UNICEF continues its efforts to meet the health; water, sanitation and hygiene (WASH); education; child protection; and nutrition needs of vulnerable Venezuelan girls, boys and adolescents, which have been further exacerbated by COVID-19. The UNICEF 2020 Venezuela Humanitarian Action for Children (HAC) appeals for US$ 153.2 million to address the needs of 2.6 million people, including 1.7 million children and adolescents. As of 31 August 2020, UNICEF has US$ 59.9 million available to support implementation of much needed child protection, including GBV education, health, nutrition, and WASH interventions, as well as to cover operational and logistics costs related to delivery of this assistance. Of this US$ 38 million is carry over from 2019, and another US$ 22.3 million has been raised in 2020.

Additionally, to address the imminent health risks posed by the COVID-19 pandemic, UNICEF launched an appeal for an additional US$ 26.8 million under the UNICEF Global COVID-19 HAC. To date, UNICEF Venezuela has raised US$ 13 million for the COVID-19 response, primarily to: (i) provide health workers and other staff engaged in the response with personal protective equipment (PPE); (ii) provide hospitals and clinics with medical supplies and equipment, WASH supplies (including soap, hand-sanitizer, chlorine, masks, drinking water dispensers and disinfectant), safe water, and...
capacity strengthening on hygiene practices; (iii) strengthen Risk Communication and Community Engagement (RCCE) programming, by promoting effective COVID-19 prevention measures, such as hand washing, hygiene practices, physical distancing and other behavioural changes to curb the transmission of the virus; (iv) provide remote psychosocial support and ensure continuity of child protection and gender-based violence (GBV) services; (v) combat stigmatization; and (vi) contribute to mitigating the collateral impact of the outbreak on children.

UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date. Nevertheless, UNICEF calls upon the international community to provide additional and flexible support to reduce the remaining 61 per cent gap of the Venezuela HAC and the 51 per cent gap of the COVID-19 appeal. Potential prolonged funding gaps hinder UNICEF capacity to respond to pre-existing and urgent needs emerging from the COVID-19 pandemic, and to ensure continuity of critical services for children, women and vulnerable populations, including immunization for which urgent support is needed.

**Situation Overview & Humanitarian Needs**

On 8 August 2020, the government extended the COVID-19 pandemic state of emergency for another 30 days, marking five months of special measures to prevent the spread of the virus. In addition, the Ministry of Education (MoE) confirmed 16 September 2020 as the back-to-school date, although a decision has yet to be reached regarding the teaching modalities to be used. Options are: in person, distance learning, hybrid models combining in person with distance learning or alternating school days. The MoE is conducting a national consultation at the school level and with the regional coordination teams that, together with the trajectory of the pandemic, will decide the teaching model.

Furthermore, the Venezuelan economy has been severely affected by COVID-19 lockdown measures, which, combined with the decline in oil prices and production, have translated into loss of income at the household level and consequent increase in humanitarian needs among the most vulnerable populations. Throughout the reporting period, fuel shortages were further exacerbated and UNICEF staff and implementing partners reported up to 19 days without fuel for residents of Bolivar state, as well as difficulties for UNICEF’s and partners’ official vehicles who have safe conduct passes. Similar situations have been reported in the states of Zulia and Táchira, where fuel is being provided to prioritized sectors only, such as food, health, security, transportation, health, including staff and ambulances. In the state of Bolivar, scarcity of fuel and border closures have impacted food prices. According to the Indigenous Observatory, shortages of food are the main concern among the indigenous populations. For example, Warao communities have reported having to walk long distances to access food. In addition, the number of children unable to access school feeding in Bolivar state is on the rise, due to restrictions in food distribution, safe water and cooking gas. Lastly, power cuts continue to persist across the country.

Due to COVID-19 quarantine measures and the corresponding impact on the operational environment, UNICEF and partners have reported a nationwide decrease in the number of preventive neonatal and nutritional services and paediatric check-ups.

**Humanitarian Leadership, Coordination and Strategy**

The approved Humanitarian Needs Overview/Humanitarian Response Plan (HNO/HRP) 2020 published in July, has been widely disseminated among partners and other stakeholders to support response strategies, including thematic and geographical priorities and targets. In addition, a working group on Accountability to Affected Populations (AAP) supported by UNICEF was established by OCHA to develop a joint AAP framework. The objective of the working group is to consolidate existing programmes in the country, while at the same time improving communication with and accountability to the communities. At the inter-agency level, UNICEF together with OCHA and other UN agencies, is assessing the establishment of a call centre before the end of the year.

UNICEF continues to support the coordination of the Prevention of Sexual Exploitation and Abuse (PSEA) inter-agency network. During the reporting period, the network developed communication material with key messages on PSEA, targeting community members. The material will be tested among different population groups and later disseminated to ensure awareness raising on PSEA and reporting mechanisms. At UNICEF level, the country office completed five PSEA assessments of implementing partners and delivered a training session on basic PSEA principles, reporting mechanisms, and the PSEA Toolkit for partners of the Child Protection sector, reaching 185 frontline workers.

**Summary of Programme Response**

As of August 2020, UNICEF Venezuela has enhanced its operational and response capacity by implementing its geographic expansion strategy and increasing its workforce to over 180 national and international staff. Throughout the reporting period, UNICEF continued implementing life-saving interventions in the most affected and remote areas of the country, adapting them to COVID-19 context, ensuring safety of UNICEF staff and partners.

UNICEF continues scaling up infection prevention and control (IPC) activities and strengthening RCCE, ensuring continuity of health, education, WASH, nutrition and child protection services, including psychosocial support to children.
and their caregivers, and country-wide dissemination of key messages on prevention of violence against children, positive parenting, prevention and GBV risk mitigation, and PSEA.

Health
During the reporting period, UNICEF completed the distribution of paediatric anti-retrovirals (ARV) to 1,064 children who are currently being treated across the country. The paediatric ARV procurement for 2021, with resources mobilized by UNICEF, has been agreed with the Venezuelan Society of Infectious Diseases. Additionally, UNICEF has continued massive distribution of PPE to frontline workers, reaching over 60,000 professionals by the end of August.

In August, 29,345 doses of vaccines1, were administered in Caracas Capital District following a house-to-house strategy. Starting September, a full national rollout of the house-to-house vaccination strategy will take place, increasing the 42 per cent immunization coverage reached between 1 June to 3 August 20202. During the COVID-19 pandemic immunization services have continued, but the demand for vaccination services has been affected by fear of going to clinics, lack of transportation, and shortage of available health staff. This situation has increased the potential risk for appearance of outbreaks of vaccine-preventable diseases. Therefore, from September to December 2020, a special Periodic Intensification of Routine Immunization (PIRI) has been planned with the Ministry of Health (MoH), aimed at improving immunization coverage by the end of the year. The PIRI strategy will focus on immunization services, with activities coordinated through the 593 Comprehensive Community Health Areas. Each Health Area will manage six (consisting of one vaccinator, one registrar and one health promoter respectively), which will be deployed to implement vaccination days from Monday to Sunday through mobile posts in community structures with open spaces (churches, schools, etc.). The vaccination posts will strictly follow COVID-19 IPC measures, that include the use of PPE, regular hand washing or disinfection, compliance with respiratory hygiene and social distancing.

WASH
WASH interventions continued to focus on addressing pre-existing vulnerabilities aggravated by the pandemic. As such, UNICEF has been reinforcing the provision of safe water to communities and key institutions, including hospitals, primary health care centres and temporary shelters, and expanding support to additional states, on top of the ones usually reached by UNICEF programming. To accelerate access to safe water across the country, UNICEF developed a scale-up work plan with the Ministry of Water to reach other states.

In August, UNICEF finalized the water supply system in the Cambalache Water Plant, Bolivar state, which will provide drinking water on a daily basis to over 5,000 people from the Warao indigenous communities (780 girls, 800 boys and 1,862 women), an equivalent of 7.5-15 litres per person daily. In addition, UNICEF has continued providing technical assistance and support to the recently finalized rehabilitation of the water distribution systems of Caicara del Orinoco (state of Bolivar) and Tucupita (Delta Amacuro state). In Zulia, the rehabilitation of the water supply plant Estanque Norte enabled access to drinking water to more than 40,000 people (5,590 girls and 5,890 boys and 15,466 women). UNICEF is prioritizing rehabilitation of water supply plants to enable access to sufficient daily quantity of drinking water, including safe water in hospitals and schools. Likewise, UNICEF continues supporting unserved and isolated communities through water tanks and water-trucking, combined with community multisectoral approaches reaching more than 13,000 people (2,019 girls, 1,757 boys and 5,300 women) in five states.

Similarly, UNICEF provided support to 36 health care facilities through the distribution of key cleaning and hygiene products and PPE; installation of handwashing points; and technical assistance and capacity building on IPC. UNICEF is scaling up infrastructure works (boreholes, chlorinators, etc.) and providing hygiene kits to health, operations and maintenance staff in health care facilities.

UNICEF support to temporary shelters (PASÍ3 by their Spanish acronym) for Venezuelans returning from neighboring countries is ongoing. Water access is supported with water-trucking in 12 PASÍs to ensure daily water access, as well as water quality control, in Táchira. Handwashing points have been installed in six new PASÍs in Zulia state.

UNICEF reinforced the provision of hygiene kits and hygiene information to more than 50,000 people in Zulia, Táchira and Bolivar states and of cleaning and hygiene kits and PPE to 12 PASÍs in Zulia state.

Finally, the WASH Cluster has been working on guidance and capacity building through advanced technical exchanges and consultations on priority topics, including IPC; interventions in shelters and schools for the new academic year when

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1 Bacillus Calmette–Gueyrin (BCG). Hepatitis B, measles, mumps, and rubella (MMR). Yellow Fever, Inactivated polio vaccine (IPV) and Oral polio vaccine (OPV).
2 Lowest coverage for Penta 3rd is 11 per cent and highest for Hepatitis B-100 per cent.
3 Puntos de Atención Social Integral. Temporary shelters for returning migrants, which have been put in place for quarantine protocols.
in-person classes are resumed; and is working closely with the Cluster’s Strategic Advisory Group, OCHA and other sectors to prepare the upcoming HNO/HRP 2021.

**Nutrition**

After the July 2020 release of the ‘Prevention, Early Detection and Treatment of Wasting in Children 0-59 Months through National Health Systems in the Context of COVID-19’, UNICEF has worked on the adaptation and implementation of the new guidelines for detection and treatment of wasting in the context of COVID-19. During August, UNICEF trained 255 health professionals (84 per cent women) from the public health network, National Nutrition Institute (NNI), MoH, CORPOSALEUD, seven civil society organizations, UNICEF implementing partners, and 25 organizations of the Nutrition Cluster, representing 20 states. The training sessions focused on: promotion of key infant and young child feeding practices in emergencies (IYCF-E); prevention of intestinal parasites; prevention of micronutrient deficiencies; management of acute malnutrition in children under five years of age; and management of low weight and anemia in pregnant women. Of the trained professionals, 133 had never received specific training on these nutrition interventions.

In addition, UNICEF supported a training of trainers (ToT) on breastfeeding counselling, targeting health professionals from the MoH and NNI who perform nutritional care in outpatient clinics or hospitals, and UNICEF implementing partners who provide nutritional services to pregnant and lactating women (PLW) and children aged 0-23 months, reaching 291 participants.

During the reporting period, nutritional services -prevention and treatment-, were provided to 6,947 children (3,461 girls and 3,486 boys) under five years of age and 2,082 PLW, including 286 pregnant adolescents, representing 27.4 per cent of the total pregnant women. Also, 668 PLW were screened for anemia; 25.6 per cent of them were identified with mild and 30.8 per cent with severe anemia and received treatment. According to data collected from anthropometric screenings, a global acute malnutrition (GAM) rate of 4.0 per cent was registered, including 0.8 per cent severe acute malnutrition (SAM) and 3.2 per cent moderate acute malnutrition (MAM). In addition, a total of 791 children under five years old were screened for anemia; 18.7 per cent were identified with mild and 17.6 per cent with severe anemia and received treatment. While this information is not statistically representative at the national level, it provides tools for decision-making and prioritization of interventions.

Within the framework of World Breastfeeding Week (WBW), under the theme ‘Let’s support breastfeeding, for a healthier planet,’ the Nutrition Cluster Technical Working Group on IYCF, together with UNICEF, conducted a series of webinars to promote and support breastfeeding. These events were developed with national and international experts, with the participation of governmental entities and civil society organizations. Six virtual events were held, reaching 870 participants from all states in Venezuela as well as other countries, with participation ranging from 86 to 204 people per event, and 1,887 views of the events recorded on YouTube. Topics included: (a) Breastfeeding and complementary feeding; (b) Doulas: protection and support for breastfeeding; (c) Breastfeeding and the health of the planet; (d) Task Force Step 10: Latin American View of breastfeeding in times of COVID-19; (e) Discussion: A refreshing look at breastfeeding counseling education; (f) Conversation: counseling for the humanization of breastfeeding.

The six webinars were promoted through material designed by the Nutrition Cluster:

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5 Health entity in Táchira state.

6 Anthropometric screenings refer to beneficiaries reached both in health services and home visits, as per adaptation to the COVID-19 context.

7 Global acute malnutrition (GAM): refers to MAM and SAM together; it is used as a measurement of nutritional status at a population level and as an indicator of the severity of an emergency situation (GNC 2014).

8 This year WBW took place between 1-7 August.

9 Registered participants included users from Colombia, Guatemala, Argentina, United States, United Arab Emirates (Dubai), Spain and Mexico.
For webinar live dissemination, the Nutrition Cluster created the [Venezuela Nutrition Cluster YouTube Channel](https://www.youtube.com/). Also, as part of WBW 2020, the Nutrition Cluster created materials to raise awareness about breastfeeding protection and promotion, which were disseminated through social media.

In August, the Nutrition Cluster continued collecting monitoring data from cluster partners, and according to the dashboard, in 211 municipalities across all states the Nutrition Cluster has reached 226,227 beneficiaries between January and July 2020, 32 per cent of the HRP 2020 target. The dashboard was shared with Nutrition Cluster partners and uploaded to [HR.info nutrition page](https://www.hr.info/).

**Child Protection and Gender-Based Violence**

During the reporting period, UNICEF continued strengthening local child protection systems, expanding its outreach to 103 Child Protection Councils in 15 states, benefitting 4,323 children (3,026 boys and 1,297 girls) with protection and dedicated protection services, including referrals made to specialized services for necessary interventions, including birth registrations (31 per cent), family orientation (16 per cent), and psychological treatment (14 per cent). In addition, 86 child protection personnel (73 women and 13 men) in Gran Caracas and Bolivar states, from multidisciplinary teams and counterparts, were trained on Child Protection Minimum Standards, GBV prevention and response, safe referrals and care of child survivors.

Additionally, 3,572 children (2,072 boys and 1,500 girls) were supported through integrated child protection programmes and services, including psychosocial support, legal assistance, case management, family support and referral to health and nutrition services. Also, 341 women and children received GBV services, case management, psychosocial support and legal assistance.

As part of the COVID-19 response, UNICEF provided remote psychosocial support to children and families through its implementing partners, identifying and referring child-abuse cases, including GBV, to specialized programmes and services. Hotlines and online mental health and psychosocial support services, put in place by UNICEF partners, reached 48,932 children, parents and caregivers. Ten personnel working in 11 PASIs participated in training sessions on child protection measures, safe referrals and continuity of psychosocial support in San Antonio, Táchira state. The coordinator and focal point of the Area of Responsibility (AoR) at national and field level have been supporting and participating in these trainings.

Moreover, UNICEF provided PPE items to Child Protection System authorities in the border states of Táchira, Apure and Amazonas, to ensure continuity of child protection services in 24 municipalities during the COVID-19 pandemic, reaching six child protection programmes, 11 communities and 103 Child Protection Councils. In addition, UNICEF distributed over 40,000 copies of a child protection guideline for case management of separated or unaccompanied children returning to the country, which was designed for personnel working in PASI and other protection staff, to effectively address the needs of children and adolescents returning to the country.

The Child Protection AoR began coordinating efforts to provide child protection partners with a better understanding of the different system levels and their interaction with other sectors, including justice, education, and health. In addition, to promote inclusion of children with disabilities, the Child Protection AoR is planning sessions to disseminate information and sensitize on different kinds of disabilities and inclusion strategies from different perspectives, including children, parents and teachers.

**Education**

The education section continues implementing activities following protection and prevention protocols, to ensure continuity of learning and psycho-educational care for girls and boys during the COVID-19 pandemic.

During the reporting period, the school feeding programme benefited 15,336 children (7,867 girls and 7,469 boys) in 20 municipalities across five states: Delta Amacuro, Bolivar, Táchira, Miranda and Zulia. Through the delivery of non-perishable food bags, other members of the household were reached, including 7,701 adults (4,235 women and 3,466 men).
In August, children continued to benefit from educational support through recreational and didactic distance activities during the formal school vacation period. UNICEF, through its implementing partners, benefited 4,142 children (2,247 girls and 1,895 boys). Activities were complemented with distribution of snack kits: children on vacation are involved in the preparation of a snack, as well as in recreational and educational activities. A total of 2,554 adolescents (1,333 girls and 1,221 boys), of whom 10 per cent are indigenous youth, between 12 and 19 years old, have been engaged in vocational training and life skills courses.

Some 12,419 children (5,904 girls and 6,515 boys) were supported with educational catch up activities during the vacation period, to facilitate their reintegration into the formal school system programmes in September. Of these children, 3,875 (1,762 girls and 2,113 boys) are out of school (10 per cent from indigenous communities) and 8,544 children (4,142 girls and 4,402 boys) are at high risk of dropping out of school (15 per cent indigenous children).

Some 17,491 children (8,745 girls and 8,746 boys) received psycho-educational support through educational and recreational programmes. In addition, school material was distributed to 4,454 children (2,075 girls and 2,379 boys) in the states of Bolivar, Delta Amacuro, Táchira, Capital District, Miranda and Zulia, including backpacks with notebooks, pencils, colours, scissors, rulers, blackboards and printed guides for learning.

Key messages related to school continuity, hygiene promotion, and socio-emotional support were shared with 4,641,751 people (779,544 girls, 820,018 boys, 1,521,877 women and 1,520,312 men), mostly through radio broadcast under the framework of the Education Cannot Wait (ECW) project. Social networks, text messages, flyers, posters and face-to-face with families were also used.

Moreover, 1,277 teachers (978 women and 299 men) received incentives in the form of food bags, mobile phones, and cash transfers, to facilitate their distance learning work. A group of 103 teachers participated in distance training sessions on education in emergencies and psychosocial support.

In August, the MoE initiated a national consultation at the school level and with the regional coordination teams of the 24 states to analyse the possibility of starting the school year in September, using a mixed model of in-person and remote. UNICEF continues to provide technical support to the MoE in defining protocols for the safe reopening of schools. At the same time, UNICEF continues to support curriculum review sessions, to include issues related to education in emergencies for next school year planning. It is expected that in September the UNICEF back-to-school campaign will begin and will include distribution of school materials to children and teachers, media communication campaign, and capacity-building support for teachers.

Communications for Development (C4D), Risk Communication and Community Engagement (RCCE)

During August, UNICEF supported a ToT on Communication for Development (C4D) and Hygiene Promotion for 49 workers from three civil society organizations. Topics addressed in the ToT workshop included basics of C4D, Assertive Communication, Hygiene Promotion, tips for COVID-19 prevention (10 golden rules), and WASH activities in Venezuela.

In addition, under the initiative ‘Escalando Impacto’,10 and with UNICEF’s support, the private organization Agua Tuya was able to pilot a training project on water treatment for human consumption and handwashing, targeting 34 community workers from implementing partner FUNDANA, using a ForoChat to disseminate key messages to reduce the risk of spreading COVID-19. The full project rollout will begin in September, reaching 3,000 people in the communities of Los Pinos and Caucaguita (Gran Caracas).

During the reporting period, 4,035 parents and caregivers in Táchira state, received key messages through SMS, WhatsApp and email on self-care, back-to-school and personal relationship management through implementing partners FINAMPYME and FUNREAHV. Likewise, in Táchira, 3,698 people from the hospital network and prioritized communities, together with 300

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10 Escalando Impacto is an initiative promoted by UNICEF Venezuela’s private fundraising and partnership division and Impact Hub Caracas, which aims at engaging private organizations into designing innovative communication campaigns. Winning activities will be implemented, as has been the case with Agua Tuya.
school principals from prioritized municipalities, received COVID-19 IPC messages via SMS and Online messaging applications. The messages covered health and WASH issues, and for school principals additional information on education, protection and nutrition. Furthermore, 2,440 COVID-19 posters were distributed in Puerto Ordaz and San Felix (Bolivar state), and 819 IPC and handwashing posters were distributed to 31 hospitals in Gran Caracas. UNICEF also distributed hygiene promotion cards with 750 hygiene kits provided to COVID-19 patients in Gran Caracas. During August, the C4D strategy for adolescents continued with new actions, specifically addressing COVID-19 prevention. A social media challenge called #ConLosAbuelosChallenge was launched in the Youth with UNICEF page, where adolescents from different regions of Venezuela shared photos and videos of activities they do with their grandparents during quarantine. Participants included young people from organizations, such as FUNDAMUSICAL, Otro Enfoque, ASONACOP and the Scouts Association of Venezuela.

**Special Projects**

In response to the needs of indigenous populations and vulnerable children in Maracaibo (Zulia state), UNICEF is working with the civil society organization Fundación CEPIN (Centro de Promoción Integral del Niño), to reduce malnutrition among children by promoting a healthy development environment. Despite the COVID-19 pandemic, the Fundación CEPIN continues providing nutrition support to children and promoting healthy environments to prevent the virus spread. From March to August, the number of the communities supported by CEPIN has increased from 13 to 25, and the response has expanded to include other activities, such as school feeding, and to address new needs, such as support to the most vulnerable families who have lost their incomes due to the pandemic. Since March, CEPIN has redesigned its programme, adapting its response to the COVID-19 context. Community promoters have sensitized and trained vulnerable communities on water management and have proposed innovative ways to ensure correct use of the limited water available for handwashing, one of the most important virus IPC measures. As of August, 80,000 people have been trained on the Tippy Tap method, a costless and efficient way to ensure children and their families have sufficient water for handwashing.

In addition, through CEPIN 800 vulnerable children and their mothers have received daily hot meals. Since March, 2,054 children have been screened for malnutrition, and 1,348 children have received nutritional treatment. To support CEPIN and the daily work carried out by its community promoters, UNICEF has donated PPE and 50 bicycles enabling promoters to reach beneficiaries in a safe and protected way, follow up on nutritional status, identify new needs requiring a prompt response, and make sure no child is left behind, even during COVID-19.

**Planning, Monitoring and Evaluation, Accountability for Affected Population (AAP)**

UNICEF Venezuela is currently tracking 12 of the global indicators in support of the COVID-19 response. Detailed reports on supplies distribution, developed by UNICEF, have been made available through an interactive dashboard in Tableau. UNICEF is using a combination of onsite follow-up through local implementing partners – essential to account for the medical supplies – as well as other remote monitoring tools, jointly developed with UNICEF partners over the last year. Monitoring tools include tailor-made end-user monitoring surveys, to assess beneficiaries’ feedback in terms of relevance, quality, timeliness and impact of specific programmes, services or supplies delivered. When face-to-face visits cannot be performed, due to quarantine and restriction measures, UNICEF staff communicates with health facilities via mobile phones and messaging applications.

Always ensuring the necessary precautions and following COVID-19 security guidelines, UNICEF staff have made extraordinary efforts to visit establishments that received supplies. During August, UNICEF implemented 327 monitoring

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11 #ConLosAbuelosChallenge: means ‘a challenge with grandparents,’ and it is a private group on Facebook for adolescents.
activities, most of them carried out by staff members from the different field offices. Monitoring focused mainly on distributed supplies (87.8 per cent of activities) and results (8.0 per cent of activities). Most monitoring activities were conducted in educational centres (45.3 per cent) - formal and non-formal - and in health facilities (46.5 per cent).

Quality of data and knowledge sharing remains also a priority. Two public websites have been created, one to disseminate information related to the overall humanitarian response in the country, and a second one on COVID-19 specific activities.

**Supply and Logistics**

In August, UNICEF received approximately 40 tonnes of medical supplies via a cargo flight donated to Venezuela. The cargo contained vaccines, PPE, medical supplies and equipment, ARV treatment, deworming treatment, water tanks and water purification tablets, among others. In addition, UNICEF Venezuela received 544 hygiene kits donated by the Spanish Agency for International Development Cooperation (AECID). UNICEF Venezuela continues to be in need of free air charter for additional supplies that are in the pipeline for the months ahead. Availability of supplies is paramount to respond to COVID-19 humanitarian needs and ensure continuity of other essential services, such as immunization.

Since the beginning of the COVID-19 response, UNICEF had distributed over 2,319 tonnes of supplies worth over US$ 8.8 million including: 92.3 million water purification tabs; 1.5 million protection masks; over 960,000 bar soaps; 45,000 litres of 60 per cent alcohol hand sanitizer and over 62,000 litres of 12 per cent liquid chlorine. COVID-19 response and case management-related supplies distributed represent 48 per cent, while COVID-19 prevention-related supplies account for 52 per cent of the total.

**Human Interest Stories and External Media**

During August UNICEF produced 14 multimedia assets and 174 photos to document the field response and to disseminate information for accountability, visibility, and resource mobilization purposes. Produced materials were disseminated through local, regional, and global social media channels, as well as National Committees for UNICEF.

In addition, the UNICEF Venezuela country website, has a new section called ‘From the field’, with testimonials from staff regarding UNICEF’s work in the field during the pandemic. Simultaneously, in traditional media, an opinion editorial (op-ed) by the Representative posted in the Venezuela largest national newspaper reached over 5 million people.

Regarding digital communication, Country Office social networks generated over 428,000 interactions and 15.8 million impressions with messages on COVID-19 prevention, psychosocial support, violence prevention, at-home learning activities, promotion of breastfeeding, and UNICEF’s work for every child.

**Human interest stories and multimedia stories:**

- The Education Cannot Wait programme doesn't stop during quarantine
- The existence of soap and water in hospitals, shelters, and schools, is vital.
- Beyond the fear of COVID-19, there is a commitment to protecting children and adolescents
- Draw a better future
- UNICEF supports nutritional care services during COVID-19
- UNICEF intensifies its support to provide nutritional care in Caracas
- UNICEF response on the ground during #COVID-19
- UNICEF supports the rehabilitation of a water unit in Táchira
- UNICEF supports the breastfeeding that gives children the healthiest start in life

UNICEF Venezuela: [https://www.unicef.org/venezuela/](https://www.unicef.org/venezuela/)
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Annex A

Summary of Programme Results (HAC)

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and Partners Jan-Dec 2020 target</th>
<th>Total results (Jan-Aug)</th>
<th>Sector Response Cluster Jan-Dec 2020 target</th>
<th>Cluster Results (Jan-Aug)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant women &amp; new-born babies receiving maternal/neonatal life-saving services in UNICEF-supported facilities</td>
<td>246,900</td>
<td>81,631</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 1 year vaccinated against measles</td>
<td>534,100</td>
<td>57,771&lt;sup&gt;13&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
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<tr>
<td>Children under 5 years affected by severe and moderate acute malnutrition (with or without complications) admitted for treatment&lt;sup&gt;14&lt;/sup&gt;</td>
<td>20,400</td>
<td>2,255</td>
<td>31,370</td>
<td>2,433</td>
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<tr>
<td>Caregivers receiving infant and young child feeding counselling for appropriate feeding of children under 2 years</td>
<td>155,500</td>
<td>24,663</td>
<td>483,235</td>
<td>24,720</td>
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<tr>
<td>WASH</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>People accessing basic WASH (safe water and sanitation) services at the community level</td>
<td>2,000,000</td>
<td>1,731,987</td>
<td>2,214,000</td>
<td>1,754,473</td>
</tr>
<tr>
<td>People receiving basic hygiene information and/or essential hygiene products</td>
<td>1,275,000</td>
<td>377,835</td>
<td>1,567,200</td>
<td>436,984</td>
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<tr>
<td>Health and nutritional care facilities, benefiting from WASH interventions</td>
<td>225</td>
<td>134</td>
<td>281</td>
<td>179</td>
</tr>
<tr>
<td>Child Protection and Gender Based Violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls and boys supported through integrated individual child protection services</td>
<td>95,500</td>
<td>76,076</td>
<td>99,755</td>
<td>84,019</td>
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<tr>
<td>Education</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 4-18 years in schools who received education materials</td>
<td>1,521,000</td>
<td>210,692</td>
<td>1,521,000</td>
<td>224,427</td>
</tr>
</tbody>
</table>

<sup>12</sup> Sector Response includes UNICEF implementing partners and cluster response.<br><br><sup>13</sup> The number of children under 1 year of age vaccinated against measles was achieved through the vaccination campaigns carried out between January-July 2020. The results for August 2020 have yet to be reported to UNICEF Venezuela.<br><br><sup>14</sup> This indicator refers to Moderate and Acute Malnutrition (MAM). The indicator on micronutrient supplementation in the COVID-19 table only addresses treatment of severe acute malnutrition (SAM).
### Annex B

#### Summary of Programme Results (COVID-19)

<table>
<thead>
<tr>
<th>COVID 19 Response Pillar(^\text{15})</th>
<th>UNICEF and Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apr-Dec 2020 target</td>
</tr>
<tr>
<td><strong>Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving Infection Prevention and Control (IPC)</strong></td>
<td></td>
</tr>
<tr>
<td>Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)</td>
<td>60,000</td>
</tr>
<tr>
<td><strong>Continuity of health care for women and children</strong></td>
<td></td>
</tr>
<tr>
<td>Health care workers trained in detecting, referral and appropriate management of COVID-19 cases</td>
<td>20,000(^\text{16})</td>
</tr>
<tr>
<td>Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential new-born care, immunization, treatment of childhood illnesses and HIV care in UNICEF supported facilities.</td>
<td>142,000</td>
</tr>
<tr>
<td><strong>WASH Services</strong></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>1,500,000</td>
</tr>
<tr>
<td><strong>Access to continuous education, child protection and GBV services</strong></td>
<td></td>
</tr>
<tr>
<td>Number of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>60,000(^\text{17})</td>
</tr>
<tr>
<td>Children supported with distance/home-based learning</td>
<td>400,000</td>
</tr>
<tr>
<td><strong>Risk Communication and Community Engagement (RCCE)</strong></td>
<td></td>
</tr>
<tr>
<td>Number of people engaged on COVID-19 through RCCE actions</td>
<td>1,000,000</td>
</tr>
</tbody>
</table>

\(^{15}\) Indicators have been adapted to reflect UNICEF Global COVID-19 indicators.

\(^{16}\) The internal target was increased to 30,000. But the target reported in the global SitRep is 20,000 as UNICEF Venezuela cannot modify global target.

\(^{17}\) The internal target was increased to 100,000. But the target reported in the global SitRep is 60,000 as UNICEF Venezuela cannot modify global target.
Annex C

### HAC Funding Status\(^{18}\)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Humanitarian resources received in 2020</td>
<td>Other resources used in 2020</td>
</tr>
<tr>
<td>Nutrition</td>
<td>12,745,000</td>
<td>1,675,278</td>
<td>0</td>
</tr>
<tr>
<td>Health</td>
<td>22,290,000</td>
<td>7,487,699</td>
<td>80,400</td>
</tr>
<tr>
<td>WASH</td>
<td>58,300,000</td>
<td>4,615,786</td>
<td>219,957</td>
</tr>
<tr>
<td>Child Protection</td>
<td>14,400,000</td>
<td>2,468,592</td>
<td>0</td>
</tr>
<tr>
<td>Education</td>
<td>45,512,000</td>
<td>5,737,190</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>153,247,000</strong></td>
<td><strong>21,984,545</strong></td>
<td><strong>300,357</strong></td>
</tr>
</tbody>
</table>

### COVID-19 Funding Status\(^{19}\)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Humanitarian resources received in 2020</td>
<td>Other resources used in 2020</td>
</tr>
<tr>
<td>Risk communication and community engagement (RCCE)</td>
<td>2,288,940</td>
<td>866,730</td>
<td>44,204</td>
</tr>
<tr>
<td>Infection Prevention and Control (IPC)</td>
<td>21,321,144</td>
<td>7,726,932</td>
<td>0</td>
</tr>
<tr>
<td>Continuity of Health Care and Nutrition Services</td>
<td>2,372,985</td>
<td>1,890,159</td>
<td>0</td>
</tr>
<tr>
<td>Access to continuous education, child protection and GBV services</td>
<td>627,870</td>
<td>1,439,178</td>
<td>1,026,134</td>
</tr>
<tr>
<td>Data collection social science research for public health decision making</td>
<td>217,581</td>
<td>85,721</td>
<td>4,372</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,828,520</strong></td>
<td><strong>12,008,719</strong></td>
<td><strong>1,074,710</strong></td>
</tr>
</tbody>
</table>

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\(^{18}\) As defined in [Venezuela 2020 Humanitarian Appeal](#) launched on 05 December 2019 for a period of 12 months.

\(^{19}\) As defined by [UNICEF COVID-19 Global Response 2020 requirements](#) launched on 15 March 2020, for a period of nine months.