



Reporting Period: 1 to 31 May 2020

Highlights

- The second United Nations humanitarian cargo flight, since the outbreak of the COVID-19 pandemic in the country, arrived on 29 May with 12 tonnes of humanitarian supplies, including commodities purchased by UNICEF to support children and their families with safe water and nutrition interventions.
- A total of 20 oxygen concentrators and other essential medical materials, including medicines, were provided to 20 priority health facilities (HCF) in nine states. 115 priority HCFs were supported with cleaning and disinfection supplies.
- UNICEF, through implementing partners, continued to provide remote psychosocial support to over 16,000 children and their families, identifying and safely referring cases of violence and abuse, including gender-based violence, to relevant programmes and services.
- Over 34,000 children benefitted from UNICEF's school feeding programme, under ad hoc modalities designed to ensure implementation during quarantine, in the states of Miranda, Capital District, Zulia and Bolivar.
- Over 48,000 children were supported with distance learning in Bolivar, Zulia, Apure, Capital District, Miranda, Tachira, La Guaira and Delta Amacuro.
- UNICEF reached over nine million people with messages on COVID-19 prevention and access to services.

Funding Overview and Partnerships

UNICEF continues its efforts to meet the education, child protection and nutrition needs of children, which have been further exacerbated by COVID-19. The UNICEF [2020 Venezuela Humanitarian Action for Children \(HAC\)](#) appeals for US\$ 153.2 million to address the needs of 2.6 million people, including 1.7 million children and adolescents. As of 31 May 2020, only US\$ 11 million has been raised against the HAC to support implementation of child protection, education, health, nutrition, and WASH interventions, as well as to cover operational and logistics support costs related to delivery of this assistance.

Additionally, to address the imminent health risks posed by the COVID-19 pandemic UNICEF Venezuela also launched the [UNICEF Global COVID-19 HAC](#) appeal for US\$ 26.8 million. To date, UNICEF Venezuela has raised only US\$ 3 million for the COVID-19 response, primarily to (i) provide health workers and other staff engaged in the response with Personal Protection Equipment (PPE); (ii) provide sentinel hospitals and clinics with medical supplies and equipment, WASH supplies (including soap, hand-sanitizer, chlorine, masks, drinking water dispensers and disinfectant), safe water, and capacity building on hygiene practices; (iii) strengthen Risk Communication and

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Situation Report June 2020

Situation in Numbers

3,200,000

children in need of humanitarian assistance (OCHA August 2019)

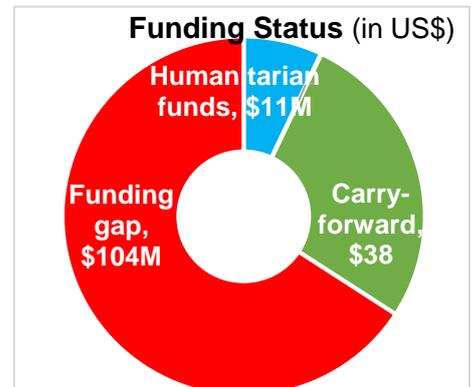
1,327

COVID-19 laboratory confirmed cases (WHO May 2020)

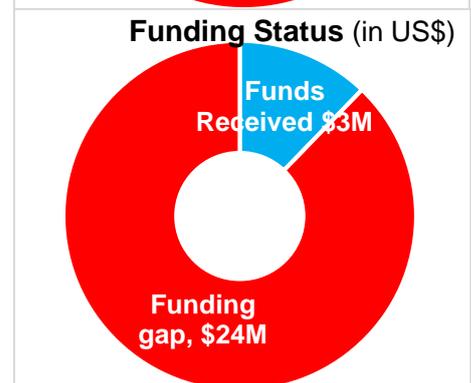
8,989,000

Children affected by school closure due to COVID-19 (UNESCO April 2020)

UNICEF HAC Appeal 2020
US\$ 153.2 million



UNICEF COVID-19 Appeal 2020
US\$ 26.8 million



Community Engagement (RCCE) programming, by promoting effective COVID-19 prevention measures, such as hand washing, hygiene practices, social distancing and other behavioural changes to curb the transmission of the virus; (iv) combat stigmatization; and (v) provide psychosocial support.

UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date. Nevertheless, UNICEF calls upon the international community to provide additional and flexible support to reduce the remaining 68 per cent gap in the HAC appeal and the 88 per cent gap in the COVID-19 appeal. Potential prolonged funding gaps will hinder UNICEF's capacity to respond to pre-existing and urgent needs emerging from the pandemic, to mitigate the collateral socioeconomic impacts of COVID-19, and to ensure continuity of essential services for children, women and vulnerable populations.

Situation Overview & Humanitarian Needs

COVID-19 prevention measures including lockdown and social distancing remained in place during the month of May. As declared by the Government, some sectors will resume activities within a 'protected and under surveillance' stage of normality starting on 1 June 2020. Of the 1,327 confirmed COVID-19 cases reported by the end of May¹, 160 are children aged 0-9 years old and 210 are adolescents and young people aged 10-19 years old. As part of the United Nations COVID-19 response in Venezuela, a second cargo flight arrived in country on 29 May 2020 carrying 12 tonnes of humanitarian supplies, including UNICEF-purchased supplies to support children and their families during the pandemic.

During the reporting period, fuel shortages persisted, and continued to cause significant challenges for the general population and humanitarian operators alike. Despite the quarantine, long queues at gas stations were reported in Bolivar, Tachira and Zulia states. By the end of May, the availability of more petrol slightly improved the situation. On 30 May, the Government announced new prices for petrol, under two schemes: (a) a subsidized scheme in local currency (equivalent to \$0.025 per litre) and (b) a second scheme based on international prices, for stations managed by private investors, who will be allowed to sell petrol at \$0.50 per litre. Weekly refills based on a vehicle's license plate will be permitted during this first month.

Additionally, during May, water and electricity supply systems reported falling to critical levels, with up to 36-hour interruptions of the power system in the state of Tachira. A similar situation is taking place in Western Zulia, Falcon and Lara states as reported by media, social media, and UNICEF field staff. The lack of power has impacted communications and access to the internet; and the corresponding lack of services have triggered some protests and road blockages in Tachira, Barinas and Apure.

The number of returning Venezuelan migrants continues to increase. According to OCHA Flash Note N. 4², migration inflow has reached 80,000 people, including 45,900 migrants between April and May. Temporary shelters (PASI by their Spanish acronym) managed by local authorities in the states of Tachira, Bolivar, Apure and Zulia, are the primary facilities for hosting returning migrants, as per COVID-19 prevention protocols. As a result, demand for food, water and sanitation facilities, nutritional supplements and psychosocial support is increasing in those states.

Humanitarian Leadership, Coordination and Strategy

A final draft of the joint Humanitarian Needs Overview (HNO)/Humanitarian Response Plan (HRP) document has been circulated at the inter-agency level, and a final public version is expected to be published by the end of June. The final HNO/HRP document will present a consolidated analysis of humanitarian needs together with the humanitarian response addressing the needs of the seven million people included in the December 2019 Global Needs Overview. Moreover, the HNO/HRP will define the support required to address the health and socioeconomic impacts of COVID-19 as well as the impact of the pandemic on the planned humanitarian response; and will also cover the emerging needs of returnees.

The response to COVID-19 in Venezuela is coordinated through the existing humanitarian structure, which includes a dedicated cluster system. Under OCHA's leadership, the cluster system developed an updated version of the COVID-19 Inter-sectorial Preparedness and Response Plan, which includes an additional US\$ 11 million to cover the needs of people who are returning to Venezuela (from US\$ 61 million to US\$ 72 million). At the field level, UNICEF is

¹ The number of confirmed cases reported refers to the number of positive cases as of 31 May 2020. It is expected that the number of positive cases will increase by the time this report is published.

² UNOCHA, Venezuela: COVID-19 Flash Update N° 4 (22 May 2020), available [here](#).

strengthening inter-agency coordination to (i) ensure an efficient and effective response to COVID-19, according to the priority areas identified in the Programme Criticality (WASH and health), and (ii) guarantee the continuity of UNICEF core humanitarian interventions, such as nutrition, child protection and education. UNICEF's COVID-19 response is aligned with other plans currently in place: the Venezuela National Response Plan, the Inter-sectorial Response Plan, the Humanitarian Response Plan, the Intersectoral Plan of Preparation and Attention to COVID-19 and the Venezuela 2020 HAC.

UNICEF Venezuela Programme Response

UNICEF is increasing its capacity to deliver high quality services for children in the most remote areas, and continuous efforts to strengthen field teams are forefront of the agenda. UNICEF continues providing humanitarian assistance to the most vulnerable children in Venezuela, adapting its interventions to also address the COVID-19 pandemic. For example, the school feeding programme and nutrition programmes have been adapted to the current quarantine regulations. While maternal and neonatal healthcare remains a priority, UNICEF is also enhancing infection prevention and control (IPC) activities, both in health facilities and communities, by providing critical medical and WASH supplies, safe water, services, technical assistance, and capacity building. To the extent possible and through modalities in line with COVID-19 prevention measures (i.e. online, ad hoc modalities), UNICEF is ensuring continuity of health, education, nutrition and child protection services, including psychosocial support to children and their caregivers and massive dissemination of key messages on prevention of violence against children, positive parenting, Gender Based Violence (GBV), and Prevention of Sexual Exploitation and Abuse (PSEA). UNICEF is also strengthening RCCE through Communication for Development (C4D) interventions.

Health

During the reporting period, the health section continued to focus on basic health services for mothers and children, particularly antenatal care (ANC), institutional deliveries, and immunization activities. Based on available data, during the COVID-19 quarantine, regular ANC has been reduced to 30 per cent of pre-COVID-19 average attention numbers. Provision of medical supplies for ANC and support to the expanded programme on immunization (EPI) continued, increasing services up to two-thirds of the total functional facilities, despite the challenges in international and domestic transportation. Furthermore, UNICEF, in coordination with UNAIDS and PAHO, is supporting availability of paediatric antiretroviral treatment (ARV) for all ages. Coordination with other United Nations agencies and constant communication with NGOs has been key to make this treatment available.

PPE was distributed to 181 target health facilities. Tutorials for health professionals on how to wear and dispose of the equipment reached more than 7,000 staff members trained in PPE use. A total of 20 oxygen concentrators, essential medical materials and medicines were provided to 20 priority health facilities in nine (9) states (Amazonas, Apure, Tachira, Anzoategui, Bolivar, Delta Amacuro, Falcon, Trujillo and Zulia).

Nutrition

To reduce the impact of COVID-19, the nutrition section provided information on management of child wasting and breastfeeding. In addition, over 143 million micronutrient tablets were distributed in health centres and to implementing partners nationwide.

According to global guidance from the Global Nutrition Cluster, UNICEF supports continuity of nutrition interventions by guiding implementing partners on how to adapt their nutrition programmes to the pandemic context. For this, UNICEF implementing partners have been granted safe conduct allowing them to make home visits during the reporting period to (i) follow up on moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) cases, (ii) provide nutrition supplies, and (iii) ensure nutritional recovery at home level, in compliance with COVID-19 protection and prevention measures. Furthermore, 42 health professionals (38 female and four (4) male), including general practitioners, paediatricians and nutritionists, received virtual training on treatment and follow up of acute malnutrition cases.

WASH

UNICEF WASH section has supported 115 priority HCFs³ by distributing cleaning and disinfection supplies (e.g. soap, alcohol gel, mops, plastic containers, plastic bags, etc.) and other critical items. Furthermore, UNICEF has supported HCFs with infrastructure improvement works, including the installation of 3 sodium hypochlorite electrolytic generators

³ A total of 50 kits were distributed to ambulatories and sentinel hospitals dedicated exclusively to COVID-19 diagnostic, treatment and follow-up; 56 kits to hospitals across all states of Venezuela; four (4) kits to ambulatories (COVID-19 diagnostic centres); and 55 kits to primary HCFs.

to disinfect drinking water and surfaces, in addition to the construction of 3 boreholes in three hospitals. As part of its response to COVID-19 and together with implementing partners, UNICEF has provided water-trucking, technical assistance, infection and prevention control (IPC) trainings, and infrastructure rehabilitations, to 18 HCFs, including dedicated COVID-19 clinics and hospitals in eight states⁴.

Under quarantine, UNICEF has rehabilitated 12 school infrastructures and carried out hygiene promotion campaigns in 44 education facilities in the states of Bolivar, Tachira, Zulia, Distrito Capital and Miranda. In addition, UNICEF began implementing interventions in 15 institutions across six states, including confinement centres, providing hygiene and PPE items and also disseminating key COVID-19 prevention messages. UNICEF and partners reached more than 83,000 beneficiaries (31,000 females, 23,500 children) through the provision of water trucking and water purifying tablets. Also, through civil works, 13,700 beneficiaries (5,000 women, 3,700 children) were granted access to water through the rehabilitation of pumping stations, water networks and treatment plants. Members of selected communities have also received household hygiene items.

The WASH Cluster, led by UNICEF, has been working with the Health Cluster on a joint technical guidance on WASH in HCFs, including cleaning protocols and assessment frameworks. In addition, a mapping has been conducted for planned interventions in each HCF – providing the base for a basic information system – to clarify remaining gaps and guide further resource allocations. Similarly, in coordination with the Health and Shelter Clusters, work has been ongoing to finalize a common technical base for WASH in quarantine centres, in the form of technical guidance and cleaning protocols. This will contribute to the development of joint capacity building materials in the coming months. The WASH Cluster aims to work closely with other clusters to establish and run the provisional camp coordination and camp management structure, information systems and guidance.

Child Protection and Gender-Based Violence (GBV) services

Following the lockdown measures, UNICEF continued to provide remote psychosocial support to children and families through its implementing partners, identifying and referring child abuse cases, including GBV, to programmes and services. Hotlines and online mental health and psychosocial support services were promoted through social media and child-friendly material will be disseminated through a campaign to reach children without access to social media. A total of 16,767 children, parents and caregivers benefitted from mental health and psychosocial support services. Additionally, 4,253 children were supported through integrated child protection programmes and services and 215 women and children received care services for GBV, case management, psychosocial support and legal assistance. Moreover, UNICEF launched a social media communication campaign to prevent violence and abuse against children, including GBV, specifically during COVID-19. A dedicated space for the provision of child protection services was opened in a migrant reception centre located in the border city of San Antonio, Tachira state, the first entry point for migrants returning from Colombia. During the reporting period, child protection authorities attended to 29 beneficiaries, mostly separated children without travel authorizations.

In coordination with the WASH, Health, and Shelter Clusters, the Child Protection Area of Responsibility (CP AoR) developed standard hygiene kits and basic guidelines with prevention messages against violence, including GBV, on the use of COVID-19 IPC for children living on the street and those in residential care. The AoR and UNICEF are supporting other NGOs to develop training sessions on children living on the street and COVID-19. During the reporting period, 237 people (including 66 children and 33 adolescents) received kits with food and hygiene items for them and their families. Also, a working group on children with disabilities has been established at the AoR level and UNICEF support will help prepare a webinar on inclusion of children with disabilities in humanitarian actions.

Education

UNICEF continues encouraging children to carry out their education from home, in compliance with COVID-19 quarantine measures. Technical assistance, including developing an adequate distance learning curriculum, continues to be provided to the Ministry of Education (MoE) to strengthen the national school continuity programme '*Cada familia una escuela*' (Each family, one school). UNICEF is also working to support the school re-opening strategic plan in accordance with the global framework issued by UNICEF, UNESCO, WFP and World Bank in April 2020. An assessment on educational continuity through various means and resources is being carried out and includes guidelines on how to develop the transition plan for the school year, based on Global Framework for Reopening Schools recommendations. Likewise, support is being provided to the MoE in developing an emotional well-being plan for children and their families

⁴ Reaching 48 primary HCFs in the states of Anzoategui, Bolivar, Delta Amacuro, Distrito Capital, Miranda, Tachira, Vargas, Zulia.

during quarantine, through video design and dissemination on TV, radio messages and Graphics Interchange Formats (GIFs) for social media. The campaign aims at promoting well-being during the quarantine with key messages on how to manage emotions, positive coping and resilience, care for diversity, routines and family life. Following the work coordinated between the Education Cluster and the Ministry of Education, the cycle of webinars continued and have been coordinated to address the COVID19 emergency. The previous seminars dealt with issues of educational continuity alternatives and mental health, psychosocial support and socio-emotional learning. With the support of the Education Cluster and the UNICEF Offices in Argentina, Mexico, Cuba and LACRO, the third virtual seminar on educational television was held in times of quarantine.

During the reporting period, distance learning was provided to over 48,437 children (24,129 girls) the states of Bolivar, Zulia, Apure, Capital District, Miranda, Tachira, La Guaira and Delta Amacuro. Additionally, UNICEF continued supporting the school feeding programme, under ad hoc modalities⁵ designed for the quarantine, benefiting more than 34,450 children (16,595 females and 17,855 males) in the states of Miranda, Capital District, Zulia and Bolivar. School materials were distributed to over 55,658 children (of which 27,653 girls) to help them carry out school activities at home in the states of Miranda, Bolivar, Tachira, La Guaira, Zulia and the Capital District, through individual kits containing items such as notebooks, pencils, erasers, crayons, pencil sharpeners, and a set of squares.

UNICEF also supported psycho-educational activities for 74,517 children (40,079 girls) through guides and teaching resources to be carried out at home. Similarly, 2669 (674 women) teachers were trained in self-care strategies, psychological first aid, stress management, grief management and other psycho-emotional support strategies in the states of the Capital District, Bolivar, Apure, Miranda, La Guaira, Zulia and Tachira. As part of the COVID-19 response, key messages on prevention and protection were shared with 49,073 people (24,129 female and 24,944 males) in educational communities. Likewise, 1,316 adolescents (including 684 girls) were remotely trained on life skills through technical training workshops in the states of Bolivar, Zulia, Capital District, Miranda and Delta Amacuro. A total of 815 teachers (including 663 women) received distance training on digital and printed resources design, distance learning curricular strategies, active methodologies and psychosocial support.

Risk Communication and Community Engagement (RCCE)

As of May, UNICEF COVID-19 RCCE activities reached over nine million people through cultural, age and gender appropriate messaging on prevention and access to services, on social and traditional media, and via short message system (SMS). Also, over 16,000 posters on COVID-19 prevention (for children and adults) were placed in public places, including, but not limited to, schools where the school feeding programme is on-going, community centres, small shops, clinics, health centres, and temporary shelters.

During the reporting period, five videos targeting adults and three-story telling videos for children on COVID-19 prevention measures were published and shared on social media and WhatsApp groups, through UNICEF implementing partners. In the state of Zulia, in the *12 Marzo* and *12 Febrero* communities and among the Guajira ethnic group, more than 25,660 people benefited from the tippy tap⁶ campaign for hand washing as a COVID-19 prevention measure. During May, 71,000 activity booklets on WASH were also distributed nationwide to children from both national schools and schools managed by AVEC and ASEINC, in line with actions within the Education Cannot Wait (ECW) initiative. The booklet includes information on safe water, importance of hygiene practices, measures on prevention of waterborne diseases, tools for hand washing and menstrual hygiene.

UNICEF C4D and WASH teams conducted a Training of Trainers on hygiene promotion, hand washing, chlorination, effective communication, C4D and COVID-19 prevention measures for workers, reaching 34 trainers from three implementing partners with a broad reach of people in need.

⁵ UNICEF school feeding modalities under COVID-19 include daily preparation of hot meals from schools, delivery of hot meals and of non-perishable food items to the children's families on a regular basis (fortnightly/monthly), in compliance with hygiene and COVID-19 prevention protocols.

⁶ The tippy tap is a hands-free way to wash your hands that is especially appropriate in rural areas where there is no running water. It is operated by a foot lever and reduces the chances of bacteria transmission as the user touches only the soap. It uses only 40 millilitres of water to wash hands versus 500 millilitres using a mug. Additionally, water can be reused in agriculture or go back into the water table.

Planning, Monitoring and Evaluation

UNICEF Venezuela is currently tracking 12 of the global indicators in support of the COVID-19 response. Detailed reports on supplies distribution, developed by UNICEF, have been made available through an interactive dashboard in [Tableau](#).

UNICEF is using a combination of onsite follow-up through local implementing partners – essential to account for the medical supplies – as well as other remote monitoring tools jointly developed with UNICEF partners over the last 12 months. Monitoring tools include tailor-made end-user monitoring surveys to assess beneficiaries' feedback in terms of the relevance, quality, timeliness and impact of specific programmes, services or supplies delivered. When face-to-face visits cannot take place, due to the quarantine and limitation of movement, UNICEF staff communicates with the health facilities via mobile phones and messaging applications.

While taking all necessary precautions and following COVID-19 security guidelines, UNICEF staff made extraordinary efforts to visit establishments that received supplies. During the month of May, UNICEF was able to implement 125 monitoring activities, most of them carried out by staff members from the different field offices. Of the 125 monitoring activities, 19 were rapid assessments, 27 were supply monitoring and 79 post-distribution monitoring.

Supply and Logistics

On 29 May 2020, UNICEF received approximately 12 tonnes of medical, nutrition and WASH supplies via a cargo flight donated to Venezuela. The cargo contained UNICEF supplies, including over 127,000 PAC/50 of water purification tablets, 18 collapsible water tanks, and 40,000 packs of 100 Albendazole tablets. UNICEF Venezuela continues to be in need of free air charter for additional supplies in the pipeline for the months ahead.

Since the beginning of the COVID-19 response in mid-March, and as of 22 May⁷ 2020, **UNICEF had distributed over 727 tons of supplies worth over US\$ 2.9 million**, including: over 8.7 million water purifying tabs; over 125,000 protection masks; 23,829 posters with COVID-19 messages; over 541,600 soap bars, over 17,400 litres of 60 per cent alcohol hand sanitizer; over 52,200 litres of liquid chlorine 12 per cent and over 17,600 PPE kits. COVID-19 response and case management-related supplies distributed represented 31.5 per cent, while COVID-19 prevention-related supplies accounted for 67.9 per cent.



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Human Interest Stories and External Media

A [second press release](#) on the 12 tonne shipment of humanitarian assistance provided by UNICEF was widely disseminated and reached over 36 million people. Also, over 122 photos and eight (8) videos on UNICEF COVID-19 response – education and supplies delivery – were produced and disseminated by UNICEF in Venezuela and other countries. UNICEF Venezuela's digital presence increased in comparison to the previous month, registering a 300 per cent growth in potential reach, with more than 24 million people reached through its social media channels. During the reporting period, UNICEF Venezuela social media accounts received over 586,000 interactions (comments, likes and retweets).

Human interest stories and multimedia stories:

- Mother's day story – [Eucaris mother of 6 during pandemic COVID- 19](#)
- Mother's day story – [Yuiliana during pandemic COVID- 19](#)
- [UNICEF distributed vital supplies in Táchira state](#)
- [UNICEF distributed vital supplies in Zulia state](#)
- [Hand washing points supported by UNICEF in Caracas](#)
- [Education Response during pandemic COVID –19: Eucaris Díaz story](#)

⁷ Data available on distributed items as of 22 May 2020.

- [Education Response during pandemic COVID-19 in Caracas: Education Cannot Wait and School Feeding Programme](#)
- [Education Cannot Wait Response: Education Specialist from the field](#)
- [HIS – Education Cannot Wait – Lismary story](#)

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Summary of Programme Results⁸

Sector	UNICEF and Partners		Sector Response	
	Apr-Dec 2020 target	Total results	Cluster Apr-Dec 2020 target	Cluster Results
Health				
Pregnant women & new-born babies receiving maternal/neonatal life-saving services in UNICEF-supported facilities	246,900	52,195		
Children under 1 year vaccinated against measles	534,100	37,968		
Health care workers provided with Personal Protective Equipment (PPE) ⁹	-	14,702		
Health care workers trained in detecting, referral and appropriate management of COVID-19 cases ¹⁰	-	3,321		
Nutrition				
Children under 5 years affected by severe and moderate acute malnutrition (with or without complications) admitted for treatment ¹¹	20,400	1,427	31,370	1,578
Children aged 6 to 59 months and PLW receiving micronutrient supplementation	688,100	46,582	700,000	46,582
Caregivers receiving infant and young child feeding counselling for appropriate feeding of children under 2 years	155,500	13,932	483,235	13,932
WASH				
People with access to basic WASH (safe water and sanitation) services at the community level	2,000,000	318,453	2,213,888	318,453
People accessing basic information on hygiene and water treatment and conservation at the home	1,275,000	34,184	1,261,816	35,126
Number of health and nutritional care facilities, with functional WASH basic services	225	73	281	87
Child Protection and Gender Based Violence				
Children and women that received response care services for GBV ¹²	24,000	215	-	-
Children, parents and primary caregivers provided with remote mental health and psychosocial support ¹³	60,000	20,893	-	-
Girls and boys supported through integrated individual child protection services	30,000	4,253	721,975	310,633
Education				
Children supported with distance/home-based learning	400,000	105,224	750,000	105,224
Children and adolescents reached within the school feeding programme	80,000	47,415	622,000	47,415
Children aged 4-18 years in schools who received education materials	1,521,000	191,507	1,521,000	191,507
Risk Communication and Community Engagement (RCCE)				
Number of people engaged on COVID-19 through RCCE actions ¹⁴	-	260,658		

⁸ Total results include indicators of UNICEF Venezuela 2020 Humanitarian Action for Children and COVID-19 response. For COVID-19 indicators have been selected and aligned with UNICEF's global response. HAC indicators are in white and COVID-19 indicators in blue.

⁹ Target to be reported on next SitRep.

¹⁰ Target to be reported on next SitRep.

¹¹ This indicator reports to both HAC and COVID-19

¹² Indicator not included in sector response.

¹³ Indicator not included in sector response.

¹⁴ Target to be reported on next SitRep.

Annex B

HAC Funding Status¹⁵

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2020	Other resources received in 2020	Resources available from 2019 (Carry-over)	\$	%
Nutrition	12,745,000	757,949	0	4,712,222	7,274,829	57
Health	22,290,000	3,265,908	80,400	7,895,080	11,048,612	50
WASH	58,300,000	3,159,730	0	11,327,694	43,812,576	75
Child Protection	14,400,000	1,245,180	0	4,856,750	8,298,070	58
Education	45,512,000	2,845,179	0	8,823,452	33,843,369	74
Total	153,247,000	11,273,945	80,400	37,615,198	104,277,457	68

COVID-19 Funding Status¹⁶

Response Pillar	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2020	Other resources received in 2020	\$	%
Risk communication and community engagement (RCCE)	2,288,940	142,747	44,359	2,101,989	92
Infection Prevention and Control (IPC)	21,321,144	826,128	-	20,495,016	96
Continuity of Health Care and Nutrition Services	2,372,985	652,398	-	1,720,587	73
Access to continuous education, child protection and GBV services	627,870	559,334	1,026,134 ¹⁷	-	0
Data collection social science research for public health decision making	217,581	14,118	4,217	199,091	92
Total	26,828,520	2,194,724	1,074,710	23,559,086	88

¹⁵ As defined in [Venezuela 2020 Humanitarian Appeal](#) launched on 05 December 2019 for a period of 12 months.

¹⁶ As defined by [UNICEF COVID-19 Global Response 2020 requirements](#) launched on 15 March 2020, for a period of nine months.

¹⁷ Other resources for COVID-19 include funding for the continuation of the school feeding programme, which under the COVID-19 context is carried out through different modalities.