



© UNICEF/UN0353275/Poveda. Children observing a Global Handwashing Day activity in Antonio Pinto Salinas neighbourhood, Táchira, Venezuela on October 15, 2020.

Reporting Period: 1 January – 31 December 2020

UNICEF VENEZUELA

Situation Report Annual 2020



Highlights

1. UNICEF provided vital support and continuity to maternal, new-born and child health; supported routine immunisation services; supported enhancement of COVID-19 infection prevention and control; enhanced cold chain capacities and delivered antiretroviral treatment.
2. UNICEF rehabilitated 14 rural and urban water supply systems across six states, reaching over 2,600,000 people.
3. UNICEF reached 490,883 children under five and pregnant and lactating women (PLW) with nutrition services; prevention, identification and treatment of acute malnutrition among children; and identification and treatment of underweight PLW.
4. UNICEF strengthened local child protection systems, expanding outreach to 103 Child Protection Councils in 15 states, benefitting 60,369 children with case management and protection measures.
5. To ensure access to education and regular attendance through school feeding, UNICEF supported 104,916 children (54,145 girls and 50,771 boys) with necessary food elements and an appropriate dietary intake -distributed in food bags or prepared meals in school-, in eight states.
6. UNICEF transitioned from field monitoring to remote monitoring, conducting almost 4,000 monitoring activities in more than 1,800 establishments in 22 out of 24 states.

Situation in Numbers

- 3,200,000** children in need of humanitarian assistance (OCHA July 2020)
 - 113,558** COVID-19 laboratory confirmed cases and **1,028 deaths** (WHO 31 December 2020)
 - 1,300,000*** Children and adolescents enrolled with access limitations to learning continuity (Education Cluster 2020)
- *estimations for pre-school, primary and secondary, public and private schools.

Funding Overview and Partnerships

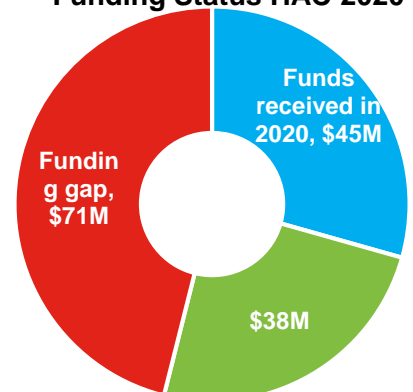
UNICEF continues its efforts to meet the health; water, sanitation and hygiene (WASH); education; child protection; and nutrition needs of vulnerable Venezuelan girls, boys and adolescents, which have been further exacerbated by COVID-19. The UNICEF [2020 Venezuela Humanitarian Action for Children \(HAC\)](#) appealed for US\$ 153.2 million to address the needs of 2.6 million people, including 1.7 million children and adolescents. As of 31 December 2020, UNICEF had US\$ 83 million available to support implementation of much needed child protection, including gender-based violence (GBV); education; health; nutrition; and WASH interventions, as well as to cover operational and logistics costs related to the delivery of this assistance. Of this amount, US\$ 38 million has been carried over from 2019, and US\$ 45 million was raised in 2020.

Additionally, to address the risks and impacts of the COVID-19 pandemic, UNICEF launched an appeal for an additional US\$ 26.8 million under the [UNICEF Global COVID-19 HAC](#), and raised US\$ 14 million for the COVID-19 response, primarily to: (i) provide health workers and other staff engaged in the response with personal protective equipment (PPE); (ii) promote effective COVID-

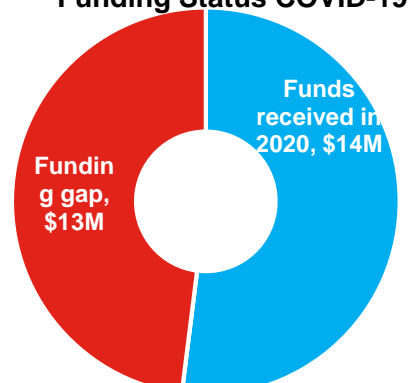
UNICEF HAC Appeal 2020
US\$ 153.2 million

UNICEF COVID-19 Appeal 2020
US\$ 26.8 million

Funding Status HAC 2020



Funding Status COVID-19



19 prevention measures by providing hospitals and clinics with medical supplies and equipment, WASH supplies, safe water, and capacity strengthening on hygiene practices and strengthening Risk Communication and Community Engagement (RCCE) programming; (iii) provide remote psychosocial support and ensure continuity of child protection and GBV services; (iv) combat stigmatization; and (v) contribute to mitigating the collateral impact of the outbreak on children.

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 the [2021 Venezuela HAC appeal](#). Potential prolonged funding gaps hinder UNICEF's capacity to respond to pre-existing and urgent needs emerging from the COVID-19 pandemic and to ensure continuity of critical services.

Situation Overview & Humanitarian Needs

Throughout 2020 the Venezuelan population continued to be impacted by the country's protracted humanitarian situation. In addition, on 13 March 2020, Venezuela confirmed its first two cases of coronavirus and as of 31 December 2020, 113,558 cases had been confirmed and 1,028 deaths reported in the country, as per results registered from the three diagnostic centres that operate in the country. To address potential impacts of the pandemic, the Venezuelan Government took preventive measures to curb the spread of the disease, including school closures and implementation of a remote modality for the 2019-2020 school year; mandatory confinement; nationwide quarantine; a ban on public gatherings; suspension of most international flights -except for humanitarian flights-; and mandatory use of masks in streets and other public spaces. The pandemic affected the right to education of approximately 7.9 million students in the country as a result of the school closures to prevent the spread of the virus.

Population movements, including within the country, to other countries in the region and return of Venezuelans, continued throughout 2020. From March to September over 140,000 Venezuelan migrants returned from neighbouring countries (mostly Colombia, Ecuador and Brazil). Returning migrants were required to comply with quarantine in temporary health centres located near the borders. UNICEF implementing partners also reported a number of families on the move, coming from different parts of the country, arriving at the border city of San Antonio and waiting for means to reach Colombia. While Táchira, Zulia, Bolívar and Apure were the states where most people on the move were migrating from, Sucre, Delta Amacuro and Falcon also had populations migrating to neighbouring countries, through the sea. Migrant populations in border states put additional pressure on the already precarious services available.

Reliable access to water, electricity and communications services remained a challenge in effectively responding to COVID-19 prevention and treatment strategies throughout 2020. In health facilities power outages were reported, and online distance learning activities and access to learning platforms were seriously hampered because of poor internet services and failures. However, the biggest challenge to ensuring an effective COVID-19 response was the critical situation caused by fuel and gasoline shortages, which affected suppliers and implementing partners' operations and hindered health workers from reaching their workplace, directly impacting the provision of essential services.

COVID-19 lockdown measures severely affected the Venezuelan economy, which, combined with the decline in oil prices and production, translated into loss of income at the household level and consequent increase in humanitarian needs among the most vulnerable populations. Food security was also an important issue as confinement, constraints on food distribution, and lack of gas and water translated into increasing numbers of children without access to the school feeding programme. Lastly, during the final quarter of 2020 heavy rains and flooding in the states of Aragua, Bolívar, Zulia, Lara, Falcon, Trujillo, Táchira, Anzoátegui and Merida affected over 6,500 families and caused damages impacting communications and electrical services.

From previous health emergencies it is well known that children are at higher risk of exploitation, violence and abuse when schools are closed, social services are interrupted, and movement is restricted. The most common form of violence children face, takes place in the home with violent discipline by caregivers. Moreover, psychological distress has increased for both children and families, especially considering many people in Venezuela already exposed to extreme vulnerability due to the protracted political and economic crisis. The consequences of COVID-19 containment measures risk sending tens of thousands of additional people into more hardship.

Summary of Programme Response

During 2020 UNICEF Venezuela enhanced its operational and response capacity by implementing its geographic expansion strategy and increasing its workforce to 185 national and international staff, consultants, and standby partners; providing life-saving interventions in the most affected and remote areas of the country; expanding its presence across the country; adapting its programmes to the COVID-19 context, and ensuring safety of UNICEF staff and partners.

UNICEF carried out its programmes through direct implementation, working through partners, using in-kind support and providing cash-based interventions, in coordination with national authorities, humanitarian partners, as well as national and local stakeholders.

UNICEF provided humanitarian assistance to the most vulnerable children in Venezuela, adapting its interventions to also address the COVID-19 pandemic. UNICEF's COVID-19 response in Venezuela aimed at enhancing infection prevention and control (IPC) in health facilities and communities by providing critical medical and WASH supplies, services, technical assistance and capacity building; strengthening RCCE through Communication for Development (C4D) interventions; and ensuring, to the extent possible, continuity of health, education, nutrition and child protection services, including psychosocial support to children and their caregivers. UNICEF also disseminated key messages on prevention of violence against children, neglect and abuse, positive parenting, GBV and Prevention of Sexual Exploitation and Abuse (PSEA), while at the same time assessing and responding to the longer-term socioeconomic impacts of COVID-19.

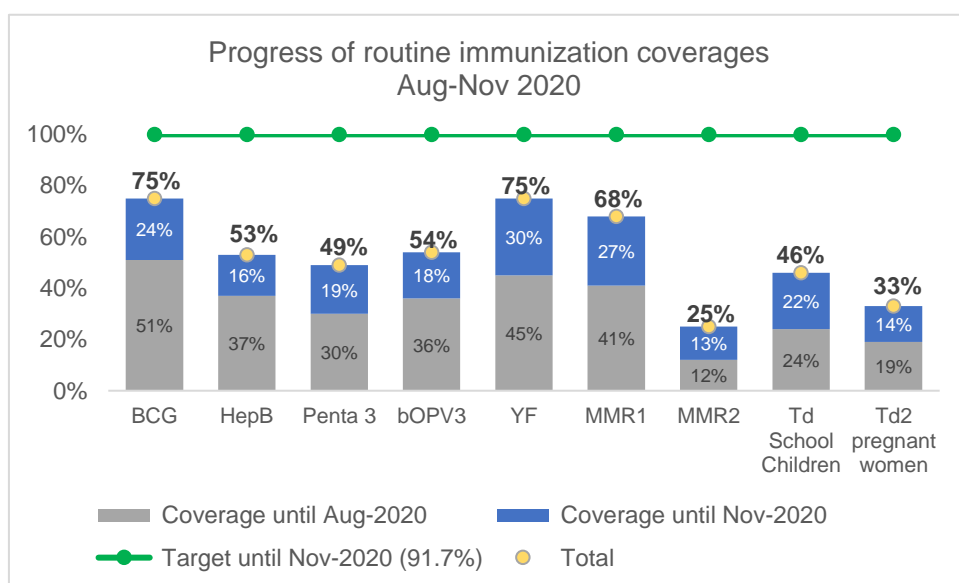
Health

Despite implementation and other challenges posed by the COVID-19 pandemic, an essential part of UNICEF's response in 2020 was to provide vital support and continuity to maternal, new-born and child health (MNCH) services; support routine immunization services; deliver antiretroviral treatment (ART) to children living with HIV; support continuity of health care services; and enhance COVID-19 IPC across hospitals and outpatient health centres across the country.

UNICEF's approach focused on lifesaving interventions, including provision of essential medical supplies and medical equipment; capacity building and training of health personnel on different topics including neonatal care; monitoring and evaluation activities; and a pilot intervention with cash and in-kind incentives¹ to support front line health workers and encourage them to stay in the workplace. Benefitted professionals included 23 nurses in Delta Amacuro state, 88 nurses in Bolívar state and 70 nurses in Aragua state and Capital District.

UNICEF supported 70,000 normal and complicated deliveries and more than 88,000 antenatal consultations (ANC). Two maternity and neonatal wards were rehabilitated in Bolívar state (Ruiz y Páez Hospital and Santa Elena De Uarién Hospital) and one in Táchira state (San Cristobal Hospital). To respond to the COVID-19 pandemic, starting in April UNICEF conducted a massive distribution of PPE to over 60,000 health workers and provided oxygen concentrators and cylinders to more than 50 hospitals nationwide. In addition, UNICEF provided uninterrupted antiretroviral therapy (ART) and treatment of opportunistic infections to 1,023 children living with HIV nationwide, as well as syphilis and HIV testing to over 41,000 pregnant women.

During 2020, UNICEF provided procurement, cold chain, transport, technical assistance (quality of data, forecasting), capacity building, and resource mobilization support to the expanded programme on immunization (EPI) to ensure uninterrupted vaccine coverage among children and pregnant women. Although immunization services continued during the COVID-19 pandemic, demand for vaccination services was affected due to fear of going to clinics, lack of transportation, and shortage of available health staff, resulting in a coverage as low as 12 per cent for the measles, mumps, and rubella (MMR) vaccine.



As a result, from September to December 2020 a special Periodic Intensification of Routine Immunization (PIRI) was implemented with the Ministry of Health (MoH) and the Pan-American Health Organization (PAHO), which allowed for improving immunization coverage by December 2020. The PIRI strategy focused on immunization services, with activities coordinated through 593 Comprehensive Community Health Areas, reaching a coverage of 34 per cent. Throughout 2020, 128,000 children under two years received two doses of MMR vaccine, while more than 67,000 children under one year received doses of the pentavalent vaccine (DTP, HepB and Hib)². In addition, as part of its assistance to Venezuela's immunization programme, UNICEF supported the completion of the cold chain enhancement at the central cold room in Caracas and works are in progress in Delta Amacuro, Táchira, Carabobo and Amazonas states.

¹ Incentives provided by UNICEF refer to provision of a monthly of cash or food bags for selected front line workers of different professional categories. Incentives are conditioned to training outcome and attendance in the workplace.

² DTP: diphtheria, tetanus toxoids and pertussis; HepB: Hepatitis B; and Hib: Haemophilus influenzae type b.

UNICEF also supported the yellow fever vaccination campaign in Bolívar state after cases were diagnosed in the area at the end of 2019, reaching over 1,200 people (2-59 years old) in 18 remote communities with vaccines. In addition, UNICEF distributed six inter-agency emergency health kits (IEHKs) to the Táchira state health entity, together with insecticide treated nets and oral rehydration salts (ORS). Three IEHKs were distributed to the Sinamaica Hospital (Guajira), San Rafael de Moján Hospital (Mara), and the Paraguaipoa Hospital (Guajira) to provide assistance to flood-affected populations.

WASH

UNICEF WASH response scaled up during 2020 and is now positioned as an essential component for achieving results in other sectors such as COVID-19 prevention, health, education, nutrition and protection.

Throughout the year, UNICEF prioritized safe water access for vulnerable communities and health care facilities, in line with the COVID-19 response. Additionally, UNICEF rehabilitated 14 water supply systems at rural and urban level across six states, using resilient approaches mainly focused on improving the quality of water and to re-establishing services and avoiding their collapse, reaching over 2,600,000 people. UNICEF supported 4,007 technical staff with IPC trainings -including health care waste management, handwashing techniques, and hand disinfection techniques-, PPE, food bags and hygiene kits as incentives to enable COVID-19 prevention. UNICEF increased access to safe water in isolated communities through the installation of nine 45 m³ water tanks and the rehabilitation of nine trucks for water distribution. Support was combined with provisional and quick response interventions, through water trucking and distribution of household water treatment and storage products. Also, UNICEF scaled up evidence-based assessments (over 3,800 in health care facilities, schools, communities and post-distribution monitoring surveys), planning and prioritization of projects, that resulted in 16 ongoing water supply plant rehabilitation projects. Under the 'WASH in Urban settings projects', UNICEF rehabilitated the water supply system 'El Cordero' in Táchira state and supported technical staff, improving water access for more than 1,000,000 people. In 2020, UNICEF started coordinating with the Stockholm International Water Institute (SIWI) on the fundamentals of an enabling environment project that links humanitarian and development approaches.

Recovery of water supply services has been developed in parallel with community approaches to reinforce demand with context-adapted practices in hygiene and household water treatment and storage. This approach has contributed to nutrition, protection, education and health outcomes. Additionally, more than 820,000 people gained access to key information and/or hygiene products and 70,864 hygiene kits were distributed by UNICEF and partners. These lifesaving actions were critical for people living in migrant temporary shelters set up for COVID-19 quarantine and for school feeding programmes. Under the 'hand-hygiene for all' initiative, UNICEF's support for Global Handwashing Day 2020 resulted in a joint strategy between three ministries, civil society organizations and private sector. Over five million people were reached through radio, SMS, interpersonal and group activities, and 390 handwashing points were installed in key public spaces to promote hand hygiene practices for COVID-19 prevention.

UNICEF implemented key IPC WASH projects in 194 priority health care facilities under the COVID-19 context. Support provided included a three pillar approach: 1) enable IPC through access to hygiene, cleaning, water treatment and EPP supplies in priority health care facilities; 2) rehabilitation of key WASH infrastructure across 83 health care facilities (e.g. borehole drilling, repair water supply and storage systems, installation of chlorinators, generators, etc.); 3) IPC technical assistance and training, including minor rehabilitations, water trucking, support to operation and maintenance, etc. In addition, WASH in nutrition was developed through community approaches and WASH support to 93 primary health care centres.

A total of 124 COVID-19 migrant temporary shelters were supported with WASH interventions, including water trucking, minor rehabilitations and distribution of PPE, hygiene kits, WASH tools and cleaning and hygiene products. In the Táchira Bus Station terminal, UNICEF provided ongoing support through the rehabilitation, operation and maintenance of sanitation facilities, hygiene promotion, handwashing points, etc.

As part of the measures to prevent the spread of COVID-19, schools were closed, and education continued through distance learning. In response to the closures UNICEF adapted its WASH in schools' approach and rehabilitated WASH infrastructure in 94 schools, preparing facilities to resume activities after the lifting of government restrictions. WASH also supported the school feeding programme with the distribution of three million soap bars, 70,864 hygiene kits and PPE for technical staff and beneficiaries.

UNICEF also responded to flooding emergencies in Táchira, Sucre, Bolívar, Carabobo and Zulia states through hygiene kits distribution, vector control and key sanitation actions, reaching over 4,000 families.

Nutrition

During 2020, UNICEF supported essential nutrition activities in 24 states and 245 municipalities throughout the country (out of 335 in total), reflecting a geographic expansion of the nutrition strategy in more locations, such as outpatient health centres, hospitals and through community activities, increasing coverage of the target population. It is important to highlight that all activities have been carried out while maintaining COVID-19 IPC measures. In November nutrition interventions expanded to new states, including Portuguesa, Sucre and Mérida, with the participation of 23 partners and two counterparts (National Institute of Nutrition and MoH).

Capacity building for early identification and treatment of acute malnutrition and for infant and

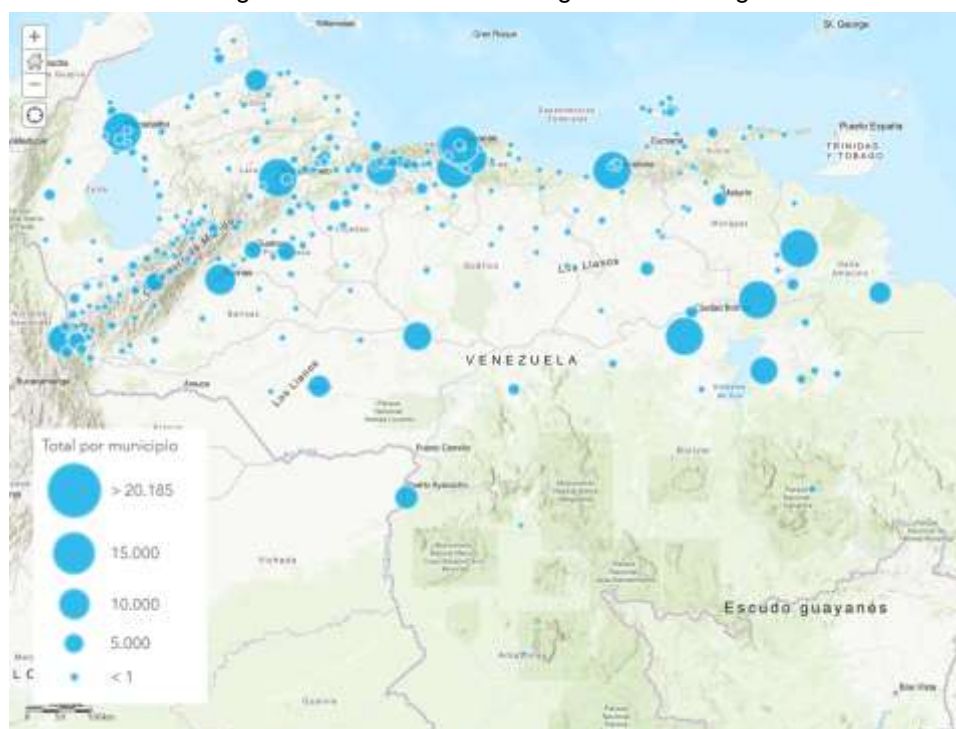
young children feeding in emergencies (IYCF-E), adapted to the COVID-19 pandemic, was key for ensuring quality nutrition interventions provided by health staff to the target population. Some 1,435 health professionals (1,280 female and 155 male) from the public health sector across 24 states completed the training of trainers programme (ToT) on IYCF and a virtual workshop on 'Breastfeeding in times of COVID-19,' both developed by UNICEF to improve care for mothers and children. By the end of 2020, a total of 3,512 (2,973 female and 539 male) personnel from the health sector, civil society and community received capacity building on appropriate practices for IYCF-E, in turn benefitting 14,000 pregnant and lactating women (PLW) and caregivers who will receive breastfeeding and IYCF counselling in the next four months across 152 hospitals, 19 maternity centres, 114 outpatient centres, and 54 private clinics. In addition, 2,369 (2,003 female and 442 male) health, civil society and community personnel were trained on 'Prevention and treatment of acute malnutrition in the context of COVID-19'.

COVID-19 restrictions limited face-to-face IYCF counselling; as a result, UNICEF adapted this activity to reach 117,094 caregivers of children under two through the dissemination of key messages via different communication channels, including social media interactions, reaching an audience of 25,079 caregivers of children under two.

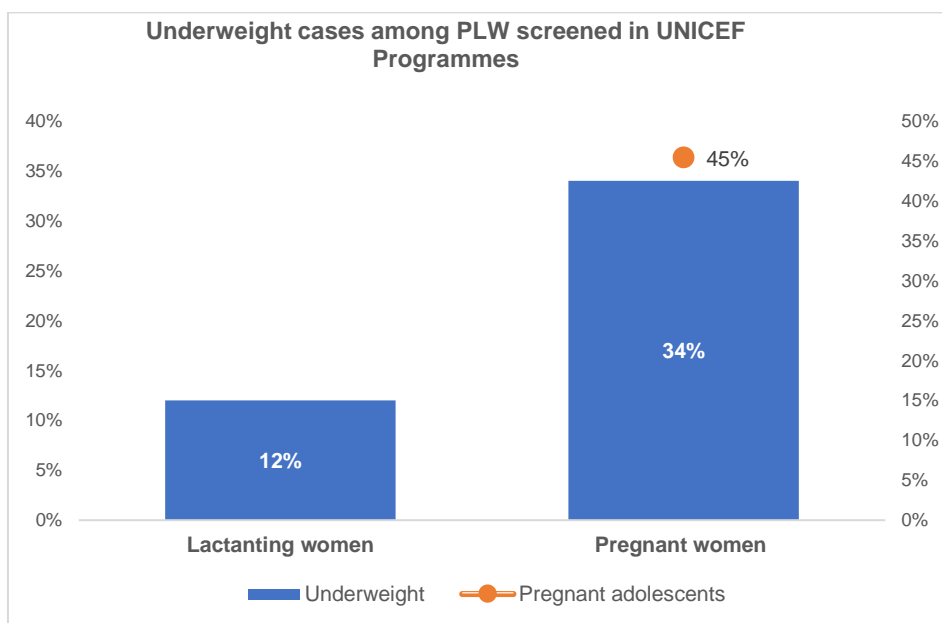
UNICEF reached 490,883 children under five and PLW with nutrition services, both for prevention, identification and treatment of acute malnutrition as well as identification and treatment of underweight PLW. A total of 148,390 children under five years of age (114 afro descendants, 10,780 indigenous and 589 with disabilities) were screened for detection and treatment of acute malnutrition. Out of the screened children, 5,656 children (2,734 girls and 2,922 boys) with acute malnutrition received treatment. In addition, during 2020 preventive and curative activities reached 103,063 PLW to improve their nutritional status and reduce the risks of new-borns with low birth weight and child and maternal disease.³ Some 55,005 PLW were screened for underweight detection and treatment, with 13,072 PLW being classified as such. Also, 13,197 PLW were screened for anaemia and 2,012 lactating women out of 3,304 (60.9 per cent) and 4,776 pregnant out of 9,893 (48.3 per cent) were detected with mild, moderate or severe anaemia and received treatment.

Nutrition services for pregnant adolescents were prioritized, reaching 7,414 pregnant adolescents out of 29,362 pregnant women. Some 2,970 pregnant adolescents received deworming treatment and 6,713 pregnant adolescents received supplemented micronutrients.

Coverage of UNICEF Nutrition Programmes during 2020

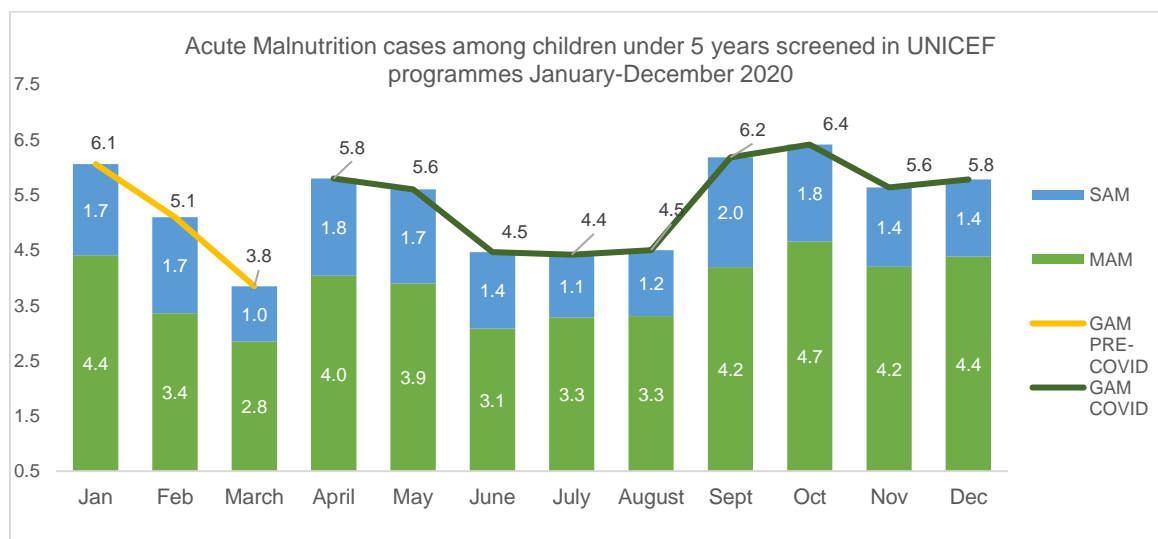


³ Tang, A.M. et al. 2016. Determining a Global Mid-Upper Arm Circumference Cut-off to Assess Malnutrition in Pregnant Women. Washington, DC: FHI 360/Food and Nutrition Technical Assistance III Project (FANTA).



The activity with the largest number of beneficiaries was the deworming of 570,866 children and PLW (542,750 children 2-14-year-old and 28,116 PLW). This activity was enhanced by the National Deworming Campaign that targeted over 4.1 million children between 2-14 years and 600,000 PLW between October 2020 and March 2021, in coordination with the MoH. For the National Deworming Campaign, UNICEF provided deworming treatment, logistic and technical support, delivery of C4D material and PPE nationwide.

Furthermore, UNICEF nutrition interventions have consolidated the nutritional status of prioritized groups since the beginning of the COVID-19 pandemic in order to analyse trends in global acute malnutrition (GAM). As shown in the graph below, the COVID-19 pandemic has impacted acute malnutrition, as can be noted by the increase in GAM rate between April (5 per cent) and October (6.4 per cent). UNICEF will continue to analyse acute malnutrition trends in order to monitor the impact of COVID-19 pandemic on the nutritional status of prioritized groups and provide a timely and quality response to avoid long term effects on children’s health and nutrition.



Nutritional data collected by UNICEF, implementing partners and government counterparts throughout the country has provided information on nutritional status, treatment and follow-up provided to children under five years and PLW. Information collection and corresponding analysis is an important reference source on acute malnutrition in children under five and underweight PLW. It is important to highlight this information represents results obtained during the nutritional screening of children benefitted from UNICEF essential nutritional activities for the first time in outpatient clinics, hospitals and community centres. Therefore, this data is not statistically representative and should not be taken as a national/population reference.

Child Protection and Gender-Based Violence

According to UNICEF implementing partners, vulnerabilities among children have increased during the year, primarily due to the COVID-19 pandemic, and particularly in terms of violence at home, exploitation, abuse, GBV and

psychological distress. As a result, UNICEF's child protection interventions were adjusted to better respond to the changing protection environment. Throughout the year UNICEF continued strengthening local child protection systems, expanding outreach to 103 Child Protection Councils in 15 states, benefitting 60,369 children (18,111 girls and 42,258 boys) with case management and protection measures. Support provided included cash-based incentives, PPE, stationery and office supplies, capacity building programmes, rehabilitation of Child Protection Councils on some premises, among others. Local capacities were also enhanced, and there was continuity of case management after the provision of office supplies, electronic equipment and PPE to prevent the spread of COVID-19. Additionally, 68,614 children (30,876 girls and 37,738 boys) were supported through integrated child protection programmes and services and 274 women and children received care services for GBV, case management, psychosocial support and legal assistance.

As part of the COVID-19 response, UNICEF provided remote psychosocial support to children and families through its implementing partners, identifying and referring child abuse cases, including GBV, to specialized programmes and services. Hotlines and online mental health and psychosocial support services, put in place by UNICEF partners, have been promoted through social media and child-friendly materials as well as disseminated through a campaign to reach children without access to social media. Since the beginning of the year, 93,145 children, parents and caregivers (58,681 female and 34,464 male) have benefitted from mental health and psychosocial support services. Additionally, in order to raise awareness and promote access to psychosocial support services by people in need, UNICEF and its partners have disseminated, through social media and community leaders in vulnerable areas, information and messages on prevention of violence, GBV, psychosocial support for children and caregivers, and prevention of stigmatization and discrimination, among others.

UNICEF also launched a media campaign to prevent GBV, specifically during COVID-19, generating over 4.6 million impressions in social media and more than 19 million in traditional media. This campaign was aimed at creating awareness on the risks and impact of GBV on women and children. Besides audio-visual material on social media, radio and TV, UNICEF has been actively providing information and interviews on these topics in national and local radios, as well as on TV channels.

Some 146,749 teachers, parents, caregivers and community members (107,127 female and 39,622 male) were trained on the prevention of violence, prevention of sexual abuse and prevention of family separation, and 281,795 people (185,985 female and 95,810 male) participated in awareness raising activities. Approximately 8,704 people in vulnerable communities (6,495 female and 2,209 male) participated in awareness sessions regarding GBV prevention and mitigation, while 671 government and civil society organization personnel participated in sessions regarding prevention and response to violence against children and GBV.

In prioritized states, 5,505 local ombudspersons and child protection system personnel (3,413 female and 2,092 male), together with 10,135 members from civil society organizations (6,081 female and 4,054 male) participated in capacity building processes to increase their knowledge regarding child protection issues and standards, including case management.

Specific child protection capacity building materials were designed and disseminated for migrant temporary shelters (PASI by its Spanish acronym), targeting returnees from neighbouring countries. Community-based integrated service programmes were opened as a dedicated space for the provision of child protection services in a migrant reception centre that serves as the first entry point for migrants returning from Colombia and other countries located on the border city of San Antonio, Táchira state. Child protection authorities have provided support to 758 beneficiaries, mostly separated children without documents or travel authorizations. The centre is also providing psychosocial services to children and pregnant adolescents/women. Since its opening, 3,336 people have benefitted from psychological first aid, psychosocial support, and response care for GBV survivors.

Furthermore, four *Defensorias* (Ombudsman offices) were activated in prioritized hospitals in Panamericano, Fernandez Feo, Ayacucho and San Cristobal municipalities, Táchira state, providing specialized services, including GBV response, to 1,603 people. In Bolívar state, 45,944 at-risk and vulnerable children and adolescents have been supported through partners by Mobile Protection Services in Caroní, Angostura del Orinoco, Bolivariano de Angostura and Piar municipalities. In highly vulnerable indigenous areas of La Guajira, Zulia state, a community-based protection centre reached 907 beneficiaries with awareness raising sessions on violence prevention, including GBV, and prevention of family separation.

During 2020 over 517,619 girls and boys were registered at birth nationwide and 2,667 children were supported in gaining access to the national civil registry. UNICEF provided the MoH with birth certificates and rehabilitated and reactivated some Civil Registry Offices in Táchira, Zulia and Bolívar states. Moreover, sensitization activities were organized and information, education and communication (IEC) materials disseminated at community level.

Education

Throughout 2020, UNICEF focused on supporting continuity of learning with special emphasis on the most vulnerable children. As such, UNICEF focused its efforts on adapting action plans to promote the continuity of learning from home and support schools as platforms for educational and food services for children and their families.

UNICEF contributed to enabling students to continue their education from home during the COVID-19 pandemic through the distribution of individual learning material kits that benefited 555,659 children (279,783 girls and 275,876 boys) in 15 states across the country: Amazonas, Anzoátegui, Apure, Bolívar, Carabobo, Capital District, Delta Amacuro, Lara, La Guajira, Miranda, Mérida, Monagas, Falcón, Táchira and Zulia. To ensure access to education and regular attendance through school feeding, UNICEF supported 104,916 children (54,145 girls and 50,771 boys) with necessary food elements and an appropriate dietary intake -distributed in food bags or prepared meals in school-, in eight states: Amazonas, Apure, Bolívar, Delta Amacuro, Capital District, Miranda, Táchira and Zulia. In addition to children, 25,163 adults/parents (15,353 female and 9,810 male) benefitted from this programme.

Moreover, to respond to the needs arising from the COVID-19 pandemic, UNICEF supported 141,819 children and adolescents to continue their education through multimodal actions, printed educational guides and academic monitoring of teachers. Distance education was developed through radio, TV, social networks, telephones; and also non-technological means such as school bulletin boards with activity schedules, house-to-house visits by teachers, and printed material. As part of an agreement with Fe y Alegría Radio Network, the programme 'School on the Radio' broadcast daily classes during the pandemic in 21 states. At the same time, UNICEF helped strengthen the technical capacity of 12,258 teachers (9,923 female and 2,335 male) on education in emergencies, focusing on distance learning methods and socio-emotional care during school closure.

To support the education sector to adapt to COVID-19, UNICEF organized four virtual webinars - Education (MoE), to discuss good practices on distance education and preparation for safe school reopening. As a result, the institutional and technical capacities of the education community were strengthened through various sector-wide training courses on education in emergencies.

Furthermore, in order to respond to the difficult situation faced by education personnel, UNICEF provided different types of incentives to 7,218 teachers (5,361 female and 1,857 male), in the form of non-perishable food bags for their households (39 per cent), cash transfers (29 per cent), and technology devices - tablets, mobile phones and mobile data - (32 per cent), all of which have motivated teachers and halted resignation of professionals, while also ensuring continuity to the education process.

UNICEF supported 3,820 out-of-school children (1,735 girls and 2,085 boys) with learning opportunities aimed at enrolling them in the formal school system. UNICEF also assisted 11,532 adolescents (6,333 girls and 5,199 boys) in technical training and life skills development programmes in the states of Miranda, Zulia, Delta Amacuro, Táchira, Bolívar and Capital District. Some 117,795 children (63,557 girls and 54,238 boys) and 2,443 teachers were assisted with psycho-educational activities for acknowledgment and management of emotions, self-care, establishment of routines and other socio-emotional activities to overcome confinement during a long period of quarantine.

UNICEF also supported the MoE through technical assistance for emergency education response, sharing global guidelines in education and supporting seminars and workshops to strengthen the technical capacities of national and subnational staff. The strategic lines of cooperation with the MoE focused on providing school materials to public schools in priority states, teacher training, strengthening distance education and supporting school feeding programs.

All these results were possible thanks to UNICEF's strong partnership with seven organizations: Fe y Alegría, AVEC, Construyendo Futuros, Save The Children, ASEINC, CEPIN and FUDEP as well as the expansion of UNICEF teams in the field and at national level, incorporating specialists, other staff and consultants in education to strengthen the follow-up and accompaniment of interventions.

Communications for Development (C4D), Risk Communication and Community Engagement (RCCE), Accountability for Affected Populations (AAP)

C4D provided support to all programmatic sections in order to strengthen the effectiveness of their activities and provide sustainability to the different interventions. The strategic lines of C4D have been developed in collaboration with programme sections, taking into account previous results and evidence through knowledge, attitude and practice surveys, focus group discussions, digital surveys and interviews; strengthening C4D capacity and community participation in implementing partners through training and monitoring of capacity building; social mobilization through communication and awareness campaigns; and enhancing community participation to ensure efficiency.

Prior the pandemic, 15 organizations were trained by the Universidad Católica Andrés Bello on strengthening capacity for engagement, communication, participation and planning with communities. In addition, 137 people from 40 organizations in Zulia, Bolívar, Táchira, Capital District and Miranda state were trained on C4D, socio-ecological models, community assessment, interpersonal communication, community dialogue, C4D planning, crisis management, and C4D- hygiene promotion. As part of the response to COVID-19, a pilot project was carried out with the organization

Agua Tuya, which performed three trainings through an application, reaching 546 people from vulnerable communities. Topics addressed included hand washing and water purification methods. Also, knowledge, attitude and practices (KAP) surveys on WASH, health and nutrition practices were conducted on 1,752 households, generating information for C4D strategies. In addition, 66 adolescents expressed their feelings, concerns and opinions on COVID-19 and 2,500 caregivers were surveyed on education concerns during COVID-19.

A total of 606 community promoters (453 in Bolívar, 60 in Zulia, and 93 in Táchira state) were supported in implementing different activities such as creating spaces to promote key family practices by providing information on protection, education, nutrition, WASH and health behaviours to promote topics such as exclusive breastfeeding during the first six months, birth registration, handwashing and hygiene, maintaining education activities at home during the pandemic, respecting COVID-19 IPC measures, vaccination for the children, among others. An additional 13,200 children and youth participated in C4D activities for behaviour change.

During the COVID-19 pandemic, C4D adapted its priorities and strengthened RCCE with messages aimed at COVID-19 prevention, hygiene promotion, psychological first aid at home, improved emotions management and prevention of stigmatization of returning migrants. Special emphasis was placed on messages about the importance of supporting home schooling due to pandemic conditions. Ten million people were reached with COVID-19 prevention key messages related to health and WASH practices; protection, psychosocial support and stigmatization prevention through different channels such as SMS, radio, social media, TV, printed materials and community promoters. Also, over five million people were reached by radio and more than two million through SMS through the Hand Washing Day Campaign.

C4D supported WASH, protection, health, nutrition and education interventions with communication strategies promoted through social networks, SMS and radio, digital cards, posters, graphic exchange format (GIF) animations, text messages, children's storytelling, radio spots, guidelines and videos for community workers, pedagogical guides, didactic guides, educational guides, and schedules posters. Support was also provided to the deworming campaign; and the National Deworming Campaign with online tolls, C4D activities, flyers, among others.

During the second semester of 2020, the first AAP Framework for the country office was prepared and validated in a participatory manner and has since been under implementation according to the work plan. Main activities include 23 training sessions, targeting UNICEF staff and implementing partners (138 and 173 people trained, respectively); an AAP survey for UNICEF and partners to estimate the perception of compliance with accountability standards; adaptations to project cycle management to create spaces for community engagement, such as inclusion of questions on participation in programmatic visits; as well as guidance on mainstreaming AAP in the Humanitarian Programme Document (HPD) with implementing partners. Additionally, tools to encourage participation (checklist, guides for focus groups) have been developed and applied at field level in collaboration with C4D. A feedback mechanism for the education sector was established to allow supported schools to express suggestions, concerns and complaints regarding the school kit distribution process. A quick feedback mechanism was established in the migrant centre in San Antonio Bus Terminal (CAINNAM by its Spanish acronym) to collect users' satisfaction and suggestions on how to improve services. Finally, national feedback mechanisms (hotline and email) to receive sensitive feedback were developed.

Planning, Monitoring and Evaluation

During 2020, UNICEF Venezuela continued building on the work done in 2019, ensuring the continuation of strong data-centric programme monitoring mechanisms, including humanitarian performance monitoring (HPM), and enhancing planning processes to ensure alignment with UNICEF's Annual Work Plan, HRP and HAC.

The Planning, Monitoring and Evaluation (PM&E) team reinforced field monitoring and information management aspects by improving quality of data reported by implementing partners as well as producing several tools for data visualizations through [Tableau](#) to increase transparency and accountability. Overall the team has provided UNICEF Venezuela office with better organized information for decision making on implementation and partnerships.

In terms of information management, PM&E promoted a number of capacity-building sessions with implementing partners, improved data collection tools like KOBO, [Tableau](#), geographic information system (GIS) and surveying programmes, on 1) implemented activities reported through OCHA's 5W data collection system, 2) progress of COVID-19 indicators; 3) delivered supplies; 4) monitoring activities, and other ad hoc visualizations to ensure data coherence used across the different programmes, e.g. the names of schools, medical centres, protection centres, supplies delivered and others.

Since the beginning of the pandemic, UNICEF has reassessed its approach to field monitoring and adapted to restrictions of movement, lack of access to fuel and the overall limitations to implementing face-to-face monitoring. Despite restrictions and limitations, UNICEF made extraordinary efforts to visit health facilities that received supplies. Along with implementing partners, UNICEF transitioned from field monitoring to remote monitoring, reaching almost 4,000 monitoring activities in more than 1,800 establishments in 22 out of 24 states in the country. In terms of Third-Party monitoring, a new work plan was developed in support of the Education Cannot Wait initiative, reaching to 1,305 households. Some 57 programmatic visits were conducted remotely via an online platform and follow ups as needed.

Finally, regarding Assurance Activities, UNICEF managed to complete remote micro-assessments (18) and spot checks (21).

The pandemic led to changes in the way UNICEF Venezuela conducted its monitoring activities. The alignment of various result frameworks has been critical to achieve more efficiencies in programmed delivery. In 2020, UNICEF Venezuela and implementing partners transitioned from field monitoring to remote monitoring. Programmatic visits were conducted remotely via an online platform and followed up as needed. In-person visits were conducted at the beginning of COVID-19. While some facilities are still monitored in person, most of the follow up is currently done by phone, SMS or an application. Finally, Assurance Activities Deloitte has support UNICEF to complete remote micro-assessments and spot checks.

Supply and Logistics

In 2020, local and offshore procurement of goods and services amounted to a total value of US\$ 30 million, representing 43 per cent of total programme budget (US\$ 70 million). Of the total procurement of US\$ 30 million, supplies represented 78 per cent (US\$ 23.5 million) and services 22 per cent (US\$ 6.7 million), respectively.

Procurement of goods (offshore, regional, local): Total programmatic and emergency goods (not services) procured by the UNICEF Venezuela globally, regionally and locally were valued at approximately US\$ 23.5 million (not including the cost of international cargo freight for the goods procured offshore). The total value of vaccines procured in 2020 was US\$ 5.7 million.

Procurement of services (including construction, rehabilitation and works): In 2020, procurement of services reached a total of US\$ 6.7 million.

Warehousing & Distribution: Most of locally purchased items were directly distributed to implementing partners or final beneficiaries. Goods procured offshore were usually stored temporarily in the warehouse in Caracas before further distribution to zone warehouses, implementing partners or directly to beneficiaries. Vaccines were always directly delivered to the national epidemiological centre (SEFAR). In addition, UNICEF distributed over 1,880 tonnes of supplies worth over US\$ 11.1 million, using 610 truckloads as per below:

PPE equipment represented US\$ 2.9 of these deliveries, including 267 million water purification tabs; 2.8 million protection masks; 1.8 million gloves; 80,000 litres of 60 per cent alcohol hand sanitizer. Various other materials such as aprons, face-shields, etc. COVID-19 response and case management-related supplies distributed represented 20 per cent of the global distribution.

At the end of 2020, US\$ 1.8 million of items were still in stock in the four UNICEF warehouses. The average monthly stock value across all warehouses throughout 2020 was approximately US\$ 2.3 million.

Air freight: To date, UNICEF Venezuela has benefitted from a series of air charters for offshore orders of PPE, WASH, health and nutrition supplies, for a total of 312 tonnes of supplies. Of the 312 tons of supplies coming by air, 193 tons came on 7 donated air charters.

Humanitarian Leadership, Coordination and Strategy

In mid-July 2020, the final version of the joint [2020 Venezuela Humanitarian Needs Overview \(HNO\)/Humanitarian Response Plan \(HRP\)](#) was published and included the needs and response to the COVID-19 pandemic. The document presented a consolidated analysis of humanitarian needs, together with the humanitarian response, for the seven million people in need identified in the December 2019 Global Needs Overview. Moreover, the HNO/HRP defined 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. In 2020, UNICEF provided leadership at national and sub-national level to the WASH, nutrition and education clusters and the child protection area of responsibility (AoR), and actively participated in the Health Cluster and GBV AoR.

During 2020, UNICEF supported the coordination of the PSEA inter-agency network. The PSEA Network membership includes UNFPA, FAO, UNHCR, UNICEF, IOM, UNDP, UNAIDS, OCHA, OMS and NGOS. Capacity building activities by the OCHA PSEA coordinator were conducted for the HRP partners (150 people), staff of migrant temporary shelters (200 people), and partners of the protection cluster (199 people) and PSEA Focal Points. An additional 77 people received basic training on PSEA as part of the AAP training conducted for the cash Working Group and Food Security Cluster. The Inter-agency Protocol of Complaints of Sexual Exploitation and Abuse was approved by the United Nations Country Team (UNCT) in July, and awareness messages were also developed and approved in December. A pilot to gather data for the PSEA Global Indicator was launched by the PSEA Network in November and the PSEA Network Action Plan and Training plan for 2021 was drafted.

UNICEF played a key role in the implementation and mainstreaming of the Collective AAP Framework that provides the humanitarian organisations that form part of the response in Venezuela with a guide of minimum actions to include AAP commitments throughout the Humanitarian Programme Cycle. In line with this framework, a 10-session course on the AAP comprehensive approach was delivered by UNICEF and OCHA to 61 organizations from the HRP 2020. In addition,

a Collective Feedback Flow Chart was established to standardize the categorization and treatment of feedback received from the affected population by the HRP organizations. The initiative of an Interagency Contact Centre, led by UNICEF, has been backed up by IOM, FAO, UNFPA and OCHA, and its pilot phase will be developed in two municipalities in Zulia state during the first semester of 2021. Lastly, indicators and priority actions to mainstream AAP throughout the 2021 HRP have been identified.

As the chair of the IACG, UNICEF proposed a social media strategy to disseminate the humanitarian principles and make a call for humanitarian aid not to be politically instrumentalized. The strategy included a series of recommendations for the UNS management and staff in Venezuela to prevent and manage brand and reputational risks.

WASH Cluster

The **WASH Cluster** brings together some 92 member and observer organizations, though only half were active in 2020. Over the year, the WASH Cluster continued strengthening its core functions, while simultaneously responding to sectoral needs related to COVID-19. At the onset of the pandemic, the WASH Cluster engaged with other key clusters through an initial focus on WASH in health and migrant temporary shelters (Health and Emergency Shelter Clusters) to inform the response framework, planning, and related technical guidance vis-a-vis WASH and environmental health practices and standards. The WASH/IPC working group, shared between the WASH and Health clusters, ensured mapping and coordination of initial interventions, defined standards, assessment and monitoring frameworks, protocols, and training materials, among other actions. The WASH/IPC Working Group remains active and is adapting to newly identified technical challenges for 2021. In addition, several key technical reference documents, standards and training materials related to WASH and environmental health practices have been developed with the Emergency Shelter and Education Clusters, and have been integrated where possible in assessment initiatives, such as the migrant temporary shelter profiling exercise, and the Displacement Tracking Matrix.

In other areas of intersectoral collaboration, the WASH Cluster engaged with the Cash Working Group for a Joint Price Monitoring Initiative and the definition of a Minimum Expenditure Basket. In addition, several other key areas of technical work were initiated within the WASH Cluster in 2020, providing a growing base of support materials to facilitate the identification of technical options and best practices to support cluster members, as well as the integration of safe environmental health practices and basic WASH services in other clusters. The WASH Cluster has been well supported by the Cluster Lead Agency, which plays a fundamental role in ensuring the use and refinement of harmonized assessment and monitoring formats, supporting the advancement of several key technical areas and in supporting coordination functions at the subnational level.

At the subnational level, WASH Cluster focal points have ensured sectoral inputs for intersectoral contingency planning exercises, supported coordinated responses to local shocks (flooding, WASH-related outbreaks) and facilitated technical discussions around problematic issues. Supporting and reinforcing operational coordination at the subnational level will be a focus of the WASH Cluster in 2021. During 2020, the WASH Cluster also strengthened sectoral analyses, identified areas of technical weakness and coverage gaps, and prioritized communication to partners and donors.

Education Cluster

The **Education Cluster**, made up of 24 international and national organizations, developed a 'Framework for Action' for the COVID-19 response with advice from UNICEF LACRO and the Global Cluster.⁴ It also drafted a capacity self-assessment with civil society organizations on availability of digital resources⁵ and a comparative regional mapping of distance learning strategies.⁶ The cluster obtained a grant from the Education Cannot Wait fund to address the main activities contained in the framework.⁷ In 2020, the cluster organized four international seminars to support the exchange of good practices,⁸ with over 30 specialists from Latin America and Europe, and over 800 people in Venezuela who participated in the seminars, The seminar registered more than 10,000 interactions and views on the Cluster's social media channel.⁹ For capacity building, the Cluster designed multiple open resources for self-training such as a podcasts package on education and psychosocial support¹⁰ and the 'transmedia learning box' with modules on mental health, psychosocial support and protection of children and adolescents.¹¹ A variety of training initiatives were also implemented, such as a virtual seven-week course called 'Right to education in times of crisis: alternatives for learning continuity' where 4,550 students (public officers, teachers and local staff) graduated.¹² A version for television, radio and off-line media content of the course was also developed in order to leave no one behind.¹³ With UNESCO Quito, a

⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/marco_de_accion_cluster_educacion_venezuela_covid-19.pdf

⁵ <https://reliefweb.int/report/venezuela-bolivarian-republic/venezuela-mapeo-de-capacidades-para-la-respuesta-educativa>

⁶ <https://reliefweb.int/report/venezuela-bolivarian-republic/el-derecho-la-educaci-n-en-tiempos-de-crisis-alternativas-para>

⁷ UNICEF as grantee and lead agency and three local partners as subgrantees

⁸ Alternatives to guarantee educational continuity, Mental health and psychosocial support, Educational television to promote equity and inclusion, and Inclusion in Latin America: lessons learned and main challenges.

⁹ In the context of the COVID the cluster created a Facebook fan page and a YouTube channel to maximize the impact of the activities

¹⁰ <https://www.humanitarianresponse.info/es/operations/venezuela/document/paquete-1-de-capsulas-radiales-apoyo-psicosocial-y-protecci%C3%B3n-para>

¹¹ <http://www.documentos.site/catrap1/>

¹² https://uardigital.cl/courses/course-v1:UAR+ETC_AL01+2020_1S/about

¹³ <http://cadafamiliaunaescuela.fundabit.gob.ve/index.php/cursos-a-distancia>

technical specialization on 'Curriculum in emergencies' was implemented for 55 national directors from the MoE and leaders from the private sector. With Save The Children, four collaborative workshops were carried out with civil society organizations to exchange resources and promising practices. A series of five local workshops called 'Placed education in pandemic' were held by local authorities, with the participation of the 24 school districts, 700 local staff and over 2,000 views of the events.¹⁴

As part of the intersectoral work, the Cluster led a technical event on 'Water, Hygiene and Sanitation in Schools' with the WASH Cluster; a seminar about 'Children with disabilities in the pandemic' with Child Protection AoR; and technical meetings with Food Security Cluster to standardize the school feeding programme. The cluster implemented all phases of the HPC and closed the year with the Cluster Performance Monitoring (CCPM) in coordination with the Global Cluster, achieving good and satisfactory evaluations of all the core functions. In addition, the Education Cluster coordinated projects for the 2020 and 2021 HRP, supporting national organizations for the Venezuelan Humanitarian Fund (VHF) and the subnational clusters with contingency plans and specific operations such as educational interventions for migrant temporary shelters in Miranda.¹⁵

Nutrition Cluster

The **Nutrition Cluster** is led by UNICEF and includes 60 partners who participated in cluster meetings once a month to discuss the main limitations and bottlenecks in implementation of nutrition activities, as well as technical support needs. Main achievements during 2020 include the establishment of (a) the logical framework for nutrition interventions, (b) the description and operation of the cluster within the humanitarian structure and (c) the establishment of an IYCF-E working group. Other achievements include a joint statement from Venezuelan institutions on key messages regarding breastfeeding in the context of COVID-19, as a result of the coordination of 12 civil society organizations, the Ministry of Health, and the National Nutritional Institute. Additionally, the group disseminated messages to promote and raise awareness of breastfeeding practices. As part of a joint effort between the Nutrition Cluster and UNICEF, 276 nutrition partners' staff and health workers were trained on breastfeeding during COVID-19, based on UNICEF and WHO protocols and guidelines.

Early detection of acute malnutrition is a key aspect for the identification and treatment of acute malnutrition, therefore UNICEF provided MUAC tapes to 15 members of the Nutrition Cluster to improve early detection and referral of cases at community level. The Nutrition Cluster also presented projects for the 2020 HNO/HRP. Projects were reviewed by Cluster coordination and by three cluster partners.

Child Protection AoR

The **Child Protection AoR** brings together 30 partners at the national level who work in the four regions prioritized during the humanitarian needs assessment. The AoR consists of a national group and three sub-national groups coordinated by UNICEF protection officers. Access to beneficiaries and quality of services have been among the main concerns of the AoR, for which tools were and are being developed, such as case management standard procedures and services mapping for reinforcing efficiency and quality of the partner work.

In order to provide partners with clear technical frameworks and supportive guidance, the AoR established a strategic and advisory group (SAG), a case management clinic and three communities of practice, led by national organizations and revolving around three themes: children living on the street, psychosocial support, childhood and disability. Three webinars on the inclusion of children with disabilities were organized, reaching 400 participants. The AoR was supported by the UNICEF Regional office for Latin America and the Caribbean for their development. Two sessions on these modules were organized for humanitarian actors with the support of the MHPSS coordinator at the global level reaching up to 100 participants. AoR partners benefitted from trainings on minimum standards and GBV.

When the first COVID-19 cases were confirmed, the AoR and partners reorganized priorities and activities to provide children and their families with remote services. In order to facilitate this transition, several training and awareness sessions were organized. Lastly, the AoR also reinforced coordination with other sectors particularly education, nutrition and food security. Sensitization sessions on child protection issues were organized for partners from other sectors. Emphasis was placed on the increasing sexual violence and new forms of abuse since quarantine.

The AoR has also developed plans for reinforcing collaboration for education of out of school children and PSS and with the GBV AoR for children survivors of GBV.

Human Interest Stories and External Media

During 2020, UNICEF Venezuela's comprehensive communication strategy highlighted UNICEF's contribution to children and families affected by the social and economic crisis, the pandemic and the migration flux. UNICEF emphasised its role, global reputation, experience and ability to uphold humanitarian principles by using communication to advocate for children's rights. The 2020 communication strategy also created awareness on children's issues and

¹⁴ <https://www.humanitarianresponse.info/en/operations/venezuela/document/educacion-lugarizada-desde-lo-com%C3%BAAn-mapeo-de-experiencias>

¹⁵ In coordination with UNICEF education section, subnational cluster, OCHA and national authorities was designed an educative intervention for children staying in the PASIs, which considered the distribution of individual learning materials and recreative resources.

positioned UNICEF as the leading voice and the UN agency with the largest operational footprint. Communication activities and projects supported fundraising, C4D, and advocacy efforts. Most elements permeated to the Interagency Communication Group, led by UNICEF.

Key results:

1. A multimedia production plan was developed to reach local and international audiences for accountability, transparency and fundraising purposes: over [3,000 photos](#), [75 videos](#), and [11 human-interest stories](#) on UNICEF's response distributed among Headquarters (HQ), Latin America and the Caribbean Regional Office (LACRO), Geneva HQ, and country office's digital and traditional channels. UNICEF Venezuela communication assets were used by National Committees (NATCOMs), HQ and [international media](#). [Tailor-made multimedia assets](#) were developed for [HQ](#) and [NATCOMS](#) for fundraising purposes.
2. The digital communication strategy was strengthened by key staff hired to ensure awareness and participation in online conversations. During 2020, UNICEF Venezuela's social media channels accumulated over 400,000 followers, a 100 percent increase compared to 2019. The impression reach was 103 million against 5 million in 2019, an increase of over 2,000 per cent. Among the reasons for the increase: a) the inclusion of [UNICEF Venezuela FB page](#) in the COVID-19 Information Hub for media, b) the incorporation of new digital activities like FB Live on hygiene practices as handwashing, GBV prevention, and at-home learning activities, and c) strategic posting of content of interest such as testimonials and messaging about the humanitarian response and UNICEF's work principles. UNICEF Venezuela's [web page](#) registered 856,481 visits and ranked twice as one of the country's top five most visited websites. Two landing pages with information on emergencies were launched in collaboration with UNICEF Planning, Monitoring and Evaluation team: [UNICEF Venezuela COVID-19 response](#) and [UNICEF Venezuela humanitarian response](#).
3. UNICEF Venezuela boosted a youth engagement strategy through two main initiatives: an alliance between UNICEF and one of the largest digital media in the country (El Pitazo) to kick-off a writing contest for children, 'School that is home - [La escuela que es mi casa](#).' The objective was to promote adolescents' participation and motivate them to express their feelings and thoughts about studying at home (final figures pending). The second youth engagement initiative was a peer-to-peer Facebook activity with adolescents from UNICEF Venezuela's Good Will Ambassador (GWA), 'The Venezuelan National System of Young and Children Chorus and Orchestras,' promoting COVID-19 prevention messages and expressing their feelings and concerns towards the pandemic. The Facebook page includes 200 members.
4. Coverages of UNICEF and children's rights messages in traditional media increased by around 150 per cent in 2020, compared to 2019. The current number of potential impressions through broadcast and print outlets is 139 million. Mass media strategy focused on disseminating (a) COVID-19 prevention messages; (b) the arrival of UNICEF's humanitarian aid; (c) the importance of no political instrumentalization of humanitarian assistance; and (d) campaign against GBV, with a reach of 19 million people through traditional media. UNICEF's presence in traditional media included 23 radio interviews with technical staff on COVID-19 prevention, psychosocial/education support, and GBV prevention reaching over 9 million people. An [Op-Ed](#) by the Representative was disseminated under the framework of World Children Day. Also, 12 radio spots with messages on GBV prevention, messaging on COVID-19 prevention, and impacts of stigmatization, were broadcasted nationwide. [Six press](#) releases, aimed at addressing misinformation about the pandemic, reporting cargo flights' arrival with vital supplies and announcing the GBV campaign, reached over 113 million.
5. UNICEF Venezuela's communications strategy was adapted to respond to the pandemic context and strategically reach broader audiences, for which partnerships were vital. UNICEF Venezuela's GWA, 'The Venezuelan National System of Young and Children Chorus and Orchestras, composed of over one million children and teachers, was a key partner to position child rights, youth engagement, GBV, and COVID-19 prevention messages. UNICEF Venezuela renewed El Sistema as its GWA through a [virtual event](#). During 2020, UNICEF Venezuela began two partnerships for advocacy and child rights messages dissemination with digital-based partners:
 - a) Plastilinarte. It is a social media-based organization dedicated to education through games. Over 30 videos and activities, teaching children and parents what to do at home during the pandemic were produced and disseminated.
 - b) El Pitazo. It is one of the largest digital outlets in the country. As part of the World Children Day initiative, UNICEF and El Pitazo launched a writing contest, 'School that is home - [La escuela que es mi casa](#),' to promote adolescents' participation and motivate them to express their feelings about home school.
6. UNICEF Venezuela's communications team conducted around 20 workshops for staff, NGOs, and government partners on UNICEF communication's guidelines and humanitarian principles.

Links to multimedia materials: [UNICEF Venezuela Youtube Channel](#). and [UNICEF Venezuela website](#).

UNICEF Venezuela webpage: <https://www.unicef.org/venezuela/>
UNICEF Venezuela Facebook: <https://www.facebook.com/unicefvenezuela/>
UNICEF Venezuela Twitter: [@unicefvenezuela](https://twitter.com/unicefvenezuela)
UNICEF Venezuela Instagram: [@unicefvenezuela](https://www.instagram.com/unicefvenezuela)

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Annex A

Summary of Programme Results (HAC)

Sector	UNICEF and Partners		Sector Response ¹⁶	
	Jan-Dec 2020 target	Total results (Jan-Dec)	Cluster Jan-Dec 2020 target	Cluster Results (Jan-Dec)
Health				
Pregnant women & new-born babies receiving maternal/neonatal life-saving services in UNICEF-supported facilities	246,900	163,451 ¹⁷		
Children under 1 year vaccinated against measles	534,100	133,700 ¹⁸		
Nutrition				
Children under 5 years affected by severe and moderate acute malnutrition (with or without complications) admitted for treatment.	20,400	5,656 ¹⁹	31,370	6,476
Caregivers receiving infant and young child feeding counselling for appropriate feeding of children under 2 years	155,500	117,094 ²⁰	483,235	117,787
WASH				
People accessing basic WASH (safe water and sanitation) services at the community level	2,000,000	2,627,302	2,214,000	2,699,203
People receiving basic hygiene information and/or essential hygiene products	1,275,000	728,329 ²¹	1,567,200	907,407
Health and nutritional care facilities, benefiting from WASH interventions	225	210 ²²	281	270
Child Protection and Gender Based Violence				
Girls and boys supported through integrated individual child protection services	95,500	129,131	99,755	131,581
Education				
Children aged 4-18 years in schools who received education materials	1,180,000 ²³	555,659 ²⁴	1,521,000	607,896

¹⁶ Sector Response includes UNICEF implementing partners and cluster response.

¹⁷ As most hospitals in Venezuela were turned into referral centres for COVID-19 in the second quarter of 2020, the number of pregnant women visiting hospitals decreased considerably. Since then, mobility restrictions due to COVID-19 quarantines and gasoline shortages have further attenuated the situation for pregnant women and new-born babies, making it even harder for them to access health centres, thus causing UNICEF to fall short of achieving its target.

¹⁸ It should be noted that vaccination campaigns have been affected by the COVID-19 pandemic which is why the target has not been attained. Indicator refers to children who have completed second doses at one year old.

¹⁹ The target for this indicator was estimated before the COVID-19 pandemic hit. As a result of the pandemic, mobility restrictions were set in the country and UNICEF Venezuela and implementing partners could not access all geographic areas they intended to access to screen children for acute malnutrition, and refer them to adequate treatment them, which resulted in an underachievement of the target.

²⁰ The COVID-19 context limited the feasibility of face-to-face IYCF counseling due to infection risks. UNICEF adapted this activity to reach caregivers of children under 2 through the dissemination of key messages through different communication channels, reaching 25,079 beneficiaries through social networks (indirectly) and 92,015 beneficiaries reached directly by counseling sessions.

²¹ This indicator's target is linked to UNICEF Venezuela's HAC appeal. Since less than 50% of the requested resources have been received, and because access to water and support to health facilities have been prioritized rather than hygiene item provision/distribution in the framework of the COVID-19 response, the target could not be achieved.

²² This indicator's target is linked to UNICEF Venezuela's HAC appeal. Since less than 50% of the requested resources have been received, the target could not be attained.

²³ In previous reports, the education cluster's target for this indicator was being reported as the planned annual target for both UNICEF and the cluster. This was a mistake and has been corrected to ensure alignment with UNICEF Venezuela 2020 HAC appeal.

²⁴ A review of data from previous months was conducted on this report to avoid duplication of beneficiaries, hence the difference with the previous sitrep figure.

Funding for the education sector in 2020 received less than 50 per cent of the required resources. As a result, the full target for this indicator could not be achieved.

Annex B

Summary of Programme Results (COVID-19)

COVID 19 Response Pillar ²⁵	UNICEF and Partners	
	Apr-Dec 2020 target	Total results
Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving Infection Prevention and Control (IPC)		
Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)	60,000	104,552 ²⁶
Continuity of health care for women and children		
Health care workers trained in detecting, referral and appropriate management of COVID-19 cases	20,000 ²⁷	29,375
Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential new-born care, immunization, treatment of childhood illnesses and HIV care in UNICEF supported facilities.	142,000	372,772 ²⁸
WASH Services		
Number of people reached with critical WASH supplies (including hygiene items) and services	1,500,000	2,046,025 ²⁹
Access to continuous education, child protection and GBV services		
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	60,000 ³⁰	114,094 ³¹
Children supported with distance/home-based learning	400,000 ³²	4,165,079 ³³
Risk Communication and Community Engagement (RCCE)		
Number of people engaged on COVID-19 through RCCE actions	1,000,000	468,941

²⁵ Indicators have been adapted to reflect UNICEF Global COVID-19 indicators.

²⁶ The overachievement is due to the inclusion of new health facilities in the response, which were not foreseen in the prioritization initially agreed with the Ministry of Health.

²⁷ The internal target was increased to 30,000 to reflect changes in HRP/HNO. The target reported in the global SitRep is 20,000 as UNICEF Venezuela cannot modify the global target.

²⁸ In December, the data reported by an important nutrition partner that had not reported for several months was incorporated. The overachievement is due to the inclusion of new health facilities in the response, which were not foreseen in the initial prioritization.

²⁹ This indicator includes people reached in health services, including those in new health facilities included in the response. The overachievement is due to the inclusion of new health facilities and communities in the response, which were not foreseen in the initial prioritization.

³⁰ The internal target was increased to 100,000 to reflect changes in HRP/HNO. The target reported in the global SitRep is 60,000 as UNICEF Venezuela cannot modify the global target.

³¹ The overachievement is due to the expansion to new territories which were not foreseen in the initial prioritization.

³² This target covers only children reached in a direct way.

³³ Since the SitRep of September, indirect reach is being reported in addition to the direct reach reported in previous months. The number of children supported with distance / home-based learning reached indirectly is 3,945,094 and this figure has not changed since September report. Therefore, the variation in the reported data is due to the progress in the number of children reached directly (219,985 as of December 31).

Annex C

HAC Funding Status³⁴

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2020	Other resources used in 2020	Resources available from 2019 (Carry-over)	\$	per cent
Nutrition	12,745,000	4,067,699	0	4,712,222	3,965,079	31
Health	22,290,000	18,372,191	80,400	7,895,080	0	0
WASH	58,300,000	10,534,214	369,957	11,327,694	36,068,135	62
Child Protection	14,400,000	4,566,245	0	4,856,750	4,977,005	35
Education	45,512,000	6,618,354	444,050	8,823,452	29,626,144	65
Total	153,247,000	44,158,703	894,407	37,615,198	70,578,692	46

COVID-19 Funding Status³⁵

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2020	Other resources used in 2020	\$	per cent
Risk communication and community engagement (RCCE)	2,288,940	968,186	44,204	1,276,550	56
Infection Prevention and Control (IPC)	21,321,144	8,008,200	0	13,312,944	62
Continuity of Health Care and Nutrition Services	2,372,985	2,098,659	0	274,326	12
Access to continuous education, child protection and GBV services	627,870	1,702,616	1,026,134	0	0
Data collection social science research for public health decision making	217,581	95,755	4,372	117,454	54
Total	26,828,520	12,873,416	1,074,710	12,880,395	48

³⁴ As defined in [Venezuela 2020 Humanitarian Appeal](#) launched on 05 December 2019 for a period of 12 months.

³⁵ As defined by [UNICEF COVID-19 Global Response 2020 requirements](#) launched on 15 March 2020, for a period of nine months.