



Jacknielis, 3, and her mother learn about vaccine safety at a UNICEF-supported health facility in Zulia in October 2025, during a consultation offering immunization and nutrition services.

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Humanitarian Action for Children

Bolivarian Republic of Venezuela

HIGHLIGHTS

- The severe economic crisis in the Bolivarian Republic of Venezuela is driving increasing humanitarian needs among children and families. Soaring inflation has eroded household purchasing power, leaving families unable to afford food, medicine and other essentials. Children in marginalized communities face multiple and worsening deprivations – malnutrition, preventable diseases, violence and exploitation – while overstretched services struggle to respond. Mixed migration flows, including voluntary and involuntary returnees, further strain fragile systems. The country stands at a critical juncture, with rising geopolitical tensions and climate-related shocks heightening risks of further instability, conflict and deepening vulnerabilities.
- In 2026, UNICEF will deliver a child-centred, multisectoral response that combines life-saving assistance with systems strengthening. Key priorities include maternal and child health, nutrition, education, child protection and gender-based violence prevention and response, WASH and disaster preparedness – ensuring immediate relief while building resilience against future shocks.
- Despite growing needs, funding for the Bolivarian Republic of Venezuela continues to decline. UNICEF requires \$137.6 million to reach 2.3 million people in the country, including 1.2 million children. Without timely resources, millions risk deeper deprivation and irreversible harm.

KEY PLANNED TARGETS



326,000

children under five years old accessing primary health care in UNICEF-supported facilities



424,000

children accessing nutritional support for prevention or management of acute malnutrition



169,000

children accessing formal or non-formal education, including early learning



1.8 million

people accessing a sufficient quantity and quality of water

IN NEED
7.9 million people^{1,2} **3.9 million children**³

2022

2026

TO BE REACHED
2.3 million people⁴ **1.2 million children**⁵

2022

2026

FUNDING REQUIREMENTS
US\$137.6 million

2022

2026

HUMANITARIAN SITUATION AND NEEDS

Since 2014, the Bolivarian Republic of Venezuela has experienced a severe economic collapse triggering a prolonged, multifaceted crisis that continues to weaken essential services. Extremely high inflation has eroded household purchasing power, with the basic consumption basket reaching \$772,⁶ while the official minimum wage remains below \$1^{7,8} – leaving families unable to afford food, healthcare and other essentials.

Children in marginalized communities face multiple and worsening deprivations.⁹ The health system continues to deteriorate, disproportionately affecting maternal, newborn, child and adolescent health. The maternal mortality ratio stands at 227 deaths per 100,000 live births,¹⁰ neonatal mortality rate at 14 deaths per 1,000 live births,¹¹ and under-five mortality rate at 22 per 1,000 live births¹² – largely due to preventable causes. Immunization coverage remains below 72 per cent, and nearly 30 per cent of infants under 1 year of age are zero-dose.^{13,14} Malnutrition remains widespread: 11 percent of children under age 5 are affected by wasting¹⁵ and 24 per cent of women aged 15–49 are anaemic, posing significant health risks for women, adolescent girls and children.^{16,17} The collapse of WASH services heightens health risks, leaving 5.2 million people – including hospital patients and schoolchildren – without safe water, which undermines infection prevention and hygiene practices.¹⁸

Growing protection risks for children include violence, family separation, child labour, sexual abuse, early unions and lack of legal documentation. Vulnerabilities are acute among children left behind by migrant parents, children with disabilities, Indigenous children and those in border areas.¹⁹ In areas affected by armed groups, girls and boys are exposed to recruitment, sexual exploitation and trafficking. Education is severely compromised, with an estimated 3 million children and youth aged 3–24 out of school²⁰ and hundreds of thousands more at risk of dropping out due to economic hardship, poor infrastructure and academic disruptions. Around 200,000 teachers have left their posts, and those remaining often work part-time in under-resourced schools.²¹

The country is the second most at-risk country in the Americas for natural and human-induced disasters,²² leaving children highly exposed to shocks.²³ Climate change exacerbates existing inequalities and widens service gaps through increasingly frequent and intense weather events; in 2025 alone, severe floods affected more than 370,000 people nationwide.²⁴

The country is approaching a volatile phase, with rising geopolitical tensions in the Caribbean increasing risks of instability, conflict and heightened vulnerabilities for children and adolescents.²⁵ Current mixed migration flows²⁶ – including the rising trend of voluntary and involuntary returnees – are leaving children unaccompanied and separated²⁷ and adding pressure on fragile systems unprepared for reintegration. Humanitarian efforts are further constrained by funding shortages and a shrinking civic space.

SECTOR NEEDS



1.8 million
people in need of
health assistance²⁸



1.3 million
people in need of
nutrition assistance²⁹



1.9 million
children in need of
protection
assistance³⁰



3.3 million
children in need of
education support³¹



5.2 million
people lack access to
safe water³²

STORY FROM THE FIELD



In the riverine areas of Delta Amacuro, the Indigenous Warao people live in palafitos – traditional stilt houses built above the water. Here, UNICEF supports temporary learning spaces that offer children the opportunity to study the basics of reading, writing and mathematics, helping them reintegrate into the formal education system. Among them is Ángel, 13, who sits attentively with a book provided by his facilitators. “I would like to go to school because I want to learn more,” he says with determination. When asked what he has learned so far, he proudly lists, “The alphabet, addition, multiplication”.

A Warao child sits by traditional homes in the Orinoco Delta, where UNICEF set up temporary learning spaces. UNICEF supports more than 950 out-of-school children to continue learning, March 2025.

HUMANITARIAN STRATEGY

Guided by the Humanitarian Reset, UNICEF concentrates limited resources in the Bolivarian Republic of Venezuela on delivering life-saving services in the locations with the greatest needs to ensure maximum impact. This means the UNICEF humanitarian response here focuses on the most vulnerable children and adolescents – including those with disabilities – in remote areas, Indigenous communities and border zones where access to essential services is scarce and protection risks are high.

Working closely with local authorities, communities and civil society – including community- and faith-based organizations – UNICEF delivers integrated, inclusive and sustainable support that bridges humanitarian assistance with system strengthening³³ and community resilience. As lead agency for the education, nutrition and WASH clusters, and ensuring continuity of child protection priorities within the consolidated Protection Cluster framework, UNICEF ensures a coordinated, child-sensitive response aligned with the country's Humanitarian Response Plan.³⁴

UNICEF enhances access to maternal, neonatal and child health services through the provision of essential supplies, support to specialized services, health worker training and technical assistance for community and emergency care. It also supports national immunization efforts, strengthens cold chain systems and ensures timely outbreak response. To address malnutrition, UNICEF supports optimal infant and young child feeding practices, provides treatment for child acute malnutrition, and integrates these efforts with early childhood development and front-line worker training.

In child protection and to address gender-based violence, UNICEF implements community-based interventions to reduce exposure to violence, sexual exploitation, trafficking and recruitment by armed groups. This includes proactive case identification, referral to specialized services and case management coordinated with municipal child protection councils.³⁵ In areas affected by armed groups, in remote Indigenous communities and in border municipalities with high human mobility, UNICEF supports education for out-of-school children through foundational skills development and accelerated learning pathways. UNICEF promotes the retention of vulnerable children at risk of dropping out through child-friendly schools, which strengthen teacher capacity for inclusive, quality education, ensure safe and protective learning environments and foster active child participation.^{36,37}

UNICEF's WASH programme expands access to safe drinking water, improved hygiene and sanitation in communities, schools, health facilities and protection centres – supporting children's health and dignity. Disaster preparedness is implemented through the pre-positioning of supplies ahead of environmental shocks and potential human-induced emergencies.

UNICEF promotes localized programming through meaningful community engagement and behaviour change strategies that help communities adopt life-saving practices, while ensuring transparency through inclusive feedback mechanisms. It also strengthens partners' capacities to prevent and respond to sexual exploitation and abuse, embedding safeguarding principles across all programmes to keep the well-being of affected populations at the core of the response.³⁸

2026 PROGRAMME TARGETS



Health (including public health emergencies)

- 326,000 children under five years old accessing primary health care in UNICEF-supported facilities
- 166,000 pregnant women receiving childbirth care in UNICEF-supported health facilities



Nutrition

- 424,000 children 6-59 months screened for wasting
- 47,000 children 6-59 months with severe wasting admitted for treatment
- 270,000 primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- 202,000 pregnant and lactating women receiving preventive micronutrient supplementation
- 424,000 children accessing nutritional support for prevention or management of acute malnutrition



Child protection and GBViE

- 210,000 children, adolescents and caregivers accessing community-based mental health and psychosocial support
- 130,000 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 105,000 children who have received individual case management
- 70,000 children have access to birth registration or other identity documents



Education

- 169,000 children accessing formal or non-formal education, including early learning
- 17,000 children and adolescents accessing skills development programmes
- 14,000 teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support



Water, sanitation and hygiene

- 1,772,000 people accessing a sufficient quantity and quality of water for drinking and domestic needs
- 158,000 women and girls accessing menstrual hygiene management services
- 675,000 people reached with handwashing behaviour-change programmes
- 575,000 people reached with critical WASH supplies



Preparedness and disaster reduction

- 10 municipal governments and local institutions supported to conduct child-sensitive disaster risk assessments and implement disaster preparedness and resilience-building measures
- 53,000 people reached by child-centered contingency plans
- 132,000 people reached through child-centered SBC and education initiatives on disaster preparedness, disaster risk reduction and resilience



Cross-sectoral (AAP, SBC, and PSEA)

- 2,100,000 people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- 1,400,000 people reached with timely and life-saving information on how and where to access available services
- 40,000 people sharing their concerns and asking questions through established feedback mechanisms

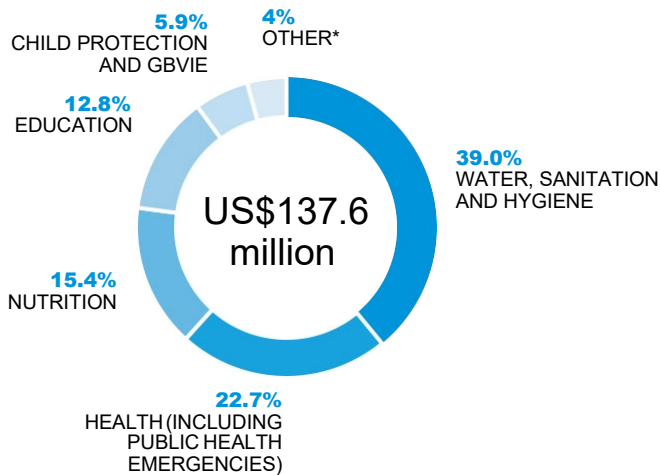
FUNDING REQUIREMENTS IN 2026

In 2026, UNICEF is appealing for \$137.6 million in line with the inter-agency Humanitarian Needs and Response Plan, to reach 2.3 million people, including 1.2 million children.

The humanitarian situation in the Bolivarian Republic of Venezuela remains fragile and increasingly complex. Preliminary findings from inter-agency needs assessments conducted during the last quarter of 2025 indicate a rise in the severity of needs across sectors, underscoring the urgency for sustained support. The country is at a critical juncture, facing intensifying geopolitical pressures that risk deepening economic instability, widening inequalities and potentially leading to a more restrictive environment for civil society and humanitarian actors. In this context, humanitarian needs are expected to remain high or worsen throughout 2026.

In line with the Humanitarian Reset, UNICEF’s priorities focus on life-saving interventions to assist the most vulnerable communities in the country. In health, efforts will ensure access to maternal and newborn care, including the management of complicated deliveries and care for critically ill and premature newborns. The nutrition programme will focus on treatment of malnutrition. WASH services will focus on the provision of safe WASH services to support nutritional recovery, prevent healthcare-associated infections and enable safe learning environments. Child protection interventions will strengthen systems to safeguard children from violence, abuse and recruitment by armed actors. Education programmes will support school reintegration and learning recovery for children excluded from education.

Despite increasing needs, resource mobilization continues to decline alongside decreases in major donors’ official development assistance. In 2025, UNICEF received only 19 per cent of its required funding, a sharp drop from 45 percent of requirement funding received in 2024. This downward trend jeopardizes the organization’s ability to deliver humanitarian services to the most vulnerable populations. Without flexible and timely funding, millions of people – especially children – face heightened risks of deprivation, malnutrition, disease and protection violations. Sustained support is critical to prevent further harm and uphold the well-being of the country’s most vulnerable people.



Sector	2026 requirements (US\$)
Health (including public health emergencies)	31,200,000 ³⁹
Nutrition	21,200,000 ⁴⁰
Child protection and GBVIE	8,100,000 ⁴¹
Education	17,600,000 ⁴²
Water, sanitation and hygiene	53,700,000
Preparedness and disaster reduction	3,800,000 ⁴³
Cross-sectoral (AAP, SBC, and PSEA)	2,000,000 ⁴⁴
Total	137,600,000

**This includes costs from other sectors/interventions : Preparedness and disaster reduction (2.8%), Cross-sectoral (AAP, SBC, and PSEA) (1.5%).*

Figures are provisional and subject to change upon finalization of the inter-agency needs and planning documents.

ENDNOTES

1. Inter-agency assessments and planning documents are still under development and are expected to be finalized by late 2025. Figures presented in this appeal are therefore provisional and subject to change. The data provided reflects the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimate of people in need for 2025.
2. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
3. Ibid.
4. This figure was calculated based on the target of people accessing a sufficient quantity and quality of water for drinking and domestic needs (1,772,000). Within this broader target, a significant proportion will receive integrated multisectoral assistance across WASH, health, nutrition, education and child protection. However, not all health, nutrition, education and child protection interventions include a WASH component, because health and nutrition programmes also reach reference healthcare and nutrition facilities in geographic areas not covered by the WASH programme. The total number of people to be reached therefore also accounts for an estimated 40 per cent of those children accessing nutritional support for prevention or management of wasting (for a UNICEF target of 169,600); 40 per cent of pregnant and lactating women accessing micronutrient supplementation (80,800); 50 per cent of teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support (7,000); 50 per cent of children receiving individual learning materials (84,500); 50 per cent of children, adolescents and caregivers accessing community-based mental health and psychosocial support (105,000); and 50 per cent of children accessing birth registration or other identity documents (35,000). The total figure includes 1,150,832 women and girls (50 per cent) and an estimated 135,392 people with disabilities (6 per cent).
5. This figure was calculated based on the proportion of sectoral targets contributing to the overall “people to be reached” figure that are estimated to be children. It includes approximately 50 per cent of the people accessing a sufficient quantity and quality of water for drinking and domestic needs (886,000); 100 per cent of the 169,600 children accessing nutritional support for the prevention or management of wasting (169,600); 100 per cent of the 84,500 children receiving individual learning materials (84,500); 50 per cent of the 105,000 children, adolescents and caregivers accessing community-based mental health and psychosocial support (52,500); and 100 per cent of the 35,000 children accessing birth registration or other identity documents (35,000). The total figure includes 581,508 girls (47 per cent) and an estimated 70,404 children with disabilities (6 per cent).
6. In October 2025, the basic consumption basket for a three-person household reached \$772. This represents a 27 per cent increase compared with October 2024, when the same basket cost \$606.52. Source: CEDICE Observatorio Gasto Publico, Inflaciómetro Ampliado, 30 September 2025, available at <https://cedice.org.ve/ogp/reporte/inflaciometro-ampliado-30-septiembre-2025/>.
7. Gaceta Oficial de la República Bolivariana de Venezuela, March 2022, available at www.grantthornton.com.ve/globalassets/1.-member-firms/venezuela/2022/goe-6.691-aumento-del-salario-minimo-y-bono-de-alimentacion.pdf.
8. Social protection cash transfers for vulnerable households cover only 2 per cent of basic needs. Source: Banca y Negocios, September 2025, available at <https://www.bancaynegocios.com/inician-pago-del-bono-unico-familiar-de-septiembre-incremento-16punto40-porciento-en-bolivares/>.
9. The 2025–2026 sectoral needs estimates from the WASH, nutrition, education clusters and for child protection needs, which will be integrated under the Protection Cluster, show that children’s humanitarian needs in the country are increasing.
10. World Health Organization (WHO), UNICEF, United Nations Population Fund (UNFPA), World Bank Group and United Nations Department of Economic and Social Affairs (UNDESA)/Population Division, Trends in maternal mortality 2000 to 2023: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division, WHO, 2025, available at www.who.int/publications/i/item/9789240108462.
11. Neonatal mortality rate reported for 2024. Source: UN Inter-agency Group for Child Mortality Estimation (IGME), Child Mortality, Stillbirth, and Causes of Death Estimates, online database, March 2025, available at <https://childmortality.org/>.
12. IGME, Child Mortality, Stillbirth, and Causes of Death Estimates, March 2025.
13. Pan American Health Organization (PAHO), Inmunización en las Américas: Resumen 2024, PAHO, February 2025, available at <https://iris.paho.org/handle/10665.2/64761>.
14. WHO recommends an immunization coverage of at least 95 per cent for most routine vaccines to ensure herd immunity and prevent outbreaks. The current coverage of 72 per cent is significantly below this threshold, increasing the risk of outbreaks of such vaccine-preventable diseases as measles, diphtheria and polio.
15. The figure “11 percent of children under age 5 are affected by wasting” is based on programmatic data from UNICEF’s nutritional response for children aged 6–59 months. The denominator is the number of children under age 5 screened for malnutrition through UNICEF-supported programming between January and October 2025.
16. Malnutrition is particularly critical in rural and Indigenous areas, where cultural and logistical barriers further restrict access to essential nutrition services.
17. Food and Agriculture Organization of the United Nations (FAO), Latin America And The Caribbean Regional Overview of Food Security and Nutrition 2024: Statistics and trends, FAO, Santiago, 2025, chapter 2, section 2.4, available at <https://openknowledge.fao.org/server/api/core/bitstreams/0556ea9c-65bb-46e9-aa6b-39fdeb8afbe7/content/sofi-statistics-rlc-2024/aneamia-among-women.html>.
18. WASH Cluster estimate, 2025–2026.
19. It has been observed that weakened family systems and community support structures – often resulting from migration and displacement – exacerbate these protection risks.
20. This corresponds to 34 per cent of this age group (3–24 years old). Source: Encuesta Nacional de Condiciones de Vida (ENCOVI), Encuesta Nacional Sobre Condiciones de Vida 2024, available at https://cdn.prod.website-files.com/5d14c6a5c4ad42a4e794d0f7/6803aeed2dfc5c19a4ac96cd_ENCOVI%202024_presentacio%CC%81n_integrada.pdf.
21. Thompson, Olivia Rose, “Venezuelan Teachers Struggle to Make Ends Meet on Low Salaries”, Actual Magazine, 3 February 2025, available at <https://actualnewsmagazine.com/english/venezuelan-teachers-struggle-to-make-ends-meet-on-low-salaries-february-23-2025>.
22. The Bolivarian Republic of Venezuela ranks as the second-highest country in the Americas region in terms of European Commission INFORM Risk Index, meaning it is highly prone to both natural and human-induced hazards, combined with significant vulnerability and limited coping capacity. Source: European Commission INFORM Risk Index, available at <https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Results-and-data>.
23. The Bolivarian Republic of Venezuela ranks as the fifth-highest country in the Americas region on the Children’s Climate Risk Index, meaning children face elevated exposure to climate and environmental hazards, combined with limited capacity to cope and adapt, making them highly vulnerable to the impacts of climate change. Source: UNICEF, The Climate Crisis Is a Child Rights Crisis: Introducing the Children’s Climate Risk Index, UNICEF, New York, August 2021, available at <https://data.unicef.org/resources/childrens-climate-risk-index-report/>.
24. OCHA. Sala Situacional Reporte de Eventos y Emergencias, available at: <https://gis.unocha.org/portal/apps/dashboards/c4b5f916466f444bb1fbca94e94c381d>. Accessed November 2025.
25. Rising geopolitical tensions in the Caribbean are increasing the likelihood of adolescent boys being recruited into armed groups, along with other risks linked to a potential escalation of current diplomatic disputes.

26. The crisis in the Bolivarian Republic of Venezuela has triggered one of the most severe displacement situations in recent history. By late 2024, an estimated 7.9 million people had fled the country. Source: Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V), Regional Refugee and Migrant Response Plan 2025–2026, R4V, 17 December 2024, available at www.r4v.info/en/rmrp2025-2026.
27. The estimated number of unaccompanied and separated Venezuelan children currently in the United States is 78 children. Source: "El Gobierno de Maduro denuncia que 78 niños venezolanos están «secuestrados» por EE.UU.", news item, SWI/Swissinfo.ch, 9 October 2025, available at www.swissinfo.ch/spa/el-gobierno-de-maduro-denuncia-que-78-ni%C3%B1os-venezolanos-est%C3%A1n-%22secuestrados%22-por-ee.uu./90137115.
28. UNICEF estimates based on Health Cluster projections for 2024–2025. This figure includes 1,414,167 children and 398,256 pregnant and lactating women.
29. Nutrition Cluster estimate for 2025–2026. This figure includes 924,113 children and 224,957 pregnant and lactating women, as well as other vulnerable groups.
30. Estimate of child protection needs under the Protection Cluster for 2025–2026. The increase compared with the 2024–2025 estimate (1.6 million children in need of protection services) is driven by monitored indicators showing greater reliance on negative coping mechanisms amid worsening economic pressures, which disproportionately affect the most vulnerable families and heighten protection risks for children.
31. Education Cluster estimate for 2025–2026. This figure covers out-of-school children as well as those at risk of dropping out.
32. WASH Cluster estimates for 2025–2026 indicate an increase in the number of people in need, rising from 3.6 million in 2024–2025 to 5.2 million in 2025–2026. This surge is primarily attributed to a deterioration in water access conditions across the country, as reflected in inter-agency assessments showing a general decline in service availability and quality.
33. UNICEF supports key government institutions through technical assistance, capacity building and evidence generation, bridging humanitarian and development efforts to strengthen inclusive, child-sensitive systems.
34. OCHA, Venezuela: Extension of the humanitarian response plan 2024–2025, January 2024, available at www.unocha.org/publications/report/venezuela-bolivarian-republic/venezuela-extension-humanitarian-response-plan-2024-2025.
35. Child protection includes mental health and psychosocial support initiatives, such as "Helping Adolescents Thrive", with more information available at www.who.int/teams/mental-health-and-substance-use/promotion-prevention/who-unicef-helping-adolescents-thrive-programme. Gender-based violence prevention is mainstreamed, with youth engagement promoted through the virtual safe space Laaha, available at www.laaha.org/en/home.
36. UNICEF, Manual: Escuelas amigas de la infancia, UNICEF, January 2009, available at www.unicef.org/venezuela/en/reports/child-friendly-schools.
37. The support provided to out-of-school children and those at risk of dropping out goes beyond education and is cross-sectoral to address multiple vulnerabilities and deprivations they may face. For out-of-school children, UNICEF coordinates with child protection service providers to ensure case management and referrals for issues such as birth registration, identity documentation, protection from violence and other rights violations. Children are also referred for nutritional support and to institutions that assist children with disabilities. Child-friendly schools serve as platforms for the provision of multisectoral humanitarian assistance to vulnerable children. Through these platforms, UNICEF leverages education spaces to improve access to gender-based violence prevention and response, psychosocial support, quality case management and specialized services, as well as nutrition and health assistance. WASH interventions are mainstreamed to ensure dignity and promote attendance.
38. UNICEF integrates safeguarding principles into all programmes and activities. This includes ensuring that safeguarding considerations are included in risk assessments and in programme design, implementation and monitoring. Specific measures are taken to prevent and address any potential risks of harm, abuse or exploitation. UNICEF's approach aligns with its broader commitment to mainstreaming protection across all its operations, ensuring that the rights and well-being of people are at the centre of our humanitarian response.
39. This year's health programme shifted its focus from providing access to primary healthcare for children to prioritizing life-saving interventions, such as the management of complicated deliveries and care for critically ill and premature newborns. These specialized interventions are significantly more resource-intensive and costly.
40. The funding requirement for 2026 is 25 per cent lower than in 2025 due to programmatic prioritization under the Humanitarian Reset. UNICEF will concentrate limited resources on delivering life-saving interventions, with nutrition efforts focused on the treatment of acute malnutrition. Interventions will target areas with the highest severity of needs, guided by the latest inter-agency data. Final geographic prioritization will depend on the completion of inter-agency plans by the end of 2025.
41. The child protection budget line includes funding for child protection (\$6,352,478 or 78 per cent) and gender-based violence in emergencies (\$1,747,522, or 22 per cent).
42. The funding requirement for 2026 is projected to be 26 per cent lower than in 2025, reflecting programmatic prioritization under the Humanitarian Reset. UNICEF will focus its limited resources on delivering the most critical interventions. Education programmes will prioritize school reintegration and learning recovery for children who have been excluded from education. Interventions will target areas with the highest severity of needs, guided by the latest inter-agency data. Final geographic prioritization will depend on the completion of inter-agency plans by the end of 2025.
43. The requirement for preparedness and disaster risk reduction encompasses support to 10 municipal governments and local institutions to conduct child-sensitive disaster risk assessments and implement preparedness and resilience-building measures; the implementation of child-centred contingency plans reaching approximately 53,000 people; and social and behaviour change and education initiatives on disaster preparedness, disaster risk reduction and resilience reaching around 132,000 people.
44. The requirement for cross-sectoral interventions (accountability to affected populations, social and behaviour change and protection from sexual exploitation and abuse) covers ensuring safe and accessible channels for 2.1 million people to report sexual exploitation and abuse by personnel providing assistance to affected populations; reaching 1.4 million people with timely and life-saving information on how and where to access available services; and enabling 40,000 people to share their concerns and ask questions through established feedback mechanisms.