



UNICEF-supported activity to promote immunization in areas with low coverage, protecting children from life-threatening diseases. Caracas, Capital District.


for every child

Situation
Report No. 2

Reporting Period
1 January to 31
December 2024

Venezuela

HIGHLIGHTS

- The overlap of the protracted humanitarian crisis, climate-related emergencies and the aftermath of the July 2024 presidential elections continue to affect children in Venezuela, especially the most vulnerable such as children with disabilities and those in indigenous communities. In 2024, 3.8 million children were in need of humanitarian assistance.
- Venezuela’s post-electoral context resulted in additional logistical and administrative challenges to import essential supplies for life-saving interventions.
- During the year, UNICEF reached 2,154,044 people, including 1,433,182 children (52 per cent girls) with integrated life-saving and humanitarian interventions.
- Current funding shortfalls endanger UNICEF’s capacity to guarantee the continuity of critical services and could result in falling back on progress made in recent years. This includes maternal and neonatal emergency health care, the treatment for severe wasting in children under-five, and learning recovery.

UNICEF RESPONSE AND FUNDING STATUS*

	Health	Primary health care	57%
		Funding status	41%
	Nutrition	Nutritional screening	83%
		Funding status	76%
	Child protection	GBV interventions	16%
		Funding status	37%
	Education	Teacher training	73%
		Funding status	64%
	WASH	Water access	23%
		Funding status	20%

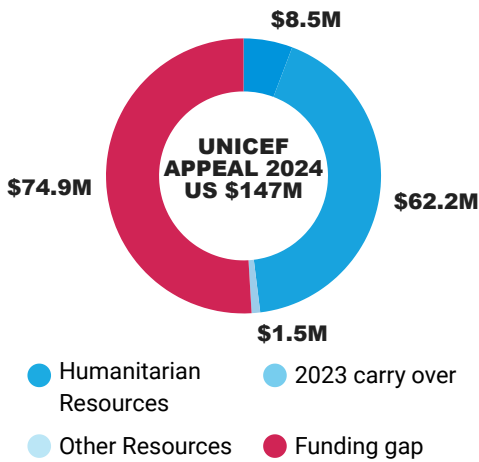
* UNICEF response % is only for the indicator, the funding status is for the entire sector.

SITUATION IN NUMBERS

**3,800,000**
Children in need of humanitarian assistance¹

**7,700,000**
People in need of humanitarian assistance^{2,3}

FUNDING STATUS (IN US\$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

In 2024, UNICEF's Humanitarian Action for Children (HAC) appeal estimated US\$147 million required to address the critical needs of 3.1 million people in Venezuela, including 1.7 million children. UNICEF continued to work with national, regional, and local authorities, other United Nations agencies, civil society organizations (CSOs), and the private sector for every child, including raising awareness and leveraging influence in support of the realization of children's rights. Owing to the generous contributions from its partners, the appeal was funded close to 52 per cent (including substantial carry-over funds from 2023), including 19 per cent of flexible emergency funding. Flexible funding is quality funding – it enabled UNICEF Venezuela to respond promptly and effectively to the changing reality on the ground, prioritizing life-saving interventions where they were most needed.

UNICEF would like to extend its sincere gratitude to all its public and private partners for their continued support in 2024, which enabled UNICEF to respond flexibly to the acute needs of the most vulnerable children and their families. This includes the Governments of Canada, France, Japan, the Republic of Korea, Norway, Sweden, the United States of America (USA), the European Commission, the Central Emergency Response Fund, and the French, Spanish, and USA National Committees for UNICEF.

Despite these generous contributions, UNICEF faced a US\$74.8 million funding gap (48 per cent), particularly affecting WASH (80 per cent underfunded), Child Protection (63 per cent underfunded), and Health (59 per cent underfunded). Several bilateral donors are expected to face additional reductions in the coming years, jeopardizing UNICEF's integrated humanitarian response in Venezuela.

UNICEF will continue to adapt and respond to critical needs as they evolve and will advocate for flexible thematic and multi-year funding to reach the most vulnerable children and families with life-saving support. Without timely and adequate funding, the multifaceted needs of children and their families will worsen, aggravating challenges to social cohesion in the wider region.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

As part of its 2024 Humanitarian Action for Children appeal, UNICEF identified 7.7 million people in need, including 3.8 million children. Out of this population, UNICEF targeted 3.1 million people, including 1,530,200 women/girls (50 per cent) and an estimated 367,250 people with disabilities (12 per cent). These people included 1.7 million children (835,915 girls and 200,620 children with disabilities). As a result of the multiple overlapping crises and funding constraints, UNICEF was only able to reach 2,154,044 people (69 per cent of the target) with integrated humanitarian interventions from January to December 2024. This includes 1,433,182 children (84 per cent of the target), among which 52 per cent are girls.

In 2024, estimates indicated that Venezuela's Gross Domestic Product increased by six per cent⁴ and inflationary pressure decreased, reaching 15.5 per cent for the month of October (accumulated for the year) according to official figures⁵ and 32.4 per cent according to secondary sources.⁶ However, the average consumption basket stood at US\$ 662.8, equivalent to six integral wages⁷ and 270 minimum wages.⁸ These variables directly impacted the most vulnerable families, affecting the well-being of children and adolescents.

Humanitarian needs during the year were further impacted by natural disasters. Venezuela experienced 51 tropical waves during the 2024 rainy season, impacting 47 municipalities in 17 of the 24 states with damages to houses, schools, health care facilities, and public services. Over 75,200 people were affected, including 28,400 children. In Sucre, over 40,000 people, including 16,000 children, were affected by the floods in the municipalities of Montes and Valdez (in July) and Mejía (in November). In Zulia, over 21,000 people, including 8,000 children were affected by the recurrent floods in the municipalities of Catatumbo, Colón, and Rosario de Perijá (in August and November).⁹

The civil unrest resulting from the July 2024 presidential elections further disrupted access to essential social services for children, who faced increased protection risks.¹⁰ This context also aggravated the pre-existing logistical and administrative challenges to import essential supplies for UNICEF's life-saving interventions in the country. These include: rising costs, increased tariffs and bureaucratic hurdles, volatile exchange rates, restricted access to foreign currency, delays stemming from limited commercial air and sea routes, severe gas shortages, and ambiguous regulations.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)



A mother and her newborn baby in the neonatal intensive care area of the Candelaria García Maternity Hospital, rehabilitated by UNICEF, in Carúpano, Sucre state, on 23 October 2024.

The maternal, newborn, child and adolescent health (MNCAH) sector in Venezuela continues to face significant challenges, with substantial portions of the population requiring urgent assistance. In 2024, approximately 406,000 children had a health problem requiring paediatric consultations, 262,000 children had zero doses of essential vaccines, 165,000 women required antenatal care, 24,700 women were at risk of morbidity and death in pregnancy, and 25,000 health workers required training in Basic Emergency Obstetric and Newborn Care and prevalent childhood diseases.¹¹ Prematurity and its complications are the top five causes of neonatal mortality and represented the highest percentage of admissions to neonatal intensive care units in UNICEF-supported facilities. In addition, sepsis also resulted in severe neonatal health complications and deaths. Adolescents faced unique challenges, such as limited access to prenatal and mental health services, while children under five continued to suffer from preventable diseases and malnutrition. Rural and remote areas and vulnerable groups, such as indigenous

populations, experienced the most severe service gaps. An increase in migration and internal displacement, compounded by economic instability and health care infrastructure collapse, further exacerbated the crisis.

During 2024, UNICEF, in collaboration with the Ministry of Health (MoH) and partners, implemented targeted interventions to address these critical MNCAH gaps, reaching 702,150 children and women with primary health care in UNICEF-supported facilities. These UNICEF's supported interventions contributed to substantial reductions in maternal and neonatal mortality across prioritized states. Over 78,209 births were attended by skilled personnel in UNICEF-supported facilities, and 78,115 women had their first antenatal care visit to address early pregnancy risks and promote maternal health. Over the year, UNICEF conducted a total of 201,036 antenatal care contacts in all the country. UNICEF also addressed the unique needs of adolescent mothers with tailored prenatal care and mental health services. Community health interventions and the recruitment of specialized staff were critical to these outcomes.

Additionally, over 380,987 paediatric consultations were conducted (48 per cent for girls), focusing on common conditions such as respiratory infections, diarrhoea, and malnutrition. Some of these consultations were provided in outreach campaigns and mobile health units. Indigenous communities were provided with access to culturally appropriate health care services. UNICEF organized 209 community health campaigns, benefiting over 33,000 individuals in underserved areas with paediatric consultations and other services, such as prenatal care, HIV and syphilis testing. These campaigns included training sessions for community health workers to enhance their health promotion techniques.

UNICEF also rehabilitated and equipped 171 health care facilities (61 hospitals and 110 primary care centres) with critical medical supplies, including Continuous Positive Airway Pressure machines, incubators, and Doppler devices to improve the capacity for high-quality care delivery in regions with elevated needs. For example, the Eugenio de Bellard and Simón Bolívar hospitals in Miranda state were upgraded with new paediatric and prenatal care areas, delivery rooms and essential equipment such as incubators and ultrasound machines. These interventions facilitated the treatment of over 3,800 maternal and paediatric cases in these hospitals, with 30 per cent addressed within the first month post-rehabilitation.

UNICEF continued supporting the National Immunization Strategy in remote urban areas of Capital District in Caracas, reaching 2,359 children under five years old, including 59 children under one-year-old with zero doses. Due to the flood emergency that occurred in the last quarter of 2024, UNICEF supported the Ministry of Health in reaching the most remote areas of Sucre and Zulia states and delivering vaccines to vulnerable children, specifically the Pentavalent 3 and Measles.

Trainings reached 31,608 health care workers (22,125 women) in 2024, focusing on emergency obstetrics, neonatal care, HIV care, digital health data management, and mental health. Nationwide, 500 professionals (350 women) received training in Prevention of Mother-to-Child Transmission (PMTCT) protocols and integrated health-education services. UNICEF's role in integrating PMTCT protocols reached over 44,000 pregnant women (11,300 adolescents) with HIV testing. Positive cases were referred to the National HIV/AIDS/STI programme for timely treatment and follow-up. Out of 627 pregnant women who tested HIV-positive during the year, 291 (46 per cent) received antiretroviral therapy to prevent HIV transmission during childbirth.

UNICEF strengthened cold chain systems in 15 states and trained 82 workers (58 women) in cold chain management in across 23 states. This ensured safe vaccine storage for over 1.6 million

children. UNICEF advocated for the introduction of new vaccines, including Human Papilloma Virus, Rotavirus, and Pneumococcal, expanding the national immunization program's scope. With support from GAVI, UNICEF renovated the country's largest refrigerated vaccine storage warehouse, situated in Miranda state, provided technical assistance to the Venezuelan government, and installed four walk-in cold rooms to ensure safe vaccine storage. Additionally, UNICEF maintained 43 cold rooms, 146 solar refrigerators, 750 electrical fridges, 200 freezers, 31 electrical generators, eight voltage stabilizers, and 51 remote temperature systems.

UNICEF also created capacity-building spaces for 75 MoH national coordinators of the Expanded Program on Immunization, Maternal Route, and Indigenous Health (71 women). The objective of this Social and Behaviour Change (SBC) initiative was to improve the quality of health services, boost the demand for immunization, and promote contextualized maternal and child health practices. Additionally, 125 frontline workers from five health facilities in Miranda state were trained through components of Human-Centred Design, assertive communication, and promotion of health practices at the community level.

This year, UNICEF field monitoring revealed improved trust in health systems where facilities had been rehabilitated, particularly in Bolívar and Miranda states. Pregnant women and caregivers expressed increased confidence in accessing services due to the availability of skilled personnel and essential medicines. Field monitoring also highlighted the importance of continued health education, particularly for adolescent mothers who reported limited understanding of prenatal care and child nutrition.

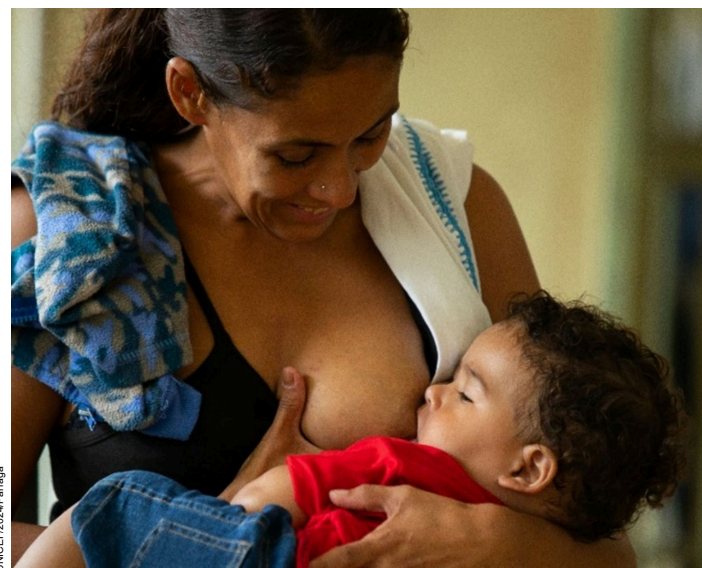
The ongoing migration crisis and natural disasters shifted health care priorities throughout the year. Movement restrictions during the electoral context delayed activities and affected inter-agency communication. Effective collaboration between UNICEF, local health authorities, and community organizations was vital to overcome these barriers and ensure coordinated responses. UNICEF had to adapt its programming by deploying mobile health teams to underserved areas and expanding community health campaigns. It also strengthened partnerships with regional governments and civil society to address workforce shortages, including the recruitment of specialists and the rollout of telemedicine services.

As part of the Health Cluster in Venezuela, UNICEF facilitated effective coordination among partners, ensuring alignment with national health priorities and avoiding duplication of efforts. Milestones include the development of the logical framework of the Health Cluster and 2025 work plan to standardize practices across health facilities. Furthermore, UNICEF supported health campaigns and the delivery of essential health supplies and services to over 3,500 individuals (including 2,608 children and 396 women) through emergency response activities, particularly in flood-affected municipalities of Zulia and Sucre states. As part of these efforts, UNICEF supported Comprehensive Community Care Days to ensure the continuity of maternal and child services in these territories.

UNICEF's approach in Venezuela has yielded substantial progress in advancing health care equity and resilience, laying a foundation for continued progress in 2025. In fact, advocacy efforts with the MoH led to the adoption of two new maternal and neonatal quality standards to further strengthen service delivery in 2025 and beyond. However, persistent gaps highlight the need for continued investment and collaboration. A lack of trained personnel in some remote areas delayed immunization campaigns, leaving a portion of children unvaccinated. Shortage of skilled personnel, particularly community health workers, also impacted mental health and adolescent reproductive health services, limiting the reach of health promotion efforts. Disparities in service delivery persist, with rural

and indigenous populations in states like Delta Amacuro receiving less comprehensive care compared to urban populations. By addressing these workforce shortages, expanding health promotion, and strengthening emergency response systems, UNICEF and its partners will continue to improve the health and well-being of vulnerable populations, building a more equitable and resilient health care system in Venezuela.

Nutrition



A mother breastfeeds her baby during a UNICEF-supported activity for World Breastfeeding Week.

In Venezuela, high levels of malnutrition among children, pregnant women, and other at-risk groups stem from the ongoing economic crisis, fragile health care infrastructure, and limited access to essential services. Disparities in nutritional status by gender, age, and geographic location are evident, with rural and indigenous communities facing additional challenges such as cultural barriers, logistical difficulties, and insufficient resources. In 2024, UNICEF reported that 10 per cent of the children receiving nutritional support came from indigenous populations, with 0.3 per cent having some type of disability. Targeted interventions are crucial to address these disparities, ensuring comprehensive support for vulnerable populations and mitigating acute malnutrition rates.

In this context, UNICEF continued working with the MoH and the National Institute of Nutrition and consolidated the partnership with eight NGOs to bring essential nutrition programs to all 24 Venezuelan states. The focus remained on reaching the most vulnerable populations and ensuring that they had access to quality services, sufficient supplies, and professional care.

A key priority was strengthening the skills of frontline health workers on crucial topics such as preventing and managing acute malnutrition, infant and young child feeding, and early childhood development. As a result, by the end of the year 8,531 health professionals and health promoters (5,119 women) were better equipped to support children and mothers in their communities. These professionals counselled over 116,281 caregivers (75,583 women), helping families adopt better feeding and care practices.

UNICEF played a critical role in the management of acute malnutrition as the sole supplier of therapeutic milks for complicated cases of severe acute malnutrition (SAM) and the leading provider of Ready-to-Use Therapeutic Food (RUTF). During the year, 46 hospitals were fully equipped to provide specialized care for children with complicated SAM, and 466 outpatient centres and 47 referral hospitals were provided with essential nutritional supplies. These facilities received anthropometric tools such as the mid-upper arm circumference tapes, stadiometers, and scales. Additionally, UNICEF rehabilitated eight health centres, including three outpatient units and

five referral centres. To improve access to nutrition services in underserved areas, UNICEF provided equipment and furniture to one outpatient unit and one reference centre.

UNICEF accounted for the majority (90 per cent) of the nutritional attentions delivered under the humanitarian response in the country, through both outreach activities and health care facilities. Overall, 331,474 children (152,478 girls) under five were screened. Among them, 37,163 children (15,980 girls) received treatment for acute malnutrition, including 8,886 SAM cases and 28,277 cases of moderate acute malnutrition (MAM). The recovery rates, 89.67 per cent for treated children, met international SPHERE standards. Despite this, 6.41 per cent of children did not complete the treatment. Implementing partners working in border municipalities indicate that at least one-third of these children migrated with their families. To address this situation, UNICEF Venezuela and the Nutrition Cluster are promoting a coordination mechanism in neighbouring countries and UNICEF is distributing a flyer to every caregiver containing essential information on the RUTF treatment and follow-up instructions for a 16-week period. This year, UNICEF also provided LNS-MQ supplements to 19,707 vulnerable children or children in mobility (9,262 girls) to prevent acute malnutrition, and 218,821 children (98,469 girls) received micronutrient powders to protect them against anaemia and illnesses linked to poor nutrition and hygiene.

In line with the new World Health Organization (WHO) global recommendations, released in the end of 2023, UNICEF supported Venezuela's shift to updated protocols for managing acute malnutrition. UNICEF carried out a cohort study to evaluate of the efficacy, safety, and efficiency of the simplified and standard protocols for the prevention and treatment of acute malnutrition in children aged 6–59 months that is being conducted in outpatient care services in four states. The evaluation revealed comparable recovery rates for both protocols over time. However, the simplified protocol demonstrated a 49.3 per cent reduction in sachet usage among recovered children compared to the standard protocol. These findings provide valuable evidence for needs-based forecasting and pipeline projections, as well as insights into the cost of recovery programs tailored to the country's context. UNICEF also launched the national Guidelines for Nutritional Care of Children Aged 6–59 Months with Acute Malnutrition, developed together with the Nutrition Cluster and validated by the MoH. These guidelines incorporate the Community-Based Management of Acute Malnutrition approach, aligning with the simplified protocols and the above-mentioned WHO standards.

UNICEF continued to protect, promote and support breastfeeding, a lifesaving practice in emergency contexts with multiple long-lasting positive impacts. It equipped 14 lactation rooms and three high-delivery maternity hospitals to promote early breastfeeding initiation and rooming-in. During World Breastfeeding Week, celebrated in Venezuela in August and September, UNICEF implemented activities in 12 health centres across six states, engaging more than 350 pregnant and lactating women (PLW) in discussions about the support they should receive from families, health professionals, employers, and society.

UNICEF also delivered a comprehensive care package for PLW. Over 163,614 women received supplementation with iron and folic acid or multiple micronutrient supplements. Among these, 13,069 malnourished pregnant women, including 5,097 adolescents, received nutritional support with an adequate lipid based nutritional supplement until they achieved a healthy weight.

In July, an emergency response was launched to support the maternal and child population most affected by the intense rains in Sucre (Mariño and Valdez municipalities) and Zulia states (Colón and Catatumbo municipalities). This response was implemented in

collaboration with local partners and delivered an essential package of nutrition interventions, reaching 1,544 children under five through nutritional screening, 281 PLW through micronutrient supplementation, and 288 caregivers with IYCF counselling.

As the co-lead agency for the Nutrition Cluster in Venezuela, UNICEF strengthened coordination mechanisms by implementing a gap-closing approach to ensure seamless service delivery across screening, treatment, and community education. Notable achievements included enhancing data-driven decision-making through regular needs assessments and improving service reach in hard-to-access areas via partnerships with local organizations.

However, significant barriers remain, including logistical challenges in remote regions, limited availability of specialized nutrition staff, insufficient funding to scale interventions, limited internet access, and outdated reporting systems. Moreover, the country's electoral context posed significant obstacles, such as movement restrictions and risks of politicizing humanitarian work. To address some of these challenges, UNICEF provided training to its implementing partners to begin transitioning from Excel-based systems to the KoboCollect tool, providing tablets where necessary, and delivered sufficient nutritional treatment to last through the third week of August.

Education



Indigenous children, mainly from the Añu community, participating in UNICEF's program for learning recovery and school reinsertion. Sinamaica Lagoon, Zulia state.

In 2024, the education sector in Venezuela continued to face serious challenges limiting the offer of quality learning opportunities for children and adolescents. These include the lack of qualified teachers, insufficient teacher training opportunities, reduced class time in schools due to teacher strikes, deteriorating infrastructure, and lack of teaching materials. Note that a teacher in Venezuela requires more than 20 salaries to cover the cost of a basic food basket,¹² with an average salary of US\$ 7.35 per month.¹³ Many teachers have opted to attend schools on a reduced schedule to engage in other income-generating activities, while an estimated 150,000 teachers have abandoned their jobs.¹⁴

Education continuity is compromised, with children across the country attending school only two to three days a week.¹⁵ This situation has a serious impact on children's learning, with an estimated five million students not acquiring basic or fundamental skills. More than 80 per cent of third and sixth grade participants do not achieve the minimum expected level of learning outcomes in language and 98 per cent of sixth grade students do not achieve the minimum expected level of learning outcomes in mathematics.¹⁶

During the 2024-2025 academic year, there was a 46 per cent decrease in enrolment,¹⁷ resulting in numerous out-of-school

children (OOSC) and 1.2 million children are at risk of dropping out.¹⁸ The main cause of dropouts for boys remained the need to engage in income-generating activities to provide for themselves and their families. Girls, for their part, continue to assume household and child-rearing tasks due to the migration of their parents. They are often left at the care of third parties, which enhances their exposure to trafficking, gender-based violence, and even adolescent pregnancy.¹⁹

UNICEF reached 4,404 OOSC (3,932 girls) through remedial and reinsertion programs through its Child-Friendly Schools model. This year, it supported the Ministry of Education (MoE) in the creation of a technical committee and working groups for each of the model's dimensions and a national framework of indicators. A baseline survey revealed 98 per cent of schools need to improve their inclusion and 92 per cent need to make efforts in terms of pedagogical quality. This survey will be used to develop improvement plans and pilot experiences that can be scalable in 2025.

UNICEF also worked with the MoE and its implementing partners to strengthen the Venezuelan education system by making it more inclusive and implementing innovative pedagogical models to promote learning. As part of the National Learning Recovery Plan, it reinforced reading, writing, mathematics and socio-emotional skills among 47,157 children (23,009 girls). An additional 2,666,436 children were reached indirectly by the MoE. Furthermore, 145,933 children (73,437 girls) were provided with individual learning materials, including indigenous children and children with disabilities.

Regarding teachers, UNICEF trained 6,560 teachers (4,724 women), including 694 indigenous teachers, in basic pedagogy and/or Mental Health and Psychosocial Support (MHPSS). This included strategies for teaching fundamental competencies at the early, primary, and secondary levels as well as in special education and Intercultural Bilingual Education. An additional 129,184 teachers (120,000 women) were reached by the MoE, who rolled out these trainings nationwide. UNICEF also continued to promote its Child Development Care approach by training 124 early childhood professionals (118 women) on how to guide 4,900 caregivers in early learning strategies based on play and communication. As part of these efforts, 287 early childhood education services received educational materials for early stimulation. UNICEF also conducted a study on parental competencies for child development and included guidelines for stimulation and early learning in the "Healthy Children in 12 Steps" guide, in coordination with the MoE, the MoH, and the National Institute of Nutrition.

UNICEF's Life Skills and Sports for Development program continued to grow, reaching 19,616 adolescents (9,910 girls) with educational materials, educational guides, specific teacher training, and support in the implementation of each of the programs. This fostered the development of social and psychological skills in adolescents and contributing to their attendance and retention in school. The MoE reached an additional 445,938 adolescents (219,521 girls) nationwide with this program.

To strengthen educational attention to children with disabilities, UNICEF supported training programs that reached 303 teachers (276 women) directly, and 550 additional teachers indirectly. It consisted in imparting effective strategies to teach reading and writing, which benefitted 1,068 children with disabilities (668 girls). It also provided teachers with specific tools for the educational attention of 370 children with visual impairment (181 girls). As part of these efforts, UNICEF distributed learning kits for 3,688 children with disabilities (2,000 girls), didactic materials for 100 special education centres, and technological and didactic materials for 290 children with visual impairment (125 girls). In addition, 790 caregivers (600 women) of children with disabilities participated in a national

seminar. Here, families learned how to perform tailored home routines to accompany the educational and socioemotional development of their children.

During the year, UNICEF also promoted the development of Intercultural Bilingual Education. It supported national and local technical roundtables for the creation of contextualized educational strategies and content, especially in secondary education with Wayuu and Añu indigenous communities in the Zulia state.

During the emergency in the states of Sucre and Zulia, UNICEF worked with implementing partners Fe y Alegría and ASEINC to support affected students and teachers. Together with the mayors' offices and educational authorities, UNICEF established working groups that produced a joint work plan focused on socioemotional care, psychological first aid, and guidance for caregivers of children under five years of age. UNICEF distributed educational kits to 3,819 children (2,247 girls), and learning materials to 415 teachers (390 women). Furthermore, UNICEF strengthened socio-emotional support strategies and psychological first aid among 182 teachers (112 women). Learning from this experience, UNICEF has updated its Integrated Risk Management approach to include a stronger Preparedness and Prevention perspective, and started to develop a diploma course on emergency response for educational personnel.

Under UNICEF's leadership, the Education Cluster made significant progress by establishing eight action lines and coordinating responsibilities among Cluster Lead Agencies. In collaboration with the National Institute for Educational Evaluation and the Global Education Cluster, it harmonized technical concepts and updated membership and terms of reference. The Education Cluster also facilitated workshops in ten states to identify field gaps and recommend project improvements for strategic decision-making. The Cluster also updated the joint logical framework, developed a coordination work plan, and advocated for increased humanitarian needs recognition. Additionally, it promoted the 345W platform for performance monitoring. To enhance national preparedness, the Cluster participated in the Global Training Program for Emergency Response and trained partners in emergency planning. Furthermore, the Cluster strengthened advocacy with national and local authorities and established communication procedures between partners and MoE.

The main challenges identified in 2024 were the volatile political situation; the presidential elections protests, and law to regulate the work of NGOs had a negative impact on the implementation of planned activities. The rapid turnover in Education authorities required UNICEF staff to invest additional time in national advocacy and alliance-building, in addition to strengthening the capacities of local authorities in reporting and monitoring. The implementation of the new Recovery and School Reinsertion program was not linear and required the establishment of follow-up indicators and school-based reporting systems for the attendance and participation of students. Going forward, UNICEF will support a "mixed model" that combines children's reinsertion in school for academic levelling and enrollment in temporary centres for learning recovery.

Child protection, GBViE and PSEA



Children participating in psychosocial support activities at the Puerto Paloma school, Casigua El-Cubo, Sur del Lago, Zulia State.

In a context compounded by climate change, social service collapse, political unrest and the presence of armed non-state actors (ANSA), children in Venezuela face severe risks of violence, trafficking,^{20 21} exploitation, sexual and Gender-Based Violence (GBV)²² and abuse, as well as recruitment by criminal groups. Incidents of recruitment involving Venezuelan minors jumped from seven between 2007 and 2013, to 39 between 2013 and 2022, representing a 457 per cent increase.^{23 24} The situation of children left behind by migrant parents and those in border areas, as well as the overall impact of the protracted crisis on children's mental health, is of particular concern. Furthermore, children face challenges to obtain identity documents, particularly those in indigenous communities and in the context of mobility.

Throughout the reporting year, a total of 72,790 children and adolescents (37,251 girls) received specialized individual case management, legal advice, tracing, family reunification, and family-based alternative care. With municipal Child Protection Councils, UNICEF supported a system of community-based prevention, quality case management, specialized programs, and care. Moreover, UNICEF continued strengthening Child Protection Councils in prioritized municipalities. Through deployment of multidisciplinary teams to 26 Child Protection Councils, UNICEF supported systematic generation of biopsychosocial reports for informed decision making on a case-by-case basis.

Regarding GBV, UNICEF reached 20,203 people, of which 6,459 are children (3,315 girls) and 13,744 adults (9,476 women), who participated in GBV risk mitigation, prevention and/or response interventions. UNICEF continued disseminating Laaha, a virtual safe space for girls, adolescents and women which facilitate access to key information on GBV prevention and response services, sexual reproductive health, skills development and peer-to-peer connection. Laaha is part of a global UNICEF initiative against GBV that integrates the use of human-centred design technology. Owing to UNICEF's outreach efforts and a partnership with Telefónica/Movistar, who sent over 22,600,000 SMS to its users inviting them to visit the platform, Venezuela ranked first for total users by country. In 2024, 93,215 users visited the website during the year.

Throughout the reporting year UNICEF worked with CSOs to reach 130,273 people with psychosocial support in communities prioritized under the humanitarian response. Among these, 79,870 are children (40,096 girls) and 50,403 are caregivers (41,766 women), including persons with disabilities. This also entailed flood-affected

communities in Sucre and Zulia. To expand access to psychosocial support, UNICEF worked closely with government and non-government partners to roll out Helping Adolescents Thrive – a methodology developed by UNICEF and WHO at global level to address adolescents' mental health needs and improve psychosocial wellbeing. Through a training of trainers' modality, UNICEF reached 93 professionals (71 women) across different sectors (Health, Education, Child Protection). To improve harmonization of practice with international standards, UNICEF, in partnership with the GBV and Child Protection Areas of Responsibility (AoR), developed guidance and recommendations for implementation of psychosocial support in the context of community-based interventions.

To address family separation in the context of human mobility, 766 separated and unaccompanied children and adolescents (373 girls) received family tracing and reunification services. Additionally, 102 children and adolescents (52 girls) received judicial family placement measures (family-based alternative care) in the states of Bolívar, Miranda and Tachira, ensuring their right to grow up in a family environment.

UNICEF supported a total of 1,964 children (994 girls) with civil registration and identity documents. UNICEF also supported the MoH with the procurement of 1.3 million hospital notification forms that are critical in ensuring routine registration at birth.

UNICEF contributed to the provision of specialized services to children and adolescents with disabilities, while promoting participation and accessible accountability mechanisms. A total of 7,284 people (1,474 girls, 1,841 boys, 3,261 women, 708 men) were assisted in these activities. Among these, 2,474 people (618 girls, 931 boys, 832 women, 93 men) received individual or group psychosocial support or other specialized protection services. These people benefitted from trainings or awareness-raising sessions on inclusive programming, positive parenting, and care for children with disabilities. They also participated in youth networks to promote the protection and participation of children with disabilities and received materials to ensure the provision of services to this specific population. Accessible participation and accountability mechanisms were ensured for participants, including Prevention of Sexual Exploitation and Abuse (PSEA) safe reporting channels.

By June 2024, UNICEF and ASONACOP conducted nationwide trainings on case management in which 1,748 Child Protection Counsellors (1,345 women) from more than 54 municipalities and members of multidisciplinary teams participated. The workshop was facilitated by experts in various child protection fields, with the aim of ensuring harmonisation of practice with international and national law. The workshop included a session dedicated to their self-care, as well as essential material to improve the quality of services and especially to contribute to the confidentiality of the case management process.

UNICEF contributed to strengthening grassroots platforms and organizations focusing on indigenous communities and border areas where children are vulnerable to trafficking, exploitation, and recruitment by ANSA and gangs. To do so, UNICEF provided training on violence prevention, including GBV against children and adolescents, with a focus on social and behavioural change, reaching 142,504 people, including 49,073 children and adolescents (24,688 girls) and 93,431 caregivers (59,561 women). Additionally, 31 individuals (29 women) from 14 Child Protection implementing partners were trained on how to address the prevention of violence against children and adolescents, responding to the various forms of violence identified through an analysis of the psychological, sociological, and structural drivers of behaviour among parents, caregivers, families, communities, and protection system officials.

UNICEF responded to child protection issues in flood-affected areas in Zulia and Sucre states through its implementing partner Tinta

Violeta. It supported the mapping of protection programs and services available and provided individualized psychological attention to the affected population, mainly children and caregivers. In total, 245 people have been assisted, including 162 girls and women.

In a context of ongoing humanitarian crisis, high staff turnover, and the arrival of new partners, UNICEF must continuously monitor and mitigate the risks of misconduct, including sexual exploitation and abuse. UNICEF remains concerned about GBV naturalization and increased risk of sexual exploitation and trafficking of children. In 2024, UNICEF also reached 301,115 people (215,875 women) with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations. Every UNICEF implementing partners disseminated information on the reporting and complaints mechanism.

Regarding the Child Protection AoR, UNICEF carried out various initiatives to strengthen and consolidate its national coordination structure. It updated its terms of reference, renewed the Strategic Advisory Group, coordinated group membership, selected a co-ordination organisation (the International Rescue Committee), and guided the development of a more accessible child protection services mapping through a new platform. The Child Protection AoR supported capacity-building efforts for its members in areas such as Child Protection in Emergencies and advocacy, in line with the Cluster Coordination Performance Monitoring improvement action plan. It also contributed to the development of the Protection Analysis Update (twice during the year), which has helped to highlight protection needs and advocate for sectoral resources. The MHPSS technical group, for its part, produced a document providing recommendations to child protection organisations to improve the quality of MHPSS interventions.

UNICEF leveraged workplans with six key ministries and institutions at national level to advance systemic change in child protection, while ensuring children's immediate needs were met through humanitarian assistance. UNICEF also developed referral mechanisms, standard operating procedures, and evidence-based approaches to address the needs of unaccompanied children, children left behind and victims of violence, in close synergy with Child Protection AoR partners. This wide range of governmental and non-governmental partnerships provides UNICEF with a unique opportunity to demonstrate how nexus programming can be operationalized in the specific context of Venezuela.

Water, sanitation and hygiene



UNICEF/2024/Pocaterra

In Venezuela, the chronic lack of maintenance and under-investment

in WASH infrastructure for the provision of critical services in communities pose significant challenges for children and adolescents. Around 70 per cent of the population face water insecurity, with frequent and prolonged interruptions in water service and access to unsafe or contaminated water,^{25 26} making water supply shortages one of the main concerns for Venezuelans.²⁷ The loss of disinfection systems due to lack of maintenance and investments, obsolescence, and damages due to intermittent electricity supply, especially in the most vulnerable communities, prevents local duty bearers from providing safe water. Moreover, 68 per cent of communities lack equitable access to soap and six per cent of the population lack access to sanitation facilities, practice open defecation, or can only use unimproved sanitation facilities.²⁸ Undernutrition-affected communities have limited access to safe water and sanitation, reinforcing the synergistic effects of infection and under-nutrition and emphasizing the need for integrated solutions.

In this context, UNICEF provided improved WASH services to over half a million people in Venezuela in 2024. These interventions enhanced basic WASH service levels and aimed to support intersectoral outcomes. The focus was on highly vulnerable municipalities with critically high severity indicators. In terms of Health, this included areas with high rates of child mortality, disease prevalence, low vaccination coverage, and adolescent pregnancy. For Nutrition, the focus was on areas with severe needs in terms of acute malnutrition, stunting in children under five, and anaemia in pregnant and lactating women. In Education, priority was given to regions with high dropout rates among school-aged children and efforts to prevent at-risk children from leaving school.

Within prioritized municipalities, UNICEF worked intensively with implementing partners to improve basic services in severely underserved communities, such as those in remote rural areas and indigenous communities. In these settings, UNICEF implemented small-scale water access projects reaching 18,564 people (9,468 female), with a strong emphasis on community engagement. UNICEF's water access interventions played a pivotal role in improving children's lives, transitioning from non-existent or highly deteriorated water facilities to the provision of safe, drinkable water that enables nutritional recuperation, disease prevention, safe healthcare and school retention. To ensure sustainability, local communities were trained to manage their community water systems.

UNICEF performed high-impact, large-scale rehabilitations of water treatment plants and pumping stations in coordination with the Ministry of Water to improve water services. Previously, most of these water systems only provided partially treated surface water without free residual chlorine at distribution. As a result of these water access interventions, UNICEF reached 516,384 people (263,356 female), accessing a sufficient quantity and quality of water.

With its implementing partners, UNICEF increased the coverage and improved the quality of Health and Nutrition services. Critical WASH supplies and sensitization on key WASH practices for children and pregnant and lactating women were provided to 176,945 people (92,011 female). Community hygiene promotion workshops were also conducted. Participatory and community-specific activities were employed to actively engage community members in learning hygienic practices. This included indigenous communities where free, prior, and informed consultations were held and the workshops were adapted to their contexts. In Amazonas, close collaboration with indigenous youth networks facilitated the translation of materials and the delivery of messages in local languages, which led to greater understanding and acceptance of the recommended practices. Hygiene promotion was also integrated into training sessions for community promoters, health and nutrition staff and

caregivers. In the case of clinic-based detection of MAM/SAM cases, WASH promotion included training nutrition staff on key WASH practices, minor rehabilitations of WASH services in nutrition facilities, and providing tools for WASH operation and maintenance, as well as supply cleaning and disinfection to maintain adequate conditions.

UNICEF also supported 128 schools with basic WASH services. The package included rehabilitations to improve the conditions of key WASH infrastructure, such as rehabilitation of drinking water supply and storage infrastructure; safe, functional and dignified sanitary facilities; and hand washing points and drinking water in kitchens and canteens, ensuring access for persons and children with disabilities. As a result, 80,894 children and adolescents (42,065 girls) were provided with safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces. Moreover, a broader target of 344 schools were supported with WASH supplies, training, and hygiene promotion.

Within the learning spaces, UNICEF undertook practical workshops to create reusable menstrual hygiene management materials. As a result, it reached 17,133 women and adolescent girls, including 192 girls and adolescents with disabilities. Furthermore, 114 schools were equipped with clean and adequate sanitary spaces for menstrual hygiene for girls and adolescents. As part of the workshops, UNICEF adapted hygiene kits to meet the specific needs of persons with disabilities. Moreover, standard protocols for hygiene promotion sessions for persons with disabilities were developed. Accessible training materials were specifically designed for children with disabilities, adapted to meet their learning styles.

Additional achievements included the incorporation of Climate and Disaster Risk Reduction elements in the school curricula as well as training of the educational community. Appropriate and climate-resilient technologies, such as solar systems, rainwater harvesting, and decentralized water treatment technologies, were introduced. Further, regional and local MoE units were empowered in safe water treatment, sanitation, and hygiene practices to ensure they have the tools and knowledge to maintain and replicate improvements.

In 2024, 47 health care facilities received basic WASH services through UNICEF-supported programs encompassing a range of essential items for maintaining cleanliness and preventing the spread of infections. Toolkits were distributed to accompany the overall Operation and Maintenance strategy, ensuring that facilities can address any water-related issues promptly. WASH rehabilitation works included placenta pits, priority WASH services in maternal and child points of care, and handwashing points. Solar electrolytic chlorinators were installed to ensure continued and sustainable access to chlorine for safe water and for cleaning the facility. Additionally, 180 health care facilities were supported with WASH supplies and capacity building on infection prevention and control of healthcare workers.

Implementing partners accompanied and strengthened Child Protection activities with WASH services in 25 community protection centres. These centres include community protection spaces and temporary spaces set up by implementing partners to attend children with disabilities. Activities were carried out based on behaviour change methodologies and included participatory sessions on hygiene promotion and menstrual hygiene. UNICEF supported workshops to foster inclusion of children with disabilities with the creation and delivery of adapted hygiene communication materials and hygiene items. The provision of hygiene items to support families identified as highly vulnerable through protection activities was included. Moreover, in these community protection centres, UNICEF implementing partners carried out small WASH repairs to ensure access to dignified and safe Protection assistance.

UNICEF coordinated three national communication campaigns with

a Social and Behaviour Change approach to promote hygiene practices, using a participatory methodology and focusing on gender, inclusion, and collaboration with the WASH Cluster and various United Nations agencies. The first campaign was around World Water Day, involving 17 organizations that mobilized 57,596 people (32,196 female). The second campaign, in the framework of World Health and Menstrual Hygiene Day, brought together 24 organizations reaching 8,967 people (4,725 boys, 2,913 girls, 559 women, and 749 men, including 21 children with disabilities). The third campaign, on Global Handwashing Day, involved 13 organizations that reached 73,029 people (54,314 children and 18,715 adults). UNICEF also held an Instagram Live with pharmacy chain Farmacias SAAS to share information on menstrual health and hygiene, reaching over 5,700 views.

In flood affected areas in Zulia and Sucre, UNICEF's WASH efforts focused on guaranteeing safe water access, essential hygiene supplies and hygiene and vector control promotion activities, reaching 8,192 people (4,260 female).

As the lead agency for the WASH Cluster in Venezuela, UNICEF enhanced coordination mechanisms by spearheading data-driven needs assessments in collaboration with implementers. Their integrated WASH strategy successfully expanded the reach of WASH services in hard-to-reach areas and prioritized municipalities through direct implementation and partnerships with local organizations. Additionally, UNICEF strengthened relationships with authorities to better understand the sector's humanitarian role.

In 2024, the progress of WASH activities was partially hindered by the impact of the elections, which led to heightened social and political tensions and movement restrictions. To address these challenges, UNICEF implemented acceleration plans allowing WASH operations to restart as soon as possible. Additional challenges include logistical difficulties in remote areas, financial constraints associated with reaching these locations, and the need for close collaboration with authorities to enhance water access. Despite these obstacles, UNICEF's leadership has fostered improved collaboration among WASH Cluster stakeholders, promoting complementary efforts to avoid duplication and address WASH needs with an integrated approach.

Social Policy



Teacher and students at a Special Education school in the indigenous Guajira municipality, one of the pilot municipalities that will benefit from the frontline worker trainings in Zulia state.

In 2024, UNICEF Venezuela worked closely with the National Council for Persons with Disabilities (CONAPDIS) to develop a national training programme on disability inclusion for frontline workers (teachers, health staff, child protection counsellors, local

and community authorities, among others). UNICEF Venezuela hired a team of experts through the Center for Inclusive Policy to adapt training modules and materials developed by its HQ and the CBM Global Disability Inclusion. The participatory nature of the process, involving the MoE, MoH, the Autonomous Institute of the National Council for the Rights of Children and Adolescents, Organizations of Persons with Disabilities, and children with disabilities, guaranteed national ownership and sustainability. During the last quarter of 2024, UNICEF started adapting and translating training materials, including the integration of disability inclusion in humanitarian action, across all modules. In 2025, UNICEF plans on finalizing and validating the adapted training modules, organizing the training of trainers and rolling out the training plan in pilot municipalities.

Cross-sectoral (SBC and AAP)



Children participate in UNICEF-supported activity to promote life-saving hygiene practices during World Water Day in Caracas.

UNICEF strengthened the capacities of its implementing partners in Social and Behaviour Change through four theoretical-practical clinics, involving 105 participants (75 women) from 20 CSOs. These clinics covered key pillars such as mapping and capacity building of community-based organizations and services, as well as participatory development of tools such as the "Most Significant Change". This qualitative tool allows beneficiaries to narrate changes experienced during program implementation in the lives of families and communities, such as self-efficacy (individuals feeling capable of adopting better health practices). At the community level, UNICEF strengthened the capacities of grassroots organizations to identify child rights violations and promote key actions through workshops, training sessions, and other educational spaces for families.

At the implementation level, 351 community-based organizations (CBOs) strengthened their capacities in child rights through dialogue and reflection spaces, training workshops, sports and cultural activities, and social mapping exercises. These CBOs also consolidated their capacities by creating community plans, safe referral and care pathways, promoting practices, and other community participation actions, reaching 12,961 individuals (8,621 women, 1,166 men, 2,011 girls, and 1,163 boys, including 1,533 indigenous people and 61 individuals with disabilities) and 2,800,000 people through radio and other community media. UNICEF's methodology for working with CBOs prioritized reflective dialogues and participatory methodologies which take significant time to ensure the quality of the intervention and the generation of trust. UNICEF has now included community promotion activities with massive reach to achieve the proposed targets.

Regarding evidence generation, in 2024 UNICEF and MAGENTA conducted a study on parenting competencies in early childhood

based on the Behaviour Drivers model in UNICEF's prioritized states. Among the most important findings is the widespread awareness of the importance of teaching children to wash their hands after using the bathroom and incorporating play for early stimulation and child development. The findings also reveal that these practices predominantly fall on women, reflecting behaviour influenced by traditional gender roles. Furthermore, although parents and caregivers recognize the importance of adequate nutrition for children, there is a lack of information on what constitutes a balanced diet and how to provide it effectively. The study also showed that physical punishment remains a widely used parenting method, despite awareness of other more appropriate forms of child treatment. These findings will contribute to the creation of the Early Childhood Development Strategy to strengthen parenting competencies.

UNICEF's commitment and actions to promote Accountability to Affected Populations (AAP) and PSEA were recognized in UNICEF's AAP Global Community of Practice and in international meetings with representatives from over 30 countries. In 2024, it continued to co-lead the Working Group for AAP in Venezuela. This group developed a directory of best practices in AAP and guidelines for communicating with communities in post-electoral contexts. UNICEF also initiated an advanced training program on AAP aimed at all Cluster member organizations in Venezuela, reaching 118 people from 58 organizations. These participants replicated this training within their organizations to reinforce the understanding and application of AAP as a non-negotiable principle and commitment to affected communities. UNICEF also continued collaborating with UNFPA in the piloting and adaptation of humanitarian guidelines for participatory community planning.

During the reporting period, 265,799 people (191,318 women) were reached with information on services, expected behaviour by humanitarian staff, and feedback mechanisms. In addition, 12,091 reports related to UNICEF programming were received through the Inter-Agency Contact Line, and 50,621 reports were submitted through implementing partner mechanisms (such as suggestion boxes, surveys, and face-to-face sessions). In total, 62,711 people out of the 55,000 planned, representing a 114 per cent response rate, shared concerns and/or asked questions. Their requests for information, suggestions, and complaints allowed UNICEF to adjust and improve its interventions.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In 2024, UNICEF made significant contributions to humanitarian coordination efforts. Following guidance from the UNICEF Global Coordination Section, UNICEF-led Clusters and AoRs implemented specific strategies to address shortcomings identified through the 2023 Cluster Coordination Performance Monitoring. Special emphasis was placed on preparing for potential rapid-onset emergencies, improving the governance of the Clusters/AoR, establishing Strategic Advisory Groups, and defining partnerships for co-ordination and co-leadership in the Education sector.

The humanitarian response frameworks have been strengthened, and monitoring mechanisms were put in place to consolidate key information through tailored dashboards for Cluster members. After regional sessions and inclusive consultations, an updated Sectoral Humanitarian Needs Overview was developed, highlighting the needs of the most affected groups, including children, adolescents, pregnant and lactating women, and caregivers.

All UNICEF-led Clusters/AoR contributed to developing an inter-sectoral strategy as part of the 2024-2025 Humanitarian Response Plan for Venezuela. This strategy aims to enhance the efficiency and

relevance of the inter-agency response. For its part, UNICEF strives to enhance information management for the Clusters and AoR under its leadership. This initiative addresses the need for better analysis and information products that support coordination efforts, particularly in identifying gaps, avoiding potential duplications, and monitoring the reach and impact of the response. To improve technical coordination in the field, UNICEF is also developing an effective mechanism to address coordination gaps in prioritized areas of the humanitarian response, using its field presence and expertise.

As mentioned above, the presidential elections altered community dynamics and increased protection needs, restricting humanitarian workers' access to some areas. This context prompted organizations to adjust their intervention strategies based on guidance from the Humanitarian Country Team. UNICEF, as the lead agency for Education, Nutrition, WASH Clusters, and Child Protection AoR, monitored the challenges and facilitated local discussions to restore access. This was done in coordination with the Humanitarian Access Group and the Humanitarian Country Team led by the Humanitarian Coordinator.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA



Marianela Álvarez with her children in Ruiz Pineda, Miranda state, where UNICEF implements community-based family-strengthening programs with a multi-sectoral approach, focusing on nutrition and WASH.

At the foot of a mountain, surrounded by lush greenery and a cool climate, lives Mathías, a two-year-old boy. His family resides in Ruiz Pineda, a Caracas neighbourhood where houses are clustered closely together. This proximity has fostered a strong sense of community. A drainage canal in front of their home protects them from heavy rains. To reach the bustling city centre by bus, Mathías' family must walk about fifteen minutes over hilly terrain.

Mathías loves playing with his sisters. Mariayelis, his older sibling, says they often play tag and enjoy racing their toy cars. "We have so much fun together," she says. The family also bonds over watching television together.

Marianela, Mathías' mother, is dedicated to supporting her children's growth and development. When Mathías was born two years ago, she was concerned about his low birth weight.

During the community outreach activities that UNICEF and its implementing partners carry out in vulnerable sectors, Mathías was diagnosed with Severe Acute Malnutrition and his family was able to find support and personalized follow-up for his nutritional recovery.

Marianela says, "I bring Mathías every Wednesday or Thursday he's

struggling to gain weight. The team has been amazing, explaining everything clearly, from Mathías' malnutrition to using the RUTF. They even visited our home to teach me about safe water storage. I've learned so much".

Read more: [UNICEF implements nutrition and WASH plans focused on vulnerable families in Venezuela](#)

- [Anita overcame malnutrition with UNICEF's help and today continues to receive comprehensive support](#)
- [Life-saving communication: Innovative radio system improves maternal and child care in communities](#)
- ["We have managed to reduce the incidence of diseases that were previously fatal in children"](#)
- [Balanced and diverse diet to protect children from malnutrition](#)
- [This is Anita four years after receiving support from UNICEF and its implementing partners](#)
- [UNICEF contributes to the recovery of learning of children and adolescents in Venezuela](#)
- [UNICEF, in coordination with authorities, recovered the largest warehouse for vaccines in Venezuela](#)
- [UNICEF supports life skills and sports for development programs in schools in the country.](#)
- [UNICEF offers integrated services through schools to children living in remote communities](#)
- [UNICEF supports initial education services with training in early childhood development](#)
- [UNICEF supports nutrition, water, and hygiene services in vulnerable communities](#)
- [UNICEF supports Venezuelan hospitals with rehabilitation of spaces and equipment](#)
- [UNICEF supports the Sport for Development program in schools](#)
- [UNICEF supports improvement in access to water services in hospitals in Venezuela](#)
- [More than 36,000 people have been treated at the river clinic rehabilitated with UNICEF support](#)
- [UNICEF continues to support the strengthening of the cold chain in Venezuela](#)
- [UNICEF supports with innovative radio system to improve maternal and child care](#)
- [UNICEF supports access to the right to identity for children in Venezuela](#)
- [UNICEF carries out nutritional workshops to protect boys and girls from malnutrition.](#)
- [UNICEF raises awareness among Venezuelan mothers about breastfeeding](#)

HAC APPEALS AND SITREPS

- Venezuela Appeals
<https://www.unicef.org/appeals/venezuela>
- Venezuela Situation Reports
<https://www.unicef.org/appeals/venezuela/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: AUGUST 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*
Health (including public health emergencies)					
Children vaccinated against measles, supplemental dose	Total	-	531,300	-	0% ²⁹
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	536,200	-	0% ³⁰
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	1.2 million	702,150	▲ 57%
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	112,000	78,209	▲ 70%
Nutrition					
Children 6-59 months screened for wasting	Total	-	400,000	331,474	▲ 83%
Children 6-59 months with severe wasting admitted for treatment	Total	-	35,800	8,886	▲ 25%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	250,000	116,281	▲ 47%
Children 6-59 months receiving micronutrient powder	Total	-	300,000	218,821	▲ 73%
Child protection, GBVIE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	140,000	130,273	▲ 93%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	125,000	20,203	▲ 16%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	100,000	301,115	▲ 301%
Children who have received individual case management	Total	-	75,000	72,790	▲ 97%
Education ³¹					
Children accessing formal or non-formal education, including early learning	Total	-	216,500	4,404	▲ 2%
Children receiving individual learning materials	Total	-	516,500	145,933	▲ 28%
Children and adolescents accessing skills development programmes	Total	-	22,500	19,616	▲ 87%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	9,000	6,560	▲ 73%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	2.2 million	516,384	▲ 23%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	516,500	80,894	▲ 16%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*
People reached with critical WASH supplies	Total	-	400,000	176,945	▲ 44%
Cross-sectoral (HCT, SBC, RCCE and AAP)					
Affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services	Total	-	3 million	2.8 million	▲ 93%
People engaged in reflective dialogue through community platforms	Total	-	175,150	142,504	▲ 81%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	55,000	62,711	▲ 114%

*Progress in the reporting period 1 January to 31 December 2024

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2024	Other resources used in 2024	Resources available from 2023 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	25,800,000	2,756,343	160,999	7,647,895	15,234,763	59%
Nutrition	18,200,000	1,051,026	-	12,768,151	4,380,823	24%
Child protection	18,150,000	1,110,710	85,328	5,497,300	11,456,662	63%
Education	18,100,000	600,000	808,577	10,256,570	6,434,853	36%
WASH	61,800,000	712,149	391,822	11,285,541	49,410,488	80%
Cross-sectoral	4,950,000	2,243,449	34,996	14,715,623	-	0%
Total	147,000,000	8,473,677	1,481,722	62,171,080	74,873,521	51%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Other resources– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year
Resources available from 2023 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. 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.
2. Ibid.
3. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), estimate for 2022–2023.
4. Economic Commission for Latin America and the Caribbean (ECLAC), América Latina y el Caribe: Cuadro proyecciones PIB 2024-2025, available at https://www.cepal.org/sites/default/files/pr/files/tabla_proyecciones_pib-2024-2025_balance-preliminar_esp.pdf
5. Banco Central de Venezuela, Índice Nacional de Precios al Consumidor (INPC), available at <https://www.bcv.org.ve/estadisticas/consumidor>
6. Observatorio Venezolano de Finanzas, Índice Nacional de Precios al Consumidor, available at <https://observatoriodefinanzas.com/indice-nacional-de-precios-al-consumidor/>
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19. Ibid.
20. InSight Crime, Venezuelan Women at Risk From Expanding Trafficking Rings, 10 May 2024, available at <https://insightcrime.org/news/venezuelan-women-at-risk-from-expanding-trafficking-rings/>
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29. No data available
30. No data available
31. This indicator refers to children and adolescents receiving a package of integrated interventions under the integrated child-friendly schools model. This includes the distribution of learning materials to improve access to education and specific interventions to ensure equitable treatment for indigenous children, those with disabilities, young children and adolescents. The common denominator is addressing the learning losses due to school closures related to the COVID-19 pandemic. UNICEF has a particular focus on ensuring the reintegration of out-of-school children into the formal school system.