



UNICEF/Venezuela/2021/Crespo

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## Humanitarian Action for Children

One-year-old Jesus eats his Ready-to-Use Therapeutic Food for the treatment of acute malnutrition, received during a nutrition screening day conducted by UNICEF and partners in Ciudad Bendita, Zulia.

# Venezuela

### HIGHLIGHTS<sup>1</sup>

- The toll on society and on children worsens, as the Bolivarian Republic of Venezuela endures its seventh year of economic contraction aggravated by hyperinflation, political tensions, sanctions and increasing violence. The pandemic has intensified this situation.
- In 2022, UNICEF will foster a multi-sectoral approach and geographic convergence in vulnerable urban and border locations. Integrated services for children and adolescents will be promoted, focusing on health, nutrition, safe water, sanitation and hygiene, while facilitating child protection services, including gender-based violence prevention and response. Vaccines' cold chain strengthening will be supported. Education access and retention will be promoted, as well as the school as a platform for other services, including food, safe water and psychosocial support. Community engagement will be strengthened, for instance through the community-based management of acute malnutrition approach.
- UNICEF requires US\$317.2 million to meet the humanitarian needs of Venezuelan children through life-saving support in an increasingly challenging operational environment.

**7 million people<sup>2</sup>** **IN NEED**  
**3.2 million children<sup>3</sup>**

**4.6 million people<sup>4</sup>** **TO BE REACHED**  
**2.6 million children<sup>5</sup>**



### KEY PLANNED TARGETS



**465,285**  
primary caregivers receiving infant and young child feeding counselling



**3.5 million**  
people accessing a sufficient quantity of safe water



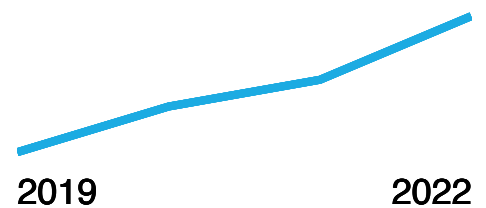
**165,275**  
children/caregivers accessing mental health and psychosocial support



**1.3 million**  
children receiving individual learning materials

### FUNDING REQUIREMENTS

**US\$ 317.2 million**



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

## HUMANITARIAN SITUATION AND NEEDS

As the Bolivarian Republic of Venezuela endures its seventh consecutive year of economic contraction aggravated by hyperinflation, political tensions, sanctions and increasing violence, the toll on society and children worsens. The shocks of COVID-19 have intensified this situation, leaving thousands of children in need of education, immunization, medicines, nutrition, safe water and protection.

Decreasing oil production and tightening sanctions have triggered a loss of income and employment. Salaries are unable to keep pace with hyperinflation and estimates suggest that Venezuelans would require 136 times the minimum wage of US\$1.71 per month to access a basic food basket.<sup>6</sup> Over 5.7 million people have emigrated, resulting in a staggering loss of professionals, including health workers and teachers.<sup>7</sup> Simultaneously, many others have moved within the country, to escape violence or for economic purposes, including mining, with increased protection risks, such as trafficking and sexual exploitation and abuse.<sup>8</sup> Before the pandemic, infrastructure and services, including healthcare, water and electricity, were barely functioning, food and medicine shortages were frequent and fuel was scarce. COVID-19 restrictions and increased difficulty accessing fuel have resulted in higher transportation costs and subsequent soaring food prices. The cost of food increased 2,190 per cent in May 2021 over the same month in 2020.<sup>9</sup>

An outbreak of yellow-fever is ongoing<sup>10</sup>, and other vaccine-preventable diseases, such as measles and polio, are at risk of re-emerging. Early pregnancies, irregular antenatal consultations, infectious diseases and pregnancy or childbirth complications threaten the survival of newborns and mothers, particularly among indigenous groups. Out of 61,235 pregnant women accessing antenatal services between January and September 2021, 55 per cent did not have regular check-ups, and up to 8 per cent of newborns suffered from low birthweight.<sup>11</sup> Additionally, UNICEF estimates that 116,596 children could suffer from global acute malnutrition in 2022, following the trend observed in screening activities carried out by UNICEF in 2021.<sup>12</sup> Three quarters of households experience irregular water service provision, while 8.4 per cent do not have access, exacerbating health and nutrition problems.<sup>13</sup>

Schools have been partially closed for 63 weeks, preventing 6.9 million pre-primary through secondary-level students (3.4 million girls) from accessing in-person instruction, and other vital benefits, including school feeding.<sup>14</sup> Removed from the school environment, children, particularly adolescent girls, have been exposed to increased risks of mistreatment, violence, exclusion and separation from caregivers, as well as early and unwanted pregnancies. Venezuela has an adolescent fertility rate of 85.3, one of the highest in the region where the average is 61.<sup>15</sup>

## SECTOR NEEDS



**116,596**  
children under five  
with global acute  
malnutrition<sup>16</sup>



**532,000**  
children under 1 year  
need DTP  
vaccination<sup>17</sup>



**4.3 million**  
people have urgent  
WASH needs<sup>18</sup>



**1.3 million**  
children in need of  
protection services<sup>19</sup>



**2 million**  
children in need of  
education support<sup>20</sup>

## STORY FROM THE FIELD



Yakerawitu is an indigenous community located on the shores of the Orinoco River 700 km away from Caracas, in the Delta Amacuro state.

Claimar, who was born there, claims to be happy playing with her brothers, sisters, and cousins. "I want to be a doctor because I like to walk from house to house and help people."

UNICEF supports children and adolescents with academic monitoring, through school kits, food, and hygiene products that reach the families of the community and help them to have the best performance in their learning process.

**[Read more about this story here](#)**

Claimar, 14-years-old and from the Warao community, smiles at the camera during a UNICEF staff visit to the Yakerawitu community, Delta Amacuro state, on 2 February 2021.

## HUMANITARIAN STRATEGY

UNICEF will adopt a comprehensive multi-sectoral approach and geographic convergence in vulnerable urban and border locations,<sup>22</sup> to reach those most in need, including adolescents, children with disabilities and indigenous communities. This will include providing integrated life-saving interventions; strengthening monitoring systems; delivering incentives to retain skills;<sup>23</sup> enhancing accountability to affected populations, risk communication and community engagement; mainstreaming prevention of sexual exploitation and abuse; and reinforcing local capacities together with government authorities. UNICEF will continue to lead the nutrition, WASH and education clusters and the child protection area of responsibility and participate in the health cluster and gender-based violence area of responsibility.

Health system strengthening will focus on enhancing infection prevention and control and treatment for COVID-19; access to antenatal, delivery and postnatal services; essential newborn care; vaccination and cold chain strengthening; and prevention and treatment of common childhood diseases.<sup>24</sup> Capacity building of healthcare professionals on nutrition, including breastfeeding support and kangaroo mother care to improve newborn survival. Also, provision of supplies for the prevention and treatment of malnutrition will be supported; access to clean water and disinfecting products will be ensured, and capacity of health personnel will be strengthened.<sup>25</sup> UNICEF staff, implementing partners and front-line workers will receive personal protective equipment.

Improving schools' water, sanitation and hygiene (WASH) capacities, UNICEF will promote school reopening and accelerate face-to-face and distance learning, creating and adapting content to children's developmental and foundational needs, and providing assistance on early childhood and adolescent education. Quality will be enhanced through the distribution of material and teacher training, while strengthening the role of the school as a platform for other services, including psychosocial support. With the World Food Programme, school feeding and WASH interventions will be supported to promote enrolment and regular attendance.

Access and quality of child protection services will be enhanced, including legal assistance, prevention and response services for unaccompanied and separated children, psychosocial support and mental health. Care and safe referral to other services, such as prevention and response for women and children survivors of gender-based violence, including at healthcare facilities, will be strengthened.

UNICEF will continue implementing the community-based management of acute malnutrition approach while strengthening community promoters' capacity to support hygiene and household water treatment and storage practices, infant and young child feeding and identification and referral of complicated acute malnutrition cases. Medium- to large-scale urban and rural water supply systems' recovery will be scaled-up for improved water access in vulnerable communities.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/venezuela/situation-reports>

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

## 2022 PROGRAMME TARGETS



### Nutrition

- **465,285** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling<sup>26</sup>
- **700,000** children aged 6 to 59 months receiving multiple micronutrient powders
- **507,582** pregnant women receiving preventative iron supplementation<sup>27</sup>
- **81,617** children aged 6 to 59 months with severe and moderate acute malnutrition admitted for treatment<sup>28</sup>



### Health

- **300,000** children and women accessing primary health care in UNICEF-supported facilities<sup>29</sup>
- **533,600** children aged 0 to 12 months vaccinated against measles
- **532,192** children aged 0 to 12 months fully vaccinated with three doses of pentavalent vaccine
- **60,000** health care workers within health facilities and communities provided with personal protective equipment



### Water, sanitation and hygiene

- **3,500,000** people accessing a sufficient quantity of safe water for drinking and domestic needs<sup>30</sup>
- **200,000** people use safe and appropriate sanitation facilities
- **3,000,000** people reached with critical WASH supplies<sup>31</sup>
- **450,000** children use safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces



### Child protection, GBViE and PSEA

- **165,275** children and parents/caregivers accessing mental health and psychosocial support
- **63,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **10,000** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers



### Education

- **150,000** children accessing formal or non-formal education, including early learning<sup>32</sup>
- **1,250,000** children receiving individual learning materials<sup>33</sup>
- **400,000** children benefiting from balanced school feeding programmes with hygiene standards<sup>34</sup>
- **300,000** children accessing psychosocial support in schools



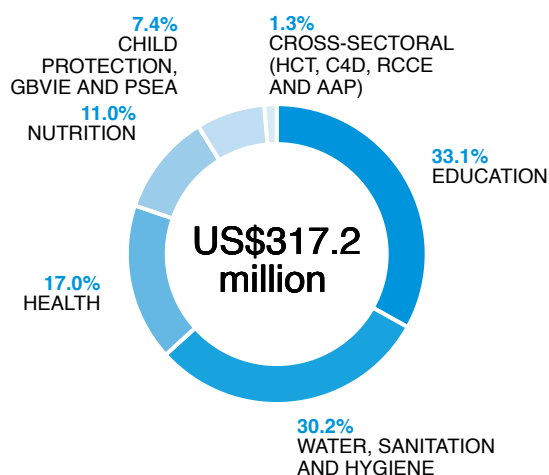
### Cross-sectoral (HCT, C4D, RCCE and AAP)

- **10,000,000** people reached through messaging on prevention and access to services<sup>35</sup>
- **130,000** people engaged in risk communication and community engagement actions<sup>36</sup>
- **229,016** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms

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

## FUNDING REQUIREMENTS IN 2022

UNICEF requires US\$317.2 million to respond to the needs faced by 4.6 million people, including 2.6 million children and adolescents, in the complex operating environment in the Bolivarian Republic of Venezuela, which has been further constrained by the long-term consequences of COVID-19.<sup>38</sup> Particularly, increased funding is required to allow marginalized children to safely resume learning and gain access to a nutritious meal in schools with improved WASH services. With the re-emergence of vaccine-preventable diseases, such as yellow fever, and the rise of malnutrition cases, funding is urgently needed to meet immunization and nutrition supply chain requirements to keep children alive and thriving.<sup>37</sup> UNICEF has the technical expertise, human resources, partners' trust and access. However, flexible and suitable funding is critical to consolidate ongoing efforts to protect children and leverage opportunities for preventing the deterioration of the situation, mitigating the risk of a lost generation, while building resilience and empowering communities, particularly adolescents, to create their own future.



Sector	2022 requirements (US\$)
Nutrition	34,880,000
Health	53,840,000 <sup>39</sup>
Water, sanitation and hygiene	95,770,000
Child protection, GBVIE and PSEA	23,530,000 <sup>40</sup>
Education	105,000,000 <sup>41</sup>
Cross-sectoral (HCT, C4D, RCCE and AAP)	4,220,000
<b>Total</b>	<b>317,240,000</b>

### Who to contact for further information:

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# ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. Office for the Coordination of Humanitarian Affairs, "Humanitarian Response Plan Venezuela 2021", OCHA (June 2021). The 2022 Humanitarian Response Plan (HRP)/Humanitarian Needs Overview (HNO) have not yet been formulated or released. Once released, appeal will be revised to align with 2022 HRP/HNO.
3. Ibid.
4. Calculated using highest coverage programme targets for education, health, nutrition and WASH, without double counting the same age cohorts. Includes 56 per cent women/girls and 12 per cent PWDs, based on 'Venezuela: 2021 Humanitarian Response Plan Update'. UNICEF will aim to reach 65 per cent of total population in need and 82 per cent of children in need. Despite operational and administrative challenges out of UNICEF's control, including constraints that affect entry of international humanitarian organizations, the scope of UNICEF's response has amplified due to improved access and capacity of local implementing partners to reach additional locations, particularly in the nutrition and WASH sectors. 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.
5. To avoid double counting, figure includes children under one year to be reached with measles vaccination; 75 per cent of children to be reached with micronutrient supplementation; and 95 per cent of highest coverage programme target for education (estimated 56 per cent girls). 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.
6. Centro de Documentación y Análisis Para Los Trabajadores, 'Canasta Alimentaria Agosto 2021' (24 September 2021), [twitter.com/Cenda\\_Info/status/1441349189028491264](https://twitter.com/Cenda_Info/status/1441349189028491264), accessed 11 October 2021.
7. Coordination Platform for Refugees and Migrants from Venezuela, 'Response for Venezuelans', [www.r4v.info/en/refugeeandmigrants](http://www.r4v.info/en/refugeeandmigrants), accessed 11 October 2021.
8. Office for the Coordination of Humanitarian Affairs, 'Humanitarian Response Plan Venezuela 2021', OCHA (June 2021).
9. Trading Economics. Venezuela Food Inflation. In: Trading Economics data [online]. [tradingeconomics.com/venezuela/food-inflation#:~:text=Food%20inflation%20in%20Venezuela%20av](https://tradingeconomics.com/venezuela/food-inflation#:~:text=Food%20inflation%20in%20Venezuela%20av), accessed 11 October 2021.
10. Pan American Health Organization, 'Epidemiological Update: Yellow Fever', PAHO, 06 October, 2021 [www.paho.org/en/documents/epidemiological-update-yellow-fever-6-october-2021](http://www.paho.org/en/documents/epidemiological-update-yellow-fever-6-october-2021), accessed 11 October 2021.
11. UNICEF programme data based on antenatal care consultations in UNICEF supported health care facilities (January and September 2021).
12. UNICEF programme data based on nutritional screening by implementing partners in 19 states between January and September 2021.
13. Observatorio Venezolano de Servicios Públicos: "Solo un 25,0% de los encuestados en 12 ciudades del país recibe el servicio de agua potable de forma continua", OVSP (4 March 2021) [www.observatoriovsp.org/ovsp-solo-un-250-de-los-encuestados-en-12-ciudades-del-pais-recibe-el-servicio-de-agua-potable-de-forma-continua](http://www.observatoriovsp.org/ovsp-solo-un-250-de-los-encuestados-en-12-ciudades-del-pais-recibe-el-servicio-de-agua-potable-de-forma-continua), accessed 11 October 2021.
14. United Nations Educational, Scientific and Cultural Organization Education: From disruption to recovery, UNESCO, [en.unesco.org/covid19/educationresponse#schoolclosures](https://en.unesco.org/covid19/educationresponse#schoolclosures), accessed 11 October 2021.
15. United Nations Population Fund, 'Educación y planificación, las claves para prevenir el Embarazo en Adolescentes en Venezuela', UNFPA (26 September 2021), [venezuela.unfpa.org/es/news/educaci%C3%B3n-y-planificaci%C3%B3n-las-claves-para-prevenir-el-embarazo-en-adolescentes-en-venezuela](https://venezuela.unfpa.org/es/news/educaci%C3%B3n-y-planificaci%C3%B3n-las-claves-para-prevenir-el-embarazo-en-adolescentes-en-venezuela), accessed 11 October 2021.
16. Estimated figure based on UNICEF nutrition programme data and population estimates from the National Institute of Statistics in 15 prioritized states with high global acute malnutrition rates.
17. DTP (diphtheria, tetanus toxoids and pertussis vaccine). Instituto Nacional de Estadísticas estimates based on 2011 National Population and Housing Census, July 2013.
18. Office for the Coordination of Humanitarian Affairs, 'Venezuela: 2019 Humanitarian Response Plan', OCHA, August 2019.
19. Ibid.
20. Office for the Coordination of Humanitarian Affairs, 'Venezuela: 2020 Humanitarian Response Plan with Humanitarian Needs Overview', OCHA, July 2020.
21. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
22. Focuses on areas/states with highest severity of multisectoral needs and/or highest percentage of people in need in relation to total population, mostly urban areas where 88 per cent of population live and border states.
23. Incentives include in-kind/cash support to public servants, mainly health workers and teachers, to mitigate the impact of the economic crisis on professionals' decisions to migrate and ensure the continuity of services. Designed as a scholarship programme conditional on attendance and performance of participants in training sessions and commitment to stay on the job after programme ends.
24. Childhood common disease refers to infectious diseases like malaria, pneumonia, diarrhoea, HIV and tuberculosis.
25. UNICEF WASH in Health strategy promotes infection prevention/control in healthcare facilities through provision of handwashing points, cleaning/disinfecting supplies, increasing water access (e.g. boreholes, water-trucking, chlorination systems), rehabilitating hygiene/sanitation facilities, building capacity, and organizational arrangements of facilities for effective operations/maintenance.
26. Indicator includes 250,000 caregivers receiving counselling on infant and young child feeding practices, and 215,285 caregivers receiving key messages about nutrition through social media platforms, community outreach and nutrition facilities.
27. Indicator refers to pregnant and lactating women receiving micronutrient supplementation.
28. Indicator includes the following default Humanitarian Action for Children indicator: children aged 6 to 59 months with SAM admitted for treatment. SAM cases represent 28 per cent of the target. UNICEF will aim to reach 70 per cent of children under 5 years affected by severe and moderate acute malnutrition in 15 vulnerable states with the highest global acute malnutrition rates among children under five, as per its own estimated figures on malnutrition.
29. Indicator refers only to pregnant women and newborn babies receiving maternal/neonatal life-saving services in UNICEF-supported facilities.
30. UNICEF is targeting 81 per cent of people with urgent WASH needs as a provider of last resort.
31. Indicator refers to distribution of WASH supplies (including hygiene items) and services for COVID-19 response.
32. Indicator only applies to out-of-school children (never been to school or have attended less than 60 per cent of the time). UNICEF will aim to reach 150,000 out-of-school children (48 per cent girls, 53 per cent boys) aged 0 to 18 years (or 30 per cent of the estimated number of out-of-school children in 18 prioritized states out of 24). Operational/administrative challenges that are out of UNICEF's control hinder implementation capacity, such as constraints to identify out-of-school children, as the entire school-aged population has been affected by COVID-19 school closures.
33. Children aged 0 to 18 years will receive education materials (48 per cent girls, 53 per cent boys).
34. Children aged 0 to 18 years will benefit from balanced school feeding programmes with hygiene standards (48 per cent girls, 53 per cent boys).
35. Population targeted is higher than total number of people/children in need due to target including mass media outreach, including COVID-19 prevention messages.
36. Indicator refers to engagement at the community level.
37. For the uninterrupted delivery of immunization services, UNICEF requires US\$29 million to procurement of eight vaccines (tuberculosis; measles, rubella, and mumps; yellow fever; tetanus and diphtheria; and polio). Additionally, US\$11.5 million is required to maintain a healthy supply chain of essential nutrition supplies for the prevention/treatment of malnutrition among children under five and underweight among pregnant/lactating women, including US\$3.9 million for RUTF, US\$7.4 million for micronutrients supplements, MQ-LNS and deworming; and US\$0.2 million for anthropometric equipment.
38. Fuel shortages, a main challenge in the country, have resulted in higher transportation costs and subsequent soaring of local prices, including food. Additionally, long-term logistical consequences of the COVID-19 pandemic are continuing to negatively impact the shipping industry, with unprecedented major challenges to delivery of critical supplies. Particularly, the global shipping container shortage and lower shipping capacity have resulted in container leasing rates increasing +300 times. This has increased the demand for air freight, doubling or even tripling rates compared to pre-COVID-19 levels.
39. In 2022, UNICEF will procure eight vaccines for the national regular immunization scheme, while in 2020 and 2021 it procured seven, increasing the health sector requirement. In addition, the COVID-19 impact on global supplies and logistics has increased the overall costs of programming in this supply-driven health response.
40. Within the total child protection funding requirement, US\$300,000 is prevention or response interventions and access to safe channels to report sexual exploitation and abuse.
41. The school feeding programme, based on daily food preparation in schools, is included in the total education funding requirement. With schools closed due to COVID-19, the programme was adapted and, along with food preparation in schools, UNICEF distributed non-perishable food bags to children's households. Food bag distribution has not been considered in the current scenario and funding requirement. Additionally, the final budget has increased due to the programme's expansion to remote areas, higher operational cost to reach the most in need, and standardization of the school food package to align with the newly developed Education Cluster guidelines.