Update on the context and situation of children

The contraction by 81% of the economic activity in Venezuela between 2014-2021 (Venezuelan Observatory of Finance, Economic Activity Index) and chronic inflation have limited Venezuelan’s access to food, medicine, and basic goods. These effects have been aggravated by the deterioration of basic services and the COVID-19 pandemic, disproportionally affecting children. In Venezuela, challenges remain in accessing updated information on the status of children.

According to data collected by UNICEF and partners, a 6.8 per cent of Global Acute Malnutrition (GAM) was detected in the states of Cojedes, Yaracuy, Falcón and Trujillo, with nine other states presenting moderate GAM levels. A total of 233,449 children under five years of age were screened for the detection of acute malnutrition. Among those screened, 15,786 children were identified with acute malnutrition, including 11,554 children with Moderate Acute Malnutrition (MAM) and 4,232 children with severe acute malnutrition (SAM).

One in every three Venezuelans is living in food insecurity, and in need of assistance making the country the world’s fourth-largest food crisis (World Food Programme, Venezuela Food Security Assessment 2019). The main cause behind food insecurity has been the high levels of inflation that has limited the purchase power of the population. According to the Universidad Católica Andrés Bello (UCAB) Socio-Economic Research Institute, between 2020-2021 Venezuelans from all economic backgrounds spent up to a third less on food.

In Venezuela, the deterioration of the health system has been exacerbated by insufficient access to safe water and inadequate sanitation systems. According to the Venezuelan Public Services Observatory, by September 2021, 73% of Venezuelans didn’t have a continuous access to water. Additionally, key hygiene practices are not widespread and lack of access to soap, chlorine and other hygiene items reduces hand washing and household water treatment, increasing the risks of water-borne disease and other infections such as chikungunya, malaria, yellow fever, dengue, and COVID-19.

As of December 2021, over 6 million Venezuelans have fled (Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela), causing a significant loss of human capital and a decline of the local employment productivity.

According to the World Health Organization, by the end of 2021 Venezuela had received over 30 million doses of COVID-19 vaccines. UNICEF, together with the Pan-American Health Organization (PAHO), coordinated Venezuela’s access to the COVAX facility. In 2021, Venezuela received 8,976,000 doses through the COVAX mechanism (74 per cent of the total agreed 12 million doses).
The provision of sexual and reproductive health services in the country is insufficient (Red de Coaliciones Sur National diagnosis on sexual violence against children and adolescents - Venezuela, 2021). It is estimated that 16 per cent of girls and women between 15-19 years have two or more children (Universidad Católica Andrés Bello, 2021 National Survey on Youth), 73 per cent of whom did not plan the conception of their first child. Sexual violence and sexual slavery specially in indigenous populations have an impact on unwanted pregnancies, particularly on adolescent pregnancies. PAHO figures show that in 2021 the adolescent fertility rate in Venezuela was estimated at 84.3 births per 1,000 women aged 15–19, compared to the Andean regional average of 67 per 1,000 and the regional average for Latin America of 63 per 1,000.

Heavy rains in July and August caused rivers to overflow, and landslides affected more than 54,000 people in 10 of the 24 states of the country. UNICEF responded to vulnerable communities impacted by floods in Apure and Merida states in August by providing health and water, sanitation and hygiene (WASH) assistance to more than 50,000 inhabitants.

In 2021, frequent armed clashes between irregular armed forces (Ejercito de Liberación Nacional and FARC-Ejército del Pueblo dissidents) were reported in Apure and Amazonas states, with homicides, vendettas, kidnappings and explosions of anti-personal mines leading to several casualties and a displacement of families towards the Colombian side of the border. The unrest also caused a temporary suspension of some humanitarian activities for security reasons and due to access restrictions. UNICEF worked closely with authorities and implementing partners to pre-position supplies and establish a reporting line to address the issue of cross-border movements of unaccompanied children and adolescents.

In the 2018-2019 and 2019-2020 academic periods the school dropout rate was 27.3% (Unidad Democrática del Sector Educativo) affecting the development of basic competencies to guarantee the continuity of the learning process. During the first half of 2021, education continued under a distance learning modality, and the humanitarian situation in the country continued to be characterized by interruptions to the electrical supply, particularly in the western part of the country, causing connectivity challenges for education and remote working. Nevertheless, the education sector showed a great capacity for innovation, contributing to the continuity of teaching and completion of the school year for 304,408 students. School feeding for 110,272 of the most vulnerable children was also prioritized.

The pandemic has put children at further risk of violence. The number of cases of child abuse and domestic violence has increased dramatically, according to child protection authorities. This has been driven, on the one hand, by the prolonged coexistence of families in isolated and often overcrowded conditions; and, on the other hand, due to the high levels of stress faced by parents and caregivers because of the crisis and the lack of specialized family counselling services. Also, in border areas, an increase in gender-based violence during border crossings and the proliferation of human-trafficking and migrant-smuggling networks – also affecting children – have been identified, and cases of 349 unaccompanied and separated children have been registered.

**Major contributions and drivers of results**
Every child survives and thrives

Lockdown measures continued to affect immunization coverage, with 255,143 children under one year of age (48 per cent of the total) not fully immunized with the pentavalent vaccine. Despite these circumstances, UNICEF collaboration was instrumental in expanding and rehabilitating the cold chain system, supporting training of health personnel on effective infection prevention and control (IPC), and enhancing access to immunization supplies to improve the quality and ensure the continuity of services.

In 2021, UNICEF provided 100 freezers in 100 mass vaccination centers nationwide to fight COVID-19 pandemic. UNICEF also contributed with 176 dual solar refrigerator/freezers to strengthen vaccine storage. In coordination with PAHO, UNICEF participated in the National Technical Consultative Committee. As a result, Venezuela accessed to 12 million doses of COVID-19 vaccines for health and other front-line workers, and vulnerable populations.

UNICEF procured 6.5 million doses of seven essential vaccines (pentavalent vaccines, oral polio of polio injectable vaccines, tetanus and diphtheria, measles, mumps and rubella vaccines, Bacille Calmette-Guérin and yellow fever). In 2021, over 2 million children under 10 years old and more than 530,000 pregnant women had been vaccinated through the Expanded Program on Immunization.

The COVID-19 pandemic has had affected the provision of essential health services for women and children. To guarantee the delivery of quality health services to reduce mortality, UNICEF prioritized support to health-care workers through the distribution of basic medical supplies, personal protective equipment (PPE), incentives and capacity-building. In 2021, UNICEF supported facilities provided antenatal care to 82,135 pregnant women (over 24,000 adolescents), and 36,681 HIV/syphilis diagnostic tests were applied in prenatal consultations to strengthen prevention of mother-to-child transmission. A total of 96,441 pregnant women used skilled birth attendants. Around 15 per cent of newborns were diagnosed as preterm or with low birthweight and referred to nutrition services for follow-up.

UNICEF remained vital for the HIV response as the only provider of antiretroviral treatment for 1,022 children under 15 years of age living with HIV. UNICEF also guaranteed treatment for opportunistic infections to 4,970 adolescents up to 18 years of age. To coordinate efforts and strengthen the response to HIV during the COVID-19 pandemic, UNICEF worked with the Ministry of Health (MoH), PAHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and civil society organizations (CSOs) to support the transportation and distribution of antiretrovirals nationwide.

UNICEF enhanced the quality of its nutritional services for the prevention of acute malnutrition, enabling the expansion of the nutrition services to 699 nutrition care facilities, which have adapted nutrition protocols to the COVID-19 context. UNICEF strengthened the capacities of 2,894 health and nutrition professionals from the public health sector in 17 states with the provision of nutritional supplies and the delivery of training on the prevention and treatment of acute malnutrition.
To reduce the effects of the pandemic on the nutritional status of children under five years, UNICEF focused its intervention on the early detection and treatment of acute malnutrition in children located in areas with high food insecurity. UNICEF continued to provide nutrition supplies for diagnostics and treatment as well as technical support to address the nutritional status of 292,119 children under five years (90,342 girls and 89,297 boys), including 11,347 indigenous children, 3,588 Afro-descendants and 868 children with special needs, in coordination with the MoH and the National Nutrition Institute (Instituto Nacional de Nutrición – INN). A total of 11,572 children (5,566 girls and 6,006 boys) were diagnosed with acute malnutrition (6.4 per cent of all those screened), of whom 8,595 (4.8 per cent) were diagnosed with MAM, and 2,977 (1.7 per cent) with SAM. In 2020, the prevalence of GAM in children under five years was 3.8 per cent, reported by UNICEF Nutrition programmes in Venezuela – evidence of the negative impact of the socioeconomic situation in the country and the effects of the COVID-19 pandemic. To prevent anemia and micronutrients deficit, 232,167 children aged 6–59 months received micronutrient powders.

In coordination with the Nutrition cluster, UNICEF established the Community Management of Acute Malnutrition (CMAM) technical working group and provided technical support for the development of the first national CMAM operational guideline to feed into the INN and MoH National Protocol on the Management of Acute Malnutrition. This effort will standardize the work of non-governmental organizations working in the nutrition field.

UNICEF improved the nutritional status of children and pregnant women and reduced the risk of low birthweight and infant and maternal morbidity. In 2021, 12,265 pregnant and lactating women, including 3,578 adolescents, were found to be malnourished, out of a total of 52,322 pregnant and lactating women and 10,127 adolescents screened, representing 23.4 per cent of the women and 35.3 per cent of the adolescent girls. Adolescents who were identified with underweight received a Lipid-based Nutrient Supplement Large Quantity (LNS-LQ) called ‘Plumpy Mum’. UNICEF in coordination with the INN and through the National Deworming Campaign implemented by the MoH provided prophylactic deworming treatment to 2,870,347 children aged 2–14 years and 44,082 pregnant and lactating women.

Using an integral approach of primary health-care services for children, UNICEF, in coordination with the INN and the MoH, led an activity for the inclusion of growth monitoring of children in the immunization cards. The MoH will use the cards in 2022.

**Every child learns**

UNICEF directly supported the resumption and continuity of education for children and the retention of teachers in the most vulnerable communities in the country amid school closures due to the pandemic. UNICEF retained 7,794 teachers (112 from indigenous populations) by providing incentives in 7 states. This activity kept teachers engaged in the education process, improved their motivation and helped them to support their families. To ensure pedagogical improvement, UNICEF and partners trained 10,528 teachers in quality education, including preparation for a safe return to school.

To ensure that access to education services remained uninterrupted, UNICEF engaged 304,408
children in the education process by providing learning kits and supported 219,416 children with remote learning strategies and materials.

UNICEF assisted children with balanced school meals to meet dietary needs in pre-school, primary and secondary school centers. As a result, 110,272 children, from 3 to 17 years old (4,585 from indigenous populations and 29 with disabilities) in 11 states continued their education during the pandemic. The UNICEF school feeding programme has fostered connections between families and schools, improved the pedagogical follow-up of students and spread the dissemination of key messages on education, protection and hygiene issues during food deliveries. It has also been effective in increasing enrolment in targeted schools and in encouraging access for out-of-school children.

UNICEF provided technical advice to the Ministry of Education (MoE) to promote and guide the processes and protocols for the safe return to school and mitigating impacts of COVID-19 in pre-school, primary and secondary levels. Together with the MoE and in coordination with CSOs, UNICEF designed a ‘Back to School’ campaign, which included the development of products for dissemination through digital and audiovisual media platforms.

To improve the response capacity of the education sector in emergencies, distance education, and gender and inclusion aspects, UNICEF, along with the Education cluster, supported the development of an accelerated education curriculum to address the needs of overage children in primary education.

UNICEF strengthened the self-expression, relationship-building skills and community engagement of 53,913 adolescents from vulnerable communities in 16 states through the ‘Life Skills’ programme. The results led the MoE to incorporate the programme in the secondary education curriculum, allowing UNICEF to contribute to the creation of long-term capacity within the Ministry and helping to bridge the humanitarian–development nexus. This programme will benefit 380,000 adolescents nationwide during the 2021-2022 school year.

**Every child is protected from violence and exploitation**

UNICEF supported 18,398 affected and at-risk children and adolescents with specialized protection services such as legal support, psychosocial support, case management and alternative care. UNICEF provided cash incentives to NGOs and local Child Protection Councils to guarantee the delivery of quality services to children. This effort was part of a retention programme focused on increasing the quality of the Child Protection system in Venezuela. To bridge the gap in family placement programmes, UNICEF launched a program model in family foster care with approval from local authorities, benefiting 353 vulnerable children and contributing to the achievement of the SDG 16. During the design of the model, UNICEF adapted the United Nations Guidelines on Alternative Child Care Modalities and the Minimum Standards for the Protection of Children and Adolescents in Humanitarian Action to the Venezuelan context.
UNICEF coordinated an inter-agency response involving COSs, the Child Protection Area of Responsibility and the Interinstitutional Working Group for Migration to develop standard operating procedures to provide coordinated and multidisciplinary protection services, improve emerging formal and informal children protection service structures and integrate the long-term activities of social workers with those implemented by humanitarian actors in the country.

UNICEF implemented intersectoral intervention models adapted to the Venezuelan context and emerging challenges based on a human rights approach. These interventions allowed the provision of protection and non-protection services. The combined efforts with authorities of the protection system and targeted hospitals were key for the effectiveness of the response.

UNICEF expanded gender-based violence prevention, mitigation and response programmes to improve the accessibility and quality of essential services for children, adolescents and women survivors of gender-based violence, including psychological care, case management and legal guidance. As a result, UNICEF reached 45,182 people (7,182 girls, 25,111 women, 1,663 boys and 7,899 men). In coordination with the United Nations Population Fund (UNFPA), UNICEF enhanced the response to child and adolescent survivors of sexual abuse by distributing 12 Post-Exposure Preventive Treatment Starter Kits (PEP kits) to health centres in 19 states and developed a training plan on the clinical management of sexual violence for health workers in these health centres, which will commence in 2022.

UNICEF carried out a pilot project in the context of the armed confrontations in border states for the prevention of children and adolescents between 15-17 years at risk of protection (e.g., recruitment, violence including GbV). UNICEF strengthened educational centers with inputs for the reactivation of vocational courses (Bakery, Confectionery, Hairdressing, Computer, Cutting and sewing) benefitting 150 adolescents. This activity generated a referral system for the recruitment of young people in vulnerable situations to the training program, with support of local partners and members of the AdR.

Every child lives in a safe and clean environment

UNICEF focused on increasing access to safe water and hygiene at scale, the COVID-19 response in hospitals, scaling up support for a safe return to school and school feeding activities. These interventions were carried out according to SPHERE guidelines, the ‘three stars’ approach and Venezuelan legislation, guaranteeing access to dignified, accessible and equitable services based on criteria such as gender, age, disability and cultural appropriateness.

UNICEF and partners supported 88 schools in 10 states, benefiting 38,487 children. UNICEF interventions have directly contributed to ensure educational continuity and create the conditions for a safe return to school for 38,487 children. This result was achieved through effective coordination with government authorities, UNICEF partners and the WASH and Education clusters, the revision and update of IPC protocols, and the implementation of innovations (e.g., soap production, solar-powered pumps and chlorinators, biodigesters and rainwater harvesting) to increase community resilience and response to challenges related to climate change. UNICEF also ensured the mobilization of partners and institutions for Global Days (e.g., Global Handwashing Day and Global Water Day) to raise
awareness among key stakeholders, including children. These activities reached around 3.2 million people including 1.5 million children. UNICEF ensured intersectoral coordination between the Ministry of Water (MoW), the MoE and the MoH in support of these events.

UNICEF provided safe and sustainable water access in Urban areas to around 1.2 million people in 5 states through the development of 15 water service projects, directly contributing to basic access to water and SDG 6.1. The main activities included the rehabilitation of water treatment plants, pumping stations, community boreholes and water intake systems. These projects also enabled safe hygiene practices, including COVID-19 prevention and control in 67 health-care centres, 88 schools and 23 protection centres, allowing work with other sectors and areas of intervention. These projects included training, provision of tools and the improvement of facilities, to incentive and motivate staff.

UNICEF continued to support implementation of adequate WASH IPC in 67 health-care facilities to contribute to the sustainability of quality health services by distributing cleaning and hygiene products and PPE installing hand-washing points and providing technical assistance and capacity-building on IPC. These activities played a key role in decreasing health care-associated infections, thus improving maternal and child health and nutritional services. UNICEF reinforced knowledge and capacity to support the implementation of evidence-based hygiene promotion. In 2021, 531,400 people accessed hygiene information or key hygiene items.

UNICEF updated and extended its cooperation with the MoW until 2023. It focuses on high-impact decentralized water access and sanitation infrastructure projects, positioning UNICEF as a pivotal WASH actor between the MoW, MoE and MoH. In addition, with the MoW, UNICEF responded to natural disasters affecting children in four states. WASH supplies were distributed, and temporary WASH services were provided to 34,763 people including 5,283 children.

UNICEF supported response coordination and monitoring of the overall impact by improving and simplifying data collection systems and frameworks, enhancing data production and quality control at all levels as well as creating and improving interactive visualizations. This has enabled transparent, evidence-based and well-reasoned decision-making.

In 2021, the Venezuela CO’s comprehensive communication and public advocacy strategy contributed to position UNICEF as the lead agency on the humanitarian response for children and families, strengthening the awareness on children's rights. Eighteen videos were produced, as well as over 1,200 photos, and 11 Human Interest Stories (HIS). Those assets were disseminated through local, regional, and global social media channels. UNICEF's social media reached over 485,000 followers, exceeding 0.76 per cent the growth goal for 2021. Number of impressions in 2021 were 60,650,868 and engagement reached 1,002,942.

UN Collaboration and Other Partnerships

UNICEF partnerships with CSOs, United Nations agencies and government ministries have been further reinforced to achieve even larger presence to serve vulnerable children and their families in Venezuela. UNICEF close coordination with line ministries was further strengthened during 2021 with
MoW and MoH reinforcing sectoral and resilient approaches.

UNICEF continued to lead and support the emerging humanitarian infrastructure in Venezuela by chairing WASH, Nutrition, 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.

UNICEF, together with PAHO, has been coordinating Venezuela’s access to the COVAX facility with authorities and stakeholders, and was part of the negotiations to evaluate the different options to receive COVID-19 vaccines. UNICEF has continued playing the pivotal role within the Humanitarian Country Team (HCT), exchanging strategic and operational information and ensuring coordination among all humanitarian actors operating in the country, United Nations agencies and national and international CSOs.

Through partnerships with national and international CSOs UNICEF has expanded its reach to serve children of Venezuela with amplified program agreements. UNICEF has signed and implemented over 47 agreements with over 44 partners throughout 2021, including multisectoral actors to reduce transactions costs. To further amplify the partnership quality assurance UNICEF completed micro-assessments for the said partners that will support the CSOs in improving their organization capacity in the long term with the support of UNICEF, along with the continuous capacity building clinics and exercises in various branches of programming (e.g., Harmonized Approach to Cash Transfers -HACT-, program planning, supplies).

UNICEF will continue with strong capacity building and information management mechanisms; coordinate more effectively with international and national CSOs to program better, as the Venezuelan civil society is fundamental to expand the management and responsiveness within the country further. The partnerships strategy with the CSOs and United Nations agencies will consolidate further the HACT and Risk Assurance, fiscal management, partner management, Protection against Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations (AAP) components to build an even stronger systems based on the 2020 and 2021 lessons learned.

The Operations Management Team (OMT) was chaired by UNICEF for a second consecutive year. UNICEF held Monthly meetings with all United Nations focused on themes such as COVID-19 response, access to cash, agreements with ambulance suppliers, hotels, private clinics, and overall sharing of information and best practices.

UNICEF, as OMT chair facilitated the development of the Business Operations Strategy. Six Working Groups are responsible for implementing 16 priority services: four in Procurement, three in Logistics, three in Administration, three in Finance, two in Human Resources and one in Information and Communication Technologies. The estimated cost avoidance over five years is US$1.5m. Most of the services have been implemented. However, due to the delays in tendering for several LTAs (warehousing, transportation, telecommunications), some of the most significant contracts will be completed in Q1 of 2022.
Throughout 2021, UNICEF increased its operational capacity, rigorous data as well as advocacy communication. UNICEF has also strengthened data gathering and monitoring systems supporting operational and programmatic decision-making as well as maintained and create solid partnership and fundraising strategies. The Real Time Assessment of UNICEF’s response to COVID-19 showed the strategically position of UNICEF as a major humanitarian organization in Venezuela during the pandemic.

In terms of programming, the COVID-19 pandemic and emerging challenges accelerated the development, deployment and implementation of innovative solutions that support service delivery, monitoring and communication with beneficiaries. However, it remains critical to invest in alternative forms of service delivery, such as local solutions, to be more flexible and agile in responding to needs.

The COVID-19 pandemic emphasized the focus on resilient and sustainable WASH solutions for children and their communities. Community participation and engagement promoted by UNICEF allowed the implementation of innovations to increase their adaptability to emerging challenges and to strengthen their response to climate change. It has been found that implementing WASH pilot projects in rural areas has helped in the development and trial of innovations and plans for future interventions.

The communication push of key messages and practices serves as a basis for complementing change and social engagement activities. Disseminating validated information through various channels such as radio, social media, SMS messages and WhatsApp groups, allowed UNICEF to reach different audiences. Interaction with children from targeted communities and their families was key to obtain real-time feedback on their situation and interventions, resulting in the strengthening of proposals on how to address their needs in subsequent programmes. In 2021, 18,372 people in 23 states provided feedback to UNICEF.

Data collection and visualization, including the documentation of experiences and the overall knowledge management allowed for rapid, near real-time and cost-effective generation of evidence-based knowledge products. To overcome difficulties in accessing more representative quantitative and qualitative data, UNICEF identified the importance of increasing the use and sharing of first-hand data collected by partners. UNICEF has worked with the National Institute of Statistics as well as strengthening work with universities to gather and analyze official and non-official data on children status in different areas.

UNICEF’s lead role within the Humanitarian cluster fostered the coordination between Education sub-cluster members and the Education partners, leading to capacity-building on minimum standards of education in emergencies and the achievement of results in advocacy. This cooperation allowed UNICEF to have a political impact at the Ministry of Education level through the provision of technical advice, particularly on the road map for school reopening.

The development of long-term agreements for the procurement of local supplies is a means of mitigating risks associated with multiple crises for service delivery and will help UNICEF and its partners provide a faster response. Pandemic-related school closures and travel restrictions represented a challenge to the delivery of equitable and quality alternative learning opportunities for children. Remote learning activities were found effective at enabling children to continue their education. However, the methods used delivered mixed results for children. UNICEF prioritized those strategies that reached the greatest number of most vulnerable beneficiaries and had the most significant impacts, while continuing to adapt distance education strategies to meet the children’s needs.

The prioritization of vulnerable groups in geographical areas is vital to ensure appropriate and on-time delivery of nutrition services. The distribution of PPE was key to ensuring the antiretroviral treatment
of all the children registered in the national HIV programme. UNICEF identified that the direct distribution of essential supplies to health-care facilities avoided the disruption to the service, thus facilitating monitoring. UNICEF supported the MoH in the rehabilitation of one hospital ship and two river ambulances to improve maternal and child health in Delta Amacuro state. Normally the journey to transport patients can take up to eight hours by *curiara* – a typical indigenous boat. These innovations benefited the Warao indigenous population from the most remote areas, enabling them to access health care faster.

Travel restrictions and other pandemic-related challenges hampered the delivery of child protection services, but also the ability of organizations to mobilize and support their communities. UNICEF acted fast to develop innovative ways to deliver multisectoral services through a mobile approach.

To reach beneficiaries that lack stable access to internet, equipment or mobility restrictions as a result of lockdown measures. UNICEF introduced an innovative element through the availability of online and offline modalities in the GBV programme. The intervention also allowed girl adolescents to put in practice their leadership skills on the female empowerment and GBV prevention campaign that was developed online and within their communities.

UNICEF has identified the importance of: (1) strengthening partners’ capacities in mental health and psychological support (MHPSS) in emergencies, as well as in monitoring and case registration; (2) sustaining MHPSS projects, AAP processes and end-user monitoring; (3) including the revision of safeguarding principles and specific variables in the Venezuelan context; and (4) establishing mechanisms to exchange experiences in AAP and MHPSS with international organizations. UNICEF will design a thematic and geographical prioritization strategy for the prevention of and response to violence against children, including those from the most vulnerable groups, and integrate risk analysis into future interventions. To improve programme design, the UNICEF WASH team is working on a knowledge management strategy, focused on retaining lessons learned, innovations and ensuring assessments are fit for purpose.

UNICEF is building a methodological base that will allow better monitoring and understanding of the influence in the short, medium and long term of Social Behavior Change (SBC) messages. It is essential to invest in the generation of evidence adapted to the SBC strategy, considering the conditions of the local context where the available information is scarce, not updated and difficult to collection, which increases costs considerably.

Lessons learned, and recommendations of the Country Program (CP) Evaluation will inform the design and implementation of the new Venezuela CP, helping UNICEF Venezuela to respond more effectively to the changing country context priorities and needs of the most marginalized children and their families.