



Reporting Period: January to June 2020

UNICEF VENEZUELA

Situation Report Mid-year 2020

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Highlights




- From January to June 2020, total programmatic and emergency goods (not services) procured globally, regionally and locally were valued at US\$12.8 million.
- Antiretroviral (ARV) drugs for the treatment of 1,200 children living with HIV nationwide, procured by UNICEF, arrived in the country and end-user monitoring is being coordinated with Civil Society Organizations (CSOs) and UNAIDS.
- To prevent acute malnutrition, 42,786 children under five years of age received Medium Quantity Lipid Based Supplement (MQ-LNS). Additionally, 2,522 children under five years of age received ready-to-use therapeutic food (RUTF) for malnutrition treatment.
- UNICEF improved the quality and quantity of water access for over 1,400,000 people through the rehabilitation of five water supply systems in the states of Tachira, Miranda and Bolívar.
- Some 45,626 children were supported through integrated child protection programmes and services and 363 women and children received gender-based violence (GBV) prevention and response services, including case management, psychosocial support and legal assistance.
- During the reporting period, 47,415 children benefitted from an out-reach-to-home school feeding programme and 13,526 adults benefitted from household non-perishable food bags.

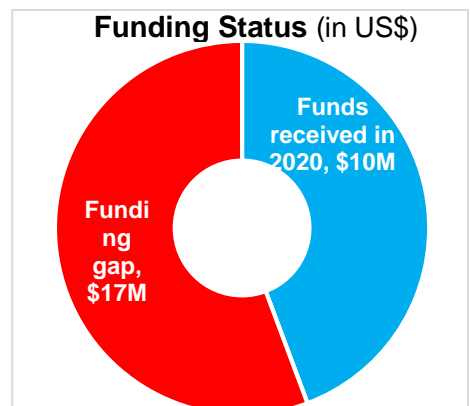
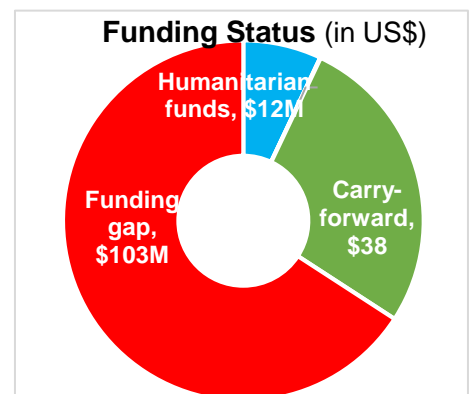
Funding Overview and Partnerships

UNICEF continues its efforts to meet the health, water, sanitation and hygiene (WASH), education, child protection and nutrition needs of children, 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 June 2020, only US\$ 11.7 million has been raised against the HAC to support implementation of child protection, education, health, nutrition, and WASH interventions, as well as to cover operational and logistics costs related to delivery of this assistance.

Additionally, to address the imminent health risks posed by the COVID-19 pandemic, UNICEF has launched an appeal for an additional US\$ 26.8 million under the [UNICEF Global COVID-19 HAC](#). To date, UNICEF Venezuela has raised US\$ 10.3 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

Situation in Numbers

-  **3,200,000** children in need of humanitarian assistance (OCHA July 2020)
-  **5,832** COVID-19 laboratory confirmed cases (WHO 30 June 2020)
-  **6,866,000*** Children and adolescents affected by school closure due to COVID-19 (UNESCO April 2020)
*pre-school, primary and secondary



sentinel 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 key messages on psychosocial support; (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 67 per cent gap of the Venezuela HAC and the 63 per cent gap of the COVID-19 HAC. Potential prolonged funding gaps will 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.

Situation Overview & Humanitarian Needs

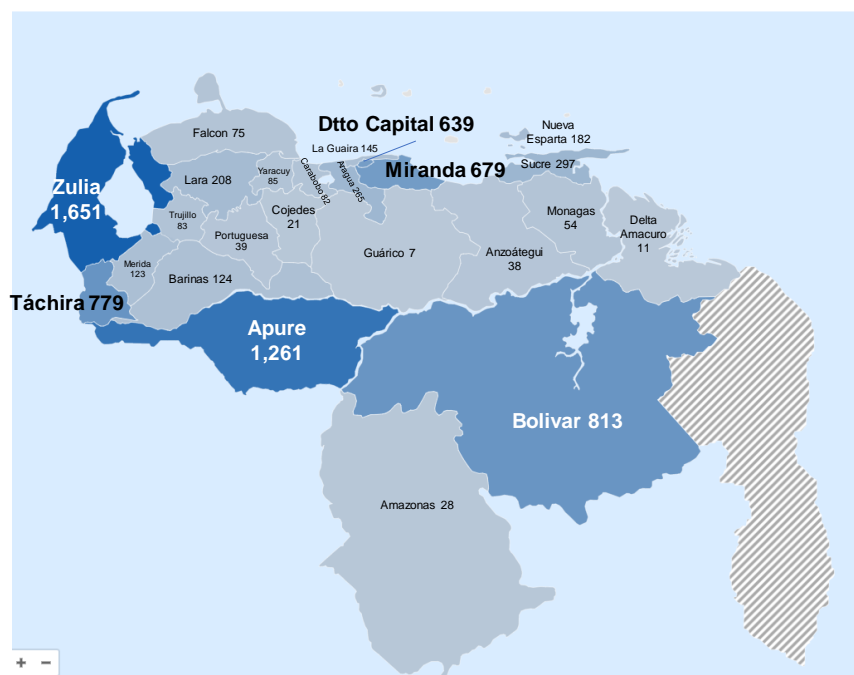
Fuel and gasoline shortages, as well as irregular power and water distribution have continued over the first six months of 2020 in Venezuela, hence deepening operational constraints. These challenges affecting continuous and reliable access to water, energy and communications services also hindered an effective response to COVID-19, including provision of timely prevention and treatment measures or continuous access to the internet for distant educational activities, among others.

In addition, since the confirmation of the first two positive cases of COVID-19 on 13 March, the government has put in place preventive measures to curb the spread of the virus, which have further impacted transportation, fuel, food security, mobility, communications, and school retention, among others.

Some of the most affected groups include: indigenous populations, who have very limited access to health services and technological resources to benefit from programmes such as distant education; children living in female-headed households or under care of elderly people; children with disabilities in vulnerable households and specialized centres; and children who are survivors of violence, including GBV.

Furthermore, since the beginning of the COVID-19 lockdown, Venezuelan migrants returning from neighbouring countries (mostly Colombia, Ecuador and Brazil), have considerably increased. The border states of Zulia, Apure, Bolívar and Tachira are the most affected by COVID-19.

According to Government figures, the number of community-transmitted cases of COVID-19 increased in June, with the Capital District and the state of Miranda registering the highest number of positive cases after border states. Based on the protocol put in place, returning migrants are assisted with rapid screening tests and those who test negative are transferred to temporary shelters (Points of Comprehensive Social Assistance -PASI- by its Spanish acronym) to complete the quarantine. UNICEF estimates more than 100 PASIs managed by local authorities have been established in schools, hotels, inns, and military bases, each hosting between 50 to 2,000 people. Returnees who test positive are to receive medical assistance and are kept in isolation. National authorities coordinate the transfer of returnees to their destination states



Source: <https://covid19.patria.org.ve/> Accessed 7 July 2020. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations.

after a second rapid negative test. Each state has implemented protocols to prevent the spread of COVID-19 during the reception of returnees¹.

Given the relevance of the PASIs for the health and epidemiological surveillance protocol, representatives from different United Nations agencies have carried out three visits with government authorities to assess detection, monitoring and prevention measures related to the pandemic in Tachira², Apure³, and Bolivar⁴ states. Similarly, as of 30 June 2020, three cargo flights have arrived as part of the United Nations COVID-19 response in Venezuela, carrying over 130 tonnes of UNICEF-purchased supplies to support children and their families during the pandemic.

Summary of Programme Response

UNICEF is increasing its capacity to deliver timely, appropriate, effective and high-quality services for children in the most affected and remote areas of the country. Moreover, continuous efforts are in place to strengthen field teams, which are at the forefront of the response. UNICEF continues to provide humanitarian assistance to the most vulnerable children in Venezuela, adapting its interventions to also address the critical needs derived from the COVID-19 pandemic. In addition to scaling up infection prevention and control (IPC) activities and strengthening RCCE, UNICEF is ensuring continuity of health, education, nutrition and child protection services, including psychosocial support to children and their caregivers and massive dissemination of key messages on prevention of violence against children, positive parenting, GBV, and Prevention of Sexual Exploitation and Abuse (PSEA).

Health

Throughout the first semester of 2020 UNICEF continued supporting the regular immunization programme and campaigns in Venezuela through vaccine procurement and technical assistance to the Expanded Programme of Immunization (EPI) for regular and supplemental immunization activities. Activities in support of cold chain strengthening, and development of a scale-up plan for the improvement of the health supply chain information system that pre-dated the COVID outbreak have continued. Nonetheless, according to the latest data available on immunization coverage, all antigens in the country have low stocks, particularly mumps, measles and rubella (MMR2), for which donor support is urgently needed.

Regarding reproductive, maternal, neonatal and child health (RMNCH), UNICEF has shifted towards primary health care (PHC) interventions, focusing on antenatal care (ANC) and maternal, neonatal and child health, while continuing to provide concrete support at hospital and clinic level. As part of the COVID-19 response, UNICEF has procured and distributed PPE for 35,000 health workers and has provided medical equipment (such as oxygen concentrators), medical supplies and medicines to hospitals and primary health care centres, and also strengthened capacities and enhanced monitoring. Cumulatively UNICEF has reached over 230 health centres with supplies, including 71 hospitals nationwide.

On HIV-AIDS, UNICEF has procured paediatric antiretroviral (ARV) drugs for the treatment of 1,200 children registered in the national programme living with HIV. The treatments are now in country and are being administered with end-user, monitoring being coordinated with civil society organizations (CSOs) and UNAIDS. Procurement of ARV was coordinated with CSOs, the UNICEF Latin America and the Caribbean Regional Office (UNICEF LACRO), UNICEF Supply Division, the Pan American Health Organization (PAHO) and UNAIDS. As of June 2020, 908 children were already under ARV treatment.

Nutrition

During the first quarter of the year, nutrition activities focused on a) screening activities at community level for detection of acute malnutrition and b) provision of nutrition services in health centres. During the first two months of the second quarter, marked by the COVID-19 pandemic, UNICEF adapted nutrition activities to continue providing nutrition services in non-COVID-19 health centres and through implementing partners, and to assess the nutrition status of children under five and pregnant and lactating women (PLW), using a limited/no-touch simplified screening approach to reduce the risk of spreading the virus.

¹ 'Venezuela: COVID-19 Flash Update No. 4.' OCHA. 22 May 2020. < https://reliefweb.int/sites/reliefweb.int/files/resources/ven_covid-19_flash_update_no4_final_en_0.pdf >

² 'UN confirms attention protocols to citizens in Táchira.' Ministry of Foreign Affairs. 10 May 2020. < <http://mppre.gob.ve/2020/05/10/onu-constata-protocolos-atencion-connacionales-Táchira/> > Accessed 7 July 2020.

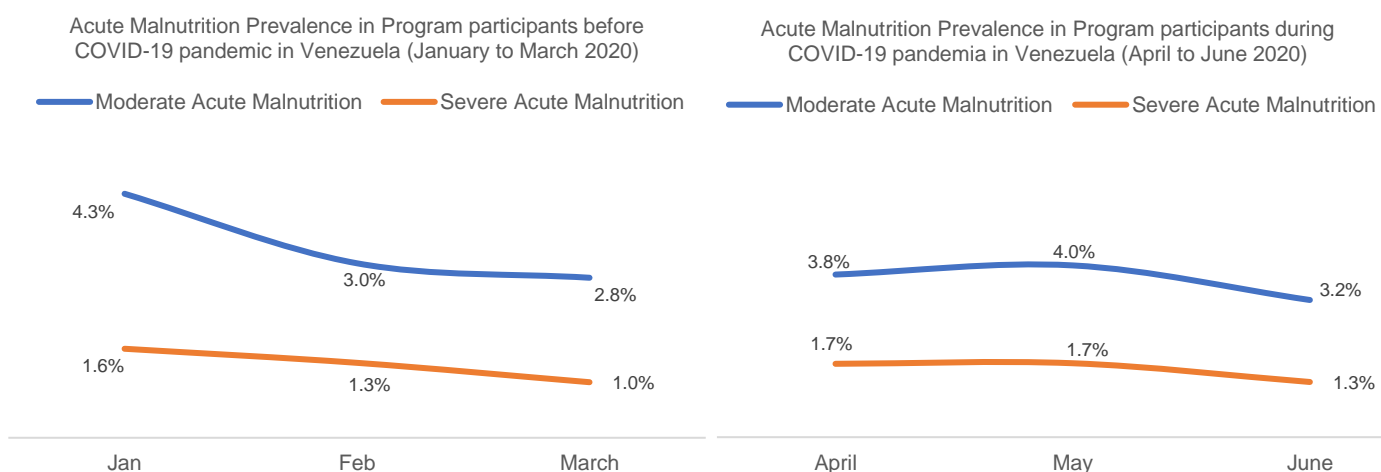
³ 'UN Commission and the Ministry of Foreign Affairs visit the Points of Comprehensive social Assistance in the state of Apure.' Ministry of Foreign Affairs. 6 June 2020. < <http://mppre.gob.ve/2020/06/06/comision-de-la-onu-y-cancilleria-visitacion-los-puntos-de-atencion-social-integral-del-estado-apure/> > Accessed 7 July 2020.

⁴ 'UN inspects Venezuelan protocols against COVID-19' Telesur. 23 June 2020. < <https://www.telesurtv.net/news/venezuela-onu-inspecciona-protocolos-contra-covid-20200623-0062.html> > Accessed 13 July 2020.

Nutrition activities continue their focus on preventing, detecting, and providing treatment for acute malnutrition. Equipment has been delivered to support nutrition interventions, including nutrition screening kits distributed to 1,325 nutrition care centres. In addition, supplies have been delivered to support prevention of acute malnutrition, including micronutrient powders, to benefit 158,438 children aged 6 to 59 months; oral rehydration salts (ORS) for 504,750 children aged 6 to 59 months; and multiple micronutrients tablets for 95,825 PLW. Similarly, to prevent acute malnutrition, Medium Quantity Lipid Based Supplements (MQ-LNS) were distributed to 42,786 children aged 6 to 59 months and ready-to-use therapeutic foods (RUTF) for moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) cases, to be treated at community level, reached 2,522 children aged 6 to 59 months. One hundred and fourteen (114) anaemia detection diagnosis kits were distributed to reach 85,400 children aged 6 to 23 months and pregnant women. Supplies for anaemia treatment were distributed to benefit 18,850 children aged 6 to 23 month and 7,556 pregnant women.

Between January and March, UNICEF reached a monthly average of 14,775 children under five and 1,297 pregnant women with nutrition services. Out of the 9,304 pregnant women who received nutrition services during the first semester of the year, 1,767 (19 per cent) were adolescents. Due to COVID-19 pandemic, implementing partners experienced some movement restrictions and, as a result, between April and June nutrition services, through different modalities, were significantly reduced with a new monthly average of some 3,500 children (almost a 4-fold reduction) for under five years of age and 150 pregnant women (close to a 10-fold reduction).

Given the considerable variation between the two quarters, respectively before and after COVID-19, and the restriction of movement imposed by the outbreak, an assessment on the prevalence of acute malnutrition based on data collected by UNICEF and implementing partners is not possible at this time. Based on the children who were screened for malnutrition between January and March, SAM rate varied from 1.6 to 1 per cent and MAM rate from 4.3 to 2.8 per cent. From April to June, SAM rate varied from 1.7 to 1.3 per cent while MAM rate from 3.8 to 3.2 per cent. Due to COVID-19, social distancing measures and UNICEF duty of care, activities of staff conducting monitoring of targeted beneficiaries have been impacted. Further data and follow-up would be required to confirm these trends. In this sense, data reported are not representative of the national situation.



As a result of the COVID-19 pandemic, 12 out of 18 implementing partners have adapted their activities to ensure continuity of nutrition services, while the other six partners plan to resume activities in July. Nutrition supplies have been distributed to the National Nutrition Institute (INN by its Spanish acronym) for community nutrition service in 24 states, and to the Ministry of Health for nine regional health areas to cover the needs of 35 hospitals, and 230 healthcare facilities. UNICEF staff are monitoring supplies being distributed.

WASH

During the first semester of the year, WASH programmes have been scaled-up to address existing vulnerabilities and better integrate COVID-19 related needs in its response. Increased efforts are in place to mitigate the secondary impacts of the outbreak, under a child and gender rights focus, strengthening capacities at field level to support implementation, and enhancing quality assurance and monitoring of interventions, including through an accountability to affected population (AAP) approach. Since the inception of the outbreak in March, the WASH response has focused on

supporting efforts to prevent further spread of the virus at community level and in health care facilities; increasing access to safe water and sanitation distribution of PPE, and hygiene and cleaning products; enabling protective behaviours; and, building IPC capacities in communities and institutions.



La Mulata water supply system, Tachira state. © UNICEF/Venezuela/2020/Simon

UNICEF improved the quality and quantity of water access for over 1,400,000 people through (i) the rehabilitation of five water supply systems in the states of Tachira, Miranda and Bolivar and (ii) with water-trucking. One of the water supply systems, *El Cordero* in Tachira, provides safe water to over 1,000,000 people. UNICEF is currently monitoring installations to provide technical assistance and training and to reinforce capacities to support the operation and resilience of the systems. UNICEF has ensured the chlorination process and is providing support to reinforce it and prevent interruption of service. In rural communities, UNICEF supported safe water access through the installation of a total of four 45m³ and 90m³

water tanks, thereby improving safe water storage capacity, while reinforcing the continuity of access to services. The installation followed a community approach, where communities were trained to manage the project and promote hygiene under conditions of water and soap shortage. Safe water access was provided to 346,000 people thanks to water-trucking in nine communities. These communities also received purification tablets and promotion of household water treatment, storage practices and hygiene.

In addition, UNICEF has provided essential hygiene, cleaning and PPE for COVID-19 prevention and IPC to 104 healthcare facilities in 22 states; installed three pumping systems and nine chlorinators to ensure the presence of residual chlorine in water and availability of chlorine for cleaning; and constructed three boreholes. Currently, UNICEF and implementing partners support 60 healthcare facilities with daily provision of IPC services. Support includes rehabilitation of sanitation facilities, installation of handwashing points, reinforcement of health personnel cleaning and hygiene capacities, in addition to training and technical assistance on IPC. Also, as part of the COVID-19 response strategy and following recommended IPC measures, UNICEF and partners have supported the installation of over 180 handwashing points in public spaces, such as markets, public institutions, and temporary shelters, among others.



Handwashing point placed at the entrance of a public market in San Cristobal, Tachira state. © UNICEF/Venezuela/2020/Simon

Furthermore, UNICEF has been supporting 50 PASIs in the states of Bolivar, La Guaira, Tachira, Apure and Zulia, with hygiene kits distribution, water-trucking, minor repairs, distribution of hygiene and cleaning products, hygiene promotion, WASH technical assistance and training to PASIs staff and authorities. As part of the COVID-19 response, UNICEF has provided 70 key institutions and implementing partners with PPE for implementation of essential activities in communities and institutions. UNICEF has also rehabilitated WASH infrastructures, installed filters and handwashing points, distributed key hygiene and cleaning products in 48 schools to ensure these facilities are equipped with adequate WASH services for both those still implementing a school feeding programme, and for 'back to school' when schools reopen. These schools, whose rehabilitation started during quarantine, will be part of the integrated WASH in school approach when the education facilities re-open.

Child Protection and Gender-Based Violence (GBV) services

According to UNICEF implementing partners, children's vulnerabilities in Venezuela increased during the first semester of the year, primarily due to the COVID-19 pandemic, particularly in terms of violence at home, exploitation, abuse (including GBV) and psychological distress. As a result, UNICEF's child protection interventions were adjusted to better respond to the changing protection environment. Throughout the reporting period, UNICEF continued strengthening local child protection systems, expanding outreach to 103 Child Protection Councils in 15 states, benefitting 19,593 children with case management and protection measures. Also, local capacities have been enhanced, and there has been continuity of case management thanks to provision of office supplies, electronic equipment and PPE to prevent

the spread of COVID-19. Additionally, 45,626 children were supported through integrated child protection programmes and services and 363 women and children received care services for GBV, 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, have been promoted through social media and child-friendly materials, disseminated through a campaign to reach children without access to social media. Since the beginning of the year, 75,434 children, parents and caregivers have benefitted from mental health and psychosocial support services. Additionally, in order to raise awareness and promote access to psychosocial support services by people in need, UNICEF and its partners have disseminated, through social media and community leaders in vulnerable areas, information and messages on prevention of violence, including GBV, and psychosocial support for children and caregivers, and prevention of stigmatization and discrimination, among others. Moreover, UNICEF launched a social media campaign to prevent violence and abuse against children, including GBV, specifically during COVID-19. Some 46,655 teachers, parents and caregivers have been trained in prevention of violence, sexual abuse and prevention of family separation. In the state of Miranda, 170 local ombudspersons and child protection system personnel from four municipalities participated in a capacity building process to increase their knowledge regarding child protection issues and standards.

Specific child protection capacity building materials have been designed for PASIs, targeting returnees from neighbouring countries. A dedicated space for the provision of child protection services was opened in a migrant reception centre located in the border city of San Antonio, Tachira state, the first entry point for migrants returning from Colombia and other countries. Child protection authorities have attended 81 beneficiaries, mostly separated children without documents or travel authorizations. The centre is also providing psychosocial services to children and pregnant adolescents/women. Since its opening, 96 people have benefitted from psychological first aid, psychosocial support, and response care for GBV survivors. Through an agreement with the Zulia state government, in June different UN agencies and CSOs agreed to provide support to the five PASIs of the Guajira municipality. UNICEF, through an implementing partner, is supporting psychosocial support activities in those temporary shelters, for approximately 56 returned children and adolescents.

In Zulia state, UNICEF continues to support CSOs through the implementation of community-based protection initiatives for children and adolescents. Through the Centre for the Promotion of Indigenous Children and with the support of the local child protection services, UNICEF established a community ombudsperson in Maracaibo and continues to promote prevention of violence and family separation. Additionally, in coordination with the Ministry of Health and local authorities, UNICEF has continued supporting birth registrations, including the provision of office supplies, in accordance with the COVID-19 prevention protocols. During the first six months of 2020 over 244,031 girls and boys were registered at birth nationwide.

Education

During the reporting period, UNICEF aimed at both improving the conditions and range of educational services to guarantee inclusive access, educational continuity and quality learning, and also strengthening the institutional and technical capacities of community-based education programs. Following the COVID-19 pandemic, UNICEF has adapted its programmes and has implemented education activities through partners in six priority states: Bolivar, Tachira, Zulia, Delta Amacuro, Capital District and Miranda.

From January to June, 188,886 children (55 per cent girls) received school materials, and 74,517 children (54 per cent girls) were provided with psychosocial support through didactic guides, dedicated psychosocial activities and messages through social media and radio. Key messages that promoted educational continuity at home and shared hygiene and protection practices to prevent COVID-19 were also disseminated to 197,050 people (58 per cent women) from community schools. Additionally, teaching support for educational continuity at home has been provided to 105,224 children, including 3,116 out-of-school children (46 per cent girls) who have received school levelling to re-enter the educational system. Likewise, 2,939 adolescents (58 per cent girls) took part in a life skills programme and technical occupations training that included baking, mechanics, computers, electronics, administration and sewing. A total of 9,029 teachers (78 per cent women) were trained in distance education strategies and psychosocial support tools to coach learners studying from home. Furthermore, 719 teachers (80 per cent women) received incentives in the form of cash transfers and telephone credit to support their distance teaching work.

Technical assistance has been provided to the Ministry of Education (MoE) for the design and implementation of the national COVID-19 distance education response plan. The plan offers pedagogical guidelines distributed daily from multiple platforms: mass media (TV, radio and newspaper); digital media (webpage and social networks); and community initiatives. Community initiatives to serve vulnerable populations, include posters located at different points in the communities, billboards in school entrances, delivery of printed material, home visits by teachers, among others. An emotional well-being programme for children and families was also designed with the MoE and is being broadcasted daily on national TV, national and community radio stations and social networks. In the same vein, technical and operational assistance has been provided to the MoE for the design and production of 96 TV and radio spots on educational and recreational care of children during the holiday period, which will begin in July.



Lismaris Hernandez, mother of three children, with UNICEF staff during the delivery of the food and school kit in Western Caracas. © UNICEF/UNI330108/Pocaterra.

The school feeding programme was adapted to the COVID-19 context by implementing: a) preparation of hot meals in schools and a distribution to children's homes; or b) delivery of non-perishable food in situations where meal preparation was not possible. During the reporting period, 47,415 children (52 per cent girls) benefitted from the school feeding programme. An additional 13,526 adults (54 per cent women) were reached through the delivery of non-perishable food to households.

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

Communication for Development (C4D) has supported all programme sectors in order to strengthen programmatic impact and provide sustainability to different interventions. The strategic lines for C4D have been developed in collaboration with programme sections, taking into account previous results and evidence through Knowledge, Attitude and Practices (KAP) surveys, focus group discussions, interviews; including strengthening C4D and community engagement capacities within implementing partners through training and capacity building supervision; social mobilization through communication and awareness campaigns; and enhancing community engagement to ensure efficiency.

As a result of the COVID-19 pandemic, C4D adapted its priorities and strengthened RCCE work for COVID-19 prevention. In addition, UNICEF developed over 25 C4D posters, graphics interchange format (GIF) animations, SMS, storytelling for children, radio spots, community workers guidelines and videos, reaching over 9 million people with culturally tailored messages to prevent COVID-19, curb stress in households, improve management of emotions and prevent stigmatization towards returning migrants. More than 50 people from different partner organizations were trained on hygiene promotion and 30 in RCCE. Prior to the pandemic, a training for over 15 organizations was conducted with the Catholic University Andres Bello on strengthening capacities in community engagement, communication, participation and planning with communities.

When the pandemic began, a multichannel strategy, which included social media, SMS, radio and posters, was chosen due to its high audience reach. Material was piloted in different communities and a team of adolescents was consulted and actively participated in its development in four different states. These consultations resulted in an adolescent and youth pilot strategy on Facebook, which promotes behaviour change during COVID-19 using musical videos.

C4D has also been supporting WASH through hygiene promotion training, creating materials and accompanying partners to include communities in the different interventions. To support COVID-19 prevention, UNICEF has included risk communication combined with distribution of essential hygiene products. UNICEF has also supported efforts to increase the risk perception of key behaviours, such as handwashing and household water treatment and storage, and has integrated additional key messages, such as staying at home, physical distancing, use of antibacterial gel, and IPC support at household level. For the nutrition sector, C4D has developed materials to increase awareness on deworming and the importance of breastfeeding for children, mothers and families. In education it has supported activities with materials on 'learning by doing' for teachers, parents and children at home.

Planning, Monitoring and Evaluation

During the first semester of 2020, UNICEF amplified its efforts in planning, monitoring and evaluation work in support of programmatic areas. Priorities included the development of a detailed annual workplan, aligned with the targets established in the HACs; alignment of various result frameworks; development of new and more efficient monitoring instruments; establishment of a new information management unit, which focuses on data quality and information sharing; and support to CSOs in joint projects development.

The COVID-19 pandemic resulted in the need for reassessment of programmatic priorities, both in terms of activities and geographical scope, as well as the definition of new indicators. UNICEF Venezuela is currently tracking 12 of the global indicators in support of the COVID-19 response. In addition to those performance indicators, UNICEF Venezuela prioritized the development of distribution plans and the monitoring of supply distribution across the country. Detailed reports on supplies distribution have been made available through an interactive dashboard in [Tableau](#).

During the reporting period, UNICEF Venezuela generated 18 monitoring instruments that were implemented in 15 states, and 703 monitoring activities were achieved. These instruments included tailor-made end-user monitoring surveys to assess beneficiaries' feedback in terms of the relevance, quality, timeliness and impact of specific programmes, services or supplies delivered. At the inception of COVID-19, UNICEF re-assessed its approach to field monitoring, mainly to adapt to the restrictions of movement, lack of access to fuel and the overall limitations to implementing face-to-face interviews and verifications. Despite restrictions and limitations, and while taking all necessary precautions, UNICEF staff members have made extraordinary efforts to visit health facilities that received supplies. In the months of May and June UNICEF was able to implement 321 monitoring activities, most of them carried out by staff members from the different field offices. Of the 321 monitoring activities, 27 were rapid assessments, 8 were monitoring results, 111 were supply monitoring, 171 were post-distribution monitoring and 4 programmatic visits. Moving forward, UNICEF will continue using a combination of onsite follow-up through local implementing partners, as well as other remote tools, such as via mobile phones and messaging applications.

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

From January to June 2020, total programmatic and emergency goods (not services) procured globally, regionally and locally were valued at approximately US\$ 12.8 million, not including local procurement of services such as construction, rehabilitation and works, or the costs of international cargo freight.

COMMODITY GROUP	Direct Order (US\$)	International (US\$)	Local (US\$)	Grand Total (US\$)
HEALTH	330,808	6,993,309	690,482	8,014,599
PPE (Health and WASH)		33,882	1,152,392	1,186,274
WATER AND SANITATION		557,211	364,824	922,034
EDUCATION SUPPLIES		604,465	18,055	622,520
IT & OFFICE SUPPLIES	155,033		416,858	571,891
NUTRITION		443,147	19,593	462,740
COMMUNICATION		2,485	428,295	430,780
POWER GENERATION	45,838		330,903	376,740
CONSTRUCTION NONWASH			142,473	142,473
TRANSPORT & WAREHOUSING			25,141	25,141
SHELTER & FIELD EQUIPMENT		5,065	4,229	9,294
TOTAL	531,679	8,639,564	3,593,245	12,764,486

Since the beginning of the COVID-19 response, and as of end June 2020, UNICEF had distributed over **1,500 tonnes of supplies worth over US\$ 5.8 million** including: 90 million water purification tabs; 609,000 protection masks; 57,000 posters with COVID-19 messages; 35,000 litres of 60 per cent alcohol hand sanitizer; 61,000 litres of 12 per cent liquid chlorine; and 2,000 kg of granulated chlorine. COVID-19 response and case management-related supplies distributed have represented 20 per cent, while COVID-19 prevention-related supplies have accounted for 80 per cent.

To date, UNICEF Venezuela has benefitted from a series of air charters donations for offshore orders of PPE, WASH, health and nutrition supplies, for a total of 155 tonnes of supplies. However, UNICEF requires urgent donations to bring at least an additional 40+ tonnes given the increasing needs in the immediate pipeline.

Humanitarian Leadership, Coordination and Strategy

After several consultations with key relevant stakeholders, a final version of the joint Humanitarian Needs Overview (HNO)/Humanitarian Response Plan (HRP) document is expected to be published in July by the United Nations in Venezuela. The final HNO/HRP document will present a consolidated analysis of humanitarian needs together with the humanitarian response covering the seven million people identified in the December 2019 Global Needs Overview. Moreover, the HNO/HRP will define the support required to address the health and socioeconomic impacts of COVID-19, as well as the impact of the pandemic on the planned humanitarian response. It will also cover the emerging needs of returnees.

The response to COVID-19 in Venezuela is coordinated through the existing humanitarian structure, which includes a dedicated cluster system and areas of responsibilities. Under OCHA's leadership, the cluster system developed an updated version of the COVID-19 Inter-sectorial Preparedness and Response Plan, which includes an additional US\$ 11 million to cover the needs of returnees (from US\$ 61 million to US\$ 72 million). At field level, UNICEF is strengthening inter-agency coordination to i) ensure an efficient and effective response to COVID-19, according to the priority areas identified in the Programme Criticality (WASH and health) and ii) guarantee the continuity of UNICEF core commitments for children in emergency including as nutrition, child protection and education. The UNICEF COVID-19 response is aligned with other response plans such as the Venezuela National Response Plan, the Inter-sectorial Response Plan, the HRP, the Intersectoral Plan of Preparation and Attention to COVID-19 and the Venezuela 2020 HAC.

UNICEF-led clusters have been working in coordination with other clusters to develop capacity building packages and plans, and to coordinate interventions inside and outside the quarantine centres. Challenges in implementation have been channelled and addressed at inter-agency level and with OCHA's support. The situation is evolving rapidly, and activities and approaches need to be flexible enough to ensure the safety of UNICEF staff and partners and, while at the same time allow for the delivery of essential life-saving activities.

UNICEF supported the inter-agency PSEA work with the deployment of a PSEA coordinator who is ensuring the coordination of the in-country PSEA network, while providing technical support to the CO to strengthen its PSEA system. At interagency level, the network has led awareness raising sessions on SEA risk mitigation for management of government led quarantine centres. The network also started a capacity building program to strengthen the capacities of protection partners to respond to SEA cases. An inter-agency protocol on the management and referral of SEA complaints has been developed with the support of the network and recently adopted by the HCT. The PSEA assessment of implementing partners is on-going and will inform the development of a capacity building program tailored on the needs of the partners.

WASH Cluster

The **WASH cluster** has been involved in the development of the HNO, HRP and the COVID-19 response plan, actively seeking areas of potential collaboration with other clusters. In collaboration with the Health cluster, it has developed technical reference documents on key elements of WASH/IPC for health care facilities, including the identification of key materials and consumables, in addition to generic cleaning protocols. Additionally, a key mapping of planned WASH interventions in health care facilities has been conducted together with Health cluster members. Finally, the WASH cluster, with inputs from PAHO, has developed a basic assessment tool based on the WASH-FIT tool, which has been field tested and is currently being rolled-out.

In collaboration with the Shelter and Health clusters, the WASH cluster has developed technical reference documents on key elements of WASH/IPC for temporary shelters, including the definition of cleaning kits and the harmonization of hygiene kits' contents. Something similar has also been ensured for child protection centres. Reference documents have been circulated and work is ongoing to align WASH standards, assessment and activity indicators and to clarify coordination arrangements between the WASH cluster and the ad-hoc Camp Coordination and Camp Management (CCCM) section established under the Shelter cluster. Furthermore, in collaboration with the Education cluster, the WASH cluster has contributed to various training modules on WASH/IPC, development of guidance for the safe reopening of schools, and the development of a school assessment framework that integrates key elements of WASH/IPC. In addition, the WASH cluster continues to advance its workplan, while subnational clusters are active in all four coordination hubs, supporting the coordination of planned activities to avoid duplications, ensuring technical

exchanges, and organizing basic assessments where feasible. The WASH cluster is also actively contributing to a Joint Price Monitoring initiative, in collaboration with the Cash Working Group, and has integrated key hygiene items into the basket that is tracked.

Education Cluster

The **Education cluster**, made up of 24 international and national organizations, developed a 'Framework for Action' for the COVID-19 response, together with national partners and with the advisory support of UNICEF LACRO and the Global Cluster, to prioritize activities and agree on new intervention modalities. At the same time, with the MoE the cluster has organized three international seminars to support the exchange of good practices: (1) alternatives to guarantee educational continuity, (2) mental health and psychosocial support and (3) educational television to promote equity and inclusion. Over 30 specialists from LAC and Europe, together with more than 800 people in Venezuela (private and public sector), participated in the seminars. Important key messages, shared by the specialist during the event, have been implemented to improve the National Program 'Each Family, One School.' Also, together with Fe y Alegría's Radiophonic Institute, the cluster has developed a number of podcasts on education and psychosocial support in times of crisis, which are currently being broadcasted on local radios. Recently, the cluster and the MoE, in partnership with the National Experimental University and the Open University of Recoleta in Chile, and with support from UNICEF LACRO, UNESCO Quito, the Education Regional Group, and Save The Children have launched a virtual seven-week training programme called 'Right to education in times of crisis: alternatives for learning continuity'. Almost 10,000 students (public officers, teachers and CSO staff) from Venezuela and another 3,000 students from 10 countries in the region have enrolled in the training. As a contribution to regional coordination through the Regional Education Working Group, the cluster led a mapping of public distance learning strategies and response as a means to strengthen NGOs.

Nutrition Cluster

The **Nutrition cluster** has structured working groups to better coordinate and plan main topics of nutrition to share experiences and lessons learned among members, while providing guidance to nutrition partners on technical work. In March the Nutrition cluster worked with partners to initiate Working Groups (WG) according to the following thematic needs: a) Nutrition Supply Network, b) Community Management of Acute Malnutrition (CMAM), and c) Infant and Young Child Feeding in Emergencies (IYCF-E). The Nutrition cluster has invited members to join the CASH WG from Food Security cluster. As a result of this process, the Nutrition Cluster, in cooperation with the Global Nutrition Cluster and the Technical Response Rapid Teams (Tech RRT), created the Infant and Young Child Feeding in Emergencies (IYCF-E) Working Group to provide technical support to nutrition partners. As part of the support provided by the IYCF-E WG, a Joint Statement of Breastfeeding in COVID-19 contexts was produced and widely disseminated to raise awareness on the importance of continuing exclusive breastfeeding following prevention measures.

In addition, the Nutrition cluster continues to work with the Global Nutrition Cluster and Tech RRT on the CMAM WG to support efforts to standardize prevention, treatment and management of acute malnutrition among nutrition partners, and to ensure capacity building and a working space for technical discussions on CMAM topics. Also, as a joint effort between the Nutrition cluster and UNICEF, a Referral of Acute Malnutrition Cases Tool was designed to support Nutrition cluster partners and other partners from the Food Security and Protection clusters, including the Child Protection area of responsibility (AoR), for referral of malnutrition cases at regional level. The tool is an interactive web mapping application where users can search for available health centres in Venezuela to refer cases of acute malnutrition by providing key information. The interactive mapping tool is currently being assessed. The Nutrition cluster has trained 276 nutrition partners and health workers from nutrition partners on breastfeeding during COVID-19, according to UNICEF and WHO protocols and guidelines.

Child Protection AoR

The **Child Protection AoR** is currently active in four field coordination centres in the states of Bolívar, Zulia, Tachira and Gran Caracas through a system of focal points. The AoR and its partners participate in the COVID-19 response plan through communication, messaging, psychosocial support, case management and partners training activities, among others. In order to continue working with families, communities and institutions, some activities like psychosocial support and case management are being implemented remotely. Internet platforms have been developed to support social workers and other specialized staff providing assistance to children and parents.

The AoR has been also working with the Health, WASH and Shelter clusters on composition of basic hygiene kits and guidelines for children living in street situations and in residential care and for the staff working with these groups. In collaboration with NGOs, the Education cluster and UNICEF, the AoR organized three webinars on childhood and

disability, focused on the inclusion of children with disabilities in the humanitarian response, their rights, protection mechanisms and inclusive education. Following the need to focus on children living in street situations during the COVID-19 pandemic, a community of organizations working in this area has been set up and a first workshop took place in June. In addition, the AoR, through the active participation of CSOs and with UNICEF support, has been leading a response to child pornography and cyber harassment - which according to some implementing partners, civil society organizations and account of field staff - has increased during the COVID-19 lockdowns. A set of key messages have been developed and disseminated and referral pathways for reporting and denouncing cases established.

Human Interest Stories and External Media

At the beginning of the year, UNICEF Venezuela’s communication strategy focused on the promotion of the rights of the child, and kicked off with the [blue concert](#) performed by national Good Will Ambassador ‘The Venezuelan National System of Young and Children Chorus and Orchestras.’

However, due to COVID-19, communication efforts have broadened to include more humanitarian and risk communications. With programme sections and C4D, UNICEF communications has developed and disseminated key messages focused on COVID-19 prevention and psychosocial and educational support during the quarantine, in addition to UNICEF Venezuela's response during the pandemic. Communications efforts have also supported fundraising efforts by developing and disseminating appealing messages and human-interest stories.

Four [press releases](#), reached over 19,000,000 persons with the aim of tackling misinformation about the pandemic and reporting on activities such as the arrival of cargo flights with vital supplies for the most vulnerable populations.

UNICEF presence in traditional media included 12 radio interviews with technical staff on COVID-19 prevention and also psychosocial and education support, reaching over 9 million people. In addition, eight radio spots with messages on violence prevention and stigmatization were produced and broadcasted nationwide. A total of 46 testimonials and educational videos, and 1,195 pictures were produced and distributed through [UNICEF Venezuela YouTube](#), [social media channels](#), and [website](#). The testimonials, videos and pictures were also used by National Committees for UNICEF and UNICEF Global channels, reaching over 23,000,000 people.

UNICEF Venezuela’s digital presence has increased by 947 per cent, compared to the same period in 2019, registering a reach of 51,685,905. Two landing pages with information on emergencies were launched in collaboration with the UNICEF Planning and Monitoring team: [UNICEF Venezuela COVID-19 response](#) and [UNICEF Venezuela humanitarian response](#). The UNICEF Venezuela webpage had 584,967 visits and ranked twice as one of the top five most visited websites in Venezuela, during the COVID-19 pandemic.

As part of an adolescent and youth participation strategy, UNICEF launched a peer to peer Facebook initiative with adolescents of the Good Will Ambassador, ‘The Venezuelan National System of Young and Children Chorus and Orchestras,’ promoting messages on COVID-19 prevention.

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)

Sector	UNICEF and Partners		Sector Response ⁵	
	Jan-Dec 2020 target	Total results (Jan-Jun)	Cluster Jan-Dec 2020 target	Cluster Results (Jan-Jun)
Health				
Pregnant women & new-born babies receiving maternal/neonatal life-saving services in UNICEF-supported facilities	246,900	63,140		
Children under 1 year vaccinated against measles	534,100	37,968 ⁶		
Nutrition				
Children under 5 years affected by severe and moderate acute malnutrition (with or without complications) admitted for treatment ⁷	20,400	1,690	31,370	1,863
Caregivers receiving infant and young child feeding counselling for appropriate feeding of children under 2 years	155,500	16,501	483,235	16,535
WASH				
People accessing basic WASH (safe water and sanitation) services at the community level	2,000,000	1,479,759	2,214,000	1,497,200
People receiving basic hygiene information and/or essential hygiene products	1,275,000	194,602	1,567,200	234,200
Health and nutritional care facilities, benefiting from WASH interventions	225	111	281	139
Child Protection and Gender Based Violence				
Girls and boys supported through integrated individual child protection services	95,500	61,343	99,755	61,343
Education				
Children aged 4-18 years in schools who received education materials	1,521,000 ⁸	188,886 ⁹	1,521,000	203,707

⁵ Sector Response includes UNICEF implementing partners and Cluster response.

⁶ The 37,968 children under 1 year of age, vaccinated against measles, have been achieved through the vaccination campaigns carried out between January-April 2020. The results for May and June 2020 are yet to be reported to UNICEF Venezuela.

⁷ This indicator refers to Moderate and Acute Malnutrition. The indicator on micronutrient supplementation in the COVID-19 table only addresses treatment of severe acute malnutrition.

⁸ The target for this indicator was revised in late January, after HAC was launched, which is why it is different to the one that appears on the UNICEF Venezuela 2020 HAC.

⁹ In UNICEF's June 2020 Situation Report, 191,507 children aged 4-18 years in schools were reported to have received education materials between January and May 2020. That number was incorrect. The correct number of beneficiaries for January-May 2020 is 171,481 children aged 4-18 years.

Annex B

Summary of Programme Results (COVID-19)

Sector	UNICEF and Partners	
	Apr-Dec 2020 target	Total results
Health		
Health care workers provided with Personal Protective Equipment (PPE)	50,000	34,589
Health care workers trained in detecting, referral and appropriate management of COVID-19 cases	15,000	11,140
Nutrition		
Children aged 6 to 59 months and PLW receiving micronutrient supplementation	130,000 ¹⁰	8,450 ¹¹
WASH		
People with access to basic WASH (safe water and sanitation) services at the community level ¹²	1,500,000	441,371
Child Protection and Gender Based Violence		
Children and women that received response care services for GBV	24,000	363
Children, parents and primary caregivers provided with remote mental health and psychosocial support	60,000	37,501
Education		
Children supported with distance/home-based learning	400,000	117,183
Children and adolescents reached within the school feeding programme	80,000	52,769
Risk Communication and Community Engagement (RCCE)		
Number of people engaged on COVID-19 through RCCE actions	1,000,000	260,658

¹⁰ This target refers to children reached during the COVID-19 emergency for the period April-December 2020. The target has been updated based on trends after the COVID-19 lockdown measures.

¹¹ This indicator refers to the programme response, under the framework of COVID-19 pandemic.

¹² Including handwashing points, hygiene kits and WASH services.

Annex C

HAC Funding Status¹³

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2020	Other resources used in 2020	Resources available from 2019 (Carry-over)	\$	%
Nutrition	12,745,000	757,949	0	4,712,222	7,274,829	57
Health	22,290,000	3,294,995	80,400	7,895,080	11,019,525	49
WASH	58,300,000	3,159,730	219,957	11,327,694	43,592,619	75
Child Protection	14,400,000	1,245,180	0	4,856,750	8,298,070	58
Education	45,512,000	2,955,554	0	8,823,452	33,732,994	74
Total	153,247,000	11,413,407	300,357	37,615,198	103,918,038	68

COVID-19 Funding Status¹⁴

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2020	Other resources used in 2020	\$	%
Risk communication and community engagement (RCCE)	2,288,940	728,636	44,204	1,516,100	66
Infection Prevention and Control (IPC)	21,321,144	6,248,094	0	15,073,050	71
Continuity of Health Care and Nutrition Services	2,372,985	1,316,598	0	1,056,387	45
Access to continuous education, child protection and GBV services	627,870	829,334	1,026,134	-	0
Data collection social science research for public health decision making	217,581	72,063	4,372	141,146	65
Total	26,828,520	9,194,724	1,074,710	16,559,086	62

¹³ As defined in [Venezuela 2020 Humanitarian Appeal](#) launched on 05 December 2019 for a period of 12 months.

¹⁴ As defined by [UNICEF COVID-19 Global Response 2020 requirements](#) launched on 15 March 2020, for a period of nine months.