UNICEF/2024/Fernandez Viloria

In Sur del Lago, Zulia State, a boy carries his desk to attend class under a tree after his classroom was flooded, a regular occurrence during the rainy season. UNICEF promotes disaster risk reduction in this region.

unicef for every child

**Humanitarian Action for Children**

# Bolivarian Republic of Venezuela

## HIGHLIGHTS

- In the Bolivarian Republic of Venezuela, children continue to be affected by a protracted crisis aggravated by the impacts of climate change. The most vulnerable are children in mobility and left behind, those with disabilities, children in Indigenous communities and those living in the presence of armed non-state actors. Limited access to life-saving services increases children's exposure to violence, abuse and exploitation.
- In 2025, UNICEF will continue focusing on supporting the most vulnerable children while promoting innovative and sustainable solutions that enhance communities' resilience to shocks.An integrated programmatic response will address children's immediate needs in health, nutrition, education, child protection and WASH.
- UNICEF requires $183 million to provide these life-saving services for 3.3 million people in the Bolivarian Republic of Venezuela, including 1.8 million children. Full funding is required for UNICEF to support the realization of the rights of the most vulnerable children affected by the country's complex crises.

IN NEED

**7.7 million people**[1,2]

**3.8 million children**[3]

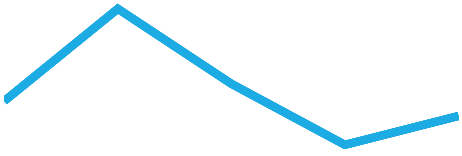
TO BE REACHED

**3.3 million people**[4]

**1.8 million children**[5]

FUNDING REQUIREMENTS

**US$183 million**




## KEY PLANNED TARGETS

**406,000**
children and women accessing primary health care

**656,000**
children accessing nutritional support for prevention or management of acute malnutrition

**430,000**
children receiving individual learning materials

**2.3 million**
people accessing a sufficient quantity and quality of water

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

## HUMANITARIAN SITUATION AND NEEDS

Since 2014, the Bolivarian Republic of Venezuela has experienced economic decline, leading to the collapse of social services and the migration of more than 7.7 million people.[6] In September 2024, the inflation rate was 46 percent,[7] teachers' average wage was approximately $19 per month[8] and the basic food basket cost $539.[9] Conditions remain critical, especially for children left behind by parents who emigrated, living with disabilities, and from Indigenous families.

The health system is overstretched due to a deteriorated public infrastructure, limited access to supplies and staff shortages; 57 per cent of hospitals lack regular access to safe water,[10] which, combined with irregular antenatal consultations, infectious diseases and complications during pregnancy and childbirth, threaten mothers' and children's survival. Out of every 1,000 live births, 33 children do not reach the age of 5 years, and up to 20 children die during the first 28 days of life.[11] The country shows a significant deterioration in maternal mortality, with an increase in the maternal mortality rate of 182.8 percent in 20 years.[12] Immunization coverage is only 54 percent for the third dose of diphtheria–pertussis–tetanus vaccine,[13] the second lowest coverage in the region. Eighteen per cent of the population is undernourished, while 1.8 million women aged 15–19 years are affected by anaemia.[14] Approximately 9.4 percent of children under age 5 are wasted,[15] and UNICEF will target 62,162 of them for treatment.[16]

In 2024, 3.7 million people needed WASH services. Moreover, 70 per cent of the population is vulnerable to natural hazards and only 2 percent have access to early warning systems,[17] which increases the risk of a public health emergency. During the year, more than 27,000 children were affected by climate change-related disasters.[18]

The continuity of education is compromised, with more than 167,000 teachers having left their jobs[19] and those remaining working only twice a week, in inadequate school infrastructure. This has led to to reduced learning hours, academic disruptions and a 37 per cent decrease in enrolment for the 2024–2025 academic year compared with 2021–2022.[20] A comprehensive humanitarian approach is essential to stabilize the education workforce, improve school infrastructure and support teachers and students to ensure continuous and quality education. Regular school attendance has a direct effect on reducing children's exposure to protection risks.

In a context compounded by climate change, social service collapse, political unrest and the presence of armed non-state actors, children face severe risks of violence, trafficking, exploitation, forced recruitment, sexual and gender-based violence and abuse. The situation of children left behind by migrant parents and those in border areas, as well as the overall impact on children's mental health, is of particular concern.

### SECTOR NEEDS

**1.8 million**
people in need of health services[21]

**1.2 million**
people in need of nutrition assistance[22]

**1.6 million**
children in need of protection services

**2.7 million**
children in need of education support[23]

**3.6 million**
people lack access to safe water[24]

## STORY FROM THE FIELD

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Anita, 7, lives in Zulia State, where children face multiple deprivations. With UNICEF support, Anita recovered from severe wasting four years ago and is now attending school.

Anita, 7, lives in Etnia Guajira sector, in the municipality of Maracaibo, Zulia State. She smiles, plays, and attends school regularly.

Four years ago, her situation was very different: she was severely wasted, and her relatives feared she would not survive. After being identified by a community promoter with the Centre for the Integral Promotion of Children, a UNICEF partner, Anita entered into treatment weighing only 6 kilograms. With UNICEF's support, Anita recovered completely.

Today, UNICEF continues to support Anita through its education in emergency and child protection programmes, to guarantee her well-being.

**Read more about this story here**

# HUMANITARIAN STRATEGY

UNICEF's response is multisectoral, evidence-based and life-saving. UNICEF's humanitarian strategy in the Bolivarian Republic of Venezuela responds to the impact of the ongoing slow-onset socioeconomic crisis, to mitigate the effects of the progressive deterioration of social services in the country. As the cluster lead agency for the Education, Nutrition and WASH clusters, and the Child Protection Area of Responsibility, UNICEF generates and disseminates data, creates child-sensitive advocacy products and builds local partners'capacity in humanitarian action and risk management. UNICEF mainstreams resilience, disaster risk reduction and preparedness into its programme and promotes a localized approach to ensure community-level impact. It is committed to inclusive and gender-transformative programming, including disability training for front-line workers,[25] and promotes the participation of affected populations in decision-making while strengthening the right-based approach for inclusive services during emergencies.[26]

Based on needs analyses carried out by the Health and Nutrition clusters, UNICEF focuses on reducing neonatal and maternal mortality and malnutrition. This includes strengthening the cold chain so that is can endure irregular electricity services, building the capacities of health personnel, providing essential supplies and equipment, strengthening referral mechanisms and rehabilitating critical spaces for obstetric neonatal emergencies. UNICEF prevents, detects and treats all forms of early childhood malnutrition, and seeks to reduce the child mortality rates by facilitating consultations for children under age 5.

In education, UNICEF is committed to providing humanitarian aid, ensuring that out-of-school children and those at risk of dropping out have access to education. By fostering supportive learning environments and learning recovery, UNICEF helps ensure education continuity for children. Schools become integral support centres where protection, WASH, health and nutrition services work together to address the causes of academic dropout.

In child protection, UNICEF improves children's access to quality case management and specialized services, including legal identity services, as well as gender-based violence prevention and response. This entails development of referral mechanisms, standard operating procedures and evidence-based approaches to address the needs of unaccompanied children, children left behind and victims of violence, in close synergy with Child Protection Area of Responsibility partners. UNICEF also strengthens community-based child protection mechanisms, focusing on Indigenous communities and border areas where children are vulnerable to trafficking, exploitation and recruitment by armed non-state actors and gangs.

UNICEF provides life-saving WASH services and practices in the most vulnerable communities and schools, health-care facilities and protection centres, focusing on areas with severe humanitarian needs, determined in coordination with the WASH Cluster. Key WASH interventions include providing access to safe water, hygiene promotion, infection prevention and control, WASH kits and emergency sanitation. UNICEF will continue to scale up and mainstream climate adaptation into its programmes, using WASH as an entry point.

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

# 2025 PROGRAMME TARGETS

## Health (including public health emergencies)

- **406,000** children and women accessing primary health care in UNICEF-supported facilities
- **165,000** pregnant women receive childbirth attention in UNICEF-supported facilities

## Nutrition

- **262,000** primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- **656,000** children accessing nutritional support for prevention or management of acute malnutrition
- **62,000** children with acute malnutrition enrolled in the treatment programme
- **220,000** pregnant and lactating women accessing micronutrient supplementation

## Child protection, GBViE and PSEA

- **300,000** children, adolescents and caregivers accessing community-based mental health and psychosocial support
- **185,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **2,000,000** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- **200** unaccompanied and separated children provided with alternative care and/or reunified
- **150,000** children who have received individual case management
- **500,000** children have access to birth registration or other identity docuements

## Education

- **241,000** children accessing formal or non-formal education, including early learning
- **430,000** children receiving individual learning materials
- **24,000** children and adolescents accessing skills development programmes
- **20,000** teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support

## Water, sanitation and hygiene

- **2,300,000** people accessing a sufficient quantity and quality of water for drinking and domestic needs
- **430,000** children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces
- **746,000** people reached with critical WASH supplies

## Social protection

- **90,000** frontline workers trained on disability-inclusive services in emergencies

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

- **3,000,000** affected people reached with timely life-saving information on how and where to access available services
- **90,000** people sharing their concerns and asking questions through established feedback mechanisms

## Preparedness and disaster reduction

- **150,000** people reached through information, education and SBC on DRR and resilience
- **60,000** people reached by child-centered contingeny plans
- **12** municipal governments and other local institutions engaged in DRR through Disaster Risk Assessments and Disaster Preparedness measures

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.

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

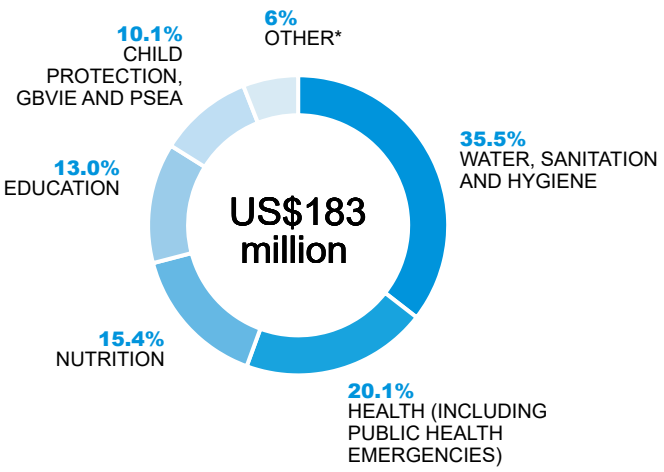
# FUNDING REQUIREMENTS IN 2025

In 2025, UNICEF requires $183 million to meet the humanitarian needs of crisis-affected children, especially those living in isolated and border areas.[27] The requested amount is 24 percent higher than in 2024 ($147 million) due to the increased number of children to be reached (approximately 10 per cent more in 2025 than in 2024) and the growing operational and logistical challenges of delivering life-saving services in remote and hard-to-reach places impacted by climate change.

The challenging post-electoral context, along with the effects of climate change, puts additional strain on a country that already suffers from prolonged humanitarian, political and socioeconomic crises.

Securing flexible, multi-year funding is essential to support the continuity of critical services in such a context, and to ensure that progress made in recent years is sustained in priority interventions including maternal and neonatal emergency health care, treatment for severe wasting in children under age 5 and learning recovery. Due to reduced school enrolment for the 2024–2025 academic year, there is a significant need for increased funding to support education interventions to keep children learning. Full funding will allow UNICEF to avert a lost generation. Beyond health, nutrition and education, these funds will enable UNICEF to promote access to quality WASH and child protection services in the most vulnerable communities. This includes programmes for prevention and response to gender-based violence in emergencies and for protection of populations from sexual abuse and exploitation. UNICEF is also emphasizing the growing need to invest in disaster risk reduction, adaptation to climate change and social protection and inclusion, especially for children with disabilities and those from Indigenous communities.

In 2024, only 45 per cent of the funds required to respond to the humanitarian needs of children and families in the Bolivarian Republic of Venezuela were received.Without adequate and timely funding in 2025, UNICEF and its partners will not be able to meet the critical humanitarian needs of 3.3 million people, including 1.8 million children.




**This includes costs from other sectors/interventions : Cross-sectoral (HCT, SBC, RCCE and AAP) (3.0%), Preparedness and disaster reduction (2.3%), Social protection (<1%).*

| Sector | 2025 requirements (US$) |
|---|---|
| Health (including public health emergencies) | **36,716,000**[28] |
| Nutrition | **28,140,000** |
| Child protection, GBViE and PSEA | **18,568,000** |
| Education | **23,718,000** |
| Water, sanitation and hygiene | **65,000,000** |
| Social protection | **1,100,000** |
| Cross-sectoral (HCT, SBC, RCCE and AAP) | **5,500,000** |
| Preparedness and disaster reduction | **4,300,000** |
| **Total** | **183,042,000** |

## Who to contact for further information:

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# ENDNOTES

1. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), estimate for 2024–2025.

2. 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.

3. Ibid.

4. This figure was calculated based on the target of people accessing a sufficient quantity and quality of water for drinking and domestic needs (2.3 million), which reflects UNICEF's multisectoral programming. However, not all the health, nutrition, education and child protection interventions include a WASH component. Further, the health and nutrition programmes reach reference health-care facilities in geographic areas that are not covered by the WASH programme. Therefore, the total number of people to be reached also includes 40 per cent children accessing nutritional support for the prevention or management of wasting (262,400); 40 per cent pregnant and lactating women accessing micronutrient supplementation (88,000); 50 per cent teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support (10,000); 50 per cent children receiving individual learning materials (215,000); 50 per cent children, adolescents and caregivers accessing community-based mental health and psychosocial support (150,000); and 50 per cent children accessing birth registration or other identity documents (250,000). The total figure includes 1,670,000 women/girls (51 per cent) and an estimated 197,000 people with disabilities (6 per cent). 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. This figure was calculated estimating 45 per cent of the target of people accessing a sufficient quantity and quality of water for drinking and domestic needs are children (1,035,000), since this indicator reflects multisector programming. Not all health, nutrition, education and child protection interventions include a WASH component. Therefore, the figure also includes 40 per cent children accessing nutritional support for the prevention or management of wasting (262,400); 50 per cent children receiving individual learning materials (215,000); 50 per cent children, adolescents and caregivers accessing community-based mental health and psychosocial support (75,000, which leaves out caregivers); and 50 per cent children accessing birth registration or other identity documents (250,000). The total figure includes 937,000 girls (51 per cent) and an estimated 110,000 children with disabilities (6 per cent). 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. Regional Interagency Coordination Platform for Refugees and Migrants of Venezuela, R4V Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region, November 2023, available at <www.r4v.info/en/document/r4v-latin-america-and-caribbean-venezuelan-refugees-and-migrants-region-nov-2023>.

7. Observatorio Venezolano de Finanzas, Hablan los números: Mes de Septiembre 2024, available at <https://observatoriodefinanzas.com/>.

8. Federación Venezolana de Maestros, Data CENDAS-FVM: Poder Adquisitivo del Salario Docente del mes de septiembre 2024, available at <https://fvmaestros.org/data-cendas-fvm-poder-adquisitivo-del-salario-docente-del-mes-de-septiembre-2024/>.

9. Ibid.

10. Médicos por la Salud, 'Encuesta Nacional de Hospitales', 2024, available at <www.encuestanacionaldehospitales.com/>.

11. Compared with 16 and 9, respectively, in Latin America and the Caribbean. Source: United Nations Inter-agency Group for Child Mortality Estimation, Levels & Trends in Child Mortality: Report 2022, January 2023, available at <https://childmortality.org/wp-content/uploads/2023/01/UN-IGME-Child-Mortality-Report-2022.pdf>.

12. 259 per 100,000 live births compared with 88 at the regional level. Source: World Health Organization (WHO), UNICEF, United Nations Population Fund (UNFPA), World Bank Group and the United Nations Population Division, Trends in maternal mortality 2000 to 2020, February 2023, available at <https://data.unicef.org/resources/trends-in-maternal-mortality-2000-to-2020/>.

13. UNICEF Immunization regional snapshots (July 2024), available at <https://data.unicef.org/resources/regional-immunization-snapshots/>.

14. Food and Agricultural Organization of the United Nations (FAO), International Fund for Agricultural Development, UNICEF, World Food Programme (WFP) and WHO, The State of Food Security and Nutrition in the World 2023: Urbanization, agrifood systems transformation and healthy diets across the rural–urban continuum, FAO, Rome, 2023, available at <www.fao.org/documents/card/en?details=cc3017en>.

15. The 9.4 percent figure is the average of data collected by UNICEF and NGO partners through mass nutrition screening activities in targeted municipalities in 2022. The screening sample for this figure is comprised of all the children who accessed UNICEF's essential nutritional activities in outpatient clinics, hospitals and community centres during 2022 in prioritized municipalities (new cases only). Consequently, in the absence of a nutrition survey, including incidence factors and specialized calculation methodologies, these data collection and analysis efforts are an important reference on wasting in children under 5 years of age and low-weight pregnant women. However, these data are not statistically representative and should not be taken as a national/population reference.

16. Since it is not possible to estimate the prevalence of child wasting nationally, the number of cases calculated by UNICEF is a reference based on the percentages of cases with moderate acute malnutrition (MAM)/severe acute malnutrition (SAM) among children who access screening in prioritized centers. This percentage is used as prevalence data for the caseload calculation. Simplified caseload formula: National population 6–59 months x prevalence x 2.6 (global correction factor).

17. Universidad Católica Andrés Bello, Encuesta Nacional de Condiciones de Vida, 2024, available at <www.proyectoencovi.com>.

18. UNICEF Venezuela, Rainy Season Emergency Situation Report no. 5.

19. Diagnóstico de educación basica en Venezuela: Reporte final (2021), available at <https://eneed-venezuela.org/wp-content/uploads/VNZ_Education_Diagnostic_spanish.pdf>.

20. Tal Cual, Cifras del gobierno indican que matrícula estudiantil cayó 37% en dos años, available at <https://talcualdigital.com/maduro-ordena-recuperar-todas-las-escuelas-y-la-matricula-estudiantil-al-100-o-mas/>.

21. UNICEF estimates based on Health Cluster projections for 2024–2025. This figure includes 1,414,167 children and 398,256 adult pregnant and lactating women. Last year the figure reflected only the need for immunization services. This year the figure has been expanded to reflect broader health needs of children and pregnant and lactating women in the country.

22. Nutrition Cluster estimate for 2024–2025. This figure includes 816,515 children and 355,776 pregnant and lactating women.

23. Education Cluster estimate for 2024–2025.

24. The WASH people in need number included in the 2024 appeal (4.3 million people) reflected the 2022–2023 number of people in need of WASH services. The final number of people in need for 2024 was 3.4 million people.

25. Front-line workers include teachers, health staff, child protection council staff and community workers.

26. According to the Core Commitments for Children in Humanitarian Action.

27. The funding required for the health sector does not include procurement of vaccines or supplies for routine immunization activities, estimated at $25.3 million, due to the support provided by GAVI, the Vaccine Alliance. GAVI already supported the country by procuring the eight essential vaccines for the period of one year, but there is still available stock and the agreement included the Government covering vaccine costs beyond the period. Also not included is the cost for procurement of paediatric antiretroviral treatments, estimated at $1,057,000, because essential needs for procurement of antiretrovirals for children and adults are included in the proposal to be financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, for HIV, tuberculosis and malaria programmes in 2024 and 2025.

28. This year's programme has an increased its focus on childbirth support, prenatal consultations and paediatric consultations. These interventions are more costly than vaccinations.