UNICEF/2025/Pocaterra

UNICEF Education Officer Mariella Adrian supervise learning recovery interventions for indigenous children in Pedernales, Delta Amacuro state. 25 March 2025

unicef for every child

Humanitarian Situation Report No. 2

Reporting Period
1 January to 31 December 2025

Venezuela

HIGHLIGHTS

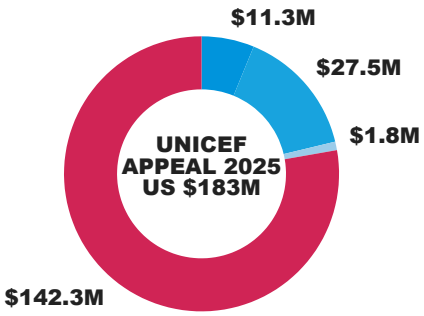
- In 2025, Venezuela's protracted humanitarian crisis deepened amid new challenges, including severe flooding that affected over 370,000 people across 16 states. These dynamics compounded systemic gaps in health, nutrition, education and protection, leaving 3.8 million children in need of humanitarian assistance.
- Inflation soared to 548.6 per cent, eroding household purchasing power and limiting access to essential goods and services, while civic space restrictions curtailed programme delivery and community engagement.
- Despite funding and access constraints, UNICEF interventions contributed to improved continuity and quality of essential services for children and women in priority states, reaching 1,080,903 people (including 757,179 children, among which 402,568 are girls).[1]
- Venezuela's 2025 Humanitarian Action for Children appeal was only funded at 23 per cent, resulting in significant gaps across health, nutrition, education, WASH and child protection, and undermining efforts to meet critical targets and sustain life-saving services.

SITUATION IN NUMBERS

1,800,000
Children to be reached[2]

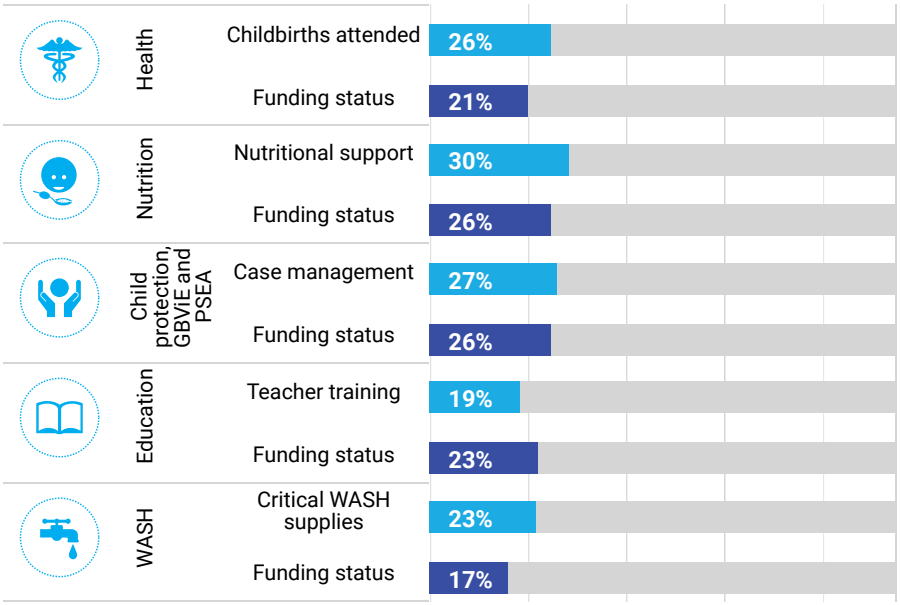
3,300,000
People to be reached[3]

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

UNICEF RESPONSE AND FUNDING STATUS*



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

FUNDING OVERVIEW AND PARTNERSHIPS

In 2025, **UNICEF Venezuela's Humanitarian Action for Children (HAC) appeal estimated a need for US$183 million to address the urgent needs of 3.3 million people in Venezuela, including 1.8 million children.** Throughout the year, UNICEF collaborated closely with national, regional and local authorities, United Nations agencies, non-government organisations (NGOs), and the private sector to advance the rights of every child. These efforts included robust advocacy and strategic partnerships aimed at raising awareness and driving concrete action.

UNICEF expresses its **sincere appreciation to Canada, the European Commission, Japan, Norway, the Republic of Korea, Spain and the United States, as well as the German and United States UNICEF Committees and the Central Emergency Response Fund for their generous contributions.** Their support was instrumental in delivering life-saving assistance to millions of children and families across Venezuela in 2025. In a year marked by unprecedented challenges and a significant funding gap, these partners stood by the most vulnerable children, enabling UNICEF to sustain critical interventions in health, nutrition, education, WASH and child protection. Continued solidarity and partnership remain essential to protect children's rights and ensure that no child is left behind.

Despite these contributions, **UNICEF Venezuela HAC appeal was funded at only 22 per cent, leaving a 78 per cent gap that significantly constrained UNICEF's ability to sustain life-saving interventions** across health, nutrition, education, WASH and child protection. This shortfall forced programmatic re-prioritisation and limited progress toward critical targets, including maternal and neonatal care, malnutrition treatment, learning recovery and protection services for children at risk. Urgent mobilization of funds, both in the short and medium term, remains critical to sustain and scale UNICEF's humanitarian interventions and to strengthen the resilience of critical services for children and women amid the crisis.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Since 2014, Venezuela has faced a severe economic collapse, triggering a prolonged, **multifaceted crisis that continues to undermine essential services and exacerbate vulnerabilities.** In 2025, mixed migration flows – including a rising trend of voluntary and involuntary returnees[4] – have left children unaccompanied or separated, placing additional strain on fragile systems ill-prepared for reintegration. Humanitarian efforts remain constrained by persistent funding gaps and a shrinking civic space, significantly limiting operational reach and achievement of planned targets. Further, the enforcement of the NGO Oversight Law in February significantly constrained programme implementation by civil society partners.

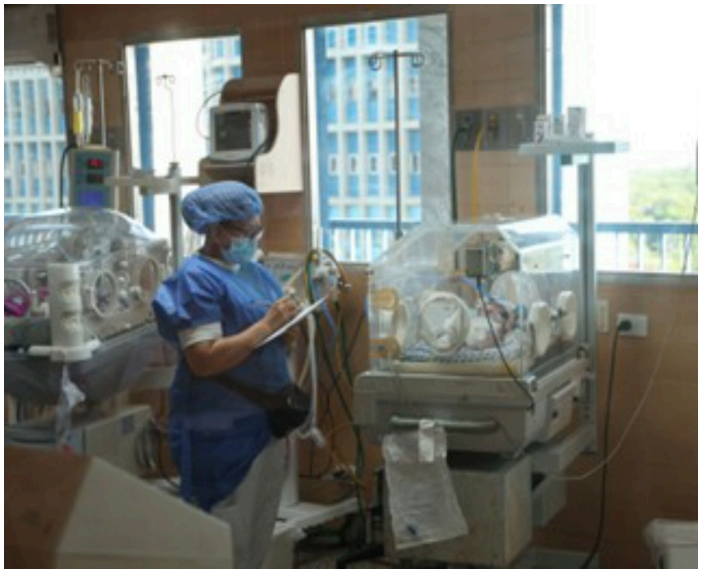
During the year, the country also entered a **volatile phase marked by escalating geopolitical tensions in the Caribbean** , heightening risks of instability and conflict. These dynamics increased protection concerns and deepened vulnerabilities among children and adolescents.

Climate-related shocks further compounded humanitarian needs. The 2025 r**ainy season was exceptionally intense and prolonged,** causing severe floods, landslides and river overflows that **affected more than 370,000 people** across 56 municipalities in **16 out of the 24 Venezuelan states.** The state of Apure was the hardest hit, with over 217,000 people affected, including 80,000 children,[5] due to widespread damage to homes, schools, health care facilities and public services. These events widened service gaps and disproportionately impacted women, children and persons with disabilities, increasing risks of displacement, loss of livelihoods, and protection concerns.

Economically, Venezuela experienced a heterogeneous recovery during the second half of 2025, driven primarily by the oil sector.[6] According to official sources, gross domestic product grew by 8.7 per cent.[7] While this rebound improved macroeconomic indicators, household welfare gains remain limited. **Inflation was projected to close the year at 548 per cent** ,[8] eroding purchasing power and deepening inequalities. The minimum income for public sector workers stands at US$160 (including indexed bonuses), while private sector wages average US$41, against a basic consumption basket exceeding US$900.[9] Exchange rate disparities and reliance on social transfers continue to constrain productive inclusion and access to essential goods and services.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



UNICEF/2025/Edwards

Health care worker monitors newborn baby in the neonatology room of Maracaibo University Hospital, equipped by UNICEF. Zulia state, 19 June 2025

UNICEF consolidated gains in maternal, newborn, child, and adolescent health (MNCAH) through a systems-strengthening approach that improved access and quality for vulnerable populations . In partnership with national and local authorities, UNICEF was able to reduce preventable maternal and neonatal deaths, improve service quality, and strengthen local health systems. Priorities included continuity of care, workforce capacity, and health care facility functionality in regions with systemic constraints.

Nevertheless, the MNCAH sector in Venezuela continues to face severe challenges, with large segments of the population requiring urgent assistance . In 2025, maternal and neonatal mortality remained critical concerns, particularly in states with systemic gaps such as Miranda, Zulia and Bolívar, as well as remote regions including Sucre, Delta Amacuro and Apure. Pregnant women —especially adolescents—faced heightened risks due to limited access to emergency obstetric care, with disproportionate impact in flood-affected states, while newborns and children under five continued to suffer from preventable conditions and malnutrition. Indigenous populations and families in rural areas experienced the most severe service gaps, compounded by migration, economic instability, and recurrent emergencies during the rainy season.

Despite these challenges, **UNICEF, in collaboration with the Ministry of Health (MoH) and partners, implemented targeted interventions to address MNCAH gaps and strengthen health systems.** These efforts contributed to measurable reductions in maternal and neonatal mortality across prioritised states. For example, between 2024 and 2025, maternal deaths in UNICEF-supported health care facilities in Miranda decreased by 39 per cent (from 62 in 2023 to 38), while neonatal deaths fell by 11 per cent (from 320 to 285). In Zulia, maternal mortality decreased by 25 per cent (from 150.87 per 100,000 live births to 112.87), while neonatal mortality fell by 39 per cent (from 21.15 per 1,000 live births to 15.26).

UNICEF's support strengthened the continuity and quality of essential MNCAH services nationwide, enabling women and children to safely access timely primary health care. As a result, **399,127 children and women received antenatal, paediatric and other primary health care** services in UNICEF-supported facilities (out of a 406,000 target), while **43,285 pregnant women (9,799 adolescents) benefited from safe childbirth care** (from a 165,000 target), contributing to improved maternal and neonatal outcomes and the prevention of avoidable complications. Specialised interventions improved the responsiveness of health services to adolescent mothers by integrating tailored prenatal care and mental health services, reducing barriers to access and enhancing continuity of care. Community-based health campaigns and mobile units expanded equitable access in underserved areas, including indigenous communities, delivering culturally appropriate services such as HIV and syphilis testing, nutrition screening, and immunisation. During these campaigns, **11,226 community health workers (7,928 women) were trained to strengthen health promotion, early detection, and referral systems, reinforcing the sustainability of primary health care outreach** .

Infrastructure improvements were critical to service delivery. **UNICEF rehabilitated and equipped four hospitals and 15 primary health care centres with essential supplies** , including incubators, ultrasound machines and obstetric kits, ensuring continuity of care for high-risk pregnancies and complicated neonatal cases. For example, two hospitals in Miranda were upgraded with new delivery rooms and neonatal care areas, enabling treatment of thousands of maternal and paediatric cases shortly after rehabilitation.

UNICEF also strengthened HIV/AIDS care. **42,683 pregnant women, including 11,127 adolescents, received rapid HIV testing** , and HIV-positive cases were referred for antiretroviral therapy to prevent mother-to-child transmission. Early infant diagnosis kits and treatment for opportunistic infections[10] were provided, benefiting 1,749 children under 15 years of age (857 girls), representing 100 per cent of the registered children in the MoH's HIV programme.

Capacity building remained central to UNICEF's strategy. **17,372 health workers (13,574 women) were trained in emergency obstetric and neonatal care, HIV management, cold chain operations, and integrated nutrition services.** Further, digital health data systems were introduced to improve monitoring and coordination.

During the period, **UNICEF also supported national immunisation efforts.** As part of this work, 130 solar powered refrigerators were installed in 25 remote indigenous communities and critical cold chain infrastructure was maintained throughout the country. Further, UNICEF provided logistic support for outreach activities, resulting in **3,990 people vaccinated in hard-to-reach locations (2,074 women), including 1,279 children under five (665 girls).**

Discrepancies between expected and actual results were driven by inflation, fuel shortages and limited partner capacity, all of which are critical factors that compromise the functionality of the health system . Inflation generates sustained increases in the costs of medicines, supplies and equipment, reducing institutional purchasing power and defunding essential programs. Fuel shortages affect healthcare logistics and the continuity of critical services, limiting transportation of patients, personnel and supplies and disrupting the supply chain. Finally, the low technical and financial capacity of the health sector restricts coverage and affects service quality, especially to attend to critical maternal, neonatal and paediatrics conditions.

2025 was also marked by challenges such as funding shortages, persistent health workforce shortages, supply chain delays, and seasonal climate emergencies. **UNICEF responded by adapting programmes through virtual mentoring networks** (virtual campus in Moodle and webinars), **surge staffing mechanisms, and expanded community outreach** , supported by incentive programmes provided in partnership with NGO FINAMPYME.

Field monitoring revealed improved trust in health systems in areas where facilities had been rehabilitated , particularly in Miranda and Bolívar states. Pregnant women and caregivers reported increased confidence in accessing services due to the availability of skilled personnel and essential medicines. Sustaining and scaling these gains will require continued investment in health staff retention, supply chain resilience, adolescent-friendly services and disability-inclusive protocols, which will be essential to sustain progress and ensure equitable, uninterrupted and life-saving care for every child and woman in Venezuela.

Nutrition

UNICEF/2025/Torres

A nursing mother receiving breastfeeding advice at the Angostura health centre, supported by UNICEF with capacity building for health care workers and life-saving equipment. Bolívar state. 23 December

UNICEF maintained a vital nutrition response throughout 2025, providing 290 public health centres in 23 out of the 24 Venezuelan states with essential nutritional commodities and equipment. Supplies included ready-to-use therapeutic foods (RUTF) for children with Moderate Acute Malnutrition and Severe Acute Malnutrition, and multiple micronutrient supplements (MMS) for pregnant and lactating women and adolescents. Among the centres that received support, 54 provide hospital care for complicated cases and were equipped with therapeutic milks (F-75/F-100) and life-saving pharmaceuticals to ensure adequate clinical treatment.

Amid persistent maternal and child health vulnerabilities, UNICEF strengthened monitoring and response mechanisms to address rising acute malnutrition in vulnerable areas of the country. In collaboration with the MoH, the National Institute of Nutrition, and

implementing partners, UNICEF provided **nutritional care for the prevention or treatment of acute malnutrition to 195,708 children (98,385 girls),** out of the 650,000 planned for 2025. Of the children screened, **23,694 (12,300 girls) were enrolled in treatment programs for uncomplicated acute malnutrition at various health centres,** out of the 62,000 planned. 92.84 per cent of children enrolled in treatment were discharged as cured, with a dropout rate of five per cent, in line with Sphere standards . These results demonstrate the effectiveness of UNICEF's integrated nutritional interventions and the fundamental value of sustained presence on the ground, despite operational constraints.

As part of integrated care, **88,284 women (21,521 adolescents) were provided with multiple micronutrient supplements to prevent anaemia and other micronutrient deficiencies** , out of the 220,000 planned. In addition, **105,616 primary caregivers of children aged cero to 23 months received counselling on infant and young child feeding,** from a 262,000 target. In these counselling sessions, UNICEF promoted social and behavioural change (SBC) using the 12 Steps to My Healthy Baby guide, which outlines cross-cutting issues such as hygiene and chronic diseases. These counselling sessions have also contributed to the involvement of fathers, who play a key role in supporting nutritional interventions for children.

During this period, UNICEF's nutrition interventions strengthened the prevention of maternal malnutrition by **ensuring comprehensive nutritional care for 65,193 pregnant and lactating women (15,188 adolescents).** These women received systematic nutritional assessment, including nutritional status assessment, personalized nutritional counselling, and supplements with MMS or iron and folic acid. Among them, 6,891 (11 per cent) were identified as being at nutritional risk and received specific treatment with the specialized supplementary food PlumpyMUM, accompanied by regular follow-up until nutritional recovery was achieved, contributing to improved maternal nutritional status and reduced risks for adverse pregnancy outcomes.

In partnership with the MoH, UNICEF also continued to support the **national deworming campaign, benefiting 2,482,037 school-age children (1,365,120 girls).** Deworming is a cost-effective, simple intervention that significantly boosts child health, school attendance, and overall development.

UNICEF continued prioritizing capacity-building for health workers and community leaders to strengthen local health systems and improve nutritional service delivery. During the year, **6,624 health promoters and frontline health workers in the public system (4,937 women) received training on nutritional care** , including outpatient treatment of acute malnutrition. This capacity-building initiative supports the institutionalization of quality nutrition services and improves the long-term resilience of the health system. In addition, UNICEF developed the capacities of 85 health professionals (77 women) in five hospitals located in the Capital District, Miranda, Zulia, Sucre and Bolívar, as part of the Baby-Friendly Hospital Initiative which aims to promote exclusive breastfeeding by integrating SBC strategies, reinforcing positive practices in health care settings.

In 2025, **the Nutrition Cluster prioritized the Humanitarian Reset internal review to optimise coordination efficiency and accessibility in response to the shifting funding landscape** . This process entailed a comprehensive review of governance mechanisms, resulting in the simplification of terms of reference and the transition from fixed Technical Working Groups to agile, deliverable-based task forces to lighten the administrative burden on partners, also with the intersectoral hyper-prioritisation exercise in which the Nutrition Cluster led the way of life-saving interventions for Health, Food Security and WASH clusters for having more updated and real-time information of priorities for the life-saving national strategy. Operationally, the Cluster strengthened evidence-based decision-making through real-time situation analyses covering over 100 municipalities—integrating 38 secondary sources—while maintaining active reporting from 29 organisations via the 345W platform. A major technical milestone was the official approval of the Cluster-developed guidelines on community-based management of acute malnutrition by the MoH. Furthermore, the Cluster successfully advocated for Nutrition as a priority pillar within the Venezuela Humanitarian Fund (alongside Health and Protection), resulting in the approval of five projects for implementation in 2025–2026. Lastly, the Cluster produced two strategic situation reports to inform resource mobilization.

While UNICEF made significant progress in nutrition interventions during the period, discrepancies between expected and actual results are evident. Key causes include funding shortages, inflation, restricted access to health centres due to the political context and heavy seasonal rains, and the limited capacity of the implementing partners. Nevertheless, **UNICEF's nutritional response remained fully operational throughout the period, delivering life-saving services to vulnerable populations in priority areas** in close coordination with the MoH, the National Institute of Nutrition, subnational authorities, and eight national and international NGOs. These results reflect UNICEF's sustained and unwavering commitment to safeguarding the health and survival of vulnerable children and women, ensuring continuity, quality and equity of nutritional care despite a highly constrained operational environment.

Child protection, GBViE and PSEA

UNICEF/2025/Edwards

UNICEF-supported sports activity in Güiria, Sucre state, to provide safe spaces for recreation and psychosocial support, helping children build confidence, and develop life skills. 24 June 2025

In 2025, **UNICEF Venezuela's Child Protection program operated in an increasingly restrictive environment** amid a prolonged economic crisis, political and social tensions, shrinking civic space, and a persistent gap between needs and available resources. Detentions of adolescents that began after the previous year's presidential elections also continued throughout 2025, including cases involving terrorism-related charges.

Meanwhile, as mentioned above, **mixed migration flows continued to place additional strain on already fragile systems** . Although official data remain limited, deportations of separated and unaccompanied children from the United States persisted, with some held in migrant detention centres abroad. In October, the Venezuelan government submitted to the UN system a list of 67 children under the care of third parties in the United States, while their parents had

been deported to Venezuela. This situation could worsen, given that an estimated 300,000 Venezuelan migrants in the United States remain in irregular status.

These dynamics, combined with tight control by security forces over any dissenting expression and the presence of irregular armed groups in communities, created a climate of fear that reduced community participation in program activities and heightened risks for children, particularly in areas with limited access to essential services. As a result, and adding other circumstances, such as severe flooding, **children faced increased exposure to violence, abuse, sexual exploitation, trafficking, recruitment by irregular groups, mental health distress and neglect,** while weakening protective environments, with particularly acute impacts on children on the move.

Despite these constraints, UNICEF and its partners achieved notable results, delivering critical child protection services. Out of the 150,000 planned, at least **41,122 children (20,724 girls) received individual case management** , contributing to timely protection responses for children at risk. In coordination with national child protection institutions, UNICEF supported the development of guides, protocols and standards for case management, as well as referral pathways for victims of physical and sexual abuse, ensuring alignment with international norms. Progress was made towards digitising the child protection information system, including service registration, and UNICEF joined other UN agencies to develop a cross-border family reunification mechanism for children whose parents were deported from the United States.

Broader **violence prevention efforts were launched in alliance with the National System of Children's and Youth Orchestras and the Venezuelan Football Federation,** reinforcing safeguards and trafficking prevention. As part of this work, 380 people (250 women) were reached including football coaches and club directors, teachers, mothers, fathers and caregivers. Further, **33,734 people (6,130 girls, 18,624 women) took part in community-level initiatives integrating SBC messages and practices, creating dialogue spaces to prevent violence** with the participation of children, adolescents, caregivers and community actors. As a result, platforms and community organisations in prioritised areas were strengthened, with at least 30 active networks carrying out community actions to prevent violence and coordinating with local services and programs within the Protection System.

Through partnerships with NGOs such as ASONACOP, CECODAP, FUNDANA, ASEINC, Red de Casas Don Bosco, Tinta Violeta, Caritas and Fe y Alegría, UNICEF strengthened child protection services in priority municipalities. **54 out of the 335 Child Protection Councils in the country improved capacities through institutional strengthening, technical assistance and continuous training,** supported by 22 multidisciplinary teams that prepared biopsychosocial reports to inform protection measures, ensuring confidentiality and efficient case management.

Specialized programs for victims of violence, including sexual violence and other forms of Gender-based Violence (GBV), were also reinforced. **945 children and adolescents (486 girls), including those with disabilities and indigenous populations, accessed specialised care** such as case management and legal advice. Further, **1,549 women, girls and boys (994 female) accessed GBV risk mitigation, prevention and/or response interventions** (from a target of 185,000). GBV services were supported by the Laaha platform—a safe virtual space providing information on GBV, sexual and reproductive health, life skills, and support networks. At least 54,000 people accessed this resource in 2025, with **Venezuela leading the global ranking of Laaha visits for second year in a row** .

During the year, UNICEF also supported tracing, reunification, and family placement programs. In response to an expansion of the tracing services, **2,170 unaccompanied and separated children (1,058 girls)** out of the 200 planned, **received reunification measures** from Child Protection Councils and judicial family placement orders, in coordination with courts. Likewise, **other specialised services were provided to respond to violence, sexual exploitation, abuse, and trafficking among 6,646 children on the move (3,395 girls).**

UNICEF also continued supporting children's right to identity in 2025. A total of **10,846 children (including 5,206 girls) received birth notification and registration services.** In addition, UNICEF supplied 500,000 birth certificate forms to the Government for use in hospitals, supporting safe and accessible provision of legal identity documents for all children, including those from indigenous communities and in mobility contexts.

Mental health of children remained a major concern. In collaboration with civil society, **psychosocial support reached 55,179 children, adolescents and caregivers,** including persons with disabilities (16,856 girls, 17,164 women). UNICEF's Helping Adolescents Thrive methodology continued to be implemented through art and theatre activities in communities and centres of the National System of Children's and Youth Orchestras in the Capital District, Miranda and Vargas, training 65 teachers (45 women) to replicate the approach and promote adolescent participation.

During 2025, UNICEF also strengthened its internal capacity and that of partners and counterparts to prevent and respond to incidents of Sexual Exploitation and Abuse (SEA) within its operations. **Awareness-raising activities on preventing SEA reached 76,899 people (41,652 women)** out of the target of 2,000,000 people. All implementing partners disseminated reporting and accountability mechanisms, promoting safer environments for children. Further, **the Venezuela Country Office was recognised as meeting UNICEF's global safeguarding standards and played a leading role in optimising Prevention of SEA policies across partner organisations.** This included a systematic mapping of available services aligned with United Nations Victim Assistance Protocol standards, ensuring survivors' access to timely and appropriate support. These efforts earned regional recognition for promoting best practices in safeguarding and for establishing continuous monitoring mechanisms during programme implementation. UNICEF Venezuela is now positioned to share scalable policy models for reporting and addressing SEA incidents with local organisations, reinforcing accountability and survivor-centred approaches.

UNICEF's leadership in child protection coordination remained pivotal in 2025. **The Child Protection Area of Responsibility (AoR) played a key role in the Humanitarian Reset process,** advocating for child protection as a non-negotiable sector. Co-coordination with the International Rescue Committee was established, and membership expanded to 58 organisations, 60 per cent of which are national and local actors. A Capacity Strengthening Plan trained over 350 non-specialist humanitarian staff (298 women) on child protection mainstreaming and over 200 specialists (174 women) on Child Protection in Emergencies, Child Protection Analysis, Unaccompanied and Separated Children, Mental Health and Psychosocial Support, and Community-Based Protection. Updated tools and resources, national and subnational working groups and guidelines on case management and preparedness for service closure were developed. Contributions to the Protection Analysis Update included a child-focused annex, and evidence-based advocacy influenced the Venezuela Humanitarian Fund strategy. Improved information management enabled automation of 345W monitoring, service mapping and protection monitoring, supporting analysis and advocacy for child protection within the humanitarian response.

Despite UNICEF's efforts to strengthen specialised child protection interventions, the highly restrictive context that defined 2025 resulted in underachievement of planned targets. Nevertheless, **UNICEF's integrated approach strengthened protective environments, expanded access to life-saving services and reinforced national systems.** Continued investment in specialist retention, digital systems, GBV prevention and disability-inclusive protocols will be essential to sustain progress and ensure that every child in Venezuela is protected from violence, exploitation and abuse.

Education

UNICEF/UNI921763/Pocaterra

Indigenous children arriving to a UNICEF-supported school in the Sinamaica lagoon, Zulia state, using a traditional wooden canoe. 17 October 2025

By strengthening leadership, teaching practices and community engagement, in 2025 **UNICEF Venezuela positioned itself as a technical reference in education programming.** These achievements not only improved access and quality for thousands of children but also laid the foundation for scaling transformative models nationwide in 2026, promoting sustainability, equity and inclusive education for all.

Nevertheless, the education crisis in Venezuela remains severe, with 2.7 million in need of educational support[11] **out of out of the 7.7 million children of school age.**[12] An estimated 1.5 million children were out of school,[13] leaving them exposed to heightened risks of child labour, exploitation, sexual abuse, violence, forced recruitment by irregular groups, and child marriage. Vulnerable groups—particularly indigenous children, those with disabilities and children in remote areas—faced the greatest barriers to accessing quality education. National assessments revealed profound learning gaps, with over 80 per cent of third and sixth graders failing to meet minimum language standards and 98 per cent failing in mathematics.[14] This reveals that **children are not acquiring basic competencies for their grade level, depriving an entire generation of the knowledge and skills needed to break poverty cycles.** The continued exodus of skilled education professionals and families further eroded human capital, compounding systemic challenges.

Funding reductions in 2025 forced UNICEF to prioritise education interventions in states and municipalities with the highest vulnerabilities, focusing on indigenous and rural communities. Despite these constraints, UNICEF played a pivotal role in strengthening educational models to promote equity, quality and inclusion, improving access, retention and learning outcomes. This included the implementation and adaptation of evidence-based methodologies such as Care for Child Development and Child-Friendly Schools , as well as learning recovery and adolescent mental health initiatives.

In close coordination with the Ministry of Education (MoE), the Samuel Robinson University of Education (UNEM), local authorities, and civil society organisations, UNICEF implemented programmes based on its Child-Friendly Schools model, incorporating Gender Transformative Education and adapting approaches to highly vulnerable indigenous contexts. A total of **118 schools received support** under this initiative, achieving 80 per cent progress across its five dimensions during 2025. **Strategies to reduce gender gaps were implemented in 62 per cent of these schools, and 82 per cent integrated cultural diversity into learning resources.** UNICEF programme data shows that learning outcomes improved significantly for children in supported schools, with **language scores rising from 60 per cent to 78 per cent and mathematics from 36 per cent to 53 per cent, alongside a 72 per cent increase in school attendance.**

UNICEF continued to support the MoE in providing essential learning supplies and implementing skills development programmes. **7,529 children (3,217 girls) received individual learning materials** (from a 430,000 target), while **4,025 adolescents (2,069 girls) took part of UNICEF's school-based Life Skills model** across Miranda, Zulia, Amazonas and Delta Amacuro (from a 24,000 target). The Life Skills model reached an additional 391,336 students (197,049 girls) through the MoE, with whom UNICEF is working to update this programme with content on GBV, adolescent pregnancy, and positive masculinities.

Remedial programmes provided educational opportunities to 4,073 out-of-school children (1,882 girls) in Amazonas, Delta Amacuro, Miranda and Zulia states, out of the 241,000 planned. In collaboration with NGOs Fe y Alegría and ASEINC, these initiatives aimed to develop fundamental literacy, numeracy and socio-emotional skills through temporary learning centres. A sub-group of these children (255 adolescents) joined an accelerated education pilot in Zulia, generating evidence for a certification model to enable learners to finalise primary school in a shorter timeframe. Of all the children who took part in UNICEF-supported remedial programmes, 1,511 (687 girls) were reintegrated into formal schools. Persistent barriers to enrolment included limited school availability in indigenous areas, socioeconomic constraints, lack of documentation and a shortage of qualified teachers.

Teacher capacity development remained central to UNICEF's strategy. Out of the 20,000 planned, **3,863 teachers (2,929 women) were trained in basic pedagogy and/or mental health and psychosocial support,** through strategic partnerships with the MoE, UNEM and NGOs. Flexible modalities, evidence-based approaches and management tools enabled continuous improvement and created spaces for sharing best practices among governmental and non-governmental actors.

Co-led by UNICEF and Save the Children, **the Education Cluster achieved major progress in aligning humanitarian education priorities with national frameworks during the year.** Through strong advocacy by UNICEF and the Cluster, for the first time since the start of the humanitarian response, the MoE formally recognized the significant number of out-of-school children, enabling real alignment between humanitarian goals and Government priorities. The Cluster also reoriented its Logical Framework to focus on humanitarian action aligned with the Humanitarian Reset, ensuring education remains central to the response. Funding advocacy resulted in 19 per cent coverage for the Education Cluster, above the national humanitarian average of 17 per cent. Evidence-based planning was strengthened through a Joint Education Needs Assessment covering 21 states, guiding interventions for out-of-school children and social-emotional learning. In 2025, the cluster reached 204,251 people (128,114 children) and promoted school reintegration and learning recovery for 54,815 children (50 per cent

girls). Additionally, 59 schools were rehabilitated and 58,052 children and 4,249 teachers benefited from psychosocial and protection activities. The Cluster also strengthened 345W reporting, with 23 member organisations operating (69 per cent local organizations) in 22 states and 80 municipalities, ensuring transparency and improved coordination.

Water, sanitation and hygiene

UNICEF/2025/Fe y Alegria

Children from the Warao indigenous community at a UNICEF-supported temporary learning centre in Delta Amacuro receive life-saving supplies to promote hygiene. 21 August 2025

UNICEF's integrated WASH approach in 2025 improved access to safe WASH for hundreds of thousands of people, strengthened resilience to climate risks and enhanced protective environments for children. Despite these gains, WASH programming continued to face barriers such as access constraints linked to changes in local authorities and political sensitivities, which delayed authorisations and slowed implementation. Funding gaps and logistical challenges also limited the scale-up of climate-resilient WASH solutions.

Venezuela's WASH sector continues to face severe challenges due to infrastructure obsolescence, lack of maintenance and investment, and recurrent damage to water systems. These factors led to widespread loss of disinfection capacity, frequent interruptions and rationing of water supply. Schools were among the hardest hit: 81 per cent had limited access to WASH services and nine per cent had none, exposing children to WASH-related illnesses that increase absenteeism and hinder learning.[15] Illness (19 per cent) and public service failures (14 per cent), including water shortages, are some of the leading causes of school absence, while 13 per cent of girls miss classes due to inadequate menstrual hygiene management.[16] Rural and remote areas, particularly those with high concentrations of indigenous communities, experience the most severe gaps, as reflected in WASH and Nutrition Cluster severity scores.

Despite these constraints, UNICEF consolidated its WASH programme into a comprehensive, cross-sectoral approach that prioritised equity, inclusion and climate resilience. Six medium-to-large water treatment systems were rehabilitated in peri-urban areas, and 18 community water points were constructed in remote rural zones, primarily serving indigenous populations. These **interventions ensured safe water access for 235,022 people (119,850 women)** out of the 2,300,000 planned, while **528 individuals (270 women) gained basic sanitation services.** Further, **168,871 people (86,190 women) received essential supplies to improve hygiene practices** (out of a 746,000 target).

Integrated WASH and Nutrition actions supported the recovery of more than 12,256 children under five and pregnant women with acute malnutrition by ensuring safe water and hygienic environments in health care facilities and households. Evidence from partners showed **nutritional recovery rates improved from 53 per cent in previous years without WASH integration to 86 per cent after WASH activities were incorporated,** demonstrating the life-saving impact of combined interventions.

UNICEF also reinforced education interventions through **WASH improvements in 89 schools and 49 temporary learning centres** across Delta Amacuro, Zulia and Miranda, **benefiting approximately 15,000 children and adolescents (7,650 girls).** These upgrades reduced absenteeism linked to waterborne illnesses and created safe, dignified learning environments. Interventions included equipping schools with hygiene supplies, distributing soap and WASH kits, training teachers and promoting hygiene habits among students, adapting materials for indigenous children. Further, **more than 5,000 girls strengthened menstrual health and hygiene management** through access to appropriate WASH facilities, promoting protection and dignity. Rehabilitation works in 14 of these schools improved drinking water systems, renovated sanitary facilities to meet menstrual hygiene needs, and installed handwashing stations, while 38 schools received electrolytic chlorine generators and solar pumping systems for water treatment and disinfection.

UNICEF also advanced climate-resilient WASH solutions. **Over 20,000 children and adolescents (10,200 girls) improved environmental awareness through participatory initiatives,** while 89 schools adopted student-led sustainability practices to improve learning environments and reducing negative impacts on ecosystems. Communities implemented reduction, reuse and recycle programmes and solar-powered chlorination and pumping systems, ensuring sustainable and reliable water access.

Health interventions were also supported through WASH infrastructure upgrades and infection prevention and control (IPC) measures, improving health outcomes for children, pregnant and lactating women in 60 health care facilities. These enhancements were reinforced through the provision of sanitation, cleaning, disinfection and waste management supplies. Further, UNICEF supported WASH-IPC capacity building for 627 health care workers (320 women) in prioritised states, reducing pathogen spread and strengthening quality of care.

To support child protection programming, **21 protection centres serving vulnerable families** —including separated and unaccompanied children and survivors of violence—**were equipped with basic WASH services, benefiting 7,700 people, including 2,000 children and adolescents (2,458 women, 1,602 girls).** Implemented in Sucre, Táchira, Zulia and Miranda states, these actions included minor improvements to WASH infrastructure, hygiene kit distribution, and awareness workshops to promote hygiene practices and uphold dignity.

The **WASH Cluster, led by UNICEF, strengthened its coordination role during the reporting period,** achieving a significant milestone by expanding its membership to 52 active partners, with more than half being national and local actors. This growth enhanced localisation and broadened technical expertise within the cluster. Key achievements included advancing capacity building through national workshops on household water treatment and peer-to-peer learning sessions on menstrual hygiene management, as well as improving planning and resource allocation through upgraded information management tools.

Moving forward, **sustaining progress will require continued investment in coordination and cross-sectoral integration, advocacy for streamlined institutional processes, and targeted support for local actors** to overcome operational bottlenecks and close persistent gaps.

Social Protection

UNICEF/2025/Adrian

Event on the International Day of Persons with Disabilities, where UNICEF highlighted progress in advancing the inclusion of children with disabilities in humanitarian settings. 3 December 2025

In 2025, **children with disabilities in Venezuela continued to face systemic barriers to inclusion and access to social protection** . The Situation Analysis on Children with Disabilities estimated a population of 270,000 children with visible disabilities,[17] but only 43,500 were officially certified by the National Council for Persons with Disabilities (CONAPDIS) as of July 2025. Certification remains a critical gateway for accessing social protection measures such as cash transfers and assistive devices, yet the process is limited by institutional gaps, lack of awareness, and logistical constraints, leaving thousands of children excluded from essential support.

UNICEF's response focused on strengthening national capacities for inclusive public policy implementation. As part of this work, UNICEF's **global disability inclusion training package for frontline workers was adapted and contextualised** for implementation by CONAPDIS targeting professionals in health, education, child protection, civil protection and social programmes in municipalities prioritised for their high prevalence of disability among children.

The adaptation process ensured accessibility and cultural relevance through translation, subtitling, voice-over and full localisation. Venezuelan Sign Language was incorporated, alongside contributions from national disability authorities and perspectives from adolescents and youth with disabilities. Girls, adolescents and young persons with disabilities were meaningfully engaged in the audiovisual production process, while women played a key role in content contextualization and in ensuring compliance with accessibility standards, in line with the Convention on the Rights of Persons with Disabilities principles of equality, participation and non-discrimination. A dedicated module was added to highlight disability data in Venezuela, complemented by materials addressing disability inclusion in emergency and humanitarian contexts.

UNICEF worked closely with CONAPDIS to validate the training package through consultations with Organisations of Persons with Disabilities and national disability officials. Then, **160 frontline workers and facilitators (90 women) participated in training-of-trainers**
sessions to prepare for nationwide rollout. Political and institutional constraints prevented the continuation of frontline worker training sessions toward the 90,000 people target, but these activities are scheduled to resume in the first quarter of 2026.

Looking ahead, UNICEF will continue supporting CONAPDIS to implement and scale up the training programme in municipalities with high disability prevalence and elevated exposure to natural disasters and complex humanitarian risks. This effort aims to **ensure that children with disabilities are fully included in emergency preparedness and response, as well as in broader social protection systems,** reinforcing equity and resilience in Venezuela's humanitarian agenda.

Cross-sectoral (SBC and AAP)

UNICEF/2025/Fe y Alegria

UNICEF-led training on early childhood development for indigenous Warao mothers and fathers, supported by community leaders. Delta Amacuro state

In 2025, **UNICEF consolidated SBC as a driver of sustainable change in Venezuela, leveraging participatory methodologies to promote protective behaviours, gender equality and inclusion in humanitarian settings** . By embedding SBC principles across its programming, UNICEF strengthened resilience and empowered families and communities to adopt practices that safeguard children's rights and well-being.

In particular, UNICEF advanced its SBC strategy in the country through the global initiative Faith and Positive Change for Children, Families and Communities, which promotes collaboration with religious leaders to foster positive shifts in health, protection and child wellbeing in humanitarian settings. Building on this framework, **UNICEF mobilised FBOs to create the Faith Dialogues network.** A roadmap was developed around five pillars: knowledge generation, technical strengthening, inter-institutional coordination, promotion of positive family practices, and intervention monitoring.

The Faith Dialogues network is now comprised of 26 NGOs. These include national organizations such as Cáritas Nacional, Fe y Alegría, and Salesianos de Venezuela, as well as international organizations such as World Vision, Hebrew Immigrant Aid Society, and Lutheran World Relief. This alliance strengthened community engagement and positioned FBOs as key actors in promoting protective behaviours for the most vulnerable children and enhancing family resilience in humanitarian contexts. Inter-institutional coordination was reinforced through three high-level dialogues, including one led by UNICEF. This dialogue aimed to strengthen collaboration in support of children, consolidate strategic partnerships, validate progress achieved, and outline future actions. A total of 15 participants (11 women) from eight organisations took part.

Capacity building was also central to UNICEF's SBC approach, **equipping 666 people (555 women) from 26 NGOs with tools to integrate SBC in humanitarian programmes.** Further, UNICEF reached 555 frontline workers (457 women) through a virtual training on maternal and child survival messages. Aligned with the 12 Steps to My Healthy Baby strategy, this training reinforced community-level

engagement in health and nutrition. UNICEF also partnered with Universidad del Norte, from Colombia, to strengthen institutional capacity for evidence-based SBC interventions, reaching 81 participants (71 women)—13 from UNICEF and 68 observers (21 government representatives and 38 from civil society and FBOs). Finally, a workshop on UNICEF's Helping Adolescents Thrive methodology was coordinated with the FBOs, with the participation of 30 people (27 women) from 26 organisations.

To deepen technical expertise, UNICEF conducted seven SBC sessions for NGO implementing partners and UNICEF Field Officers . Reaching more than 80 people (56 women), these sessions focused on SBC models and strategies including the Socioecological Model, Dialogue of Knowledge, and Most Significant Change, enabling partners to design humanitarian interventions that address behavioural barriers and promote positive practices.

UNICEF also promoted its Early Childhood Development approach in Warao indigenous communities in Delta Amacuro. Using participatory methodologies, UNICEF strengthened parenting skills through culturally respectful dialogue and play-based communication. The intervention engaged 53 community members (39 women), respecting local language, beliefs and governance structures. As a result, participants established a monthly meeting space, Ori Kuare Nakane Ori Sanatayaja ("Helping each other in caring for children"), to share caregiving and parenting practices.

During the period, **UNICEF also maintained its commitment to Accountability to Affected Populations (AAP)** by ensuring the continuity and promotion of the UN inter-agency contact line to receive feedback, suggestions, opinions and complaints regarding programming, personnel and partner organisations. **11,230 comments were received during the year,** which helped to strengthen and adapt UNICEF programming.

UNICEF Venezuela's work in AAP and community engagement since 2021 has positioned the Country Office as a regional leader. In 2025, **UNICEF Venezuela participated in a Global Evaluation process alongside nine other countries** , providing key inputs to establish action points and improvements for cross-cutting activities and strategies in areas such as Prevention of SEA, Gender and SBC.

Under UNICEF's technical advisory as leader of the Venezuela AAP Working Group and UNFPA's leadership on the ground, the **Guidelines to Promote Community Participation in the Programming Cycle were updated.** Originally developed by UNICEF in 2022, this new version incorporates perspectives from various organisations and includes tools, materials and methodologies validated by communities in the states of Bolívar, Delta Amacuro, Falcón, Sucre and Zulia.

Through collaboration with implementing partners, **participatory processes involved more than 5,446 people (3,204 women).** These included strengthening community management boards, WASH Committees, and School Committees, ensuring that beneficiaries can actively engage with UNICEF programs.

Finally, **more than 3,778,042 affected people (1,984,047 women) were reached with timely life-saving information on how and where to access available services,** out of the 3,000,000 planned. This was made possible thanks to UNICEF's main partner in community radio, Fe y Alegría Educomunicación, which expanding its reach nationwide by reactivating several stations that had previously been inactive. The messages were co-created with the community and included stories on child protection, early childhood development, menstrual hygiene management, and climate change. Several of these materials were also produced in the Warao language to ensure cultural and linguistic relevance among Venezuela's second largest indigenous group.

Preparedness and disaster reduction

UNICEF/2025

Distribution of life-saving supplies such as hygiene and recreational kits to families and children affected by floods in Apure state. 26 August 2025

In 2025, **UNICEF strengthened disaster preparedness in five prioritised municipalities through the creation of inter-institutional technical working groups** that completed multi-hazard analyses and defined risk scenarios, covering 147,203 people (74,441 women) in vulnerable parishes. Contingency plans and anticipatory actions were developed, reaching 20,692 people (10,464 women and girls) out of the 60,000 planned with life-saving information such as critical routes, evacuation protocols, and coordination mechanisms to ensure the continuity of essential services.

As a result of UNICEF's strong partnership with these prioritised municipalities, 42 local level institutions such as civil protection, firefighters and Child Protection Councils engaged in DRR through Disaster Risk Assessments and Disaster Preparedness measures (from an initial target of 12). **251 officials (115 women) from these institutions joined a specialised academic program** implemented with the Central University of Venezuela, covering topics such as vulnerability analysis, mitigation, response planning, risk communication, and community engagement with technical support from UNICEF's Social and Behaviour Change team. As a result, participants reinforced their capacity to formulate plans and conduct simulations.

Additionally, **UNICEF pre-positioned supplies to assist up to 40,000 people in sudden emergencies and advanced the identification of sites for the installation of five hydrometeorological stations for early warning systems** in the most exposed areas. These actions consolidate institutional and community capacities to reduce the impact of adverse events and ensure a rapid and coordinated response.

During the response to the rainy season emergencies between October and November 2025, significant progress was made in humanitarian assistance. **As part of the response to floods in Apure state, UNICEF strengthened health and nutrition services** through the delivery of medical equipment, diagnostic kits, and essential supplies, as well as training 152 professionals (91 women) and conducting community activities to prevent malnutrition. **Mobile health brigades delivered life-saving interventions** , including paediatric and antenatal care consultations, pre-positioned supplies, and reinforced referral systems for paediatric, obstetric and neonatal emergencies. These interventions ensured continuity of care despite road closures and logistical constraints, **benefiting 13,764 people (6,370 women).** Further, **emergency nutritional supplies were**

distributed to two affected health care facilities, benefiting 787 children (448 girls) and 978 pregnant women, adolescents and lactating mothers. One of these facilities was a referral hospital for complicated cases of acute malnutrition, ensuring uninterrupted care during the emergency.

In WASH, UNICEF responded to the severe flooding by reaching 14,000 children and adolescents (7,140 girls) in 37 shelters with essential WASH products and services, including filters, purification tablets, hygiene kits, and installation and maintenance of safe water systems and improvements to sanitary conditions, ensuring clean and protective environments for affected populations.

In Child Protection, UNICEF deployed specialised services, including case management, family reunification, legal assistance, psychosocial support, and training for child protection system personnel, **ensuring continuity of care for 3,503 people (1,118 girls, 531 women).**

In terms of Education, strategies were implemented to ensure school continuity for 9,515 children and adolescents, and educational kits were delivered to 647 children (323 girls), in addition to recreational kits in 43 shelters to support socio-emotional and recreational activities. These actions were carried out in close coordination with authorities and partners, optimising resources through fund reallocation The programmatic interventions were accompanied by RCCE materials developed with technical support from the SBC team and disseminated through local radio stations as well as delivered directly to communities.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In 2025, **UNICEF's leadership in coordinating the Education, Nutrition, WASH and Child Protection sectors remained pivotal to Venezuela's humanitarian programme cycle** , particularly in a context of funding constraints and operational reprioritisation. Through its cluster leadership, UNICEF ensured that the Humanitarian Needs Overview reflected the most urgent needs of children and women and geographic areas of highest severity. This was achieved through multi-source needs assessments and continuous monitoring, enabling evidence-based prioritisation, and advocacy. UNICEF's coordination role also shaped resource allocation strategies for key humanitarian funding mechanisms, including the Central Emergency Response Fund and the Venezuela Humanitarian Fund, ensuring that sectoral gaps and challenges were visible and addressed through targeted financing.

Cluster staffing commitments were met throughout the reporting period, with a dedicated coordinator for each sector—WASH,
Education, Nutrition and Child Protection—supported by three Information Management Officers. This structure enabled timely data collection, service mapping and 345W reporting, strengthening partners' ability to plan and adapt interventions in line with evolving needs.

Coordination faced significant challenges during the year. Financial constraints and the Humanitarian Reset required clusters to focus on reprioritisation analysis and strategy, guiding partners through programme closures or reductions and supporting access to alternative funding opportunities. These demands necessitated pausing several activities originally planned in cluster work plans, limiting progress on longer-term capacity-building and preparedness initiatives. The impact was most evident in reduced partner engagement and slower implementation in remote areas, underscoring the need for sustained investment in coordination functions.

In early 2025, a **real-time assessment of UNICEF's humanitarian response in Venezuela generated evidence-based recommendations that informed timely and practical actions** to strengthen coordination, leadership, and alignment with the Core Commitments for Children (CCCs) in Humanitarian Action . Key recommendations emphasized strengthening mechanisms for prospective scenario analysis and risk mitigation, while advancing integrated, multisectoral strategies for programmatic and territorial prioritization. The assessment also highlighted the need to reinforce evaluation, monitoring and evidence-generation systems; as well as diversifying funding sources.[18] These recommendations directly informed UNICEF's Management Response Plan, which outlines concrete actions to operate and reinforce their intended outcomes.

Looking ahead, maintaining UNICEF's leadership in its core sectors—aligned with the CCCs—will be essential. Strengthening information management systems is critical to ensure robust, evidence-based analysis that informs advocacy and resource mobilisation. Expanding joint programming within the humanitarian response will optimise resources and create synergies across sectors, while linking humanitarian action with development programming will enhance sustainability and impact in the context of Venezuela's protracted crisis. These measures would accelerate decision-making, improve coverage and ensure that interventions remain child-centred, inclusive and resilient.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Thomas and Mathias receive support on their return to home
- I would like to go to school because I want to learn more
- Well-preserved vaccines to ensure their effectiveness
- UNICEF supports communities with electricity failures installing solar refrigerators
- UNICEF Venezuela contributes to the cold chain of +130 communities in the country
- To improve the quality of education, UNICEF supports teacher training
- UNICEF contributes to educational continuity in the country's schools
- UNICEF supports pregnant and breastfeeding mothers with micronutrients and safe environments
- UNICEF supports temporary learning centres for the academic remediation of children and adolescents.
- UNICEF contributes to the delivery of supplies and awareness-raising activities on menstrual hygiene
- UNICEF promotes the care and responsible use of water in communities
- UNICEF Venezuela strengthens comprehensive support to the Gran Sabana municipality

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: JULY 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	406,000	249,852	▲ 62%
	Girls	-	166,460	100,622	▲ 60%
	Boys	-	162,400	98,941	▲ 61%
	Women	-	77,140	50,289	▲ 65%
Pregnant women receive childbirth attention in UNICEF-supported facilities	Total	-	165,000	43,285	▲ 26%
	Girls	-	41,250	9,799	▲ 24%
	Women	-	123,750	33,486	▲ 27%
Nutrition					
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	262,000	105,616	▲ 40%
	Women	-	243,660	98,787	▲ 41%
	Men	-	18,340	6,829	▲ 37%
Children accessing nutritional support for prevention or management of acute malnutrition	Total	-	656,000	195,708	▲ 30%
	Girls	-	334,560	98,385	▲ 29%
	Boys	-	321,440	97,323	▲ 30%
Children with acute malnutrition enrolled in the treatment programme	Total	-	62,000	23,694	▲ 38%
	Girls	-	31,620	12,300	▲ 39%
	Boys	-	30,380	11,394	▲ 38%
Pregnant and lactating women accessing micronutrient supplementation	Total	-	220,000	88,284	▲ 40%
	Girls	-	66,000	21,521	▲ 33%
	Women	-	154,000	66,763	▲ 43%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	300,000	55,179	▲ 18%
	Girls	-	96,000	16,856	▲ 18%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
	Boys	-	84,000	15,788	▲ 19%
	Women	-	96,000	17,164	▲ 18%
	Men	-	24,000	5,371	▲ 22%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	185,000	1,549	▲ 1%
	Girls	-	64,750	486	▲ 1%
	Boys	-	61,050	459	▲ 1%
	Women	-	49,950	508	▲ 1%
	Men	-	9,250	96	▲ 1%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	2 million	76,899	▲ 4%
	Girls	-	300,000	13,932	▲ 5%
	Boys	-	240,000	12,067	▲ 5%
	Women	-	1.2 million	41,652	▲ 3%
	Men	-	220,000	9,248	▲ 4%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	200	2,170	▲ 1085%
	Girls	-	102	1,058	▲ 1037%
	Boys	-	98	1,112	▲ 1135%
Children who have received individual case management	Total	-	150,000	41,122	▲ 27%
	Girls	-	76,500	20,724	▲ 27%
	Boys	-	73,500	20,398	▲ 28%
Children have access to birth registration or other identity docuements	Total	-	500,000	10,846	▲ 2%
	Girls	-	255,000	5,206	▲ 2%
	Boys	-	245,000	5,640	▲ 2%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	241,000	4,073	▲ 2%
	Girls	-	122,910	1,882	▲ 2%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
	Boys	-	118,090	2,191	▲ 2%
Children receiving individual learning materials	Total	-	430,000	7,529	▲ 2%
	Girls	-	219,300	3,217	▲ 1%
	Boys	-	210,700	4,312	▲ 2%
Children and adolescents accessing skills development programmes	Total	-	24,000	4,025	▲ 17%
	Girls	-	12,240	2,069	▲ 17%
	Boys	-	11,760	1,956	▲ 17%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	20,000	3,863	▲ 19%
	Women	-	14,400	2,929	▲ 20%
	Men	-	5,600	934	▲ 17%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	2.3 million	235,022	▲ 10%
	Girls	-	414,000	42,303	▲ 10%
	Boys	-	368,000	37,603	▲ 10%
	Women	-	828,000	84,607	▲ 10%
	Men	-	690,000	70,506	▲ 10%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	430,000	16,751	▲ 4%
	Girls	-	219,300	9,252	▲ 4%
	Boys	-	210,700	7,499	▲ 4%
People reached with critical WASH supplies	Total	-	746,000	168,871	▲ 23%
	Girls	-	238,720	55,677	▲ 23%
	Boys	-	193,960	51,041	▲ 26%
	Women	-	231,260	43,015	▲ 19%
	Men	-	82,060	19,138	▲ 23%
Social protection					
Frontline workers trained on disability-inclusive services in emergencies	Total	-	90,000	160	0%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
	Women	-	45,900	90	0%
	Men	-	44,100	70	0%
Cross-sectoral (HCT, SBC, RCCE and AAP)					
Affected people reached with timely life-saving information on how and where to access available services	Total	-	3 million	3.8 million	▲ 126%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	90,000	12,143	▲ 13%
	Girls	-	10,800	1,655	▲ 15%
	Boys	-	7,200	1,233	▲ 17%
	Women	-	58,500	7,735	▲ 13%
	Men	-	13,500	1,520	▲ 11%
Preparedness and disaster reduction					
People reached through information, education and SBC on DRR and resilience	Total	-	150,000	-[19]	0%
	Girls	-	48,000	-	0%
	Boys	-	39,000	-	0%
	Women	-	46,500	-	0%
	Men	-	16,500	-	0%
People reached by child-centered contingeny plans	Total	-	60,000	20,692	▲ 34%
	Girls	-	19,200	6,523	▲ 34%
	Boys	-	15,600	6,442	▲ 41%
	Women	-	18,600	3,941	▲ 21%
	Men	-	6,600	3,786	▲ 57%
Municipal governments and other local institutions engaged in DRR through Disaster Risk Assessments and Disaster Preparedness measures	Total	-	12	42	▲ 350%

**Progress in the reporting period 1 January to 31 December 2025*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health	36,716,000	1,170,000	319,319	6,355,466	28,871,214	79%
Nutrition	28,140,000	870,222	-	6,374,901	20,894,875	74%
Child protection	18,568,000	2,490,502	420,000	1,974,418	13,683,079	74%
Education	23,718,000	2,633,894	754,876	2,110,301	18,218,927	77%
WASH	65,000,000	3,269,308	337,621	7,608,368	53,784,701	83%
Social protection	1,100,000	2,220	-	29,512	1,068,267	97%
Cross-sectoral[20]	5,500,000	-	-	-	5,500,000	100%
Preparedness and disaster reduction	4,300,000	898,802	-	3,084,725	316,471	7%
Total	**183,042,000**	**11,334,951**	**1,831,817**	**27,537,694**	**142,337,537**	**78%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Other resources– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. The determination of unique beneficiaries was conducted through the systematic integration and validation of indicators reported by each programmatic area, following standardized criteria to prevent duplication of individuals assisted. The procedure comprises two core stages. The first stage consists of selecting indicators by programmatic area, ensuring that only indicators capable of ensuring non-duplication are considered. The second stage consists of applying intersectoral adjustment factors to account for potential intersectoral overlaps. This adjustment safeguards the accuracy of the multisectoral beneficiary count by mitigating duplication risks across areas.

2. 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.

3. 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.

4. According to UNICEF internal data, in 2025, 72 repatriation flights from the U.S transported over 14.5K people (25 per cent children and adolescents).

5. OCHA, Sala Situacional Reporte de Eventos y Emergencias, available at https://gis.unocha.org/portal/apps/dashboards/c4b5f916466f444bb1fbca94e94c381d

6. UNDP Venezuela, Macroeconomic Performance Report – Q3 2025, 8 December 2025, available at https://www.undp.org/es/venezuela/publicaciones/desempeno-macroeconomico-de-venezuela-tercer-trimestre-2025

7. Central Bank of Venezuela (BCV). GDP increased by 8.71 per cent in the third quarter of 2025, 16 October 2025, available at https://www.bcv.org.ve/notas-de-prensa/la-economia-venezolana-avanza-el-pib-aumento-871-en-el-tercer-trimestre-de-2025

8. International Monetary Fund, World Economic Outlook, October 2025, available at https://www.imf.org/en/Publications/WEO

9. CEDICE Libertad, Expanded Inflation Monitor, October 2025, available at https://cedice.org.ve/ogp/reporte/inflaciometro-ampliado-30-octubre-2025

10. Opportunistic infections are illnesses that occur more often and are more severe in people with weakened immune systems, such as those living with HIV.

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12. OCHA, Venezuela Humanitarian Needs Overview, 2026.

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19. The Disaster Preparedness program is a multi-year initiative, and the Information, Education, and SBC components related to Disaster Risk Reduction (DRR) and resilience are scheduled for implementation in the first half of 2026. This timeline explains why the target has not yet been reached within the current reporting period.

20. As per programmatic realignment Cross-Sectoral funding has been included within the other goal areas.