

**VENEZUELA
UNDERFUNDED EMERGENCIES
ROUND I
ECONOMIC DISRUPTION
2021**

21-UF-VEN-48704

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

04 May 2023

Facilitated by the Head of Humanitarian Financing Unit in OCHA Venezuela, the after-action review took place on 04 May 2023 and involved key members of the six UN recipient agencies, as well as 12 implementing partners, including members from disability-inclusive organisations, cluster coordinators and OCHA field sub-offices. The participation of colleagues in the field enriched the discussion with constructive points on implementation and coordination. The session was attended by 53 participants, including 34 online and 19 in person.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes ☐ No ☒

As part of the HCT organized on June 9, the Head of the Humanitarian Financing Unit will update the members of the HCT on the CERF UFE 2021 final report and share key headlines from the after-action review.

Please confirm that the final version of this report was 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 ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

This CERF allocation played a vital role in the humanitarian response in Venezuela by enabling six UN agencies to closely work with local actors and communities in twelve prioritized states, ensuring tailored responses to the specific needs of affected populations and efficient use of resources.

CERF funding was directed towards five states identified as high priority in the Humanitarian Response Plan for 2021 (Apure, Delta Amacuro, Falcon, Guárico, Sucre), where humanitarian needs were deemed significant, but the response hampered by underfunding and access challenges. Moreover, an additional envelope of US\$1 million, with a focus on a wider geographical area, ensured that people with disabilities across nine prioritized states (Apure, Barinas, Bolívar, Miranda, Falcón, Táchira, Trujillo, Yaracuy, Zulia) benefited from multisectoral assistance through innovative programming.

With the 2021 HRP only 37.2 per cent funded, CERF emerged as a key instrument to address the funding gap and support a comprehensive response to the critical needs of 441,386 people (61 per cent women and girls). In addition, 24 per cent of the funding went to national partners, including to strengthen the capacity of national institutions through the disability inclusion envelope, thus recognizing the crucial role of local organizations and institutions in delivering effective humanitarian assistance.

CERF funding contributed to improve access to essential health services; enhancing nutritional screening and malnutrition prevention and treatment; increase the level of protection for women and girls at risk of gender-based violence and human trafficking; ensure access to sexual and reproductive health; strengthen protection services for persons with specific needs on the move, at risk of displacement and in need of international protection; and ensure quality education for vulnerable populations.

As reflected in the good practices shared by the implementing agencies and their partners, the disability inclusion envelope laid the foundation for innovative programming for the inclusion of people with disabilities in the humanitarian response in Venezuela. This specific envelope made a significant difference by reinforcing the capacity of national institutions and civil society organizations to address their needs, through disability-inclusive approaches and tailor-made materials, while improving access to life-saving services for women and children with disabilities, including tackling gender-based violence, and providing meals in special education schools.

The collective performance of this allocation has yielded positive results for the affected communities. These CERF-funded projects have acted as catalysts for promoting good practices and building greater acceptance of the humanitarian response in prioritized states.

CERF's Added Value:

During the after-action review, participants highlighted the significant added value of CERF funding for the humanitarian response in Venezuela, which lies in its **integral approach**, allowing for effective coordination and capacity strengthening, and its focus on prioritized states, many with hard-to-reach communities.

CERF funding also led to **community engagement and empowerment**. For example, following the UNFPA information sessions, community leaders continued to raise awareness about gender-based violence and access to health services in communities in Apure, Delta Amacuro, Sucre and Guárico, thus reaching more people. Moreover, this allocation facilitated health services **closer to remote communities**, for example, through IOM's health mobile teams in Apure, Falcon and Sucre states. UNFPA also provided vulnerable women and girls access to contraception, including in hard-to-reach indigenous communities in Delta Amacuro.

Disability inclusion envelope

The allocation of an additional envelope for **disability inclusion** was instrumental in addressing immediate protection needs, strengthening protection mechanisms, enhancing capacity building focused on differentiated attention, promoting inclusive education, and fostering sustainable assistance for people with disabilities.

Success stories brought by partners during the after-action review (AAR) reflected the transformative impact of CERF-funded projects, promoting the **meaningful participation** of people with disabilities in all phases of the response. For example, the UNICEF Youth Ambassadors initiative in which young people with disabilities promote inclusion in their own communities. This inclusive approach allowed their voices to be heard, their views to be taken into account and their expertise to be used. During the AAR, Juan Angel de Goveia, Executive Director of the Vanessa Peretti Foundation, national implementing partner of UNICEF, expressed in sign language that it is necessary to continue working and promoting support to people with disabilities. "The UN convention talks about leaving no one behind and with CERF funding, we were able to involve people with disabilities to facilitate workshops, validate materials, and take a leading role. This demonstrates that inclusion is possible, (...) and it is important to continue promoting that these projects are developed and implemented always hand in hand with the organizations of persons with disabilities".

UNFPA also pointed out that, despite the limited funding amount, the disability inclusion envelope had a substantial impact. In response to key gaps identified in the **differentiated attention** given to adolescent girls and women with disabilities, UNFPA developed gender-based violence and disability communication materials, educational brochures and other technical materials with a differentiated approach, and then developed prevention, intervention and training activities. Another substantive and innovative result of the UNFPA project was the development of Technical Guidelines to prevent and respond to gender-based violence against adolescents and women with disabilities, developed by UNFPA and the National Council for Persons with Disabilities (CONAPDIS).

The allocation also allowed WFP to identify opportunities to apply a differentiated approach to its school feeding program, more adapted to people with disabilities, and including a focus on special education schools.

Besides, the experience demonstrated that it is essential to go beyond single grants and that a **systematic and coordinated approach to disability inclusion** is necessary to foster a truly inclusive humanitarian response in the country. In this way, the humanitarian system can ensure that the rights and needs of people with disabilities are consistently addressed.

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

Yes ☒

Partially ☐

No ☐

Based on the after-action review and the brief survey shared with the participants, CERF funding enabled a fast delivery of assistance.

Overall, CERF support has helped build trust and collaboration with local stakeholders, ensuring that aid efforts are well received and effectively carried out. Increased acceptance of humanitarian assistance has accelerated response times and facilitated smoother coordination and implementation, ultimately benefiting the most vulnerable people and communities in a timely manner.

In addition, CERF flexibility was crucial to timely reprogramming of activities to meet changing needs as circumstances dictated, ensuring that resources were used efficiently and allocated where they were most needed. For instance, WFP had to change intervention states following discussions with local authorities, UNHCR changed location of some activities in Falcón state, and UNICEF also included the State of Bolívar in child protection activities. Moreover, UNICEF and IOM adjusted some targets to meet contextual challenges in protection, education and food assistance.

Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

This CERF allocation was time-critical in enabling UNICEF and its implementing partners to distribute life-saving medicines and equipment to nine health facilities in the states of Apure, Sucre, Falcon, and Delta Amacuro. At least 40,800 children received their first dose of the measles, mumps and rubella vaccine. Moreover, UNICEF and its implementing partners improved access to health services and nutrition programmes, including by conducting nutritional screening of 21,215 children under five in Apure, Delta Amacuro, Falcon, Sucre and Barinas states.

WHO distributed emergency health supplies to six prioritized health facilities in the states of Sucre and Delta Amacuro, covering the shortage of at least 15 essential medicines. Through IOM intervention, the rehabilitation of five Temporary Accommodation Centers (TACs) resulted in the better equipping of these centers, where more than 11,090 people (including 6,338 women and girls) received shelter assistance. UNHCR supported the provision of life-saving services to 29,231 people with special needs, on the move, at risk of displacement and in need of international protection.

Through this CERF allocation, UNFPA strengthened the capacities of 219 health providers in basic and advanced obstetric and neonatal care, pregnancy and COVID-19, including personal protective equipment, prevention of vertical transmission of HIV and congenital syphilis prevention; 72 in clinical management of rape; 322 in family planning and contraception; 7,444 in STI syndromes management, including 3,942 pregnant women who attended awareness sessions on pregnancy warning signs, importance of prenatal care and COVID-19 preventive measures during pregnancy.

CERF additional funding for people with disabilities was also crucial to expand the geographical focus of the multisectoral response, through UNICEF, UNFPA and WFP interventions. For example, WFP provided school meals to 6,669 students with disabilities and 2,978 school personnel from 101 prioritized special education schools in the states of Falcón, Trujillo, Yaracuy and Barinas. According to the analysis of WFP food security data from the last quarter of 2022, the household food consumption indicator increased to 95.5 per cent compared to the baseline of 83.3 per cent.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒

Partially ☐

No ☐

CERF funds improved coordination between UN Agencies, the humanitarian community and local authorities.

CERF funding fostered a **significant partnership** with organizations with a broad local community platform, which helped achieve the objectives more quickly and effectively, by leveraging their outreach and knowledge of the implementation areas, as well as high relational capital with local communities and suppliers.

AAR participants stressed the importance of continued articulated and coordinated work among agencies and implementing partners with CERF funds, including working groups with other agencies to avoid duplication of activities. For instance, IOM emphasized that the creation of **human trafficking local technical working groups** led to a positive engagement with local institutions and organizations that, in turn, facilitated the implementation of activities in geographic areas where the organization had not previously worked. Moreover, the **coordinated approach between protection and health activities** allowed for better detection of cases with specific protection needs for early and timely care. Good articulation between IOM and UNFPA on GBV and Trafficking in Person helped avoid duplication of assistance and ensure effective referral of cases.

To support special education in the states of Miranda, Falcón and Zulia and contribute to the access and educational continuity of children and adolescents with disabilities, a working group was created with the Ministry of Education, UNICEF and implementing partners to **jointly design the program activities and coordinate the implementation**. Discussions from the technical roundtables led to the reprogramming of some activities to better meet the needs.

UNFPA and WHO highlighted the **trusting relationship and coordinated work with the health authorities**. In Delta Amacuro, joint strategies between UNFPA, UNICEF and local partner PLAFAM helped respond to the needs of hard-to-reach communities. WHO also relied on coordination meetings with the authorities and health personnel in the states of Sucre and Delta Amacuro, to implement the maternal routes in a participatory manner with state, local and indigenous health authorities, community primary health care agents, other civil society actors and international cooperation.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒

Partially ☐

No ☐

CERF funding demonstrated the operational capacity of the agencies, as well as their key partnership with local actors and their willingness to ensure continuity and sustainability of actions, which builds donor confidence and allows additional funds to be brought to the response. For instance, CERF funds allowed UNFPA to conduct research on the Warao population in relation to sexual and reproductive health, which paved the way for the development of new project proposals with other funds and donors to complement the activities. The disability inclusion envelope also strengthened the approached being led by the agencies and gave the issue greater visibility, which in turn, led to additional funding opportunities.

Considerations of the ERC's Underfunded Priority Areas¹:

Support for women and girls, including tackling gender-based violence, reproductive health and empowerment

With CERF funding, IOM helped increase the level of **protection for women and girls at risk of gender-based violence and human trafficking** in Apure, Falcon, and Sucre states. In addition, more than 39,195 people (68 per cent of whom were women and adolescents) at risk of gender-based violence and human trafficking received **protection assistance**, including lifesaving information on gender-based violence and human trafficking, and access to mental health and psychosocial support.

In addition to strengthening the National plan for clinical management of rape, UNFPA **improved access to clinical care for victims of sexual violence** by establishing efficiently staffed and trained health services in the states of Sucre, Guárico, Apure and Delta Amacuro. With CERF funding, 14,760 women received a contraceptive method; 13,364 people participated in awareness sessions on contraception and sexual rights and received condoms and/or hygiene materials; 2,709 people participated in awareness sessions on sexual violence prevention and available services; and 11,560 people were tested for syphilis and HIV.

Through a gender analysis, UNICEF ensured that activities addressed the **differentiated needs of vulnerable groups, particularly women and girls**, as well as sexual and gender minorities, while encouraging their active participation in decision-making spaces during GBV prevention awareness sessions. UNHCR **community-based approach** also led to the active participation of women, girls and other groups at-risk in UNHCR-supported community structures. WHO also provided training on the protection of women and girls, and sexual and gender minorities, and prioritized the participation of female health personnel (doctors and nurses).

Under the disability inclusion grant, UNFPA helped **raise awareness of gender-based violence among adolescents and women with disabilities** in the states of Apure, Bolivar, Miranda, Táchira, and Zulia, including by sensitizing 67 community leaders, 52 caregivers of people with disabilities (PwD), and 175 community members on the prevention of gender-based violence; by training 26 civil servants in responding to gender-based violence in a differentiated manner for adolescent girls and women with disabilities, and by providing psychosocial support to 66 caregivers of PwD who have experienced violence in their caregiving role. Together with CONAPDIS, UNFPA delivered dignity kits with personal and menstrual hygiene items to 3,000 adolescents and women with disabilities.

Programmes targeting people with disabilities

The focus on a specific vulnerable group, such as PwD, has resulted in **increased attention and a tailored response**, in which **participatory consultations** have played a key role in ensuring an inclusive response. By taking into account the views of caregivers of

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

students with disabilities, school staff and key stakeholders, WFP was able to tailor its school meal programme to the needs of students with disabilities.

CERF funding also helped **reduce physical and communication barriers**. Both IOM and UNHCR ensured that the rehabilitated spaces are inclusive of persons with disabilities. In 16 schools, UNICEF facilitated access to school for children with disabilities, by installing ramps, handrails, toilet support, improved lighting and walkways. Similarly, UNFPA distributed dignity kits in properly designing physical spaces and including sign language interpretation.

Through this focused approach, CERF funding strongly promoted a **disability workstream**, which had a **significant impact on recipient agencies**. For example, UNICEF and its implementing partner have developed, in consultation with children with disabilities, inclusive tools and guidelines on safeguarding and PSEA. Through co-funding, UNICEF also developed inclusive hygiene promotion materials for children with disabilities. This is the first time that hygiene promotion work includes an appropriate participatory process for children with disabilities. This innovative and successful experience is to be replicated in different special education schools through the Ministry of Education. IOM maintained a transversal approach to protection and diversity (including disability), which allowed their activities to be better aligned with the needs of the most vulnerable groups.

Education

CERF funding also helped **improve access to education and ensuring quality learning for vulnerable populations**. In 2022, total enrollment and attendance increased by 26 per cent in WFP-supported schools, underscoring the positive impact of school meals on preventing school dropout.

UNICEF and implementing partners provided learning and teaching kits to 21,803 students and 1,454 teachers in public schools in the states of Falcón, Sucre, Delta Amacuro and Apure. Through this intervention, the conceptual framework of transferable skills was integrated into the secondary school curriculum, which benefitted 3,000 adolescents during the pilot phase in the states of Falcón, Sucre, Delta Amacuro and Apure. In addition, 750 children and adolescents living in vulnerable communities in the states of Apure, Delta Amacuro, Falcón and Sucre received support in educational programs that included the provision of nutritious snacks.

Following a long period of school closures due to the pandemic, CERF funding allowed UNICEF to provide **inclusive educational opportunities for children with disabilities**, including through the distribution of inclusive learning materials and the training of teachers in basic inclusive learning areas. Improvements were also made to some school infrastructures to ensure accessibility for children to the learning spaces. This project supported the educational attention of 1,966 children and adolescents with disabilities in public special education schools prioritized in the states of Miranda, Falcón and Zulia, in coordination with the Ministry of Education and with the support of the local NGOs Fe y Alegría and EducAcción.

Other aspects of protection addressed through this allocation

Through the UNHCR project, seven community spaces were rehabilitated, including a care center for the elderly in Apure State, emergency service facilities for people on the move, including those living with disabilities, a nursing home for the elderly, and a shelter for women at risk in Sucre State, as well as a social assistance center, community space, and shelter for survivors of sexual and gender-based violence and human trafficking in Falcon State. In addition, UNHCR conducted trainings on the centrality of protection, including rights and age, gender, and diversity-based approaches, for service providers in the community spaces supported throughout the project.

In partnership with local partners, UNICEF provided direct life-saving services to children, including children with disabilities in the Capital District and the states of Miranda, Falcón and Zulia. During the intervention, 1,582 children received **mental health and psychosocial support**. UNICEF also contributed to strengthening capacities of Child Protection NGOs and local governmental institutions on disability inclusion, prevention and response to violence, including GBV against children and adolescents with disabilities. In addition, 780 people participated in awareness sessions on violence prevention, including GBV, feedback mechanisms, positive parenting, and identifying barriers to access services for children and adolescents with disabilities and their families.

Moreover, in addition to a PSEA focal point, all recipient agencies ensured that their staff and those involved in their activities were trained and informed about their **PSEA policy** and the mechanisms available for reporting and managing SEA-related complaints, including through the interagency contact line.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	92,457,045
CERF	7,999,993
Country-Based Pooled Fund (if applicable)	11,456,037
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	19,456,030

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
IOM	21-UF-IOM-016	Protection - Gender-Based Violence	510,000
IOM	21-UF-IOM-016	Shelter and Non-Food Items	360,000
IOM	21-UF-IOM-016	Food Security - Food Assistance	70,000
IOM	21-UF-IOM-016	Health	60,000
UNFPA	21-UF-FPA-018	Health - Sexual and Reproductive Health	1,300,000
UNFPA	21-UF-FPA-019	Protection - Gender-Based Violence	200,000
UNHCR	21-UF-HCR-015	Shelter and Non-Food Items	650,000
UNHCR	21-UF-HCR-015	Protection	650,000
UNICEF	21-UF-CEF-030	Nutrition	850,000
UNICEF	21-UF-CEF-030	Protection - Child Protection	650,000
UNICEF	21-UF-CEF-030	Health	575,000
UNICEF	21-UF-CEF-030	Education	425,000
UNICEF	21-UF-CEF-031	Education	200,000
UNICEF	21-UF-CEF-031	Protection - Child Protection	200,000
WFP	21-UF-WFP-023	Food Security - Food Assistance	400,000
WHO	21-UF-WHO-022	Health - Sexual and Reproductive Health	899,993
Total			7,999,993

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	5,634,580
Funds sub-granted to government partners*	42,423
Funds sub-granted to international NGO partners*	456,212
Funds sub-granted to national NGO partners*	1,866,778
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	2,365,413
Total	7,999,993

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

In 2021, an estimated seven million people needed humanitarian assistance in Venezuela. The crisis stemmed from six consecutive years of economic contraction and other trends and developments such as hyperinflation, political, social and institutional tensions, localized violence and the impact of the COVID-19 pandemic. Household income, savings and consumption declined significantly, which coupled with a dramatic fall in public spending, including in social programmes, seriously impacted people's living conditions, particularly in terms of access to food, medicines and essential services including health, water, electricity, domestic gas, fuel and transport. The situation had a generalized impact across Venezuela; however, given the severity/scale of needs, the states of Delta Amacuro, Falcon, Apure, Barinas, Sucre and Guárico were prioritized in the allocation due to significant multi-sectoral response gaps. The same states were prioritized by the 2021 Humanitarian Response Plan (HRP), which required \$708.1 million to respond to the needs of 4.5 million vulnerable people with multi-sectoral assistance. In 2021, the Venezuela Humanitarian Fund, established in 2020, launched two standard allocations amounting to \$11.5 million, the first allocation focusing on addressing some of the issues prioritized by the CERF, including sexual and reproductive health, support to the elderly and child protection.

Operational Use of the CERF Allocation and Results:

In 2021, humanitarian needs continued to increase while funding remained relatively low. As a result, CERF allocated US\$7 million on 10 June 2021 to Venezuela to sustain key life-saving operations as part of the 2021 CERF UFE round. The overall objective of this intervention was to provide life-saving support to vulnerable populations in Venezuela, addressing some of the most critical multisectoral needs and promoting greater access in areas where the response was limited.

In order to achieve this, UN agencies focused on: i) providing sexual and reproductive health services focusing on women and girls; ii) strengthening protection assistance and services to persons on the move, persons at risk of displacement, persons at risk of statelessness, returnees and host communities; iii) strengthening the conditions of infrastructure, equipment, availability of essential supplies and response capacity in prioritized health facilities; iv) mitigate the risk of GBV through improving women's and girls' access to life-saving assistance; and v) providing essential goods and strengthening services in child protection, nutrition and education.

On 23 June 2021, CERF allocated an additional US\$1 million to address the needs of person with disabilities bringing the total UFE allocation to US\$8 million. This support laid the groundwork for meaningful change and inclusion of PwD in the humanitarian response. The intervention foresaw the following overarching operational objectives: (i) provide direct assistance for the prevention and response to gender-based violence for PwD; (ii) strengthen capacities of public institutions including the National Council for People with Disabilities (CONAPDIS), local institutions and civil society organizations to collect data and address the needs for PwD in prioritized states; (iii) improve accessibility in schools for PwD, promote inclusive education and provide psychosocial support and address discrimination, stigmatization and violence; and (iv) provide emergency food assistance to PwD. The intervention supported protection, food security and education, with schools as a key entry point for the provision of multisectoral assistance. Furthermore, strengthening the capacity of CONAPDIS to provide GBV protection services facilitated their ability to collect multisectoral data and provide a response to PwD in other areas.

As foreseen and reflected in the project proposals and taking into account the change of 5 targets as reported in March 2022, this CERF funding was used to enable UN agencies and partners to provide life-saving assistance to 318,139 people, including 88,376 women, 53,365 men, and 176,398 children, including 24,188 people with disabilities.

People Directly Reached:

As reported by the recipient UN Agencies, CERF-funded projects reached a total of **441,386 people (61 per cent women and girls)**. As many people received assistance from more than one cluster, the maximum methodology per cluster and disaggregated data was used to prevent instances of double counting.

As shown in table 4, all intervention sectors met or exceeded their targets. Activities in child protection more than doubled their target, reaching 148,716 people, up from 62,860. As UNICEF explains, various factors made it possible to reach a greater number of people in specialized child protection programs and services, access to civil registry for children and adolescents, and awareness-raising activities, among others - including the reduction in the number of COVID-19 cases and the gradual lifting of detention measures, which enabled the reactivation of activities in communities and services provided by institutions and organizations, a certain stability in fuel supplies and an increase in economic activity. Moreover, as mentioned in the interim report for this allocation, UNICEF adjusted two targets. For the health sector, due to an increase in the price of vaccines and shipping costs, the number of children to be vaccinated has been reduced from 50,000 to 42,000; and for the education sector, an increase from 195 to 520 people to receive in-kind incentives in schools, to avoid inequalities among staff in assisted schools.

Due to the complexity of forecasting the number of people on the move in Venezuela, IOM adjusted in March 2022 the target for Shelter assistance from 13,200 to 6,820 persons. Later in the year, when the TACs were refurbished and rehabilitated and human mobilities' flows and movement intensified, IOM eventually reached a total of 11,090 people with Shelter assistance. During implementation, IOM also adjusted two other targets to include vulnerable host communities for food assistance (14,420 people targeted instead of 13,200) and increased the estimated target for health assistance (from 6,600 to 7,240 people).

People Indirectly Reached:

CERF recipient agencies (UNICEF, UNFPA, UNHCR, IOM, WFP and WHO) estimated that about **881,641 people** were reached indirectly under this allocation. In line with the reported figures, the maximum methodology per cluster was used to prevent instances of double counting, wherever possible.

Given that the average number of people per household in Venezuela is 4, UNHCR estimates that 116,920 people benefited indirectly from shelter/non-food items and protection services. Similarly, IOM estimates that approximately 92,400 people benefited indirectly from protection assistance with life-saving information on GBV and trafficking in person. Based on IOM monitoring data, an average of 820 persons per month, or 9,840 people per year, receive assistance at the 5 rehabilitated TACs. IOM also trained 1,638 humanitarian actors and civil servants on the prevention of GBV and trafficking in person, thus benefitting the communities in the states of Apure, Falcon and Sucre. Based on information sharing at the family and community level, UNFPA estimates that 96,520 people were indirectly reached by awareness-raising sessions on Sexual and reproductive health, rights and GBV. And WHO reached 265,000 individuals through medical care and sexual and reproductive health activities. UNICEF interventions indirectly benefited 395,000 people through education, health and child protection activities. UNICEF reports that the integration of the transferable skills framework into the secondary school curriculum benefited 281,000 adolescents in 804 schools and 14,500 teachers nationwide in the 2021-2022 school year. In the project-supported health centers, approximately 50,000 people benefited from the activities carried out, including supplies provision, rehabilitation work, point-of-care testing, and trainings. In addition, around 50,000 people were indirectly reached through awareness-raising activities on gender-based violence and violence against children.

Under the disability inclusion grant, WFP estimates that 11,821 people including school staff, implementing partner personnel and students' household members benefited from information sessions. Through capacity building, awareness-raising, technical assistance, psychosocial services and case management, UNICEF estimates that about 19,846 people were indirectly reached, including parents, caregivers, teachers, and community leaders. Based on official government estimates and the average number of people per household, UNFPA calculates that 11,430 people received information on GBV and its differential impact on adolescents and women with disabilities.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Education	1,180	295	11,077	10,673	23,225	1,183	296	11,104	10,699	23,282
Food Security - Food Assistance	5,522	3,672	3,223	3,338	15,755**	8,346	5,550	4,175	3,722	21,793
Health	2,962	1,974	20,159	21,841	46,936**	4,120	2,746	19,723	21,077	47,666
Health - Sexual and Reproductive Health	37,183	20,429	9,118	5,210	71,940	35,710	20,429	15,658	5,210	77,007
Nutrition	3,400	0	10,800	9,800	24,000	4,050	0	10,905	10,310	25,265
Protection	9,794	5,817	4,026	3,446	23,083	11,872	9,510	4,205	3,644	29,231
Protection - Child Protection	9,018	7,200	23,420	23,222	62,860	46,240	10,846	48,761	42,869	148,716
Protection - Gender-Based Violence	9,520	8,160	5,759	3,761	27,200	23,143	10,438	3,352	2,262	39,195
Shelter and Non-Food Items	9,794	5,817	4,026	3,446	23,083**	11,872	9,510	4,205	3,644	29,231

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

** Figures adjusted as per the interim report notification of change in target.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	1,154	1,462
Returnees	6,925	8,769
Internally displaced people	6,925	8,769
Host communities	29,543	51,881
Other affected people	273,592	370,505
Total	318,139	441,386

Table 6: Total Number of People Directly Assisted with CERF Funding*

Table 6: Total Number of People Directly Assisted with CERF Funding*			Number of people with disabilities (PwD) out of the total	
Sex & Age	Planned	Reached	Planned	Reached
Women	88,376	146,536	4,586	6,789
Men	53,365	69,325	1,898	4,139
Girls	91,635	122,088	9,475	7,230
Boys	84,763	103,437	8,229	7,302
Total	318,139	441,386	24,188	25,460

PART II – PROJECT OVERVIEW

2. PROJECT REPORTS

3.1 Project Report 21-UF-IOM-016

1. Project Information				
Agency:	IOM		Country:	Venezuela
Sector/cluster:	Protection - Gender-Based Violence Shelter and Non-Food Items Food Security - Food Assistance Health	CERF project code:	21-UF-IOM-016	
Project title:	Protection assistance for women, girls and migrants at risk of GBV and human trafficking in Venezuela			
Start date:	25/08/2021		End date:	24/08/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming	<input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:			US\$ 35,465,736
	Total funding received for agency's sector response to current emergency:			US\$ 6,856,033
	Amount received from CERF:			US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:			US\$ 522,528
	Government Partners			US\$ 0
	International NGOs			US\$ 116,134
	National NGOs			US\$ 406,394
	Red Cross/Crescent Organisation			US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF-funded project, the International Organization for Migration (IOM) contributed to increase the level of protection for women and girls at risk of gender-based violence (GBV) and trafficking in persons (TiP) in the Bolivarian Republic of Venezuela (Venezuela). The project assisted a total of **82,148 vulnerable persons** (51,247 women and girls) on the move or from vulnerable host communities between August 2021 and August 2022.

A total of five Temporary Accommodation Centres (TACs) located in strategic points along main migratory routes in the states of Apure, Falcon and Sucre were refurbished and rehabilitated. One of the five TACs, the one in Falcon, was newly established. The interventions led to better equipped TACs in line with SPHERE standards, where vulnerable persons on the move receive protection and humanitarian

assistance. More than 11,090 persons (including 6,338 women and girls) were assisted with shelter at the (rehabilitated) TACs. Over 21,793 persons (including 12,521 women and girls) received food assistance and over 10,070 persons in mobility (including 5,893 women and girls) were provided with primary health services through mobile health teams in the TACs and mobile assistance points. Over MHPSS 39,195 persons (including 26,495 women and adolescent girls) at risk of GBV and TiP were reached with protection assistance.

During the lifetime of this project, PwD were included in IOM's response, to ensure equal inclusion and provide adapted assistance. A total of 200 PwD was assisted.

IOM established the following best practices: a) keeping a transversal protection and diversity (including disability-sensible) approach allowed for a better alignment between activities and the needs of most vulnerable groups; b) coordinating health and protection approaches led to a greater and earlier identification of (and response to) cases of human trafficking (as many were detected during the provision of psychological first aid); and c) the creation of human trafficking local technical working groups led to a process of rapprochement with local institutions and organizations that, in turn, facilitated the implementation of activities in geographic areas where the organization had not previously worked.

3. Changes and Amendments

In March 2022, IOM adjusted, in coordination and agreement with CERF, the targets for indicators 1.1, 2.1 and 3.1. The modification had no impact on the budget or duration of the project implementation.

In February 2022, IOM requested from CERF to adjust some of the target indicators, more specifically by including vulnerable host communities around the TAC for the food assistance component, by expanding the target, including boys and men and by including the state of Falcon with food security assistance. Due to the COVID-19 pandemic and the closure of maritime borders in Falcon and Sucre, a change in human mobility dynamics and reduction of flows was observed, reducing the number of people passing through TACs.

The pandemic also further eroded the socio-economic context in the three states, further limiting access to food in vulnerable communities. Based on these changed vulnerability dynamics in context and migration flows, IOM suggested the following adjustments: a reformulation (reformulation is underlined) of Output 2 - *Food assistance for people on the move and other vulnerable host communities including PwD in the states of Apure, Sucre, and Falcon*. Activity 2.1 - *Food assistance for women, girls, boys, and men*. This modification set the target at a total of 14,240 persons for food assistance (instead of 13,200), of which 7,000 persons from the host communities and 7,240 persons in the TAC. PwD were prioritized for this assistance.

IOM estimated the target for health assistance to people on the move and vulnerable host communities could be increased to 7,240 (instead of 6,600). Due to the complexity and changes of migration flows and dynamics in the target areas, the ongoing pandemic and associated movement restrictions and closure of borders during the project period, it was challenging to estimate the number of persons in need of humanitarian assistance. For this reason, IOM requested to adjust the target for Shelter assistance from 13,200 to 6,820. The modification of the indicators had no impact on the budget and on the duration of the implementation of project activities.

In the financial report, there is an unspent balance of US\$48,789.46. This was caused because the Implementing Partner COOPI was unable to timely submit financial information about the amounts spent. In response, IOM tried to mitigate this by reprogramming activities of COOPI and implementing those itself, however during the remaining time of the project, IOM was not able to cover 100% of the released amount.

After the implementation phase of the project, an informal after-action review (AAR) was performed with the project management team and IOM teams in the states where CERF-funded activities were implemented. The goals of the AAR were to review achievements, identify barriers and challenges, determine lessons learned, and pinpoint best practices. As regards to lessons learned, IOM pinpointed a pressing need to provide widespread MHPSS services along migration routes; determined that establishing MOUs with organizations

that outsource certain services might pose certain difficulties in terms of direct monitoring and capacity building (for which there should be specific indicators and funds); and established that better on-the-field coordination mechanisms should be fostered to enable each agency or organization to focus on their mandate.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	2,962	1,974	1,275	1,029	7,240**	4,120	2,746	1,773	1,431	10,070
Total	2,962	1,974	1,275	1,029	7,240**	4,120	2,746	1,773	1,431	10,070

People with disabilities (PwD) out of the total

	43	57	34	15	149	122	118	4	2	246
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Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	4,900	4,200	3,185	1,715	14,000	18,143	6,438	2,052	1,262	27,895
Other affected people	4,620	3,960	2,574	2,046	13,200	5,000	4,000	1,300	1,000	11,300
Total	9,520	8,160	5,759	3,761	27,200	23,143	10,438	3,352	2,262	39,195

People with disabilities (PwD) out of the total

	173	229	138	60	600	106	100	2	1	209
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

** Figures adjusted as per the interim report notification of change in target.

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	2,598	1,954	1,300	968	6,820**	4,224	3,177	2,114	1,575	11,090
Total	2,598	1,954	1,300	968	6,820	4,224	3,177	2,114	1,575	11,090

People with disabilities (PWD) out of the total

	86	114	69	30	299	119	113	3	2	237
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Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	3,858	1,102	1,934	1,724	8,618**	5,842	1,665	2,922	2,605	13,034
Other affected people	1,664	2,570	829	739	5,802 **	2,504	3,885	1,253	1,117	8,759
Total	5,522	3,672	2,763	2,463	14,420**	8,346	5,550	4,175	3,722	21,793

People with disabilities (PWD) out of the total

	86	114	69	30	299	191	114	17	13	335
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

** Figures adjusted as per the interim report notification of change in target.

5. People Indirectly Targeted by the Project

During the lifetime of this project, IOM refurbished and rehabilitated a total of 5 TACs (TAC Santa Ana de Carúpano and TAC San Antonio Güiria in Sucre, TAC El Amparo, TAC Guasdalito in Apure and established a new TAC in Coro in Falcon) located in strategic points along main migratory routes in these states. Thanks to this, the TACs are better equipped in line with SPHERE standards for the provision of humanitarian assistance to vulnerable persons on the move in Venezuela. Internal IOM monitoring data shows that on average around 820 persons per month are receiving **assistance at these TACs**. Depending on the estimated migration flows and tendencies in Venezuela, the number of **indirect beneficiaries** is likely over **9,800 persons per year**.

In addition, IOM provided comprehensive protection assistance, reaching over 30,800 persons (including 20,782 women and adolescent girls) with life-saving information on GBV and TiP. These activities are likely to benefit around **92,400 indirect beneficiaries**.² In addition, IOM trained a total of 1,638 humanitarian actors and civil servants (including 993 women) through capacity building and training activities on the prevention of GBV and TiP, benefitting the communities in the states of Apure, Falcon and Sucre.

6. CERF Results Framework

Project objective	Support women and girls at risk of gender-based violence and trafficking in persons (TiP) in Falcón, Apure and Sucre			
Output 1	Timely life-saving assistance that support migrants at risk of GBV and human trafficking as well as vulnerable host communities in Apure Sucre and Falcón			
Was the planned output changed through a reprogramming after the application stage?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SN.1a Number of people benefitting from in-kind shelter assistance (including PwD, disaggregated by sex and age)	6,820	11,090 (2,114 girls, 1,575 boys, 4,224 women, 3,177 men)	IOM project records
Indicator 1.2	# of temporary accommodation centres refurbished to help ensure access to services for PwD	5	5	IOM project records
Explanation of output and indicators variance:		Due to the complexity and changes of migration flows and dynamics in the target areas, the ongoing pandemic and associated movement restrictions and closure of borders during the project period, it was challenging to estimate the number of persons in need of humanitarian assistance. For this reason, IOM adjusted, in March 2022, in coordination with the donor, the target for Shelter assistance from 13,200 to 6,820 persons. Later in the year, when the TACs were refurbished and rehabilitated and human mobilities' flows and movement intensified, IOM reached in total 11,090 with Shelter assistance under this project. The beneficiaries were assisted without exceeding the budget. The COVID-19 pandemic created barriers to accessing construction materials at reasonable prices; IOM logistical team managed to acquire materials at reasonable prices, within the project period and thanks to good planning from IOM Shelter and NFI experts, plus the efforts of IOM IP made it possible to complete the activities within the project period.		
Activities	Description	Implemented by		
Activity 1.1	Temporary accommodation support	During the lifetime of the project, IOM's project team in Venezuela, including the shelter expert, has held coordination meetings with IOM's local		

2 Calculation: ((number of direct beneficiaries) * (average family size)) – (number of direct beneficiaries). Which is: ((30,800) *4) – 30,800 = 92,400.

		implementing partners; Caritas Guasualito (Sucre) Caritas Coro (Falcon) and Caritas Apure (Apure) to determine the needs and requirements for the rehabilitation of the five targeted temporary accommodation centers (TACs).
Activity 1.2	Upgrading temporary accommodation centers for PwD	IOM is committed to ensuring that its humanitarian assistance is inclusive of people with disabilities (PwD). Conditions can be dire for PwD living in displacement or while migrating; however, forced displacement and unsafe migration can themselves create disabilities, as well. Therefore, IOM has endorsed the <u>Charter on Inclusion of Persons with Disability in Humanitarian Action</u> . Under this project, five TACs were targeted: TAC Carúpano and TAC Güiria in Sucre, TAC El Amparo, TAC Guasualito in Apure and TAC Coro in Falcon). IOM, together with its implementing partner Caritas, has conducted consultations with PwD in the five targeted TACs. Through direct observations of the spaces in the centers (entrances, common areas, bathrooms, rooms), these consultations ensured that the perspective and needs of PwD were considered for the rehabilitation and improvement of the TACs. The recommendations they have highlighted included: signs for spaces reserved for PwD in the parking lot, adaptation or rehabilitation of the entrances to the TACs and the entrances to common areas in the TACs with ramps with the appropriate inclinations; inclusion of braille signs and/or podotactile floors for people with visual disabilities, installation of bath chairs for PwD, installation of handrails in the bathrooms, training of staff working at TACs in basic sign language, enabling of single beds in the rooms for PwD and extension of the roof that protects the corridor from weather conditions. Based on these observations, the detailed budgets, and plans for the rehabilitation of the TACs were established and the rehabilitation and refurbishment of the TACs was conducted. See Annex 1: Photos of the rehabilitated and refurbished TACs.
Activity 1.3	Awareness raising for implementing partner (IP) staff on considerations for the provision of assistance to PwD	IOM conducted, together with its implementing partner (IP) Caritas, consultations with PwD in the five targeted TACs. By including the IP staff directly in the process, IOM facilitated the awareness raising for IP staff. IP staff heard directly from PwD what considerations should be considered. Through direct observations of the spaces in the centres (entrances, common areas, bathrooms, rooms), these consultations ensured that the perspective and needs of PwD were considered for the rehabilitation and improvement of the TACs. Throughout the project, IOM Venezuela and its local IPs benefitted from the technical support of IOMs Experts on Shelter and on PwD assistance from Headquarters on best practices and standards for the accessibility of TACs. Several meetings were organized with these experts, together with the national shelter expert, to ensure the technical quality of the rehabilitations.

Output 2	Food assistance for people on the move and other vulnerable host communities in Apure and Sucre			
Was the planned output changed through a reprogramming after the application stage?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	FN.1a Number of people receiving food (at temporary accommodation centres including PwD, disaggregated by sex & age)	14,240	21,793 (8,346 women, 5,550 men, 4,175 girls, 3,722 boys).	IOM project records
Explanation of output and indicators variance:		Due to the complexity and changes of migration flows and dynamics in the target areas, the ongoing pandemic and associated movement restrictions and closure of borders during the project period, it was challenging to estimate the number of persons in need of humanitarian assistance. In March 2022, IOM adjusted, in coordination with		

		CERF, the target indicator for this Output by including food assistance for the TAC Coro that is managed by IOM in Falcón and by expanding the food assistance by including boys and men in the assistance and by assisting vulnerable host communities around the TAC. The following adjustments were made: a reformulation (reformulation is underlined) of Output 2 "Food assistance for people on the move <u>and other vulnerable host communities including PwD</u> in the states of Apure, Sucre, and Falcon". Activity 2.1 "Food assistance for women, girls, <u>boys, and men</u> ". This modification allowed IOM to reach 21,793 persons for food assistance. PwD were still prioritized for this assistance. This had no implications for the overall budget of the project, as IOM organized the food assistance in the form of community pots. The costs per individual meal for the community pots are lower than the costs per individual meal distributed at a TAC, while providing the same type of healthy warm meals.
Activities	Description	Implemented by
Activity 2.1	Food assistance for women and girls	Implemented by
		IOM - During the lifetime of the project, IOM reached a total of 21,793 persons (including 12,521 women and girls) with food assistance. IOM provided the assistance to persons on the move and in vulnerable host communities in the states of Apure, Falcon, and Sucre. Persons received healthy warm meals, containing sufficient vegetables, protein, and carbohydrates. IOM and implementing staff actively reached out to PwD to ensure their inclusion for the assistance provided under this project.

Output 3 Support access to primary health services for people on the move in Apure and Sucre

Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of people who received health assistance and/or referred to specialized services (i.e. primary health care, sexual and reproductive health -SRH-, maternal health, etc.) disaggregated by sex, age and type of service)	7,240	10,070 (4,120 women, 2,746 men, 1,773 girls, 1,431 boys)	IOM project records
Explanation of output and indicators variance:		In March 2022, IOM adjusted, in coordination with the donor, the target indicator for this Output. IOM estimated the target for health assistance to people on the move and vulnerable host communities could be increased to 7,240 (instead of 6,600). During the project, the primary health care assistance was provided to a total of 10,070 persons during the lifetime of the project. Due to the shift in targets, reducing the target of shelter, this had no implications for the overall budget of the project.		
Activities	Description	Implemented by		
Activity 3.1	Primary health care assistance and referral to specialized services (i.e. SRH, new-born and maternal health)	IOM delivers and promotes comprehensive, preventive, and curative health programmes which are beneficial, accessible, and equitable for vulnerable persons in mobility. This project supported access to primary health services, including primary health care, sexual and reproductive health, maternal health care and referral to specialized services. Throughout the project, IOM Venezuela and its health care consultants benefitted from the technical support of IOM Experts on Migration Health from Headquarters. A total of 10,070 persons (including 5,893 women and girls) were reached by a team of health care		

		professionals that provided community-based primary health services at TACs and in communities to people on the move and vulnerable host communities. IOM pinpointed a pressing need to provide widespread MHPSS services along migration routes.
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Output 4	Support migrants as well as potential migrants at risk of GBV, TiP and other forms of exploitation and abuse through protection assistance in Apure and Sucre
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Protection - Gender-Based Violence
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Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of people who have been provided with life-saving information on GBV and human trafficking (disaggregated by type of beneficiary)	32,027 persons (19,153 women, 8953 men, 2373 adolescent girls, 1548 adolescent boys)	32,027 persons (19,153 women, 8953 men, 2373 adolescent girls, 1548 adolescent boys)	IOM project records
Indicator 4.2	H.9 Number of people provided with mental health and psycho-social support services (including Psychosocial First Aid (PFA) services in line with the dedicated annex of IOM manual on Community Based MHPSS in emergency and displacement)	6,753 persons (3741 women, 1319 men, 979 adolescent girls, 714 adolescent boys)	6,753 persons (3741 women, 1319 men, 979 adolescent girls, 714 adolescent boys)	IOM project records
Indicator 4.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (humanitarian actors who have participated in capacity building activities on the prevention of GBV and TiP)	415 persons (249 women, 166 men)	415 persons (249 women, 166 men)	IOM project records

Explanation of output and indicators variance:	During implementation, the IP used structured and implemented risk communication strategies adapted to the local context. Thanks to this combination a higher number of persons was reached without influencing the budget. In coordination with the donor, IOM organized more capacity building activities on TiP and GBV for civil servants. This was possible thanks to the great interest national institutions expressed for the participation in the trainings. IOM organized the trainings through a <i>cineforo</i> which allowed for more participants to follow the training at the same time without exceeding the budget. A <i>cineforo</i> is a format for dynamic participation that IOM uses in Venezuela. First a relevant film is shown. Afterwards a panel discussion about the subject of the film takes place, during which viewers can join the debate and ask questions to the panel members. Another part of the training was a regular workshop format, during which IOM countertrafficking experts provided information. The trainings were provided in rooms provided by the IP.
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Activities	Description	Implemented by
Activity 4.1	Life-saving information on GBV and human trafficking services and mitigation measures provided to migrants, people on the move.	In Venezuela, IOM is leading the Working Group for the prevention and response to Trafficking in Persons of the Protection cluster. IOM also participated in the design of the HCT protection strategy for 2022 and 2023. Thanks to this project, IOM was able to implement several protection-related activities in these two states to increase support to persons at risk of TiP and

		<p>GBV through community-based protection assistance. Through this project, IOM has contributed to strengthen prevention activities in targeted states.</p> <p>An important aspect of IOM's protection assistance is facilitating access to life-saving information on GBV, human trafficking and its prevention in transit and TACs as well as in communities. This information is provided with the help of local implementing partners to vulnerable populations, including adolescents.</p> <p>For this project, IOM selected an international NGO (COOPI) as IP. For this output, COOPI and IOM partnered with the local organization Tinta Violeta, specialized in gender equality and in bringing support to victims of GBV. COOPI supported Tinta Violeta in the implementation of the activities as well as helped to increase the local NGO's financial and organizational capacity. The work of the IP was monitored by IOM's international Counter-Trafficking and Protection Officer as well as by a Counter Trafficking Specialist and a GBV/TiP Specialist. In line with IOM's strategy to provide context specific life-saving information on GBV and human trafficking services and mitigation measures to people on the move, IOM designed flyers with lifesaving information on TiP (see Annex 2: Information Flyers), and these sensitization materials were distributed in the framework of this output. A total of 32,027 persons (including 19,153 women and 2,373 adolescent girls) was reached. In addition, to complement the community-based information events, IP COOPI published social media messages with the same information on GBV and human trafficking. Thanks to this combination a higher number of persons was reached without influencing the budget.</p>
Activity 4.2	Direct support through MHPSS services/referral to specialised services	<p>During the project period, there was an increase of deportations from Trinidad and Tobago (mostly victims of human trafficking). This also increased the need of MHPSS services (Activity 4.2) and the need to strengthen technical and management capacities of implementing partners and improve coordination between agencies (see Activity 4.4).</p> <p>In Venezuela, IOM is the co-lead of the Technical Working group on Mental Health and Psychosocial Support (MHPSS). MHPSS is an essential part of IOM's protection assistance. As part of the protection assistance under this project, a team of six psychologists and four lawyers based in the states of Sucre and Apure provided Mental Health and Psychosocial Support (MHPSS) and legal support to Victims of Trafficking, Survivors of sexual exploitation and abuse, and persons at risk of GBV, TiP and other forms of exploitation and abuse. The assistance was provided in line with the <u>IOM Manual on Community Based MHPSS in Emergencies and Displacement</u>. A total of 6,753 persons (4,720 women and adolescent girls) were reached with specialized MHPSS assistance.</p> <p>IOM's strategy of coordinating health and protection approaches led to a greater and earlier identification of (and response to) cases of human trafficking (as many were detected during the provision of psychological first aid).</p>
Activity 4.3	TiP prevention activities with the communities (i.e, sensitization)	Please see Activity 4.1.
Activity 4.4	Sensitization of relevant local authorities on GBV and human trafficking	IOM invests in the sensitization and trainings of relevant local authorities on GBV and human trafficking, to contribute to the security, respect, and protection of the human rights of vulnerable populations at local level, but also to guarantee the sustainability of the project. During implementation, IOM trained a total of 415 civil servants (249 women) on the prevention of GBV and TiP, possible responses and how to assist victims of TiP. 259 in Apure and 156 in Sucre. The trainings aimed at improving the capacity of local community

		<p>stakeholders (including public officials and humanitarian partners) in Apure and Sucre to fight human trafficking in compliance with international norms, standards, and IOM best practices. In each community IOM initiated WhatsApp groups with community stakeholders, to support the creation of community-based networks. The creation of human trafficking local technical working groups led to a process of rapprochement with local institutions and organizations that, in turn, facilitated the implementation of activities in geographic areas where the organization had not previously worked.</p> <p>In coordination with the donor, IOM organized capacity building activities on TiP and GBV for a larger group of civil servants than originally planned. This was possible thanks to the great interest local institutions expressed in the trainings. Participants voiced interest in a continuation of the trainings because it is a topic of great interest in their region. IOM organized the trainings through a cine forum which allowed for more participants to follow the training, IOM also organized trainings to be carried out at the facilities of Caritas Carupano (Sucre). This allowed to train more persons without exceeding the budget.</p>
Activity 4.5	Create a network of entry points who can provide PFA and facilitate access to focus and specialized services (among non-specialized humanitarian actors)	<p>IOM organized two informative events to create a network of entry points who can provide Psychosocial First Aid (PFA) and facilitate access to specialized protection services (among non-specialized humanitarian actors) in Apure and Sucre. IOM's Counter Trafficking Specialist and GBV/TiP Specialist guided the working sessions. IOM worked successfully with other humanitarian partners like UNFPA to coordinate assistance and avoid duplication of activities.</p>

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁴:

PwD were consulted to ensure the TACs were rehabilitated and refurbished in a way that ensured inclusion of PwD. At the start of the project, IOM has contacted representatives of PwD and conducted several consultations with PwD in the five targeted TACs. Together with the PwD, IOM observed the spaces in the centers (entrances, common areas, bathrooms, rooms), these consultations ensured that the perspective and needs of PwD were considered for the rehabilitation and improvement of the TACs. Based on these observations, the detailed budgets, and plans for the rehabilitation of the TACs were established and the rehabilitation and refurbishment of the TACs was conducted. IOM also involved its local implementing partner to ensure the IP could also benefit from the consultation with the PwD.

b. AAP Feedback and Complaint Mechanisms:

As a matter of meaningful programming, IOM remains committed to the integration and strengthening of its AAP framework as defined by IASC through organizing monitoring visits and using various feedback mechanisms to ensure that its activities are rights-based and beneficiary-centred. IOM's feedback mechanisms include the installation of feedback and suggestion boxes at all TACs that were part of this project and the participation of a focal point for feedback during each intervention. Assisted populations are informed about the location of the feedback boxes and the designated feedback officer of IOM throughout the project period, including at the start of the project. IOM

³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

has an AAP focal point at national level, who is coordinating with the field teams to ensure adequate follow-up of received feedback and a strengthened AAP framework. Although the UN inter agency Contact Line was not yet active in the three states during the implementation of the project, IOM trained its IPs regarding various AAP aspects, including ensuring two-way communication about the implemented activities and feedback and suggestion boxes and focal points for feedback during each intervention. Most feedback received during this project was about the inclusion of PwD. Through this project, one of the best practices implemented by the IOM in Venezuela was to maintain a transversal approach to protection and diversity (including disability), which allowed activities to be better aligned with the needs of the most vulnerable groups.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

IOM is part of a Protection Network Against Sexual Exploitation and Abuse, coordinated by OCHA Venezuela, and has a PSEA focal point. In coordination with the UN PSEA network, IOM trained its staff on how to detect and report degrading or exploitative conduct, all by maintaining the strictest confidentiality, to foster an environment that prevents sexual exploitation and abuse.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Throughout the assistance provided under this project, IOM paid special attention to ensure women and girls had equitable access to the assistance provided, including AAP mechanisms. Health care activities includes sexual and reproductive health, maternal health and women's health care. Output 4 was entirely focused on protection, TiP and GBV. Women and adolescent girls were provided with lifesaving information on GBV and TiP, access to MHPSS, and community stakeholders were trained on the prevention of GBV and TiP. All these activities promote gender equality and protection of women and girls, including GBV. IOM's commitment to contribute to gender equality and promote the empowerment and protection of women and girls, as well as sexual minorities is at the core of its work. Building up an understanding of challenges, as well as documented lessons learned and emerging good practices, IOM has developed its Institutional Framework for Addressing Gender-based Violence in Crises to ensure that the safety, dignity, and well-being of all crisis-affected persons, especially women and girls, are prioritized, integrated, and coordinated across all IOM crisis operations.

e. People with disabilities (PwD):

IOM is committed to ensuring an inclusive humanitarian assistance. Through direct observations of used spaces in the centres (entrances, common areas, bathrooms, rooms), PwD were consulted to ensure that their perspective and needs were considered for the rehabilitation and improvement of the TACs. They highlighted the following recommendations: signs for spaces reserved for PwD in the parking lot, adaptation or rehabilitation of the entrances to the TACs and the entrances to common areas in the TACs with ramps with the appropriate inclinations; inclusion of braille signs and/or podotactile floors for people with visual disabilities, installation of bath chairs for PwD, installation of handrails in the bathrooms, training of staff working at TACs in basic sign language, enabling of single beds in the rooms for PwD and extension of the roof that protects the corridor from weather conditions. Based on these observations, the detailed budgets, and plans for the rehabilitation of the TACs were established and the rehabilitation and refurbishment of the TACs was conducted. Throughout the project, IOM made sure PwD were prioritized for assistance. Thanks to this project, one of the best practices IOM established in Venezuela was keeping a transversal protection and diversity (including disability-sensitive) approach, which allowed for a better alignment between activities and the needs of most vulnerable groups.

f. Protection:

IOM mainstreams protection across all its sectors of intervention at strategic and operational levels through assessments and analysis and by integrating protection principles before, during and after a crisis, in line with the IASC Protection Policy. This project included specific activities (Output 4) aimed at supporting migrants as well as potential migrants at risk of GBV, TiP and other forms of exploitation and abuse through protection assistance in Apure and Sucre. More in general, IOM is a member of the Strategic Advisory Group of the Global Protection Cluster, as well as of the Child Protection Area of Responsibility (AoR), The Alliance for Child Protection in Humanitarian Action, and is a core member, chair and active participant of such as in the sectors of Counter-Trafficking, Housing Land and Property, Gender-Based Violence (GBV), and the Inclusion of Disabilities.

g. Education:

The project does not include an education component.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible. If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

IOM and most of its humanitarian partners do not provide assistance through cash and vouchers in Venezuela, because as a result of the ongoing socio-economic crises, the country is experiencing hyperinflation and a shortage of cash. However, for 2023, in line with IOM's Cash-Based Intervention Strategy 2022-2026, IOM aims to look for opportunities to increase and leverage the use of cash or vouchers as a key enabler to improving access of migrants, displaced populations and other affected communities to basic needs, protection and other rights, as well as enhancing their resilience in situations of crisis, transition, recovery and development.

Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A				

9. Visibility of CERF-funded Activities

Title	Weblink
Annexes	OIM Informe Final UFE 2021 - OneDrive (sharepoint.com)

3.2 Project Report 21-UF-FPA-018

1. Project Information			
Agency:	UNFPA	Country:	Venezuela
Sector/cluster:	Health - Sexual and Reproductive Health	CERF project code:	21-UF-FPA-018
Project title:	Responding to the SRH needs of the most affected and vulnerable populations through the MISP in Venezuela		
Start date:	08/09/2021	End date:	07/12/2022
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 26,734,599
	Total funding received for agency's sector response to current emergency:		US\$ 2,484,028
	Amount received from CERF:		US\$ 1,300,000
	Total CERF funds sub-granted to implementing partners:		US\$ 359,136
	Government Partners		US\$ 0
	International NGOs		US\$ 91,227
	National NGOs		US\$ 267,909
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF allocation, UNFPA strengthened the capacities of 219 health providers in basic and advanced obstetric and neonatal care, pregnancy and COVID-19, including personal protective equipment, prevention of vertical transmission of HIV and congenital syphilis prevention; 72 in clinical management of rape; 322 in family planning and contraception; 7,444 in STI syndromes management, including 3,942 pregnant women who attended awareness sessions on pregnancy warning signs, importance of prenatal care and COVID-19 preventive measures during pregnancy.

With this allocation, 8,212 deliveries were supported with comprehensive and basic obstetric care services; 14,760 women received a contraceptive method; 13,364 people attended awareness raising sessions on contraception and sexual rights with condoms and /or hygiene supplies delivered; 2,709 people attended awareness raising sessions on prevention of sexual violence and services available; and 11,560 people were tested for syphilis and HIV.

The project assisted a total of 58,662 people, including 35,710 women and 15,658 girls. The project was implemented in the states of Sucre, Guárico, Apure and Delta Amacuro during the period September 2021 to December 2022. CERF funding allowed to improve and strengthen the public health system improving access to sexual and reproductive health (SRH) services and the timely response to the SRH needs of the most vulnerable people in a complex humanitarian situation.

3. Changes and Amendments

A no-cost extension was approved until December 2022 because of delays on the availability of SRH procured supplies, including:

1. Accumulation of orders delay manufacturing times for the suppliers.
2. Accumulation of orders at the main distributors delay the order preparation time.
3. Limited availability of sea and air routes to Venezuela.
4. Excessive increase in freight rates, for which new offers must be sought and the shipping time is dilated.
5. Accumulation of ready orders, which delays PSI processes.
6. Container crisis worldwide.
7. Request for additional documents to argue for exceptions to the sanctions of the US Treasury to be able to ship the goods.
8. In view of the limited supply routes, the UN System had to compete for reduced spaces on planes and ships.
9. Maritime shipments have to transfer in Cartagena or Panama to be able to finally sail to Venezuela, which dilates the transit time.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	37,183	5,544	9,118	975	52,820	35,710	4,631	15,658	2,663	58,662
Total	37,183	5,544	9,118	975	52,820	35,710	4,631	15,658	2,663	58,662
People with disabilities (PwD) out of the total										
	744	111	183	19	1,057	23	10	19	1	53

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

As direct beneficiaries who are assisted and informed about SRH and Rights and GBV share the information with their family members and communities, it is estimated that the indirect beneficiaries reach 96,520 people. The average number of people per household in Venezuela is 4, and the trained health personnel can replicate the information to at least 4 people from their work team.

6. CERF Results Framework

Project objective	To respond to the Sexual and Reproductive health (SRH) pressing needs of the most affected and vulnerable populations in the context of the implementation of the Minimum Initial Service Package (MISP) in crisis-hit communities in Apure, Delta Amacuro, Sucre and Guárico.			
Output 1	Excess maternal and newborn morbidity and mortality are prevented.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of health facilities with clinical delivery supplies	4	4	Programme Record Sheets
Indicator 1.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (health providers (ObGyn, general medical doctors, nurses) trained on Basic and Advanced obstetric and newborn care, Pregnancy & Covid 19, including PPE, HIV vertical transmission prevention and Syphilis congenital prevention)	160	219	IP reports, attendance lists and photos
Indicator 1.3	# Number of pregnant women informed about pregnancy alarm signs and care and EmONC services available in the prioritized communities with clean delivery supplies	3500	3942	IP reports, attendance lists and photos
Indicator 1.4	# Number of persons in the community informed about pregnancy alarm signs and care and EmONC services in the prioritized communities.	2400	3502	Attendance list and photos
Indicator 1.5	Number of women in labour attended by a skilled attendant at health care facilities supported	7900	8212	Health centres (Maternities) records
Explanation of output and indicators variance:		Community leaders were motivated to continue the awareness and information sessions even after the target was met.		
Activities	Description		Implemented by	
Activity 1.1	Procurement and distribution of IARH Kit 6A (Clinical delivery assistance reusable equipment), 6B (Clinical delivery assistance drugs and disposable equipment), 8Management of complications of miscarriage or abortion), 11A (Obstetric surgery and severe obstetric complications: reusable equipment, 11B (Obstetric surgery and severe obstetric complications: drugs and disposable equipment) medical, no medical, supplies and medical equipment obstetrics care		UNFPA	

Activity 1.2	On-job training and refresher sessions on basic integral obstetric and newborn complications care and SRH supplies used to health providers	IPs
Activity 1.3	Strengthen the referral systems to hospitals providing Basic and comprehensive EmOC.	IPs
Activity 1.4	Community-awareness and information sessions focused on pregnancy alarm signs and availability of obstetric services, especially lifesaving and time-sensitive health services.	IPs

Output 2	Unintended pregnancies, morbidity and mortality due to HIV and other STIs are prevented and reduced.			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (health providers (ObGyn, general medical doctors and nurses) trained on contraception, counselling, supplies, and/or STI Syndromic management and/or HIV and Syphilis diagnostic test and obstetric care of HIV patients)	320	322	IP reports, attendance lists and photos
Indicator 2.2	# women receiving a contraceptive method	14040	14760	Dispensing nominal lists
Indicator 2.3	# of people informed on contraception and sexual rights with condoms and/or Hygiene supplies delivered	10800	13364	IP reports, attendance lists and photos
Indicator 2.4	# of people with rapid diagnostic tests for syphilis and / or HIV applied	12680	11560	Dispensing nominal lists
Explanation of output and indicators variance:		Community leaders were motivated to continue the awareness and information sessions even after the target was met.		
Activities	Description		Implemented by	
Activity 2.1	Procurement and distribution of IARHK 7B Subdermal Implants, IARH Kit1A- male condoms, IARH kit 7A- IUD, IUD, and medical supplies.		UNFPA	
Activity 2.2	On-Job Training and refresh on contraception and contraceptive counseling with emphasis on sexual and reproductive rights and free choice at the selected health centers of health providers		UNFPA	
Activity 2.3	Procurement and distribution of IARH Kit 5- STI syndromic treatment, HIV and Syphilis rapid diagnostic tests		UNFPA	
Activity 2.4	On-Job Training and refresh on STI Syndromic management and/or HIV and Syphilis diagnostic.		IPs	

Output 3	Prevention of sexual violence and respond to the needs of GBV survivors.			
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of healthcare facilities supplied with IARH kit 3 post-rape treatment), IARH 9 (Repair of cervical and vaginal tears), medical and no medical supplies and equipment for CMR spaces.	6	6	Program registration and logistics
Indicator 3.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (health providers (ObGyn, general medical doctors, nurses, psychologists, social workers) trained on clinical management of rape)	60	72	IP reports, attendance lists and photos
Indicator 3.3	# of people informed on GBV, on access to services, especially lifesaving and time-sensitive health services, so that survivors know where to find help.	960	2,709	Attendance lists and photos.
Explanation of output and indicators variance:		Community leaders decided to continue raising awareness and providing information on access to health services, even after the target was met.		
Activities	Description	Implemented by		
Activity 3.1	Procure and distribution of IARH kit 3-9, medical and non-medical supplies and equipment	UNFPA		
Activity 3.2	Deliver a refresher on job training to health providers in the targeted areas on the CMR protocols	IPs		
Activity 3.3	Put in place confidential and safe spaces within the health facilities to provide lifesaving CMR services.	IPs		
Activity 3.4	Community-awareness and information sessions focused on GBV, on access to services, especially lifesaving and time-sensitive health services, so that survivors know where to find help.	IPs		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁶:

⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

From the design of the project, the needs survey was carried out together with the health authorities and field staff. In accordance with this, the planning of the activities, the methodology of the implementation and the distribution of the inputs were made. During the implementation, the community participated actively through community leaders in awareness-raising activities and shared the information in their communities. At the end of the project, meetings were held for accountability, lessons learned and good practices. The AAP mechanisms used were satisfaction surveys and direct contact with people in the field. All the information collected was systematized and responded to the needs of the community.

b. AAP Feedback and Complaint Mechanisms:

UNFPA ensured that complaint desks and boxes, both online and face-to-face, confidentially collected comments and complaints from all community members and kept individual complainants confidential within an appropriate period. During all planned project activities, beneficiaries and participants were informed of the availability of these mechanisms and their objectives: (1) positive feedback, (2) request for information, (3) request for assistance, (4) complaints, including cases of PEAS, and (5) suggestions, highlighting your perspective of confidentiality. In addition, all communication material had information on these mechanisms and their accessibility.

The online mechanisms available were an online complaint form accessible through the UNFPA website (https://web2.unfpa.org/help/hotline_spanish.cfm) and office email (Venezuela.office@unfpa.org) through which PSEA violations and complaints, complaints and other comments were received and handled by a trained focal point designated by UNFPA.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNFPA chairs the Inter-Agency PSEA Network in Venezuela. The PSEA Network has put in place the necessary mechanisms to report and manage PSEA complaints, including the IASC PSEA Complaint mechanism protocols, materials 4 and EAS cases reporting tools that are used by UNFPA as implementing agency. Additionally, UNFPA has PSEA focal points that handle EAS cases reported to UNFPA and ensure victims timely and adequate access to response services including within the GBV Referral Pathways. UNFPA, manages EAS data according to global standardised standards, as per the GBVIMS recommendations.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The promotion of the right for women and girls to control their own bodies and their sexuality without any form of discrimination, coercion, or violence, is critical for their empowerment, and this perspective was at the core of this project. Without sexual rights, women and girls cannot realise their rights to self-determination and autonomy, nor can they control other aspects of their lives. The premise of this project was that the attempts to control the sexuality of women and girls result in many protection risks faced daily, including GBV, human trafficking, and inhibition of participation in public life. The reduction of risks of maternal mortality, unintended pregnancy, STIs, HIV, and GBV, especially for those with economic difficulties, was considered in line with the offering of accessibility to safe contraceptive methods in the most impoverished communities. The promotion of informed decision making among the most vulnerable women, public awareness about the rights of girls and adolescents and the defence of equality and women's rights, knowledge of the laws and mechanisms for their protection, including the strengthening of institutional capacities for the implementation of public policies with clearer objectives of gender equality, materialised this perspective under the expected project's activities.

e. People with disabilities (PwD):

During implementation, 53 persons with disabilities were reached (against 1,057 planned). The limitations of the context prevented the necessary articulation at the institutional level to achieve the initially expected results in relation to PwD. This has left very relevant lessons learned to be considered in successive project proposals, which also address this population group in a multisectoral approach.

f. Protection:

Through this project, access to clinical care for survivors of sexual violence was improved through the creation of care services effectively staffed and trained health personnel, thus strengthening one of the links in the multisectoral response and integral to the survivor of violence. The National Plan for CMR was strengthened, giving it strength as a public policy for its implementation in all the centers of the country at the national level.

g. Education:

The project does not include an education component.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible. If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not applicable - Cash and voucher assistance (CVA) is not included because this transfer modality has temporarily been suspended by the Government of Venezuela.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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9. Visibility of CERF-funded Activities

Title	Weblink
Dispensation on contraceptive method Delta Amacuro. Delta Amacuro is a state of Venezuela. (youtube.com)	https://www.youtube.com/watch?v=jvNIqvi_QMA
UNFPA in Venezuela in Instagram (@unfpa_venezuela)	https://www.instagram.com/p/Cg0G5vIKsZO/
UNFPA in Venezuela in Instagram (@unfpa_venezuela) The #UID is a great ally in your family planning	https://www.instagram.com/p/CfekYMAK1TQ/

3.3 Project Report 21-UF-FPA-019

1. Project Information			
Agency:	UNFPA	Country:	Venezuela
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	21-UF-FPA-019
Project title:	Tackling Gender-based violence against women and girls with disabilities affected by the Venezuela humanitarian crisis		
Start date:	08/09/2021	End date:	07/03/2023
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 26,734,599
	Total funding received for agency's sector response to current emergency:		US\$ 2,484,028
	Amount received from CERF:		US\$ 200,000
	Total CERF funds sub-granted to implementing partners:		US\$ 42,423
	Government Partners		US\$ 42,423
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its implementation partner, the National Council for Persons with Disabilities (CONAPDIS), delivered Dignity Kits with personal hygiene and menstrual hygiene items to 3,000 adolescents and women with disabilities (595 adolescents between 14 and 19 years of age and 2,405 women over 20 years of age), 31 per cent with intellectual disabilities, 27 per cent with physical-motor disabilities, 26 per cent with sensory disabilities, 9 per cent with multiple disabilities and 7 per cent with psychosocial disabilities. Psychosocial support was provided to 66 PwD caregivers and awareness-raising activities for the prevention of GBV in adolescents and women with disabilities were provided to 67 community leaders, 52 PwD caregivers and 175 people from the community with or without disabilities, mostly young people between 15 and 15 years.

In addition, 26 civil servants from civil society organisations were trained in response to GBV in a differentiated manner for adolescents and women with disabilities. This project also included the elaboration of a needs assessment and a mapping of GBV and disability organisations, as well as the preparation of a technical guide with guidelines for actions to prevent and respond to GBV against adolescents and women with disabilities. Based on this guide, 147 civil servants from civil society organisations and 277 civil servants from public institutions were trained. All the above activities were carried out in the states of Apure, Bolivar, Miranda, Táchira and Zulia.

Although the project initially envisioned reaching a total of 1,225 girls and 110 boys with disabilities, the IP CONAPDIS identified a greater need for attention among adult women with disabilities. Therefore, the project reoriented activities to reach this population group.

3. Changes and Amendments

This project had no significant delays or budget modifications. There was a minimum increase in transportation cost during the delivery of Dignity Kits, due to the long distances in the states of Apure and Táchira and the high cost of fuel that were within the scope of the CERF guidelines.

All the indicators of this project exceeded the estimated goals, highlighting the 277 officials of public institutions as well as servants of civil society organisations who attended the transfer of the Technical Guide on GBV and Disability exceeding three times the estimated goal. Public officials and servants of civic organisations showed high interest in learning about a technical guide and its impact in bringing into the public interest the issue of People with Disabilities. Additionally, CONAPDIS, as a government entity, facilitated a successful call and participation of public officials in the training activities.

The social cohesion activity exceeded the proposed goal by 175 per cent. This activity was well received by participants. Youth aged 15 to 25, with and without disabilities, participated, played and reflected on gender-based violence and disability.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	2,010	110	1,225	110	3,455	3,025	126	636	23	3,810
Total	2,010	110	1,225	110	3,455	3,025	126	636	23	3,810
People with disabilities (PwD) out of the total										
	1,800	0	1,200	0	3,000	2,539	42	610	7	3,198

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The approach to estimate the indirect beneficiaries corresponds to the average number of people that make up the Venezuelan family group, which is 4 individuals. UNFPA, based on government official estimations, calculates that 11,430 people who receive information about GBV and its differentiated impact on adolescents and women with disabilities.

6. CERF Results Framework

Project objective	Ensuring access to differential GBV response services for PwD, while contributing to mitigate and reduce GBV protection risks affecting PwD in targeted areas			
Output 1	GBV differential attention and assistance for women and adolescents with disabilities is available			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Mapping of PwD's organizations established	1	1	Document
Indicator 1.2	# of GBV staff whose capacities on PwD's differential attention are strengthened	25	26	Attendance Photos KOBO information capsule
Indicator 1.3	# of PwD's caregivers who received live-saving Psychosocial support services	50	66	Attendance Photos KOBO information capsule
Indicator 1.4	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed (to women and adolescents with disabilities)	3000	3000	Attendance Photos KOBO information capsule
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 1.1	Map PwD organizations and social organizations for PwD in alliance with the National Council for People with Disabilities (CONAPDIS) for the identification of PwD	Conapdis Consultoras UNFPA		
Activity 1.2	Conduct capacity strengthening sessions on differential attention to PwD survivors of GbV, to GbV service provision staff	UNFPA		
Activity 1.3	Provide Live-saving Psychosocial support services to caregivers of PwD	UNFPA		
Activity 1.4	Distribute Dignity Kits tailored to cover the needs of women and adolescents with disabilities, including menstrual and hygiene needs	Conapdis Consultoras UNFPA		
Output 2	Community resilience and capacities to prevent GBV against PwD are enhanced			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	# of PwD caregivers who participate on live-saving GBV prevention workshops	50	52	Attendance Photos KOBO information capsule
Indicator 2.2	# of individuals from the community (female community leaders, women's groups, Women's CBOs personnel, etc) who participate on GBV & Disability workshops and information sessions.	50	67	Attendance Photos KOBO information capsule
Indicator 2.3	# of individuals from the community (including PwD) who participate in inclusive social cohesion activities	100	175	Attendance Photos KOBO information capsule

Explanation of output and indicators variance:

The social cohesion activity exceeded the proposed goal by 175 per cent. Youth aged 15 to 25, with and without disabilities, participated, played and reflected on gender-based violence and disability. The activity had a wide call and was highly valued in the communities where it was made.

Activities	Description	Implemented by
Activity 2.1	Carry out workshops on GBV prevention oriented to caregivers of PwD	Conapdis Unfpa
Activity 2.2	Disseminate live-saving messages on GBV and protection risks affecting PwD and access to services, particularly women and girls, at the community level (community leaders, women's groups, PwD's CBOs, etc) through awareness raising and sensitization workshops.	Conapdis Unfpa
Activity 2.3	Develop GBV IEC materials with live-saving information adapted to the needs of PwD	Unfpa

Output 3

Institutional and organizational capacity to integrate GBV-against-PwD into humanitarian programming is strengthened.

Was the planned output changed through a reprogramming after the application stage?

 Yes ☐

 No ☒

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Needs Assessment on GBV and protection risk affecting PwD published	1	1	Document
Indicator 3.2	GBV & Disability Inclusion Guidelines developed	1	1	Document
Indicator 3.3	# of Humanitarian actors who participate in the GBV & Disability inclusion Guidelines Roll-Out Workshop	100	147	Attendance Photos KOBO information capsule
Indicator 3.4	# of staff from public institutions who participate in capacity strengthening sessions on GBV and differential attention for PwD.	80	277	Attendance Photos KOBO information capsule

Explanation of output and indicators variance:

Regarding the surplus of humanitarian actors and public officials who attended the transfer of the GBV and disability Technical Guide, in both cases there is

		an interest in learning about a subject as invisible as disability. Additionally, CONAPDIS as a government entity facilitated the call and participation of public officials in training activities.
Activities	Description	Implemented by
Activity 3.1	Develop participatory assessments of GBV protection needs affecting PwD in prioritized communities.	Unfpa
Activity 3.2	Develop a GBV & Disability inclusion technical guidance note for institutions and humanitarian actors.	Unfpa Conapdis
Activity 3.3	Roll out the GBV & Disability inclusion technical guidance note and humanitarian actors	Unfpa
Activity 3.4	Carry out capacity strengthening sessions on GBV and differential attention for PwD to public institutions.	Conapdis Unfpa

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁸:

During the survey of GBV needs carried out in 2021, focus groups of different vulnerable populations were held, including one with adolescents and women with disabilities. Their testimonies were incorporated into the design of this project to address their need to identify GBV and how to prevent it. During implementation, the participation of women with disabilities was key, especially those with a leading role in their communities. They participated in the introduction session of the project and were invited to participate in each activity. For follow-up, a suggestion box was placed in each intervention area to obtain feedback from adolescents and women. Most feedback included expressions of gratitude and requests to raise more awareness. It is important to highlight that all the activities were supported by a sign language interpreter, facilitated by the implementing partner.

b. AAP Feedback and Complaint Mechanisms:

The main feedback strategy was the suggestion box accessible to everyone while protecting confidentiality. At the beginning and at the end of each activity, reference was made to the suggestion box, clarifying that they could write down their impressions, doubts, recommendations, or complaints anonymously if they wished. Impressions were also collected verbally to include people with disability. In the state of Zulia, the contact line was also used to collect information. Participation in the mailbox and in writing included adolescents and women with disabilities and their caregivers. Most of the information collected included messages of appreciation for the exchange of information on GBV against people with disabilities, considered valuable. Participants also requested that outreach be extended to other communities and educational centers, that dignity kits be distributed more frequently, that the age limit for distribution be removed, and that adolescents and women who are bedridden or unable to mobilize be considered.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

⁷ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

At the beginning of all activities, awareness-raising sessions on PSEA were organized, highlighting the commitment of UNFPA and the UN System for creating spaces free of all types of harassment, including sexual harassment, indicating the prohibitions that UN and its implementing partners personnel must abide by and the email psea-venezuela@unfpa.org was provided as a complaint mechanism. The principle of confidentiality in all reported cases was also presented. In addition, it was emphasized that adolescents and women with disabilities and/or their caregivers can verbally express to any of the organizers if they felt uncomfortable during the activity, knowing that this is a population that may have difficulties with digital literacy or connectivity.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

This project was implemented following the guidelines of the Strategy for the Inclusion of People with Disabilities of the UN that contemplates intersectionality, that is, understanding that variables such as ethnic origin, economic condition, educational level or gender, determine the life of the PwD. Special emphasis was made on explaining how adolescents and women with disabilities experience GBV in crueler ways because their condition as an adolescent or women with a disability intertwined.

The strategy includes the double-track approach in which the empowerment of adolescents and women with disabilities is promoted by showing that adolescents and women with disabilities have the right to live a life free of violence, that the responsibility for violent actions is always on the aggressor and that there are organisations and services willing to support in the event of GBV. The approach was observed and maintained throughout the implementation of each activity of the project.

e. People with disabilities (PwD):

To meet the basic needs of 3,000 adolescents and women with disabilities targeted by the intervention, 3,000 dignity kits were delivered with personal hygiene and menstrual hygiene products. The delivery of the dignity kits was done in comfortable spaces with good access areas (spacious, with ramps, with bathrooms for people with disabilities, among other reasonable adjustments) and that had Venezuelan sign language interpretation. There were 15 GBV prevention activities on raising awareness on GBV against PwD and social cohesion with the participation of 290 people, including caregivers, community leaders and adolescents and women with disabilities. Focus was placed on 1. Identify GBV 2. Identify risk factors 3. GBV prevention strategies in the family and community.

f. Protection:

In addition to raising awareness about GBV among adolescents and women with disabilities, this project also benefited 67 community leaders, 52 caregivers of people with disabilities, and 175 people from the targeted communities. Dignity kits were distributed following the awareness raising on GBV against persons with disabilities.

As a result of the needs survey conducted in 2021, it became apparent that women caregivers of people with disabilities were also experiencing GBV as part of their caregiving role. The project responded to this need by providing psychosocial group support in which 66 caregivers participated. In each session, mental and emotional symptoms as well as body signs of stress were identified, and emotional management strategies were offered.

g. Education:

The project does not include an education component.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible. If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not applicable - Cash and voucher assistance (CVA) is not included because this transfer modality has temporarily been suspended by the Government of Venezuela.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
9. Visibility of CERF-funded Activities				
Title	Weblink			
Social cohesion activity with people with disabilities	https://www.youtube.com/watch?v=szED5ElxCTM			
UNFPA and CONAPDIS present: VISIBLES Orientation Guide for Prevention Actions and Response to Gender-based Violence against Adolescents and Women with Disabilities	https://venezuela.unfpa.org/es/news/unfpa-y-conapdis-presentan-visibles-gu%C3%ADa-de-orientaciones-para-acciones-de-prevenci%C3%B3n-y			

3.4 Project Report 21-UF-HCR-015

1. Project Information					
Agency:		UNHCR		Country: Venezuela	
Sector/cluster:		Shelter and Non-Food Items Protection		CERF project code: 21-UF-HCR-015	
Project title:		Strengthening of protection services in Venezuela			
Start date:		25/08/2021		End date: 24/08/2022	
Project revisions:		No-cost extension <input checked="" type="checkbox"/>		Redeployment of funds <input checked="" type="checkbox"/> Reprogramming <input checked="" type="checkbox"/>	
Funding	Total requirement for agency’s sector response to current emergency:				US\$ 55,244,449
	Total funding received for agency’s sector response to current emergency:				US\$ 7,230,349
	Amount received from CERF:				US\$ 1,300,000
	Total CERF funds sub-granted to implementing partners:				US\$ 190,175
	Government Partners				US\$ 0
	International NGOs				US\$ 190,175
	National NGOs				US\$ 0
	Red Cross/Crescent Organisation				US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR supported the provision of life-saving services to 29,231 persons with specific needs on the move, at risk of displacement and in need of international protection, ensuring their well-being and dignity throughout displacement and mitigating related protection risks.

Aligned with the Shelter/Non-food Items/Energy Cluster, the operability of seven community spaces was reinforced through basic infrastructural works, as well as NFI, which supported the establishment of safe spaces to those in the move and with specific needs. In addition, UNHCR organized trainings on the centrality of protection, including rights and Age, Gender and Diversity (AGD) approaches to service providers that work in the community spaces supported throughout the project.

UNHCR also supported two elderly care centres that provide temporary shelter and specialised services; two shelters and one institutional social assistance centre where legal assistance, psychosocial support and/or health assistance are provided to GBV and human trafficking survivors and women at risk; one health office that provides comprehensive emergency services and assistance to persons on the move including persons with disabilities; and one community space managed by community members. This project responded the needs of 29,230 persons that present different AGD characteristics in the states of Apure, Falcón, and Sucre.

In 2022, the protection risks associated to smuggling and human trafficking for all those on the move, and restrictions of movement significantly increased, causing a rise in the number of sexual and gender-based violence and intra-family violence. To tackle this, UNHCR used this CERF grant to provide life-saving services to persons with specific needs on the move, at risk of displacement and in need of

international protection, ensuring their well-being and dignity throughout displacement and mitigating related protection risks. Supported community spaces also included INTRAMUJER's HQ.

3. Changes and Amendments

UNHCR requested a no-cost extension since border closures triggered protection risks associated to smuggling and human trafficking for all those on the move, and COVID-19 preventive measures contributed to an increasing number of sexual and gender-based violence and intra-family violence. Consequently, the affected populations, particularly women, children, elderly persons and persons with disabilities, faced higher risks of exploitation, violence and forced recruitment due to the deterioration of security situation and increased presence of armed groups in localized areas, facing also great challenges to access protection services, assistance and temporary shelter.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	490	291	201	172	1,154	594	475	210	182	1,461
Returnees	2,938	1,745	1,208	1,034	6,925	3,562	2,853	1,261	1,093	8,769
Internally displaced people	2,938	1,745	1,208	1,034	6,925	3,562	2,853	1,261	1,093	8,769
Host communities	2,938	1,745	1,208	1,034	6,925	3,562	2,853	1,261	1,093	8,769
Other affected people	490	291	201	172	1,154	594	475	210	182	1,461
Total	9,794	5,817	4,026	3,446	23,083	11,872	9,509	4,203	3,643	29,229
People with disabilities (PwD) out of the total										
	1,175	698	483	414	2,770	1,351	1,082	477	413	3,323

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	490	291	201	172	1,154	594	475	210	182	1,461
Returnees	2,938	1,745	1,208	1,034	6,925	3,562	2,853	1,261	1,093	8,769
Internally displaced people	2,938	1,745	1,208	1,034	6,925	3,562	2,853	1,261	1,093	8,769
Host communities	2,938	1,745	1,208	1,034	6,925	3,562	2,853	1,261	1,093	8,769
Other affected people	490	291	201	172	1,154	594	475	210	182	1,461
Total	9,794	5,817	4,026	3,446	23,083	11,872	9,509	4,203	3,643	29,229
People with disabilities (PwD) out of the total										
	1,175	698	483	414	2,770	1,351	1,082	477	413	3,323

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

UNHCR considered beneficiaries' family members (under the same household) as indirect beneficiaries of the support provided. By estimating four (4) household members per direct beneficiary, we obtained a total of **116,920 indirect beneficiaries**. Due to CERF project specific features, attended individuals are reported as beneficiaries in two clusters (as recurring beneficiaries), as these were benefited simultaneously from Shelter and NFI, as well as Protection services. (Note: beneficiaries under the Shelter, Energy, NFI Cluster are the same as the ones under Protection, including areas of responsibility. Nevertheless, these were counted only once in the overall total of 29,230 direct beneficiaries).

6. CERF Results Framework

Project objective	Support the provision of life-saving services to affected populations ensuring their well-being and dignity throughout displacement and mitigating related protection risks.			
Output 1	Community protection spaces are rehabilitated and equipped			
Was the planned output changed through a reprogramming after the application stage?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of community protection spaces constructed/rehabilitated	7	7	Written acknowledgements
Indicator 1.2	# of PoC with specific needs receiving support (non-cash)	23,080	29,231	Written acknowledgements
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 1.1	Rehabilitation of one nursing home for the elderly (Apure)	UNHCR		
Activity 1.2	Rehabilitation of one nursing home for the elderly (Sucre)	UNHCR		
Activity 1.3	Rehabilitation of one shelter SGBV/human trafficking survivors (Falcon)	UNHCR/HIAS		
Activity 1.4	Rehabilitation of one shelter for women at risk (Sucre)	UNHCR		
Activity 1.5	Rehabilitation of emergency services facilities for persons on the move, including those living with disabilities. (Sucre)	UNHCR		
Activity 1.6	Rehabilitation of one social assistance centre (Falcon)	UNHCR/HIAS		
Activity 1.7	Basic infrastructural work in one community space (Falcon)	UNHCR/HIAS		

Output 2	Community centres are provided with basic items			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of community spaces that receive shelter material	7	7	Written acknowledgements
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		

Activity 2.1	Provision and distribution of shelter materials including other items to shelters and community safe spaces	UNHCR
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Output 3	Direct service providers and community representatives receive refresher sessions on protection topics			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of refresher sessions on the centrality of protection including rights and AGD approaches conducted	18	18	Attendance records
Indicator 3.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation	70	70	Attendance records
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 3.1	Organization of refresher sessions on the centrality of protection in spaces	UNHCR		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁰:

UNHCR along with other protection actors conducted participatory assessments with an age, gender and diversity approach throughout the implementation of the project in September 2021 and September 2022, which aimed at understanding risks, needs and existing protection mechanisms within communities in the prioritized states for this project. The results of these assessments have directly contributed to the design and implementation of this project. UNHCR has also conducted refresher trainings for community structures so that these can better identify needs and respond to them, and support project monitoring and evaluation in their area of residence.

b. AAP Feedback and Complaint Mechanisms:

UNHCR implemented different feedback and complaint mechanisms. These included emergency contact lines, focus groups with people targeted and participatory assessments. In addition, communication with communities (CwC), was also a key element to ensure AAP across all areas of UNHCR's and partner's interventions to ensure the sustained participation of the people we serve, including community leaders, women, youth, people with disabilities, and members from the LGBTIQ+ community.

⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁰ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

The main pillar of the UNHCR country strategy is community-based protection, which includes communication with communities. UNHCR deploys community complaints and feedback mechanism to allow people affected by the crisis to have access to information and participate in decision-making on projects developed by UNHCR and its partners. The communication with communities also considers the expansion of the information desks in mobile settings and community centres, to enhance community outreach.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNHCR uses the Common Standardized UN Partner PSEA Capacity Assessment Tool and the UNHCR Administrative Instruction UNHCR/AI/2021/06 on Implementing Partner PSEA Capacity Assessment. In line with the UN zero-tolerance policy to sexual exploitation and abuse (SEA), UNHCR offers access to proper complaint mechanisms for staff or implementing partners' breaches, including confidential pathways for PSEA reporting. UNHCR uses contact points at the community level and reinforce the figure of Accountability Officers as channels for receiving feedback and complaints.

UNHCR and partners conduct training about prevention of GBV, PSEA, awareness of international protection and forced displacement, and procedures for referring people with specific needs to specialized services. UNHCR works through a community-based approach to mitigate protection risks and support the resilience of affected communities, thus key messages on SEA are delivered to community members on every intervention, and community structures (outreach volunteers, community committees and women and youth networks) have received or will receive specific refresher trainings on this topic to support related awareness-raising activities.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Within this project, service providers and community representatives in Falcon and Sucre States were supported to provide quality protection services, such as psychosocial support, legal assistance and/or health services to women, girls, and sexual and gender minorities, who could be at risk and/or have survived violence. GBV prevention and risk mitigation will be integrated into activities. Among the topics included in the refresher sessions, GBV prevention and response will be prioritised. Through UNHCR's community-based approach, the active participation of women, girls and other groups at-risk in community structures supported by UNHCR ensured that their views were included, and specific risks addressed throughout the program cycle.

e. People with disabilities (PwD):

Through the activities that were implemented in this project, institutional spaces that provide direct services to persons with disabilities were supported through rehabilitation and the distribution of NFIs. Rehabilitation work also focused on making additional spaces physically accessible to persons with disabilities. Refresher trainings on protection topics also aimed to ensure that service providers and community representatives are enabled to provide inclusive life-saving services that are adapted to communication and social barriers faced by people with different types of disabilities and identification of protection risks.

f. Protection:

This project supported the provision of life-saving protection services and shelter to persons affected by the humanitarian situation in Venezuela, including women, children and older persons at risk, persons with disabilities, GBV and human trafficking survivors, and persons in need of international protection. Protection is thus mainstreamed throughout this project and strengthening a protection response to those in need is the main component of this project.

g. Education:

The project design does not include an education component.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible. If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

At the start of 2021, the Government of Venezuela temporarily suspended the use of CVA as humanitarian aid delivery channel by humanitarian actors in the country. As of April 2021, the Government authorized UNICEF and FAO to resume CVA in the country. To this day, no other humanitarian organization was authorized to resume CVA. The HCT with the support of OCHA continues to advocate, on behalf of humanitarian actors, for the resumption of CVA.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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9. Visibility of CERF-funded Activities

Title	Weblink
Contribución Hospital Tipo I Rómulo Gallegos	https://twitter.com/ACNUR_Venezuela/status/1377349933594894341 https://www.instagram.com/p/CNGHjdBnM2C/?img_index=1
Donación al Hospital José Antonio Páez de la comunidad de Guasqualito, estado Apure	https://twitter.com/ACNUR_Venezuela/status/1497312439590965249 https://www.instagram.com/p/CMNF6zIHVa0/?img_index=1

3.5 Project Report 21-UF-CEF-030

1. Project Information			
Agency:	UNICEF	Country:	Venezuela
Sector/cluster:	Nutrition Protection - Child Protection Health Education	CERF project code:	21-UF-CEF-030
Project title:	Provision of life-saving support to vulnerable and at-risk children and mothers in vulnerable municipalities in Venezuela		
Start date:	07/09/2021	End date:	06/09/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 242,917,370
	Total funding received for agency's sector response to current emergency:		US\$ 67,396,241
	Amount received from CERF:		US\$ 2,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 869,875
	Government Partners		US\$ 0
	International NGOs		US\$ 58,676
	National NGOs		US\$ 811,199
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners procured and distributed life-saving medicines and equipment to nine health facilities in the states of Apure, Sucre, Falcon and Delta Amacuro to provide antenatal and paediatric care, obstetric care, neonatal care and general emergency care. In addition, 40,800 children received their first dose of the measles, mumps and rubella vaccine. This represents 27 per cent of the total number of children vaccinated with MMR1 in the country. With each vaccine donation to the Expanded Programme on Immunization, UNICEF also provided the supplies needed for immunization activities (syringes and safety boxes to prevent vaccine wastage). In addition, UNICEF rehabilitated the maternity rooms of 8 health centers in the states of Falcon, Apure, Delta Amacuro and Sucre.

UNICEF procured and distributed portable ultrasound machines and fetal dopplers to outpatient clinics in Apure to improve the quality of obstetric consultations and antenatal care. Moreover, UNICEF trained 100 health workers from 3 health centres in Falcon state on maternal, neonatal and paediatric care.

UNICEF and partners conducted nutritional screening of 21,215 children under five in Apure, Delta Amacuro, Falcon, Sucre and Barinas states; referred 1,375 malnourished children for treatment; trained 60 staff in the management of severe malnutrition; provided multiple micronutrient powders to 5,100 pregnant and lactating women and 18,378 children aged 6 to 59 months; and provided ready-to-use lipid-based therapeutic formulas to 886 malnourished pregnant and lactating women.

UNICEF and implementing partners provided learning and teaching kits to 21,803 students and 1,454 teachers in public schools in the states of Falcón, Sucre, Delta Amacuro and Apure. UNICEF also succeeded in integrating the conceptual framework of transferable skills into the secondary school curriculum, benefiting 3,000 adolescents during the pilot phase of the program in the states of Falcón, Sucre, Delta Amacuro and Apure. In this context, UNICEF trained 84 teachers in the Life Skills Program. Thanks to CERF funding, 750 children and adolescents living in vulnerable communities in the states of Apure, Delta Amacuro, Falcón and Sucre were supported in accelerated education programs that included the provision of nutritious snacks, and 55 educators were trained in the Educational Leveling and Socio-Emotional Attention Program for Out-of-School Children and received incentives to engage them in the educational process.

UNICEF provided specialized child protection programmes and services to 28,886 children and caregivers in the states of Apure, Sucre, Bolivar and Delta Amacuro; 11,821 children and women had access to GBV prevention, care and response services in the states of Sucre, Bolivar and Delta Amacuro. Care and response services comprehended psychosocial support, legal orientation and safe referral to services - including health services - as well as case management support; 55,174 people participated in awareness-raising activities on preventing violence against children in Sucre, Bolivar and Delta Amacuro states; 29,266 children and adolescents had access to their legal identity thanks to UNICEF support to government authorities such as municipal civil registries, hospital registries and the Consejo Nacional Electoral; 1,000 C4D materials on children's rights were distributed in Apure state.

3. Changes and Amendments

Inclusion of the State of Bolivar in child protection activities. The inclusion of the state of Bolivar in CERF funding responded to the need of funding in this sector, given the importance of ensuring the continuity of essential protection services in a state as complex as Bolivar. In this area, UNICEF's interventions also benefit the Warao population and other indigenous peoples and communities, estimated at 54,686 people in the state, according to the most recent census by the National Institute of Statistics. In addition, CERF funds made it possible to reach communities near the Delta Amacuro, such as Caroní and Piar, in the state of Bolivar, with the activities originally proposed in the proposal. This facilitated the prevention and response to child and adolescent protection and gender-based violence (GBV) issues that affect the south-eastern region of the country, as Bolivar is a state that influences the risks and issues of other states, such as the high mobility of people and the risk of trafficking, among others. In addition, it is important to highlight that this change has not affected or diminished the sector's response in the states originally proposed, such as Sucre and Delta Amacuro, which were co-financed by other donors, and the integrated work with other sectors has favoured the development of activities. All this has contributed to an integrated response for children and adolescents in the Eastern Region.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	1,180	295	11,077	10,673	23,225	1,183	296	11,104	10,699	23,282
Total	1,180	295	11,077	10,673	23,225	1,183	296	11,104	10,699	23,282

People with disabilities (PWD) out of the total

	8	12	18	21	59	0	0	0	0	0
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Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	50	50	20,159	21,841	42,100**	70	30	19,723	21,077	40,900
Total	50	50	20,159	21,841	42,100**	70	30	19,723	21,077	40,900

People with disabilities (PWD) out of the total

	3	3	2,400	2,600	5,006	7	3	1,972	2,107	4,089
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

** Figures adjusted as per the interim report notification of change in target.

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	3,400	0	10,800	9,800	24,000	4,050	0	10,905	10,310	25,265
Total	3,400	0	10,800	9,800	24,000	4,050	0	10,905	10,310	25,265
People with disabilities (PwD) out of the total										
	30	10	102	98	240	73	0	97	75	245

Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	9,018	7,200	23,420	23,222	62,860	46,240	10,846	48,761	42,869	148,716
Total	9,018	7,200	23,420	23,222	62,860	46,240	10,846	48,761	42,869	148,716
People with disabilities (PwD) out of the total										
	8	12	18	21	59	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

** Figures adjusted as per the interim report notification of change in target.

5. People Indirectly Targeted by the Project

UNICEF interventions **indirectly benefited 395,000 people** through education, health and child protection activities. UNICEF succeeded in integrating the transferable skills conceptual framework into the secondary school curriculum, benefiting 281,000 adolescents in 804 schools and 14,500 teachers nationwide during the 2021-2022 school year, creating an enabling environment and system support for adolescent learning and empowerment. In addition, approximately 50,000 people (6,000 men, 6,500 women, 19,125 girls, and 18,375 boys) were reached through activities in supported health centres such as the provision of supplies, rehabilitation works, points of care testing, and trainings. The expansion of health services in remote areas also helped improve the quality-of-service delivery and maternal and new-born care, reducing the number of life-threatening conditions women and new-borns face because of uncontrolled pregnancies. In addition, UNICEF estimates that approximately 50,000 people have been reached through awareness-raising activities on gender-based violence and violence against children.

6. CERF Results Framework

Project objective	Provision of life-saving support to vulnerable children and mothers in Venezuela			
Output 1	Children and their mothers, including persons with disabilities, have access to adequate critical maternal, new-born and child health emergency services, including antibiotics and other life-saving medicines, and vaccines to respond to outbreaks			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of Health facilities reached with antibiotics, life-saving medicines and equipment	5	9	5W reports
Indicator 1.2	# of children between 12 to 23 months vaccinated against MMR (Measles, Mumps and Rubella)	42,000*	40,800	5W reports
Indicator 1.3	# of care centres reached	4	8	5W reports
Indicator 1.4	# of health facilities reached with point of care diagnostic devices	10	3	5W reports
Indicator 1.5	# of health workers reached with cash incentive programs	100	100	5W reports Implementing partner's reports. Third party monitoring.
Explanation of output and indicators variance:		<p>Savings from direct implementation allowed UNICEF to increase the number of rehabilitations carried out, with labour provided by the Secretariats of Health in each state. In addition, in accordance with local working agreements, UNICEF had to deliver medicine and equipment kits to 9 health centres, which was done through co-financing.</p> <p>UNICEF procured and distributed portable ultrasound scanners to outpatient clinics in the state of Apure to improve the quality of obstetric consultations and prenatal care.</p> <p>However, only three ultrasound machines were procured due to limited international market production and availability of PQS/WHO ultrasound equipment during the COVID-19 pandemic. The difference in the funds</p>		

		allocated for this intervention, was then used to cover the funding gap for the increased cost of supplies and shipping during the COVID-19 pandemic.
Activities	Description	Implemented by
Activity 1.1	Procure and distribute antibiotics, life-saving medicines and equipment to health facilities	UNICEF Health secretariats of Falcón & Apure
Activity 1.2	Procure and distribute vaccines and ancillary supplies to respond to epidemics and outbreaks as required	UNICEF Ministry of Health
Activity 1.3	Refurbishment and equipment of 4 delivery rooms and antenatal care centres	UNICEF Health secretariats of Falcón, Apure, Sucre and Delta Amacuro states.
Activity 1.4	Procure and distribute point of care diagnostic devices for life-saving activities to health facilities (portable ultrasound equipment and fetal doppler devices)	UNICEF
Activity 1.5	Carry-out a cash incentive programme (USD 100 per month) to retain key personnel at health facilities, conditional on training attendance	FINAMPYME Ministry of Health

Output 2	Children, adolescents and caregivers have access to improved integrated and lifesaving protection services, including GBV services in prioritized areas			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of children and caregivers receiving specialized child protection programmes and services	20,110	51,272	5W reports
Indicator 2.2	# of women and children at risk of GBV receiving prevention, care and response services	12,572	11,821	5W reports
Indicator 2.3	# of people sensitized on prevention of violence, including gender-based violence, and prevention of family separation	30,178	55,714	5W reports
Indicator 2.4	# children and adolescents supported with access to Civil Registry	4,900	29,266	5W reports
Indicator 2.5	# child protection frontline workers receiving economic incentives	200	344	5W reports
Indicator 2.6	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (C4D activities and trainings)	2,000	539	5W reports
Indicator 2.7	# of C4D materials in support of programmatic implementation	3,000	1,000	5W reports
Explanation of output and indicators variance:		Several contextual factors allowed UNICEF to reach more people than expected. These factors are mainly related to the decrease in the number of		

	<p>COVID-19 cases and the gradual lifting of detention measures, which allowed for the reactivation of activities in communities and services provided by institutions and organizations. 2022 was also marked by a period of stability in the supply of fuel and an increase in economic activity. All these factors influenced the ability of partners and institutions to reach more people than initially planned.</p> <p>Activity 2.6 is indicated in the table below implemented by Instituto Radiofónico Fe y Alegría.</p> <p>Activity 2.7 - UNICEF carried out the training and activities that included the development of an artistic project that enabled to establish a safe environment where children and adolescents were listened to; spaces for conflict resolution and peace building while strengthening local capacities and disseminating key messages on the rights of children and adolescents and essential practices for life. 539 people were trained and participated in those communication for development activities. Due to challenges related to access to the area, in a period of complex political and social tension, the participation of adolescents and the community in general was hampered. For this same reason, there was a limitation on the distribution of materials in the implementing area.</p>
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Activities	Description	Implemented by
Activity 2.1	Provide community-based specialized legal, mental health and psychosocial support, protection services in high vulnerability areas	Asociación De Consejeros y Consejeras de Protección de NNA en Venezuela Asociación para el Desarrollo de la Educación Integral y Comunitaria Alianza Cielos Abiertos INTERSOS CARITAS CARÚPANO Construyendo Futuros
Activity 2.2	Provide prevention, care and response services for women and children survivors of GBV	Asociación para el Desarrollo de la Educación Integral y Comunitaria Alianza Cielos Abiertos INTERSOS Construyendo Futuros
Activity 2.3	Carry out awareness raising activities for the prevention of violence and the prevention of family separation	Asociación De Consejeros y Consejeras de Protección de NNA en Venezuela Asociación para el Desarrollo de la Educación Integral y Comunitaria Alianza Cielos Abiertos INTERSOS CARITAS CARÚPANO Construyendo Futuros
Activity 2.4	Support government authorities in ensuring access to the Civil Registry to vulnerable indigenous children and adolescents	Asociación para el Desarrollo de la Educación Integral y Comunitaria Alianza Cielos Abiertos INTERSOS
Activity 2.5	Carry on an incentive (USD 50 per month) programme for Child Protection frontline workers	Asociación De Consejeros y Consejeras de Protección de NNA en Venezuela

Activity 2.6	Dissemination of messages on access to services and behaviours that save lives (C4D) through the mass and social media	Instituto Radiofónico Fe y Alegría
Activity 2.7	Community-led C4D activities carried out by community promoters, influential leaders, Implementing Partners or Allies	UNICEF
Activity 2.8	Distribution of C4D materials to support programmatic implementation	UNICEF

Output 3	Children under five years of age and PLW have access to health services and nutrition programmes improved in acute malnutrition prevention and treatment, and micronutrient deficiencies.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Nutrition			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	N.4 Number of people screened for acute malnutrition (children under five)	20,000	21,215	5W reports UNICEF databases
Indicator 3.2	N.4 Number of people screened for acute malnutrition (PLW with nutritional vulnerability screened)	4,000	4,050	5W reports UNICEF databases
Indicator 3.3	N.5 Number of people receiving vitamins and/or micronutrient supplements (children under five years of age received nutritional supplementation for the prevention of micronutrient deficiencies, e.g. anaemia and others)	17,640	19,383	5W reports UNICEF databases
Indicator 3.4	N.5 Number of people receiving vitamins and/or micronutrient supplements (PLW received nutritional supplementation for the prevention of micronutrient deficiencies, e.g. anaemia and others)	3,309	5,100	5W reports UNICEF databases
Indicator 3.5	# children under five years of age with SAM and MAM received nutritional and hygiene treatment and supported for the storage and treatment of water for their families	1,360	1,375	5W reports UNICEF databases
Indicator 3.6	# health centres reached with the provision of essential supplies for the Nutrition / Wash services	40	100	5W reports UNICEF databases

Explanation of output and indicators variance:	Based on the needs, UNICEF identified the actual requirements of targeted health care centers.
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Activities	Description	Implemented by
Activity 3.1	Screening of children under five for acute malnutrition and underweight in pregnant women by health personnel and community health workers	Alianza Cielos Abiertos CARITAS CARUPANO Primeros Auxilios LUZ

Activity 3.2	Screening for anaemia and indication of preventive treatment in children under 5 years of age and PLW and curative treatment in children 6 to 23 months of age and pregnant women through health personnel	Alianza Cielos Abiertos CARITAS CARUPANO Primeros Auxilios LUZ
Activity 3.3	Indicate the treatment and follow-up on cases of children under five years of age with SAM and MAM and pregnant with low weight by health personnel	Alianza Cielos Abiertos CARITAS CARUPANO Primeros Auxilios LUZ
Activity 3.4	Provision of basic nutrition / washing supplies to ensure the continuity of nutrition programmes in areas with greater nutritional vulnerability	Alianza Cielos Abiertos CARITAS CARUPANO Primeros Auxilios LUZ

Output 4	Children and adolescents have access to learning opportunities through the distribution of educational kits, teacher training and life skills programmes, psycho-educational support (students) and catch-up programmes
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of children, adolescents and teacher who receive learning kits	23,335	23,282	5W reports
Indicator 4.2	Number of adolescents and young people participating in remedial education, life skills and technical training activities	3,000	3,000	5W reports
Indicator 4.3	Ed.1 Number of children accessing formal or non-formal education (out of school children)	750	750	5W reports
Indicator 4.4	Number of children and adolescents benefiting from psycho-educational support activities	750	750	5W reports
Indicator 4.5	Number of children benefiting from balanced and hygienic school feeding programmes	750	750	5W reports
Indicator 4.6	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (teachers)	1475	55	5W reports
Indicator 4.7	Number of teachers receiving incentives (food bags) to ensure continuity of teaching and functionality of educational services	75	50	5W reports

Explanation of output and indicators variance:	<p>Given the number of students in targeted schools, UNICEF agreed to work with 15 children per teacher which required the need of 50 teachers instead of 75.</p> <p>Indicator 4.6: UNICEF carried out the activity, however, the estimated result was affected by the outbreak of the COVID-19 pandemic. A direct target of 1,475 teachers were planned to be trained, but the year of the implementation was particularly complex due to the school closure. A progressive and semi-presential school reopening process was developed, this required UNICEF to adapt the implementing modality moving to a</p>
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		cascade training strategy that was developed and agreed with the Ministry of Education. 55 teachers were directly trained, they in turn trained other teachers in their corresponding schools. Indirectly, within this ToT strategy, 1,547 teachers were trained.
Activities	Description	Implemented by
Activity 4.1	Distribution of learning kits for 21,750 students and teaching kits for 1,475 teachers.	UNICEF
Activity 4.2	Provide life-skills education to 3,000 adolescents	Fe y Alegría
Activity 4.3	Short-term (1 month) training of 25 teachers in life skills programmes.	UNICEF
Activity 4.4	Development of accelerated education programme for 750 out-of-school children in accelerated education programs (including psycho-educational support) in 4 states for 9 months.	Asociación para el Desarrollo de la Educación Integral y Comunitaria
Activity 4.5	Short-term (1 month) training of 75 teachers in accelerated education and socio-emotional support for out-of-school children.	Asociación para el Desarrollo de la Educación Integral y Comunitaria
Activity 4.6	Incentives to 75 teachers participating in the accelerated education programme.	Asociación para el Desarrollo de la Educación Integral y Comunitaria
Activity 4.7	Distribution of nutritious snacks to 750 out-of-school children participating in the accelerated education programme.	Asociación para el Desarrollo de la Educación Integral y Comunitaria

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹¹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹²:

The affected populations participated in the implementation and monitoring of the project through focus group activities, assemblies where the opinions of the different population groups (according to gender, age, people with disabilities) are collected through face-to-face interviews, surveys and workshops; during project implementation, community committees and teams (e.g. technical groups, monitoring committees) have been created and/or strengthened; partnerships have been established with local groups and adolescents to assume responsibilities such as outreach, awareness raising and maintenance of spaces, thus reducing barriers to participation that may restrict engagement in activities. All these actions allowed the participation of 6,700 people and the collection of approximately 27,000 opinions.

b. AAP Feedback and Complaint Mechanisms:

UNICEF implemented safe and responsive mechanisms to manage feedback and complaints. These mechanisms included, a UNICEF countrywide reporting line available for people to report sensitive feedback and an inter-agency contact center, pilot in Zulía, Lara, Falcón

¹¹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

and Trujillo, currently applied nationwide since June 2022, oriented to receive calls, SMS, WhatsApp and mail, mechanisms disseminated with the delivery of flyers, posters, stickers in each activity carried out; Focus groups, suggestion boxes, assemblies through community promoters were also developed to collect the opinions and suggestions of the people and communities benefited in order to make adjustments and/or changes in the projects according to the needs of the people, applying confidentiality and security protocols for the protection of the data of the people, who are asked for their consent to use the information sent, especially in the case of claims and complaints, leaving this information stored in a CRM system contracted for this purpose.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The interagency contact line is the main mechanism for collecting PSEA cases, which is reported in activities, flyers and posters by both UNICEF and its partners. This mechanism has two telephone numbers and an email that are answered Monday through Saturday from 8 am to 5:45 pm. guaranteeing the confidentiality of the information and restricted access to the data collected only to the PSEA specialist. During the period of this report no cases related to PSEA were received.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNICEF incorporated gender approach including the development of gender analysis of the specific context to understand the differentiated needs of vulnerable groups, especially women and girls and sexual and gender minorities and ensure the activities address these needs. Moreover, in the process of raising awareness with communities to prevent GBV, UNICEF opened spaces and dialogue to increase the active participation of women and girls and fostering the inclusion of their needs and voices at decision making spaces and with key actors.

e. People with disabilities (PwD):

UNICEF paid particular attention to the needs of PwD. Interventions took place in prioritized centres located in remote areas, and referral centres which enhanced the access of general population, especially women and children with disabilities to life saving services at health care centres. UNICEF promoted inclusive, relevant and qualified nutritional care with greater emphasis on the maternal and child population with disabilities. UNICEF supported the sensitization of community promoters for the recruitment of children under 5 years of age and PLW with disabilities and nutritional vulnerability.

f. Protection:

Communities at risk were included as early as the needs assessment and programme design phases. Particular attention was given to ensure that different perspectives based on gender, age, persons with disabilities, and any other relevant diversity groups, were included. The implementation focused on the protection of the most at-risk children and families, which includes people on the move, girls, boys and adolescents with disabilities, people at risk of violence, neglect and exploitation, and those affected by and/or in risk of GBV, human trafficking and sexual exploitation in the most vulnerable municipalities of prioritized states. During implementation, UNICEF promoted the creation of community committees and teams for the identification, referral and response of cases of risk or violence. Inter-institutional response routes were developed and disseminated in schools, communities and among frontline staff to ensure integral response.

g. Education:

Implementation has required the development of instructional designs for the training programs (life skills, out-of-school children, teacher training), which involved the design of a curriculum, teaching methodologies, incorporation of curricular adaptations, design of learning materials and guides, diagnostic and learning assessment instruments, as well as strategies for accompanying the training of beneficiaries.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
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No	No	0
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If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible. If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored

Not applicable - Cash and voucher assistance (CVA) is not included because this transfer modality has temporarily been suspended by the Government of Venezuela.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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9. Visibility of CERF-funded Activities

Title	Weblink
UNICEF in coordination with authorities, supports the rehabilitation of health services in Venezuela	https://www.youtube.com/watch?v=7q_IHsxJnEo&t=9s
UNICEF, in coordination with the authorities, helps to rehabilitate river and land ambulances	https://www.youtube.com/watch?v=2jPHh1GiiCQ&t=30s
UNICEF in coordination with authorities, supports the rehabilitation of health services in Venezuela	https://www.youtube.com/watch?v=7q_IHsxJnEo&t=9s
UNICEF takes supplies for every child to the most remote parts of Venezuela	https://www.youtube.com/watch?v=z-pNtpfmEwk&t=9s
At UNICEF, we don't stop until we reach the most vulnerable children	https://www.youtube.com/watch?v=8iV00jD13sc&t=4s
UNICEF trains remote communities in nutritional care	https://www.youtube.com/watch?v=I_LcbVnBmyQ
UNICEF, with authorities, supports with rehabilitation of spaces, supplies and staff training	https://www.youtube.com/watch?v=fS5HeQBxGcU
UNICEF, with authorities, supports every boy and girl to have access to their right to identity	https://www.youtube.com/watch?v=mUeQHvXVZU
UNICEF contributes so that every child has access to their rights	https://www.youtube.com/watch?v=ruJ2QGg3M0U&t=4s
UNICEF supports the rehabilitation of the hospital boat for the most vulnerable children	https://www.unicef.org/venezuela/en/stories/unicef-supports-rehabilitation-hospital-boat-most-vulnerable-children
UNICEF contributes to education programs in vulnerable and remote areas of the country	https://www.youtube.com/watch?v=pdVhEcQ1J2c

3.6 Project Report 21-UF-CEF-031

1. Project Information			
Agency:	UNICEF	Country:	Venezuela
Sector/cluster:	Education Protection - Child Protection	CERF project code:	21-UF-CEF-031
Project title:	Promoting inclusion for children with disabilities in Venezuela		
Start date:	02/09/2021	End date:	01/03/2023
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 242,917,370
	Total funding received for agency's sector response to current emergency:		US\$ 67,396,241
	Amount received from CERF:		US\$ 400,000
	Total CERF funds sub-granted to implementing partners:		US\$ 356,444
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 356,444
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF in partnership with the local non-governmental organizations FUNVAPE and Rehabilitarte provided direct life-saving services to children, including with disabilities and promoted inclusion within the humanitarian response in the Capital District and the states of Miranda, Falcón and Zulia. Through the planned interventions, 1,582 children (787 girls and 795 boys) and 1,221 adults (1,020 women and 201 men) received mental health and psychosocial support, 337 (247 women and 90 men) from Child Protection NGOs and Child Protection local governmental institutions participated in capacity building activities related to disability and inclusion, prevention and response to violence including gender-based violence (GBV) against children and adolescents with disabilities. In addition, 780 people (176 girls, 179 boys, 337 women and 88 men) participated in awareness-raising activities on violence prevention including GBV, feedback mechanisms, positive parenting and identification of barriers that prevent children and adolescents with disabilities and their families from accessing services. As a complement to these awareness-raising activities, a practical guidance tool for caregivers, community leaders on how to identify, mitigate protection risks for children and adolescents with disabilities, promote positive parenting and inclusive protection was designed and disseminated. The guideline is available in audio book, printed and digital version. An Inclusive Protection Booklet was also developed for children and adolescents with disabilities with a QR code that redirects to a link with videos in sign language and audios.

Thanks CERF funding, UNICEF was also able to support the educational attention of 1,966 children and adolescents with disabilities in prioritized public special education schools in the states of Miranda, Falcón and Zulia. This work was developed in coordination with the technical team of the Ministry of Education and with the support of the NGO Fe y Alegría and EducAcción. The program contributed to promote the return to school of children with disabilities after a long period without educational attention due to the closure of schools

because of the pandemic. Through the distribution of learning materials adapted to 1,966 children with disabilities (1,001 girls), including materials for writing and reading in Braille, audio books, reading lecterns for children with visual impairment, cerebral palsy or reduced mobility, Venezuelan sign language games (LSV), among others; delivery of a kit of teaching materials in 33 public special education schools in different areas of attention: visual impairments, mental retardation, learning difficulties, hearing impairments, physical impairments and autism; the training of 945 teachers of special education schools in classroom and distance modality on topics of sensory integration, multimodal education system, reading and writing skills, teaching drawing in blind children, curricular adaptations and socioemotional support. 520 teachers and other educational personnel of the schools were benefited with in-kind incentives. In addition, the accessibility of 16 schools was improved to reduce barriers and facilitate access for children with disabilities, including the installation of ramps, handrails, support in bathrooms, improved lighting, and walkways to enter the schools.

3. Changes and Amendments

This program was included in the work plan with the Ministry of Education (MoE) and UNICEF to support the schools and services of the Special Education modality in the states of Miranda, Falcón and Zulia and contribute to the access and educational continuity of children and adolescents with disabilities. This required the creation of a working group with the MoE technical team and the implementing partner, to jointly design the program activities and coordinate the execution of activities. In this technical roundtable and based in vulnerability criteria and to guarantee the sustainability of activities the MoE requested to extend the delivery of incentives not only to the 195 schoolteachers, but also to other school personnel (specialists, therapists and administrative staff) who were not initially included in the intervention, as it could generate demotivation in the personnel who would not receive the incentive. Therefore, a reprogramming was carried out and a unique in-kind incentive was delivered to all school reaching 520 people (175 in Falcon state, 170 in Zulia state and 175 in Miranda state) of the prioritized schools through a food bag that contained: 2 kg of corn flower, 2 kg of white rice, 2 packs of 400 gr of pasta, 900 ml of vegetable oil, 2 cans of tuna, 1 can of sardines, 1 kg of black beans, 1 stick of butter and 2 antibacterial bottles of 500 ml.

Additionally, to carry out a proper consultation with partner organizations the design phase of the project took longer than expected. Once implementation started, it was challenging to collect information regarding children with disability in the selected communities due to the sensitivity of the topic, this was overcome by creating trust with community leaders sharing the objectives of the project and involving them as agents of change.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	442	78	878	1,072	2,470**	875	70	885	1,081	2,911
Total	442	78	878	1,072	2,470**	875	70	885	1,081	2,911
People with disabilities (PwD) out of the total										
	0	0	878	1,072	1,950	157	8	885	1,081	2,131

Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	1,780	1,370	440	450	4,040	2,444	550	1,529	1,491	6,014
Total	1,780	1,370	440	450	4,040	2,444	550	1,529	1,491	6,014
People with disabilities (PwD) out of the total										
	0	0	290	310	600	793	881	1,154	358	3,186

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

** Figures adjusted as per the interim report notification of change in target.

5. People Indirectly Targeted by the Project

With its partners Fundación Rehabilitarte and FUNVAPE, UNICEF offered capacity building, technical assistance, quality psychosocial services and case management to children and adolescents, particularly those with disabilities. This kind of interventions, in addition to the distribution of materials and awareness-raising activities on violence prevention including GBV, feedback mechanisms, positive parenting and identification of barriers, reached about **19,846 indirect beneficiaries** (approximately 8,065 women, 1,814 men, 5,045 girls and 4,922 boys), including parents, caregivers, teachers, and community leaders.

6. CERF Results Framework

Project objective	Promote access and inclusion of children with disabilities to essential life-saving services in the context of the humanitarian response in Venezuela			
Output 1	Promote access and permanence of children with disabilities in schools and comprehensively reduce the barriers they face			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of children and adolescents who receive school supplies kits (children and adolescents with disabilities)	1950	1,966	Note of delivery of kits by schools. Implementing Partner Report. 5W form.
Indicator 1.2	# of children and adolescents benefiting from psycho-social support activities in educational spaces.	1950	1,966	5W form.
Indicator 1.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (teachers and other staff)	195	945	List of participants. Implementing Partner Report. Report of evaluation of the participants. 5W form.
Indicator 1.4	# of educational personnel receiving incentives to ensure continuity of teaching and functionality of educational services.	520	520	Food Receipt Note. Implementing Partner Report. Photos of deliveries. 5W form.
Indicator 1.5	# of schools with light infrastructure rehabilitations	16	16	Implementing Partner Report. 5W form.
Indicator 1.6	# of C4D materials in support of programmatic implementation	690	400	Implementing Partner Report. 5W form.
Explanation of output and indicators variance:		Based on vulnerability criteria and to guarantee the sustainability of activities, the Ministry of Education requested to extend the delivery of in-kind incentives to administrative, therapeutic and specialist personnel of the schools (who were not initially included in the planning), since it could generate demotivation in other personnel who would not receive the incentive. Therefore, a reprogramming was carried out and a one-time incentive was delivered to all school personnel benefiting 520 people (175 in Falcón state, 170 in Zulia state and 175 in Miranda state) from the prioritized schools through a food baskets. Trainings through chats and		

		virtual platforms generated a high demand from special education teachers made it possible to increase the number of participants.
Activities	Description	Implemented by
Activity 1.1	Distribution of educational materials that respond to global and regional guidelines on the inclusion of children with disabilities and ensure the participatory mechanisms of the AAP	Fe y Alegría EducAción
Activity 1.2	Provision of psychosocial support to CWD in schools based on emotional education through play in the school environment that includes teachers and caregivers within the framework of the global and regional guidelines on the inclusion of children with disabilities and the participatory mechanisms of the AAP	Fe y Alegría EducAción
Activity 1.3	Capacity building of teachers, government authorities and partners in the framework of global and regional guidance on inclusion of children with needs, data collection, monitoring, evaluation and information management on children with disabilities and barriers to access to humanitarian assistance as well as participatory AAP mechanisms	Fe y Alegría EducAción
Activity 1.4	Incentives (food bag or technological equipment) for retention of teachers specialized in education for CWD	Fe y Alegría EducAción
Activity 1.5	Light rehabilitation of infrastructure to ensure accessibility for children with disabilities within the framework of global and regional guidelines on inclusion of children with needs and ensuring participatory AAP mechanisms.	Fe y Alegría EducAción
Activity 1.6	Distribution of C4D materials to support programmatic implementation	Fe y Alegría EducAción

Output 2	Improved child protection services accessibility for children with disabilities and caregivers, including prevention and response to GBV
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of affected and at-risk children and adolescents with access to individual, group and remote psychosocial support activities using a gender, age and diversity differential approach.	600	1,582 (787 girls and 795 boys)	Children's attendance record (disaggregated by age, gender and location). Psychosocial Individual report. Protocol of attention available for its application in the prioritized municipalities. 5W form.
Indicator 2.2	# of caregivers with access to individual, group and remote psychosocial support activities using a gender, age and diversity differential approach	850	1,221 (1,020 women and 201 men)	Parents and caregivers' attendance record (disaggregated by age, gender and location). Psychosocial Individual report. Protocol of attention available for application in prioritized municipalities. 5W form.
Indicator 2.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (persons from state institutions and civil society trained and supported with technical assistance on child protection issues.)	400	337 (247 women and 90 men)	Attendance record, pretest, post-test, 5W form.
Indicator 2.4	CC.1 Number of frontline aid workers (e.g. partner personnel) who received	1240	1,764 (387 girls, 378 boys, 830	Attendance record, pretest, post-test, 5W form.

	short refresher training to support programme implementation (community members trained in child protection issues)		women and 169 men) (1,643 sensitized and 121 trained)	
Indicator 2.5	# of persons in the community strengthened to prevent and mitigate GBV raising awareness among children, women and men on the prevention and mitigation of GBV	950	780 (176 girls, 179 boys, 337 women and 88 men)	Attendance record, pretest, post-test, 5W form.
Indicator 2.6	# of C4D materials in support of programmatic implementation	1000	1,551 people	Implementing partner reports
Explanation of output and indicators variance:		The remote approach in the provision of MHPSS allowed UNICEF to reach a greater number of beneficiaries.		
Activities	Description	Implemented by		
Activity 2.1	Provide psychosocial support to children and adolescents with disabilities, caregivers and families from a multidisciplinary and therapeutic approach that respond to global and regional guidelines on the inclusion of children with children with disabilities and ensure the participatory mechanisms of the AAP	FUNVAPE Fundación Rehabilitarte		
Activity 2.2	Provide referral and case management for Children with disabilities that respond to global and regional guidelines on the inclusion of children with children with disabilities and ensure the participatory mechanisms of the AAP	Fundación Rehabilitarte		
Activity 2.3	Awareness-raising activities for children and adolescents with disabilities, caregivers, teachers, community leaders on the inclusion of children with disabilities, prevention of stigmatization and discrimination, child protection issues and prevention of GBV that respond to global and regional guidelines on the inclusion of children with children with disabilities and ensure the participatory mechanisms of AAP	FUNVAPE Fundación Rehabilitarte		
Activity 2.4	Capacity building of government/local authorities, civil society organizations, implementing partners, and key stakeholders including UN partners on inclusion, prevention of stigmatization and discrimination, child protection issues, prevention of violence against children and gender-based violence as well as data collection, monitoring, assessment, and information management on CWD and access barriers to humanitarian assistance	FUNVAPE Fundación Rehabilitarte		
Activity 2.5	Distribution of C4D materials to support programmatic implementation	FUNVAPE Fe y Alegria		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹³ often lacking appropriate

¹³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due

consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) ¹⁴:

Alongside implementing partners specialized in disability issues, UNICEF provided 24,674 people with information from the beginning of each project about UNICEF principles, zero tolerance, and the accountability that guides actions in communities, involving people through focus groups that allowed UNICEF to identify the main channels of communication to use for their participation and validation of the Guide on "Inclusion and Meaningful Participation of children and adolescents with disabilities, with AAP and PEAS approach" used for learning and communication processes, promoting inclusive protection actions. Through posters, flyers and stickers handed out in each activity or accompanying educational kits, information was provided to people about safe feedback channels, which were adapted for the use of people with disabilities.

b. AAP Feedback and Complaint Mechanisms:

Focus groups, face-to-face activities, mailboxes, mailings, calls and messaging services made it possible to collect 1,167 opinions, comments and suggestions that were useful to learn about the context, needs, experiences, barriers and expectations of people for UNICEF actions.

Through consultations with children and adolescents with disabilities, printed and audiovisual information materials were designed with accessible content (high relief, sign language, concrete and repetitive messages) on UNICEF, humanitarian principles, the expected behavior of humanitarian personnel and zero tolerance behaviors, as well as on the channels available for feedback. These materials were validated with children with different types of disabilities, who provided feedback and suggestions for improvement.

In addition, the capacity of the UN Interagency Contact Line staff was strengthened to attend to persons with disabilities, 8 suggestion boxes were established in communities and 8 smart tablets were provided to schools so that people could interactively give their opinions and suggestions on the activities proposed and carried out. UNICEF is currently working on an integrated protocol to guide the care, response and referral routes between the Interagency Contact Line and FUNVAPE line as a specialized partner in working with children and adolescents with disabilities.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNICEF supports different reporting channels, including the inter-agency contact line that ensure that report is received in a safe and confidential way. The line also ensures that the allegations are handled by trained staff and are followed up upon. All allegations received are managed by the PSEA focal points that implement the internal protocol to record incidents, refer survivors and inform the Internal Audit and Investigation. UNICEF implements the UN Protocol on the Provision of Assistance to victims of Sexual Exploitation and Abuse. In the framework of the project UNICEF within its partner FUNVAPE developed awareness material on PSEA targeting children with disability and developed an inclusive channel for children to provide feedback and report cases of misconduct.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The inclusion of gender analysis from the first steps of the proposal design and a continuous gender-focused monitoring process, reflects on updated understanding of the needs and obstacles faced by girls, adolescent girls and women, as well as by the LGBTI+ population, in accessing education and protection services and participating in decision-making community spaces in the states reached by the program where traditional gender roles and stereotypes are strongly rooted. Throughout this period, training of trainers on gender-based violence, with a focus on gender inequalities, has reached both State officials from the protection, health and education systems of

consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

prioritized municipalities, and implementing partners, strengthening the mainstreaming of gender-sensitive approaches in services, identifying and linking GBV survivors through safe referrals, and promoting mechanisms for the active participation of girls, adolescent girls, women and LGBTI+ population in decision-making processes.

e. People with disabilities (PwD):

The project was formulated in coordination with the educational authorities of the Ministry of Education who led nationwide the educational care of children with disabilities, together with NGOs with extensive experience in working with these population. These organizations have knowledge of the needs of the population and the opportunities for inclusion. After a long period of schools closed due to the pandemic, this project focused on providing inclusive educational opportunities for children with disabilities. Key actions identified for this purpose were the training of teachers in basic learning areas and their retention through the provision of incentives, as well as the distribution of learning materials adapted to the educational needs of children with disabilities. Improvements were made to the very weak infrastructures of the schools to ensure accessibility for children to the learning spaces. Moreover, UNICEF interventions are based on child safeguarding and PSEA policies and procedures, thanks to this project UNICEF and the implementing partner developed in consultation with children with disabilities inclusive tools and guidelines on safeguarding and PSEA.

f. Protection:

This project has a specific focus on child protection; therefore, all the activities were implemented to promote protection and in general children rights. UNICEF has a child safeguarding policy which ensure children safety in all activities and programs implemented by UNICEF and its partners. Child protection was mainstreamed into other areas by ensuring that teachers and education personnel is trained on child protection, identification of vulnerable children and safe referral to available child protection services.

g. Education:

Capacity building of all stakeholders, from government decision makers to frontline staff in education and protection services, was considered a strategic action in the project design. The project included training workshops for teachers on sensory integration of children with disabilities, multimodal education system, reading and writing skills, teaching drawing to blind children, sign language, curricular adaptations according to disabilities and socioemotional support strategies.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible. If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not applicable - Cash and voucher assistance (CVA) is not included because this transfer modality has temporarily been suspended by the Government of Venezuela.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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9. Visibility of CERF-funded Activities

Title	Weblink
UNICEF strengthens the availability and quality of services for children and adolescents with disabilities	https://weshare.unicef.org/Package/2AMZIFYJD8H6
UNICEF supports capacity-building for children and their teachers in inclusion, violence prevention and children's rights	https://weshare.unicef.org/Package/2AMZIF74J4J4

3.7 Project Report 21-UF-WFP-023

1. Project Information				
Agency:	WFP		Country:	Venezuela
Sector/cluster:	Food Security - Food Assistance		CERF project code:	21-UF-WFP-023
Project title:	Emergency school meals programme in special education schools			
Start date:	09/09/2021		End date:	08/03/2023
Project revisions:	No-cost extension	<input checked="" type="checkbox"/>	Redeployment of funds	<input type="checkbox"/>
			Reprogramming	<input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:			US\$ 19,686,733
	Total funding received for agency's sector response to current emergency:			US\$ 6,200,000
	Amount received from CERF:			US\$ 400,000
	Total CERF funds sub-granted to implementing partners:			US\$ 24,832
	Government Partners			US\$ 0
	International NGOs			US\$ 0
	National NGOs			US\$ 24,832
	Red Cross/Crescent Organisation			US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WFP distributed 138.32 metric tons of **food assistance** to **9,647 people**, out of which 6,669 students with disabilities and 2,978 school personnel from 101 prioritized special education schools in the states of Falcón, Trujillo, Yaracuy and Barinas. In the last quarter of 2022, the main findings of WFP food security data analysis showed an improvement in the indicator for the percentage of households with acceptable food consumption, which was 95.5 per cent (compared to the baseline of 83.3 per cent in 2022). In addition, the school enrolment indicator also showed considerable progress (a 26 per cent increase in the rate). This indicator shows that WFP's school programme contributed to preventing school dropout.

3. Changes and Amendments

When the project proposal for this CERF allocation was prepared, WFP had already launched its program, and some changes and delays affected the implementation, for example: changes in the proposed states of Zulia and Tachira (already informed in the interim report) due to the delays in the negotiations with the government and the school kitchen rehabilitation, which started in October 2022, after an assessment period, and could be implemented with this contribution.

In addition, WFP operation was impacted by global supply chain disruptions, particularly in terms of increasing lead times and distribution costs. Moreover, during the period covered by this report, WFP faced some challenges in importing commodities due to delays caused by administrative processes for obtaining licenses through the Venezuela Ministry of Health. These logistical issues caused disruptions in the supply chain procedures, forcing WFP to reduce the regular portion of some commodities in November and December 2022.

Finally, the negotiations between WFP and the national government continue to be a challenge for WFP expansion to additional states, including five border states (Zulia, Táchira, Apure, Amazonas, and Bolívar), and three mid-western states (Carabobo, Lara and Miranda). Nevertheless, WFP continued distributing food assistance to students with disabilities in special education schools in the states of Falcón, Yaracuy, Barinas and Trujillo, which was also informed in the interim report of this project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	264	275	3,223	3,338	7,100	3,317	1,669	1,619	3,041	9,646
Total	264	275	3,223	3,338	7,100	3,317	1,669	1,619	3,041	9,646
People with disabilities (PwD) out of the total										
	0	0	3,223	3,338	6,561	878	1,130	1,620	3,041	6,669

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

WFP estimates that **11,821 people including school staff, implementing partner personnel and students' household members** participated in information sessions on nutrition, food safety and hygiene practices, division of home labour including feeding, care work, and responsible fatherhood, protection and accountability to affected populations, among others. In addition, WFP held information sessions to inform key institutional and community stakeholders, including all school personnel, about the school meals programme's humanitarian principles, implementation modalities and objectives.

6. CERF Results Framework

Project objective	Affected populations in Venezuela are able to meet their basic food and nutrition needs in times of crisis			
Output 1	Children and adolescents with disabilities in food insecure areas receive timely and adequate school meals to meet their food and nutrition requirements			
Was the planned output changed through a reprogramming after the application stage?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Food Consumption Score (FCS): The household Food Consumption Score (FCS) is associated with household food access and reflects the quantity and quality of people's diets.(% of people with acceptable food consumption)	>70	95.5	WFP programme monitoring. Research, Assessment and Monitoring (RAM) unit.
Indicator 1.2	FN.1a Number of people receiving food (Number of women, men, girls and boys receiving school meals)	7,100	9,646	WFP distribution report
Indicator 1.3	FN.1b Quantity of food assistance distributed in MT	189	138.32	WFP distribution report
Indicator 1.4	Ed.2 Number of temporary learning spaces and/or centres established and/or rehabilitated.	28	0	School kitchens refurbishment report
Indicator 1.5	Number of women and men engaged in capacity strengthening activities	320	11,821 ¹⁵	WFP programme monitoring.
Indicator 1.6	Proportion of targeted people receiving assistance without safety challenges	>90%	94	WFP programme monitoring. Research, Assessment and Monitoring (RAM) unit.
Indicator 1.7	Proportion of targeted people who report that WFP's programme is dignified	>90%	95%	WFP programme monitoring.
Indicator 1.8	Proportion of targeted people having unhindered access to WFP's programme	100%	99%	WFP programme monitoring.
Indicator 1.9	Proportion of cases (received through CFM and monitoring	>90%	100%	WFP programme monitoring.

¹⁵ Total number of school personnel, cooperating partners personnel and student household members who participated in capacity strengthening sessions.

	activities) for which beneficiary feedback is documented, analysed and integrated into programme improvements			
Indicator 1.10	Proportion of assisted people informed about the programme (Accountability to affected populations)	>90%	100%	WFP programme monitoring.

Explanation of output and indicators variance:

There was overperformance in some indicators due to the changes in the geographic areas of implementation of this project which were already informed during the interim report. For instance, an increase in the number of beneficiaries reached due to the addition of an additional state and the increase in the number of special education schools targeted.

As per the number of metric tons of food distributed also presented a variance due to the increase in food prices and distribution costs. 65 per cent of funds allocated for this project were used to purchase food commodities and food transportation services for distributions.

Regarding school kitchen refurbishment, this CERF contribution allowed WFP to start school kitchen assessments to identify the main needs of investments. However, this contribution was not used to refurbish school kitchens.

Considering the special needs of the students with disabilities attending special education schools (dietary limitations, health needs among others), onsite school meals weren't the best option for this group. WFP continued distributing take-home rations while evaluating the appropriate actions to support the households of these students and reducing negative coping strategies by evaluating different assistance modalities.

Finally, the number of women and men engaged in capacity-strengthening activities is also higher compared to the target, due to the increase in the number of special education schools assisted and school personnel participating in information sessions.

Activities	Description	Implemented by
Activity 1.1	Data collection and analysis on special education schools to better understand the needs of these facilities and address the food requirements of persons with disabilities	WFP and cooperating partner CEPORJUN
Activity 1.2	Capacity strengthening activities to partners and school personnel on food reception, management and storage, food safety and hygiene practices, and protection and accountability to affected populations, including the humanitarian principles.	WFP and cooperating partner CEPORJUN
Activity 1.3	Appraisal of school infrastructure in view of renovations required to ensure on-site meals can be prepared and served safely and promote inclusion.	WFP and cooperating partner CEPORJUN
Activity 1.4	Procure and distribute maize meal and pasta	WFP and cooperating partner CEPORJUN

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁶ often lacking appropriate

¹⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for

consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) ¹⁷:

WFP built upon its approach towards protection, AAP, gender equality and women's empowerment as main cross-cutting priorities within the implementation of its school-based programme. WFP leveraged its resources and operational capacity to yield transformative change for schoolchildren and vulnerable groups, including students with disabilities, pregnant and lactating women, and indigenous communities, by adapting the programme to their needs and contributing to nutrition education for healthy lifestyles. WFP promoted the participation of beneficiary communities in all phases of the programme cycle to ensure their needs and opinions were taken into consideration for improving the design, implementation, monitoring, and evaluation of the programme and its next phases.

b. AAP Feedback and Complaint Mechanisms:

WFP implemented a Community Feedback Mechanism, available through phone calls, text messages and WhatsApp to receive feedback from communities served by the school meals programme. When a user contacted the helpline, WFP followed up with the comment's procedure and guaranteed users' confidentiality, as per WFP's data protection policies. WFP provided high-quality service to users and ensured their concerns were addressed and resolved promptly. The average time to address the requests received through the community feedback mechanism was two days and community feedbacks were analysed monthly and shared amongst employees and cooperating partners to drive improvements for the programme. Overall, during the period of this project, WFP helpline assisted 11,190 people.

Furthermore, WFP school feeding programme was well perceived by beneficiaries who praised it for the quality of the products and services received from cooperating partners and WFP. Some users expressed concern over the upcoming transition from take-home rations to onsite school meals and its potential impact on other household members.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WFP has a zero-tolerance policy for sexual exploitation and abuse (PSEA). All WFP employees, who observe or have any reasonable concerns or suspicions of PSEA by a WFP employee or other staff associated against beneficiaries, should report to the designated focal point for protection from sexual exploitation and abuse at the country office level. If staff believe they have been subject to retaliation for reporting abuse or other misconduct or for cooperating with a properly authorized audit and investigation, they may seek protection by contacting the Ethics Office. In addition, to advance humanitarian partners' efforts toward reducing gender gaps, WFP carried out two workshops for 30 transport service providers on PSEA. WFP carried out the United Nations Cooperating Partners PSEA Capacity Assessment.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

As part of its school-based programme, during the reporting period, WFP conducted consultations to fully integrate the needs of women, girls and elderly women, including people with disabilities, in programme design, implementation, monitoring and evaluation. Besides school children, the programme and complementary activities also benefited school personnel, who are traditionally women. Through communication materials, WFP contributed to addressing gender inequalities and encouraging the equal distribution of unpaid care and domestic work and responsible fatherhood. Furthermore, during the 16-days of activism campaign against GBV, WFP conducted workshops for 100 people, including beneficiary households and school personnel, in two pre-primary and special education schools to sensitize on GBV and its prevention.

e. People with disabilities (PWD):

In Venezuela, PWD are one of the most vulnerable groups facing food insecurity and malnutrition due to higher monthly expenses and unstable sources of income. WFP monitoring activities have shown that access to food and health services are the main challenges faced

country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

by students with disabilities and their household members. Thanks to CERF's contribution, WFP addressed food security needs of students with disabilities enrolled in special education schools in the states of Falcón, Yaracuy, Trujillo and Barinas by promoting that children and adolescents with disabilities had uninterrupted access to food assistance and their monthly food consumption requirements were covered.

To ensure that the needs of people with disabilities were accounted for, WFP engaged with local NGO partners to assess and analyse information for better adapting the school meals programme to the specific needs of this vulnerable group. In line with this, WFP consulted the programme feasibility with caretakers of students attending special education schools and proceeded to design a tailored approach to address their food security. This includes maintaining a take-home ration despite the gradual shift to onsite meals for pre-primary schools.

WFP also provided food assistance to school personnel as they are essential for the implementation of the project. In addition, through socialization processes, WFP conducted information session to explain the programme to community and institutional stakeholders to mitigate risks of people with disabilities accessing assistance. WFP also collected and analysed disaggregated data on schools serving people living with disabilities to support planning, implementation and monitoring of targeted interventions (including those by partners). This included understanding the barriers that prevent persons with disabilities from accessing humanitarian assistance at the school-level for future referrals to partners.

f. Protection:

WFP engaged with UNFPA and UNICEF to identify and prevent risks related to access to food assistance, education, protection and GBV of people with disabilities. In addition, WFP engaged with authorities at the national and regional level to introduce them to the programme and ensure effective coordination, including information sharing on potential security risks. This also ensured that key stakeholders, school personnel and beneficiary households were aware of the programme, minimizing the risk of conflicts within the community. During the distribution activities, WFP provided information about its Community Feedback Mechanisms, to ensure beneficiaries could express their thoughts and opinions about the programme and report cases of misconduct from the parties involved in the activities.

Besides, WFP participated in the creation of the Gender Equality Network, a coordination mechanism to support and advise the work of the UN Country Team and the Humanitarian Country Team towards achieving gender equality and the empowerment of women and girls.

g. Education:

Overall school enrolment and attendance increased by 26 per cent in the school assisted by WFP. This highlights the extent to which school meals can have a positive impact on preventing students from dropping out of school, hence helping to increase access to education. In addition, through the rehabilitation of school kitchens (even if not funded by CERF contribution), WFP aims to ensure that conditions are in place to allow students to have access to hot nutritious meals cooked directly at the school, guaranteeing a safe environment for quality education and healthy meals, which are key for their learning process.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible. If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not applicable - Cash and voucher assistance (CVA) is not included because this transfer modality has temporarily been suspended by the Government of Venezuela.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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9. Visibility of CERF-funded Activities

Title	Weblink
Food, medicine and dreams: no choice	https://es.wfp.org/historias/comida-medicamentos-y-suenos-no-hay-que-elegir https://twitter.com/WFP_Venezuela/status/1628741212088967168?s=20
School meals: a great incentive to go to school	https://es.wfp.org/historias/comidas-escolares-un-gran-incentivo-para-ir-la-escuela
World Food Programme school meals make a difference for two siblings with special needs	Las comidas escolares del Programa Mundial de Alimentos hacen la diferencia para dos hermanos con necesidades especiales World Food Programme (wfp.org)
Human interest story – Luis Enrique	https://twitter.com/WFP_Venezuela/status/1646172596738699264?s=20

3.8 Project Report 21-UF-WHO-022

1. Project Information			
Agency:	WHO	Country:	Venezuela
Sector/cluster:	Health - Sexual and Reproductive Health	CERF project code:	21-UF-WHO-022
Project title:	Improve access to and capacity of health services to provide emergency primary care to Venezuelans		
Start date:	27/08/2021	End date:	26/11/2022
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 132,841,480
	Total funding received for agency's sector response to current emergency:		US\$ 2,203,319
	Amount received from CERF:		US\$ 899,993
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

While the population initially targeted by this CERF funding was 60,430, WHO additional efforts allowed health assistance to reach more affected people including through the provision of 65 basic IEHK kits (for 1,000 visits each), 3 NCDK kits (for 10,000 visits for 3 months each), 42 UNFPA kits (for 150,000 visits each). WHO also provided personal protective equipment (surgical masks, N95, disposable gowns, boot covers, disposable gloves and sterile gloves) for 1,000 health workers for 6 months (instead of 300 initially). It is estimated that more than 265,000 affected people benefited from WHO assistance through this CERF funding. Similarly, 2 IEHK kits were donated to IOM and 2 IEHK kits to Caritas Carúpano, which not only helped to strengthening the inter-programmatic work but also made it possible to reach and assist more vulnerable people.

Four training sessions were held in each health center, with the participation of 495 employees (doctors, nurses, technicians) who are part of the health network in the states of Sucre and Delta Amacuro, including 162 officials in Tucupita, 49 in Casacoima, 67 in Sierra Imataca, 22 in Yakariyene, 50 in Hospital Andrés Gutiérrez Solís, 100 in Maternidad Candelaria García, 45 in Hospital Luis Razetti. Trainings related to **Primary Health Care** (PHC) included the following topics: Pneumonia, dehydration, intestinal parasitosis, anemia, respiratory infections, asthma in children. To strengthen capacities of the **health human talent**, WHO also conducted training sessions on the initial critical maternal management: Obstetric Code Red, basic and advanced pediatric and neonatal life support, perinatal ultrasound Focus Point, identification and management of sepsis and septic shock, initial management of critical maternal, urinary tract infections, hypertensive disorders of pregnancy.

3. Changes and Amendments

Although the technical and financial implementation of the project was fully implemented with all its objectives achieved, a number of external factors that were beyond WHO's control affected the implementation deadline and delivery of inputs, such as listed below:

1. Political restrictions on access to health care facilities, information and patient care reports
2. Persistence of the pandemic
3. Delay in the arrival of international acquisitions with more than 6 months of request, due to the international geopolitical situation
4. Slow local processes of nationalization and customs clearance of inputs
5. High turnover of health and administrative staff of the Ministry of People's Power for health and health care centers
6. Long transition period after the change of the Minister of Health and at the subnational levels in 2022
7. Deficit of air routes, long overland routes, shortages and high cost of fuel
8. Hyperinflation, exchange factor in the territories (payment in gold or foreign currency)
9. Change in migratory dynamics
10. Insecurity conditions in the intervention areas
11. Persistence of connectivity, educational, economic and health gaps (staff shortages, lack of public confidence in health facilities, adverse basic sanitation conditions, staff motivation).

These factors were communicated to CERF, and the extension was approved on time, on August 23, 2022 (Informe Final 2023).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	28,651	20,429	6,050	5,210	60,340	28,651	20,429	6,050	5,210	60,340
Total	28,651	20,429	6,050	5,210	60,340	28,651	20,429	6,050	5,210	60,340
People with disabilities (PwD) out of the total										
	430	538	370	201	1,539	430	538	370	201	1,539

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

It is estimated that 265,000 people benefited indirectly from medical care activities carried out by WHO, including pregnant women, newborns, children and adolescents, the elderly. Community training in Primary Health Care included deworming activities, hand washing, training of health staff in critical patient care, basic and advanced neonatal and pediatric cardiopulmonary resuscitation, management of shock, management of infections in pregnant women and newborns, approach to sepsis and septic shock, initial management of obstetric code red. In addition, activities were carried out in the communities to deliver hand-washing supplies, water purification and POP material. In the hospitals, the delivery of diapers for newborns and postpartum mothers was carried out in advance.

6. CERF Results Framework

Project objective	Reduce preventable morbidity and mortality among Venezuelans in situation of high vulnerability by strengthening access to and capacity of health services to provide emergency and essential primary care in timely manner				
Output 1	Children, girls, adolescents, men and women in situation of vulnerability have improved access to essential health services in hospitals and primary healthcare facilities in prioritized communities in the municipalities of Tucupita, Casacoima (Delta Amacuro), Bermúdez and Valdez (Sucre)				
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health - Sexual and Reproductive Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	H.7 Number of functional health facilities supported (detect and care for women's health, maternal and perinatal health, SRH, CCD, including health promotion and disease prevention actions)	10	10 ¹⁸	<u>Informe Final 2023</u>	
Indicator 1.2	Population proportion of the prioritized communities that receive some type of health care service by supported facilities (% of the total direct beneficiaries – 60,340 persons)	80	100 60,340 initially targeted beneficiaries in Sucre and Delta Amacuro States. With the delivery of IEHK, NCDK, UNFPA kits, the total number of beneficiaries is estimated at 265,000. See Activity 1.1.	Informe Final 2023	
Explanation of output and indicators variance:		Activities focused on the municipalities of Güiria, Carúpano, Tucupita and Casacoima, with an expansion of training and delivery of inputs. The targeted population was reached, and as part of a last mile effort, an additional number of affected people was reached.			
Activities	Description	Implemented by			
Activity 1.1	Purchase of quick turnover emergency health supplies such as: medicines, biomedical equipment, and essential medical supplies to improve the care of	WHO Delivery of 100% of the medicine kits and minimum stock of essential supplies for the care of priority health problems of the selected population groups of women, men, children and adolescents (Pregnancy, Childbirth,			

¹⁸ Health facilities supported: Maternidad Candelaria García (Carúpano, Sucre), Hospital Andrés Gutiérrez Solís (Güiría, Sucre state), Ambulatorio Rio Salado Ambulatorio la Salina (Valdez municipality, Güiría, Sucre state), Ambulatorio Santa Eduvigis ((Valdez municipality, Güiría, Sucre state) Hospital Luis Razetti (Tucupita, Delta Amacuro), Ambulatorio Sierra Imataca (Casacoima, Delta Amacuro), Ambulatorio Tucupita (Tucupita, Delta Amacuro), Ambulatorio Yakariyene (Tucupita, Delta Amacuro), Ambulatorio Janokoseben, Ambulatorio la Horqueta (Tucupita, Delta Amacuro).

	the population with emphasis on women's health, maternal and perinatal health, SRH, and CCD of children under 5 years of age, aimed at Prioritized PHC hospitals and health facilities.	Puerperium, HTA, Diabetes, STIs, contraceptive methods, EDA, ARI, PPI, dermatomycosis, among others. ¹⁹ Also, purchase of vitamins and minerals for pregnant and breastfeeding women, children and adolescents, including the population with some type of disability; and provision of basic equipment for the clinics - CPT, outpatient clinics according to identified needs. ²⁰
Activity 1.2	Distribution of emergency health supplies to targeted health facilities	WHO Distribution carried out at Andrés Gutierrez Solís Hospital (Guiría, Sucre), Candelaria García Maternity Hospital (Carúpano, Sucre), Luis Razetti Hospital (Tucupita, Delta Amacuro), Ambulatorios Tucupita II (Tucupita, Delta Amacuro), Yakariyene (Tucupita, Delta Amacuro), Casacoima (Delta Amacuro).
Activity 1.3	Purchase of personal protective equipment (PPE), hand sanitizers and other infection prevention and control items to protect health workers, support personnel and community agents of PHC linked to the care of the prioritized population.	WHO National purchase of supplies for the generation of hygiene and cleaning kits for health care centers, and 100 gallons of alcohol gel and 100 gallons of antibacterial soap purchased and distributed. 200 dispenser bottles x 500 ml.
Activity 1.4	Delivery/distribution of personal protective equipment (PPE), hand sanitizers and other infection prevention and control items to frontline workers	WHO During implementation, supplies were delivered to 1,000 health care workers (instead of 300 initially targeted). Cleaning and disinfection supplies were delivered to cover at least 6 months in prioritized health care centers, including brushes, mops, disinfectant, bleach and soap.
Activity 1.5	Training of local health teams in primary care delivery to children and women, including maternal and perinatal health, SRH, CCD of the prioritized population in Delta Amacuro and Sucre states in coordination with local health authorities and following national guidelines.	WHO A multidisciplinary team of two (2) obstetricians and two (2) gynecologists trained local health teams in primary health care for children and women, including maternal and perinatal health, SRH, CCD of the targeted affected population in Delta Amacuro and Sucre states in coordination with local health authorities and following national guidelines.
Activity 1.6	Targeted health educational awareness sessions for family members who receive health care in the establishments prioritized in the project. Topics include guidelines for adequate women's health, prevention of unplanned pregnancies, healthy pregnancy and childbirth, prevention of sexually transmitted infections and guidelines on the proper upbringing of children under 5 years of age.	WHO A multidisciplinary team of two (2) obstetricians and two (2) pediatricians provided training on protocols for proper women's health, prevention of unplanned pregnancies in adolescents, care of healthy pregnancy and childbirth, prevention of sexually transmitted infections, as well as proper parenting and feeding of children under 5 years of age.

¹⁹ WHO-IMRES-2017 kits: 27 IEHK 2017, BASIC: MODULE MEDICINES (67,329); 6 IEHK 2017, BASIC: MODULE, RENEWABLES & EQUIPMENT (67,330); 6 IEHK 2017, SUPPLEMENTARY: MODULE MEDICINES (67,331); 6 IEHK 2017, SUPPLEMENTARY: MODULE, RENEWABLE (67,332); 6 IEHK 2017, SUPPLEMENTARY: MODULE, MEDICINES COLD CHAIN (67,403); 6 IEHK 2017, SUPPLEMENTARY: MODULE, RENEWABLE (67,332); 5 IEHK 2017, SUPPLEMENTARY: MODULE, EQUIPMENT (67,333); 3 NCDK Kit basic drug module 1A; 8 UNFPA ERH Kit 1 A (Male Condoms); 8 UNFPA ERH Kit 4 (Oral and Injectable Contraceptives); 8 UNFPA ERH Kit 7 (Intrauterine Devices); 8 UNFPA ERH Kit 5 (Treatment of Sexually Transmitted Infections); 8 UNFPA ERH Kit 6 A+B (Medically Assisted Childbirth); 2 UNFPA ERH Kit 2 A (ERH Kit 2A - Individual Hygienic Delivery for the Mother - each comes with 200); 2 UNFPA ERH Kit 2 B (ERH Kit 2B - Individual Hygienic Delivery for Midwives - each for 5).

²⁰ 50 digital thermometers, 20 kits to explore sense organs, 50 aneroid sphygmomanometers, 50 phonendoscopes, 1 electrocardiograph, 4 adult and baby scales, 4 measuring scales, 50 tape measures, 4 glucometers, 4 sets of strips for glucometers, 8 gooseneck lamps, 1000 rapid tests for Hepatitis B, 1000 tests for HIV / Syphilis, 4 kits for determination of Proteinuria, 10. 000 cards for neonatal screening for the detection of congenital metabolic diseases; 4 nebulizers, 100 disposable equipment for adult and pediatric nebulization, 4 stretchers, 4 desks, 80 chairs, 4 oxygen concentrators, 4 baby scales, 4 secretion aspirators, 4 stationery kits and office supplies.

Activity 1.7	Support the review, update and implementation of maternal routes in a participatory manner with state, local and indigenous health authorities, community PHC agents, other actors of civil society and international cooperation that support activities in the prioritized municipalities and promote their dissemination.	WHO With the support of the Delta Amacuro Field Office, the multidisciplinary team of two (2) obstetricians and two (2) gynecologists held coordination meetings with the authorities and health personnel of the states of Sucre and Delta Amacuro, for the review, update and implementation of maternal routes in a participatory manner with state, local and indigenous health authorities, PHC community agents, other civil society actors and international cooperation that support the activities in the prioritized municipalities and promote their dissemination.
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7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas²¹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) ²²:

An initial characterization of the territory was carried out with the participation of the focal points of the Health Authorities, hospitals and/or outpatient clinics, selecting the sites where the activities would be carried out.

b. AAP Feedback and Complaint Mechanisms:

During the duration of the project, through the mechanism for questions, complaints and claims, WHO ensured that the targeted population received feedback on their concerns, taking into account aspects of confidentiality, accessibility and follow-up.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

During the training activities, WHO informed and socialized the registration and reporting mechanisms related to sexual exploitation and abuse (SEA), prioritizing aspects of confidentiality, accessibility and follow-up to facilitate the reporting mechanism.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

In the activities developed, which contributed to gender equality, priority was given to the participation of women (doctors and nurses), promoting the empowerment of female health personnel. In addition, through the training provided by the team of gynecologists, obstetricians and pediatricians, priority was given to the protection of women and girls, as well as sexual and gender minorities.

e. People with disabilities (PwD):

With the kits acquired by WHO (IEHK, NCDK, UNFPA), it was possible to reduce the deficit of medicines, filling the gap of at least 15 essential medicines. The Organization also worked with the health authorities to prioritize care for persons with disabilities in the health care centers of the priority states, thus satisfying and ensuring accessibility and inclusion of persons with disabilities in the health care system. Regarding the specific risks and the promotion of protection activities for persons with disabilities, particularly women and girls with disabilities, priority is given to the collection of information through the INGRID tool (Inclusion of Persons with Disabilities in Disaster Risk Management).

²¹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

²² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

f. Protection:

WHO strengthened protection as a fundamental basis for humanitarian actions, with the initial analysis of health gaps and the mapping of health service needs in highly vulnerable geographic areas (priority states, indigenous population, migrants, low-complexity health facilities), operationalizing support through field offices, advocacy with health authorities and management with local response agencies, carrying out activities to strengthen humanitarian health talent (Primary Health Care courses, critical maternal management, basic and advanced cardiopulmonary resuscitation) and communities (basic sanitation, optimization and proper management of water), in addition to the delivery of medical supplies and inputs and environmental sanitation (activity 1. 1.), linking the communities in the genesis of their resilience process, with a subsequent monitoring of these actions, ensuring the optimization of the proper use of these inputs, thus promoting the dignity and vindication of these communities with safe and inclusive spaces.

g. Education:

The project does not have an education component. Capacity building activities for health personnel were carried out.

8. Cash and Voucher Assistance (CVA)**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not applicable - Cash and voucher assistance (CVA) is not included because this transfer modality has temporarily been suspended by the Government of Venezuela.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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9. Visibility of CERF-funded Activities

Title	Weblink
Annexes of Final Report 2023	Informe Final 2023
WASH activities in Yakariyene CERF	www.instagram.com/p/CpVlejyJ89m/?igshid=MTc4MmM1YmI2Ng%3D%3D

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
21-UF-HCR-015	Multi-Sector Refugee Assistance	UNHCR	INGO	\$ 190,175
21-UF-FPA-019	Protection	UNFPA	GOV	\$ 42,423
21-UF-FPA-018	Sexual and Reproductive Health	UNFPA	NNGO	\$ 85,630
21-UF-FPA-018	Sexual and Reproductive Health	UNFPA	INGO	\$ 91,227
21-UF-FPA-018	Sexual and Reproductive Health	UNFPA	NNGO	\$ 95,816
21-UF-FPA-018	Sexual and Reproductive Health	UNFPA	NNGO	\$ 86,463
21-UF-WFP-023	Food Assistance	WFP	NNGO	\$ 24,832
21-UF-IOM-016	Protection	IOM	INGO	\$ 116,134
21-UF-IOM-016	Shelter and Non-Food Items	IOM	NNGO	\$ 31,750
21-UF-IOM-016	Shelter and Non-Food Items	IOM	NNGO	\$ 85,297
21-UF-IOM-016	Shelter and Non-Food Items	IOM	NNGO	\$ 27,200
21-UF-IOM-016	Food Assistance	IOM	NNGO	\$ 31,750
21-UF-IOM-016	Food Assistance	IOM	NNGO	\$ 85,297
21-UF-IOM-016	Food Assistance	IOM	NNGO	\$ 27,200
21-UF-IOM-016	Health	IOM	NNGO	\$ 31,750
21-UF-IOM-016	Health	IOM	NNGO	\$ 27,200
21-UF-IOM-016	Gender-Based Violence	IOM	NNGO	\$ 27,200
21-UF-IOM-016	Gender-Based Violence	IOM	NNGO	\$ 31,750
21-UF-CEF-030	Nutrition	UNICEF	NNGO	\$ 55,568
21-UF-CEF-030	Nutrition	UNICEF	NNGO	\$ 41,495
21-UF-CEF-030	Nutrition	UNICEF	NNGO	\$ 96,000
21-UF-CEF-030	Health	UNICEF	NNGO	\$ 50,495
21-UF-CEF-030	Health	UNICEF	NNGO	\$ 2,017
21-UF-CEF-030	Education	UNICEF	NNGO	\$ 8,100
21-UF-CEF-030	Education	UNICEF	NNGO	\$ 139,216
21-UF-CEF-030	Child Protection	UNICEF	NNGO	\$ 104,803
21-UF-CEF-030	Child Protection	UNICEF	NNGO	\$ 93,937
21-UF-CEF-030	Child Protection	UNICEF	NNGO	\$ 51,607
21-UF-CEF-030	Child Protection	UNICEF	NNGO	\$ 122,000

21-UF-CEF-030	Child Protection	UNICEF	INGO	\$	58,676
21-UF-CEF-030	Child Protection	UNICEF	NNGO	\$	45,962
21-UF-CEF-031	Education	UNICEF	NNGO	\$	130,389
21-UF-CEF-031	Child Protection	UNICEF	NNGO	\$	112,098
21-UF-CEF-031	Child Protection	UNICEF	NNGO	\$	20,000
21-UF-CEF-031	Multi-Sector	UNICEF	NNGO	\$	28,681
21-UF-CEF-031	Multi-Sector	UNICEF	NNGO	\$	4,168
21-UF-CEF-031	Multi-Sector	UNICEF	NNGO	\$	32,849
21-UF-CEF-031	Multi-Sector	UNICEF	NNGO	\$	16,696
21-UF-CEF-031	Multi-Sector	UNICEF	NNGO	\$	3,562
21-UF-CEF-031	Multi-Sector	UNICEF	NNGO	\$	8,000