, enhancing nutritional screening and malnutrition prevention and treatment, and strengthening access to services in the areas of protection, child protection, prevention and response to gender-based violence, and sexual and reproductive health. In total, it is estimated that almost 1.3 million people benefitted from the interventions.

In coordination with the implementing partners, IOM installed and put into operation 6 care centers for people on the move, providing shelter assistance, food, NFIs delivery and guidance on human trafficking, and information for safe migration. The project assisted a total of 14,335 people on the move, in six transit centres located in Guasdualito and Amparo (Apure), San Antonio and Urena (Tachira), Casigua el Cubo and El Guayabo (Zulia).

UNFPA reached a total of 197,787 people in 7 states. In sexual and reproductive health (SRH), 262 Kits were distributed in 11 hospitals, 48,780 contraceptives distributed to adult and adolescent women, 80,000 rapid HIV/STI tests applied, 1,804 health providers trained, 18,530 women benefitted from SRH Kits, 19,872 family planning consultations performed, and 14,838 obstetric events attended. In Protection, 9,963 migrant women received dignity kits, 3,862 people were sensitized in GBV, 111 specialists from the Safe Space Network (SSN) were trained in prevention and response to GBV, and 135 specialists were trained for the Clinical Management of Sexual Violence.

PAHO/WHO strengthened health delivery capacity and enhanced emergency care services in 12 priority hospitals to address the essential health needs of the most vulnerable population, including children, pregnant women, elderly people. In total, 1,295,324 people benefited through delivery of 980 kits of different types. PAHO/WHO conducted training for 275 emergency services professionals on basic emergency care and on cardiovascular, endocrine and metabolic emergencies, which are some of the main causes of death in the country. 228 of these professionals were further trained in Advanced Life Support. PAHO/WHO also improved logistics and supply management chain to ensure better accountability on the use of health supplies and equipment.

UNICEF and partners conducted nutritional screening of 137,448 children under five; treated 1,528 children for severe acute malnutrition and 4,378 for moderate acute malnutrition; supplied micronutrient supplementation to 99,426 children aged 6-59 months and supplementation for prevention of acute malnutrition to 19,616 children under 5 at risk; provided counselling on infant and young child feeding to 31,327 parents and caregivers of children under 2; trained 205 health professionals on life-saving nutrition interventions; and consolidated a database with records from 34,531 children and PLW that contain information on breastfeeding practices, childhood illnesses in the last week before the screening, treatment of water consumed by children which enables monitoring of the nutritional situation. In addition, a total of 62,225 people, including 39,901 children and adolescent, benefitted from enhanced child protection services, including psychosocial support for 10,256 children and their families in 8 states, programmes to prevent family separation benefitting 1,561 children, support to 32 Child Protection Councils,

delivery of 193 birth certificates, free legal assistance to 394 adolescents detained in manifestations, and capacity-building of 115 community facilitators on prevention of family separation.

UNHCR and partners conducted interventions in the areas of water and sanitation, food security and protection in 44 out of the total 54 prioritized communities by UNHCR in Venezuela. The overall intervention directly benefited 15,536 persons, including 14,237 whose nutritional conditions were assessed and 1,299 persons who participated in workshops on water management., Some 73,477 water tablets to purify water were distributed, and the distribution of 5,000 hygiene kits and 2,500 water filters is underway. In food security, 1,560 food kits were procured and 1,126 vulnerable families received food packages and 270 nutritional supplements. In protection, 92 information desks have been established for persons in transit and 39 community groups were trained on human rights, prevention and response to SGBV, child protection, birth registration procedures, identification of persons with specific needs and referral pathways, among others. Eight border protection networks have been established and supported to identify protection risks and refer vulnerable persons to protection mechanisms.

5. PEOPLE REACHED

Planned numbers were exceeded in some sectors, thanks to an efficient administration of resources allowing to reach a greater number of people in need. For instance, a greater number of health kits for emergency room care could be procured. In other sectors, number of people reached was below the number of people planned due to unforeseen logistical challenges. Many activities were delayed or reprogrammed due to the country-wide power cuts affecting the country in March and other challenges in the first quarter of the year such as protests, lack of gasoline, failures in telecommunications. All these factors severely impacted the logistical and security capacity to continue implementing the activities within the timeframe as originally planned.

The approach to estimate the number of people reached is the same as for the planned number of people and is based on the sector covering the largest number of people (health), as several interventions occurred in the same areas. In health, the total number is an estimate based on the coverage of the hospitals receiving assistance and the percentage of the population usually requiring medical care. In other sectors, number of people reached comes from attendance sheets from training, or protocols and methodologies to count people reached in awareness-raising sessions or in delivery of kits.

18-RR-VEN-33275 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR[1]

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health - Health	244,816	413,856	**658,672**	208,547	428,105	**636,652**	453,363	841,961	**1,295,324**
Nutrition - Nutrition	73,476	9,687	**83,163**	64,579	0	**64,579**	138,055	9,687	**147,742**
Protection - Child Protection	21,439	14,064	**35,503**	18,462	8,260	**26,722**	39,901	22,324	**62,225**
Protection - Protection	1,373	6,942	**8,315**	1,485	4,534	**6,019**	2,859	11,478	**14,335**
Protection - Sexual and/or Gender-Based Violence	1,574	10,717	**12,291**	0	1,780	**1,780**	1,574	12,497	**14,071**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

18-RR-VEN-33275 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING[2]									
	Female			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Planned	158,582	268,798	**427,380**	135,046	277,994	**413,040**	293,628	546,792	**840,420**
Reached	244,937	414,543	659,480	208,622	428,775	637,397	453,559	843,318	**1,296,877**

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.*

18-RR-VEN-33275 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY		
Category	**Number of people (Planned)**	**Number of people (Reached)**
Refugees	2,320	1,553
IDPs	0	0
Host population	0	0
Affected people (none of the above)	838,100	1,295,324
Total (same as in table 5)	**840,420**	**1,296,877**

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☒ PARTIALLY ☐ NO ☐

CERF was critical to ensure a fast delivery of assistance to people in need and to kick-start humanitarian operations. The RR funds were one of the first financing sources of the UN Scale-Up Strategy, thus contributing to the rapid implementation of the strategy. They also allowed and accelerated the establishment of an operational presence of UN agencies in different states, beyond Caracas, which is a key element for faster delivery of assistance.

b) Did CERF funds help respond to time-critical needs?

YES ☒ PARTIALLY ☐ NO ☐

CERF funds helped respond to time-critical needs in the sectors of health, nutrition and protection. For instance, in health, it contributed to ensure that 12 hospitals had the basic supplies and capacities for critical emergency services.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

CERF significantly contributed to strengthening coordination amongst humanitarian organizations, in a context where coordination mechanisms were not activated yet. UN agencies designed interventions that complemented one another. It served as a basis on which coordination could be consolidated, and it helped to develop contacts with humanitarian partners. It also contributed to strengthen coordination and communication with and among national institutions, especially in the health sector. Regular communication with public counterparts during the project strengthened their awareness of humanitarian action. Beyond coordination amongst partners, the CERF

RR funds also helped to improve articulation between programmes; for instance, for UNFPA, CERF funding helped ensuring a better articulation between interventions in sexual and reproductive health, and in gender-based violence.

d) Did CERF funds help improve resource mobilization from other sources?

YES ☒ PARTIALLY ☐ NO ☐

CERF RR funds were a learning experience in the country and helped design more realistic and grounded project proposals. It also contributed to strengthen operational presence in the country and to demonstrate initial results, which enhanced donor confidence in the humanitarian community's capacity to deliver. CERF funds allowed to increase visibility on the humanitarian response and situation in Venezuela, beyond the three priority sectors targeted by these funds, therefore contributing to resource mobilization.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

CERF funds also improved information sharing. For instance, partnerships were established at field level to improve access to information on child protection, therefore strengthening information management and informing project design. In health, CERF funds allowed the creation of a logistics sub-group in health and the development and use of shared tools among partners to improve logistics chain for medicines and medical supplies. Moreover, it gave visibility to the humanitarian situation, created an opening with the Government to facilitate humanitarian action and allowed agencies to start scaling up operations.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
CERF helped increase coordination among UN agencies and partners but lack of funding for coordination staff in the field is a challenge.	Provide financing to support cluster coordination in the field.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
All agencies had to face several logistical constraints, which made the proposed timeframe difficult to comply with. For instance, national and international procurement processes were not finalized on time for distributions. Hyperinflation impacted planned budget as the costs increased. The economic situation in Venezuela also made procurement processes with local suppliers very complex as most of them do not have an account in dollars. The lack of gasoline, insecurity in some areas, also added to the logistical challenges. The country-wide power cut in March 2019 paralyzed the country and significantly affected all activities and the overall timeframe for implementation. The extraordinary measures announced by the Government to cut working hours in public and private sector also affected the activities and timeframes. The lack of capacities and of knowledge of humanitarian action of local partners and national counterparts required a lot of trainings.	Take into account the specificities of Venezuela's context to better design project proposals, including targets, indicators and timeframes, and ensure contingency planning.	All agencies

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-IOM-035 - IOM

1. Project Information			
1. Agency:	IOM	**2. Country:**	Venezuela
3. Cluster/Sector:	Multi-Cluster - Multi-sector	**4. Project Code (CERF):**	18-RR-IOM-035
5. Project Title:	Life-saving assistance to Venezuelan people on the move in border communities in the states of Apure, Tachira and Zulia		
6. Original Start Date:	20/11/2018	**6.b Original End Date:**	19/05/2019
6.c. No-cost Extension:	☐ No ☒ Yes	if yes, specify revised end date:	19/08/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 6,583,594
	b. Total funding received for agency's sector response to current emergency:	US$ 1,312,091
	c. Amount received from CERF:	US$ 400,000
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 33,850.00**
	▪ Government Partners	US$ 0
	▪ International NGOs	US$ 0
	▪ National NGOs	US$ 33,850
	▪ Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, and in coordination with the implementing partners (Caritas de Venezuela and Diocese of San Cristóbal), IOM established and ran 6 Temporary Accommodation Centers for people on the move, providing temporary accommodation to 1,739 persons, food to 4,080 persons, Non-Food Items (NFIs) such as family and individual hygiene kits to 2,969 persons, information on documentation to 10,194 persons, and information on threats of trafficking, smuggling and other forms of exploitation and abuse and available assistance mechanisms to 10,194 persons.

In total, the project assisted a total of 14,335 people on the move, in six Temporary Accommodation Centres located in Guasdualito and Amparo (Apure), San Antonio and Urena (Tachira), Casigua el Cubo and El Guayabo (Zulia). They received life-saving assistance, including accommodation, food, diverse family and individual NFI kits and life-saving information, on documentation, as well as on trafficking, smuggling and other forms of exploitation and abuse and available assistance mechanisms.

3. Changes and Amendments

IOM had to present a no-cost extension due to unexpected circumstances linked with the country situation. The organization had included two modalities of temporary accommodation provision to the people on the move which were originally planned for implementation. The first modality of temporary accommodation was intended to be implemented through upgrading the conditions of four transit community

centres. On the other hand, the second modality was planned to be done through host families in the border communities. This second modality could not be implemented due to a reluctance by host families to rent their places for insecurity reasons. Given that situation, activities related to second modality were reprogrammed. As a result, 2 new temporary accommodation centers were established and run.

Under Output 1, ¨Venezuelan population on the move in vulnerable conditions in Apure, Táchira and Zulia receive temporary shelter and food assistance", IOM identified 6 community centres to be upgraded instead of 4, therefore Activity 1.1 "Establishment of operational and protection arrangements with Caritas and local providers of temporary shelter services (local host families) in the States of Tachira (San Antonio, Ureña), Apure (Guasdualito, Amparo) and Zulia (Casigua El Cubo, El Guayabo).", was dropped and Activity 1.2 Equip 6 Caritas transit community centres was modified to reflect the addition of 2 centers.
Activity 1.3 ¨Identification of 102 host families, i.e. 17 families in each of the selected border municipalities in Táchira, Apure and Zulia¨, Activity 1.4 ¨Procurement of food to the host families¨ and Activity 1.5 ¨Distribution of food to the host families¨ were requested to be removed. Food provision through host families, was changed to the food provision through 2 additional community centres for the same number of beneficiaries.

Output 2 ¨Venezuelan women, men, girls and boys on the move in vulnerable conditions in Apure, Táchira, and Zulia, receive timely emergency food and NFI assistance as well as information in line with their differentiated protection needs¨ and their related activities remained as originally planned.

All modifications were approved by CERF.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	3,743	8,732	**12,475**	3,896	9,089	**12,985**	7,639	17,821	**25,460**
Reached	1,373	6,942	**8,315**	1,485	4,534	**6,019**	2,859	11,478	**14,335**

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	25,460	14,335
Total (same as in 4a)	**25,460**	**14,335**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The aim of the intervention was to provide women, men, girls and boys in vulnerable conditions with integral assistance. This took the form of a comprehensive package of services, which according to the needs and vulnerability of the beneficiary as well as his travel plans were given in totally or in part. In that sense there are two ways to measure the benefits of the intervention: by individuals benefitted or by services provided. While the total number of beneficiaries assisted directly were **14,335 individuals**, IOM provided **29,176 services** to the mentioned individuals, with up to three different services each to reduce their vulnerability. The total number of beneficiaries assisted directly were 14,335 individuals. They received various services:

	The breakdown of beneficiaries per services is 29,176. Temporary accommodation = 1,038 female + 701 male = 1,739 persons NFI = 1,531 females + 1,438 male = 2,969 persons Food = 2,264 female + 1,816 male = 4,080 persons Save Live information on risk of human trafficking = 5,911 female + 4,283 male = 10,194 Save life information on GBV and safe migration. = 5,911 female + 4,283 male = 10,194 There were also situations that affected initial implementation plans: – The situation in the country, especially in the first quarter of the year, was convulsed: protests, shortage of suppliers, lack of gasoline, power cuts, failures in the internet connection. These conditions caused delays in the preparation of the spaces, purchases and distribution of materials and equipment. – The mistrust that host families had vis-a vis people on the move, and that motivated a reprograming, was also a factor that affected performance. – There was also mistrust in the beneficiaries arriving especially from the centre of the country, who preferred to find their own solutions. Sensitization work had to be done in bus stations and other transit spaces as well as with community leaders for them to help explain to migrants the assistance system put in place and why it could be trusted.

5. CERF Result Framework

Project Objective	Improve access to protection and life-saving humanitarian assistance for Venezuelan women, men, girls and boys in vulnerable conditions in critical border communities

Output 1	Venezuelan population on the move in vulnerable conditions in Apure, Tachira and Zulia receive temporary shelter and food assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of Caritas transit community centres upgraded	6	6	Reports and pictures
Indicator 1.2	Number of vulnerable Venezuelan nationals who benefit from provision of temporary shelter through 6 Caritas transit temporary shelters in the States of Tachira (San Antonio, Ureña), Apure (Guasdualito, Amparo) and Zulia (Casigua El Cubo, El Guayabo).	1,820	1,739	List of beneficiaries and forms
Indicator 1.3	Number of vulnerable Venezuelan nationals who benefit from provision of temporary accommodation and food through local host families.	0	0	Reprogramed
Indicator 1.4	Number of local host households whose accommodation services are remunerated by the provision of food.	0	0	Reprogramed
Explanation of output and indicators variance:		Indicators 1.1, 1.2 and 1.3 were reprogramed and indicator 1.4 was eliminated.		

Activities	**Description**	**Implemented by**
Activity 1.1	Establishment of operational and protection arrangements with Caritas and local providers of temporary shelter services (local host families) in the States of Tachira (San Antonio, Ureña),	IOM

	Apure (Guasdualito, Amparo) and Zulia (Casigua El Cubo, El Guayabo).	
Activity 1.2	Equip 6 Caritas transit community centres.	IOM
Activity 1.3	Identification of 102 host families, i.e. 17 families in each of the selected border municipalities in Tachira, Apure and Zulia.	Activity eliminated after the reprogramming
Activity 1.4	Procurement of food to the host households	Activity eliminated after the reprogramming
Activity 1.5	Distribution of food to the host households.	Caritas
Activity 1.6	Monitoring by IOM of temporary shelters and host households	IOM

Output 2	Venezuelan women, men, girls and boys on the move in vulnerable conditions in Apure, Táchira, and Zulia, receive timely emergency food and NFI assistance as well as information in line with their differentiated protection needs			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of family kits distributed to Venezuelan nationals on the move (disaggregated by sex, age and municipality)	1,820	2,969	Signed List of beneficiaries
Indicator 2.2	Number of Venezuelan nationals on the move provided with information on documentation (disaggregated by sex, age and municipality)	10,000	10,194	List of beneficiaries who received brochures
Indicator 2.3	Number of Venezuelan nationals on the move provided with information on threats of trafficking, smuggling and other forms of exploitation and abuse and available assistance mechanisms (disaggregated by sex, age and municipality)	10,000	10,194	List of beneficiaries who received brochures
Explanation of output and indicators variance:		We assisted with kits more beneficiaries than planned as the modification of Activity 1.3 allowed some savings that were redirected.		
Activities	**Description**	**Implemented by**		
Activity 2.1	Designing of family kits according to gender, age and vulnerability criteria	IOM, Caritas		
Activity 2.2	Procurement of family kits	IOM		
Activity 2.3	Distribution of family kits	Caritas		
Activity 2.4	Designing of information instruments on documentation integrating gender and age perspectives	IOM, Caritas		
Activity 2.5	Delivery of orientation and information on documentation through trained teams	IOM, Caritas		
Activity 2.6	Designing of life saving information package on threats of trafficking in persons, migrant smuggling and other forms of exploitation and abuse, integrating gender and age perspectives.	IOM		
Activity 2.7	Dissemination of life saving information package on threats of trafficking in persons, migrant smuggling and other forms of exploitation and abuse through trained teams.	IOM, Caritas		

6. Accountability to Affected People

A) Project design and planning phase:

The work plans and activities were selected in close coordination with the affected communities. AAP was ensured in the project design phase by basing the establishment of Temporary Accommodation Centres in targeted locations on the results of exchanges with the community. Representatives of local communities were invited to participate in the assessment of the needs of the people on the move. Focus groups were organized with community members, key community leaders and people on the move in order to gain understanding of the migration dynamics and the best way to design a response. Monitoring phases included AAP-oriented questions on the appropriateness and suitability of the assistance provided, including lodging and meals, and NFI kits.

B) Project implementation phase:

IOM follows its Framework for Accountability to Affected Populations. The Do-no-harm principle was upheld throughout the project cycle. The project used various feedback mechanisms including SMS messages and mobile technology, focus group discussions, public forums, individual one-to-one outreach with beneficiaries.

These mechanisms guaranteed anonymity and ensured impartiality and a rapid response and by listening to communities, address feedback and lead to corrective action.

Through these interactions IOM found that the families of the target communities refused to host people in transit due to the increasing security incidents, therefore IOM identified two additional community centres to improve the conditions and shelter people in transit.

This feedback from the communities was used to guide decision making, and adjustments were made accordingly, as in the case of host family's section that was modified as a result of beneficiaries' feedback.

C) Project monitoring and evaluation:

The Project technical and field staff met periodically to review M&E information that came directly from the beneficiaries, to course-correct interventions as needed, and to inform the course of on-going activities.

IOM and the implementing partners closely monitored the number of beneficiaries and the quality of life-saving assistance provided by this project. An IOM staff was permanently present during work hours in each center monitoring the operation. Thus, he received live feedback from the people on the move concerning their needs and the adequacy of the services provided. He was understood by beneficiaries as a quality supervisor and the focal point for concerns, external to the implementing partner.

Periodic meetings were organized with community leaders in order to explain how the operation was going, have their feedback, review the strategies, and keep an updated discussion on potential risks.

IOM and implementing partners will use the lessons learnt of this intervention for similar interventions in the future.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)*?*

Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation was planned because of the short timeframe of the CERF project and the difficult conditions in the country.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.2. Project Report 18-RR-FPA-045 - UNFPA

1. Project Information			
1. Agency:	UNFPA	**2. Country:**	Venezuela
3. Cluster/Sector:	Multi-Cluster - Multi-sector	**4. Project Code (CERF):**	18-RR-FPA-045
5. Project Title:	Respond to the life-saving SRH and GBV needs of women and adolescents in 3 selected states and 4 border areas of Venezuela		
6.a Original Start Date:	23/11/2018	**6.b Original End Date:**	22/05/2019
6.c No-cost Extension:	☐ No ☒ Yes	if yes, specify revised end date:	22/08/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 5,450,000
	b. Total funding received for agency's sector response to current emergency:	US$ 1,975,515
	c. Amount received from CERF:	US$ 1,727,515
	d. Total CERF funds forwarded to implementing partners of which to:	US$ 32,433
	▪ Government Partners	US$ 0
	▪ International NGOs	US$ 32,433
	▪ National NGOs	US$ 0
	▪ Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

With CERF RR financing, from November 2018 to August 2019, UNFPA reached a total of 197,787 people in 7 states–Anzoátegui, Capital District and Miranda for SRH; and the border states of Apure, Bolívar, Táchira and Zulia for the Protection component. In sexual and reproductive health (SRH), 262 Kits were distributed in 11 hospitals, 48,780 contraceptives distributed to adult and adolescent women, 80,000 rapid HIV/STI tests applied, 1,804 health providers trained, 18,530 women benefitted from SRH Kits, 19,872 family planning consultations performed, and 14,838 obstetric events attended. In Protection, 9,963 migrant women received dignity kits, 3,862 people were sensitized in GBV, 111 specialists from the Safe Space Network (SSN) were trained in prevention and response to gender-based violence (GBV), and 135 specialists were trained for the Clinical Management of Sexual Violence.

More than 40 communication products aimed at the direct population contributed to strengthen SRH and Protection. There was an increase in family planning consultations, as well as institutional and health providers' capacities. The GBV border SSN was strengthened, and prevention tools for the general population and migrant women were developed. Thanks to contraceptives, it is estimated that 11,919 unintended pregnancies, 1,589 abortions, 6 maternal deaths and 79 neonatal deaths were prevented.

3. Changes and Amendments

A No-Cost Extension and Reprogramming was requested. Original Project Completion Date was 22 May 2019 and Requested Completion Date was 22 August 2019. There were bottlenecks that were beyond the managerial control of the office that affected the timely implementation of some activities:

- Difficulties for local procurement, scarcity of suppliers, challenges with payments in local currency and to exchange US Dollars.
- Cancellation of missions of international facilitators for the training of trainers due to security reasons.

- Delays in shipment of some supplies procured in PSB (birthing beds, refrigerators)
- Tension in border areas with closure of frontiers, which compromised some of the activities with women in transit.
- Production of communication printed material delayed due to blackouts of electricity.
- Extensive and frequent blackouts imposed suspension of public activities that delayed the planned process even after reprogramming them. There was an extensive outage of electricity, water, internet services and public transportation, and the government announced extraordinary measures of cuts in working hours in public and private sector, suspension of educational activities, that limited activity in the field.
- International non-essential staff banned from coming to the country due to severe restrictions of public services.
- Delays in the deployment of international staff due to visa process that became mandatory and required approval of the government.

Some changes were made, aimed at deepening the results of the project:

- Direct monitoring of contraceptive placement activities allowed to identify needs in rural populations with difficult access. With the disposition of the health personnel of the hospitals served, it was possible to train the staff and provide contraceptives in remote communities.
- Difficulties of access to water and electricity were detected in obstetric care areas, so a pilot activity was carried out to rehabilitate areas in one of the hospitals, including auxiliary water tanks, rehabilitation of baths for patients and doctors, and replacement of luminaire in the delivery room, operating room, areas of admission of the parturient, to improve the processes of childbirth care.
- An instrument for identifying the profile of migrant women was applied to better guide the mechanisms of GBV prevention in the field.
- A greater number of communication products were generated, strengthening the SRH and the Protection of women in the field.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	46,577	140,923	**187,500**	3,000	7,000	**10,000**	49,577	147,923	**197,500**
Reached	40,875	130,174	**167,549**	3,500	26,738	**30,238**	40,875	156,912	**197,787**

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs		0
Host population	0	0
Affected people (none of the above)	197,500	**197,787**
Total (same as in 4a)	**197,500**	**197,787**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The beneficiary figures reached for girls disaggregate as following: Girls/Adolescents (10-14): 1,237; Girls/Adolescents (15-19): 36,138 The age categories used relate to the products of the project aimed at providing access to SRH services and preventing gender violence for adult and adolescent women. The age categories were adapted to those used for the analysis of reproductive health, which considers adolescence from 10 to 19 years, divided into two stages, 10-14 and 15-19, and adulthood from 20 years onwards.

	Two factors contributed mainly to the achievement of planned population coverage: the dispensing of contraceptives and the application of rapid HIV and STI tests, which men attended significantly, increasing the goal of men originally planned.

5. CERF Result Framework	
Project Objective	Prevent maternal morbidity and mortality, particularly related to obstetric complications, support life-saving sexual reproductive health interventions and GVB prevention and response in 3 selected states and border areas (Apure, Bolívar, Táchira and Zulia)

Output 1	Improved access to safe delivery services including Emergency Obstetric Care (EmOC) in functional hospitals and other health centers in the selected states			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of targeted health facilities that are supplied with clinical delivery assistance SRH kit	10 hospitals	11 hospitals	– Informational capsules – Management reports – Institutional agreements – Delivery Minutes
Indicator 1.2	Number of local authorities and, health providers, receiving orientation session on the Minimum initial service package for Reproductive Health	300	305	– Informational capsules – Management reports – Attendance Lists
Indicator 1.3	Number of medical staff (ObGyn, general medical doctors, nurses) trained for managing uncomplicated births and management of basic obstetric and newborn complications (EmOC) and complicated birth	250	286	– Informational capsules – Management reports – Attendance Lists
Indicator 1.4	Number of SRH Communication-information products made	3	13	– Management reports – Available products
Explanation of output and indicators variance:		– The country's main maternity was added at the request of the MoH – The administration of resources allowed to meet greater demand of people to train. – The administration of resources allowed elaborating greater quantity of communication products than the planned ones.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of SRH kit 6A -6B-8-9-11B-12	UNFPA
Activity 1.2	Distribution and delivery of SRH kit 6a- 6b-8-9-11b-12	UNFPA
Activity 1.3	Procurement of other SRH supplies not included in SRH kit (non-pneumatic antishock garments)	UNFPA
Activity 1.4	Distribution of other SRH supplies not included in SRH kit (non-pneumatic antishock garments)	UNFPA
Activity 1.5	Procurement and distribution of other non-medical and medical equipment not included in SRH kit	UNFPA
Activity 1.6	Distribution of other non-medical and medical equipment not included in SRH kit	UNFPA

Activity 1.7	Establish referral systems to hospitals clinics providing Basic and comprehensive EmOC	UNFPA-Ministry of Health
Activity 1.8	Training of health providers in Basic and integral obstetric and newborn complications and SRH kits content and use, including supplies management	UNFPA-Ministry of Health
Activity 1.9	Training sessions for Ministry of Health Staff concerning Minimum initial service package (MISP) and SRH kit distribution and kit management at the health center level	UNFPA-Ministry of Health
Activity 1.10	Develop and delivery communicational product' information on SRH and GBV prevention care and support	UNFPA-Ministry of Health
Activity 1.11	Monitoring and evaluation	UNFPA-Ministry of Health

Output 2	Women and girls in the prioritized areas have access to life saving SRH services including treatment of STI, clinical management of rape (CMR) and family planning			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of targeted health facilities are supplied with SRH kit 7 and other contraceptives	24	24	– Informational capsules – Management reports – Institutional agreements – Delivery Minutes
Indicator 2.2	Number of health staff professionals (ObGyn, general medical doctors and nurses) trained on contraception counseling, supplies and use	48	324	– Informational capsules – Management reports – Attendance Lists
Indicator 2.3	Number of health staff professionals trained on clinical management of rape (CMR)	25	135	– Informational capsules – Management reports – Attendance Lists
Indicator 2.4	Number of targeted health facilities are supplied with rape management kit (SRH kit 3)	3	26	– Informational capsules – Management reports – Institutional agreements – Delivery Minutes
Indicator 2.5	Number of targeted health facilities are supplied with HIV and Syphilis diagnostic test and STI treatment kit (SRH kit 5)	12	35	– Informational capsules – Management reports – Institutional agreements – Delivery Minutes
Indicator 2.6	Number of health staff professionals (ObGyn, general medical doctors and nurses and laboratory staff) trained on STI Syndromic management, HIV and Syphilis diagnostic test	200	462	– Informational capsules – Management reports – Attendance Lists
Explanation of output and indicators variance:		– The administration of resources allowed meeting greater demand of people to train. – A strategy with UNAIDS was designed to distribute Kit 3 content among more health services to favor population access.		
Activities	**Description**	**Implemented by**		
Activity 2.1	Subdermal Implants and SR kit 7 procurement	UNFPA		

Activity 2.2	Subdermal Implants and SR kit 7 distribution	UNFPA
Activity 2.3	Training of health providers in SRH kits use and management	UNFPA-Ministry of Health
Activity 2.4	HIV and Syphilis rapid diagnostic tests procurement	UNFPA with UNAIDS advise
Activity 2.5	HIV and Syphilis rapid diagnostic tests distribution	UNFPA with UNAIDS advise
Activity 2.6	SRH Kit 3 procurement and distribution	UNFPA with UNAIDS advise
Activity 2.7	SRH Kit 3 distribution	UNFPA with UNAIDS advise
Activity 2.8	Training of health providers in clinical rape management	UNFPA-Ministry of Health
Activity 2.9	Training of health providers in STI Syndromic management HIV and Syphilis tests	UNFPA-Ministry of Health

Output 3	Improved quality, availability and access to prevention, care and multisectoral response to GBV for adolescents and women of reproductive age (15-49 years) in border areas			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of people trained on GBV prevention, care and response in each safe space	2,500	3,862	– Informational capsules – Management reports – Attendance Lists
Indicator 3.2	Number of women and adolescents who received the Dignity Kits and GBV prevention messages and GBV related information	10,000	9,963	– Informational capsules – Management reports – Registration Card
Explanation of output and indicators variance:		– The commitment and work capacity of border personnel enabled greater reach over the population. – Some backpacks of the dignity kits arrived with defects and were used in the field for training.		
Activities	**Description**	**Implemented by**		
Activity 3.1	Dignity Kits procurement	UNFPA		
Activity 3.2	Dignity Kits distribution	UNFPA		
Activity 3.3	Live saving training on GBV prevention, care and response to SSN	UNFPA		
Activity 3.4	Production and delivery of life-saving information on available services for GVB survivors and at-risk populations, including where and how to access those services	UNFPA		

6. Accountability to Affected People

A) Project design and planning phase:

The planning phase was based on the needs of SRH and GBV identified with the Ministry of Health, NGOs and validated with local authorities, the SSN, and health service providers.
Field visits and meetings were carried out with participation of institutional staff and the beneficiary population.
Good institutional and community relations from UNFPA local managers, contributed to gathering primary information on the needs of women and adolescents. Feedback from the affected population collected by UNFPA was taken into account and incorporated into the project planning.
Priority identification has been discussed regularly with UN agencies (UNICEF, UNHCR, PAHO) and their national and local partners.

B) Project implementation phase:

Initially, health service providers, NGOs were informed about UNFPA, the project, its objectives and scopes, expected activities and results. UNFPA staff assigned for accompaniment and monitoring at the field level was presented at that time. A list was provided with

the supplies that would be delivered and templates for the inventory of supplies, the registry of periodic use and lists of attendance to workshops.
The local UNFPA managers were closely monitoring the implementation of activities and provided the necessary technical assistance. Regular meetings were held with institutional representatives, NGOs and leaders of community organizations. Through these meetings, needs and results were evaluated to take corrective action when required.
In SRH, an informed consent form was signed and gave prior advice to contraceptive users. In addition, they applied satisfaction surveys for final recipients and health providers, to identify the need for required operational adjustments. In Protection, a profile identification sheet of migrant women was applied to guide the interventions.

C) Project monitoring and evaluation:
A result-based monitoring system was implemented for report of product indicators derived from the planned activities.
Data were collected in the field, together with the participating population, and systematically analyzed to track progress and promote corrective actions when required.
Monthly reports were prepared to monitor the indicators according to the plan, objectives, schedules and goals of the project. This was reported to OCHA and other agencies according to requirement.
Focus groups and satisfaction surveys were realized with the beneficiaries of the actions to evaluate the results and identify gaps and lessons learned.
Accountability meetings were held with the community.
Pre and post tests were done during training to monitor the increase in knowledge. Confidential, gender and age sensitive complaint mechanisms were established as a social audit strategy.

7. Cash-Based Interventions	
Did the project include one or more Cash Based Intervention(s) (CBI)?	
Planned	**Actual**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
An evaluation was not planned, but a permanent monitoring strategy for the entire project was implemented. In addition, the systematization of experience is being developed.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.3. Project Report 18-RR-HCR-034 - UNHCR

1. Project Information			
1. Agency:	UNHCR	**2. Country:**	Venezuela
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance	**4. Project code (CERF):**	18-RR-HCR-034
5. Project Title:	Provision of multi-sector assistance to refugees and host communities in Venezuela (within existing cooperation framework)		
6.a Original Start Date:	16/11/2018	**6.b Original End Date:**	15/05/2019
6.c No-cost Extension:	☐ No ☒ Yes	if yes, specify revised end date:	19/08/19
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	
7. Funding	**a. Total requirement for agency's sector response to current emergency:**		US$ 4,048,049
	b. Total funding received for agency's sector response to current emergency:		US$ 3,347,527
	c. Amount received from CERF:		US$ 762,268
	d. Total CERF funds forwarded to implementing partners of which to:		US$ 162,500
	▪ Government Partners		US$ 0
	▪ International NGOs		US$ 162,500
	▪ National NGOs		US$ 0
	▪ Red Cross/Crescent		US$ 0

2. Project Results Summary/Overall Performance

Under the CERF RR grant, UNHCR and partners were able to conduct interventions in the areas of water and sanitation, food security and protection in 44 out of the total 54 prioritized communities by UNHCR in Venezuela. The overall intervention directly benefited 15,536 persons, including 14,237 whose nutritional conditions were assessed and 1,299 persons who participated in workshops on water management. During the water trainings and other community activities, UNHCR and partners distributed 73,477 water tablets to purify water. Additionally, UNHCR managed to procure and distribute 5,000 hygiene kits and 2,500 water filters, following a thorough vulnerability and prioritization analysis of beneficiaries. The same applies to the food security component where 1,560 food kits were procured and handed over to vulnerable families. Furthermore, 270 nutritional supplements were procured and delivered to extremely vulnerable persons.

Within the Protection component, 92 information desks have been established where protection information has been made available for persons in transit. Furthermore, 39 community groups have been trained on human rights, prevention and response to SGBV, child protection, birth registration procedures, identification of persons with specific needs and referral pathways, among others, and 8 border protection networks have been established and supported to identify protection risks including SGBV, human trafficking, protection to children and refer these persons to protection mechanisms.

3. Changes and Amendments

By mid-May 2019, UNHCR requested a No-cost extension because field activities were paralyzed during the beginning of March. Venezuela faced since 7th of March country-wide power cuts that severely impacted the logistical and security capacity to continue implementing as originally planned. UNHCR and partners had to confine to their offices without access to basic services such as fuel,

water, internet or electricity. Subsequent black outs evidenced a critical status of the electric network of the country, which in turn impacted the telecommunications, affecting millions of Venezuelans.
As a result of the criticality of the electric system and the freezing of implementation which justified a no-cost extension request, UNHCR also asked to reprogram the target of indicator 1.1 *# of nutrition screenings conducted according to recommended guidelines* and **reduce it from 23,204 to 12,841**.
As a result, the total number of individuals benefited from the intervention also varied to 6,677 female beneficiaries and 6,164 male beneficiaries. No budget adjustment was requested as the target of indicator 1.2 remained unchanged *# of persons with malnutrition receiving supplementary feeding (1,160).* Additionally, the only associated cost to these indicators was the component of *"Logistics and Travel"* (USD 22,500) that remained unchanged due to the high operational costs in the field to carry out missions.
In fact, partners also encountered difficulties to identify suitable and safe transportation providers who also increased their costs due to the lack of fuel mainly at border States, lack of spare parts for their vehicles and security. Furthermore, UNHCR stated that what was being proposed for reduction was the number of nutritional assessments per location, and not the number of locations. The latter meant that the number of prioritized communities where UNHCR works and where the assessments were originally planned to take place remain unaltered and that the logistics and travel costs remain as originally planned in the proposal.
The notification of the non-cost extension approval was received on May 15th through the Resident Coordinator who was so notified by OCHA New York.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	1,809	10,256	**12,065**	1,115	10,024	**11,139**	2,924	20,280	**23,204**
Reached	1,243	6,835	**8,078**	778	6,680	**7,457**	2,020	13,515	**15,536**

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	2,320	1,553
IDPs	0	0
Host population	0	0
Affected people (none of the above)	20,884	13,983
Total (same as in 4a)	**23,204**	**15,536**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	See above on reprogrammed request.	

5. CERF Result Framework

Project Objective	Provision of life-saving nutrition and protection assistance to the most vulnerable refugee children from 6 years of age and adults in communities in Venezuela.

Output 1	Nutritional well-being of children from 6 years of age and adults at prioritized communities improved			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**

Indicator 1.1	# of nutrition screenings conducted according to recommended guidelines	23,204 persons	14,237	Monthly Statistical Report
Indicator 1.2	# of persons with malnutrition receiving supplementary feeding	1,160 or 5% of the total screened	1,560	Monthly Statistical Report
Explanation of output and indicators variance:		Target of indicator 1.1 was reduced to **12,841** following a non-cost extension and target revision requested by UNHCR and approved on May 15th, 2019.		

Activities	Description	Implemented by
Activity 1.1	Nutrition screenings of children and adults with acute malnutrition	Cruz Roja Zulia, Cruz Roja Caroní, National Nutrition Institute and JRS
Activity 1.2	Procurement of micronutrient supplementation aimed at children above 6 years of age and adults	UNHCR, Cruz Roja Zulia and JRS
Activity 1.3	Distribution of micronutrient and supplementation for children from 6 years of age and adults (supplies: micronutrient powders in multiple doses)	Cruz Roja Zulia, JRS, Cruz Roja Caroní, HIAS and INN

Output 2	Environment conditions improved to contribute to a reinforcement to nutritional indicators through access to potable water			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of hygiene kits provided	5,000	5,000	UNHCR
Indicator 2.2	# of chlorination tablets provided for water potabilization	5,380	55,830	UNHCR
Indicator 2.3	# of household water filters provided	2,500	2,500	UNHCR
Indicator 2.4	# of PoC trained in water management in collaboration with local authorities or other external partners	2,500	1,299	UNHCR and partner reports
Explanation of output and indicators variance:		On indicator 2.2., UNHCR got a very good price for 55,830 blister packs with 10 drinking water tablets each, which increased the number notably. UNHCR and partners managed only to achieve indicator 2.4 by half of the target. Blackouts and scarcity of fuel prevented partners to fulfil the time table and the number of water management workshops.		

Activities	Description	Implemented by
Activity 2.1	Procurement and provision of hygiene kits	UNHCR, HIAS, Red Cross Zulia, JRS
Activity 2.2	Procurement of chlorination tablets for water potabilization for families and schools	UNHCR, HIAS, Red Cross Zulia, JRS
Activity 2.3	Distribution of chlorination tablets for water potabilization to families and in schools	UNHCR, HIAS, Red Cross Zulia, JRS
Activity 2.4	Procurement of household water filters	UNHCR, HIAS, Red Cross Zulia, JRS
Activity 2.5	Distribution of household water filters	UNHCR, HIAS, Red Cross Zulia, JRS
Activity 2.6	Technical assistance and community training for safe chlorination and purification of water in schools and health centers	HIAS and Red Cross Zulia

Output 3	Protection risks for populations in transit in Border areas are reduced and quality of response is improved

Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of cross-border protection networks strengthened	4 (one per UNHCR Field Office)	4	UNHCR
Indicator 3.2	# of information desks supported	5 (one per UNHCR Field Office plus Capital District)	5	UNHCR
Indicator 3.3	# of community-groups trained	5 (1 per UNHCR field location)	5	UNHCR
Explanation of output and indicators variance:		N/A		

Activities	Description	Implemented by
Activity 3.1	Strengthening pre-existing protection networks that provide information, protection and immediate assistance to people with specific needs in transit and involved in pendular migration patterns in high-risk border areas. Members of these protection networks will be trained on international refugee law, identification, prevention and response to sexual and gender-based violence and trafficking, child protection risk profiles and referral pathways.	UNHCR, HIAS and JRS
Activity 3.2	Infrastructure rehabilitation (information desks) and donation of supplies for improvement of information desk for persons in transit.	HIAS and NRC
Activity 3.3	Training of community groups	HIAS

6. Accountability to Affected People

A) Project design and planning phase:

Affected communities were involved in the design of interventions and decisions that affect their lives. UNHCR in coordination with other protection actors conducted capacity development activities for community structures such as outreach volunteers, community committees and youth and women networks, so they were able to identify needs and respond to them. UNHCR conducts participatory assessments regularly which aimed at understanding current risks and needs of the communities through an age, gender and diversity approach.

B) Project implementation phase:

The community structures mentioned above supported the coordination and implementation of projects that the humanitarian actors are undertaking in their areas or residence. After a pilot project in Petare in June 2019, UNHCR rolled out a complaint and feedback mechanism in all the communities where it is currently implementing activities so as to obtain also the feedback from the community and beneficiaries.

C) Project monitoring and evaluation:

Periodic feedback from community structures regarding the activities implemented by UNHCR and its partners fed into the project monitoring reports that are prepared jointly with the implementing partners as a verification and improvement tool.

UNHCR conducts periodic monitoring as part of the Operations Management Cycle. Formal monitoring visits are scheduled and agreed upon with partners and communities. Monitoring visits are carried out by a multifunctional team that secures a holistic approach to the interventions. Monitoring findings are reflected in two different kind of internal reports, one of them being shared with partners for their information and follow-up. These reports usually state the level of implementation, challenges, risks and suggests recommendations that are subsequently followed up in the next monitoring visit. UNHCR carries out these monitoring visits every quarter, however, due to the short time span of CERF implementation, these monitoring exercises took place every two months.

7. Cash-Based Interventions	
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?	
Planned	**Actual**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNHCR has not incorporated evaluation as a mandatory requirement within its Programme cycle. However, an overall evaluation of UNHCR interventions (including those supported with CERF funding) is likely to take place in February 2020 as part of UNHCR's Year-end reporting. Furthermore, through the partnership agreement that UNHCR signed with HIAS in 2019, an external evaluator has been hired to evaluate WASH interventions including those supported with CERF funding.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

8.4. Project Report 18-RR-CEF-117 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Venezuela
3. Cluster/Sector:	Nutrition – Nutrition Protection – Child Protection	**4. Project Code (CERF):**	18-RR-CEF-117
5. Project Title:	Nutritional recovery of children under 5 years of age, pregnant women and lactating mothers at risk of malnutrition and comprehensive child protection in 8 states in Venezuela		
6.a Original Start date:	26/11/2018	**6.b Original End Date:**	25/05/2019
6.c No-cost Extension:	☐ No ☒ Yes	if yes, specify revised end date:	25/08/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 12,319,493
	b. Total funding received for agency's sector response to current emergency:	US$ 11,541,135
	c. Amount received from CERF:	US$ 2,662,108
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 620,914**
	▪ Government Partners	US$ 0
	▪ International NGOs	US$ 223,286
	▪ National NGOs	US$ 242,582
	▪ Red Cross/Crescent	US$ 155,046

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its partners conducted nutritional screening of **124,948** children under five; treated **1,528** children for severe acute malnutrition (SAM) and **4,378** for moderate acute malnutrition (MAM); supplied micronutrient supplementation to **99,426** children aged 6-59 months and supplementation for prevention of acute malnutrition to **19,616** children under 5 at risk; provided counselling on infant and young child feeding (IYCF) to **31,327** parents and caregivers of children under 2; trained **205** health professionals on life-saving nutrition interventions; and consolidated a database with records from 34,531 children and pregnant and lactating women (PLW) to monitor their nutritional status. Additionally, **10,256** children and their families gained access to psychosocial support; **1,561** children participated in programmes to prevent family separation, including family support schemes; 32 Child Protection Councils received stationery material; **193** birth certificates were delivered in three hospitals; **115** community facilitators enhanced their knowledge on prevention of family separation and received educational materials to reach 10,890 adults; and **394 adolescents** who were detained in manifestations received free legal assistance. These results were achieved during the period of continued socio-economic and political deterioration in Venezuela, increasingly limiting the population's capacity to access basic goods and services, which exceeded the 2018 planning figures.

3. Changes and Amendments

With the political volatility that continued in Venezuela throughout 2019 and the power blackouts that initiated in March 2019, access by the UN and implementing partners was constrained. The situation also increased the amount of time needed to transport the supplies to the implementing partners in the field, exacerbated by increasing insecurity in many of these locations. To mitigate the impact of this situation, UNICEF submitted to CERF a re-programming request and a non-cost extension for three months from May to August 2019, which were approved.

The re-programming request aimed to maintain the delivery of service in the field by increasing the number of civil society implementing partners and building new partnerships with the public sector at local level. For the nutrition component, the initial intervention was agreed with the National Nutrition Institute, which is the governmental institution with the greatest territorial presence – and with other national and international implementing partners. However, due to the context, UNICEF also engaged with new non-governmental and local implementing partners to meet the agreed targets and results.

Moreover, given the continuous changes in the humanitarian context and the increased availability of localized data, thanks to the presence of new field offices (although official sources remain unavailable or outdated), during project implementation UNICEF had a more precise and accurate overview of the needs on the ground that enabled better planning. Consequently, nutrition interventions were implemented in the eight states prioritized by the project (Miranda, Vargas, Capital District, Bolívar, Anzoátegui, Zulia, Táchira and Apure) (90 per cent of the project target), and in 10 additional states (Amazonas, Aragua, Barinas, Carabobo, Cojedes, Delta Amacuro, Falcón, Guárico, Lara and Mérida) (10 per cent of the project target) as the National Nutrition Institute's operational capacity could reach these other states where needs were identified. Relatedly, project targets were planned based on information from 2017 provided by Caritas (15 per cent of Global Acute Malnutrition (GAM)). Nonetheless, during project implementation, screening of children under 5 indicated a GAM of 4.3 per cent. Interventions were refocused from treatment to prevention, such as micronutrient supplementation and prevention of malnutrition in children at risk.

In the child protection component, the change consisted on re-programming funds that had been originally planned for the procurement of recreational kits to the delivery of child protection services through implementing partners with field presence and provision of stationary materials to Child Protection Councils. This was possible as UNICEF had enough recreational kits in stock which had been procured with other funding available.

The programmatic shifts related to working with national and international NGOs (often with limited capacity) mentioned above resulted in significant time being invested in finalizing the partnerships and building the technical capacity of the partners, particularly in nutrition, thus an extension was required to ensure effective implementation of all activities.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	91,422	5,000	**96,422**	75,928	0	**75,928**	167,350	5,000	**172,350**
Reached	94,915	23,751	**118,666**	83,041	8,260	**91,301**	177,956	32,011	**209,967**

4.b Number of people directly assisted with CERF funding by category

Category	**Number of people (Planned)**	**Number of people (Reached)**
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	172,350	209,967
Total (same as in 4a)	**172,350**	**209,967**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Adult male population was reached through child protection interventions, namely community sensitization on family separation and violence prevention.	

5. CERF Result Framework

Project Objective	Stabilize the nutritional status and provide quality child protection services to vulnerable children and women in 8 priority states in Venezuela

Output 1	The nutritional status of children under 5 years of age are identified and monitored in vulnerable communities with high risk of malnutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of children under 5 years of age that underwent nutritional surveillance	137,350	137,448	Field reports, IP reports, databases, 4W reports
Explanation of output and indicators variance:		137,448 children (72,869 girls and 64,579 boys) were screened.		
Activities	**Description**	**Implemented by**		
Activity 1.1	Purchase of anthropometric equipment (scales, stadiometers, MUAC).	UNICEF		
Activity 1.2	Training of partners on nutritional surveillance	UNICEF, National Nutrition Institute, Ministry of Health Fundana, Proyecto Esperanza, ALINCA, CISP, PALUZ, IFRC, INCAP and Caritas.		
Activity 1.3	Identification of cases with nutritional risk or acute malnutrition.	National Nutrition Institute, Ministry of Health, Fundana, Proyecto Esperanza, ALINCA, CISP, PALUZ, IFRC and Caritas.		
Activity 1.4	Communication for development to accompany community mobilization initiatives for nutrition surveillance and supply distribution	National Nutrition Institute, Ministry of Health, Fundana, Proyecto Esperanza, ALINCA, CISP, PALUZ, IFRC, INCAP and Caritas.		

Output 2	Children under 5 years of age have access to nutritional care programmes to prevent and care for acute malnutrition in priority communities and hospitals.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of children under 5 years receiving treatment for acute or moderate acute malnutrition. (MAM)	20,603 children under 5 years of age (15% of total target population)	4,378 children under 5 (3.5% of total screened children under 5)	IP reports, databases, 4W reports
Indicator 2.2	Number of children under 5 years receiving treatment for severe acute malnutrition. (SAM)	6,868 children under 5 years of age (5% of total target population)	1,528 children under 5 (1.2% of total screened children under 5)	IP reports, databases, 4W reports
Indicator 2.3	Proportion (%) of the total number of discharged as cured (as opposed to defaulters or cases of death) across all treatment facilities, over the period of programme	At least 75%	92.9% (5,487 of 5,906) malnourished children were discharged as cured of management of acute malnutrition	IP reports, databases, 4W reports
Explanation of output and indicators variance:		Targets were planned based on information from 2017 provided by Caritas (15 per cent of GAM). Nonetheless, during project implementation, screening of children under 5 indicated a GAM of 4.3 per cent. Interventions were refocused from treatment to prevention, such as micronutrient supplementation and prevention of malnutrition in children at risk.		
Activities	**Description**	**Implemented by**		
Activity 2.1	Purchase and distribution of nutritional supplements and therapeutic food specifically for children under 5 years of age and pregnant and lactating women (PLW)	UNICEF		

Activity 2.2	Training of community health workers in the use of supplements and ready-to-eat therapeutic foods for the prevention and treatment of moderate and severe acute malnutrition	UNICEF, INCAP
Activity 2.3	Treatment of children under 5 years of age with moderate and severe acute malnutrition.	National Nutrition Institute, Ministry of Health, Fundana, Proyecto Esperanza, ALINCA, CISP, PALUZ, IFRC, INCAP and Caritas.

Output 3	Improved access of 15,000 pregnant women and lactating women to nutritional care programmes			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of pregnant women and lactating women that receive nutritional care to prevent micronutrient deficiency.	15,000	10,294	IP reports, databases, 4W reports
Explanation of output and indicators variance:		Despite exhaustive screening in vulnerable populations, the number of PLW identified was lower than planned. Due to increasing migration flows, demographic indicators in Venezuela are rapidly changing, especially in border states. Socioeconomic differences among countries have forced some adults – including PLW to work during the day in neighbouring countries and return at night.		
Activities	**Description**	**Implemented by**		
Activity 3.1	Purchase and distribution of multiple micronutrient powders and other nutritional supplements	UNICEF		
Activity 3.2	Communication for development activities to promote adequate nutrition for pregnant and lactating women, exclusive breastfeeding and infant and young child feeding (IYCF)	National Nutrition Institute, Fundana, Proyecto Esperanza, ALINCA, CISP, PALUZ, IFRC, INCAP and Caritas		

Output 4	Child protection and prevention of child separation due to migration			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	Number of municipal child protection systems established	3 municipal child protection systems	32	Field trips reports; programmatic visits reports; counterparts reports
Indicator 4.2	Number of children and adolescents who have access to child friendly spaces within community centers	20,000	10,256	Field trips reports; programmatic visits reports; counterparts reports
Indicator 4.3	Number of families reached with messages on prevention of inopportune family separation	10,000	10,890	Field trips reports; programmatic visits reports; counterparts reports
Indicator 4.4	Percentage of birth registration in health centers	80%	100%	Field trips reports; programmatic visits reports; counterparts reports
Explanation of output and indicators variance:		The strategy to reach more municipalities was based on the delivery of necessary supplies. With the current CFS strategy, less children than expected were reached due to the difficulties encountered for its effective implementation and sustainability in the communities, ensuring compliance with the standards		

	that guarantee adequate physical space, schedules (at least 3 times a week), human, technical and material resources, at a low cost.

Activities	**Description**	**Implemented by**
Activity 4.1	Strengthening of the child protection systems at the municipal level	UNICEF
Activity 4.2	Establishment of child friendly spaces in community centers	IFRC/HIAS / Asoviluz / De Familia a Familia / SOS Aldeas Infantiles Venezuela
Activity 4.3	Advocacy on the prevention of inopportune family separation and promotion of family care for separated children	IFRC/HIAS / Asoviluz / De Familia a Familia / SOS Aldeas Infantiles Venezuela
Activity 4.4	Training of members of the penal system and civil society on their responsibility towards adolescents	Foro Penal Venezolano and NGO network for children's rights
Activity 4.5	Birth registration campaign	IFRC

6. Accountability to Affected People

A) Project design and planning phase:

The crisis-affected people (including vulnerable and marginalized groups) were involved in the design of the project. Their views were consulted and used for decision-making during the planning process. Additionally, communication for development (C4D) tools were developed to sustain consultation and generate feedback from the affected population.

In child protection, a study was conducted among communities, including at the border areas which highlighted the topic of prevention of family separation. Additionally, consultations were conducted with implementing partners and other child protection stakeholders that have close proximity to people to design programme interventions.

B) Project implementation phase:

Implementing partners were fundamental to define the municipalities and parishes where nutrition interventions were implemented. Their proximity to communities facilitated the prioritization of the most vulnerable and contributed to the effective dissemination of information about nutrition actions in those communities supported by implementing partners and nutrition/health services to ensure sustainability of service delivery at local level. The target population was informed in advance about the dates of nutrition campaigns and location/schedule of primary health services where services were being delivered. Moreover, community members engaged throughout the project to help identify warning signs for malnutrition risk and to provide information on where to seek treatment for nutritional recovery.

In child protection, throughout the implementation of the project, consultations and workshops were conducted through the engagement with partners, Child Protection Councils and community-based programmes. This generated feedback from the affected population and ensured appropriate dissemination of information on activities related to the project and specially about UNICEF's monitoring process. Additionally, leaders of affected communities served as child advocates and multipliers of information (e.g. in the strategy of prevention of family separation or in the CFS). Community people also participated in the referral of child protection cases to the municipal Child Protection Councils or to services of birth certification and some of them (e. g. in Zulia) were trained as defenders of children's rights.

As a result of community feedback, some adjustments to the interventions were necessary. For examples, the duration of sessions on the strategy for prevention of family separation initially planned for seven days was adapted to a one-day session of 8 hours and key messages to explain legal aspects to the community were redesigned and simplified.

C) Project monitoring and evaluation:

Fifteen field visits were conducted by nutrition section staff from the country office as well as 20 by staff from the field offices located in Bolívar, Zulia, and Táchira to provide technical support, check supplies status and proper use of them along with suggestions for improving implementation. In addition, database was a means of verification in the field to verify accuracy and quality of the collected data in the field nutrition actions. Additionally, community networks were central support in the programs and interventions of government institutions, facilitating the participation of leaders and the community in general.

UNICEF child protection staff visited implementation sites and collected information from the target population. Also, the information received in community encounters (C4D) was very useful. In this way it was possible to learn whether the target population increased their awareness on family separation, if the information and interventions were useful, and if they were able to share the learning with other members of their community.

7. Cash-Based Interventions	
Did the project include one or more Cash Based Intervention(s) (CBI)?	
Planned	**Actual**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
A review of UNICEF's response in Venezuela is planned to take place between Q4 2019 – Q1 2020 and cover programming from October 2018 – 2020.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

8.5. Project Report 18-RR-WHO-047 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Venezuela
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	18-RR-WHO-047
5. Project Title:	Strengthening health care delivery in priority health institutions (within existing cooperation framework)		
6.a Original Start Date:	20/11/2018	**6.b Original End Date:**	19/05/2019
6.c No-cost Extension:	☐ No ☒ Yes	if yes, specify revised end date:	19/08/19
6.d Were all activities concluded by the end date? (including NCE date)		☒ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 17,240,600
	b. Total funding received for agency's sector response to current emergency:	US$ 13,038,504
	c. Amount received from CERF:	US$ 3,650,870
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 0**
	▪ Government Partners	US$ 0
	▪ International NGOs	US$ 0
	▪ National NGOs	US$ 0
	▪ Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

PAHO/WHO strengthened health delivery capacity and enhanced emergency care services in 12 priority hospitals to address the essential health needs of the most vulnerable population, including children, pregnant women, elderly people. In total, 1,295,324 people benefited through delivery of 980 kits of different types: WHO Interagency Emergency Health Kit (IEHK), WHO Noncommunicable diseases kits (NCDK), Post-exposure Prophylaxis (PEP) kits, and Italian emergency trauma kits and acquisition of cardiac arrest cars with their respective infusion pumps, electrocardiograph, ultrasound, defibrillator, suction equipment, nebulizer and respiratory ventilation equipment.

PAHO/WHO carried out rapid training workshops for existing health staff. Overall, 275 emergency services professionals received training on basic emergency care: Emergency Room Management, Triage, presentation of the triage card and emergency history. They also received trainings on cardiovascular, endocrine and metabolic emergencies, which are some of the main causes of death in the country. 228 of these professionals were further trained in Advanced Life Support, including management of difficult airway, endotracheal intubation, airway devices, jet ventilation, cricothyrotomy, basic and advanced cardiopulmonary resuscitation (CPR), medication management in CPR, rapid intubation sequence, sedation and relaxation, sudden death, cardiological algorithms, identification and management of arrhythmias, cardioversion and defibrillation. PAHO/WHO improved logistics and supply management chain to ensure better accountability on the use of health supplies and equipment. After installing new computer systems and implementing LSS/SUMA, a digital supply management software, PAHO/WHO trained 30 warehouse staff on its use in prioritized hospitals, who also received Warehouse Management Kits, Personal Protection Kits and Warehouse security kits.

3. Changes and Amendments

A three-month no cost extension of CERF funds was requested for the implementation of the project, in line with the other agencies requesting funds.

PAHO/WHO requested approval for implementing actions in an additional hospital belonging to the Social Security of Venezuela which was approved by OCHA.

One list of items previously included on the proposal, the Communicable Disease Kit which supplements emergency rooms with certain key medicines, was unable to be procured completely. The production time was incompatible with the project duration as most of those goods are produced upon request and production was prioritized for higher-graded emergencies e.g. Mozambique, Syria and Yemen. During hospital monitoring visits, PAHO/WHO gathered information on hospital consumables needed and addressed this gap through the procurement of 600 IEHK renewables modules, which replaced the items that could not be procured and served the purpose of strengthening emergency rooms' capacities to provide health care through increased availability of renewable supplies.

One activity is still ongoing, related to the acquisition of video surveillance systems for the warehouses for medical supplies and medicines for the CERF-supported hospitals. The container with the CCTVs for the CERF hospitals' warehouses could not reach Venezuela before the grant expiration date, which is why the organization had to finance this purchase from other sources. The material was received at the Ruices warehouse on 6 September and the packing per hospital was completed on 18 September. Meanwhile, the installation cost of these CCTVs has been negotiated with suppliers and one has been selected. PAHO/WHO is currently preparing the service order so that installation works begin as soon as possible. The works are expected to be completed by 30 November in the best scenario.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	158,401	267,773	**426,174**	134,934	276,992	**411,926**	293,335	544,765	**838,100**
Reached	244,816	413,856	**658,672**	208,547	428,105	**636,652**	453,363	841,961	**1,295,324**

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	838,100	1,295,324
Total (same as in 4a)	**838,100**	**1,295,324**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	With the CERF project funds, the acquisition of a greater number of KITS was carried out for the emergency room care of the 12 hospitals, which were not initially stipulated in the purchasing plan. These actions allowed to benefit a greater number of populations.	

5. CERF Result Framework

Project objective	Ensuring emergency care delivery capacity in priority health institutions to address essential health needs of the most vulnerable population in Venezuela

Output 1	Increased care delivery capacity of emergency rooms in prioritized health institutions			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**

Indicator 1.1	Percentage of targeted population with access to emergency health services	100%	100%	LSS/SUMA/Sistock
Indicator 1.2	Percentage of beneficiary emergency rooms that produce and submit reports on usage of medicines and health supplies and inventory levels on a monthly basis.	100% (x beneficiary Emergency rooms)	100%	LSS/SUMA/Sistock
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement and delivery of RDTs, medicines and medical and health supplies and equipment for emergency care in 12 prioritized hospitals.	PAHO/WHO
Activity 1.2	Rapid refresher training on detection and clinical management of transmissible diseases for Emergency Room healthcare personnel.	PAHO/WHO
Activity 1.3	Rapid refresher training on Emergency Room management (flows, triage, infection control).	PAHO/WHO
Activity 1.4	Adequacy of 12 storage areas for the management of medicines and supplies.	PAHO/WHO
Activity 1.5	Rapid on-site training of emergency room personnel in proper management of medicines and health supplies, including inventory, stock management, etc.	PAHO/WHO
Activity 1.6	Purchase and installation of IT equipment for the adequate management of essential medicines and health supplies for emergency Room storage areas.	PAHO/WHO
Activity 1.7	Recruitment of two specialists in logistics and management of humanitarian health supplies for timely distribution, management and transportation of supplies and equipment.	PAHO/WHO

6. Accountability to Affected People

A) Project design and planning phase:

PAHO/WHO worked with the National Health authorities to identify gaps and trends from health information and data from the national surveillance system which informed project design. Additionally, interviews were carried out with Emergency Room health care personnel to obtain an overview of the situation, gaps and needs. The consolidation of information gathered from the institutional point of view and from the final beneficiary, resulted in the proposed actions being comprehensive.

B) Project implementation phase:

During this phase, PAHO personnel were deployed to the field to oversee appropriate use of medicines and supplies in beneficiary institutions, and to carry out on-site refresher trainings to ensure the capacity to support emergency healthcare delivery. Strategic information from Hospital Safety Index (HSI) was considered (morbidity, mortality and others) for each hospital.

C) Project monitoring and evaluation:

Project monitoring was carried out by three PAHO/WHO logisticians dedicated to following-up on objectives and activities, including random visits to beneficiary emergency rooms and warehouses to ensure adequate record-keeping of supplies in LSS/SUMA, as well as continuous evaluation of capacities in warehouse management. They gathered information from PAHO's network of focal points and reported through a mobile tool to standardize data collection and presented bi-monthly evaluation reports. The gathered information allowed PAHO/WHO to identify opportunities to lend support to strategic facilities and identify actions that could be undertaken under the different ongoing initiatives of the organization.

7. Cash-Based Interventions	
Did the project include one or more Cash Based Intervention(s) (CBI)?	
Planned	**Actual**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was foreseen due to the short term of the project implementation, however, PAHO carries out internal evaluations every 6 months on the activities and results achieved in emergency response projects, in compliance with organizational guidelines.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
18-RR-FPA-045	Gender-Based Violence	UNFPA	INGO	$32,433
18-RR-HCR-034	Protection	UNHCR	INGO	$25,000
18-RR-HCR-034	Protection	UNHCR	INGO	$137,500
18-RR-CEF-117	Child Protection	UNICEF	NNGO	$40,000
18-RR-CEF-117	Child Protection	UNICEF	INGO	$133,803
18-RR-CEF-117	Child Protection	UNICEF	NNGO	$24,997
18-RR-CEF-117	Child Protection	UNICEF	NNGO	$39,776
18-RR-CEF-117	Child Protection	UNICEF	RedC	$73,996
18-RR-CEF-117	Nutrition	UNICEF	RedC	$81,050
18-RR-CEF-117	Child Protection	UNICEF	NNGO	$49,756
18-RR-CEF-117	Nutrition	UNICEF	INGO	$49,891
18-RR-CEF-117	Nutrition	UNICEF	NNGO	$6,331
18-RR-CEF-117	Nutrition	UNICEF	NNGO	$45,535
18-RR-CEF-117	Nutrition	UNICEF	INGO	$6,060
18-RR-CEF-117	Nutrition	UNICEF	NNGO	$26,750
18-RR-CEF-117	Nutrition	UNICEF	INGO	$33,532
18-RR-CEF-117	Nutrition	UNICEF	NNGO	$9,437
18-RR-IOM-035	Shelter & NFI	IOM	NNGO	$9,300
18-RR-IOM-035	Shelter & NFI	IOM	NNGO	$9,300
18-RR-IOM-035	Shelter & NFI	IOM	NNGO	$6,650
18-RR-IOM-035	Shelter & NFI	IOM	NNGO	$8,600

ANNEX 2: Success Stories

UNICEF – Child Protection

Life experience – Being protected in a child friendly space – January /December 2019:

Carlos (Name changed to protect the identity of the adolescent) is 15-year-old street children who is working on a waste collection truck at the dump of the Pavia community, within the Iribarren municipality of Lara state. He lives with his mother in a situation of extreme poverty next to the dump and is exposed to the most diverse forms of violence and exploitation. Previously, the staff received training and 6 recreational kits that allow them to reach out to and work with the children and adolescents. They are reaching 921 children offering them educational activities and providing 40 adolescents with professional trainings. Carlos is involved in all of the recreational activities and is now learning to read and write in the child and adolescent friendly space with the support of the Fundación De Familia en Familia. There, he plays, shares, receives education, learns about his rights and is protected against violence. All of the children attended are living in poverty and following survival strategies.

Carlos tells us:

"Hi, my name is Carlos. I am 15 years old, work on a truck and travel the streets collecting waste. I live here across from the Pavia dump. I get up very early to avoid the sun and unload the trucks that come with waste from the city of Barquisimeto as early as possible. I don't go to school. I live with my mother and two sisters. One of them is pregnant. I need to earn money to help my family. I really like to play. A year ago, a group of people arrived here that offered us food, and so we came down and became their friends. We meet, girls and boys, around the church they created. They always bring us things. And a little while ago we started to play with soccer balls, ropes, a magic sheet with many colours, little rubber balls and slates. What I like most is that we have fun. I like to play a lot. I'm always on the streets with a ball in my hand. Other times a teacher comes who teaches us to draw, and with her I'm learning to read and write. I hope they will never leave my community, so I can continue to play and learn more."

Link to the video: https://youtu.be/QDi3CFgE1DU

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected populations
C4D	Communication for Development
CERF	Central Emergency Response Fund
CFS	Child-friendly space
CPR	Cardiopulmonary resuscitation
GAM	Global Acute Malnutrition
GBV	Gender-based violence
HIAS	Hebrew Immigrant Aid Society Venezuela
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HSI	Hospital Safey Index
IEHK	Interagency Emergency Health Kit
IFRC	International Federation of the Red Cross
IOM	International Organization for Migration
IP	Implementing Partner
IYCF	Infant and Young Child Feeding
JRS	Jesuit Refugee Service
LGBTI	Lesbian, gay, bisexual, transsexual, intersex
LSS/SUMA	Logistics Support System
MAM	Moderate Acute Malnutrition
MoH	Ministry of Health
NCDK	Noncommunicable diseases kits
NFI	Non-food items
NRC	Norwegian Refugee Council
NGO	Non-governmental organization
PAHO	Pan-American Health Organization
PEP	Post-exposure Prophylaxis
PLW	Pregnant and Lactating Women
SAM	Severe Acute Malnutrition
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SSN	Safe Space Network
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund