Highlights

- The new academic year for preschools and elementary schools nationwide officially began on 16 September 2020 under a remote modality.
- Through the supply of essential medicines and equipment, UNICEF supported healthcare services for over 29,800 children and pregnant and lactating women (PLW), including 760 patients from indigenous communities in 69 municipalities.
- UNICEF provided support to 62 health care facilities through the distribution of key cleaning and hygiene products and personal protective equipment (PPE), installation of handwashing points, and provision of technical assistance and capacity building on infection prevention and control (IPC).
- To support teachers and ensure the continuity of education for all children, UNICEF provided incentives to 1,386 teachers in the form of cash incentives, food boxes and smartphones.
- 14,252 children (6,869 girls and 7,383 boys) were provided with educational materials and supplies to carry out educational activities at home.
- To train military authorities and government staff working in PASIs, UNICEF distributed 5,000 copies of the Protection Guidelines for Communication with Children in Táchira and Apure states.

Funding Overview and Partnerships

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 30 September 2020, UNICEF has US$ 69.9 million available to support implementation of much needed child protection, including gender-based violence (GBV); education; health; nutrition; and WASH interventions, as well as to cover operational and logistics costs related to the delivery of this assistance. Of this amount, US$ 38 million has been carried over from 2019, and US$ 32.3 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 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 54 per cent gap of the Venezuela HAC and the 51 per cent gap of the COVID-19 appeal, for a total of approximately US$ 97 million required. Potential prolonged funding gaps hinder UNICEF’s capacity to respond to pre-existing and urgent needs emerging from the COVID-19 pandemic and to ensure continuity of critical services including WASH and education for children, women and vulnerable populations, for which urgent support is needed.

**Situation Overview & Humanitarian Needs**

The new academic year for preschool and elementary school nationwide officially began on 16 September 2020 under a remote modality, amidst closure of school premises. Secondary education activities are planned to restart on 5 October 2020. At the start of the academic year, the Venezuelan teachers’ union published a statement demanding better wages and payment of outstanding debts, as well as urging teachers not to resume educational activities. On 16 September, teachers’ protests were registered across the country, therefore despite the official opening, classes were not in session on that day and restarted on 17 September.

Furthermore, a wave of protests to denounce the persisting interruption of electrical service, lack of cooking gas, water and fuel, have also taken place in different states, including Zulia, Lara, Falcon, Trujillo, Táchira, Merida, Barinas, and Bolívar. Unreliable electricity and connectivity are directly hampering distance education, as reported by UNICEF implementing partners. Similarly, fuel shortages have affected suppliers and implementing partners’ operations and have hindered health workers from reaching their workplace, directly impacting the provision of essential health services.

According to UNICEF data, demand for antenatal care health services has decreased by 50 per cent and nutritional services by 70 per cent, compared to pre-COVID-19 operations, primarily due to movement restrictions and fear of infection, together with the reduction of available personnel and supplies.

As reported by OCHA, starting mid-September there has been a decline in the number of returning migrants, compared to the trend registered since April. At the same time, internal migration flows have been higher, particularly from the centre of the country towards bordering states. According to humanitarian actors in border areas, the number of Venezuelan returnees migrating back to Colombia has increased after the economy was partially opened, reverting the migration flows and increasing the risk of circular migration movements.

Heavy flooding has caused damages to communities across the country, affecting families and children. The overflow of El Limon river, in Aragua state, and the Chama river, in Zulia state, caused several material damages. Heavy flooding was also reported in the states of Bolivar, Zulia, Anzoátegui and Merida, with damages impacting communications and electrical services even further.

**Humanitarian Leadership, Coordination and Strategy**

On 10 September, during a high-level meeting with donors organized by the Swedish Secretary of State for International Development Cooperation, the United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator and the Head of the United Nations Office for the Coordination of Humanitarian Affairs, Mark Lowcock, approved the establishment of the Humanitarian Fund for Venezuela. Contributions from five donors enabled the establishment of the Fund and other donors expressed interest in making contributions in 2021. The Fund will be operational as soon as possible in order to have the first allocations ready in early 2021, allowing UNICEF to reach vulnerable children and their families.

UNICEF, in coordination with the Humanitarian Communication Group (GCH) and the Inter-agency Communication Group, is preparing a strategy for government counterparts and civil society organizations to strengthen the message about the importance of the preservation of and adherence to the humanitarian principles¹, in order to establish and maintain access to affected adults and children.

UNICEF continues to support the coordination of the Prevention of Sexual Exploitation and Abuse (PSEA) inter-agency network. At the beginning of September, the PSEA Coordinator conducted a training for over 100 UNICEF Child Protection partners on PSEA principles and on how to integrate PSEA in programming.

UNICEF has also played a key role in developing a Collective Accountability to Affected Population (AAP) Framework that provides organisations that are part of the humanitarian response in Venezuela with a guide of minimum actions

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¹ The four guiding principles are Humanity, Neutrality, Impartiality and Independence.
to put AAP commitments into practice throughout the Humanitarian Program Cycle (HPC) of the response in Venezuela, and that contains a feedback flowchart to foster the harmonisation of how to handle community feedback.

Summary of Programme Response
UNICEF has enhanced its operational and response capacity and continues scaling up infection prevention and control (IPC) activities and strengthening RCCE to ensure continuity of health, education, WASH, nutrition and child protection services under the current COVID-19 pandemic. This includes psychosocial support to children and their caregivers, and country-wide dissemination of key messages on prevention of violence against children, positive parenting, GBV risk mitigation and prevention and PSEA. In addition, to support the return to school during September, UNICEF provided WASH infrastructure rehabilitation; distribution of hygiene, cleaning and disinfection supplies; training and technical assistance and, in response to the overflow of the El Limón river, support to affected families.

Health
During September UNICEF finalized the distribution of pediatric antiretroviral drugs (ARVs) to all 24 states. In collaboration with UNAIDS and civil society organizations (CSOs), UNICEF has been monitoring distribution to ensure availability of ARVs in HIV pharmacies and for end-users. Beneficiaries include 1,024 children under 15 years of age living with HIV/AIDS.

The nationwide Periodic Intensification of the Regular Immunization (PIRI) started on 15 September and will last two months. More than 3,500 sites have been opened for vaccination, with antigens including BCG, hepatitis B, pentavalent, IPV, bOPV, yellow fever, MMR and TD. Targets are 541,957 infants under 1 year old, 455,785 children 1-2 years old, 269,506 pregnant women (among which 24 per cent are adolescents) and 240,006 children under 10 years old. Current national average coverage is 34 per cent. UNICEF is supporting the PIRI by providing vaccines and immunization supplies, technical assistance in planning, PPE and a communication campaign to promote vaccination and increase its demand.

In view of the COVAX, UNICEF has been coordinating with the Pan American Health Organization (PAHO) on minimum condition standards to identify good warehouses. In preparation for the potential reception of COVID-19 vaccine doses, the rehabilitation and improvement of cold chain capacity and quality are ongoing at the central storage, with plans to include the Ministry of Health’s Jipana automated warehouse, located in Miranda state, to increase cold chain capacity by 6,515 m³ and thus reach a total capacity of 12,598 m³.

UNICEF continued with massive distribution of PPE, reaching over 22,000 health staff in 360 medical facilities - mainly frontline workers - and implementing partners across the country. With UNICEF’s support, primarily through supply of essential medicines and equipment, over 29,800 children and pregnant and lactating women (PLW) benefitted from healthcare services in 69 municipalities, including 760 patients from indigenous communities in the municipalities of Gran Sabana (Bolívar state), Guajira (Zulia state) and Tucupita (Delta Amacuro state). Health services have been affected by mobility restrictions, lack of transportation, concern from the population about going to health centres and partial closure of health services in some centres.

WASH
UNICEF has been reinforcing the life-saving provision of safe water to communities and key institutions, including hospitals, primary health care centres and temporary shelters. To accelerate access to safe water across the country, UNICEF developed a scaling-up work plan with the Ministry of Water to expand support to other states in need.

UNICEF has prioritized rehabilitation of water supply systems to enable access to a sufficient daily quantity of drinking and safe water in hospitals and schools. In September UNICEF continued providing technical assistance and support to the ongoing rehabilitation works of the El Cordero water treatment plant (the largest in the state of Táchira), helping strengthen operations and maintenance works, and securing the supply of safe water to approximately 60 per cent of the State’s population (approximately 600,000 people). To secure water access in border communities of Bolívar and María Ureña (Táchira state), UNICEF has provided eight tanks for safe water storage, benefitting approximately 2,000 people daily. Currently, UNICEF is working on two additional water treatment plants in the states of Bolívar and Zulia.

UNICEF supported provisional water access to unserved and isolated communities with water-trucking services, reaching over 41,100 people (about 5,050 girls, 4,700 boys, 14,150 men and 17,200 women), across four states. UNICEF also cooperated with the national water authorities to provide critical supplies, including 6,000-litre water tanks, chlorine and pool testers, among others, as well as technical support on safe water treatment, analysis and storage.

In response to the overflow of the El Limon river, UNICEF and local partner Dividendo Voluntario para la Comunidad, distributed hygiene kits to 300 affected families. Likewise, UNICEF provided support to 62 health care facilities (11 in Bolívar, 12 Táchira, 14 Gran Caracas, and 25 in Zulia), through the distribution of key cleaning and hygiene products and PPE; installation of handwashing points; and provision of technical assistance and capacity building on IPC-related

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2 BCG: Bacillus Calmette–Guerin; IPV: inactivated polio vaccine; bOPV: bivalent oral poliovirus vaccine; MMR: measles, mumps, and rubella and TD: tetanus and diphtheria.
3 Delta Amacuro (1,250 people), Miranda (20,789 people), Bolivar (13,337), Táchira (5,782 people)
subjects. In health care facilities, UNICEF is scaling up infrastructure works in the form of boreholes, chlorinators and incinerators and also providing hygiene kits to health, operations and maintenance staff.

UNICEF continued to support protection centres and migrant temporary shelters (PASIs\(^4\) by their Spanish acronym) for Venezuelans returning from neighbouring countries. During September, UNICEF supported 45 centres\(^5\) with daily access to water, including through water trucking; installation of 16 water tanks and distribution of purification tablets and pool testers for quality control. In addition, UNICEF has also supported access to provisional sanitation facilities in six PASIs in Táchira state, reaching approximately 1,200 people.

UNICEF has also been closely cooperating with FEDE\(^6\) on WASH in school activities. In September UNICEF supported a total of 79 schools in five states\(^7\) with WASH infrastructure rehabilitation; distribution of hygiene, cleaning and disinfection supplies; training and technical assistance, reaching approximately 5,287 boys and 5,503 girls.

The WASH Cluster continued working on guidance, including technical exchanges and consultations on priority topics such as post-distribution and price monitoring and household water treatment, among others. In addition, the WASH Cluster continues to work closely with the Clusters’ Strategic Advisory Group, OCHA and other clusters to prepare the upcoming 2021 Humanitarian Needs Overview (HNO)/Humanitarian Response Plan (HRP).

### Nutrition

During September, 12 sites\(^8\) were established by implementing partner ALINCA to identify cases of acute malnutrition through an active house-to-house screening approach. In Bolívar state, some 1,430 children under five years of age were screened for acute malnutrition in Caroni, Heres and Padre Pedro Chien municipalities. UNICEF provided micronutrient supplementation to 500 PLW and 1,928 caregivers of children under 2 years old who participated in counseling sessions on infant and young child feeding to prevent micronutrient deficiencies. In similar fashion, deworming tablets were provided to 3,045 children (1,497 girls and 1,548 boys) between 5 and 14 years old. Furthermore, supplementation with super cereal for children over five years of age began in ten health centers in Caroni municipality, benefiting 500 underweight children.

In the Oswaldo Ismael Brito Maternal and Children Hospital in Tucupita, UNICEF, in coordination with the implementing partner A.C. Kapé Kapé and ALINCA. This included the indigenous communities of Janokosebe, Yakera wito, Yakariyene and Macareito, where 119 cases of acute malnutrition were identified and immediately treated and followed-up until recovery. In Tucupita, the registered global acute malnutrition (GAM)\(^9\) was 8.0 per cent, 2.7 per cent above the overall GAM reported for September in the rest of the country. Also 685 PLW benefited from micronutrient supplementation, and 2,107 albendazole deworming tablets were provided for children 5-14 years old. For the prevention of malnutrition in 2,163 infant and young children, 1,928 counseling sessions were provided to caregivers in indigenous communities.

In seven sites in Caroni municipality, Bolívar state, by implementing partner ALINCA to identify cases of acute malnutrition in Caroni, Heres and Padre Pedro Chien municipalities. UNICEF provided micronutrient supplementation to 500 PLW and 1,928 caregivers of children under 2 years old who participated in counseling sessions on infant and young child feeding to prevent micronutrient deficiencies. In similar fashion, deworming tablets were provided to 3,045 children (1,497 girls and 1,548 boys) between 5 and 14 years old. Furthermore, supplementation with super cereal for children over five years of age began in ten health centers in Caroni municipality, benefiting 500 underweight children.

In ten communities of the Tucupita municipality, Delta Amacuro state, 1,478 children under five years were screened for acute malnutrition through the public health network in alliance with partners A.C. Kapé Kapé and ALINCA. This included the indigenous communities of Janokosebe, Yakera wito, Yakariyene and Macareito, where 119 cases of acute malnutrition were identified and immediately treated and followed-up until recovery. In Tucupita, the registered global acute malnutrition (GAM)\(^9\) was 8.0 per cent, 2.7 per cent above the overall GAM reported for September in the rest of the country. Also 685 PLW benefited from micronutrient supplementation, and 2,107 albendazole deworming tablets were provided for children 5-14 years old. For the prevention of malnutrition in 2,163 infant and young children, 1,928 counseling sessions were provided to caregivers in indigenous communities.

In the Oswaldo Ismael Brito Maternal and Children Hospital in Tucupita, UNICEF, in coordination with the implementing partner A.C. Kapé Kapé, carried out rehabilitation works to safely provide nutrition services. Additionally, hospital rooms were adapted to be suitable for services delivery and treatment of complicated acute malnutrition cases.

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In Táchira, 1,697 vulnerable children under five years of age, and 932 PLW received nutrition services at the migrant Comprehensive Care Centre for Children, Adolescents and Women (CAINNAM), located in the border city of San Antonio. In addition, UNICEF supported 61 operational nutritional care facilities\(^10\) in the states of Táchira, Barinas and Merida with supplies, PPE and technical support.

During the reporting period, preventive and curative nutritional services were provided nationwide to 5,259 children (2,613 girls and 2,646 boys) under five years of age\(^11\) and 1,970 PLW, including 475 pregnant adolescents, representing 24.1 per cent of all pregnant women. According to data collected from anthropometric screenings, UNICEF has

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\(^4\) Puntos de Atención Social Integral: Temporary shelters for returning migrants, which have been put in place to comply with quarantine protocols, when entering the country.

\(^5\) including 32 PASIs (one in Miranda, 30 in Táchira, one in Zulia) and 13 protection centers (one in Bolívar, one in Caracas Capital District, six in Miranda, one in La Guaira, four in Táchira).

\(^6\) Fundación de Edificaciones y Dotaciones Educativas (FEDE): National entity, under the ministry of education authority, responsible for school’s infrastructure.

\(^7\) Bolívar: 18, Distrito Capital: seven; Miranda: 16; Táchira: 28; Zulia: eight.

\(^8\) Seven sites in Caroni municipality and five sites in Angostura del Orinoco, Sifontes, El Callao, Cedeño and Roscio municipalities.

\(^9\) 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).

\(^10\) Táchira: 33 outpatient clinics and seven hospitals; Barinas: 14 outpatient clinics and two hospitals; Merida: four outpatient clinics and one hospital.

\(^11\) Children screened in Bolívar and Delta Amacuro states, reported at the beginning of the text, are included among these 5,259 children under five supported nationwide.
registered a GAM rate of 5.3 per cent, including 1.4 per cent severe acute malnutrition (SAM) and 3.9 per cent moderate acute malnutrition (MAM). While this information is not statistically representative at the national level, it provides tools for decision-making and prioritization of interventions. Some 3,916 children (1,915 girls and 2,001 boys) received powered micronutrients, 1,903 PLW received micronutrients and 3,045 children (1,497 girls and 1,548 boys) 2-14 years old and 794 PLW received deworming tablets.

As part of initiatives to strengthen partners' capacity to implement the nutrition response in the field in accordance with IPC protocols, the Nutrition Cluster conducted a Response Capacity Assessment to identify the amount of Mid Upper Arm Circumference (MUAC) tapes required by each partner. Results showed that 17 national and international organizations require MUAC tapes. A first batch of MUAC tapes was delivered at the end of September to organizations located in the central regions, and a second batch is planned to be delivered at the beginning of October, targeting organizations located in the rest of the country. During September the Nutrition Cluster continued holding meetings with the Global Nutrition Cluster and the Technical Rapid Response Team to review the terms of reference for the creation of the Community Management of Acute Malnutrition Working Group.

**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 6,471 children (4,789 boys and 1,682 girls) with protection measures and specialized protection services, such as legal support, psychosocial support, case management, and alternative care. In addition, UNICEF trained 302 (216 women and 86 men) child protection personnel from multidisciplinary teams and counterparts working at the national level in PSEA.

Furthermore, 3,822 children (2,140 boys and 1,682 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, 242 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 23,023 children, parents and caregivers. Also, 16 personnel working in PASIs participated in training sessions on child protection systems, child protection measures and safe referrals in San Antonio, Táchira state.

UNICEF provided PPE items to child protection frontline workers in the border states of Bolívar, Anzoáteguí and Sucre to ensure continuity of child protection services during the COVID-19 pandemic.

To train military authorities and government staff working in PASIs, the Táchira Field Office distributed 5,000 copies of the Protection Guidelines for Communication with Children in border areas of Táchira and Apure states.

In addition, UNICEF led a roundtable with 19 child protection system authorities, including protection councils, municipal rights councils and defenders, in the border municipalities of Guajira (Zulia state) and Bolívar (Táchira state). The meeting was carried out following the partnership between UNICEF and the Ministry of Foreign Affairs within the framework of the child protection response during the COVID-19 pandemic. At the meeting both authorities shared best practices in order to strengthen the humanitarian response and coordination between child protection system authorities.

In the state of Bolívar UNICEF supported the Child Protection Council of the most populated municipality, Caroni, with basic rehabilitation, provision of office supplies and PPE. This intervention positively impacted assistance to vulnerable and affected children and their families, with some 80 children being provided with child protection services and measures in this centre daily. Moreover, nine child protection centres have been supported with hygiene material and PPE supplies, reaching over 40 frontline workers and about 15 vulnerable children and adolescents.

In the states of Bolívar, Anzoáteguí, Sucre and Delta Amacuro, 136 members of NGOs and institutions have been trained and sensitized in prevention and response to GBV against children. In addition, more than 100 community promoters and teachers have been sensitized about children’s rights in Bolívar and Delta Amacuro states.

With UNICEF’s support, the Child Protection Area of Responsibility (AoR) organized a training on GBV for organizations which provide services for child survivors of GBV and work on prevention of violence. The AoR, together with Fundación Habla, also organized sensitization activities for humanitarian actors on topics such as child sexual abuse, cybernetic harassment and child pornography. With the support of UNICEF’s Regional Office for Latin America and the Caribbean and UNICEF Venezuela, the AoR organized a training on minimum standards for child protection and GBV for partners.

**Education**

On 16 September, academic activities began under a remote modality for children in preschool and primary education. This followed an evaluation and national consultation with educational authorities and school communities, where it was decided to begin with distance education, via different media, due to the COVID-19 situation in the country. As part of the back-to-school campaign, UNICEF began distributing kits with school materials for 1,190 public and 256 subsidized
Remote education was offered to 11,004 children (5,580 girls and 5,424 boys) in need of school leveling through printed guides and teacher support via telephone for development of skills in math, writing and reading in the states of Bolívar, Delta Amacuro, Capital District, Zulia, Táchira and Miranda. In the states of Zulia and Bolívar, 9 per cent of the children came from indigenous populations.

The educational radio programme ‘School on the Radio’ was implemented in coordination with implementing partner Fe y Alegría12. The programme offers key messages and educational guidance13 for children and families who are supporting child education continuity at a distance, with an audience of 4,854,657 people (2,435,887 female and 2,428,770 male, including 1,555,038 children).

Furthermore, some 45,979 children (22,584 girls and 23,395 boys) and 22,200 adults (12,536 women and 9,664 men) benefited from the school feeding programme in 25 municipalities in six states14, of whom 16 per cent are from indigenous populations and 2 per cent are children with disabilities. Due to quarantine measures, the school feeding program is carried out through a monthly delivery of food bag for a household of 4-5 people.

Some 3,763 out of school children (1,708 girls and 2,055 boys) from six states, of whom 13 per cent are indigenous children, continued receiving educational attention through the school leveling programme in place since March. Thanks to this programme, 1,892 children have successfully been re-enrolled in the formal education system. Additionally, 3,116 adolescents (1,586 girls and 1,530 boys) in the Capital District, Miranda, Zulia, and Táchira received distance life-skills training in life projects, appliance repair, human resource management, automotive mechanics, English language, baking, sewing, advertising, computers, administration, and carpentry through teaching guides and telephone tutorials. Out of those reached with this intervention, 10 per cent are from indigenous populations and 3 per cent are adolescents with disabilities.

Some 26,491 children (12,891 girls and 1,600 boys) received psycho-educational support in the areas of recognition and management of emotions, intrapersonal intelligence, self-esteem and self-care through teaching guides, digital materials on social networks and direct attention from facilitators and psychologists by telephone. Additionally, as part of efforts to support teachers, UNICEF provided incentives to 1,386 teachers15, with 474 receiving cash incentives, 606 being provided with bags of food for the household, and 903 receiving smartphones to support distance teaching.

After two months of development, the course ‘Right to Education in times of crisis: alternatives for learning continuity,’ organized by the Education Cluster with the support of UNICEF, Save the Children and UNESCO, concluded. Out of the 12,000 students enrolled in the first group, 5,412 completed all the required stages including the final assignment. Lastly, as part of its technical assistance to the Directorate of Research and Teacher Training of the ministry of education, the Education Cluster collaborated in a systematization of local experiences of remote learning to address lessons learned from community-based educational responses.

Communications for Development (C4D), Risk Communication and Community Engagement (RCCE), Accountability for Affected Population (AAP)

In Táchira state, 3,700 people from the health sector network and various communities in prioritized municipalities received IPC and COVID-19 care messages via a messaging app. Also, 1,000 people from the municipalities of San Cristobal, García de Hevia and Fernandez Feo received C4D messages about the national vaccination campaign for children between zero and 10 years of age as well as pregnant women. Some 400 families from the La Llovizna community, García de Hevia municipality, received printed hygiene messages on water treatment, sanitation and hygiene practices. Additionally, 7,500 materials, including 5,000 activity sets on child rights targeting children between 4 and 7 years old and 1,500 guides with games and activities to be carried out during the quarantine were distributed by implementing partners CISP, ASONACOP, and CORPOSALUD.

12 Fe y Alegría has a network of radio stations with national coverage.
13 Messages about the right to education, handling emotions, solving problems in the family, the importance of recreation and play, messages at the beginning of the school year. The contents of the educational guide focus on priority skills, 60 activity cards in reading, writing and mathematics, with a transversal approach to physical, cognitive and emotional well-being, healthy habits, self-care, disease prevention and environment.
14 Delta Amacuro, Bolívar, Táchira, Capital District, Miranda, and Zulia
15 This group includes teachers who are benefitted with more than one incentive.
In Zulia state, 2,050 posters with key messages on COVID-19 protection and WASH in Spanish and Wayuunaiki were distributed in the municipality of Guajira, including the border corridor of Paraguachon. Likewise, in partnership with ASEINC, 1,830 families across two states (1,230 in Bolivar state and 600 in the state of Delta Amacuro) benefitted from the game ‘Children have Rights,’ which helps deepen the knowledge of children’s rights in a fun and didactic way. Some 2,273 people received key messages via a messaging app, including 1,454 people in Bolivar state, 423 in Delta Amacuro and 396 migrants on the border with Brazil.

In addition, 63 members of four implementing partners (FUNREALV, ADRA, FINAMPYME, AVEC, Fe y Alegría and Norwegian Refugee Council -NRC) received training on C4D and WASH; 10 people from NRC received an additional session to strengthen intercultural work with indigenous communities.

As part of the initiative ‘Escalando Impacto,’ and with UNICEF’s support, the private organization Agua Tuya held ForoChats on water treatment for human consumption and handwashing for 546 people from the communities of Los Pinos, Caucagüita and Caucagüita II in the area of Gran Caracas.

In support of the immunization campaign, two videos were produced to promote: (a) the benefits of vaccination in children and PLW, and (b) COVID-19 prevention measures to be considered during the immunization campaign and other situations. Videos were disseminated through social media.

In order to foster the AAP approach, UNICEF and OCHA have prepared the first interagency course on AAP in Venezuela, which began on 22 September. The course has been divided into 10 webinars and registered a participation of 80 staff from 61 national and international organizations.

Planning, Monitoring and Evaluation
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 September UNICEF implemented 506 monitoring activities, most of them carried out by staff members from the different field offices. Monitoring focused mainly on distributed supplies to ensure they all reach end-users (64.4 per cent of activities) and results (16.6 per cent of activities). Most monitoring activities were conducted in health facilities (80.6 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 September UNICEF Venezuela ordered goods for a total value of US$ 2,087,088, of which US$ 2,066,041 was used to purchase supplies offshore and US$ 21,047 for local purchases. UNICEF Venezuela received a total of 20.2 tons of health supplies delivered by air and a total of 178.6 tons delivered by sea, including 708 kg of nutrition supplies; 14.5 tons of health supplies; 15.8 tons of operations items, primarily vehicles; 142.6 tons of education kits; and 5 tons of WASH items. UNICEF distributed 127 tons of supplies, for a total value of US$ 1,380,745, to 417 partners across the country.

Human Interest Stories and External Media
During September UNICEF produced 220 photos, four videos and three human interest stories to document the field response and disseminate information for accountability and resource mobilization purposes. Produced material was disseminated through local, regional, and global social media channels, as well as National Committees for UNICEF.

To support the Back to School campaign, UNICEF Venezuela produced multimedia content on the education sector’s response, which aims at enabling children and adolescents to continue their learning at home.

On digital communication, UNICEF Venezuela social media accounts received over 109,840 interactions (comments, likes and re-tweets) and 5.3 million impressions with messages on immunization response, psychosocial and educational support, violence prevention, at-home learning activities and UNICEF work for every child.

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16 Wayuunaiki: language of the Wayuu indigenous people.

17 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.
Human interest stories and multimedia stories:

- Video: UNICEF is helping to bring free vaccines to Venezuelan children during COVID-19 pandemic
- Video: UNICEF delivers vaccines for Venezuelan children
- Video: UNICEF supports back to school in Venezuela in remote communities.
- Video: UNICEF contributes to the learning process at home during COVID-19
- HIS – UNICEF’s driver: “We never stop”
- HIS – A teacher who supports adolescents at risk of dropping out of school: “It was lovely seeing the young people respond to distance learning.”
- HIS – How teachers adapted their methods to continue teaching children: “The biggest challenge is to reach everyone, without any child being left behind.”

UNICEF Venezuela: https://www.unicef.org/venezuela/
UNICEF Venezuela Facebook: https://www.facebook.com/unicefvenezuela/
UNICEF Venezuela Twitter: @unicefvenezuela
UNICEF Venezuela Instagram: @unicefvenezuela

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Annex A

Summary of Programme Results (HAC)

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and Partners</th>
<th>Sector Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-Dec 2020 target</td>
<td>Total results (Jan-Sep)</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant women &amp; new-born babies receiving</td>
<td>246,900</td>
<td>103,156</td>
</tr>
<tr>
<td>maternal/neonatal life-saving services</td>
<td>in UNICEF-supported</td>
<td></td>
</tr>
<tr>
<td>facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 1 year vaccinated</td>
<td>534,100</td>
<td>76,906</td>
</tr>
<tr>
<td>against measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years affected by severe</td>
<td>20,400</td>
<td>2,575</td>
</tr>
<tr>
<td>and moderate acute malnutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(with or without complications) admitted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregivers receiving infant and young</td>
<td>155,500</td>
<td>28,234</td>
</tr>
<tr>
<td>child feeding counselling for appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>feeding of children under 2 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing basic WASH (safe water</td>
<td>2,000,000</td>
<td>1,777,684</td>
</tr>
<tr>
<td>and sanitation) services at the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People receiving basic hygiene information</td>
<td>1,275,000</td>
<td>459,313</td>
</tr>
<tr>
<td>and/or essential hygiene products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and nutritional care facilities,</td>
<td>225</td>
<td>159</td>
</tr>
<tr>
<td>benefiting from WASH interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection and Gender Based Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls and boys supported through</td>
<td>95,500</td>
<td>86,932</td>
</tr>
<tr>
<td>integrated individual child protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 4-18 years in schools who</td>
<td>1,521,000</td>
<td>211,998</td>
</tr>
<tr>
<td>received education materials</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18 Sector Response includes UNICEF implementing partners and cluster response.
19 It should be noted that vaccination campaigns have also been affected by the COVID-19 pandemic. UNICEF’s health sector aims at reverting the trend by supporting and intensifying the mobilization of vaccination brigades throughout the country.
20 When the target for this indicator was calculated, UNICEF Venezuela had no access restrictions related to the COVID-19 pandemic. As a result of restrictions, the nutrition sector has had to shift its implementation methodology to more individualized services, which will most likely result in an underachievement of the target by the end of the year.
21 This indicator’s target is expected to be reached by December 2020 as the sector will be reporting several activities of information dissemination on radio and social networks in the coming months. The sector has also only recently trained a network of community agents who will help to significantly increase the report of this indicator. The training of community agents took longer than expected due to COVID-19 restrictions.
22 This indicator’s target was linked to UNICEF Venezuela’s HAC appeal. Less than 50 per cent of the resources needed to carry out the activity and reach the target have been mobilized. Also, access to water and support to health facilities have been prioritized. These factors will likely lead to an underachievement of the target by the end of the year.
23 The target for this indicator was revised in late January, after the HAC was launched, reason why is different to the one that appears on the UNICEF Venezuela 2020 HAC.
24 Given the beginning of a new school year, UNICEF’s education sector has planned the distribution of school materials to 450,000 children in 16 states. These will take place between the months of September and December. Due to insufficient funding, it is estimated that only 63 per cent of the target for this indicator will be reached by the end of the year.
Summary of Programme Results (COVID-19)

<table>
<thead>
<tr>
<th>COVID 19 Response Pillar25</th>
<th>UNICEF and Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apr-Dec 2020 target</td>
</tr>
</tbody>
</table>

**Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving Infection Prevention and Control (IPC)**

Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE) 60,000 83,781

**Continuity of health care for women and children**

- Health care workers trained in detecting, referral and appropriate management of COVID-19 cases 20,000 25,184
- 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. 142,000 68,587

**WASH Services**

- Number of people reached with critical WASH supplies (including hygiene items) and services 1,500,000 1,408,612

**Access to continuous education, child protection and GBV services**

- Number of children, parents and primary caregivers provided with community based mental health and psychosocial support 60,000 90,446
- Children supported with distance/home-based learning 400,000 4,077,061

**Risk Communication and Community Engagement (RCCE)**

- Number of people engaged on COVID-19 through RCCE actions 1,000,000 449,336

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25 Indicators have been adapted to reflect UNICEF Global COVID-19 indicators.
26 The internal target was increased to 30,000 to reflect changes in HRP/HNO. The target reported in the global SitRep is 20,000 as UNICEF Venezuela cannot modify the global target.
27 The internal target was increased to 100,000 to reflect changes in HRP/HNO. The target reported in the global SitRep is 60,000 as UNICEF Venezuela cannot modify the global target.
28 This target covers only children reached in a direct way.
29 As of this month, indirect reach is being reported in addition to the direct reach that had been reported in previous months. The number of children supported with distance / home-based learning reached indirectly is 3,945,094.
Annex C

HAC Funding Status\textsuperscript{30}

<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>3,199,590</td>
<td>0</td>
</tr>
<tr>
<td>Health</td>
<td>22,290,000</td>
<td>10,192,777</td>
<td>80,400</td>
</tr>
<tr>
<td>WASH</td>
<td>58,300,000</td>
<td>8,820,962</td>
<td>369,957</td>
</tr>
<tr>
<td>Child Protection</td>
<td>14,400,000</td>
<td>3,884,024</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>Total</td>
<td>153,247,000</td>
<td>31,834,545</td>
<td>450,357</td>
</tr>
</tbody>
</table>

COVID-19 Funding Status\textsuperscript{31}

<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>Total</td>
<td>26,828,520</td>
<td>12,008,719</td>
<td>1,074,710</td>
</tr>
</tbody>
</table>

\textsuperscript{30} As defined in Venezuela 2020 Humanitarian Appeal launched on 05 December 2019 for a period of 12 months.
\textsuperscript{31} As defined by UNICEF COVID-19 Global Response 2020 requirements launched on 15 March 2020, for a period of nine months.