



Añú indigenous children navigate in an improvised canoe in the Guajira Municipality, Zulia state, where UNICEF supports access to education by providing learning materials. 28 May 2024.

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Situation Report No. 1

Reporting Period
1 January to 30 June
2024

Venezuela

HIGHLIGHTS

- From January to June 2024, UNICEF Venezuela reached around 708,195 people, including 447,061 children (52 per cent girls) with integrated lifesaving humanitarian interventions.
- The impact of new emergencies associated with the rainy season overlaps with the ongoing and protracted humanitarian context of the country, disproportionately affecting vulnerable groups such as children with disabilities, children in indigenous communities and those in the most remote communities, some of them along the borders with neighboring countries.
- UNICEF is facing a funding shortfall for critical sectors such as Education and Child Protection. Out of the US\$147 million appeal for the 2024 Humanitarian Action for Children, only US\$ 62.9 million have been mobilized so far, with current contributions being tightly earmarked and with limited flexibility to respond quickly to rapidly changing contexts.

SITUATION IN NUMBERS



3,800,000
Children in need of
humanitarian assistance



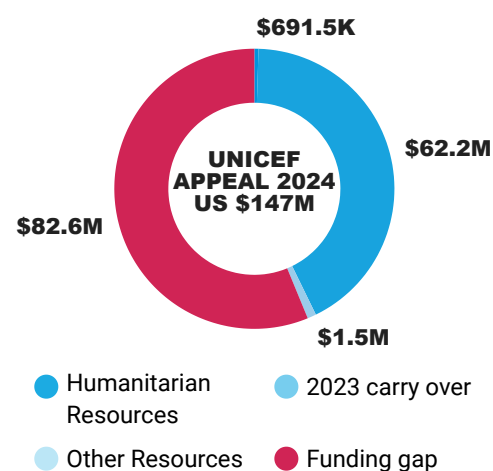
7,700,000
People in need of
humanitarian assistance

FUNDING STATUS (IN US\$)**

UNICEF RESPONSE AND FUNDING STATUS*

	Health	Live births delivered	32%
		Funding status	32%
	Nutrition	Children receiving MNP	30%
		Funding status	70%
	Child protection	Case management	66%
		Funding status	32%
	Education	School kits delivered	27%
		Funding status	61%
	WASH	WASH supplies delivered	36%
		Funding status	19%

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



** 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

The humanitarian community in Venezuela is facing an overall decline in funding to the Humanitarian Response Plan (HRP) in 2024, with UNICEF equally impacted.

In 2024, UNICEF appealed for US\$ 147 million to provide life-saving services for 3.1 million people, including 1.7 million children.¹ As of June 2024, the appeal was funded at around 40 per cent (including carry over from 2023) thanks to generous contributions from public and private donors such as the governments of Canada, France, Japan, the Republic of Korea, Norway, Spain, Sweden and the United States of America (USA); the European Commission; Gavi - the Vaccine Alliance; and the USA and Spanish National Committees for UNICEF. UNICEF also received critical humanitarian funding through UN mechanisms.

Critical sectors such as Education and Child Protection are particularly affected by the 2024 funding gap, which hampers UNICEF's capacity to support integrated responses for children and families in the most vulnerable areas and communities. Further, most current contributions are tightly earmarked, resulting in limited flexibility to respond quickly to rapidly changing contexts such as the emergency responses resulting from climate-related disasters, and political and social unrest.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS



UNICEF/Venezuela/Leonardo Fernandez Vioria
Improved outdoor classroom in Caño Caiman, Zulia state, where the school was damaged by floods. In this community, UNICEF supports remedial education and teacher training. 5 June 2024

Venezuela's gross domestic product grew 2.6 per cent in 2023 and annual inflation was 190 per cent, the lowest rate since 2015.² However, the country still faces important challenges after multiple years of inflationary pressure and the consequent reduction in purchasing power,³ directly impacting children's quality of life. The richest 10 per cent earn 34 times more than the poorest 10 per cent (US\$347 per month versus US\$10) and the multidimensional poverty index, which covers areas such as education and health, is 51.9. In 2023, 32 per cent of people stopped eating one daily meal and 12 per cent went an entire day without eating.⁴

The ongoing humanitarian context has a multidimensional impact on children. While sustained efforts over the last years have resulted on decrease of adolescent pregnancy from 27 per cent in 2021 to 14 per cent in 2023,⁵ Venezuela still has one of the highest rates in the

region, and gains may be lost if support is not sustained and increased. Maternal mortality rates and the overall number of undernourished individuals are also among the highest in Latin America and the Caribbean.⁶ Despite the absence of updated national data, UNICEF estimates that wasting rates in children under five years of age are similarly concerning and may be among the highest in the region. Additionally, Venezuela is one of the countries experiencing more vulnerability to mosquito-borne diseases: between 2013 and 2022, the *Aedes aegypti* mosquito's capacity to transmit dengue increased 47 per cent.⁷ Staff shortage is another major concern, with 75 per cent of health centres nationwide lacking medical staff and 74 per cent lacking nursing staff.⁸ Venezuela also has one of the lowest child immunization rates: in 2023, the country had the lowest coverage in Latin America and the Caribbean for the DTP1 vaccine and the second lowest coverage for DTP3. Venezuela's DTP1 coverage was 65 per cent and DTP3 was 54 per cent, while regional rates were respectively 89 per cent and 83 per cent. Regarding the MCV1 vaccine, Venezuela had the third lowest coverage (68 per cent versus 82 per cent regional rate). In 2023, none of the 15 vaccines in the schedule achieved coverage of 90 per cent or more, which is the target in the Immunization Agenda 2030. Vaccine coverage ranged from 0 to 68 per cent per cent and Venezuela is the second country in the region with the highest number of zero-dose children.⁹

Regarding the right to education, 40 per cent of children attend school irregularly. Causes involve frequent teacher strikes (30 per cent) due to low wages, illness (19 per cent) and overall teacher absences (18 per cent). Many students end up dropping out of school; the need to generate income for the family being the main dropout reason for boys (31 per cent) and not wanting to continue studying being the most relevant factor for girls (27 per cent).¹⁰ Since 2022, public schools operate under a 'mosaic schedule' which affects children's motivation and their learning process. Under this modality, teachers are allowed to pursue other income generating opportunities during school hours to compensate for the low salaries (on average, teachers earn US\$ 20 monthly and the food basket is estimated at US\$ 547).¹¹ All these factors affect learning: among children between 7-11 years old, 41 per cent boys and 37 per cent girls show educational backwardness, while the rate for those between 12 and 17 years old is 55 per cent for boys and 26 per cent for girls.¹² In a national study covering over 23,000 students, 78 per cent failed a quantitative test and 55 per cent failed a qualitative test.¹³

Children in Venezuela are also subject to multiple forms of violence, including trafficking, sexual exploitation, and abuse. Women and adolescents are particularly vulnerable, especially in indigenous territories and border areas. In 2023, there were 253 femicides, leaving 96 orphaned children.¹⁴ Child protection concerns also include challenges to access birth registration and identification documents, which particularly affects unaccompanied migrants and children left behind under the care of third parties.

Another key issue affecting the lives of children in Venezuela is that approximately 4.3 million people are in need of safe water,¹⁵ increasing risk of infectious diseases, malnutrition and stunting. About half of the population is connected to the water network but experience interruptions and water supply rationing, with 27 per cent receiving water less than once a month.¹⁶ Many healthcare and education facilities lack WASH services, with only 28 per cent of surveyed hospitals reporting continuous access to water.¹⁷ In addition, 21 per cent of the population live in unhealthy environments near informal garbage dumps¹⁸ and up to 33 per cent need essential hygiene products such as toilet paper and soap.¹⁹ Communities in mine exploration areas are subject to consumption of water from contaminated and highly polluted rivers and other sources.

The high recurrence of climate-related emergencies also affects the lives of children in Venezuela. The country's high disaster risk level is mainly related to hydrometeorological hazards exacerbated by climate change. Population exposure to wildfires has decreased in all Latin American countries except for Venezuela, which has also experienced one of the highest increases in heatwave exposure in children under one year.²⁰ 70 percent of the population lives in mid to high levels of vulnerability to natural disasters and 15 per cent live in zones facing frequent flooding. Only 2 percent have access to an early warning emergency system and community organization to prevent and respond to emergencies.²¹ The rainy season has already left thousands of people in need, destroying homes, schools, health care facilities and other essential infrastructure across the country, mainly in Anzoátegui, Bolívar, Mérida, Sucre, Táchira and Zulia states.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)



Hugo Bravo, UNICEF Supply Officer, supervises the delivery of Venezuela's largest robotic warehouse, rehabilitated by UNICEF to increase cold chain capacity and vaccine storage. May 2024

During the reporting period, UNICEF strengthened capacities in 8,837 health workers (6,278 women, 2,559 men). Training topics included basic and comprehensive management of obstetric, neonatal, and pediatric emergencies, infection prevention and control and early childhood development. This capacity building strategy was implemented in partnership with the University of Health Science through different innovative modalities including training of teachers and health regional coordinators who will replicate the workshops during the second semester with health providers across all UNICEF's prioritized states. UNICEF also used online learning platforms to launch the 'Learning Matters' digital strategy to improve the government's health care capacities and vaccine cold chain management. Further, a scholarship programme was reactivated to build capacities for critical health workers in remote areas while ensuring the continuity of maternal, newborn and child health (MNCH) services and reducing the gap in qualified personnel (doctors and nurses) in vulnerable areas.

UNICEF provided life-saving support in 217 health centers (156 primary care centers and 61 hospitals) reaching 54,710 children (26,693 boys and 28,017 girls) with 109,420 pediatric consultations and 36,115 pregnant women with antenatal care. Additionally,

UNICEF provided safe childbirth services to 36,109 pregnant women (10,173 adolescents and 25,936 adults) out of the 112,000 live births planned for 2024, while 25,156 specialized consultations were offered to adolescents (8,035 boys and 17,121 girls). UNICEF also provided essential life-saving health commodities and completed the rehabilitation of 20 of these health centers (8 outpatient clinics, 9 hospitals and 3 school clinics) to enhance MNCH.

Regarding outreach initiatives, 40,050 school-aged children (18,509 boys and 21,541 girls) were reached through the 'Health Goes to School' program, in line with UNICEF's 'Learning-Friendly Environments' approach.²² These children underwent a comprehensive medical evaluation including assessments of visual, auditory and motor functions, as well as deworming prevention. Another 9,187 people were reached in 100 community care days (1,445 pregnant women and 7,742 children under 5 years of age) with antenatal care or pediatric consultations.

With the aim of preventing mother-to-child transmission of HIV and syphilis, UNICEF distributed dual rapid tests to ensure timely diagnosis and appropriate reference, reaching 36,213 pregnant women in antenatal care. Likewise, early diagnosis of HIV in early childhood was strengthened with the acquisition and distribution of supplies for HIV DNA PCR tests for the appropriate clinical approach to 830 exposed babies up to 18 months of age.

Regarding cold chain maintenance for safe vaccine storage, with Gavi's support UNICEF provided technical assistance to the Government and procured and installed four walk-in cold rooms with regional reach in Lara, Cojedes, Anzoátegui and Sucre states. Additionally, UNICEF undertook maintenance activities for 43 cold rooms, 146 solar refrigerators, 750 electrical fridges, 200 freezers, 31 electrical generators, 8 voltage stabilizers and 51 remote temperature systems. Furthermore, UNICEF successfully refurbished the largest refrigerated warehouse for vaccine storage in the country, located in Miranda state. Inactive for over 10 years, this warehouse is now equipped with a robotized system and consists of three chambers: the main chamber is capable of storing 294 million vaccine doses; the second chamber is designed to hold 4.3 million vaccine doses; and the third chamber, dedicated to frozen products, can store 4 million doses of frozen vaccines. Despite these efforts Venezuela still faces logistic challenges to reach children in remote areas.

UNICEF supported community-based interventions in remote areas, improving access to quality maternal and child services to 13 Warao indigenous communities in Delta Amacuro state through five deployments of a hospital ship. Further, UNICEF completed a pilot for enhancing referral communication system in these hard-to-reach indigenous areas, becoming a pioneer in Venezuela and Latin America in the introduction of third-generation Automatic Link Establishment (3G ALE) technology for the transmission of digital data through high frequency (HF) radio channels with solar supply. This has improved communication efficiency and reliability, while reducing user errors and manual tuning time. UNICEF achieved the successful installation of a fixed point in Tucupita and three mobile points on the hospital ship and river ambulances to improve the referral system for maternal, neonatal and pediatric complications, enabling referral of 150 indigenous people with health care complications.

UNICEF's health interventions for the first semester encountered challenges due to the electoral environment, which limited access and reduced family participation in community outreach and healthcare facility visits. To respond to these challenges, UNICEF rescheduled partner activities to implement sessions in the least conflictive and lowest risk areas. Further, UNICEF supported local health authorities to carry out health care days in hard-to-reach areas to identify and refer high-risk children, adolescents and

pregnant women. UNICEF also faced fundraising obstacles, particularly for critical interventions linked to the nexus approach (sustainability and scalability of the key interventions). This includes costs related to the deployment, maintenance and support of the hospital ship, as well as the implementation of the second phase of the pilot project to enhance the referral communication system in Delta Amacuro state to reach 15 more health facilities along the Orinoco River.

Nutrition



6-month-old child admitted to the UNICEF-supported nutrition recovery programme in María Angélica de Lusinchí community in Maracaibo, Zulia state. 19 June 2024.

In the first semester of 2024, UNICEF supported the Venezuela's transition to the new World Health Organization-UNICEF global wasting management guidelines. This transition involves ongoing investments in capacity building for frontline health staff, ensuring health services have the necessary resources to implement the updated protocols effectively. Further, UNICEF invested in context-based research to generate evidence on the prevention and management of acute malnutrition to adapt to the updated guidelines and the simplified protocols for emergency contexts.²³

To support and expand the reach in the prevention and treatment of maternal and child malnutrition within the public health care system, UNICEF signed work plans with the National Institute of Nutrition (INN, as per its acronym in Spanish) and the Ministry of Health (MoH). Additionally, UNICEF established agreements with four new implementing partners, bringing the total to eight non-governmental organizations (NGOs) actively partnering with UNICEF for nutrition programs. These partnerships are crucial for strengthening life-saving nutrition services and reaching remote and vulnerable areas.

To guarantee the quality of care, UNICEF continued investing in the capacity building of frontline workers, training 1,653 health professionals (1254 women and 399 men) on maternal and child nutritional care. Concurrently, UNICEF supplied essential nutrition commodities to 466 health facilities with outpatient care and 41 referral centers with inpatient care.

Together, UNICEF, INN, MoH and implementing partners screened 120,400 children under five years of age (73,143 girls and 67,757 boys) for their nutritional status, out of the 400,000 planned for 2024. Out of these, 1,972 children (1,016 girls and 956 boys) with Severe Acute Malnutrition (SAM) and 7,048 children (3,700 girls and 3,348 boys) with Moderate Acute Malnutrition (MAM) were admitted for nutritional treatment. Of the children who completed nutritional treatment, 87.3 per cent were discharged as cured, according to Sphere standards. Children discharged with nutritional risk (including those in migratory mobility and food insecurity) continued to receive nutritional follow-up and supplementation with Lipid-based Nutrient

Supplements - Medium Quantity (LNS-MQ).

To prevent anemia and other micronutrient deficiencies, 89,316 children aged 6 to 59 months (46,022 girls and 43,294 boys) received micronutrient powder for home food fortification (versus a target of 300,000 for 2024). Further, more than 57,877 pregnant and lactating women (PLW) received nutritional attention and were provided with iron and folic acid supplements or micronutrient supplements to protect their nutritional status and the first thousand days of life for their children. Among the pregnant women, 3,389 were identified with undernutrition (from which 1,025 were pregnant adolescents) and received nutritional supplementation with LNS. Additionally, out of the 250,000 planned for 2024, more than 51,076 PLW and caregivers (2,273 adolescent PLW, 7,008 adult PLW, 35,324 women caregivers and 6,471 men caregivers) of children aged 0 to 59 months received counseling on Infant and Young Child Feeding (IYCF), aligned with the National Prenatal Care Program called 'Maternal Route'.

To further enhance the quality of nutritional services, UNICEF outfitted 100 nutrition centers with anthropometric tools such as mid-upper arm circumference (MUAC) tapes, height meters and scales. Moreover, 14 institutional lactation rooms were equipped to promote breastfeeding and enable re-lactation services and three maternity hospitals, which attend more than 500 births each month each, were equipped to facilitate the early initiation of breastfeeding and promote rooming-in practices. Additionally, 11 reference hospitals in seven states were outfitted to ensure optimal conditions during stabilization and in-hospital recovery phases of SAM patients, increasing their capacity to accommodate the recovery of 10 to 20 children per month. UNICEF also rehabilitated six outpatient facilities (at Distrito Capital, Zulia and Bolívar states), expanding the capacity for crucial nutrition services in highly populated municipalities facing nutritional vulnerability challenges.

UNICEF also collaborated closely with public health centers to strengthen its information systems. To address the technological gap and limited internet access impacting routine data reporting by these centers, UNICEF worked with implementing partner Finampyme to provide technological equipment to 40 health centers, improving data reporting capacity. Additionally, advocacy efforts are ongoing to officially update national representative nutrition data.

As the lead agency of the Nutrition Cluster in Venezuela, during the first semester of 2024 UNICEF was involved in harmonizing the coordination structure. The cluster's Terms of Reference (ToRs) were reviewed, discussed and validated and cluster memberships were established and confirmed. As of June 2024, the Cluster was comprised of 35 regular members (1 UN agency, 23 NNGOs, 11 INGOs), 10 associates (2 UN agencies, 5 NNGOs, 3 INGOs) and 6 observers (1 UN agency, 3 NNGOs, 1 INGO and ICRC). As a result from the 2023 Cluster Coordination Performance Monitoring (CCPM) assessment, the Nutrition Cluster also established a Strategic Advisory Group (SAG) to improve participatory decision-making. Further, technical working groups in Community-Based Management of Acute Malnutrition, IYCF in Emergencies, nutrition information system and referral and follow-up were reactivated to support service delivery and monitoring and evaluation of core cluster functions. Also in accordance with the CCPM evaluation, the Cluster focused on strengthening partners' emergency preparedness capacity with support from the United Nations Office for the Coordination of Humanitarian Affairs and the Global Nutrition Cluster, updating guidelines with minimum standards for Nutrition in Emergencies.

As in the case of health, the electoral environment affected UNICEF's planned nutrition interventions, as well as those of Nutrition Cluster partners. Access limitations in some states further affected UNICEF and Cluster partners' programming, as well as

decreased family and health staff involvement in community outreach activities and visits to nutrition and healthcare facilities since May 2024 (affecting the number of new malnutrition cases identified). To adapt to this context, UNICEF partners following children on treatment for acute malnutrition decreased the frequency of in-person consultations while providing a longer supply of ready-to-use therapeutic food; based on lessons learned from the COVID-19 period. This strategy prevented overloading understaffed health centers or those with reduced operating hours. Alongside this adaptation, most partners were also able to maintain phone contact with families or communities. UNICEF is also strengthening its work in the Family-MUAC approach and has already established the necessary partnerships to reach the proposed targets by the end of the year.

Education



In Valles del Tuy, Miranda state, UNICEF provides learning materials and training for teachers to implement learning recovery strategies to support the right to education. 20 May 2024.

In the first semester of 2024, UNICEF continued to develop interventions aimed at improving access to and quality of education, in line with its 'Learning-Friendly Environments' approach. UNICEF trained 5,086 teachers and facilitators in basic pedagogy and/or mental health and psychosocial support. Out of these, 1,563 staff from the MoE's Education Quality Development Centers (CDCs, as per their acronym in Spanish) were trained to implement learning recovery interventions, identify out-of-school children and those at risk of dropping out and implement catch-up interventions focusing on basic literacy and numeracy skills. The participants then replicated the training to 94,820 primary school teachers, benefitting more than 1.8 million primary school students across the country (68 per cent of the total primary school student population).

From the 5,086 teachers and facilitators reached, 124 (93 women and 31 men) were trained in UNICEF's 'Care for Child Development' approach. These professionals will share play-based and communication-based guidance with more than 4,900 caregivers to promote early learning in children under 3 years of age. UNICEF also provided 287 community-based early childhood services with teaching materials.

Lastly, through implementing partner ASEINC, 3,399 teachers (2,834 women and 565 men) out of the 5,086 planned for 2024 were trained in UNICEF's 'Life Skills' and 'Sport for Development' programs, which are part of the 'Helping Adolescents Thrive' approach. These teachers in turn enabled skills development opportunities for 19,616 students (9,910 girls and 9,706 boys) from a 22,500 target for 2024. With MoE support, these programs are now being implemented nationwide, promoting physical activity, play and social-emotional

learning for more than 445,000 students in 1,441 educational institutions (21 per cent of the total secondary education population).

In contexts of economic deterioration such as that of Venezuela, many children and adolescents do not attend school because their families cannot afford educational materials. To address this situation, UNICEF provided 138,431 children (69,396 girls and 69,035 boys, including 3,974 indigenous children and 3,388 children with disabilities) with learning kits to help them remain active and engaged in school, out of the 516,500 planned for 2024. Considering teacher strikes and teacher absences are some of the key factors behind irregular school attendance for students, UNICEF also provided schools with educational kits to help raise teachers' motivation, reaching 13,152 people (11,273 women and 1,879 men, including 694 indigenous teachers).

Regarding the Education Cluster, together with co-lead organization Save the Children UNICEF started the dialogue process to formalize co-leadership agreements under the Global Education Cluster guidance. At the same time, UNICEF oversaw the review and approval of the Cluster's ToRs and began advocating with the MoE and cluster partners to emphasize the Cluster's role in Education in Emergencies. The 2023 CCPM assessment identified some improvement opportunities, especially regarding articulation mechanisms with the MoE. As a result, a protocol was co-designed with authorities to facilitate school access for humanitarian partners. Further, key action lines were identified, including socioemotional learning, teacher well-being and inclusion and equity. Training was also provided to the MoE and cluster partners, focusing on the 'Care for Child Development' approach, gender transformative education and safe schools.

In 2024, the education sector in Venezuela has faced a series of challenges limiting learning opportunities for children and adolescents. There are still barriers hindering access to schools, including the need to incorporate adjustments in response to disabilities, gender and cultural diversities and provide alternatives for children living far from a school. Despite efforts such as learning recovery programs, school infrastructure recovery and teacher training, a more sustained commitment is required to support the adoption of UNICEF's 'Learning-Friendly Environments' approach. Much work needs to be done to achieve the 2024 targets, especially regarding out-of-school children. Until June 2024, only 2,591 out-of-school children (1,210 girls and 1,381 boys) had been reintegrated out of the 216,500 planned for 2024. To address this gap, UNICEF is actively mobilizing funds to improve knowledge of parents, communities, and local authorities on the relevance of education, while strengthening capacities within the education system to identify out-of-school children, ensure retention and promote learning.

The situation is particularly urgent in areas affected regularly by floods and other climate-related issues, such as the South of Lake Maracaibo in Zulia state and municipalities in Sucre, Bolívar, Amazonas and Delta Amacuro. Strengthening educational continuity in these regions is crucial until communities develop resilience to environmental fluctuations, particularly in Sucre state where more than 4,000 children were affected by educational interruptions due to the above-mentioned floods in Cumanacoa. Further, UNICEF is currently preparing the second national training on the Temporary Strategic Plan for Learning Recovery and designing work plans for the care and reintegration of out-of-school children, as well as programs to strengthen education quality during the 2024-2025 school year starting in September.

Child protection, GBViE and PSEA



Mother receives birth certificate at UNICEF-supported Ana Teresa de Jesús Ponce Maternal and Child Hospital in Macuto, La Guaira state. February 2024.

With support from international experts, during the reporting period UNICEF produced an analysis report on the training needs in the judicial area of Venezuela's child protection system. As a result, over 112 officials participated in specialized training facilitated by the Ombudsman's Office and the Public Prosecutor's Office on prevention/response to children and women trafficking and police action when children are involved as crime victims, witnesses, or when they commit an act qualified as crime under the penal law.

In collaboration with child protection councils, health centers, schools and community programs, UNICEF provided case management support to 49,865 children and adolescents (25,438 girls and 24,427 boys), out of the 75,000 planned for 2024. Similarly, family-based care was provided to 91 children (46 girls and 45 boys), including children left behind when parents migrate. Host families received psychosocial support and training.

Regarding gender-based violence (GBV), UNICEF led two training programs on safe referral. The first cohort targeted health, education and child protection authorities and involved 45 participants (37 women, 8 men), while the second cohort had 31 participants (27 women, 4 men) from indigenous communities and the child protection and GBV Areas of Responsibility (AoRs). Further, 5,889 children (3,177 girls and 2,712 boys) and 6,354 adults (5,279 women and 1,075 men) accessed GBV risk mitigation, prevention and/or response interventions (out of the 125,000 planned), while UNICEF's global initiative Laaha was enabled in Venezuela to provide a virtual safe space for adolescents and women. During the semester, Venezuela was the country with the highest number of visits worldwide (88,219) to this website offering resources on sexual and reproductive health and GBV prevention and response.²⁴

In coordination with implementing partners, UNICEF provided child protection specialized programs and mental health and psychosocial support (MHPSS) both at the community level and in at least 130 schools in seven states, in line with its 'Learning-Friendly Environments' approach. These services reached 61,032 children and adolescents (30,380 girls and 30,652 boys) and 34,007 caregivers (28,776 women and 5,231 men), out of the 140,000 planned for 2024. In addition, MHPSS was integrated with educational interventions in three municipalities in Zulia state and UNICEF worked with Fundación Vanessa Peretti to provide psychosocial support to 411 children and adolescents with disabilities and caregivers (153 female and 258 male) in the Capital District, Miranda, Falcón, Sucre and Zulia states. UNICEF also trained 35 health, education and child protection officials (28 women

and 7 men) on its 'Helping Adolescents Thrive' methodology.²⁵ These participants will replicate the training to more than 1,000 colleagues across the country to expand the methodology in secondary schools, health care centers and foster homes.

Through partnerships with community-based organizations (CBOs) and government entities, 117,880 community leaders, parents and caregivers (71,678 women and 46,202 men) strengthened their capacities on violence prevention and positive parenting. CBOs have supported mapping and dissemination of programs and services at the local level, while UNICEF has led the creation and capacity building of child protection CBOs. Community participation and continued accountability to local and indigenous authorities have been key to build trust towards UNICEF and partners in the field.

In response to the difficulties for birth registration, access legal identity documents, and vital statistics, UNICEF initiated a procurement process for birth certificates and has delivered key supplies and equipment for the MoH to monitor and register delivery of birth certificates in hospitals, as well as the production of birth and death statistics.

Throughout all child protection interventions during the reporting period, 167,623 people received information on prevention of sexual exploitation and abuse (PSEA) and access to safe and accessible channels to report sexual exploitation and abuse. Out of these, 66,014 were children (34,124 girls and 31,890 boys) and 101,609 were caregivers (85,790 women and 15,819 men).

During the first six months of the year, as the lead agency of the Child Protection AoR, UNICEF oversaw the review and update of the AoR's ToRs and those of its SAG. The CCPM process was completed, and two areas were prioritized: contingency planning and advocacy. Additionally, the CP AoR continued strengthening partners' capacities to implement MHPSS activities and integrate a gender approach in their interventions. The AoR coordination team capacities were strengthened through participation in international training opportunities led by the Global Child Protection AoR and the Child Protection Regional Sub-Group, laying the groundwork for further capacity transfer to AoR members.

Cross-border mobility levels continued in the first half of the year, as well as deportations from Trinidad and Tobago and returns through the government-run 'Voluntary Return Program'. An estimated 53,700 people accessed UN supported services in border areas.²⁶ The absence of legal identity documents is frequent amongst children on the move, particularly returnees, compounded by the challenge of ensuring an agile mechanism for family tracing and reunification. Human mobility is also linked to concerns related to trafficking and sexual exploitation of children,²⁷ whilst territorial occupation by criminal gangs triggers sexual and GBV, trafficking and recruitment of children.

The electoral context affected UNICEF's child protection interventions in the first half of the year. However, UNICEF, in close coordination with government institutions and implementing partners, adjusted programming as needed to guarantee provision of child protection programs and services during the period, including prevention of child participation in violent demonstrations.

Water, sanitation and hygiene



Boy accessing water in the Wasulee community battery, built by UNICEF. The battery works with a windmill and benefits more than 2,000 Wayúu indigenous people in Zulia state. April 2024.

From January to June 2024, and in close coordination with the Ministry of Water, UNICEF and partners provided community-level water access solutions in highly vulnerable communities, reaching 61,799 people out of the 2,200,000 planned for 2024. This was done through rehabilitation of pumping stations, water trucking for the continuation of essential services in areas affected by water scarcity and provision of Household Water Treatment and Safe Storage products to families of children with MAM and SAM.

To enhance UNICEF's nutrition interventions, the 'WASH/NUT' integrated program works with families with children who have been diagnosed with MAM/SAM and communities with critical MAM/SAM rates. This program provides hygiene supplies and key messages to prevent diseases linked to inadequate WASH, supporting nutritional recovery. During the reporting period, the program reached 143,149 people (219,248 female and 204,049 male).

Given that children spend a significant portion of their day in educational settings, over the course of the reporting period UNICEF also provided 278 schools in remote and highly vulnerable communities with critical WASH supplies and hygiene promotion activities, reaching 77,845 children and adolescents. This 'WASH in School' program supports UNICEF's education outcomes and is part of the 'Learning-Friendly Environments' approach.

Operation and maintenance (O&M) toolkits were distributed in all these schools to solve frequent WASH issues and 1,946 maintenance staff (584 women and 1,362 men) were subsequently trained to ensure their proper use. A WASH brigade was formed in each school (composed of children, teachers, parents, caregivers and other members of the school community) to support dissemination of key hygiene messages both at the school and community level through awareness-raising activities on WASH and climate resilience. Working in schools with the educational community and engaging WASH brigades is a more cost-effective way to reach families and communities with hygiene promotion and WASH activities, as boys and girls have the potential to become agents of change in their families and communities with appropriate training and support. Additionally, all the schools received hygiene supplies, handwashing stations and didactic materials to increase access to key WASH information for their parents and caregivers.

Among UNICEF-supported schools, 128 benefited from WASH rehabilitation upgrades and 50 installed solar electrolytic chlorinators to increase autonomy and availability of water treatment products. In schools where bathroom facilities were rehabilitated, UNICEF also

provided menstrual hygiene supplies. A total of approximately 8,300 people (6,640 women and 1,660 men), including members of the CDCs, teachers and other key members of the educational community participated in WASH capacity building activities and acquired essential WASH knowledge which is then transmitted from to children through hygiene promotion activities in schools.

International Days were leveraged as key opportunities to disseminate WASH messages building on Social and Behavior Change (SBC) methodologies. On 22 March, International Water Day was celebrated reaching 57,596 people (18,300 boys, 21,387 girls, 10,809 women and 7,100 men); allowing UNICEF and partners to reinforce the link between responsible and sustainable water use for child protection. Various activities were organized with the active engagement of students and their families, including the creation of murals, songs and exhibits. For this special day, UNICEF shared a social media kit with the slogan 'Conserving water is preserving life. Every drop counts.' Then on 28 May, to commemorate Menstrual Hygiene Day, UNICEF, the WASH Cluster, UNFPA, UN Women and 24 NGOs organized community engagement activities reaching a total of 8,967 individuals (4,735 boys, 2,924 girls, 559 women and 749 men, including 21 children with disabilities). Key activities included production of reusable sanitary towels, empowerment sessions and distribution of hygiene kits.

Since water access is directly linked to infection, prevention and control (IPC) in healthcare facilities, UNICEF provided 41 health centers in areas with high rate of vulnerable populations with WASH assistance (27 hospitals and 14 primary healthcare facilities). This included WASH rehabilitations and provision of key WASH supplies. Moreover, 132 healthcare workers (91 women and 41 men, including 2 persons with disabilities) were trained on WASH and IPC subjects through an SBC approach. WASH toolkits were distributed in 32 health facilities to accompany the overall O&M strategy, ensuring facilities can address WASH-related issues promptly. Moreover, UNICEF installed 36 solar electrolytic chlorinators in healthcare facilities to increase autonomy and availability of disinfection products. These interventions are part of UNICEF's 'WASH in Health' program, which directly contributes to UNICEF's health outcomes.

During the reporting period, WASH activities were also implemented in 14 protection centres across Zulia, Sucre and Miranda states. These centres received hygiene and cleaning materials to ensure a safe and clean environment, while hygiene promotion was integrated within their MHPSS care activities.

Throughout its WASH programme, UNICEF actively implemented inclusive initiatives during the reporting period. Focus groups and workshops were conducted with 156 girls and adolescents, caregivers and female community leaders to create and deliver adapted hygiene communication materials. In the Sinamaica Lagoon, in Zulia state, further discussions were held with 477 members of the Añu indigenous community (including 42 children and adolescents with disabilities) to inform a hygiene promotion strategy and adapt material included in hygiene kits.

As the lead agency of the WASH Cluster in Venezuela, UNICEF coordinated the revision of the Cluster's approaches according to the Inter-Agency Standing Committee standards and global best practices. This included updating the membership ToRs, with 45 registered members, and selecting a new SAG composed of two national NGOs, two international NGOs and UN Agencies. Furthermore, cluster members elected the Norwegian Refugee Council (NRC) as co-coordination organization. Additionally, the CCPM identified the need to improve the planning, implementation and monitoring of the WASH Cluster strategies. To address these gaps, the standards' technical working group was re-established with key partners to review the Data4Action strategy and the Cluster's Standard Operating Framework. The Cluster also engaged with its

partners to better understand gaps and priorities for strategic processes related to response funds.

Many communities in Venezuela still cannot access clean water for consumption, food preparation and basic hygiene practices to care for their children. This spreads infectious diseases and is an underlying cause of malnutrition and stunting. The lack of access to WASH services and supplies is a major barrier to household hygiene, severely affecting children's health, school continuity and growth. UNICEF is focusing its interventions in the most affected communities, some of which are located in remote areas facing logistical constraints, insecurity and other access issues that have been exacerbated due to the electoral context. To address this, UNICEF is constantly advocating with local and national authorities to ensure implementation continuity. Inevitably, the country's most vulnerable groups are the most affected, including children with disabilities, indigenous children, children of African heritage, girls and adolescents.

SBC and AAP



Mother and child receive information on feedback mechanisms during UNICEF-supported community care day at CEI Gabriela Mistral, Capital District. 18 March 2024.

As part of SBC strategic actions, during the first half of 2024 UNICEF reached 60 staff (40 women and 20 men) from 16 partner organizations through theoretical-practical workshops. The trainings covered stakeholder mapping methodologies, resulting in 935 key actors identified in eight states including CBOs, faith-based organizations and community councils. Further, the workshops covered capacity building for mapped stakeholders and participatory development of tools, as well as UNICEF's methodology "The most significant change" with the support of the Regional Office. This methodology provides a qualitative approach to inform and facilitate implementation adjustments.

Throughout its programming, UNICEF and partners engaged 116,153 people in reflective dialogue through community platforms (38,928 women, 27,163 men, 24,931 girls and 25,131 boys, including 2,747 indigenous people and 102 people with disabilities), out of the 175,150 planned for 2024. These people were reached through community promotion activities, dialogue and reflection spaces and sports and cultural activities to create awareness on topics such as good hygiene, appropriate infant feeding, access to essential services, prevention of violence and child protection risks, particularly in rural, peri-urban and indigenous communities. Additionally, representatives from 295 CBOs and other organizations were trained on developing and adapting community plans and strategies to safeguard children's rights, taking into account the motivations, language and culture of the communities in the adoption

of life-saving practices.

During the reporting period, 25,825 people were reached with timely and lifesaving information on how and where to access available services, through radio and other community media. To achieve the 2024 target of 3,000,000 people, UNICEF is working with implementing partner Fe y Alegría. This NGO has 23 community radio stations reaching 13 states.

UNICEF also conducted a study on early childhood parenting skills based on the SBC behavioral drivers' methodology. Covering the 10 UNICEF prioritized states, this research will contribute to the development of UNICEF's National SBC Strategy to strengthen the capacities of parents and caregivers in parenting practices within the children rights' framework. Among other findings, the study identified that care responsibilities fall mainly on women and that parents lack clarity on breastfeeding and ICYF. Another key finding was that caregivers do not consider formal education for children under three years of age to be important.

In terms of system strengthening, in the framework of the International Day of Play (11 June), UNICEF presented the third edition of the 'Healthy Children in 12 Steps' guide. Based on the Child Development Care approach and targeting PLW, this new edition features a QR code with audios for people with visual disabilities listing key services for PLW and children. The development of this tool was a collaborative effort with the MoH, MoE, INN and UN Women.

In 2024, UNICEF Venezuela's commitment and actions to promote Accountability to Affected Populations (AAP) and PSEA have been recognized in UNICEF's Global AAP Community of Practice and international meetings with representatives from more than 30 countries, including UN senior management, UNICEF staff and NGOs. UNICEF also continues co-leading the Inter-Agency Working Group for AAP in Venezuela, which is currently mapping NGO feedback mechanisms in the country to develop a safe referral protocol. As part of the Working Group, UNICEF is coordinating the development of a directory of AAP best practices and collaborating with UNFPA in piloting and adapting humanitarian guidelines for participatory community planning.

More than 168,000 beneficiaries have been reached through information on services, benefits and expected behavior of humanitarian personnel and feedback mechanisms (118,663 women and 49,399 men, including 11,033 indigenous people and 885 persons with disabilities). Further, 6,025 reports were received related to UNICEF programming through the Inter-Agency Contact Line and 25,126 reports were submitted through implementing partners' mechanisms, such as suggestion boxes, surveys and face-to-face sessions (totaling 31,151 people sharing concerns and asking questions, out of the 55,000 planned). These requests for information, suggestions and complaints have allowed UNICEF to adjust and improve interventions.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY



Emergency simulation workshop led by UNICEF and OCHA and the UN Resident Coordinator in Caracas, Miranda state. 14 March 2024.

UNICEF is strongly engaged within the Humanitarian Country Team (HCT), continuously working to consolidate children and adolescents at the core of the response in Venezuela based on the Core Commitments for Children in Humanitarian Action. As the lead agency of the Education, Nutrition, and WASH clusters and the Child Protection AoR, UNICEF has had an active role in coordinating efforts among humanitarian actors in Venezuela, including United Nations (UN) agencies as well as national and international NGOs.

In 2024, UNICEF has contributed to addressing the most critical needs of children and adolescents through humanitarian coordination efforts. Working closely with UNICEF global and regional offices, the focus has been on establishing effective co-leadership agreements, reviewing clusters/AoR's ToRs, validating cluster memberships, forming SAGs, reactivating technical working groups and improving information management processes. These efforts have aimed at enhancing collaboration and effectiveness in the inter-agency response.

During the first semester, UNICEF conducted an emergency simulation exercise for the HCT Team, in partnership with the Humanitarian Coordinator and OCHA, to assess coordination and information management capabilities for responding to rapidly evolving emergencies through inter-agency cooperation in Venezuela. 60 people participated in the exercise, including 50 from the UN system, eight from international organizations and two from national organizations.

Regarding Disaster Risk Reduction and Response (DRR-DP), UNICEF has led capacity-building activities to strengthen the technical capacities of national and subnational institutions. In March 2024, 59 civil protection officials from Anzoátegui and Zulia states received training in needs assessment and emergency decision-making with a child-centered approach. Now, UNICEF is launching a new DRR-DP program to enhance resilience in the disaster-prone Zulia, Sucre, and Delta Amacuro states. The main goal is to bolster preparedness and response capabilities to ensure sustainable solutions for children, adolescents, women and their communities. UNICEF's approach involves strengthening the Emergency Response System to link municipal teams, education and civil protection systems within education circuits and their communities. This initiative will be carried out in partnership with the UN Office of the High Commissioner for Refugees.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- UNICEF contributes to the recovery of learning of children and adolescents in Venezuela (youtube.com)
<https://www.youtube.com/watch?v=SdSN10QCHqk&t=12s>
- UNICEF contributes to access to safe water in remote communities (youtube.com)
<https://www.youtube.com/watch?v=o7KgVBwLEhs>
- UNICEF carries out nutritional workshops to protect boys and girls from malnutrition. (youtube.com)
<https://www.youtube.com/watch?v=u5k2Yr8cGLU>
- UNICEF contributes to access to safe water in remote communities (youtube.com)
<https://www.youtube.com/watch?v=o7KgVBwLEhs>
- UNICEF supports initial education services with training in early childhood development (youtube.com)
<https://www.youtube.com/watch?v=MryJBxSBVjk>
- UNICEF continues to support the strengthening of the cold chain in Venezuela (youtube.com)
<https://www.youtube.com/watch?v=51RNT3fNh90>
- UNICEF supports access to the right to identity for children in Venezuela (youtube.com)
<https://youtu.be/8BBTPYG8Blo?si=38v1wtiEaG5xArSh>

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: JANUARY 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% ²⁸
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	536,200	-	0% ²⁹
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	1.2 million	90,825	▲ 7%
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	112,000	36,109	▲ 32%
Nutrition					
Children 6-59 months screened for wasting	Total	-	400,000	120,400	▲ 30%
Children 6-59 months with severe wasting admitted for treatment	Total	-	35,800	1,972	▲ 6%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	250,000	51,076	▲ 20%
Children 6-59 months receiving micronutrient powder	Total	-	300,000	89,316	▲ 30%
Child protection, GBVIE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	140,000	95,039	▲ 68%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	125,000	12,243	▲ 10%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	100,000	167,623	▲ 168%
Children who have received individual case management	Total	-	75,000	49,865	▲ 66%
Education ³⁰					
Children accessing formal or non-formal education, including early learning	Total	-	216,500	2,591	▲ 1%
Children receiving individual learning materials	Total	-	516,500	138,431	▲ 27%
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 ³¹	5,086	▲ 57%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	2.2 million	61,799	▲ 3%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	516,500	77,845	▲ 15%

People reached with critical WASH supplies	Total	-	400,000	143,149	▲ 36%
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	25,825	▲ 1%
People engaged in reflective dialogue through community platforms	Total	-	175,150	116,153	▲ 66%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	55,000	31,151	▲ 57%

**Progress in the reporting period 1 January to 30 June 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	338,514	160,999	7,647,895	17,652,592	68%
Nutrition	18,200,000	38,341	-	12,768,151	5,393,508	30%
Child protection	18,150,000	299,537	85,328	5,497,300	12,267,835	68%
Education	18,100,000	-	859,777	10,256,570	6,983,653	39%
WASH	61,800,000	15,115	349,688	11,285,541	50,149,656	81%
Cross-sectoral	4,950,000	-	31,700	14,715,623	-	0%
Total	147,000,000	691,507	1,487,492	62,171,080	82,649,921	56%

**repurposed other resources with agreement from donors*

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ENDNOTES

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5. Ibid.
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10. Universidad Católica Andrés Bello, 'Encuesta Nacional de Condiciones de Vida', 2024, <www.proyectoencovi.com>
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22. Based on UNICEF's 'Child-Friendly Schools' approach, the 'Learning-Friendly Environments' model leverages schools and alternative learning centers as community hubs for delivering a comprehensive response to address the numerous deprivations faced by children. The integrated 'Learning-Friendly Environments' approach encompasses Education in Emergencies, Protection, Health, Nutrition, WASH and Disaster Preparedness.
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27. Data provided by Municipal Child Protection authorities (CPNNA, as per their acronym in Spanish) and UNICEF partner Tinta Violeta.
28. No data available
29. No data available
30. 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.
31. In addition, UNICEF will improve the working conditions of 19,500 teachers by distributing individual classroom kits.