Update on the context and situation of children

The humanitarian response in Venezuela is framed by a complex context, permeated by high levels of political polarization and significant economic challenges. The political stalemate, the government’s limited capacity to provide an effective response to the fulfilment of the fundamental rights and the protracted economic crisis has worsened over the past few years affecting the well-being, security and ability of families to meet the basic needs, particularly with regards to the development of children and adolescents. Additionally, the crisis has been further exacerbated by the COVID-19 pandemic and corresponding increase in the number of returning migrants from neighbouring countries. School closures, disruption of nutrition services and disruption of maternal, neonatal and child health care are some factors that add an extra layer of vulnerability to the already difficult humanitarian situation.

In Venezuela, challenges remain in accessing updated information on the status of children. The 2020 Humanitarian Needs Overview (HNO), published together with the Humanitarian Response Plan (HRP), estimates that some 7 million people, including 3 million children are in need of humanitarian assistance. The country’s deep economic crisis has reduced imports of life-saving goods including food and medicine, spare parts for electricity and water systems, among others. In addition, lack of investment and maintenance led to deteriorated infrastructure and public services, including public transportation, power and water supply, healthcare and education. Fuel shortages impacted human mobility and transport bringing to a halt access to services, including emergency medical care and regular healthcare. Health staff and patients are facing constant obstacles to attend their duties and/or reach health facilities.

An estimated 9,000 children between 0 and 1 years of age are at risk of infant mortality. According to the National Living Conditions Survey - ENCOVI -, the median infant mortality rate currently stands at 26 per 1,000 live births instead of 12, taking Venezuela back to 1985-1990 levels. The same survey estimated that the life expectancy in Venezuela has seen a significant drop been and that up to 4.6 million people (between 2 and 59 years of age), are at risk of contracting yellow fever. In January 2020, measles was declared under control due to a country-wide immunization campaign which reached almost nine million children between the ages of 6 months to 15 years. However, according to the February 2020 PAHO Epidemiology update, in 2019, 548 cases were reported leading to three deaths. Since July 2016, a protracted diphtheria outbreak led to a cumulated 1,700 confirmed cases. Due to the humanitarian situation prior to the outbreak of the COVID-19, Venezuela is struggling to confront the additional and significant challenges posed by the pandemic. In addition, Venezuela has an outstanding debt with main financial tools to procure vaccines for routine immunization which implies that the country does not have enough stocks of preventable disease vaccines nationwide. With constrained availability of vaccines there is a higher chance that measles outbreak emerges again. This overall situation is further compounded by limited capacity, insufficient supplies and the migration of thousands of health professionals to other countries.

Water, sanitation and hygiene access is a main challenge. Some 4.3 million people require water and sanitation assistance. Lack of operational maintenance is increasingly affecting the capacity to provide WASH services in vulnerable communities and institutions. The increasing population movements in border areas required measures to support returning migrants and groups of migrants leaving. Quarantine temporary shelters (PASI by its Spanish acronym) were set up to address related concerns, but minimum WASH standards and COVID-19 infection and prevention control were not met. Current hygiene practices are far from optimal in terms of standards, mainly due to a lack of water, hygiene products and home-based water treatments. Once again, the most affected population includes boys, girls and pregnant women.

Prior the outbreak of COVID-19 pandemic, at least 0.9 million children in Venezuela were out of school and another 1.1 million were at risk of dropping out. According to government data, approximately 3.4 million children (out of 6 million) benefitted from the government’s school feeding
program, a critical safety net for many families. However, the programme has partially functioned and not all schools have been reached. Additional challenges included irregular deliveries and deficiencies in terms of nutrition intake and balanced diet. Furthermore, UNICEF data shows that while the absenteeism rate was 22 per cent in 2018, during 2019 and 2020 it deteriorated even further as teachers abandoned their teaching activities as a result of school closure meant to prevent the spread of COVID-19. The disruption of education activities due to COVID-19 has deeply affected the opportunity for children to access essential learning and life-saving inventions such as the school feeding programme. It is estimated that about 1.3 million children have experienced great difficulty in keeping up with distance learning during the quarantine.

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 that many people in Venezuela have been exposed to extreme vulnerability due to the protracted political and economic crisis. The consequences of COVID-19 prevention response measures may risk sending tens of thousands of additional people into more hardship.

**Major contributions and drivers of results**


UNICEF increased its footprint with three field offices and a team based in Caracas for the Gran Caracas region that is overlooking the situation and response in the central states. In addition to the Caracas-based Country Office, the need to ensure closer proximity to beneficiaries incited UNICEF to establish a presence in hard-to-reach areas such as the border town of Santa Elena de Uarién (Bolívar state), Delta Amacuro and Sucre states. It also increased partnerships from 2019 (30) to 2020 (42) and enhanced joint approaches with the UN System to provide an integrated response to the pandemic outbreak.

To remain cognizant of the changes of this uncertain context and shape its response, UNICEF strengthened monitoring mechanisms by improving quality of data reported as well as producing tools for data visualization through Tableau for transparency and accountability based on some 4,000 monitoring activities conducted in 22 states. UNICEF promoted inter-sectoral interventions built upon community engagement with Communications for Development (C4D) initiatives and Accountability for Affected Populations (AAP) mechanisms.

As a result of the massive needs posed by COVID-19, and in cooperation with national authorities, UNICEF responded to immediate needs on the ground by prioritizing Health, Water and Sanitation activities. UNICEF facilitated the distribution of personal protection equipment (PPE); supported the Ministry of Education (MoE) in designing the distance education strategy; adapted its school feeding programme with the distribution of food bags and/or on-site meal preparation; supported the Ministry of Health (MoH) in improving immunization coverage through the Periodic Intensification of Routine Immunization (PIRI); put in place cash incentive initiatives aimed at teachers, health workers and community counsellors; provided child protection services and support (face-to-face and remotely) including psychosocial support to children and families; enhanced its geographical presence and individualized attention to reach children and pregnant and lactating women (PLW) with nutritional support; improved quality of water and services reaching a higher number of beneficiaries with access
to safe water; promoted hygiene practices, capacity building and related supplies; and carried out a massive communications campaign that reached 10 million people.

UNICEF Venezuela relied on effective management of a massive supply chain and logistics through local and international procurement of good and services. The total value of goods and services procured in 2020 reached US$ 30 million, representing 43 per cent of the total programme budget. Supplies represented 78 percent (US$ 23.5 million) and services 22 percent (US$ 6.7 million), respectively. COVID-19 response related supplies represented 20 per cent of overall distributions, with PPE equipment representing US$ 2.9 million of deliveries. UNICEF dispatched up to seven air charters paid by partners and from its own resources.

UNICEF developed a multimedia production plan to reach local and international audiences with over 3,000 photos, 75 videos and 11 human-interest stories on UNICEF’s response. UNICEF enhanced its social media presence reaching over 400,000 followers in Facebook, Twitter and Instagram. UNICEF messaging on social media reached 113 million people and over 103 million impressions were achieved on digital channels. UNICEF also assumed leadership role by chairing the UN Interagency Communications Group.

2020 was a challenging year for UNICEF Venezuela and when COVID-19 hit the country, the office was in the middle of an expansion plan which was nevertheless carried out making UNICEF today the UN agency with the largest operational footprint in Venezuela (a team of 185 including 166 staff members and 19 consultants and standby partners).

Major contributions and drivers of results included: In Health, UNICEF worked with partners under the framework of the HRP, the 2020 HAC and the 2020 Annual Work Plan to reduce new-born, under five and maternal mortality; and to decrease the burden of most prevalent diseases. UNICEF supported progress in health sector achievements through capacity development, monitoring and service delivery in the following areas: (a) in a low coverage context, UNICEF maintained the expanded programme on immunization (EPI) through vaccine and dry goods provision, technical assistance, capacity building, and strengthening of the cold chain; (b) together with PAHO, UNICEF planning for the preparations of COVID-19 vaccine deployment; (c) expansion of maternal and new born services in 14 states, reaching over 50,000 new-borns and their mother through referrals, institutional attendance to normal and complicated delivery, post-natal care and new-borns; (d) supported preventive measures to mitigate the risk of the COVID-19 transmission and mortality, reaching over 60,000 health workers and (e) provided ARV treatment to 1,200 HIV+ children, treated opportunistic infections that benefitted over 5,000 HIV-infected children and performed over 29,200 HIV/syphilis rapid tests to strengthen prevention of mother-to-child transmission.

UNICEF supported health authorities with specialized technical support to carry out an accurate forecast of vaccines and supplies, guaranteeing continuity of immunization services. In addition, UNICEF provided seven, out of eight, essential vaccines with respective syringes and security boxes. Partial immunization coverage until November shows that 402,479 children under one year of age received one dose of BCG; 333,077 children under one received the first dose of injectable polio vaccine and 289,224 completed three doses with oral polio vaccine. Some 399,767 children received one dose of yellow fever vaccine, 372,098 received one MMR dose and 133,700 completed the second dose of MMR at one year of life. Also, 256,110 school-aged children received one Td dose at 10 years old. Some 155,543 children and 175,416 pregnant women received one and two Td vaccine doses, respectively. UNICEF also supported with a donation of 1.7 million doses of penta vaccines. Moreover, UNICEF reinforced the vaccine cold chain by undertaking major remodelling of warehousing facilities, procuring refrigerators, emergency generators and electrical equipment, installing vaccine safety systems and by improving other monitoring systems. UNICEF also supported five regional cold chain facility (Apure, Táchira, Amazonas, Carabobo and Zulia) with power generators to guarantee the quality of vaccines during the frequent nationwide shortages of energy. As part of the Programme Criticality Response (PCR), UNICEF prioritized the WASH programme, resulting in a major scaling up of activities to ensure clean water access for all and hygiene practices, in particular hand washing as a cornerstone of the fight against the spread of the COVID-19 virus. UNICEF prioritized access to safe and clean water for vulnerable communities and health care facilities and rehabilitated 14 rural and urban water supply systems six states, reaching over 2.6 million
people. UNICEF trained water utility staff on use of chlorine, salt and on-site hygiene practices, provided PPE, and provided in-kind incentives, such as food and hygiene kits to mitigate professional absenteeism. UNICEF increased access to safe water in isolated communities through the installation of nine water tanks and the rehabilitation of nine trucks for water distribution. This support was combined with provisional and quick response interventions, through water trucking and distribution of household water treatment and storage. UNICEF rehabilitated the water supply system ‘El Cordero’ in Táchira and supported technical staff, improving water access for more than 1,000,000 people.

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. A total of 124 COVID-19 migrants sheltered in confinement sites (PASIs) were supported with water trucking, rehabilitations in bathrooms and kitchens and distribution of PPE, hygiene kits, WASH tools and cleaning and hygiene products. At the San Cristobal bus terminal (Táchira state) UNICEF supported the rehabilitation of sanitation facilities, disseminated hygiene promotion messages and installed easy-to-use handwashing points. UNICEF implemented key IPC WASH projects in 194 health care facilities through a 3-phased approach to, (1) improve IPC through access to clean water treatment and EPP supplies, (2) carry out physical rehabilitation of key infrastructure across 83 health care facilities and (3) provide IPC technical assistance and training for health and medical personnel.

Essential nutrition activities were implemented in 24 states and 245 out of the 335 municipalities of the country, spearheading a geographic expansion of activities in outpatient health centres, hospitals and community-based activities. Capacity building for early identification and treatment of acute malnutrition was key for quality nutrition interventions. 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 infant and young children feeding in emergencies (IYCF-E) and a virtual workshop on ‘Breastfeeding in times of COVID-19,’ both developed to increase awareness and showcase best nutritional practices to avoid spread of the virus and keep children receiving nutritional support. A total of 3,512 (2,973 female and 539 male) personnel from the health sector, civil society and community, received training on appropriate IYCF-E practices.

UNICEF reached 490,883 children under five and PLW with nutrition services for early identification to secure treatment of Global Acute Malnutrition (GAM) as well as for underweight children that needed treatment. Some 148,390 children under five, including 10,780 indigenous, 114 afro descendants and 589 children with special needs, were screened for detection and treatment of acute malnutrition. Some 7,905 children (3,722 girls and 4,183 boys) were diagnosed with GAM, of which 5,657 (2,735 girls and 2,922 boys) were diagnosed with moderate acute malnutrition (MAM) and 2,248 (987 girls and 1,261 boys) with severe acute malnutrition (SAM). In addition, 103,063 PLW were reached with preventive and curative activities aimed at securing better nutritional status and reducing the risks of babies with low birth weight and infant maternal morbidity. Some 55,005 PLW were screened for detection and treatment for being underweight; 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. UNICEF also reached 542,750 children aged 2-14 years and 28,116 PLW with preventive treatment of parasitosis. Despite school closures, UNICEF ensured that access to education services remained uninterrupted through the provision of school supplies, technical capacity and support to remote learning. UNICEF facilitated access to school and for 555,659 vulnerable children and adolescents (279,783 girls and boys 275,876), including indigenous children across 19 states, 101 municipalities and 305 parishes in Venezuela during school closures. This was done through door-to-door distribution of educational material for children, provision of the school feeding programme, socio-emotional support activities, distance learning activities, educational levelling programs for the reinsertion of out-of-school children, teacher training, and incentive programmes aimed at retaining teachers in their jobs and avoiding school drop-out. UNICEF also contributed to strengthening governmental and non-governmental education sector capacity in the area of education in emergencies and in the application of alternative methods of providing educational services.

Another incentive to keep teachers, parents and children engaged in school and education activities
was the scaling up of UNICEF’s school feeding programme. UNICEF and partners supported 104,916 children (54,145 girls and 50,771 boys) with balanced school meals to meet dietary needs, distributed either in food bags or prepared meals, in schools in eight states. UNICEF supported 3,820 out-of-school children (1,735 girls and 2,085 boys) with learning opportunities and assisted 11,532 adolescents (6,333 girls and 5,199 boys) in technical training and life skills development programmes in six priority states.

UNICEF and education cluster partners helped strengthen the technical capacity of 12,258 teachers (9,923 female and 2,335 male) on education in emergencies and supported the education sector in adapting to the COVID-19 context with webinars to discuss good practices on distance learning and preparation for safe school reopening. UNICEF also provided incentives to 7,218 teachers (5,361 female and 1,857 male), in the form of non-perishable food bags, cash transfers, and technology devices, for motivation and to provide continuity to the education process.

In Child Protection, UNICEF contributed to enhancing specialized child protection programmes and services in 16 prioritizes states and in 103 Child Protection Councils (out of 335). A total of 222,110 new users benefited from child protection programmes and services and received specialized attention, including care services for GBV, case management, psychosocial support and legal assistance. Capacities of public institutions, civil society, humanitarian actors and children and adolescents to identify, monitor, prevent and respond to child protection concerns (including GBV and PSEA) were also strengthened.

Following field evidence of increased violence against children as a result of COVID-19 confinement measures, UNICEF increased efforts to provide protection services for children at home. During 2020, UNICEF supported 128,965 children and adolescents (79,958 boys and 49,007 girls) with access to legal assistance for migrant children, children left behind, family counselling and alternative care in emergencies; 428,744 people (137,198 men and 291,546 women) received training on child protection issues, including minimum standards for child protection in humanitarian action, psychosocial support, case management, among others; 93,145 affected and at risk children and adolescents (39,493 boys and 53,652 girls), and their caregivers, accessed individual and group psychosocial support activities (in person and remote); 9,649 people had access to prevention and response interventions to address gender-based violence; and 517,619 children under one received their birth certificate due to UNICEF’s support with supplies and capacity building of personnel. Incentives were also provided to counsellors of the child protection system.

UNICEF’s C4D activities provided support to all programmatic sections in order to strengthen effectiveness and provide sustainability to the different interventions. Priorities and activities of C4D have been developed in collaboration with programme sections, based on previous results and evidence. Emphasis was placed on strengthening C4D capacity and community participation of implementing partners; and enhancing community participation to ensure efficiency of resources. During the pandemic, C4D adapted priorities and strengthened Risk Communication and Community Engagement (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, reaching some ten million people.

As part of UNICEF’s accountability framework, UNICEF developed an AAP roll-out plan to ensure that a complaint mechanism and feedback loop was made available to beneficiaries of UNICEF’s response. Twenty-three training sessions for UNICEF staff and implementing partners were conducted to lay the foundations of the full AAP framework to be rolled out in 2021. UNICEF conducted a survey with partners and beneficiaries to measure perceptions in complying with accountability standards, and results helped introduce several adaptations to project management. A feedback mechanism for UNICEF’s education activities was established to collect suggestions, concerns and complaints regarding the school kit distributions. UNICEF also established a feedback mechanism in the migrant centre in San Antonio to collect users’ feedback on services provided. Electronic complaint mechanisms were established to ensure confidential communication of sensitive matters by email or phone.
UNICEF’s partnerships with Civil Society Organizations and UN agencies have been a catalyst to achieve larger presence for serving vulnerable children and their families in hard-to-reach areas, consolidating UNICEF interventions in border states and urban centres.

UNICEF’s close coordination with key line ministries was enhanced during 2020. A new Memorandum of Understanding with the Ministry of Water (MoW) was signed, reinforcing inter-sectoral and resilient approaches. With the MoH, regular meetings took place to address routine immunization campaigns, forecast supplies, and plan logistics. UNICEF supported the MoE through technical assistance for emergency education response, sharing global guidelines and supporting seminars and workshops to strengthen the technical capacities of national and subnational staff.

UNICEF continues to lead and support the emerging humanitarian infrastructure in Venezuela by chairing the WASH, Nutrition and Education clusters and the Child Protection Area of Responsibility (AoR) and co-leading the Health cluster. Coordination efforts, replicated at state level, have ensured close communication among partners through the 5W forms, which is shared with government, other counterparts and UN agencies.

Throughout the COVID-19 pandemic, UNICEF managed to reinforce its assistance to affected children and families by providing rapid and efficient support and adapting interventions to the challenging environment. UNICEF plays a pivotal role within the Humanitarian Country Team (UNHCT), exchanging strategic and operational information and ensuring coordination among all humanitarian actors operating in the country. The UNHCT is chaired by the Humanitarian Coordinator with technical support from OCHA and includes the participation of the heads of UN agencies that work in the humanitarian field (UNHCR, UNICEF, UNFPA, FAO, PAHO/WHO, IOM, UNAIDS, UNDP), three representatives of International NGOs (Action Against Hunger, IRC and NRC) and three representatives of national civil society organizations (Acción Solidaria, CESAP and Caritas). UNHCT observers include: the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and Médecins Sans Frontières (MSF); coordinators of the Clusters and Areas of Responsibility activated in Venezuela (eight clusters, two Areas of Responsibility); leaders of the Humanitarian Communication Group (OCHA and UNICEF) and the United Nations Department for Safety and Security (UNDSS).

Within the framework of the HRP and in coordination with other UN agencies and partners, UNICEF implemented an integrated and multisectoral response to address the needs of the most vulnerable children, adolescents and their families. During 2020 UNICEF also supported the coordination of the Prevention of Sexual Exploitation and Abuse (PSEA) inter-agency network, where the protocol was approved. The PSEA Network’s members include: UNFPA, FAO, UNHCR, UNICEF, IOM, UNDP, UNAIDS, OCHA, WHO and NGOs. UNICEF also played a key role in the implementation and mainstreaming of the Collective AAP Framework that provides humanitarian organizations in Venezuela with a guide of minimum actions to include AAP commitments throughout the Humanitarian Programme Cycle. The Interagency Contact Centre initiative, led by UNICEF, has been backed by IOM, FAO, UNFPA and OCHA, and its pilot phase will be developed in Zulia state during the first semester of 2021.

Lessons Learned and Innovations

UNICEF should continue addressing the scale and complexity of the challenges in the country, leaving no child behind, leveraging on preparedness and response capacity; prioritization schemes to focus on actions with the highest humanitarian impact; strengthening the resilience of those most affected by the crisis; maintaining the operational functions of key infrastructures and services for children; strengthening joint projects with other agencies to maximize limited resources and collectively mitigate the risks that may affect UN operations; and pursuing humanitarian advocacy with all
To address the most pressing local needs, vulnerabilities and capacity gaps, UNICEF’s response to the crisis in Venezuela requires: (a) strengthening a people-centred, principled, accountable, cost-effective and decentralized humanitarian response; (b) improving delivery of and access to basic social services including with the support of the private sector; (c) reinstating livelihoods and building resilience; (d) restoring people’s confidence in collective action; (e) making the best use of UNICEF staff and established relations with Government and local authorities; and (f) building trust and confidence in State and non-State actors’ relations particularly through the grassroot actions of our implementing partners.

Lesson learned in 2020 that will inform 2021 planning include but are not limited to:

(a) Continue implementing a decentralized approach with the reinforcement of field offices and more continuous support from the Country Office. Specific performance indicators should be included in the section’s workplans to monitor the outcomes of decentralization for children, and AAP programming should be emphasized to offset the data gap. Dedicated in-house capacity should be put in place to facilitate knowledge acquisition and experiencing sharing between the team at national, regional and local levels.

(b) Maintain efforts in implementation of systems strengthening initiatives, including incentives programs, as well as ‘flagship quick impact projects,’ that bear maximum impact on the lives of children, build resilience of care givers, pave the work to future recovery, maintain positive posture with all stakeholders, demonstrate agility to respond, mobilize innovative tools of the Organization and, constitute the backbone of communication and advocacy strategies.

(c) Broaden the collective action of the team tested in the COVID-19 response, documenting positive outcomes of joint approaches through the deployment of Caracas-based staff to Field Office to demonstrate how UNICEF carries its duties in the context of Venezuela and guarantees continuous humanitarian access.

(d) Develop, pursue and broaden joint projects with the UN system and the private sector as a preferred approach to help contribute to the forthcoming Strategic Country Framework bound to start in 2022, in order to maximize effectiveness in a likely resource-stringent environment.

(e) Enhance development of capacity building and information management mechanisms, including dissemination of tools for data visualizations to ensure transparency, accountability and quality information.

(f) Further develop early warning and early action systems. UNICEF’s large presence in the field is both an opportunity that should be leveraged and a risk that must be permanently assessed and mitigated.

(g) Coordinate effectively with partners and perform early planning exercises. Despite achievements in 2020, there is still room to improve reporting and monitoring processes. Train implementing partner staff in administrative and operational issues to achieve constant improvement. Strengthening the role of Venezuelan civil society is fundamental to expand management and response capacities while respecting national context, culture and legislation.

(h) Support personal protection of frontline workers in the health, nutrition, education, child protection and WASH sector, as a way to guarantee service continuity.

(i) Pursue training, incentives programs, technical assistance and renovation of infrastructures to create a conducive environment for frontline workers dedicated to children.

(j) UNICEF’s external communications and advocacy strategy should be adapted to anticipate and respond to the humanitarian crisis, prevent reputational risks due to a highly polarized political environment and, maintain the robust posture of UNICEF as the leading voice for child rights.

(l) Enhance UNICEF’s efforts to underscore the plea and forge a response to out of school children, disabled children and those belonging to ethnic groups and, devote more attention on Early Childhood Development and adolescents.
(m) Expand proven alternative solutions to offset the weakness of school feeding and place a heavier focus on community-driven response, innovative solutions and win-win partnerships.

(n) Optimize presence and interventions in vulnerable areas of the country to guide sector intervention by placing a heavier focus on intersectoral implementations to promote comprehensive care, cost-effectiveness, higher value for money, sustainability, PSEA and strengthened information management systems that merge evidence generation and human-interest stories.

(o) Leverage the capacity of the private sector including suppliers, innovators and donors and partners to streamline our supply chain and provide the operational agility required by such a volatile and unpredictable humanitarian context.

(p) Reinforce the simplification of internal processes spanning from staff recruitment to program implementation, finances, procurement and supply management and ensure a better leverage of the digital economy.