

**VENEZUELA
UNDERFUNDED EMERGENCIES
ROUND II
HUMAN RIGHTS
2022**

22-UF-VEN-55398

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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.

15 February 2024

Facilitated by the Head of the Humanitarian Financing Unit in OCHA Venezuela, the AAR took place on 15 February and was attended by key members of the seven UN recipient agencies, as well as 21 implementing partners, three partners implementing VHF-funded projects in complementarity with CERF, OCHA field offices and members of the communities reached. The participation of field colleagues enriched the discussion with constructive points on implementation and coordination. The meeting was attended by 75 participants, including 59 online and 16 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

The document was developed based on input from agencies at the AAR meeting and information shared by agency CERF Focal Points. The document will be shared with HCT members and there will be an item on the HCT meeting agenda for agencies to provide feedback on the document.

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 critical role in the humanitarian response in Venezuela by enabling seven UN agencies to work closely with local actors and communities in three priority states, ensuring tailored responses to the specific needs of affected populations and efficient use of resources.

CERF funding was targeted at three states identified as high priority in the Humanitarian Response Plan (HRP) for 2023 (Amazonas, Apure and Sucre), where humanitarian needs were identified as significant, but the response was hampered by underfunding and access challenges.

With the 2022 HRP only 35.5 per cent funded, the CERF emerged as a key instrument to fill the funding gap and support a comprehensive response to the critical needs of 175,572 people (66 per cent women and girls). In addition, 26 per cent of funding went to national partners, recognizing the critical role of local organizations and institutions in delivering effective humanitarian assistance.

CERF funding contributed to improving access to essential health services; increasing the level of protection for women and girls at risk of gender-based violence (GBV) and trafficking; ensuring access to sexual and reproductive health; strengthening protection services; and ensuring access to food security and safe water, sanitation, and hygiene.

The collective impact of this allocation has resulted in positive outcomes for affected communities. These CERF-funded projects have acted as catalysts for promoting best practices and building greater acceptance of humanitarian assistance in priority states.

CERF's Added Value:

During the after-action review, participants highlighted the significant added value of CERF funding to the humanitarian response in Venezuela, due to its integrated approach, which allowed for effective coordination and capacity strengthening, and its focus on priority states, many of which had hard-to-reach communities. CERF funding played a critical role in strengthening the humanitarian response, particularly in reaching remote communities with high protection risks and limited presence.

CERF funding also led to community engagement and empowerment. For example, through its multi-faceted interventions at the institutional, community, and individual levels, IOM improved the capacity of local actors, including authorities and humanitarian organizations, to prevent, detect, and assist victims of trafficking, and enhanced coordination among services and networks in three states by creating referral and assistance pathways. It also reduced the risk of trafficking by raising awareness through community-based activities, and provided confidential, person-centered case management and support to identified victims of trafficking, GBV survivors, and those at risk. Following the UNFPA information sessions, community leaders continued to raise awareness about GBV and access to health services, reaching more people.

In addition, WFP supported the economic recovery of people affected by compounding vulnerabilities, including living in areas with high risk of natural hazards. WFP addressed the urgent food and nutrition needs of households in vulnerable conditions by allowing them to preserve, restore and diversify their livelihoods. WFP provided food assistance mainly to women heads of households, the elderly and Indigenous communities and promoted their participation in technical and life skills training to reduce dependency on negative coping strategies.

This allocation enabled health services to be brought closer to remote communities. Implementation in health facilities by UNICEF, WHO and UNFPA improved access to Sexual and Reproductive Health (SRH) services and the provision of essential services to pregnant women in remote communities. UNFPA also provided access to contraception for vulnerable women and girls.

These examples illustrate how CERF funding has strengthened the humanitarian response by positioning UN agencies as reliable partners at the local and national levels, particularly in remote and vulnerable areas.

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

Yes

Partially

No

CERF funding contributed significantly to the rapid delivery of assistance to people in need, particularly in remote communities with high protection risks and limited government presence. Based on the after-action review, CERF funding enabled rapid delivery of assistance, for example, addressing urgent food and nutrition needs of vulnerable households, mainly led by women and elderlies, strengthening health services, promoting life-saving practices, and addressing emergency needs in priority hospitals and community health brigades.

Overall, CERF support has helped build trust and cooperation with local stakeholders, ensuring that relief efforts are well received and effectively implemented. 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.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

This CERF allocation was time-critical in enabling UNICEF and its partners to provide essential services to pregnant women receiving safe obstetric care, children under five receiving paediatric consultations, and health workers receiving retention and skills development incentives in four priority hospitals in the states of Amazonas, Apure and Sucre, benefiting 13,721 people. In addition, community health brigades were supported to promote life-saving practices and increase demand for health services, particularly in remote areas with indigenous populations.

UNFPA improved access to SRH services and clinical management of sexual violence in four hospitals, while WHO implemented activities to reduce maternal and neonatal mortality and morbidity in three hospitals and five outpatient clinics in vulnerable areas. Interventions focused on the rehabilitation of operating rooms, labor, delivery and postpartum rooms, admission and triage rooms, air conditioning, waterproofing of maternity medical areas, and replacement of the main water distribution network to improve the level of health services for the project beneficiary population.

IOM and its partners provided case management and direct assistance to 87 cases of Victims of Trafficking (VoT) or GBV survivors, representing a total of 129 people; provided transportation to temporary shelter/safe spaces for 265 people; and rehabilitated two emergency shelters to increase their capacity to provide tailored assistance to VoT or GBV survivors.

Through this CERF allocation, WFP provided assistance 11,240 people, of which 9,472 received food assistance through general food distribution activities (60 per cent were women head of households) and 1,865 household members benefitted from food assistance delivered through training activities, of these 539 (93 per cent women) participants of technical training strengthened the income generation capacity of their households. In addition, FAO provided vocational training, productive start-up kits and cash to 1525 vulnerable participants of which 736 were women and 214 of them Indigenous women, to rapidly restore their livelihoods. Additionally, FAO established 41 community food security networks that provided food to 968 vulnerable people who were unable to work, of which 699 were women and 53 were People with Disabilities (PwD).

CERF contribution allowed UNHCR to carry out interventions in the areas of protection and prevention of GBV and human trafficking. These interventions, including refresher sessions on critical topics, have improved the protection networks for survivors and their access to different skills to expand their opportunities, allowed the expansion of access to services in the community and will also provide safe spaces for survivors of human trafficking and GBV for identification, referral to care pathways, and emergency shelter.

The overall strategic vision of the project was successfully achieved, demonstrating the added value of CERF as a humanitarian financing mechanism. The project's multisectoral approach, coordination with local authorities, and focus on gender and inclusion contributed to positive outcomes, highlighting the importance of timely formulation, inter-agency collaboration, and community engagement for future CERF presentations.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF funding improved coordination between UN agencies, the humanitarian community and local authorities. For this CERF allocation, an inter-agency coordination mechanism was established to strengthen complementarity and synergy between projects, coordinate with authorities and avoid duplication of efforts.

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

capital with local communities and suppliers. For example, local implementing partners of CERF and VHF funds were able to expand the provision of multisectoral services to address GBV through direct support and the establishment of shelters in the states of Apure and Sucre.

AAR participants emphasized the importance of continued articulated and coordinated work between agencies and implementing partners with CERF. The coordinated approach between protection and health activities allowed for better identification of cases with specific protection needs for early and timely treatment. Similarly, good articulation between IOM and FAO enabled three communities to receive complementary sensitization and livelihood support, strengthening their efforts to prevent human trafficking.

Complementarity between UN agencies and VHF-funded partners was also observed in the health sector, for example in the rehabilitation of critical areas of health facilities to improve people's access to SRH services and maternal care. The incentive programme in Araya, Sucre State, exemplifies the synergies between UNICEF and UNFPA, which facilitated joint activities in the areas of sexual and reproductive health, adolescent health and clinical assessment of victims of sexual violence. This inter-agency collaboration not only maximized the efficiency of resources, but also demonstrated a unified approach to addressing complex challenges.

UNFPA, UNICEF and WHO emphasized the trusting relationship and coordinated work with health authorities. Agencies and partners relied on coordination meetings with authorities and health workers to gain access and, for example, to implement maternal routes in a participatory manner with national, local and indigenous health authorities, community-based primary health care workers, other civil society actors and international cooperation.

UNHCR is currently supporting the Venezuelan government to establish a national protection system for Venezuelan refugees and asylum seekers, partnering with development agencies to address protection needs among vulnerable populations using CERF funding, and working with local communities to build capacity for conflict resolution and social cohesion. By collaborating with other UN and development actors, UNHCR can leverage its expertise to deliver comprehensive assistance that meets the immediate and long-term needs of Venezuelans.

In essence, this CERF allocation catalyzed the building of strong alliances. The active engagement of UN agencies with diverse stakeholders demonstrates the ability of organizations to foster coordination and partnerships across the humanitarian community. This collaborative spirit not only enhances the effectiveness of interventions, but also strengthens the overall resilience and responsiveness of humanitarian efforts in addressing the unique challenges faced by vulnerable populations, particularly those in remote areas.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

CERF funding has demonstrated the operational capacity of agencies, as well as their important partnership with local actors and their willingness to ensure continuity and sustainability of operations, which builds donor confidence and allows additional funding to be brought to the response. For example, CERF funding played a critical role in improving resource mobilization from other sources for UNICEF Venezuela. The strategic achievements made possible by CERF funding, particularly in the areas of health, protection and WASH, demonstrated the effectiveness and impact of the initiatives. The successful outcomes and added value of CERF funding, as demonstrated by examples such as the Incentive Program and the "Apamate" project in Sucre, position UNICEF as a reliable partner for humanitarian programming. This enhanced credibility and demonstrated success in addressing complex challenges in remote and vulnerable areas helps to attract additional support and resources from various stakeholders and partners. To determine the direct beneficiary population of the health facilities' interventions, surveys were initially considered for their measurement; however, the health authorities did not make their implementation feasible. Consequently, the beneficiary population was determined through population estimates based on the demand for health care in the medical areas and the population assigned to the beneficiary health facilities.

In addition, the approval of CERF funding for the states of Amazonas, Apure and Sucre led to the complementary launch of the VHF Second Standard Allocation in 2022, which mobilized an additional \$8 million to strengthen the humanitarian response in these priority states with a life-saving approach.

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 and FAO helped increase the level of protection for women and girls at risk of GBV and trafficking in the states of Amazonas, Apure and Sucre. Victims of trafficking (VoTs) or GBV survivors were provided by IOM with life-saving case management, and direct assistance and coordination platforms were strengthened to ensure efficient, timely and coordinated assistance mechanisms for VoTs. Complementary, FAO supported them to rapidly restore their livelihoods, strengthening their economic empowerment and contributing to reduce their vulnerability.

In addition to strengthening the national plan for the 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 state of Sucre. With CERF funding, 7,000 women received a method of contraception; 4,632 people attended awareness-raising sessions on contraception and sexual rights and received condoms and/or hygiene materials; and 12,000 people were tested for syphilis and HIV.

Through gender analysis, UNICEF ensured that activities addressed the diverse needs of vulnerable groups, particularly women and girls, and sexual and gender minorities. In the WASH sector, CERF funding enabled a multisectoral approach with a focus on gender and equity, including menstrual health and hygiene management to promote the participation of women and girls through awareness raising to overcome barriers. WFP and FAO mainstreamed a gender approach throughout its activities. For example, WFP provided food assistance to 89 fishers (84 women and 5 men), as well as technical training on fishing techniques, boat maintenance and fish conservation, complemented by life skills training on women's empowerment in sharing care responsibilities and changing gender roles. FAO complemented IOM efforts to reduce protection risk of women (GBV and human trafficking) by providing 950 women at-risk the means to have a rapid access to an income generating activity, reducing their economic vulnerability.

UNHCR's community-based approach also resulted in the active participation of women, girls and other vulnerable groups in UNHCR-supported community structures. UNHCR's support to service providers and community representatives benefited survivors of trafficking or those at risk of trafficking, as well as women, girls and sexual and gender minorities who may be vulnerable to or have experienced violence. WHO facilitated awareness-raising sessions on mechanisms of care for pregnant women and newborns, techniques and tools for care with an emphasis on awareness, cervical cancer screening (cytology), sexually transmitted infections, among others, with a focus on contraceptive and prevention education, in addition to ensuring access to methods (intrauterine devices) and treatment.

Programmes targeting people with disabilities

Focusing on a specific vulnerable group such as PwD has resulted in increased attention and a tailored response, with participatory consultations playing a key role in ensuring an inclusive response. UNICEF's community-based protection processes, guided by a multicultural, gender and age approach, facilitated the identification of specific needs of PwD, strengthening of services and case management. Intersectoral collaboration between WASH, health, nutrition and child protection programs in prioritized communities improved services with an emphasis on gender and equity, enabling the most vulnerable, including women and girls with disabilities, to exercise their rights safely and inclusively. FAO promoted meaningful participation and prioritized incorporation of persons with disabilities (207 in total) in its interventions, identifying and eliminating any physical and mental barrier that could hamper their active participation and empowering them to develop their capacities by adapting project activities to their special needs. Additionally, for those unable to develop a productive activity, the project has created food security networks to support their food and nutrition security.

CERF funding also helped reduce physical and communication barriers. WFP identified programmatic adaptations needed to integrate a disability inclusion lens into food security and livelihoods interventions by expanding the profiles of people with different types of disabilities (cognitive, visual and hearing) and their caregivers (including the elderly and women heads of households). Both IOM and UNHCR ensured that the rehabilitated spaces were accessible to persons with disabilities. In addition, CERF funding included refresher training on protection issues for service providers and community representatives on how to adapt their approach to overcome communication and social barriers faced by persons with different disabilities, ensuring that everyone has access to essential services.

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](#).

Other aspects of protection addressed through this allocation

In order to reach the most vulnerable people for prevention and mitigation activities at the community level, agencies and partners applied a beneficiary selection strategy to identify people in need and those most vulnerable to protection risks, including trafficking or other forms of exploitation. This included people without stable sources of income, people who had been left behind, people with some form of functional diversity that limited their access to sustainable livelihoods or services, the elderly, among others. For example, IOM adapted the content of key messages and group exercises on the prevention of trafficking and other forms of exploitation to the needs of these specific groups, following risk mapping exercises. Community-based protection activities included the creation of safe spaces for groups of youth, children, men and women. The safe spaces also ensured the inclusion of persons with disabilities by discussing specific barriers they face in accessing protection services, mapping risks related to their disability and discussing strategies to overcome these risks.

In addition to having a Protection from Sexual Exploitation and Abuse (PSEA) focal point, all beneficiary 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 handling SEA-related complaints, including through the inter-agency hotline. A comprehensive approach to recording and addressing complaints of sexual exploitation and abuse (SEA) was adopted throughout the project. Staff, partners and volunteers received PSEA training that was integrated into the recruitment process. Regular evaluations and partner trainings emphasized SEA prevention and response, with full application of the UN Victim Protection Protocol for survivors. Four PSEA field missions were conducted to conduct training and community sensitization workshops in the three priority states, integrating a gender perspective. The PSEA partners' activities in the communities were monitored and the capacity to integrate the community approach in the PSEA work was strengthened after the monitoring visits to contextualize and adapt the capacity building, which was mainly based on issues such as communication of key messages, receipt of sensitive complaints and coordinated action in the field among organizations. UNFPA and the PSEA network developed audios in Warao, Jivi, Huotuja/Piaroa, Wayuú, Baré and Yukpa to disseminate the basic standards of conduct expected of humanitarian actors and the inter-agency reporting mechanism.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	795,098,081
CERF	7,999,999
Country-Based Pooled Fund (if applicable)	9,392,778
Other (bilateral/multilateral)	296,646,190
Total funding received for the humanitarian response (by source above)	314,038,967

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

Agency	Project Code	Sector/Cluster	Amount
FAO	22-UF-FAO-041	Food Security - Agriculture	1,150,000
IOM	22-UF-IOM-038	Protection	625,000
UNFPA	22-UF-FPA-049	Health - Sexual and Reproductive Health	413,214
UNFPA	22-UF-FPA-049	Protection - Gender-Based Violence	338,085
UNHCR	22-UF-HCR-039	Shelter and Non-Food Items	375,000
UNHCR	22-UF-HCR-039	Protection	250,000
UNICEF	22-UF-CEF-085	Water, Sanitation and Hygiene	1,722,794
UNICEF	22-UF-CEF-085	Health	611,314

UNICEF	22-UF-CEF-085	Protection - Child Protection	444,592
WFP	22-UF-WFP-071	Food Security - Food Assistance	1,350,000
WHO	22-UF-WHO-049	Health - Sexual and Reproductive Health	518,400
WHO	22-UF-WHO-049	Water, Sanitation and Hygiene	201,600
Total			7,999,999

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

Total funds implemented directly by UN agencies including procurement of relief goods	5,496,908
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	417,872
Funds sub-granted to national NGO partners*	2,041,818
Funds sub-granted to Red Cross/Red Crescent partners*	43,401
Total funds transferred to implementing partners (IP)*	2,503,091
Total	7,999,999

* 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.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

According to the 2022 Humanitarian Needs Overview, an estimated 7.7 million people were in need of protection and humanitarian assistance. Longstanding poverty and vulnerability in these states has been exacerbated by eight years of economic contraction and the impact of COVID-19, resulting in loss of livelihoods, food insecurity, and the deterioration and collapse of basic service delivery. The most vulnerable people, mostly women and girls and the elderly, have resorted to negative coping mechanisms such as selling their assets, reducing the number of meals, forced migration and recruitment by trafficking networks, engagement in illicit activities and transactional sex, among others.

In 2022, almost 2.8 million people were reached by humanitarian programmes and projects in Venezuela, targeting the most vulnerable groups in terms of gender, age and cultural diversity. There was an increased focus on food security, sexual and reproductive health, mental health and psychosocial support. There was also a consolidation of intersectoral interventions, with a deepening of the nexus approach and durable solutions. Similarly, there was also a focus on mainstreaming livelihoods as a coping mechanism in the face of increased protection risks, especially for victims of trafficking, GBV and families in rural areas.

Operational Use of the CERF Allocation and Results:

In 2022, humanitarian needs continued to grow while funding remained relatively low. As a result, CERF allocated \$8 million to Venezuela through the 2022 CERF UFE round to support critical life-saving operations. The overall objective of this intervention was to provide life-saving assistance to vulnerable people in Venezuela, addressing some of the most critical multi-sectoral needs and promoting greater access in areas where the response was limited.

To achieve this, UN agencies focused on: i) providing sexual and reproductive health services, with a focus on women and girls; ii) strengthening protection assistance and services for people on the move, those at risk of displacement, those at risk of statelessness, returnees and host communities; iii) improving conditions of infrastructure, equipment, availability of essential supplies and response capacity in prioritized health facilities; iv) reducing the risk of GBV and human trafficking by improving women's and girls' access to life-saving assistance and emergency livelihoods; and v) providing essential commodities and strengthening services in child protection, nutrition and education.

Through the activities included in the project proposals, these CERF funds enabled UN agencies and partners to provide life-saving assistance to 175,572 people, including 72,227 women, 22,426 men and 80,919 children, including 5,143 people with disabilities.

People Directly Reached:

As reported by the recipient UN Agencies, CERF-funded projects reached a total of 175,572 people (66 per cent women and girls).

As shown in Table 4, most intervention sectors met or exceeded their targets. Concerning food security activities, both FAO and WFP achieved the goals set for each project; however, since the population reached was different, the totals contributed by each agency were added together.

In the sexual and reproductive health activities, the target was exceeded because the strategy implemented for the community approach to SRH key messages through their community leaders and organizations allowed for greater outreach to the population, including a greater number of people from hard-to-reach communities. The community leaders and promoters trained by UNFPA and the implementing partner felt highly motivated to sustain the community information activities beyond the target.

For the protection sector, UNHCR reported a higher volume of vulnerable Venezuelans in host communities than originally anticipated. This required the adjustment of the initial beneficiary figures in host communities and others of concern.

People Indirectly Reached:

CERF recipient agencies (UNICEF, UNFPA, UNHCR, FAO, IOM, WFP and WHO) estimated that about 1,301,751 people were reached indirectly under this allocation.

The interventions with the highest number of indirect beneficiaries are in the health and WASH sectors. In the WASH sector, WHO and UNICEF estimated that 389,466 people were indirectly reached, with a particular focus on improving emergency maternal, newborn, and child health services in addition to improving WASH services at key health facilities. This resulted in lower disease rates and improved access to health care not only for the immediate beneficiaries but also for the wider community, with benefits extending well beyond the project period. Similarly, in the health sector, WHO estimated that indirect beneficiaries totaled 901,012 people, including women of reproductive age, adolescents, and pregnant or lactating women. These community and state residents had access to essential medicines, specialized care, and training provided by the project, contributing to improved health outcomes and reduced burden on health services.

In addition to the direct beneficiaries of the project, agricultural vocational trainings involved other community members showing interest in the activity. This included extra 906 participants, mostly women, and the engagement of community leaders whom, in turn, disseminate knowledge and skills to other people. Agricultural knowledge and production will benefit approximately 81,920 people (20,480 families) in neighbouring areas, promoting sustainable development and improved livelihoods.

Additionally, the protection sector indirectly benefited some 11,273 people through comprehensive protection assistance, capacity building for humanitarian actors and civil servants, and the rehabilitation of emergency shelters for victims of trafficking (VoTs) or GBV. This holistic approach extended to child protection initiatives, with sensitization sessions reaching 3,419 community members in 41 communities, addressing critical issues such as trafficking, GBV, indigenous rights and nutrition.

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
Food Security - Agriculture	3,750	2,000	3,162	3,278	12,190	9,708	7,001	2,170	2,420	21,299
Health - Sexual and Reproductive Health	14,975	4,372	19,489	20,467	59,303	34,647	5,088	13,284	8,709	61,728
Protection	4,220	1,680	1,833	1,552	9,285	6,057	3,974	1,281	902	12,214
Protection - Gender-Based Violence	1,285	514	514	257	2,570	3,301	1,029	471	346	5,147
Shelter and Non-Food Items	1,280	4,000	520	1,600	7,400	2,460	1,968	923	800	6,151
Water, Sanitation and Hygiene	11,347	10,659	5,066	5,011	32,083	13,173	598	23,636	21,647	59,054

* 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.

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

Category	Planned	Reached
Refugees	263	413
Returnees	1,575	3,606
Internally displaced people	1,575	2,421
Host communities	41,144	120,262
Other affected people	21,033	48,870
Total	65,590	175,572

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

Sex & Age	Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	14,975	72,227	2,647	2,502
Men	10,659	22,426	1,184	797
Girls	19,489	43,875	678	979
Boys	20,467	37,044	509	865
Total	65,590	175,572	5,018	5,143

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-UF-FAO-041

1. Project Information			
Agency:	FAO	Country:	Venezuela
Sector/cluster:	Food Security - Agriculture	CERF project code:	22-UF-FAO-041
Project title:	Improvement of Food Security and Nutrition (FSN), integrating gender and intersectional approaches.		
Start date:	03/01/2023	End date:	02/01/2024
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\$ 15,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 4,500,000
	Amount received from CERF:		US\$ 1,150,000
	Total CERF funds sub-granted to implementing partners:		US\$ 509,520
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 509,520
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, FAO and its local partners provided the means to rapidly restore the livelihoods of vulnerable households by delivering vocational training to 1684 people, distributing their related 1525 vocational activity start-up kits, involving the 1525 households in cash for work activities, and facilitating 29 saving and loan community groups as a mean to access to small credits; created 41 community productive areas; established 41 food security community nets providing food to 968 vulnerable people unable to work; and sensitized 39 communities on human trafficking (together with IOM), Indigenous Peoples Rights, and nutrition. Additionally, 55 (31 female, 24 male) humanitarian workers from four different local partner organizations have received technical training on nutrition, sustainable agriculture, saving and loans community mechanisms, and information sessions on GBV, PSEA, and complaint mechanisms.

The project assisted a total of 10.059 people in the Venezuelan states of Apure, Amazonas, and Sucre, between January and December 2023, allowing them to improve their Food Security and Nutrition (FSN), and increase their incomes, reducing dependency on negative coping strategies and consequently reducing their protection risks.

3. Changes and Amendments

N/A

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
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	20	10	28	15	73	156	138	51	75	420
Internally displaced people	80	40	56	30	206	31	39	14	26	110
Host communities	160	80	112	60	412	107	125	64	100	396
Other affected people	3,490	1,870	2,554	1,395	9,309	3556	2849	1295	1433	9133
Total	3,750	2,000	2,750	1,500	10,000	3850	3151	1424	1634	10059
People with disabilities (PwD) out of the total										
	35	25	18	15	93	143	33	19	12	207

* 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

Beyond the direct beneficiaries of the project, 906 people (being 73 per cent of them women), have participated in the agricultural vocational training. Also, community leaders were involved in the training activities with their commitment to spread their acquired knowledge to the rest of the community and neighbouring communities.

Sensitization sessions were carried out in 41 communities addressing human trafficking, GBV, Indigenous Peoples Rights, and nutrition have been open to any community member, reaching 3,419 people.

Most of the targeted communities are small and the increased production benefits not only the producer but also at least 20,480 families in neighboring.

6. CERF Results Framework

Project objective To reduce protection risks of targeted vulnerable communities through the improvement of their Food Security and Nutrition (FSN), the rapid restoration/creation of their livelihoods and the community awareness and knowledge building integrating gender and intersectional approaches.

Output 1 Fresh and nutritious food is available and affordable in the community to respond to critical and differentiated needs.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Ag.1 Number of people receiving agricultural inputs (items/packages/kits; disaggregated by gender, age and ethnicity)	800	818 (including 475 female-headed households, 118 indigenous female-headed households, 171 men -headed households, 54 indigenous men, 131 households where at least one member with a disability)	Input delivery registry: <u>CERF Indicador 1 2 FAOVE Entrega de Insumos Agricolas-Pecuarios</u>
Indicator 1.2	Ag.3 Number of people receiving livestock inputs (animal feed/live animals/kits/packages; disaggregated by gender, age and ethnicity)	200	202 (including 47 women, 33 indigenous women, 96 men, 26 indigenous men, 13 households where at least one member with a disability).	Input delivery registry: <u>CERF Indicador 1 2 FAOVE Entrega de Insumos Agricolas-Pecuarios</u>
Indicator 1.3	Ag.6 Number of people receiving (gender-responsive) training on agricultural skills, practices and/or technologies (disaggregated by gender, age and ethnicity)	1000	1020 (including 522 women, 214 indigenous women, 204 men, 80 indigenous men, 144 households where at least one member with a disability).	Training participants registry. <u>CERF FAOVE Indicador1.2 Capacitaciones</u>

Indicator 1.4	FS.4 Percentage of people enabled to meet their basic food needs (disaggregated by gender, age and ethnicity) (8000 people)	80	81 (50,4 per cent women, 11 per cent indigenous women, 15,6 per cent men, 3,8 per cent indigenous men).	Baseline- Endline variation analysis Análisis Seguridad Alimentaria CERF.pdf
Indicator 1.5	Number of vulnerable people unable to work (people with disabilities, elderly, etc.) supported by a social safety net (disaggregated by gender, age and ethnicity and people with disabilities)	150	968 (including 699 women, 269 men, 53 households where at least one member with a disability).	Project registry B

Explanation of output and indicators variance: Regarding indicator 1.5 variance, community social safety nets served 968 people unable to work, of whom 57 per cent were women and 15 per cent belonged to indigenous peoples. Support was provided in the form of food, produced in the community (food) safety nets (Act 1.4)

Activities	Description	Implemented by
Activity 1.1	Rapid assessment for the identification of specific food/nutrition needs in the community, integrating gender, ethnic and age analysis.	FAO supported by its local implementing partners: Fundación CEPAI, Fundación San José, Asociación Construyendo Futuros.
Activity 1.2	Identification of vulnerable households and their preferred food production activity (agriculture, fishery, small livestock, etc.) to be developed responding to specific nutrition needs of the community (animal protein, micronutrients, etc.) considering their differentiated needs (gender, age, disability and ethnicity)	FAO supported by its local implementing partners: Fundación CEPAI, Fundación San José, Asociación Construyendo Futuros.
Activity 1.3	Support (technical assistance, seeds and tools provision) to the emergency food production, including rural women-led organizations and activities that address gender roles as barriers for women to participate in rural productive activities.	FAO supported by its local implementing partners: Fundación CEPAI, Fundación San José, Asociación Construyendo Futuros.
Activity 1.4	Creation of community (food) safety nets: people receiving cash for work will create community gardens and will be providing the produced food to women and men elderly and with disabilities unable to work. Community gardens are expected to continue working after the intervention through a community special arrangement to support the most vulnerable. Women-led organizations will be actively involved.	FAO supported by its local implementing partners: Fundación CEPAI, Fundación San José, Asociación Construyendo Futuros.

Output 2 Targeted households increase their incomes in a sustainable way through the rapid and gender-responsive restoration of their livelihoods.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security - Agriculture

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	FS.1d Percentage of households relying on emergency livelihoods coping strategies (150 households)	10	10 per cent (152 households)	Baseline- Endline variation analysis (Livelihood Coping Strategy Index)
Indicator 2.2	FS.2 Percentage of households who report being able to meet the basic needs of their households according to their priorities (1200 households)	80	81	Baseline- Endline variation analysis
Indicator 2.3	FS.3 Average reduced Coping Strategies Index (rCSI) 4-18	18	17	Baseline- Endline variation analysis rCSI Análisis Seguridad Alimentaria CERF.pdf]
Indicator 2.4	Cash.3a Number of people receiving conditional cash transfers (disaggregated by gender, age and ethnicity)	1500	1525	Cash beneficiaries registry CERF_FAOVE_Cash Transfers
Indicator 2.5	Cash.3b Total value of conditional cash transfers distributed in USD	75000	76250	Cash beneficiaries registry CERF_FAOVE_Cash Transfers
Indicator 2.6	Number of people receiving vocational and gender-responsive trainings (disaggregated by gender, age and ethnicity)	500	505	Training participants registry. CERF_FAOVE_Indicador 2.6
Indicator 2.7	Number of people receiving gender-responsive vocational kits to start their preferred income generating activity (disaggregated by gender, age and ethnicity)	500	505	Training participants registry. CERF_FAOVE_Indicador 2.6

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 2.1	Rapid community-based assessment to identify main livelihood strategies and income generating opportunities adapted to the intervention context and specific needs of beneficiaries, integrating gender, age and ethnicity analysis.	FAO supported by its national partner Asociación Civil Trabajo y Persona.
Activity 2.2	Identification of vulnerable households (households with members in particular conditions of vulnerability: woman heads of households, survivors of GBV or human trafficking, unemployed youth in risk of joining armed groups, people with disabilities or elderly dependents, etc. with special focus on indigenous people) and their preferred income-generating activity, based on the previous community-based livelihood assessment.	FAO supported by its local implementing partners: Fundación CEPAI, Fundación San José, Asociación Construyendo Futuros.
Activity 2.3	Cash for work (creation of community gardens and restoration of community assets) to targeted households, considering their gender, age, ethnicity and disability, and protection risks, including GBV, and involving women-led organisations.	FAO supported by its local implementing partners: Fundación CEPAI, Fundación San José, Asociación Construyendo Futuros.

Activity 2.4	Gender and intersectional-responsive (by preventing gender stereotypes and promoting a more gender-balanced distribution of care work) vocational training, based on beneficiary preferences.	FAO supported by its national partner Asociación Civil Trabajo y Persona.
Activity 2.5	Vocational activity start-up kit distribution, considering gender and intersectional approaches.	FAO supported by its local implementing partners: Fundación CEPAI, Fundación San José, Asociación Construyendo Futuros.
Activity 2.6	Implementation of Savings and Loans schemes, integrating gender and intersectional perspectives.	FAO supported by its local implementing partners: Fundación CEPAI, Fundación San José, Asociación Construyendo Futuros.
Activity 2.7	Technical and financial support (from start-up kits distribution and access to savings and loans schemes) to strengthen livelihoods initiatives of rural women-led organisations	FAO supported by its local implementing partners: Fundación CEPAI, Fundación San José, Asociación Construyendo Futuros.

Output 3 Targeted communities have increased their awareness and decision-making capacity to mitigate the risks of human trafficking, gender-based violence and armed groups engagement.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security - Agriculture

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people receiving information on protection risks, including GBV and trafficking of persons (disaggregated by gender, age, ethnicity and disability).	1500	1684	Sensitization sessions participation registry CERF_FAOVE_Talleres Sensibilización
Indicator 3.2	AP.2b Percentage of affected people who state that they are aware of feedback and complaints mechanisms established for their use (disaggregated by gender, age, ethnicity and disability) (1350 people)	90	90 (3419 people)	Sensitization sessions participation registry OIM FAO.xlsx
Indicator 3.3	AP.7 Number of community-based complaints/feedback mechanisms established	1	1	The <u>existing mechanism</u> has been used.
Indicator 3.4	CC.3 Number of humanitarian workers (UN staff, implementing partner staff, etc) receiving training on prevention of sexual exploitation and abuse (disaggregated by gender, age, ethnicity and disability)	50	55	Participation registry

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 3.1	Community awareness and information campaigns: taking advantage of the safe spaces created around the saving and loans groups, some social issues will be addressed such as GBV, human trafficking, gender	FAO supported by its local implementing partners: Fundación CEPAI, Fundación San José, Asociación Construyendo Futuros, and in coordination with other UN Agencies: IOM.

	equality and woman empowerment, Protection from Sexual Exploitation and Abuse, Indigenous People's rights, nutrition and WASH.	
Activity 3.2	Complain/feedback mechanisms and PSEA policy are in place including related information campaigns and trainings.	FAO
Activity 3.3	FAO and IP staff involved in the implementation of the project partake in dedicated PSEA training.	FAO

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 areas² 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)³:

All beneficiaries and their communities have been consulted throughout the project cycle. Specifically, the Free, Prior, and Informed Consent (FPIC) has been used at the community level during project design to consult about specific and differentiated needs (particularly those of the most vulnerable and marginalized groups), cultural specificities, and particular cosmovision to take into consideration. The process of identification of beneficiaries (vulnerable households meeting the project vulnerability criteria) was also consulted with communities, especially in the case of Indigenous communities where decisions are made at the community level. Also, during the implementation of the project, beneficiaries have been continuously consulted on their opinion and preferences. For instance, beneficiaries had the last word on the type of vocational training to be provided, the composition of the start-up kits to be distributed or the type of community production areas to be established.

b. AAP Feedback and Complaint Mechanisms:

Community sensitization on AAP has taken place in 41 different communities. Together, FAO and IOM have introduced the AAP concept to the communities as well as the feedback/complaint mechanism available- the United Nations Interagency Contact Line in Venezuela. Informative material (pamphlets) on AAP and the complaint mechanisms available has been translated into local languages, printed, and distributed in the communities. The reporting channels made available to communities are email, face-to-face application forms, and a phone number enabled to receive calls, text, and WhatsApp messages. During the duration of the project cycle, FAO has ensured timely response to community feedback and complaints, as well as remedial action when necessary, maintaining the highest standards and protocols of confidentiality.

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

FAO subscribes to the Sexual Exploitation and Abuse Complaints Protocol in force in the country and the nominated PSEA Focal Point ensures alignment between the community-based reporting system, the in-country protocol, and the FAO corporate SEA allegations handling process. In the case of SEA allegations concerning FAO activities, the Agency prioritized safe referral to assistance services according to the victim-centered approach.

To help strengthen the Prevention of SEA, FAO has:

² 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](#).

³ 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](#).

1. Assessed and built accordingly the capacities of its implementing partners on SEA through specific training on the topic- 4 local partners have been trained on PSEA.
2. Organized PSEA training for agency staff- four trainings to cover all FAO staff have been organized.
3. Community awareness activities in PSEA- 41 communities have been sensitized and received informative material in their local language.

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

The project has given high priority to the protection and empowerment of women and adolescent girls by understanding their differentiated needs, responding with tailored interventions, and putting them in the center of the intervention. Women, in particular rural women, have been prioritized and benefitted from the restoration of sustainable livelihoods to contribute to their economic and social empowerment, strengthening women's leadership and decision-making role within their communities. Women- led organisations have been actively involved in the activities as well as local implementing partners. This is the case of Construyendo Futuros (women led organization), CEPAL (local organization), Fundación San Jose (local organization) and Fundación Trabajo y Persona (national Organization).

Safe spaces have been facilitated to build trust and allow women and adolescents to feel comfortable sharing sensitive topics. Awareness campaigns have been carried out to promote gender equality, support women-led organisations, strengthen women's empowerment and leadership, and also facilitate referral of GBV cases.

e. People with disabilities (PwD):

In line with the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, four 'must do' actions have been applied to the intervention:

1. promote meaningful participation of persons with disabilities and their representative organizations: PwD have been given priority: One of the main criteria to identify the most vulnerable households to be directly targeted by the intervention was to be a person with a disability or having as a family member a person with a disability.
2. remove barriers: the project has been careful to identify and eliminate any physical and mental barriers that could hamper the active participation of PwD.
3. empower persons with disabilities and support them to develop their capacities: facilitating the participation of PwD by adapting the training and activities to their special needs. For those unable to develop a productive activity, the project has created food security networks to support them.
4. disaggregate data for monitoring inclusion.

f. Protection:

Together with IOM, specific protection issues have been addressed, being protection at the center of the intervention. The project specifically targeted people survivors or at-risk of GBV, human trafficking, or forced recruitment in armed groups. Project activities were intended to reduce protection risks at community and individual level by building economic and social resilience in a gender and intersectional manner.

g. Education:

The project had an educational component consisting in providing gender-responsive vocational training to vulnerable people so they can start a sustainable income-generating activity, improving their incomes and thus giving response to their basic needs, reducing dependency on negative coping strategies, and consequently reducing their protection risks.

Also, from a capacity-building point of view, implementing partners have received training on humanitarian intervention topics, transversal issues and technical subjects and communities have received sensitization sessions.

In total, 32 Technical trainings and 22 training on transversal issues have been delivered to local partners; 22 Community sensitization sessions have been organized and 230 technical vocation training to beneficiaries have been provided.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	1,525

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.

CVA has been split into two uses: half of it has been used to address the most urgent needs of beneficiaries and the other half, to contribute to the seed capital of the community saving and loans groups. These groups have also “contingency funds” to use in case of any member emergency, acting in a way as a safety net.

No linkages with social protection systems have been explored.

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
Cash for work	1,525	US\$ 76,250	Food Security - Agriculture	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
CERF Amazonas Visibility Video Documentary	https://drive.google.com/drive/folders/1cVx4sjTWhXTB6IO7Z9xrhKUD1pibbaY0
CERF Sucre Visibility Video Documentary	https://drive.google.com/drive/folders/1cVx4sjTWhXTB6IO7Z9xrhKUD1pibbaY0
Images and life stories	Visibilidad FAO Venezuela CERF 2024
X Post	https://twitter.com/FAOemergencies/status/1759593603112800317
X Post	https://twitter.com/FAO_Venezuela/status/1764776910779732468
X Post	https://twitter.com/FAO_Venezuela/status/1764776914005135646

3.2 Project Report 22-UF-IOM-038

1. Project Information			
Agency:	IOM	Country:	Venezuela
Sector/cluster:	Protection	CERF project code:	22-UF-IOM-038
Project title:	Protection assistance for vulnerable communities and migrants at risk of human trafficking in Venezuela		
Start date:	30/12/2022	End date:	29/12/2023
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\$ 28,936,846
	Total funding received for agency's sector response to current emergency:	US\$ 8,930,000
	Amount received from CERF:	US\$ 625,000
	Total CERF funds sub-granted to implementing partners:	US\$ 273,534
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 256,133
Red Cross/Crescent Organisation	US\$ 17,401	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, IOM and its partners provided key messages on the prevention of human trafficking and other forms of exploitation to 5,124 people; increased the capacity for the prevention and detection of Trafficking in Persons (hereinafter: TiP) and assistance to Victims of Trafficking (hereinafter: VoT) of 299 humanitarian workers and civil servants as well as of 100 representatives from women-led, LGBTIQ+ and youth organizations; established three (3) protection referral and assistance pathways; strengthened three (3) technical working groups for the identification and assistance of VoTs and supported 10 local authorities (public prosecutor's offices) by donating essential IT and office equipment needed to support the reporting of human trafficking cases and provide legal assistance to VoTs. In addition, IOM provided case management and direct assistance to 87 cases of VoT or GBV survivors representing a total of 129 persons; provided transportation to temporary shelter/safe spaces for 265 people as well as rehabilitated two (2) emergency shelters to increase their capacity to provide tailored assistance to VoTs or GBV survivors.

The project assisted a total of 5,875 people in Amazonas, Apure and Sucre between January and December 2023, exceeding the project initial targets and improved the response of humanitarian actors and local authorities to VoT and people at risk of human trafficking in the three states. Thanks to its multi-layered interventions at institutional, community and individual level, the project allowed an holistic approach to achieve four (4) main outcomes: 1) it enhanced the capacity of local actors, including authorities and humanitarian organizations, on human trafficking prevention, detection and assistance to VoTs; 2) it strengthened coordination among services and networks in three states thanks to the development of referral and assistance pathways; 3) the project mitigated the risks of TiP through the dissemination of knowledge on the prevention of human trafficking, through community-based participatory and inclusive activities and finally; 4) the project allowed access to people-centred, confidential case management and multisectoral assistance for identified VoTs, GBV survivors, or people at risk. Through these interventions, the CERF UFE grant contributed directly to the third objective of the 2022-2023 Humanitarian Response Plan to strengthen institutional and community mechanisms to prevent and mitigate the protection risks of prioritized populations, in accordance with humanitarian principles and respect for human rights.

3. Changes and Amendments

No major changes, reprogramming, or deviations were required in the project and there are no unspent balances. The only minor variation is with regard to the number of beneficiaries reached per category. Although the total number of beneficiaries was achieved and even surpassed the planned target by 135%, most beneficiaries were from local communities (host communities) or returnees. The number of migrants reached (categorized as "other affected populations"), was lower than initially estimated. A prevailing trend in the communities indicated that many people were hesitant to openly express their intentions to leave the community, despite the awareness held by IOM and its partners regarding the prevalence of such plans. Furthermore, the community-based activities on prevention and mitigation of TiP predominantly targeted the most vulnerable individuals with minimal or no economic resources or comprised those "left behind" by family members, rendering them more susceptible to TiP risks.

In relation to activity 2.2., IOM encountered challenges that required minor adjustments to the planned activities. The political climate affected the implementation of the TiP/Protection Working Groups, comprising both government and humanitarian actors, as the government at the national level requested a temporary halt of the working groups. In Amazonas, IOM worked closely with OCHA and the local authorities to integrate the referral and assistance pathway, along with the associated coordination on TiP, into the existing Protection Working Group, instead of creating a separate working group (WG) on TiP. In Sucre, two referral and assistance pathways, encompassing two different municipalities, were collaboratively developed with government and humanitarian actors. However, they haven't received formal validation from the local authorities so far. The WGs are currently on pause until further notice, as per request the referral and assistance pathway have not been validated yet. However, coordination efforts persist among humanitarian actors and local authorities, and the referral pathways continue to be utilized.

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	0	0	0	0	0	0	0	0	0	0
Returnees	195	200	15	15	425	317	203	36	34	590
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	800	800	400	400	2,400	2768	1415	314	194	4691
Other affected people	745	401	202	77	1,425	298	251	30	15	594
Total	1,740	1,401	617	492	4,250	3383	1869	380	243	5875
People with disabilities (PwD) out of the total										
	54	40	6	6	106	185	157	5	3	350

* 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

During the lifetime of this project, IOM delivered comprehensive direct protection assistance, reaching a total of 5,878 persons. Taking into account the average family size, these activities are likely to indirectly benefit around 11,273 people. Moreover, IOM conducted capacity building and refresher training sessions, enhancing the skills of 100 humanitarian actors and 299 civil servants on the prevention of TiP and assistance to VoTs, and improved capacities of 10 government protection entities, providing benefits to the whole community in the states of Apure, Amazonas and Sucre. With the rehabilitation of two emergency shelters for VoT or GBV survivors in Sucre and Apure, IOM has ensured the provision of dignified and safe assistance to victims, with an estimated average of 94 VoTs benefiting annually from shelter and multisectoral support including Mental Health and Psychosocial Support (MHPSS) services.

6. CERF Results Framework

Project objective	Improve the response of humanitarian actors and local authorities to VoT and people at risk of human trafficking in Amazonas, Apure and Sucre.			
Output 1	Identified local authorities and humanitarian actors, including IOM countertrafficking teams, who play a relevant role in countertrafficking efforts, have enhanced capacity on human trafficking prevention, detection and assistance to VoT.			
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 1.1	PG.1 Number of human rights and/or protection monitoring missions, analyses and/or reports that inform the humanitarian response (Number of mappings of actors providing protection services for VoTs conducted to inform the humanitarian response)	1	3	# of mapping
Indicator 1.2	CC.3 Number of humanitarian workers (UN staff, implementing partner staff, etc) receiving training on prevention of sexual exploitation and abuse (Number of civil servants who have participated in capacity building activities on the prevention of TiP and assistance to VoTs (disaggregated by type of beneficiary, age and gender))	100	299	Attendance sheet Girls: 0 Boys: 0 Women: 201 Men: 98
Indicator 1.3	Number of women-led and youth organizations who have participated in capacity building activities on the prevention of TiP and assistance to VoTs (disaggregated by type of beneficiary, age and gender)	100	100	Attendance sheet Girls: 9 Boys: 0 Women: 79 Men: 10 Intersex: 2
Indicator 1.4	Number of relevant local authorities supported in targeted states	3	10	Donation documents
Explanation of output and indicators variance:		The project slightly exceeded the planned targets for indicators 1.2 and 1.4, without any impact on the rest of the activities or the budget.		

	<ul style="list-style-type: none"> - Indicator 1.2: Based on the high interest that local authorities have expressed in IOM's refresher training on TiP, IOM included an additional number of participants in the planned training sessions. This increase was reported in the interim narrative report. IOM was able to leverage additional resources and planned missions from other projects, to organize additional training sessions in the three states. <p>Indicator 1.4. After coordinating with the national-level Public Prosecutor's Office and assessing the IT and office equipment needs of local authorities for the efficient registration and support of Victims of Trafficking (VoTs) in the three states, IOM successfully extended support to additional entities.</p>
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Activities	Description	Implemented by
Activity 1.1	Mapping of local actors (including women-led and LGBTI organizations) in selected areas who are relevant to prevent human trafficking	IOM
Activity 1.2	Capacity building for relevant local authorities and humanitarian actors, including for the working group on VoT in Amazonas, Sucre and Apure, women-led organizations, on identification and assistance to VoT, integrating gender and intersectional approaches	IOM
Activity 1.3	Strengthen capacity of women-led, LGBTI and youth organizations in prevention, detection and assistance to VoT	IOM
Activity 1.4	Institutional support to relevant local authorities (i.e. office of the Ombudsman in Güiria and Public Prosecutor Office)	IOM

Output 2 Systematized guidelines for an effective and coordinated response to cases of human trafficking, including the establishment of referral mechanisms and best practices for assistance to VoT, are elaborated.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	PP.1a Number of protection referral mechanisms and/or pathways established and/or updated	3	3	Protection referral mechanisms document
Indicator 2.2	Number of TiP working groups strengthened for the identification and pre-screening of people at risk of TiP	3	3	Attendance sheet SOP
Indicator 2.3	PP.1b Number of people accessing protection referral mechanisms and/or pathways		N/A	N/A

Explanation of output and indicators variance: Despite the working groups were put on temporary halt as per the government's petition, strengthened coordination between actors involved in the prevention and response to TiP was achieved by IOM in 3 different locations, as follows. In Sucre state (in the municipalities of Sucre-Cumaná and Valdez), the two working groups, which still meet

		periodically, have served as coordination fora, and have updated the referral pathways in place. Currently, solely formal validation by the local authorities is missing to resume their formal functions. In Amazonas state, the working group functions as a coordinaton space within the already existing protection working group, which now has expanded its scope of action, to avoid the creation of a separate entity. The referral pathways created within the protection group currently include identified TiP services as well.
Activities	Description	Implemented by
Activity 2.1	Elaboration of Standard Operation Procedures (SOP) and referral pathway for the assistance to VoT	IOM
Activity 2.2	Strengthening existing technical working groups on TiP for identification and pre-screening of people at risk of human trafficking and VoT.	IOM

Output 3	Vulnerable communities and migrants at risk of human trafficking receive life-saving and timely information on human trafficking and other forms of exploitation in selected states.			
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	Number of people who have been provided with key messages on the prevention of human trafficking and other forms of exploitation (disaggregated by type of beneficiary, age and gender where possible) considering an AGD approach.	4,250	5,124	Attendance sheet Girls: 321 Boys: 226 Women: 2882 Men: 1695
Explanation of output and indicators variance:		Indicator 3.1: IOM slightly surpassed the planned target without any impact on the other activities or on the budget. The estimation of participants in community-based activities varied and generated increased interest among the communities to participate.		
Activities	Description	Implemented by		
Activity 3.1	Sensitization and awareness raising on human trafficking in vulnerable communities and along the transit routes considering an AGD approach	Fundación Proyecto Maniapure in Amazonas State, Cáritas Cumaná, Cáritas Carúpano in Sucre State and Cruz Roja San Fernando de Apure in Apure State.		

Output 4	VoTs in vulnerable communities receive timely direct assistance through IOM case management and mechanism of assistance			
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 4.1	Number of mobile protection teams trained to identify cases of VoT or at risk of TiP	2	2	Attendance sheet
Indicator 4.2	Number of people supported with transportation to temporary shelter/safe space	150	265	Beneficiary list Girls: 24 Boys: 25 Women: 157 Men: 59
Indicator 4.3	PP.1b Number of people accessing protection referral mechanisms and/or pathways	80	87	Case management KoBo Case management Data base Girls: 15 Boys: 8 Women: 56 Men: 8
Indicator 4.4	Number of emergency shelters rehabilitated to provide a multisectoral and gender-responsive assistance	2	2	Rehabilitation Document
Explanation of output and indicators variance:		The increased number of people assisted with humanitarian transportation under indicator 4.2 was due to the increased number of people with specific vulnerabilities, returning from Trinidad and Tobago to the state of Sucre. IOM's implementing partner Caritas was able to cover the increased transport costs, with some minor budget revisions in the partnership agreement. The variance did not have any impact on other activities or assistance provided.		
Activities	Description	Implemented by		
Activity 4.1	Pre-screening of potential cases of VoT or at risk of TiP at mobile assistance points through the deployment of mobile protection teams to selected vulnerable communities.	Red Cross, Fundación Proyecto Maniapure and Caritas		
Activity 4.2	Transport to temporary shelter or safe space for screening, assistance and referral or case management	Cáritas		
Activity 4.3	Case management to VoT with gender and intersectional approaches	ASEINC		
Activity 4.4	Provision of accessible, confidential and victim-centered services and establishment of safe space in existing temporary shelter in Apure and Sucre	Caritas Carúpano (Sucre state) and Caritas Apure (Apure state)		
Activity 4.5	Multisectoral and gender-responsive assistance at emergency center	Caritas Carúpano (Sucre state) and Caritas Apure (Apure state)		

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 areas⁴ 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)⁵:

IOM together with its implementing partners ensured that communities and individuals were aware of the rights they were entitled to and how to realize them through sensitization campaigns. Topics addressed included the humanitarian principles, the gratuity of services, prevention of sexual exploitation and abuse (PSEA), GBV and the available mechanisms for providing feedback. Additionally, community-based participatory sessions for the co-design of content and implementation of activities within the UN-AAP framework were conducted with the careful representation of specific vulnerable groups, including children, women, elderly, the left behind and people with different functional diversity. As part of this exercise, qualitative information was gathered to identify root causes of human insecurities, key protection risks and community priorities. The field teams conducted a mapping of available protection services for the communities and barriers to access them, with the purpose of informing project activities and refining implementation protocols and strategies. In indigenous communities in Amazonas, specific strategies were adopted to translate messages and information in local languages and adjust the content of sensitive topics such as human trafficking, exploitation and GBV to a culturally sensitive approach, in coordination with community leaders and community protection promoters.

b. AAP Feedback and Complaint Mechanisms:

To ensure Accountability to Affected Populations, beneficiaries could provide diverse feedback (suggestions, demands for assistance, information requests, and complaints) through three mechanisms: feedback mailboxes, carried by IOM field teams or implementing partners that were trained on its SOPs ensuring confidentiality; the UN-Interagency Hotline (UNIH), offering various channels (calls, SMS, WhatsApp, and emails); and in-person interactions on the field, later recorded on a digital survey. Mitigation strategies addressed language barriers for indigenous communities, using translated forms or one-on-one interactions with fluent Spanish speakers such as community leaders or the community protection promoters trained by the project. Feedback was disclosed to community leaders, with special protocols for sensitive entries. These mechanisms were promoted during planning and implementing visits to communities, emphasizing a commitment to transparency and responsiveness. In terms of handling of complaints, IOM 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.

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

IOM is part of a Protection Network Against Sexual Exploitation and Abuse Venezuela, coordinated by OCHA Venezuela and has a PSEA focal point. IOM in coordination with the UN PSEA network trained its staff and its implementing partners 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. As part of the CERF-funded activities, additional material on PSEA prevention and reporting was diffused to local implementing partners and promoted in the targeted communities.

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

In all the assistance provided under this project, IOM paid special attention to ensure women and girls had equitable access to the assistance provided under this project, including AAP mechanisms. The core objective of the project was to strengthen humanitarian response and assistance to Victims of Trafficking and people at risk of human trafficking, with a specific focus on women and girls who have been identified with an increased exposure to these specific protection risks. The project was entirely focused on protection, Trafficking in Persons (TiP) and GBV. Women and adolescent girls were provided with lifesaving information on GBV and TiP, and community stakeholders as well as local protection institutions and humanitarian actors were trained on the prevention of GBV and TiP.

⁴ 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](#).

⁵ 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](#).

Moreover, coordination platforms were strengthened to ensure efficient timely and coordinated assistance mechanisms for VoTs. Output 4 included the provision of case management and direct assistance to Victims of Trafficking (VoTs) or GBV survivors, which were mainly women and adolescent girls. All these activities promote gender equality and protection of women and girls, including GBV.

e. People with disabilities (PwD):

IOM is committed to ensuring that its humanitarian assistance is inclusive of PwD. The two emergency shelters for VoTs or GBV survivors were rehabilitated with the perspective of inclusion and access for PwD. To reach the most vulnerable people for the prevention and mitigation exercises at community level, IOM and its local partners applied a beneficiary selection strategy to identify people that are most exposed to protection risks including human trafficking or other forms of exploitation. This included people who had no stable income sources, people who were left behind, people who had some form of functional diversity limiting their access to sustainable livelihoods or services, elderly, among others. The content of the key messages and group exercises on prevention of human trafficking and other forms of exploitation was adapted to the needs of those specific groups, following risk mapping exercises. The community-based protection activities included the creation of safe spaces for groups of youth, children, men and women. The safe spaces also ensured the inclusion of people with disabilities, discussing specific barriers they faced to access protection services, mapping of risks related to their disability and discussing strategies to overcome those risks.

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. The core of this project was focused on providing adequate protection services and improving response capacities of humanitarian and local actors to Victims of Trafficking and people at risk of human trafficking in Amazonas, Apure and Sucre. Specific activities included capacity building of local organizations on centrality of protection, and improving their capacities to work on prevention, detection, and assistance to VoTs or people at risk of human trafficking. More in general, IOM is a member of the Strategic Advisory Group of the Global Protection Cluster, closely coordinates with the Protection Cluster in Venezuela, and co-leads the Working Group on Trafficking in Persons in Venezuela.

g. Education:

The project contributed to increasing the knowledge of selected communities and humanitarian actors on the prevention of human trafficking and other forms of exploitation and abuse. Through a context sensitive approach and using a variety of educational tools, IOM transmitted key messages on TiP and related protection risks to vulnerable people. In addition, the capacity building activities increased the knowledge of local authorities and other relevant actors on TiP.

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.

CVA was not considered given there is currently a temporary suspension for cash and voucher interventions as requested by the Government.

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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N/A

N/A

US\$ [insert amount]

Choose an item.

Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.3 Project Report 22-UF-FPA-049

1. Project Information			
Agency:	UNFPA	Country:	Venezuela
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	CERF project code:	22-UF-FPA-049
Project title:	Provision of Life-Saving Sexual and Reproductive Health (SRH) and Gender Based Violence (GBV) Prevention, Response and Support Services for the most vulnerable women and adolescent girls in prioritized areas.		
Start date:	03/01/2023	End date:	02/01/2024
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\$ 17,712,000	
	Total funding received for agency's sector response to current emergency:	US\$ 4,500,000	
	Amount received from CERF:	US\$ 751,299	
	Total CERF funds sub-granted to implementing partners:	US\$ 370,161	
	Government Partners	US\$ 0	
	International NGOs	US\$ 0	
	National NGOs	US\$ 370,161	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

In coordination with United Nations agencies led by OCHA, health authorities, implementing partner Ven Da Tu Mano, organized society and other humanitarian actors UNFPA SRH, reached a total of 34,125 people, with improved a timely and quality access to sexual and reproductive health services (SRH) that saves lives and responses to SRH needs for the most vulnerable people, including access to information and awareness on sexual and reproductive rights, key messages in SRH for the prevention of unintended pregnancy, Sexually transmitted infections, GBV (21,099 people reached), with emphasis on adolescents and women of reproductive age, from vulnerable areas in the municipalities of Cruz Salmeron Acosta, Sucre, Valdés and Ribero in the state of Sucre, through actions to strengthen the Public Health System supporting 4 Hospitals, 9 primary health care centres with the opening of 2 spaces for CMR, provision of supplies, rapid diagnostic test for Syphilis and HIV, contraceptives, pharmaceuticals for STIs treatment and clinical management of rape (CMR), technical strengthening of 158 health providers in contraception, STI treatment, CMR, prevention of vertical transmission of HIV and congenital syphilis. A total of 9,919 adolescents and women of reproductive age had access to sexual and reproductive health services, of which 7,000 were protected from unintended pregnancy through access to long-acting reversible contraceptive methods and an additional 4,000 had access to menstrual hygiene supplies. 4,632 adolescents, women, and men received condoms in the community information session.

UNAIDS managed 12,000 HIV/syphilis rapid diagnostic tests for distribution to UNICEF, UNFPA, and PAHO/WHO. Due to the time required for the procurement process, the tests were arrived at and distributed in August 2023. Therefore, UNAIDS negotiated a loan for dual tests with partner organizations to start activities on time. In addition, IOM participated in the implementation strategy to increase the use of rapid tests among beneficiaries. The remaining tests were distributed to centres for victims of sexual violence and trafficking. Eighty per cent of the rapid tests were distributed in the three priority states for CERF funding, resulting in an HIV prevalence of 0.14 per cent.

For future opportunities, UNAIDS is proposing foresight strategies to minimize procurement and project management times. UNAIDS supported work on sexual and reproductive health, HIV prevention for mothers and children, and sexual violence case management.

Regarding the GBV prevention and response, in coordination with AFP of the SNU, protection and gender justice institutions, and the partner Tinta Violeta, 5,147 people were reached through awareness-raising activities in which 4,415 people participated in communities, public spaces, and training for public institutions. The provision of multisectoral response services for survivors of GBV, directly assisting 599 women and adolescents, 152 through individual case management, 90 through legal orientation, and 357 through psychosocial support. In addition, a woman's empowerment program was offered to 52 women, and 2 safe spaces for women and adolescents in communities were adapted and strengthened. In terms of strengthening coordination through the GBV AoR, various spaces were held to strengthen the capacities of humanitarian actors, specialists in case management, and non-specialist actors in safe GBV referrals, reaching 146 humanitarian actors, which contributed to the updating and creation of referral routes to multi-sectoral GBV response services in the state of Sucre in the municipalities of Salmeron Acosta, Sucre and Valdez, which was regularly updated to support the provision of GBV services.

3. Changes and Amendments

UNFPA intervention exceeded some targets. Regarding indicators 1.4 and 2.4 the strategy carried out for the community approach for SRH key messages delivery through its community leaders and organizations allowed a greater reach of the population, incorporating a greater number of people from communities that are difficult to access. The community leaders and promoters who were trained by UNFPA and the implementing partner felt very motivated to maintain community information activities beyond meeting the goal. Logistics support was maintained until the project closed to incorporate a greater number of communities to improve access to prevention and care services, according to needs detected during implementation. For Indicator 2.3 in the training activities for technical strengthening in CMR, in addition to including health personnel from hospitals, health personnel from primary health care centres in the geographical area were also incorporated, in order to improve access to timely, quality care for victims of sexual violence in remote and hard-to-reach areas. For this reason, more people than the planned goal were reached.

For indicator 1.5 the total goal of 12,000 is from procurement in agreement with UNAIDS for implementation among all agencies. The agreed UNFPA goal was 3000.

Regarding indicator 1.2 the Country Office decided not to request an extension cost because it was considered that the contraceptives would arrive in November 2023 and would be distributed in December of that year. That was the scenario that was handled until very close to the end of the year. They finally arrived in the country in January 2024. All the logistics for their distribution in the health services of Sucre during the first quarter of 2024 are already arranged.

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	1,285	514	514	257	2,570	3301	1029	471	346	5174
Total	1,285	514	514	257	2,570	3301	1029	471	346	5174
People with disabilities (PwD) out of the total										
	26	10	10	5	51	80	38	5	0	123

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	11,057	4,372	3,520	900	19,849	18571	4537	6138	2010	31256
Total	11,057	4,372	3,520	900	19,849	18571	4537	6138	2010	31256
People with disabilities (PwD) out of the total										

* 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.

168	63	0	0	231	40	25	12	12	89
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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.

5. People Indirectly Targeted by the Project

103.386 people were indirectly targeted for this project.

6. CERF Results Framework

Project objective To respond to the Sexual and Reproductive health (SRH) and Gender Based Violence (GBV) needs of the most affected and vulnerable populations, including woman and adolescents and survivors of sexual violence through live saving assistance in crisis-hit communities in Sucre state.

Output 1 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 No

Sector/cluster Health - Sexual and Reproductive Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SP.3 Number of health care providers receiving training on the minimum emergency response package for sexual and reproductive health (Number of health providers (ObGyn, general medical doctors and nurses) trained on contraception, counseling, supplies, and/or STI Syndromic management and/or HIV and Syphilis diagnostic test and obstetric care of HIV patients)	50	95	UNFPA KOBO register and Ips reports. attendance lists, photos
Indicator 1.2	SP.2a Number of inter-agency emergency reproductive health kits delivered	196	146	146 IARH contraceptives kits delivered. Pending delivery of 50 IARH kits, arrived in Venezuela January 1, 2024.
Indicator 1.3	P.2b Number of people accessing services enabled by inter-agency emergency reproductive health kits (Number women receiving a contraceptive method integrating gender, age and diversity approaches).	7000	7000	UNFPA KOBO register and Ips reports. attendance lists, photos
Indicator 1.4	Number of people informed on contraception and sexual rights with condoms and/or menstrual Hygiene management supplies delivered, integrating gender, age and diversity approaches.	8000	16435	UNFPA KOBO register and Ips reports. attendance lists, photos
Indicator 1.5	Number of people with rapid diagnostic tests for syphilis and / or HIV applied (The tests for rapid diagnosis are delivered to the health	12000	2999	UNFPA KOBO register and Ips reports. attendance lists, photos

	facilities. The health personnel of the centers included in the project apply the test and the UNFPA field team together with the implementing partner provides the necessary technical assistance, accompaniment and follow-up until the last mile)			
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Explanation of output and indicators variance: Regarding indicator 1.4 The strategy carried out for the community approach for SRH key messages delivery through its community leaders and organizations allowed a greater reach of the population, incorporating a greater number of people from communities that are difficult to access. The community leaders and promoters who were trained by UNFPA and the implementing partner felt very motivated to maintain community information activities beyond meeting the goal. Logistics support was maintained until the project closed to incorporate a greater number of communities to improve access to prevention and care services, according to needs detected during implementation. For indicator 1.5 the total goal of 12,000 is from procurement in agreement with UNAIDS for implementation among all agencies. the agreed UNFPA goal was 3000.

Activities	Description	Implemented by
Activity 1.1	Procurement and distribution of IARH 1A Kit, IARHK 7B Subdermal implant, IARH Kits MPA SC, commodities	UNFPA / IP VDTM (distribution)
Activity 1.2	On-Job Training and refresh on contraception and Contraceptive Counseling for health providers with emphasis on sexual and reproductive rights and free choice at the selected health centres.	IP Ven Da Tu mano (VDTM)
Activity 1.3	Procurement and distribution of IARH Kit 5- STI syndromic treatment, HIV and Syphilis rapid diagnostic tests	UNFPA / IP VDTM (distribution)
Activity 1.4	On-Job Training and refresh on STI Syndromic management and/or HIV and Syphilis diagnostic.	IP VDTM
Activity 1.5	Community-awareness and information sessions focused on unwanted pregnant prevention, STI prevention, reproductive rights on available services with delivery of condoms and menstrual management supplies	IP VDTM

Output 2 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 2.1	SP.2a Number of inter-agency emergency reproductive health kits delivered	2	2	Delivery notes to health facilities

Indicator 2.2	H.7 Number of functional health facilities supported (Number of healthcare facilities supplied with IARH kit 3 Post-rape treatment), medical and no medical supplies and equipment for CMR spaces.)	2	2	Documents for rehabilitation of spaces and delivery to health center authorities, photos
Indicator 2.3	SP.3 Number of health care providers receiving training on the minimum emergency response package for sexual and reproductive health (Number of health providers (ObGyn, general medical doctors, nurses, psychologists, social workers) trained on clinical management of rape)	30	63	UNFPA KOBO register and Ips reports. attendance lists, photos
Indicator 2.4	PP.1b Number of people accessing protection referral mechanisms and/or pathways (Number of people informed on GBV, on access to services, especially life-saving and time-sensitive health services, so that survivors know where to find help, integrating gender, age and diversity approaches.)	2000	4664	UNFPA KOBO register and Ips reports. attendance lists, photos

Explanation of output and indicators variance:

For Indicator 2.3 in the training activities for technical strengthening in CMR, in addition to including health personnel from hospitals, health personnel from primary health care centres in the geographical area were also incorporated, in order to improve access to timely, quality care for victims of sexual violence in remote and hard-to-reach areas. For this reason, more people than the planned goal were reached.

Regarding indicator 2.4 the strategy carried out for the community approach for SRH key messages delivery, through its community leaders and organizations allowed a greater reach of the population, incorporating a greater number of people from communities that are difficult to access. The community leaders and promoters who were trained by UNFPA and the implementing partner felt very motivated to maintain community information activities beyond meeting the goal. Logistics support was maintained until the project closed to incorporate a greater number of communities to improve access to prevention and care services, according to needs detected during implementation.

Activities	Description	Implemented by
Activity 2.1	Procure and distribution of IARH kit 3-medical and non-medical supplies and equipment	UNFPA / IP VDTM (distribution)
Activity 2.2	Deliver a refresher on job training to health providers in the targeted areas on the CMR protocols	IP Ven Da Tu Mano (VDTM)
Activity 2.3	Put in place confidential and safe spaces within the health facilities to provide lifesaving CMR services, integrating gender, age and diversity approaches.	IP Ven Da Tu Mano
Activity 2.4	Community-awareness and information sessions focused on GBV, on access to services, especially life-saving and time-sensitive health services, so that	IP Ven Da Tu Mano

	survivors know where to find help, integrating gender, age and diversity approaches.	
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Output 3	Community resilience to prevent and respond to GBV and sex-trafficking is strengthened			
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 3.1	Number of women, girls, men and boys reached with GBV and sex-trafficking prevention and awareness messages including access to response services	1460	4415	UNFPA KOBO register and Ips reports. Attendance lists, photos.
Indicator 3.2	Number of men and boys reached with New Masculinities messages and campaigns	360	519	UNFPA KOBO register and Ips reports. Attendance lists, photos.
Indicator 3.3	PS.1b Number of Women and Girls Safe Spaces constructed, rehabilitated and/or supported	2	2	UNFPA KOBO register and Ips reports. Attendance lists, photos.
Indicator 3.4	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centers	50	52	UNFPA KOBO register and Ips reports. Attendance lists, photos.
Explanation of output and indicators variance:		Regarding indicator 3.1 Prevention activities through awareness-raising had excellent receptivity on the part of the communities based on the methodology used by UNFPA and the communicative materials to talk about naturalized and invisible topics, thus expanding the awareness work at the request of women and leaders to bring prevention to a greater number of nearby communities.		
Activities	Description	Implemented by		
Activity 3.1	Conduct GBV and Sex-Trafficking prevention, awareness and access to services activities at the community level	UNFPA / IP Tinta Violeta		
Activity 3.2	Conduct Male-focused GBV prevention activities (New Masculinities) at the community level	UNFPA / IP Tinta Violeta		
Activity 3.3	Establishment of Women and Girls Safe Spaces	IP Tinta Violeta		
Activity 3.4	Facilitation of Protection and Empowerment activities at Women and Girls Safe Spaces	IP Tinta Violeta		

Output 4	Life-saving, survivor-centered services to GBV and Sex-trafficked survivors and persons at risk are accessible			
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 4.1	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management (Number of Women and Girls accessing GBV Case Management Services)	144	152	UNFPA KOBO register and Ips reports
Indicator 4.2	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management (Number of Women and Girls accessing GBV Psychosocial Support Services)	216	357	UNFPA KOBO register and Ips reports
Indicator 4.3	Number of Women and Girls accessing GBV Legal Support Services	90	90	UNFPA KOBO register and Ips reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 4.1	Provision of GBV Case Management Services	IP Tinta Violeta		
Activity 4.2	Provision of GBV PSS Services	IP Tinta Violeta		
Activity 4.3	Provision of Legal Support Services	IP Tinta Violeta		

Output 5 Humanitarian and public institutions' capacities to respond to GBV are strengthened

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 5.1	CC.1 Number of implementing partner staff receiving training to support programme implementation (Number of humanitarian actors whose GBV capacities are strengthened)	125	142	GBV AoR KOBO register
Indicator 5.2	CC.3 Number of humanitarian workers (UN staff, implementing partner staff, etc) receiving training on prevention of sexual exploitation and abuse (Number of staff from public institutions whose GBV capacities are strengthened)	125	131	GBV AoR KOBO register
Indicator 5.3	PP.1a Number of protection referral mechanisms and/or pathways established and regularly updated (Number GBV Referral Mechanisms established and regularly updated)	2	3	Referral pathways
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 5.1	Conduct GBV Capacity Building sessions for humanitarian actors	GVB AoR		

Activity 5.2	Conduct GBV Capacity Building sessions for staff from public institutions	GVB AoR
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Output 6 Contextualized and comprehensive AAP/PSEA approach developed for and rolled out by humanitarian stakeholders involved in the CERF activities.

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 6.1	PG.1 Number of human rights and/or protection monitoring missions, analyses and/or reports that inform the humanitarian response (Multisectoral risk assessment and mitigation plan proposal submitted to CERF implementing agencies)	1	1	PSEA Risk Assessment Report
Indicator 6.2	CC.3 Number of humanitarian workers (UN staff, implementing partner staff, etc) receiving training on prevention of sexual exploitation and abuse	100	156	UNFPA KOBO register attendance lists, photo
Indicator 6.3	PSEA sensitization approach and materials available in 2 relevant indigenous languages	1	1	UNFPA website
Indicator 6.4	Number of partners/national NGOs with newly installed PSEA investigation capacity and established protocols	10	12	UNFPA KOBO register attendance lists, photo
Indicator 6.5	Percentage of beneficiaries who state that they are aware of feedback and complaints mechanisms established for their use.	80	82	UNFPA KOBO register and Ips reports

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 6.1	Participatory PSEA assessment and multisectoral risk analysis.	UNFPA
Activity 6.2	PSEA field missions to conduct capacity building workshops and community sensibilizations in the three prioritized states, integrating gender perspective.	UNFPA
Activity 6.3	PSEA capacity building workshops for agencies and implementing partners in each state	UNFPA
Activity 6.4	Development of PSEA contextualized sensitization approach and material in indigenous languages and integrating gender approach	UNFPA

Activity 6.5	Capacity development for PSEA investigation for partners.	UNFPA
Activity 6.6	Community-awareness and information sessions focused on AAP mechanisms established for their use.	IPs Ven Da Tu Mano y Tinta Violeta

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 areas⁶ 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)⁷:

From the beginning of the design and planning of activities, the needs detected through diagnosis in health centers were taken into account in coordination with staff and regional health authorities and the information obtained in meetings with community leaders and the organized community. Their suggestions and comments were taken into account for the implementation in their localities during 2023. The implementation was always done in a coordinated manner with the health authorities, with the SRH programs coordinators of the regional public health system, with analysis of the information which allowed to assist communities with emerging needs. There was important community participation, they received SRH key messages through their own local leaders trained by the Implementing partner. Likewise, they participated with their opinions and suggestions through meetings with the UNFPA field team and the Implementing Partner, suggestion boxes and satisfaction surveys as beneficiaries of the activities. Community participation activities were also carried out as part of an inter-institutional pilot of the guidelines for community participation in Venezuela. A Capacity of local partners was strengthened, with training on PES and promotion of the contact mechanism.

b. AAP Feedback and Complaint Mechanisms:

Feedback channels were strengthened, the main one being the United Nations Contact Line, complemented by suggestion boxes, face-to-face channels, satisfaction surveys and other mechanisms from implementing partners. UNFPA ensured that feedback channels, such as fixed and mobile suggestion boxes, the United Nations contact line and other channels implemented by partners (virtual mailboxes, postal mail, alternative hotlines) collected and managed feedback and complaints from all community members appropriately and confidentially. During all planned project activities, people were informed about how to contact us, the services available, the expected behaviour of humanitarian staff and the Policy against Sexual Exploitation and Abuse (PSEA). Key information was shared with the communities about the functioning and use of the feedback channels: how they work, opening hours, how to provide feedback through them, which can be positive comments, requests for information, requests for assistance, complaints about dissatisfaction, complaints, including EAS cases, and suggestions, highlighting their confidentiality perspective. Printed and audiovisual material from the United Nations Contact Line is shared.

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

According to the results, the SEA Risk Analysis in the states of Amazonas, Apure and Sucre was based on a mixed methodology, descriptive quantitative and comprehensive qualitative, for the collection of information, with a combination of a documentary analysis of secondary data. The reports are undergoing internal validation within the PEAS Network and will be presented to the Humanitarian Country Team, the UNCT, the PEAS Network meeting and the Local Coordination Forums of the states of Amazonas, Apure and Sucre. (4) Four

⁶ 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](#).

⁷ 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](#).

PSEA field missions were conducted to carry out training and community sensitization workshops in the three priority states, integrating the gender perspective. Partners PSEA actions in the communities were monitored and capacities for the inclusion of the community approach in PSEA work were strengthened after the monitoring visits to contextualize and adapt the capacity building, which was mainly based on issues such as communication of key messages, reception of sensitive complaints and coordinated action in the field between organizations. The project implemented 6 workshops to strengthen the capacity of local organizations involved in humanitarian response on PSEA issues in Amazonas, Apure, Táchira and Sucre states, where 156 people participated (118 women and 38 men). Within the framework of the CERF 2023 Project, the United Nations Population Fund (UNFPA) has developed audios in Warao, Jivi, Huotuja/Piaroa, Wayuú, Baré and Yukpa to disseminate the basic standards of behaviour expected from humanitarian actors and the inter-agency reporting mechanism (Interagency Contact Line). The online workshop "Introduction to the Investigation of SEA Cases Committed by Humanitarian Actors" was held with the participation of 12 national organizations participating in the PSEA Network. During the implementation of the project activities, both Ven Da Tu Mano and Tinta Violeta incorporated community awareness and information addressed the PSEA standards of humanitarian actors, the channels for reporting misconduct and their characteristics of free of charge, security and confidentiality.

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

The reduction of the risks of maternal mortality, unintended pregnancies, as well as the prevention of STIs, HIV and gender violence, especially for those with economic difficulties, was considered in line with the offer of accessibility to safe contraceptive methods in the most vulnerable communities. Work was done to strengthen community resilience, with information and awareness on key SRH messages and to promote informed decision-making among the most vulnerable women, public awareness about the sexual and reproductive rights of girls and adolescents, women's empowerment through the establishment of safe spaces, GBV prevention and human trafficking 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 gender equality objectives, materialised this perspective in the Planned project activities. Promoting the right of women and girls to control their own bodies and sexuality without any discrimination, coercion or violence is fundamental to 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.

e. People with disabilities (PwD):

Regard to the results of the needs assessment carried out with the National Council of People with Disabilities, Sucre state chapter, governing body in this area, for this project, awareness and information activities were carried out on key SRH topics for the prevention of unintentional pregnancy, Sexually transmitted infections, available services, application of rapid tests for the diagnosis of Syphilis and HIV, 86 people were reached. In conjunction with this institution, a survey was made of the number of people with disabilities registered in the state of Sucre by type of disability. In the case of GBV, they participated in public and community sensitization spaces on GBV understanding, new masculinities, menstrual hygiene and others. In addition, some survivors with disabilities were assisted by the multisectoral response services.

f. Protection:

Regard to the results of the needs assessment carried out with the National Council of People with Disabilities, Sucre state chapter, governing body in this area, for this project, awareness and information activities were carried out on key SRH topics for the prevention of unintentional pregnancy, Sexually transmitted infections, available services, application of rapid tests for the diagnosis of Syphilis and HIV, 86 people were reached. In conjunction with this institution, a survey was made of the number of people with disabilities registered in the state of Sucre by type of disability. In the case of GBV, they participated in public and community sensitization spaces on GBV understanding, new masculinities, menstrual hygiene and others. In addition, some survivors with disabilities were assisted by the multisectoral response services.

g. Education:

N/A

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.

CVA was not considered given there is currently a temporary suspension for cash and voucher interventions as requested by the Government.

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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.4 Project Report 22-UF-HCR-039

1. Project Information			
Agency:	UNHCR	Country:	Venezuela
Sector/cluster:	Shelter and Non-Food Items Protection	CERF project code:	22-UF-HCR-039
Project title:	Strengthening Protection and Shelter Strategies in Venezuela to mitigate the risks associated to Human Trafficking		
Start date:	30/12/2022	End date:	29/12/2023
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\$ 3,000,000	
	Total funding received for agency's sector response to current emergency:	US\$ 0	
	Amount received from CERF:	US\$ 625,000	
	Total CERF funds sub-granted to implementing partners:	US\$ 264,744	
	Government Partners	US\$ 0	
	International NGOs	US\$ 164,537	
	National NGOs	US\$ 74,207	
Red Cross/Crescent Organisation	US\$ 26,000		

2. Project Results Summary/Overall Performance

Through the CERF UFE grant, UNHCR, its implementing partners, and local institutions were able to empower 8,452 beneficiaries in mitigating human trafficking. This was achieved through prevention methods, individual assistance, and timely coordination with agencies such as OCHA, IOM, FAO, UNFPA, and WFP. Additionally, UNHCR provided safe spaces for the community, including two community spaces, a sports facility, and an attention center. This center facilitated the identification and referral of beneficiaries to care routes and training on the protection and prevention of gender violence and human trafficking. A total of 4,462 beneficiaries received assistance through these spaces.

UNHCR also established community committees with leadership structures. These committees serve two purposes: to transmit protection issues and identify specific needs within the community, and to act as a reference point for both organizations working in the communities and the communities themselves in identifying and solving problems. Furthermore, the project strengthened rehabilitated spaces to provide temporary accommodation and ensure a safe protection response. These spaces also offered livelihoods training and capacity building opportunities.

By providing office equipment for the attention spaces and case management workshops to the Ombudspersons' team, UNHCR and its partners were able to train and support 37 first aid responders on preventing sexual exploitation and abuse. This training strengthened their capacities in case reporting.

In total, the project assisted 14,001 people and provided protection to vulnerable populations between February and December 2023. This includes women, children, adolescents, older people, and people with disabilities located in Apure, Amazonas, and Sucre states with

high risks of exploitation, violence and forced recruitment due to the deteriorating security situation and increased presence of armed groups.

With great satisfaction, we can affirm that the project was implemented and developed with notable success, fulfilling the objectives and goals established within the strategic vision of the CERF allocation. This funding for the System Agencies significantly contributed to strengthening joint and coordinated work between participating humanitarian organizations. This collaboration has added value to the process of preventing and protecting against human trafficking in the Venezuelan context.

3. Changes and Amendments

The project implementation encountered a higher volume of vulnerable Venezuelan in host communities than originally anticipated. This required us to adjust the initial beneficiary figures in host communities and others of concern. Consequently, while the exceeded its target number of beneficiaries in these two areas, it fell short of its goals for other targeted populations as the necessities increased for others.

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	105	84	39	34	262	38	64	1	2	105
Returnees	630	504	236	205	1,575	261	132	71	47	511
Internally displaced people	630	504	236	205	1,575	193	131	67	75	466
Host communities	630	504	236	205	1,575	3943	2539	742	641	7865
Other affected people	105	84	39	34	262	1603	1438	981	1032	5054
Total	2,100	1,680	786	683	5,249	6038	4304	1862	1797	14001
People with disabilities (PwD) out of the total										
	210	168	79	68	525	207	168	76	69	520

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	80	64	30	26	200	123	98	46	40	307
Returnees	480	384	180	156	1,200	738	590	277	240	1845
Internally displaced people	480	384	180	156	1,200	738	590	277	240	1845
Host communities	480	384	180	156	1,200	738	590	277	240	1845
Other affected people	80	64	30	26	200	123	98	46	40	307
Total	1,600	1,280	600	520	4,000	2460	1968	923	800	6151
People with disabilities (PwD) out of the total										

* 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.

160	128	60	52	400	246	197	92	80	615
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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.

5. People Indirectly Targeted by the Project

Women, children, adolescents, older persons, and people with disabilities in Apure, Amazonas, and Sucre – states affected by deteriorating security, armed groups, and exploitation risks – received vital support. UNHCR's project targets 26 communities across these regions (5 in Amazonas, 19 in Apure, and 2 in Sucre) to provide protection, shelter, and essential non-food items. This assistance aimed to reach 5,249 people, including 2,100 women, 1,680 men, 1,469 children, and 525 people with disabilities, affected by negative socio-economic conditions and climate change, nevertheless, it ended up benefiting more than 14,000 vulnerable people including 615 people with disabilities. The project prioritized the safety of Human Trafficking and Gender-Based Violence survivors, further strengthening protection measures in these vulnerable areas.

6. CERF Results Framework

Project objective	Strengthening the protection of Human Trafficking and GVB Survivors			
Output 1	Human Trafficking Survivors supported with psychosocial, legal and material support, and people at risk of trafficking supported with gender-responsive information			
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 1.1	Number of people who received individual psychosocial, legal and material support (delivery of NFIs)	750	8452	Attendance records and delivery records
Indicator 1.2	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management (# of people who received accessible, confidential, survivor-centered services to address HT and other GBV and gender equality related matters)	750	939	Attendance records
Indicator 1.3	PP.1b Number of people accessing protection referral mechanisms and/or pathways (# of people at risk of trafficking at community level who received life-saving and gender-responsive information)	4,500	4,599	Attendance records
Explanation of output and indicators variance:		By optimizing resources, we were able to expand access to psychosocial and legal support, serving more beneficiaries than originally proposed.		
Activities	Description	Implemented by		
Activity 1.1	Individual psychosocial, health, legal and material assistance in prioritized communities that have or received human trafficking survivors	UNHCR, HIAS, Cruz Roja San Fernando		
Activity 1.2	Institutional Training workshops on trafficking to Child Protection Bodies and Complaint Bodies	UNHCR, HIAS		
Activity 1.3	Intersectoral workshops for communities and educational institutions, to raise awareness on the issues related to human trafficking	UNHCR, HIAS		

Output 2 Community integration and inclusion of Human Trafficking Survivors

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	PP.1a Number of protection referral mechanisms and/or pathways established and regularly updated (# of community protection networks established)	2	5	Attendance records
Indicator 2.2	PP.1a Number of protection referral mechanisms and/or pathways established and regularly updated (# of existing community protection networks and women led organizations supported)	3	1	Attendance records
Explanation of output and indicators variance:		Through project implementation, we discovered the value of establishing broader community protection networks that, while not exclusively women-led, effectively safeguard women and other vulnerable populations.		
Activities	Description	Implemented by		
Activity 2.1	Establishment of community committees, ensuring the inclusion of vulnerable groups.	UNHCR, HIAS, Caritas Carupano		
Activity 2.2	Awareness campaigns in the prioritized communities that are designed and implemented by the community committees, as well as specialized training sessions to promote community projects	UNHCR, HIAS, Caritas Carupano		

Output 3 Institutions specialized on Human Trafficking strengthened

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CC.3 Number of humanitarian workers (UN staff, implementing partner staff, etc) receiving training on prevention of sexual exploitation and abuse (# of institutional first respondents' supported to strengthen their capacities case reporting)	30	37	Attendance records
Indicator 3.2	CC.3 Number of humanitarian workers (UN staff, implementing partner staff, etc) receiving training on prevention of sexual exploitation and abuse (# of institutional first respondents' supported to assist	30	51	Attendance records

	VoTs in a gender-responsive manner)		
Explanation of output and indicators variance:		By optimizing resources, we were able to expand access to more institution staff than originally proposed.	
Activities	Description	Implemented by	
Activity 3.1	Provision of office equipment for the attention spaces (office hardware and source of transportation)	UNHCR	
Activity 3.2	Case management workshops to the Ombudspersons' team	UNHCR	

Output 4	Community spaces rehabilitated to mitigate the risk of recruitment and other forms of exploitation				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 4.1	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported (# of community spaces rehabilitated)	2	2	Delivery records and photos	
Indicator 4.2	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported (# of sport facilities rehabilitated)	1	1	Delivery records and photos	
Indicator 4.3	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported (# of spaces for Attention and Prevention of Human Trafficking established)	1	1	Delivery records and photos	
Indicator 4.4	# of health spaces strengthened for the pre-screening of cases of victims of trafficking for immediate assistance and referral to specialized services	1	1	Provision records	
Indicator 4.5	# of people accessing women and girl-friendly safe spaces and/or centres	4,500	4,462	Attendance records	
Explanation of output and indicators variance:		N/A			
Activities	Description	Implemented by			
Activity 4.1	Rehabilitation of Community Spaces in prioritized communities for population at risk of trafficking and Human Trafficking survivors	UNHCR			

Activity 4.2	Rehabilitation of sport facilities in prioritized communities for population at risk of trafficking and Human Trafficking survivors	UNHCR
Activity 4.3	Installation of Attention Centres for the attention and prevention of Human Trafficking	UNHCR
Activity 4.4	Rehabilitation and conditioning of an Ambulatory for the pre-screening of cases of victims of trafficking for immediate assistance and referral to specialized services available	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 areas⁸ 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)⁹:

UNHCR, along with other protection actors, conducted preliminary participatory assessments using an age, gender, and diversity-sensitive approach. These assessments were carried out before and during project implementation to understand risks, needs, and existing protection mechanisms within communities in the prioritized states. The results directly contributed to the design, adaptation, and execution of the project. Additionally, UNHCR conducted workshops to strengthen the capacity of community structures to identify needs, respond to them, and support project monitoring and evaluation in their areas of residence. These participatory assessments were conducted by the end of 2022 and repeated every six months throughout 2023 to ensure risks and needs remained current during project activities.

b. AAP Feedback and Complaint Mechanisms:

UNHCR prioritizes feedback through a robust mechanism aligned with UN standards. Age, gender, and diversity are central to ensuring all voices are heard. Communities choose their preferred communication channels: suggestion boxes, helplines, email, or in-person feedback. Anonymity is guaranteed. UNHCR and partners coordinate (monthly meetings) to ensure smooth implementation, with dedicated leads in each community. Moreover, public awareness campaigns (including code of conduct, PSEA, and feedback mechanisms) ensure everyone is informed.

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

UNHCR prioritizes preventing and responding to Sexual Exploitation and Abuse through robust Standard Operational Procedures (SOPs) aligned with the Inter-agency protocol. These SOPs and frequent community information sessions ensure transparency and confidentiality for anyone reporting SEA. Staff and partners undergo yearly training, and all partners must comply with these PSEA standards to maintain collaboration. UNHCR offers multiple reporting channels, including dedicated SEA focal points, mirroring its general feedback mechanisms for accessibility.

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

⁸ 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](#).

⁹ 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](#).

Within this project, service providers and community representatives in the states of Apure, Amazonas, and Sucre were supported to provide quality protection services, including psychosocial support, legal assistance, and health services. These services benefitted human trafficking survivors or those at risk of trafficking, as well as women, girls, and sexual and gender minorities who may be vulnerable to violence or have already experienced it. UNHCR's contribution included awareness workshops on human trafficking conducted in communities, institutions, and NGOs. Additionally, they provided psychosocial, legal, and material support to survivors, strengthened official institutions involved in trafficking and GBV prevention and protection management, and rehabilitated community spaces to serve as safe temporary accommodation and training facilities, ultimately helping to mitigate the risk of recruitment and other forms of exploitation.

e. People with disabilities (PwD):

This project empowered 615 beneficiaries with disabilities by ensuring that the rehabilitated spaces in Sucre, Apure, and Amazonas are now physically accessible. Renovations focused on ramps, accessible bathrooms, and wider doorways to remove significant barriers for people with mobility impairments. Additionally, the project included refresher trainings on protection topics for service providers and community representatives. This training equipped participants with the knowledge and skills to provide inclusive life-saving services. They learned how to adapt their approach to overcome communication and social barriers faced by people with various disabilities, ensuring everyone can access essential services. Furthermore, the training addressed identification of protection risks, safeguarding these vulnerable individuals from abuse, exploitation, and violence.

f. Protection:

This project prioritized life-saving protection services for vulnerable populations in Venezuela. This included children and adolescents in at-risk communities, people on the move (both leaving and returning), GBV survivors and human trafficking, and individuals seeking international protection. By mainstreaming protection throughout all project activities, we aimed to significantly strengthen the overall response for those most in need.

g. Education:

N/A

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.

CVA was not considered given there is currently a temporary suspension for cash and voucher interventions as requested by the Government.

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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
UNHCR enhances access to public services with CERF's contribution	https://www.instagram.com/acnurvenezuela/p/C302KxKSzhv/?hl=es&img_index=1
UNHCR improves access to health services with CERF's Contribution (Ambulance boat)	https://www.instagram.com/p/CtR2-SvNS1T/?img_index=1
UNHCR improves access to health services with CERF's Contribution (Ambulance boat)	https://vm.tiktok.com/ZM6eWpU92/

3.5 Project Report 22-UF-CEF-085

1. Project Information			
Agency:	UNICEF	Country:	Venezuela
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	22-UF-CEF-085
	Health Protection - Child Protection		
Project title:	Improved access and provision of lifesaving health, child protection and WASH services in the most vulnerable communities and institutions in the states of Amazonas, Apure, and Sucre.		
Start date:	30/12/2022	End date:	29/12/2023
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\$ 277,481,472
	Total funding received for agency's sector response to current emergency:		US\$ 116,989,477
	Amount received from CERF:		US\$ 2,778,700
	Total CERF funds sub-granted to implementing partners:		US\$ 743,190
	Government Partners		US\$ 0
	International NGOs		US\$ 305,093
	National NGOs		US\$ 438,097
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF and its partners provided essential services and support to vulnerable populations in the Amazonas, Apure, and Sucre regions. The project reached a total of 61,879 people, including 11,264 women, 10,659 men, 39,956 children, and 1,721 persons with disabilities. Over the implementation period, the project focused on Child Protection, Health, and WASH services, with specific achievements highlighted.

In Health, the project contributed to the improvement of services in four priority hospitals, benefiting 13,721 people. This included pregnant women receiving safe birth attention, children under five accessing pediatric consultations, and health care staff receiving incentives for retention and skills improvement. Additionally, health brigades were supported at the community level to promote life-saving practices and increase demand for health services, particularly in remote areas with indigenous populations.

The WASH programme, implemented in Sucre, Apure, and Amazonas, played a crucial role in enhancing water supply services. Key achievements included the rehabilitation of drinking water supply systems, improvement of water distribution networks, and promotion of water treatment methods. These actions significantly contributed to the reduction of waterborne, dermatological, and viral diseases associated with inadequate water, sanitation, and hygiene practices.

The Child Protection programme targeted vulnerable populations, including indigenous communities, people with disabilities, and victims of violence. The project strengthened specialized child protection services, preventing and responding to violence against children and

adolescents. This involved training officials, implementing multidisciplinary teams, and creating referral routes. The programme also addressed GBV, empowering girls and adolescents through sports and community-based protection interventions.

The overall strategic vision of the project was successfully achieved, demonstrating the added value of CERF as a humanitarian financing mechanism. The project's intersectoral approach, coordination with local authorities, and focus on gender and inclusion have contributed to positive outcomes, emphasizing the importance of timely formulation, interagency collaboration, and community involvement for future CERF presentations.

3. Changes and Amendments

Throughout the implementation of the CERF UFE grant, the main changes were the adaptation of implementation modalities according to risk management and to added value of partners, which required the involvement of UNICEF in direct service and supply processes. Additionally, developing the projects with implementing partners took longer than expected because UNICEF was reinforcing the implementation strategy and a joint collaborative common vision under the partnership approach, including strengthening programmatic approaches and administrative capacity building. These adjustments were necessitated by dynamic factors in the humanitarian context, changes in the needs of the assisted population, and various challenges encountered during the implementation period.

Additionally, limitations on access to fuel, deteriorated roads, telecommunications failures, and security risks posed by criminal groups in certain areas compelled adjustments to the implementation plan, as well as difficulties to find local organizations (both NGOs and CBOs) with specialised capacities required to implement the planned interventions and for timely and adequate reporting of people reached.

Despite these challenges, the project achieved its overall strategic vision, reaching vulnerable populations with life-saving essential services. All funds were utilized, with no unspent balance. It is recommended for future assignments to conduct joint needs analyses, strengthen rapid implementation channels, enhance the capacities of local partners, and activate program document signing with partners through direct selection for efficient CERF fund utilization. Additionally, a continued focus on consolidating LTAs, reviewing funding allocation for logistics costs in remote areas, and proactive preparation during project formulation are suggested to enhance the effectiveness of CERF implementations.

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	1,145	43	19,489	20,467	41,144	1,101	61	5,890	6,699	13,751
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,145	43	19,489	20,467	41,144	1,101	61	5,890	6,699	13,751
People with disabilities (PwD) out of the total										
	23	7	17	17	64	0	0	0	0	0

Sector/cluster	Water, Sanitation and Hygiene									
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	11,264	10,659	5,066	5,011	32,000	744	598	22,862	21,040	45,244
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	11,264	10,659	5,066	5,011	32,000	744	598	22,862	21,040	45,244
People with disabilities (PwD) out of the total										

* 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.

	595	715	275	136	1,721	14	17	457	420	908
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	140	100	240	0	0	122	118	240
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	4,220	1,351	1,833	1,552	8,956	2,881	2,768	1,988	2,102	9,739
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,220	1,351	1,973	1,652	9,196	2,881	2,768	2,110	2,220	9,979
People with disabilities (PwD) out of the total										
	70	30	80	70	250	61	58	42	44	205

* 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

UNICEF estimates the project indirectly reached 124,339 people. Particularly, in the health and WASH sectors, by improving access and quality of maternal, newborn and child health emergency services and availability of medical supplies and WASH services in in 3 hospitals (Lorenza Castillo, Rómulo Gallegos and Nuestra Señora del Valle), and a pediatric ward in Materno Infantil de Amazonas, the strain on healthcare services was reduced with lower rates of diseases, thereby benefiting those who rely on these services and health personnel. This benefit will extend beyond the immediate beneficiaries but the whole community in the targeted locations, far beyond the end of the grant. In child protection, community members benefitted from overall child protection awareness and sensitization initiatives focusing on key child protection violations and risks. In addition, and in coordination with other sectors, mainly Health (through access to health facilities), awareness key messages around child protection and GBV risks and violations were disseminated along with mapping of services and referral pathways among children and adults for mitigating and averting physical and psychological harm or threats affecting children.

6. CERF Results Framework

Project objective	Improved access and provision of lifesaving health, child protection and WASH services in the most vulnerable communities and institutions in the states of Amazonas, Apure, and Sucre			
Output 1	Children and adolescents survivors or at risk of human trafficking and other protection risks access strengthened quality preventive and response services, including psychosocial support, comprehensive case management support, and other care services, integrating gender, age and diversity approaches.			
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 1.1	H.9 Number of people provided with mental health and/or psycho-social support services (children and caregivers at risk or survivors of trafficking)	1,800	1907	345W
Indicator 1.2	CP.3 Number of children receiving protection support (e.g., family tracing, reunification, reintegration, case management services, etc) (indicator refers to children and caregivers)	1,000	1229	345W
Indicator 1.3	Number of individual members of institutional and community child protection actors (e.g., Child Protection Councils, community and hospital ombudsman offices, law enforcement entities, civil society organizations) trained on prevention and response to trafficking and other forms of violence and exploitation	60	66	345W
Indicator 1.4	CC.3 Number of humanitarian workers (UN staff, implementing partner staff, etc) receiving training on prevention of sexual exploitation and abuse	250	250	345W

Explanation of output and indicators variance:		N/A
Activities	Description	Implemented by
Activity 1.1	Provision of gender responsive psycho-social support and legal counselling to survivors and individuals at risk of trafficking and other forms of violence and exploitation.	UNICEF through implementation partners (Caritas Carupano, Tinta Violeta).
Activity 1.2	Delivery of protection services (e.g., family tracing, reunification, reintegration, case management services, etc) to children and caregivers survivors and at risk of trafficking and other forms of violence and exploitation in gender responsive manner through Child Protection Councils and civil society organizations	UNICEF through implementation partners (ASONACOP).
Activity 1.3	Training for individual members of institutional and community child protection actors (e.g., Child Protection Councils, community and hospital ombudsman offices, law enforcement entities, civil society organizations, etc) on trafficking risk mitigation and response	UNICEF through implementation partners (ASONACOP, Caritas Carupano).

Output 2 Community members have increased awareness and are empowered to indefinitely risks of trafficking and other protection threats and implement risk mitigation measures, integrating gender, age and diversity approaches.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of information and communication material developed, integrating gender, age, and diversity approaches.	10	10	Printed Documents
Indicator 2.2	Number of people receiving community awareness sessions on child protection and the risks of trafficking	6,100	6536	345W
Indicator 2.3	Number of people engaged in community-based risk mitigation activities	4,000	6536	345W
Indicator 2.4	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs	80	100	345W

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 2.1	Development (design and validate) information and communication material for the prevention of trafficking and access to appropriate support adapted to different audiences, including children, adolescents, indigenous people, etc.	UNICEF through implementation partners (ASONACOP, Caritas Carupano, Tinta Violeta)

Activity 2.2	Dissemination of information for awareness raising on child protection and the risks of trafficking among community members, particularly children and adolescent through face-to-face community awareness sessions, social media, radio, etc.	UNICEF through implementation partners (ASONACOP, Caritas Carupano, Tinta Violeta)
Activity 2.3	Capacity building of existing community-based groups (adolescents, women, caregivers, teachers, community mobilizers) to identify and mitigate risks of trafficking, violence, and exploitation and raise awareness within their communities.	UNICEF through implementation partners (ASONACOP, Caritas Carupano, Tinta Violeta)

Output 3 Pregnant women and new-borns, children and adolescents access improved equitable essential lifesaving maternal, neonatal, and child health (MNCH) services.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	RH.1 Number of births attended by skilled health personnel	1,265	1,265	Interim Report
Indicator 3.2	H.8 Number of primary healthcare consultations provided (Number of healthcare consultations provided for children under five years old)	39,665	12,180	Interim Report
Indicator 3.3	H.7 Number of functional health facilities supported (Number of health facilities with key areas rehabilitated, including obstetrics and paediatrics areas)	4	4	Interim Report
Indicator 3.4	CC.1 Number of implementing partner staff receiving training to support programme implementation (Number of healthcare personnel trained)	114	126	5W
Indicator 3.5	Number of healthcare personnel benefited with incentives	39	50	Interim Report
Indicator 3.6	Number of individual members of four community brigades with strengthened capacities	100	100	Interim Report

Explanation of output and indicators variance: Challenges in the collection of whole data in Apure and Amazonas' hospitals were faced throughout the implementation period. Changes in the Health Authority in Amazonas state and reluctance of the authority in Apure posed additional limitations to the difficult access to those geographical areas. Advocacy of UNICEF's team in Apure was key to gathering data regarding project implementation. Health centres are serving those communities, and the provision of medical attention is currently available, but lack of reliable communications hinders data reporting.
Indicator 3.5: UNICEF identifies alternative ways to keep staff motivated and retain critical staff at priority health facilities in remote regions, including a cash transfer program linked to scholarships and in-kind contribution of kits. By

		leveraging on complementing interventions to maximize the achievement of results, UNICEF was able to reach additional 11 health workers.		
Activities	Description	Implemented by		
Activity 3.1	Provision of medicines, medical supplies and basic equipment for obstetric care, including for the diagnosis of syphilis and HIV among pregnant women	UNICEF		
Activity 3.2	Provision of medicines, medical supplies, and basic equipment for pediatric care for diseases prevalent in childhood	UNICEF		
Activity 3.3	Strengthening healthcare service provision through the rehabilitation of critical areas (e.g., prenatal consultations, obstetrics, neonatology, pediatrics, and emergency room for delivery of protection services, including GBV response); training and provision of supplies for improved registration and statistics system; supply chain management and storage.	UNICEF – Local health authorities/ staff of each health center		
Activity 3.4	Training healthcare personnel (obstetric and pediatric staff) on the prevention, identification, and management of obstetric emergencies; prevention and control of infections associated with healthcare; humanized childbirth; care of critical new-borns; nutritional screening, vaccinations, prevention, timely identification, and treatment of the most prevalent diseases in childhood, with emphasis on febrile and respiratory diseases, acute diarrheal diseases	UNICEF's Officers and Specialized staff of Health Directorates		
Activity 3.5	Delivery of incentive programme linked to training for the retention of critical health personnel	UNICEF		
Activity 3.6	Strengthening the capacity of community health brigades composed of community volunteers for disease prevention, health promotion, sexual and reproductive health, prevention of unwanted pregnancies, identification of obstetric warning signs, integrating gender, age, and diversity approaches.	UNICEF's Officers and Specialized staff of Health Directorates, Red cross Amazonas as non cost collaboration		

Output 4 Health facilities have improved access to WASH services for the delivery of maternal, neonatal, and child health (MNCH) services.

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	H.7 Number of functional health facilities supported (with the provision of integrated WASH and IPC services and supplies)	6	7	UNICEF and Implementing partners through 5W, Implementing reports, programmatic visits.
Indicator 4.2	Number of key healthcare staff trained on WASH FIT and IPC methodologies, and actively	150	311	UNICEF and Implementing partners through 5W,

	participate on management committees)			Implementing reports, programmatic visits.
Indicator 4.3	WS. 16b Number of WASH/hygiene kits distributed	18,900	26,250	UNICEF and Implementing partners through 5W Implementing reports, programmatic visits.
Indicator 4.4	WS. 17 Number of people receiving WASH/hygiene messaging	6,300	26,279	UNICEF and Implementing partners through 5W, Implementing reports, programmatic visits.

Explanation of output and indicators variance:

Indicator 4.2: The indicator refers to the number of healthcare staff trained on WASH FIT and IPC methodologies, actively participating in IPC management committees. The difference between the project target (150) and the achieved target (311) is due to the extended list of trainees proposed by the IPC focal points in the 7 target healthcare facilities. Through a consultation process, the list of IPC/WASH trainees included a broader audience, encompassing operation and maintenance personnel, cleaning staff, management personnel, doctors, and nurses from various departments within the mother and childcare services. Specifically, the areas supported extended to critical wards such as newborn ICUs, paediatric emergencies, paediatric hospitalization, paediatric consultancies, epidemiology, surgical obstetrics, and birth areas. Consequently, the number of healthcare staff participating in the WASH and IPC management committees exceeded the initial expectations.

Indicator 4.3: This indicator refers to the number of WASH/hygiene kits provided through UNICEF intervention in Health Care Facilities (HCFs). Initially, the project target was based on estimations (18,900 kits). However, after conducting a needs assessment and applying a community engagement approach during project implementation, UNICEF obtained more precise information about the actual number of people who would benefit from UNICEF intervention in the HCFs. As a result, UNICEF increased the availability of hygiene kits to a larger population to ensure an adapted response that aligned with the real needs of the communities. The number of kits distributed at the end of the intervention was 26,250 (139% of project target).

Indicator 4.4: UNICEF increased the number of people accessing to hygiene messaging as part of the WASH in Health programming, thanks to the collaborative work with implementing partners and the use of health care centres platforms and leaders. In fact, thanks to the involvement of local authorities and leaders, it was possible to increase the number of channels to reach more people with hygiene messages, reaching 26,279 people in comparison with an initial project target of 6,300 individuals (417%).

Activities	Description	Implemented by
Activity 4.1	Rehabilitation of WASH infrastructure (e.g., water and handwashing points, toilets, etc.) in MNCH areas, under an IPC perspective	UNICEF y CSOs (ALINCA, CISP, ACH)
Activity 4.2	Training and conformation of WASH-FIT and IPC committees, to assess, monitor and evaluate the progress of WASH's interventions in key health facilities	UNICEF, CSOs (ALINCA, CISP, ACH), Healthcare staff

Activity 4.3	Provision of regular WASH supplies, technical assistance, and capacity building activities to health staff, to improve hygienic conditions in prioritized mother and child areas of care.	UNICEF, CSOs (ALINCA, CISP, ACH), Healthcare staff
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Output 5 Vulnerable communities adjacent to the prioritized health facilities, improve their access to climate-resilient and sustainable WASH services, including their response capacity for emergency response

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard (integrating gender, age and diversity approaches)	14,500	45,244	UNICEF through 5W, Implementing reports, programmatic visits
Indicator 5.2	WS.16a Number of people receiving critical WASH supplies (e.g., WASH/hygiene kits) (integrating gender, age and diversity approaches).	32,000	19,000	UNICEF and Implementing partners through 5W, Implementing reports, programmatic visits
Indicator 5.3	WS.17 Number of people receiving WASH/hygiene messaging	32,000	32,431	UNICEF and Implementing partners through 5W, Implementing reports, programmatic visits

Explanation of output and indicators variance:

To contribute to resilient humanitarian WASH solutions, it was prioritized to support access to safe water through the rehabilitation of water supply plants beyond that with the distribution of water filters.

Indicator 5.1 and 5.2: To contribute to resilient humanitarian WASH solutions and increase cost-effectiveness, the project prioritized supporting access to safe water through the rehabilitation of water supply plants over the distribution of water filters. As a result, Indicator 5.1 significantly overachieved, reaching 45,244 people (312% of the project target). This overachievement was made possible by reducing the target achieved for Indicator 5.2. The latter reached 19,000 people with Household Water Treatment Solutions, falling short of the expected project target of 32,000 (59% of the project target).

The 45,244 individuals who gained improved water access benefited from the rehabilitation of the community water pumping system in Los Conucos, Araya region, Sucre state. This system ensured safe water access for 11,250 families, benefiting a total of 45,000 people. Additionally, two community pumping systems in Amazonas state—Cueva de Indio and El Moñito—were rehabilitated, providing safe water access to 130 and 114 people, respectively.

		Indicator 5.3: The indicator refers to the number of people reached with hygiene messaging. The number of people reached (32,431) is aligned with the initial project target (32,000).
Activities	Description	Implemented by
Activity 5.1	Elaboration of participative community-based needs assessment, adapted to socioeconomic and cultural populations, in vulnerable and indigenous communities, to help define sustainable solutions and sensitization	UNICEF
Activity 5.2	Implementation of adapted climate resilient and sustainable WASH infrastructure solutions, in targeted communities and facilities	UNICEF, CSOs (ALINCA, CARITAS Carupano, CISP, ACH)
Activity 5.3	Creation of community-level WASH committees, with a disaster reduction and climate resilience focus, to improve sustainability of WASH interventions and also to help disseminate key hygiene information	UNICEF, CSOs (ALINCA, CARITAS Carupano, CISP, ACH)

Output 6 Contextualized and comprehensive AAP/PSEA approach developed for and rolled out by humanitarian stakeholders involved in the CERF activities.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection - Child Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	AP.7 Number of community-based complaints/feedback mechanisms established	1	7	Implementing partner reporting through 5W
Indicator 6.2	Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	3,094	2651	Implementing partner reporting through 5W Interagency Contact Line report registration

Explanation of output and indicators variance: In the projects, feedback from the communities was encouraged to be spontaneous and voluntary, so despite the efforts made, not all the people who were informed of the reporting mechanisms were willing to give their opinion about the project, in addition to the dynamics of the indigenous communities where the main channel of communication is through the leaders or chiefs.

Activities	Description	Implemented by
Activity 6.1	Implementation of the Inter-agency Contact Line and technological improvements to ensure accessibility	UNICEF implemented an interagency reporting mechanism, with an 0800 number for toll-free calls, Whatsapp messages and email.
Activity 6.2	Joint AAP/PSEA field missions to conduct capacity building workshop and community sensibilizations workshops in the three prioritized states, integrating gender perspective	UNICEF and Partners trained communities in prioritized states about AAP/PSEA and integrating gender perspective.
Activity 6.3	Development of AAP/PSEA material in indigenous languages and integrating gender approach	The Inter-Agency Contact Line Group developed dissemination materials in Warao, Baré, Jivi, Piaroa, Wayuu and Yukpa indigenous languages.

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 areas¹⁰ 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)¹¹:

UNICEF Venezuela developed and applied an AAP Framework structured around four pillars: (a) Leadership, Coordination and Results; (b) Communication with Communities; (c) Participation; and (d) Feedback. The views of different population groups (based on gender, age, persons with disabilities) were collected through face-to-face interviews, focus group discussions, surveys and workshops; creating spaces where the most vulnerable and marginalized people feel safe when sharing their views and opinions; and adopting methodologies, tools and formats tailored to the knowledge, skills and abilities, while integrating gender, age and diversity approaches. As for the project implementation, establishing or reinforcing community committees and teams; establishing partnerships with local groups so that they could take over certain duties and responsibilities; identifying meaningful roles that young people could play in the provision of services, such as outreach, awareness-raising and maintenance; reducing barriers to participation which could restrict engagement in consultations or other activities.

b. AAP Feedback and Complaint Mechanisms:

Communities and people affected by crisis had access to safe and responsive mechanisms to handle feedback and complaints. These mechanisms were based on the standards and tools UNICEF has been developing, such as feedback categorization, the collective workflow for feedback management, and data protection measures. These mechanisms includes, but were not limited to an interagency contact centre, that is a long-range community feedback mechanism (CFM), geared towards receiving calls, SMS, WhatsApp, and mail; last mile CFM through community-based promoters, focus groups discussions during programmatic visits, suggestions boxes, etc.; sector specific or thematic feedback mechanism, aimed at understanding people's perceptions and satisfaction on UNICEF and implementing partners' delivery of services, that were designed and developed following context-based needs and preferences. Under this project UNICEF, continued to support the inter-agency contact line.

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

A comprehensive approach to record and address Sexual Exploitation and Abuse (SEA) complaints was employed throughout the project. Staff, partners, and volunteers received PSEA training integrated into recruitment processes. Regular evaluations and training for partners emphasized SEA prevention and response, with full application of the UN Victim Protection Protocol for survivors. In addition, UNICEF actively contributed to an inter-agency reporting line ensuring safe and confidential reporting, as well as supported the PSEA inter-agency action plan, disseminated awareness material, and facilitated SEA assistance for survivors.

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

A comprehensive approach to record and address Sexual Exploitation and Abuse (SEA) complaints was employed throughout the project. Staff, partners, and volunteers received PSEA training integrated into recruitment processes. Regular evaluations and training for partners emphasized SEA prevention and response, with full application of the UN Victim Protection Protocol for survivors. In addition, UNICEF

¹⁰ 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](#).

¹¹ 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](#).

actively contributed to an inter-agency reporting line ensuring safe and confidential reporting, as well as supported the PSEA inter-agency action plan, disseminated awareness material, and facilitated SEA assistance for survivors.

e. People with disabilities (PwD):

The project addressed the essential needs and ensured accessibility and inclusion for PwD through a comprehensive approach. Health and WASH interventions aimed at improving Maternal, Neonatal, and Child Health (MNCH) services in prioritized facilities ensured equal access for all, including PwD, through facility rehabilitations and personnel training. Sensitization of health brigades facilitated the identification and referral of women and children with disabilities. Child Protection programmes incorporated specialized services, with a focus on inclusion, gender, and multiculturalism. Coordination with UNFPA addressed GBV, ensuring prevention, identification, and timely responses. Community-based protection processes, guided by a multicultural, gender, and age approach, facilitated the identification of specific needs for PwD, strengthening services and case management. The intersectoral collaboration of WASH, Health, Nutrition, and Child Protection programmes in prioritized municipalities enhanced services, emphasizing a gender perspective and equity, allowing even the most vulnerable, including women and girls with disabilities, to exercise their rights in a safe and inclusive manner.

f. Protection:

Proposed interventions focused on the protection of the most at-risk children and families, including people on the move, girls, boys, and adolescents with disabilities, indigenous, people at risk of violence, neglect, and exploitation, including those affected by and/or at risk of GBV, human trafficking and sexual exploitation in the most vulnerable areas of the prioritized states. Through its presence in the field and its alliances with civil society organizations and the government, UNICEF has identified the main risks faced by children, which helped select indicators that responded to the situation. UNICEF paid special attention to communities where there is a greater presence of people in human mobility, especially children and adolescents, to list the most urgent services in demand.

g. Education:

N/A

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.

Cash transfers are not foreseen as part of UNICEF strategy in Venezuela, aligning with UNICEF's commitment to foster a sustainable service provision model. UNICEF focuses on fortifying duty bearers and service providers, including national institutions and partners. This approach ensures a more enduring impact on the ground, reinforcing the capacity of local entities. By channeling resources into strengthening these crucial actors, UNICEF aims to create a lasting and positive change in the well-being of most vulnerable children.

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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
The football academy that provides opportunities beyond sports	https://www.unicef.org/venezuela/en/stories/football-academy-provides-opportunities-beyond-sports
UNICEF contributes to education programs in vulnerable and remote areas of the country	https://www.youtube.com/watch?v=pdVhEcQ1J2c
Niños, niñas y adolescentes de Carúpano y Güiria encuentran en la academia Misericordia F.C. un lugar en el que a través del deporte se les garantiza un espacio seguro para su desarrollo, con apoyo psicosocial para ellos y sus familias.	https://twitter.com/unicefvenezuela/status/1746161424043508148

3.6 Project Report 22-UF-WFP-071

1. Project Information			
Agency:	WFP	Country:	Venezuela
Sector/cluster:	Food Security - Food Assistance	CERF project code:	22-UF-WFP-071
Project title:	Food assistance and livelihoods support to vulnerable people in Amazonas, Apure and Sucre		
Start date:	04/01/2023	End date:	03/01/2024
Project revisions:	No-cost extension <input 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\$ 118,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 58,000,000
	Amount received from CERF:	US\$ 1,350,000
	Total CERF funds sub-granted to implementing partners:	US\$ 341,941
	Government Partners	US\$ 0
	International NGOs	US\$ 112,148
National NGOs	US\$ 229,793	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF allocation, WFP and its partners supported the economic recovery of people affected by compounding vulnerabilities, including those living in settling with high-risk of climate-related disasters.

WFP supported the urgent food and nutrition needs of vulnerable households in the states of Amazonas, Apure and Sucre, allowing them to preserve, restore and diversify their livelihoods. WFP provided food assistance to vulnerable groups such as women heading households, elderly people and indigenous communities while promoting the participation of vulnerable groups in technical and life skills trainings to reduce dependency on negative coping strategies.

Overall, as part of its food security and livelihood recovery intervention, WFP reached 11,240 people. Of these, 9,472 received food assistance through general food distribution activities (60 per cent were women head of households), and 1,865 household members benefited from food assistance delivered through training activities. 539 training participants (of which 93 per cent were women) strengthened their income-generating capacity in areas such as commercial and agricultural activities (fishing, baking, gastronomy, chicken breeding), combined with entrepreneurial skills.

At the end of this intervention, WFP lessons learned exercises showed that there is a need to continue complementing technical trainings combined with the provision of productive assets. Most of the people participating in the activities were women, who informed that these interventions improved their opportunities to access income-generating activities and strengthened their role in decision-making regarding household nutrition practices and resource management. Participants mentioned that training sessions were adapted to their context and needs, the implementing partner focused on providing technical skills for daily practices and the improvement of their productive activities such as fishing, and the design of the training sessions included entrepreneurship and gender empowerment components. Participants also expressed satisfaction with the quality of the food delivered by WFP and identified the need to continue participating in livelihoods recovery programmes.

3. Changes and Amendments

In June 2023, WFP applied for a revision and modification of this CERF UFE allocation. Such modification was revised and approved by the CERF Secretariat.

WFP initially proposed to explore the feasibility of implementing conditional assistance to vulnerable people through cash-based transfers (CBT) for beneficiaries targeted through livelihoods and vocational trainings. However, as operational conditions were currently not in place to allow the implementation of CBT, WFP requested a reprogramming to focus on in-kind food assistance while continuing to evaluate potential CBT interventions.

In addition, WFP requested the redeployment of funds to strengthen the implementation of refresher trainings to support livelihoods recovery of vulnerable people in the targeted states.

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	1,740	1,820	3,160	3,280	10,000	5,858	3,850	746	786	11,240
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,740	1,820	3,160	3,280	10,000	5,858	3,858	746	786	11,240
People with disabilities (PwD) out of the total										
	87	91	158	164	500	53	44	220	183	500

* 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

N/A

6. CERF Results Framework

Project objective	Provide unconditional and conditional food assistance to vulnerable beneficiaries, allowing them to meet their basic food needs and preserve their livelihoods by reducing the adoption of negative coping strategies				
Output 1	The basic food needs of targeted beneficiaries are met through the provision of unconditional assistance				
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	FS.5a Percentage of households with an acceptable food consumption score	83	71,29 ¹²	WFP Survey / WFP platform MODA	
Indicator 1.2	FN.1a Number of people receiving in-kind food assistance	8,000	11,240	Distribution reports. WFP platform (COMET)	
Indicator 1.3	FN.1b Quantity of food assistance distributed in MT	293	303.69	Distribution reports. WFP platform (COMET) Supply chain and logistic unit verification reports.	
Explanation of output and indicators variance:		<p>Regarding indicators 1.2 and 1.3, it should be noted that the budget and results framework prepared at proposal stage were estimated based on operational rates and conditions which may change over time. For example, the availability of food commodities through local, regional or international providers significantly affects the cost of food procurement, hence impacting the number of beneficiaries that can be reached.</p> <p>In the case of this CERF contribution, some changes in the operational rates caused a 10 MT reduction in the quantity of food purchased. Hence, the overall commodities could not cover four months of distributions to the 8,000 beneficiaries initially targeted. For this reason, WFP had to reduce the number of food distributions to three months.</p> <p>At the same time, as this was WFP's first intervention in Amazonas and Apure, the number of people to be targeted with food assistance -assessed through community-based targeting once WFP had access to these areas - resulted to be higher than what was initially estimated. This explains the 11,240 beneficiaries reached compared to the 8,000 estimated at proposal stage.</p>			
Activities	Description	Implemented by			
Activity 1.1	Distribution of unconditional food assistance	WFP, Acuario, Caritas and HIAS			
Activity 1.2	Trainings of implementing partners	WFP, Acuario, Caritas and HIAS			

¹² The value reported represents the baseline collected at the beginning of the implementation. Follow-up data collection exercises will take place in 2024.

Activity 1.3	Communication with communities	WFP, Acuario, Caritas and HIAS
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Output 2 Conditional assistance provided allows targeted beneficiaries to improve livelihoods and reduce negative coping mechanisms related to food access

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security - Food Assistance

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	FS.3 Average reduced Coping Strategies Index (rCSI)	16	22,22 ¹³	WFP Survey / WFP Platform MODA
Indicator 2.2	Cash.3a Number of people receiving conditional cash transfers	2,000	N/A	N/A
Indicator 2.3	Cash.3b Total value of conditional cash transfers distributed in USD	82,000	N/A	N/A
Indicator 2.4	Number of participants who completed livelihoods skills training activities	2,000	539	Distribution reports. WFP platform (COMET) Supply chain and logistic unit verification reports

Explanation of output and indicators variance:

Regarding Indicator 2.4, it should be clarified that the 2,000 people presented at proposal stage refer to the overall households benefited from food assistance provided to the training participants. Considering a 4-people household, it was estimated that approximately 500 people would participate in life skills and technical trainings, receiving take-home rations to cover food needs of their household members (approximately 2,000 people). Hence, the variance can be explained with an oversight made at proposal stage in the description of the indicator.

Regarding Indicators 2.2 y 2.3, in June 2023, WFP applied for a revision and modification of this CERF UFE allocation. Such modification was revised and approved by the CERF Secretariat.

WFP initially proposed to explore the feasibility of implementing conditional assistance to vulnerable people through cash-based transfers (CBT) for beneficiaries targeted through livelihoods and vocational trainings. However, as operational conditions were currently not in place to allow the implementation of CBT, WFP requested a reprogramming to focus on in-kind food assistance while continuing to evaluate potential CBT interventions.

Activities	Description	Implemented by
Activity 2.1	Provision of conditional food assistance	WFP, Acuario, Caritas and HIAS
Activity 2.2	Provision of livelihoods skills training activities	WFP, Acuario, Caritas and HIAS
Activity 2.3	Trainings of implementing partners	WFP
Activity 2.4	Communication with communities	WFP, Acuario, Caritas and HIAS

7. Effective Programming

¹³ The value reported represents the baseline collected at the beginning of the implementation. Follow-up data collection exercises will take place in 2024.

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 areas¹⁴ 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)¹⁵:

Venezuela's complex socioeconomic situation continues to affect people in the most vulnerable communities where food insecurity often contributes to the adoption of negative coping strategies that perpetuate the cycle of vulnerability and protection risks.

Guided by the people-centered approach, WFP continued to adopt an age, gender and diversity lens through the design and implementation of its programme. WFP interventions prioritized the most vulnerable groups, including women and girls, people with disabilities and indigenous communities. To achieve this, WFP conducted specialized trainings and developed communication guides for cooperating partners, to ensure an understanding of the interventions, community approaches and dignified treatment to people participating in the activities.

b. AAP Feedback and Complaint Mechanisms:

WFP continued to implement its Community Feedback Mechanism (CFM) to receive comments, suggestions, and information requests from beneficiaries and their communities. In Venezuela, the CFM serves as an interagency helpline for UN agencies and operates by trained staff who attend cases through phone calls, text messages, and WhatsApp, guaranteeing high-quality service and confidentiality to users. Besides these communication channels, in 2023 WFP started to implement suggestion boxes and face-to-face feedback in municipalities where users do not have stable phone connections, to allow all users to have equal access. The interagency nature of the CFM allowed for easier referral pathways for users, considering that the operators (under the respective agency's guidance) could provide the necessary information to refer cases to specialized nutrition and protection services.

WFP ensured CFM user's concerns were duly attended. In addition, WFP periodically trained the operators on different areas of WFP programmes. WFP also trained cooperating partners on CFM functioning, emphasizing the importance of accountability to affected people. All community feedbacks are analyzed monthly, the result from CFM report serve to inform staff and partners to take appropriate actions if necessary. Some key findings from WFP's monitoring exercises showed that 72 percent of beneficiaries of overall WFP's interventions know how to access WFP's feedback mechanism, and amongst those who have used it, 80 percent informed they received a timely response.

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

As part of its commitment to contribute to Protection from Sexual Exploitation and Abuse (PSEA), WFP conducted capacity assessments to cooperating partners, which informed action plans to better support partners in including PSEA policies in their operations. In addition, WFP piloted PSEA messaging through RapidPro text messages for WFP staff and its partners, to promote awareness-raising on this topic. This pilot activity will continue growing in 2024, aiming to have a direct channel of communication with beneficiaries and their communities.

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

The ongoing socioeconomic situation in Venezuela continues to affect women and girls differently than boys and men, perpetuating conventional gender stereotypes.

WFP mainstreamed a gender-sensitive approach throughout its activities, ensuring that women and girls had better access to information on WFP's programmes, and that they were involved in decision-making processes and economic opportunities that can improve food security and nutrition for themselves, their families and communities.

¹⁴ 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](#).

¹⁵ 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](#).

WFP conducted consultations integrating the needs of women in programme design and implementation. As an example of a success story, through this CERF UFE allocation, WFP supported fisherwomen in the state of Sucre through the implementation of its food security and livelihoods recovery intervention. WFP provided food assistance to 89 fishers (84 women and 5 men) as well as technical training on fishing techniques, boat maintenance, and fish conservation, complemented with life skills training related to women's empowerment as a division of care responsibilities and transformation of gender roles. The fisherwomen conveyed that the activities were well oriented to their technical needs and community context, and the design of the activities included useful information on gender and women empowerment. Participants informed that fishing was traditionally led by men, with women mostly having a secondary role. Hence, through WFP's intervention, women stated that they gained ownership in a predominantly male-led space. In addition, women expressed that WFP's food assistance allowed them to use the family income to cover other essential needs, such as hygiene and health. The women also reported that these activities increased their well-being, as they were able to access personal hygiene products.

e. People with disabilities (PwD):

Within this CERF UFE allocation, WFP identified programmatic adaptations needed to incorporate a disability inclusion lens in food security and livelihood interventions. WFP's commitment to designing differentiated programmes for people with disabilities also provided the opportunity to start implementing methodologies to understand the social, communicational, physical, and institutional barriers that hamper the access of people with disabilities and their caretakers to WFP food assistance. WFP adapted such methodologies by expanding the profiles of people with different types of disabilities (cognitive, visual, and hearing disabilities) and their caretakers (elderly, women head of households, among others). In 2024, WFP will continue engaging with a Non-Governmental Organization with expertise and representation of people with disabilities to jointly implement disability inclusion-sensitive actions throughout its programmes.

f. Protection:

Venezuela's complex socioeconomic situation continued to drive episodes of localized violence, that exacerbate protection risk of women, children, elderlies, LGBTIQ+ groups and indigenous. WFP's data collection exercises confirmed that, among the beneficiaries of its interventions, the most vulnerable types of households include: i) female-headed households; ii) households with five or more family members; iii) households headed by people under 25 years; and iv) households with people with disabilities. These families are more vulnerable to food insecurity due to difficulties in accessing to protection services, formal employment and livelihoods. Food insecurity is also a key driver of child protection risks such as child work, domestic violence, sexual exploitation and abuse. Within this allocation, WFP supported some of these vulnerable groups in the states of Apure, Amazonas and Sucre. Overall, people who benefitted from technical and vocational trainings agreed that the activities allowed them to strengthen their technical capabilities and were well oriented to the community context. Additionally, participants informed that the activities were conducted in safe and accessible spaces and included useful information on protection, gender and women empowerment.

g. Education:

Through this allocation, WFP and its implementing partners conducted a life skill and education training programme to allow targeted people to preserve and restore their livelihoods. Overall, 539 people participated in life skill trainings and received productive assets to support their economic activities.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	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.

Operational conditions in Venezuela do not allow the implementation of cash-based transfers (CBT), as mentioned under Section 3 (Changes and Amendments).

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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
<i>How many dreams and how much talent can you fit on a bus? On this one, a lot!</i>	https://www.instagram.com/p/C2aREn4uO3e/
<i>Food on the table today. And tomorrow too! That's the plan.</i>	https://www.instagram.com/p/C2aWJyNnumaS/?img_index=4 https://www.instagram.com/p/C2aWXHoOCel/?img_index=4
<i>"Now we have more tools to defend ourselves," the fisherwomen of El Rincón tell us and that excites us, because now they will be able to take better advantage of their source of identity, employment, income and food, such as the maize, which is the main source of food</i>	https://www.instagram.com/p/C17twzbOjbn/?img_index=1 https://www.instagram.com/p/C17prYOO8-4/?img_index=1 https://www.instagram.com/p/C17prYOO8-4/?img_index=1
<i>People who inspired us in 2023 Wilmary is one of more than 100 women who live in some way around fishing. Through this CERF allocation, WFP supported her in improving fishing gear techniques, repairing boats, preserving fish, and thinking in small economic projects</i>	https://www.instagram.com/p/C1XB56jOu0R/

3.7 Project Report 22-UF-WHO-049

1. Project Information			
Agency:	WHO	Country:	Venezuela
Sector/cluster:	Health - Sexual and Reproductive Health Water, Sanitation and Hygiene	CERF project code:	22-UF-WHO-049
Project title:	Increasing access to continued and safe lifesaving sexual and reproductive health services in the states of Amazonas, Apure and Sucre.		
Start date:	04/01/2023	End date:	03/01/2024
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\$ 102,015,709	
	Total funding received for agency's sector response to current emergency:	US\$ 2,231,487	
	Amount received from CERF:	US\$ 720,000	
	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

The CERF UFE 2022 project was implemented during the months of March and November 2023 with the objective of reducing maternal and neonatal mortality and morbidity in vulnerable areas. The scope of the project was oriented to the states of Amazonas (Municipality Atures), Apure (Municipality San Fernando) and Sucre (Municipality Valdez), where activities were developed in three (3) health facilities of the hospital care network and five (5) health facilities of the community health care network, achieving training in early identification of risks during pregnancy to forty (40) health promoters and two hundred seventy-six (276) doctors and nurses, in the care of obstetric and neonatal emergencies, Nine hundred and seventy-four (974) cytology samples were taken and one thousand four hundred and eight (1408) dual HIV/Syphilis tests were performed by professionals from the Ministry of Health and PAHO facilitated the logistics, trained the professionals in charge and provided supplies and reagents for taking and processing the samples, a total of two thousand one hundred and two (2102) people participated in the community health promotion activities. All this aimed at reducing maternal and neonatal deaths.

Regarding Water, Hygiene and Sanitation interventions, the project considered the intervention of 03 prioritized health facilities: Maternal and Child Hospital in Amazonas, Pablo Acosta Ortiz Hospital in Apure and Andres Gutierrez Solis Hospital in Sucre. In general, the interventions were oriented to the rehabilitation of operating rooms, labor, delivery and postpartum rooms; hospitalization and triage rooms; air conditioning, waterproofing of medical areas of the maternal route and the replacement of the main water distribution network, improving the level of health care services for the project's beneficiary population.

Also, with the implementation of the project, 3 cleaning and disinfection kits were distributed to each prioritized health facility, consisting of detergent, liquid soap, quaternary ammonium, sodium hypochlorite, bags for hazardous and non-hazardous waste, garbage bins,

biosecurity supplies, and general cleaning tools. This contributed to the reduction of risk factors for waterborne diseases and hospital-acquired infections, thus strengthening the infection prevention and control program (ICP).

3. Changes and Amendments

The project was implemented in full, quickly and methodically, and the project objectives were met. The beneficiary population was reached and activities were carried out with local partners, scientific societies and coordinated work was promoted with key actors in the field, for example, Caritas Venezuela.

Actions were implemented through collaborative alliances with partners such as the scientific societies of Gynecology and Obstetrics and the Venezuelan Public Health Society, which provided training for health professionals and community activities.

To determine the direct beneficiary population of the health facilities' interventions, surveys were initially considered for their measurement; however, the health authorities did not make their implementation feasible. Consequently, the beneficiary population was determined through population estimates based on the demand for health care in the medical areas and the population assigned to the beneficiary health facilities.

At the budget level, a transfer was made from the grant of support with counterparts to the contractual services grant, in order to expand the actions related to the adaptation of spaces in health facilities. The percentage of this was 5.35% of the total budget; since it was less than 15%, CERF was not notified as established in the regulations.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
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	11,347	0	700	551	12,598	12,429	0	774	607	13,810
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	11,347	0	700	551	12,598	12,429	0	774	607	13,810
People with disabilities (PwD) out of the total										
	567	0	35	28	630	621	0	39	30	690

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	14,975	490	1,256	0	16,721	14,975	490	1,256	0	16,721
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	14,975	490	1,256	0	16,721	14,975	490	1,256	0	16,721
People with disabilities (PwD) out of the total										

* 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.

812	35	0	0	847	812	35	0	0	847
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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.

5. People Indirectly Targeted by the Project

Through the implementation of the project, the indirect beneficiary population was 1,166,139 people, of which 265,127 corresponded to the WASH sector and 901,012 to the sexual and reproductive health sector. Indirect beneficiaries include people from the municipality and the state who additionally obtained access to WASH services, medicines, specialized care, and training implemented by the project. This group of people include women of childbearing age, adolescents, and pregnant and lactating women.

6. CERF Results Framework

Project objective	Reduce avoidable excessive maternal and neonatal morbidity and mortality among highly vulnerable Venezuelan population through increased access to timely and continued care delivery of essential and emergency services			
Output 1	At least 14,000 women and adolescent girls in situation of vulnerability have increased access to essential sexual and reproductive health services in the municipalities of Atures (Amazonas), San Fernando de Apure (Apure) and Valdez (Sucre)			
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	H.7 Number of functional health facilities supported	3	3	Records of delivery of medicines, supplies, and equipment
Indicator 1.2	SP.2a Number of inter-agency emergency reproductive health kits delivered	14,341	14,341	Activity reports Record of delivery (Supplies)
Indicator 1.3	SP.3 Number of health care providers receiving training on the minimum emergency response package for sexual and reproductive health	130	276	Attendance list Field activities report
Explanation of output and indicators variance:		The number of trained professionals was increased with the objective of expanding the capacities of neighboring ASICs and maximizing the impact of community actions. In indicator 1.2 the target population was based on the beneficiaries of various actions (training, distribution of supplies, accessibility to suitable health services, personnel with updated information, informative and instructive material), and also includes the delivery of material and supplies that allow for the care and application of knowledge of medical personnel outside the project's range of action.		
Activities	Description	Implemented by		
Activity 1.1	Training of health professionals (hospital and outpatient health services from the corresponding ASIC) in care delivery of essential in sexual and reproductive health service packages, integrating gender and intersectional approaches. Topics will include early warning signs in pregnant women, and performing cytology tests and colposcopies, among others	PAHO-WHO		
Activity 1.2	Training of health promoters and community health workers in screening and attention to breast pathology in the communities of influence of the prioritized ASICs	PAHO-WHO		

Activity 1.3	Implementation of community awareness and health promotion interventions on cervical cancer screening in women over 15 years of age, breast cancer in women over 40 years of age and the importance of self-assessment and timely evaluation	PAHO-WHO
Activity 1.4	Implementation and strengthening of information management and epidemiological surveillance systems at health facility and community levels	PAHO-WHO
Activity 1.5	Procurement and distribution of essential medicines and medical supplies and equipment for the provision of sexual and reproductive health services	PAHO-WHO

Output 2 At least 12,500 men, women and adolescents in situation of vulnerability better protected against water-borne diseases and hospital acquired infections through improved WaSH conditions in prioritized health facilities

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.9a Percentage of people who report using a safe, dignified and functional sanitation facility with functional handwashing facility (with soap/cleaning agent and water)	12,598	13,810 beneficiaries. Reaching 29.57% of women of childbearing age.	Estimated population benefiting from WASH interventions
Indicator 2.2	Number of hospitals with improved sanitary conditions through corrective rehabilitation works	3	3	Record of delivery of construction work

Explanation of output and indicators variance: PAHO VEN, in compliance with the provisions of the Ministry of the People's Power for Health (MPPS), prior to interventions in health facilities, manages the authorization for intervention with the State Health Authority (the highest health authority in the state), which is carried out through the PAHO Field Offices. However, upon requesting authorization to conduct the surveys, these were denied. It should be noted that the authorities are generally very cautious with the disclosure of information, and it is a practice that is carried out at the national level. However, the population benefited was estimated as a way of verifying the level of beneficiaries and comparing it with the population of women of childbearing age.

Activities	Description	Implemented by
Activity 2.1	Procure and deliver cleaning kit to prioritized health facilities	PAHO-WHO
Activity 2.2	Identify and implement urgent repairs and improvement works of vital lines in the obstetrics, neonatology, and pediatric wards of prioritized health facilities	PAHO-WHO

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 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:

PAHO has a presence at the territorial level from where the needs of the population are raised, through interaction with community leaders and local governments, and is aware of the needs in the health facilities thanks to the interaction with the health authorities of the states. In the intervention and training process, the community in general was informed of the impact of the planned actions and their framework for action. In the evaluation of the benefited population, the training of traditional midwives in the state of Amazonas was coordinated.

b. AAP Feedback and Complaint Mechanisms:

Due to the difficulties in establishing a mechanism to generate qualitative information with the beneficiary population and to stratify the levels of satisfaction in a confidential manner, motivated by the restrictions established by the local authorities, it was not possible to establish a feedback mechanism that would comply with the commitments of accountability to the populations.

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

Training and sensitization processes are carried out for all personnel in charge of the implementation of the project on the Prevention of Sexual Exploitation and Abuse, in addition to raising awareness on this issue in community interventions.

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

The strategies established include raising awareness of the mechanisms of care for pregnant women and newborns, techniques and tools for care with emphasis on awareness, for cervical cancer screening (taking cytology samples), sexually transmitted infections, among others, with the main emphasis on training in contraception and prevention, in addition to guaranteeing access to methods (intrauterine devices) and treatment.

e. People with disabilities (PwD):

In health facilities, adaptation actions were considered to facilitate access for people with physical disabilities. The extension of training actions to community care health services, added to the promotion activities in the communities, made it possible to facilitate access to appropriate services and to have trained personnel available to care for populations with disabilities in a quick and timely manner.

f. Protection:

The vulnerable population in the selected areas is composed of men, women and children, for whom individual needs by gender and the intersectional perspective have been considered. Actions were adapted according to these markers, with priority given to care for children, adolescents, pregnant women, the elderly, people with pre-existing health conditions, victims of human trafficking and GBV, and indigenous communities. This project specifically addresses the health needs of these vulnerable groups through the direct provision of medicines, supplies and equipment to the health services of the affected communities and intercultural health teams. The upgrading and promotion of maternal and oncological pathways helped provide women with a safe way to access essential health services in their communities and increase their access to preventive and emergency care.

g. Education:

This project had an important Sexual and Reproductive Health educative approach. Throughout the scientific societies and NGO's work (PLAFAM, Ven Dame Tu Mano and Caritas) additional educational tools developed for vulnerability targeted population, will be put in

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 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](#).

place. The project aims to facilitate the transfer of knowledge to direct beneficiaries, through education and training strategies, in person or through the PAHO/WHO Virtual Campus for Public Health.

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.

The delivery of cash or vouchers for goods or services was not considered in the initial planning because greater relevance was given to the general agreement with the scientific societies of gynecobstetrics and public health, through which the professional services of specialists who were part of this society were contracted for the delivery of technical cooperation; as well as other planned activities such as WASH works in the maternal route, work in communities and midwives.

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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
PAHO trained midwives from indigenous ethnic groups in the care of expectant mothers	https://www.paho.org/es/noticias/1-11-2023-ops-capacito-parteras-etnias-indigenas-atencion-gestantes
PAHO accompanies MPPS in comprehensive approach to Indigenous Health	https://www.paho.org/es/noticias/24-1-2024-ops-acompana-al-mpps-abordaje-integral-salud-indigena

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
22-UF-WFP-071	Food Assistance	WFP	INGO	\$112,148
22-UF-WFP-071	Food Assistance	WFP	NNGO	\$116,537
22-UF-WFP-071	Food Assistance	WFP	NNGO	\$113,256
22-UF-IOM-038	Multi-Sector	IOM	NNGO	\$140,020
22-UF-IOM-038	Multi-Sector	IOM	NNGO	\$15,004
22-UF-IOM-038	Multi-Sector	IOM	RedC	\$17,401
22-UF-IOM-038	Multi-Sector	IOM	NNGO	\$41,410
22-UF-IOM-038	Multi-Sector	IOM	NNGO	\$39,475
22-UF-IOM-038	Multi-Sector	IOM	NNGO	\$20,224
22-UF-HCR-039	Protection	UNHCR	INGO	\$164,537
22-UF-HCR-039	Protection	UNHCR	NNGO	\$74,207
22-UF-HCR-039	Protection	UNHCR	RedC	\$26,000
22-UF-CEF-085	Child Protection	UNICEF	NNGO	\$41,908
22-UF-CEF-085	Child Protection	UNICEF	NNGO	\$164,194
22-UF-CEF-085	Child Protection	UNICEF	NNGO	\$90,120
22-UF-CEF-085	Water, Sanitation and Hygiene	UNICEF	INGO	\$76,516
22-UF-CEF-085	Water, Sanitation and Hygiene	UNICEF	INGO	\$64,671
22-UF-CEF-085	Water, Sanitation and Hygiene	UNICEF	NNGO	\$73,787
22-UF-CEF-085	Water, Sanitation and Hygiene	UNICEF	NNGO	\$231,995
22-UF-FAO-041	Protection	FAO	NNGO	\$72,000
22-UF-FAO-041	Protection	FAO	NNGO	\$30,000
22-UF-FAO-041	Protection	FAO	NNGO	\$127,000
22-UF-FAO-041	Protection	FAO	NNGO	\$24,910
22-UF-FAO-041	Protection	FAO	NNGO	\$175,210
22-UF-FAO-041	Protection	FAO	NNGO	\$80,400
22-UF-FPA-049	Health	UNFPA	NNGO	\$202,246
22-UF-FPA-049	Gender-Based Violence	UNFPA	NNGO	\$167,915

