Bolivarian Republic of Venezuela

HIGHLIGHTS

- Children and adolescents in the Bolivarian Republic of Venezuela are affected by a triple burden: the protracted socio-economic and political situation; the coronavirus disease 2019 (COVID-19) pandemic; and mixed migration flows across international borders.

- In 2021, UNICEF will implement an integrated, multi-sectoral response through its expanded field presence, focusing on providing life-saving interventions; strengthening monitoring systems; delivering incentives to retain professionals, including health workers and teachers; enhancing mechanisms for accountability to affected populations; mainstreaming gender-based violence and sexual exploitation and abuse; and building local capacities.

- UNICEF requires US$201.8 million to meet the humanitarian needs of Venezuelan children through life-saving support for water, education and health in an increasingly challenging operational environment.

KEY PLANNED TARGETS

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<th>IN NEED</th>
<th>TO BE REACHED</th>
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<td>7 million people&lt;sup&gt;1&lt;/sup&gt;</td>
<td>3.8 million people&lt;sup&gt;3&lt;/sup&gt;</td>
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<tr>
<td>3.2 million children&lt;sup&gt;2&lt;/sup&gt;</td>
<td>2.2 million children&lt;sup&gt;4&lt;/sup&gt;</td>
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FUNDING REQUIREMENTS

<table>
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<th>2019</th>
<th>2021</th>
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<td>US$ 201.8 million</td>
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Figures are provisional and subject to change upon finalization of the inter-agency planning documents.
HUMANITARIAN SITUATION AND NEEDS

After six consecutive years of economic contraction, the humanitarian situation in the Bolivarian Republic of Venezuela continues to intensify, with growing hyperinflation, increased political, social and institutional tensions, weakening public services and mixed migration flows. The COVID-19 pandemic has aggravated these challenges. Children are disproportionately affected by limited access to essential goods and services such as food, immunization, medicine, medical treatment, education, water and protection.

With decreasing oil production and employment opportunities, the country has registered declines in household income, savings and consumption. Salaries are unable to keep pace with hyperinflation. Venezuelans would require 144 times the minimum wage of US$1.2 per month to access a basic needs basket of vital commodities. Over 5.1 million people have migrated, resulting in a staggering loss of professionals, including health workers and teachers. At the same time, over 120,000 migrants have returned since mid-March due to lost income abroad, increasing humanitarian needs and protection risks, including family separation and sexual exploitation and abuse.

Before the pandemic, infrastructure and services, including water, electricity and transportation, were barely functioning and fuel shortages were frequent. COVID-19 restrictions and increased difficulty accessing fuel have further disrupted supply chains and service provision. Vaccine-preventable diseases, including measles and diphtheria, have re-emerged; cases of tuberculosis and malaria are rising; and low immunization coverage and disruptions to health and nutrition services due to the pandemic are threatening the survival and development of children. Three quarters of households experience recurrent interruptions to their water services, and one quarter lack sustainable access to potable water, making COVID-19 prevention even more challenging.

Approximately 2.3 million people are severely food insecure across the country. Children and pregnant and lactating women, particularly those from indigenous and adolescent groups, are disproportionately affected by food insecurity. Out of nearly 89,000 children screened in 23 states between January and August 2020, more than 4,000 were found to be acutely malnourished.

Nearly 6.9 million pre-primary through secondary level students (3.4 million girls) have been affected by COVID-19-related school closures, aggravating the situation of 856,000 children who were already out of school before the outbreak. School closures have deprived children of life-saving interventions, such as school feeding, and increased safety threats, particularly for women and girls, including mistreatment, violence, exclusion and separation from caregivers, in an already weak protective environment.

STORY FROM THE FIELD

Etnia Guajira is a Wayúu indigenous community located on the outskirts of Maracaibo. Community promoters established by UNICEF and Centro de Promoción Integral del Niño, reach the homes of every Wayúu child.

One day, promoter Maribel Fernández met Anita, a 4-year-old girl who weighed 6 kilos. Anita was unable to speak, sit up or walk. Maribel decided to take her to get medical attention, and Anita received a sobering diagnosis. Thanks to therapeutic foods and multivitamins, as well as Maribel’s daily follow-up visits, Anita gained 800 grams in one month.

Today, Anita is beginning to take her first steps.

Read more about this story here

* After receiving life-saving therapeutic feeding, Anita, 4, is growing stronger every day and can play in her courtyard.
UNICEF will work prevent the further deterioration of the humanitarian situation in the Bolivarian Republic of Venezuela and create the conditions needed for recovery. To respond to COVID-19, UNICEF will strengthen the health system by scaling up priority health, water, sanitation and hygiene (WASH) and communication for development actions to reduce the spread of the disease and adapting critical interventions to ensure uninterrupted access to essential services.

Building on lessons learned, UNICEF will implement an integrated, multi-sectoral response and expand its field presence to reach those most in need, including adolescent girls, children with disabilities, people in remote areas and indigenous and Afro-descendant communities. This will include providing life-saving interventions; strengthening monitoring systems; delivering incentives to retain skills; enhancing accountability to affected populations; mainstreaming gender-based violence and sexual exploitation and abuse interventions; and building local capacities in partnership with government authorities and others. UNICEF will lead the nutrition, WASH and education clusters and the child protection area of responsibility and actively participate in the health cluster and gender-based violence area of responsibility.

Health system strengthening will focus on ensuring access to antenatal, delivery and postnatal services, essential newborn care, vaccination and medical treatment, including paediatric HIV treatment. UNICEF will also enhance infection prevention and control and treatment for COVID-19, including oxygen therapy, and equip UNICEF staff, implementing partners and front-line workers with personal protective equipment.

The nutrition response will prioritize prevention, including micronutrient supplementation; management and treatment of acute malnutrition, anaemia and low weight among children under 5 years and pregnant and lactating women; and the promotion of breastfeeding and infant and young child feeding practices to improve child survival, growth and development.

UNICEF will support the restoration and maintenance of WASH services in communities and institutions, including health care facilities, schools, protection centres and shelters. This will include supporting infection prevention and control; rehabilitating water supply infrastructure; delivering life-saving interventions; promoting hygiene practices; and supporting menstrual hygiene management.

School enrolment and regular attendance will be promoted through the delivery of education materials and school feeding. UNICEF will enable and accelerate meaningful face-to-face and distance learning, creating and adapting content to children’s developmental and foundational needs, and providing technical assistance on early childhood and adolescent education.

UNICEF will also strengthen child protection services, including psychosocial support and case management, as well as specialized services for survivors of violence, exploitation and abuse and gender-based violence risk mitigation.

Progress against the 2020 programme targets is available in the humanitarian situation reports: https://www.unicef.org/appeals/venezuela/situation-reports

### 2021 PROGRAMME TARGETS

#### Nutrition
- 155,500 primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- 51,447 children aged 6 to 59 months with severe and moderate acute malnutrition admitted for treatment
- 688,100 children aged 6 to 59 months and pregnant and lactating women receiving micronutrient supplementation

#### Health
- 533,600 children aged 0 to 12 months vaccinated against measles
- 532,192 children aged 0 to 12 months fully vaccinated with three doses of pentavalent vaccine
- 246,900 pregnant women and newborn babies receiving maternal/neonatal life-saving services in UNICEF-supported facilities
- 60,000 health care workers within health facilities and communities provided with personal protective equipment

#### Water, sanitation and hygiene
- 3,000,000 people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- 300,000 children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces
- 1,540,000 people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services

#### Child protection, GBViE and PSEA
- 150,250 children and caregivers accessing mental health and psychosocial support
- 60,000 women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions
- 10,000 people with access to safe channels to report sexual exploitation and abuse

#### Education
- 150,000 children accessing formal or non-formal education, including early learning
- 1,180,000 children receiving individual learning
- 400,000 children benefiting from balanced school feeding programmes with hygiene standards

#### C4D, community engagement and AAP
- 25,000 people participating in engagement actions for social and behavioural change
- 52,000 people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms
- 4,800,000 people reached with messages on access to services and life-saving behaviours

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action. Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.
FUNDING REQUIREMENTS IN 2021

UNICEF requires US$201.8 million to respond to the triple burden affecting children and adolescents in the complex operating environment in the Bolivarian Republic of Venezuela: the protracted socio-economic and political situation; the COVID-19 outbreak; and mixed migration flows across international borders. This funding will enable UNICEF to reach 3.8 million people, including 2.2 million children, in the most vulnerable communities.

In 2021, UNICEF plans to scale up its life-saving interventions to address unmet pressing needs across the country. With the generous contributions of donors, UNICEF will focus on safeguarding essential health services; preventing and addressing malnutrition; mitigating and responding to protection risks; guaranteeing inclusive access to quality learning; and facilitating access to safe water.

Given the scope and depth of the results achieved by UNICEF in 2020 under adverse conditions, UNICEF needs to mobilize flexible and suitable funding in 2021, in line with the Grand Bargain commitments, to consolidate ongoing efforts and meet the Core Commitments for Children in Humanitarian Action. Without adequate funding, UNICEF will be unable to take advantage of opportunities for preventing the deterioration of the humanitarian situation, mitigating the risk of a lost generation and laying the foundation for future recovery.

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Considering the challenges related to conducting a new needs assessment during the COVID-19 pandemic and the fact that the 2020 HRP/HNO were published in July 2020 following a long consultation process, humanitarian actors have agreed that the 2021 humanitarian programme cycle will need to include an update of the 2020 inter-agency response plan to reflect the increase in humanitarian needs inside the country. The update will focus on the impact of the COVID-19 pandemic on the humanitarian situation and the adjustments made in the response based on updated sources of information, including the experience of the last six months.

1. UNICEF programme data based on nutritional screening by implementing partners between January and August 2020.
2. This indicator refers to engagement at the community level.
3. UNICEF has set two new child protection targets in light of COVID-19: access to gender-based violence risk mitigation, prevention or response interventions and access to awareness and capacity building; US$3.7 million is for psychosocial support, including for gender-based violence survivors; and US$3.3 million is for specialized protection services.
4. To avoid double counting, this figure includes children under 1 year to be reached with measles vaccination; 75 per cent of children to be reached with micronutrient supplementation; and 95 per cent of the highest coverage programme target for education. An estimated 53 per cent of the total figure are girls. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
6. This was calculated using the highest coverage programme targets for education, health, nutrition and WASH, without double counting the same age cohorts. The figure includes 53 per cent women/girls and 13.9 per cent people with disabilities, based on ‘Venezuela 2020 Humanitarian Response Plan with Humanitarian Needs Overview’. UNICEF will aim to reach 54 per cent of the total population in need and 68 per cent of the children in need. UNICEF’s implementation capacity is hindered by operational and administrative challenges that are out of its control, including constraints that affect the entry of international humanitarian organizations and limit access and movement throughout the country. Nonetheless, it is expected that UNICEF’s targets represent more than 50 per cent of the 2021 HRP target population.
7. This indicator includes the following Humanitarian Action for Children indicator: children aged 6 to 59 months with SAM admitted for treatment. SAM cases represent 28 per cent of the target. UNICEF will aim to reach 60 per cent of children under 5 years affected by severe and moderate acute malnutrition, as per its own estimated figures on malnutrition. Operational and administrative challenges that are out of UNICEF’s control hinder implementation capacity, including constraints that affect the entry of international humanitarian organizations and limit access and movements throughout the country. Nonetheless, it is expected that UNICEF’s target represents more than 60 per cent of the 2021 nutrition cluster target.
8. 75 per cent women/girls and 13.9 per cent people with disabilities, based on ‘Venezuela: 2020 Humanitarian Response Plan with Humanitarian Needs Overview’.
10. 48 per cent girls and 53 per cent boys.
11. UNICEF’s target represents more than 50 per cent of the 2021 HRP target population.
12. This indicator only applies to out-of-school children. UNICEF will aim to reach 150,000 out-of-school children (48 per cent girls and 53 per cent boys) aged 0 to 18 years (or 30 per cent of the estimated number of out-of-school children in 18 prioritized states out of 24). Operational and administrative challenges that are out of UNICEF’s control hinder implementation capacity. This includes constraints that affect the entry of international humanitarian organizations and limit access and movements throughout the country. Nonetheless, it is expected that UNICEF’s target represents more than 90 per cent of the 2021 education cluster target.
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