

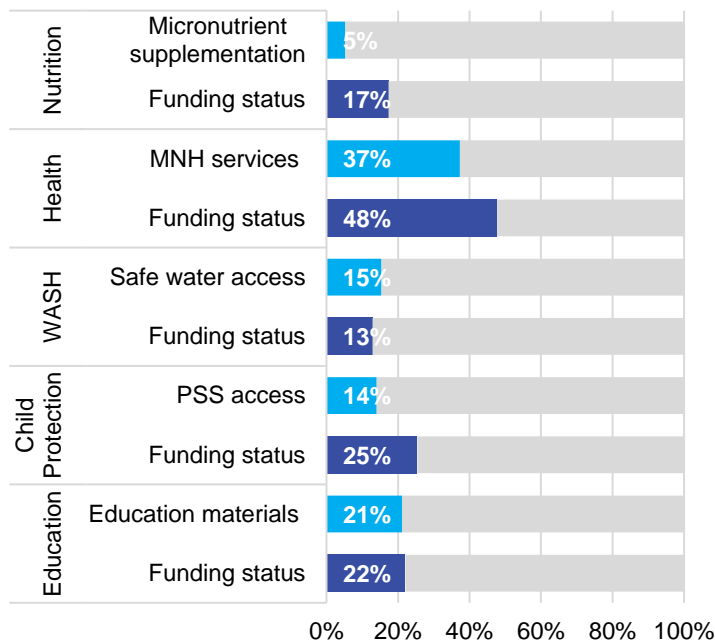


© UNICEF/UN0384298/Cabral. Miranda Urimare, 2, smiles at the camera during a nutrition screening in a school located in the community of La Bombilla, Petare, Miranda state, Venezuela.

Reporting Period: 1–31 May 2021

Highlights

- In May 2021, 1,022 children under 15 years of age living with HIV (459 girls and 563 boys) received antiretroviral treatment (ART) according to their corresponding schemes, with UNICEF being the only provider of paediatric ART nationwide.
- UNICEF provided 5,326 children aged 6–59 months old (2,515 girls and 2,811 boys) with multiple micronutrient supplementation for the prevention of dietary deficiencies, and 892 children (458 girls and 434 boys) with lipid-based nutritional supplementation (LNS-MQ) for the prevention of acute malnutrition.
- Under the framework of World Menstrual Hygiene Day (28 May), UNICEF, the water, sanitation and hygiene (WASH) Cluster and the Gender-based Violence (GBV) Area of Responsibility (AoR) implemented Menstrual Hygiene Awareness activities for a week, including six workshops carried out with 18 partners, among which were several United Nations (UN) agencies.
- In Táchira state, the Integrated Service Centre (CAINNAM by its Spanish acronym) provided protection services to 3,827 people (1,148 girls, 1,171 boys, 1,371 women and 137 men), with services to children and women living in host communities around the bordering city of San Antonio.
- From January to May, UNICEF has distributed school supplies to 249,491 children (125,065 girls and 124,426 boys) in 19 states.



UNICEF VENEZUELA

Situation Report
May 2021

unicef 
for every child

Situation in Numbers



3,200,000
children in need of
humanitarian assistance
(OCHA, 2020 HRP, July 2020) *
* Will be updated with 2021 HRP

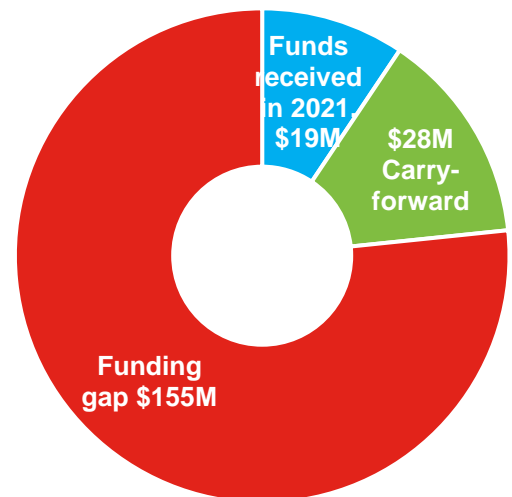


232,800
COVID-19 laboratory-
confirmed cases and **2,629**
deaths
(WHO, 31 May 2021)



1,300,000**
Children and adolescents
enrolled with access
limitations to learning
continuity due to COVID-19
(Education Cluster 2020)
**Estimates for pre-school, primary and
secondary, public, and private schools.

Funding Status HAC 2021 HAC 2021 \$201.8 Million



Funding Overview and Partnerships

In 2021, [UNICEF is appealing for US\\$201.8](#) million to continue providing life-saving services for women and children in Venezuela affected by a triple burden: the protracted socioeconomic and political context, the coronavirus disease (COVID-19) pandemic, 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. As of May 2021, UNICEF had US\$47.1 million available to support the implementation of child protection; education; health; nutrition; and water, sanitation and hygiene (WASH) interventions. Of this amount, US\$28.2 million was carried over from 2020 and US\$18.9 million was raised in 2021. UNICEF expresses its sincere gratitude to all public and private donors for contributions received. To reduce the 77 per cent funding gap for the 2021 HAC, UNICEF calls upon the international community to provide additional and flexible support to sustain the organization's response. Without sufficient funding, UNICEF will be unable to support critical activities such as school feeding, which is key for retention and good school performance. In addition, funds are required for interventions aimed at safeguarding essential health services, preventing and addressing malnutrition, mitigating and responding to protection risks, and facilitating access to safe water. UNICEF Venezuela underscores the urgent need for resources to purchase routine immunization vaccines and to strengthen the national cold chain system. Not only will this contribute to ensuring routine immunization vaccines are transported and stored at appropriate temperatures from the point of manufacture to the point of use, but it will also support the work for Venezuela's COVID-19 vaccine readiness, through a functioning cold chain system.

Situation Overview & Humanitarian Needs

During May, the Venezuelan Government's vaccination plan against COVID-19 continued throughout the country and has now been extended to other sectors of the population, as a vaccination campaign began on 30 May. According to data collected by UN agencies from official sources, as of the end of April, some 364,000 people have been vaccinated. Venezuela has received 2.7 million doses.¹ In addition, government sources have stated that Venezuela has completed payment for COVAX vaccines, to access 11 million doses, to reach 20 per cent of the population with COVID-19 vaccination acquired through that mechanism. As stated by the President, if vaccination is accelerated during June, July and August, schools might reopen and resume presential activities in October.

Furthermore, the Venezuelan Central Bank published the inflation rate during the first quarter of the year, which reached [183.8 per cent](#), with a monthly variation of 24.6 per cent between April and March. Comparably, the Venezuelan Finance Observatory has stated that the year-to-year inflation reached 2,840 per cent. During May, President Maduro announced an increase of the minimum wage by 300 per cent, reaching US\$2.30 as per the official exchange rate. The Workers' Documentation and Analysis Centre (CENDA by its Spanish acronym) has reported that during April, [a family required 294 times the minimum wage of US\\$0.74](#) for the basic food basket, which increased by 23.3 per cent since March, according to the same source.

Heavy rains have impacted power services in Caracas and in the states of Carabobo, Mérida, Miranda and Táchira. Likewise, UNICEF field offices have reported an increase of rains in Apure, Barinas, Bolívar, Táchira and Zulia states, impacting access and mobility of some populations and return of migrants from Colombia and Brazil. In Sucre municipality, Zulia state, over 300 families were affected by heavy rains and overflowing of the Capiú River; while in Ciudad Guayana, Bolívar state, over 200 families were left without access as heavy rains destroyed the viaduct connecting communities to the port. The Táchira River increased its flow considerably, impeding the return of Venezuelan migrants – particularly through irregular pathways – from the city of Cúcuta in Colombia. A humanitarian corridor was established to provide assistance to returning migrants.

Lastly, gasoline and diesel shortages have continued throughout the country, impacting the distribution of commodities such as food and other goods.

Humanitarian Leadership, Coordination and Strategy

During May, the World Food Programme presented to the Humanitarian Country Team its operations in Venezuela, highlighting that the agency's initial intervention strategy will focus on school feeding programmes and will prioritize pre-school and special education schools, targeting 185,000 beneficiaries by the end of the year.

To respond to the conflict situation in Apure state, where over 5,000 people have been displaced, the UN Office for the Coordination of Humanitarian Affairs (OCHA) led the preparation of an inter-agency contingency plan that has been shared with local authorities. For affected areas that can be accessed, humanitarian actors will be able to support people in need with hygiene kits, drinking-water, medicines, medical personnel, technical advice to health authorities, food kits, health services and psychosocial support.

In addition, it has been announced that an update of the 2021 Humanitarian Response Plan (HRP) will be launched on 18 June 2021.

¹ Doses received as of 3 June 2021: 1.8 million doses of Sinopharm and 830,000 doses of Sputnik V. Mariana Souquett, 'Venezuela ha recibido solo 2,7 millones de dosis de vacunas contra COVID-19', Efecto Cocuyo. 3 June 2021, <<https://efectococuyo.com/salud/venezuela-millones-de-vacunas-covid-19/>>, accessed 5 June 2021.

In regard to the Accountability to Affected Populations (AAP) commitment, UNICEF is leading the development of an inter-agency feedback mechanism, together with the Food and Agricultural Organization of the United Nations (FAO), International Organization for Migration (IOM), United Nations Population Fund (UNFPA) and OCHA, in two municipalities in Zulia state. After successful consultations with authorities, the technical team is working on the preparation of standard operating procedures for the contact centre, developing a communication campaign tailored to the context, and implementing trainings for members of the clusters and call centre personnel. In addition, UNICEF is contributing to the creation of an AAP working group that will formally be part of the humanitarian structure in Venezuela, guiding the collective efforts to mainstream accountability through the humanitarian response and structuring community engagement and feedback modalities and systems.

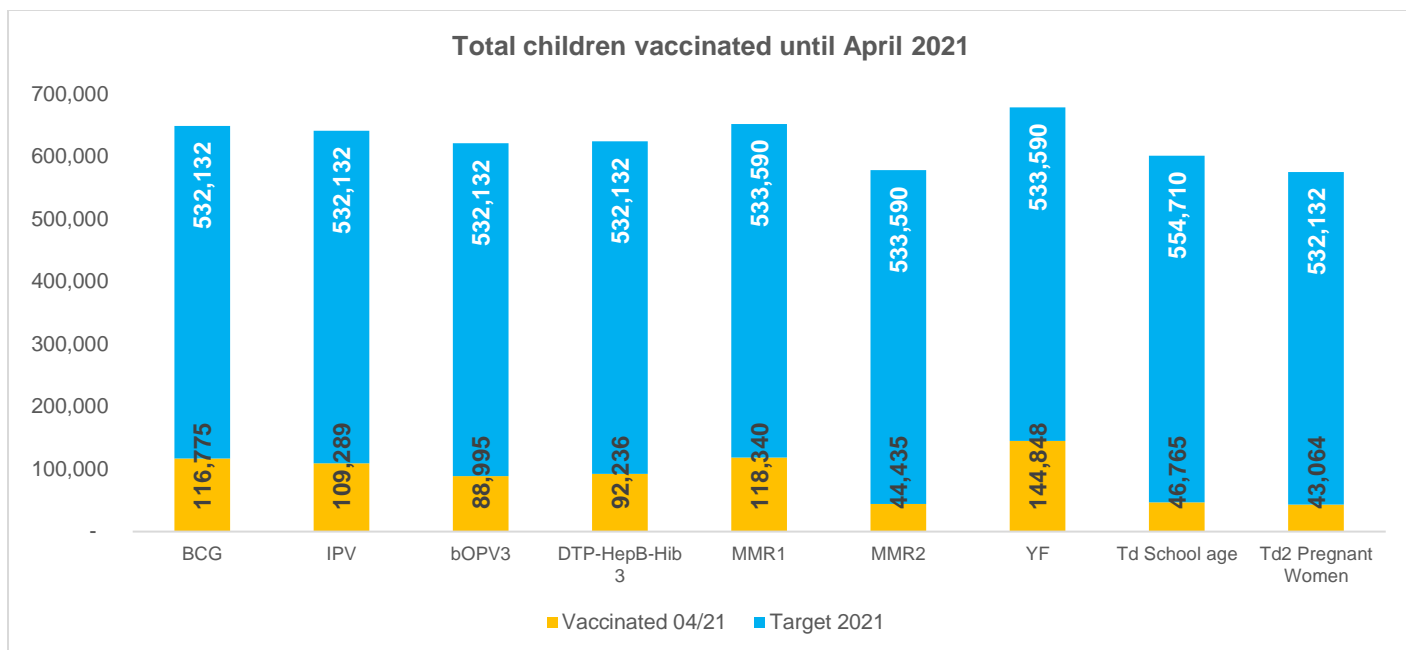
Summary of Programme Response

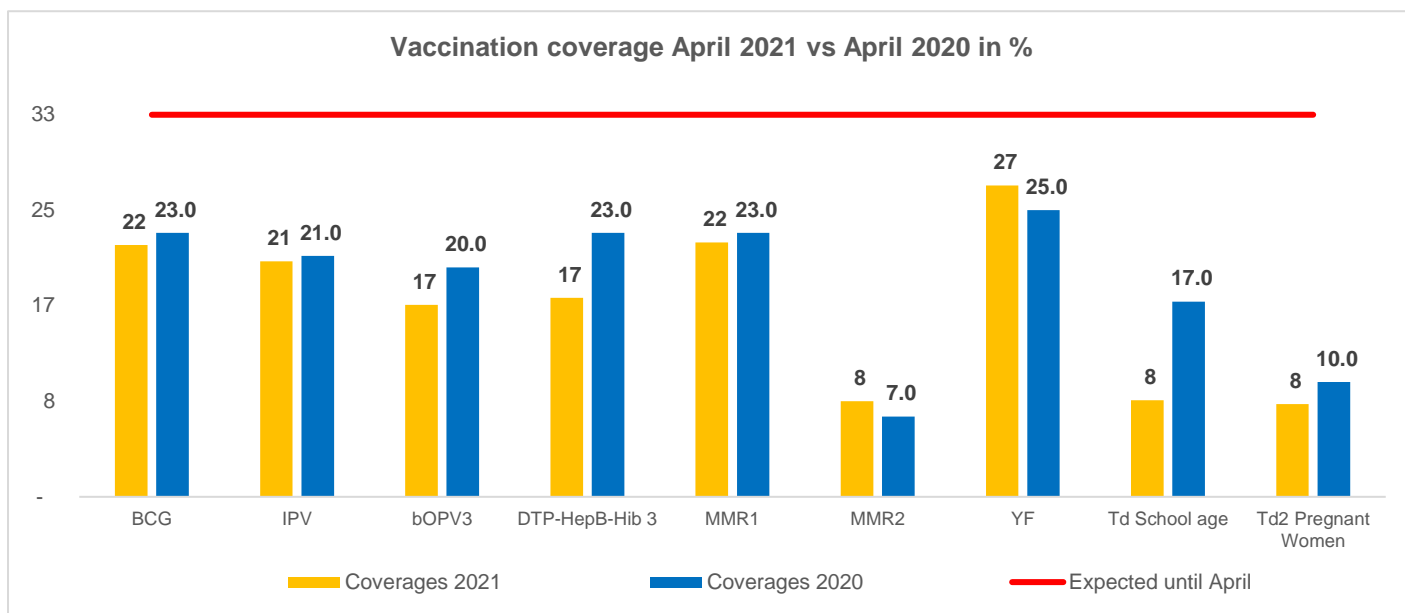
Despite the restrictions due to the COVID-19 pandemic in the country, UNICEF has supported preventive health care provision to pregnant women; provided ART to children living with HIV; reached children and pregnant and lactating women (PLW) with nutrition services and treatment; focused on COVID-19 preparedness and response through provision of safe water and hygiene promotion, including distribution of essential hygiene items to the most vulnerable communities; provided school feeding to schoolchildren; and supported affected and at-risk children and adolescents with specialized protection programmes and services. During May, UNICEF implemented the Menstrual Hygiene Promotion campaign, which focused not only on disseminating safe menstrual hygiene practices, but also messages about GBV in response to the deteriorating situation resulting as a consequence of lockdown measures to prevent the spread of COVID-19.

Health

UNICEF continued participating in the National Technical Consultative Committee, established to address the inclusion of Venezuela in the COVAX mechanism. During May, the National Deployment Vaccine Plan was discussed as it is expected that the country will receive its first COVAX deliveries in July.

UNICEF has carried out activities to improve immunization coverage to prevent tuberculosis, measles, mumps and rubella (MMR); yellow fever (YF); tetanus and diphtheria (Td); and polio through the Expanded Programme on Immunization (EPI), primarily supporting the promotion of immunization services closer to communities, and expansion and rehabilitation of the cold chain system to guarantee continuity of services. Despite these efforts, routine immunization coverage has decreased in 2021, primarily due to lockdown measures and a 'stay at home' campaign to prevent COVID-19 infection.





In May, 6,296 pregnant women (including 1,832 adolescents and 523 indigenous women) attended their first prenatal consultation in UNICEF-supported health centres, while 6,149 women (including 1,343 adolescents and 336 indigenous women) and their 6,151 new-borns (3,260 boys and 2,891 girls) were provided with obstetric services and care in delivery rooms across 154 health centres, including outpatient clinics, comprehensive diagnostic centres and hospitals. Out of the 6,151 new-borns, 625 (10.16 per cent) were diagnosed with low birthweight (320 boys and 305 girls), of which 47 per cent (159 boys and 136 girls) were born preterm. It is important to highlight that UNICEF evaluates pregnant women during prenatal consultations and, if classified as low weight, they are referred to nutrition services for follow-up.

Also, some 600 seriously ill new-borns (267 girls, 299 boys, 34 without report of sex), including 24 indigenous new-borns, were hospitalized in 17 UNICEF-supported neonatal intensive care units with medical supplies, equipment and training to staff, in Bolívar, Delta Amacuro, Capital District, La Guaira, Lara, Miranda, Sucre, Táchira, Trujillo and Zulia states.

Some 3,165 health workers (1,579 women and 1,586 men) received personal protective equipment (PPE), while 25 emergency kits were distributed to strengthen primary patient care, including responding to cases of COVID-19, in 21 health centres² in nine states (Amazonas, Apure, Barinas, Falcón, Lara, Mérida, Táchira, Trujillo and Zulia).

In the outpatient health centre in Las Minas de Baruta, Miranda state, UNICEF held a workshop on the use of rapid tests for syphilis-HIV; 22 health workers (16 women and 6 men) participated, comprising doctors, nurses and medical students in their last year of school.

During the reporting period, 403 health workers (277 women and 126 men) were trained in Anzoátegui, Bolívar and Delta Amacuro states. At the Luis Razetti Hospital in Delta Amacuro state, 46 health workers (27 women and 19 men) from maternal and children's wards were trained on care and proper use of PPE. In addition, 309 health workers (210 women and 99 men) from four hospitals in Bolívar state (Gervasio Vera Custodio, José Gregorio Hernández, Rosario Vera Zurita and Ruíz y Páez) and 48 health workers (44 women and 4 men) from Juan de Dios Holmquist Outpatient Clinic in Anzoátegui state were trained on maternal and neonatal issues related to COVID-19. Likewise, through ALINCA partner, an obstetrics specialist accompanied prenatal consultations in 10 outpatient centres in Caroní municipality, Bolívar state, where some 17,000 prenatal consultations are performed annually, benefiting at least 8,000 pregnant women. This coaching aims to disseminate good practices and promote prenatal care protocols in these outpatient centres. Simultaneously, a multisectoral monitoring of the outpatient centres was carried out during the accompaniment.

In May, 1,022 children under 15 years of age living with HIV (459 girls and 563 boys) received ART according to their corresponding schemes, with UNICEF being the only provider of paediatric ART nationwide.³ In addition, 4,970 children and adolescents under 18 years of age living with HIV (2,398 girls and 2,572 boys) accessed treatment provided by UNICEF for opportunistic infections.⁴ Likewise, three HIV-positive pregnant adolescents from Bolívar state received ART during childbirth care to prevent mother-to-child transmission of HIV.

² These 21 health centres include 7 comprehensive diagnostic centres, 3 outpatient clinics, 3 health districts and 8 hospitals.

³ UNICEF is the sole provider of ART for children under 15 years old. The organization also provides opportunistic infection treatment to adolescents up to 18 years of age.

⁴ The downward variation in number of beneficiaries compared to the previous month – 1,070 children and adolescents during April – is due to a delay in data processing from coordinators of the HIV programme in some states.

Lastly, 3,782 rapid HIV/syphilis diagnostic tests were applied in prenatal consultations to 946 pregnant women under 19 years of age and 2,836 over 20 years of age, resulting in 17 positive results for HIV and 120 for syphilis. Pregnant women who test positive are referred to the national HIV/AIDS/sexually transmitted infections (STI) programme in the corresponding state, where treatment is provided.

Nutrition

During May, UNICEF supported the provision of nutrition services in the community and in outpatient public health centres through implementing partners. Preventive and curative nutritional services were provided nationwide to 9,949 children under 5 years old (4,734 girls and 5,215 boys), including 124 indigenous children and 29 children with disabilities. Furthermore, 9,976 children age 5–14 years old (5,160 girls and 4,816 boys) accessed deworming treatment to prevent intestinal infection. A total of 3,034 PLW – 1,177 pregnant and 1,857 lactating – of whom 23 per cent were adolescents, received nutritional services such as deworming, micronutrient supplementation, prevention and treatment of acute malnutrition, and infant and young child feeding (IYCF) counselling.

In addition, UNICEF's field office in Táchira focused the attention of nutrition activities on people on the move – including both returnees and people leaving the country – whereby implementing partner CISP provided nutrition services to 720 migrant children (325 girls and 395 boys) and 143 migrant PLW in the border municipality of Bolívar.

A total of 6,942 children under 5 years old (3,348 girls and 3,594 boys) were screened for acute malnutrition nationwide by UNICEF implementing partners, using mid-upper arm circumference (MUAC) screening. According to data collected, 271 children (151 girls and 120 boys) were identified with acute malnutrition, including 88 (49 girls and 39 boys) with severe acute malnutrition and 183 (102 girls and 81 boys) with moderate acute malnutrition. All children with acute malnutrition (moderate or severe) received treatment. While this information is not statistically representative at the national level and therefore does not reflect the situation in the country, it does provide guidance for UNICEF programmes.



© PALUZ/2021/NatashaE. During May, UNICEF partner PALUZ carried out screenings and other nutritional services in vulnerable communities of Arismendi, Catatumbo, Cardonal Sur, El Renacer and Reyes Magos in Maracaibo municipality, Zulia state.

In addition, UNICEF provided 5,326 children aged 6–59 months (2,515 girls and 2,811 boys) with multiple micronutrient supplementation for the prevention of micronutrient deficiencies, and 892 children (458 girls and 434 boys) with LNS-MQ for the prevention of acute malnutrition.

Furthermore, 539 children aged between 6 and 23 months (250 girls and 289 boys) were screened for anaemia: 120 of them (57 girls and 63 boys) were identified with mild anaemia, while 57 (34 girls and 23 boys) were identified with moderate anaemia. Affected children received treatment with iron supplements. Two cases of severe anaemia were referred to the health system for immediate care.

During May, 641 pregnant women and 50 lactating women, out of 3,132 PLW screened (including 841 pregnant adolescents), were identified as malnourished and received Plumpy Mum LNS to improve their nutritional status and reduce the risk of low birthweight and infant and maternal morbidity. Additionally, 2,901 PLW received multiple micronutrient supplements and 2,393 pregnant women (in their second and third gestation trimester) received prophylactic antiparasitic treatment for intestinal infections and anaemia.

With the support of communities, key messages on IYCF practices in the COVID-19 context were disseminated to 2,909 people (1,800 women and 1,109 men), which included primary caregivers, mothers and fathers of children under 5.

UNICEF partner INTERSOS trained 144 health professionals in 20 health and nutrition centres in Táchira and provided nutrition supplies for the prevention and treatment of acute malnutrition, together with PPE, printed material for nutrition data collection and for the promotion of IYCF key practices, as well as cleaning and disinfectant supplies. In addition, UNICEF, in coordination with other UN agencies (United Nations High Commissioner for Refugees, IOM, UNFPA) and the National Red Cross, supported the Migrant's House for people on the move, where 75 volunteers and community leaders have been trained in early community detection of acute malnutrition with MUAC tape and in promotion of IYCF key practices, to prevent malnutrition among children in mobility.

UNICEF distributed supplies to improve and promote the [Kangaroo Mother Care](#) programme, which is a comprehensive care programme in health, nutrition and early development for premature babies, mothers and families. Supplies included 1,590 wraps/slings, anthropometric equipment such as infantometers, MUAC tapes, professional electric extractors, disposable front closure gowns and chairs for hospital waiting and training rooms to five reference hospitals:

Concepción Palacios Maternity (Capital District); Dr. Pastor Oropeza Maternal and Child Hospital (Capital District), Dr. Joel Valencia Parpacén Maternal and Child Hospital (Miranda state), Dr. Armando Castillo Plaza Maternity Hospital (Zulia state) and Ruiz y Páez Hospital (Bolívar state).

In May, with support from the Global Nutrition Cluster Technical Alliance, the **Nutrition Cluster** formed the Community Management of Acute Malnutrition (CMAM) Working Group⁵ to support the development of guidelines on nutritional recuperation programmes operativity, and to standardize response implementation in the emergency context in the country in close coordination with the National Nutrition Institute of Venezuela.

Also, from January to May 2021, the Nutrition Cluster assessed results to the response plan and, as of April, 13 per cent of the targeted population for 2021 (112,533 people out of 850,000) had been reached with prevention and treatment services for acute malnutrition and micronutrient deficiencies, across 22 out of 24 federal entities, and 221 municipalities out of 333. The population reached included 59,000 children under 5 and 48,000 PLW. Additionally, the cluster has reached 111,000 adolescents and children above age 5 with deworming services. In Anzoátegui, Cojedes, La Guaira, Monagas, Portuguesa, Trujillo and Yaracuy states, 100 per cent of the target has already been reached, while in the states of Amazonas, Apure and Nueva Esparta, only 30 per cent of the target has been reached.

Regarding progress by sector indicators, prevention activities for acute malnutrition and micronutrient deficiencies – such as nutritional screening, micronutrients supplementation, and breastfeeding counselling for mothers and caregivers – have reached approximately 10 per cent of the target, while activities related to acute malnutrition management, as well as anaemia and low weight treatment for PLW, reached around 4 per cent of the target.

Lack of nutrition supplies, limited funding and access constraints (transportation costs and security conditions in some areas) have challenged implementation of the Nutrition Cluster response. Obstacles include bottlenecks to access supplies and lack of availability of supplies complying with international standards, such as ready-to-use therapeutic food (RUTF); difficulty for partners to import nutrition supplies and equipment from international providers; and complex customs nationalization processes, among other challenges, all of which delay implementation. Therefore, the Nutrition Cluster has planned strategies to solve bottlenecks and implementation constraints, in coordination with partners and UNICEF, including through use of the Procurement Services programme, the UNICEF Supply Division mechanism to support partners' supply importation.

WASH



© UNICEF/2021. Endris Bello, UNICEF WASH Officer providing support to the installation and operation of water treatment plant in Caracas.

During May, UNICEF focused on the COVID-19 response by providing WASH services to the most vulnerable communities and institutions and, in collaboration with the Ministry of Water (MoW), supporting safe water access in the most vulnerable states, improving water treatment and distribution facilities.

In Zulia state, works at Wuinpala and Burro Negro Water Treatment Plants, located in Mara and Lagunillas municipalities, are still ongoing. Works include the rehabilitation of sedimentation, chlorination and pumping equipment, which are expected to be completed by August 2021, to benefit 1.5 million persons (237,450 girls, 528,000 women, 234,900 boys and 499,650 men). In addition, in Táchira state, UNICEF continued working on the rehabilitation of the La Blanca Pumping Station, which will be completed and operational by the end of June, benefiting a total of 70,000 persons (11,081 girls, 24,640 women, 10,962 boys and 23,317 men) with water access. In Gran Caracas, UNICEF and local partner Dividendo Voluntario para la Comunidad (DVC) have been working on a joint strategy to deploy and operate portable water treatment systems for emergency response. These interventions were complemented with temporary water trucking services (when needed), operation and maintenance interventions such as the distribution of tools and equipment, capacity-building and technical assistance to MoW staff.

Furthermore, under the framework of World Menstrual Hygiene Day (28 May), UNICEF, the WASH Cluster and the GBV AoR implemented Menstrual Hygiene Awareness activities for a week. Six workshops were carried out together with 18 partners, including several UN agencies such as UNFPA and United Nations High Commissioner for Refugees (UNHCR), to share knowledge, local experiences, bottlenecks and lessons learned regarding menstrual hygiene issues. UNICEF carried out community-led menstrual hygiene promotion activities in Bolívar, Caracas, Táchira and Zulia states, including the distribution of 3,316 hygiene kits, 127 250-liter water tanks, 127 water filters and 12,000 soap bars, benefiting 2,042 persons (997 girls, 437 women, 194 boys and 414 men).

⁵ The CMAM Working Group is composed of nine organizations, including local and international non-governmental organizations with expertise in acute malnutrition management, and academic institutions focused on pediatric nutrition recovery.

UNICEF continued supporting infection prevention and control (IPC) in 23 health-care facilities in six states through the distribution of cleaning and hygiene products and PPE, installation of handwashing points, and provision of technical assistance and capacity-building on IPC-related issues such as handwashing, environmental cleaning, health-care facilities waste management practices and use of PPE. In Gran Caracas, three boreholes were completed in Concepcion Palacios Maternity, Pariata Hospital and Perez de Leon II Hospital (both type IV hospitals). These interventions were complemented with provision of hygiene kits to patients, health, operations and maintenance staff, thus contributing to the sustainability of quality health services.

In addition, UNICEF and three implementing partners supported 10 temporary shelters (protection centres and COVID-19 quarantine shelters) in four states with daily access to water through water trucking and/or rehabilitation works, and distribution of handwashing, cleaning and disinfection supplies, benefiting a total of 12,491 persons (1,977 girls, 4,397 women, 1,956 boys and 4,161 men).

UNICEF has also supported 55 schools across three states with WASH infrastructure rehabilitation and distribution of hygiene, cleaning and disinfection supplies, which will ensure that 12,491 persons (1,977 girls, 4,397 women, 1,956 boys and 4,161 men) have access to adequate WASH services when schools reopen.

The **WASH Cluster** has had three main priorities over this past month. Firstly, a specific focus on supporting subnational coordination structures, including preparations for a series of workshops amongst sectoral subnational coordinators to be held in each Field Coordination Centre. Secondly, the WASH Cluster has continued to engage with Education on WASH in Schools for school feeding programmes; and lastly, a safe return to schools in October.

Child Protection and Gender-Based Violence

During May, UNICEF supported affected and at-risk groups of children and adolescents with specialized protection programmes and services in both remote and in-person formats. A total of 2,208 children (1,131 boys and 1,077 girls) and 271 caregivers (224 women and 47 men) were reached with legal support, child protection measures, alternative care and case management nationwide.

In Bolívar state, children (257 girls and 251 boys) and caregivers (190 women and 53 men) continue to receive psychosocial support services and specialized protection services in Angostura del Orinoco, Caroní and Gran Sabana municipalities. Among the people who gained access to these services are adolescents in conflict with the law; children from the Bolívar state HIV programme; children in alternative care; survivors of violence, including GBV; and children at risk in communities at the border with Brazil. In addition, through implementing partners, 632 children (328 girls and 304 boys) and 1,251 caregivers (772 women and 479 men) in communities and health centres have been sensitized on child protection issues and prevention and mitigation of GBV. Additionally, three health centres in the south of Bolívar state received HIV post-exposure prophylaxis (PEP) kits for GBV survivors. Finally, the civil birth registration offices of Gran Sabana and Piar municipalities in Bolívar state have been supported with equipment and office supplies, promoting birth registration of 38 boys and girls from an indigenous Pemón community in Piar municipality.

In Táchira state, CAINNAM provided protection support to 3,827 people (1,148 girls, 1,171 boys, 1,371 women and 137 men), with services to children and women living in host communities around the bordering city of San Antonio. In addition, the four ombudsman offices located in the main hospitals (Defensorias Hospitalarias) in Táchira state provided protection services to 913 people (234 girls, 230 boys, 349 women and 100 men). Most of the services provided were related to documentation and GBV services. In addition, UNICEF carried out nine GBV trainings addressed to authorities of the Child Protection System and local partners, reaching 140 people (124 women and 16 men).

In Lara state, UNICEF reached 2,241 people through its partners with different services. The family separation prevention programme trained 1,361 parents and caregivers (1,032 women and 329 men) on children's rights, on how to protect children if caregivers decide to migrate, and on the importance of having the right documentation for the child's rights to be fulfilled, even in the absence of their parents. Likewise, 624 children (322 girls and 302 boys), and 30 adults (29 women and 1 man) in communities received mental health and psychosocial support, which also included life-skills training activities. Furthermore, the Familias de Corazón alternative care programme supported 75 people (38 girls, 27 boys, 7 women and 3 men) who were members of alternative care families in charge of unaccompanied and separated children (UASC) – those who have been left in the country after their parents have migrated – with psychological support, identification and accompaniment of families, children's family placement processes, and referrals to the Child Protection System authorities so placement measures are correctly imposed. Finally, 151 people from the community (107 women and 44 men) were trained in positive parenting and child protection.

Throughout May, 53 humanitarian workers (43 women and 13 men) were trained on protection from sexual exploitation and abuse (PSEA), including psychosocial support teams, operations and management teams of UNICEF's implementing partners in Aragua, Miranda and Zulia states.

In May, 14 people (3 women, 3 men, 4 male adolescents, 3 boys and 1 girl) who arrived in Venezuela from Colombia through the border of La Guajira in Zulia received protective services from UNICEF and partners, including the delivery of non-food items. Services included assessment of specific needs and protection measures managed before the

authorities. UNICEF, through the Child Protection AoR, articulated and achieved family reunification measures for three adolescents who were unaccompanied and one who was separated.

The **Child Protection AoR** at the subnational level in Táchira, together with Save the Children, carried out a training on child safeguarding, benefiting 26 civil society members (21 women and 5 men). Meanwhile, the Child Protection AoR in Ciudad Guayana distributed 419 items of printed material provided by the non-governmental organization (NGO) Exodo to nine organizations previously trained on prevention of human trafficking, with an emphasis on children and adolescents. These are being used in awareness-raising activities at community level. Lastly, the Child Protection AoR in Zulia state, together with the Protection Cluster, held meetings to encourage national and international organizations to participate in coordination activities and achieve a more robust and homogeneous response. Organizations involved included SOS-Children's Villages, HIAS, Save the Children, Centro de Promoción Integral del Niño (CEPIN), Soy Un Guardian and Fe y Alegría.

Education

UNICEF continued to support distance education in May, reaching 146,536 children (76,368 girls and 70,168 boys) in 273 schools in 17 states of the country.⁶ UNICEF supported the production and distribution of learning guides that provide guidance on home activities, telephone counselling, and individual face-to-face attention in schools if required. The programme included 2,559 children from indigenous populations and 930 children with disabilities. This implementation is supported by a daily radio programme called 'La Escuela en la Radio', which estimated an indirect reach of 2,707,422 children (1,319,778 girls and 1,387,644 boys) during May.

In May, the school feeding programme benefited 12,498 children (6,474 girls and 6,024 boys) in five states – Amazonas, Apure, Bolívar, Táchira and Zulia – through the delivery of food bags with non-perishable food products. This included 2,865 children from indigenous populations. Since the beginning of the year, 115,414 children (58,589 girls and 56,825 boys) have been reached through UNICEF's school feeding programme. In addition, 504 teachers (282 female and 222 men) and other educational personnel received these food bags as incentives to promote their continuity in teaching.

A total of 44,542 adolescents (23,616 girls and 20,926 boys) from 17 states were enrolled in UNICEF's life-skills programmes,⁷ which aims at developing 10 key skills: communication and expression, identity and self-esteem, leadership and influence, problem solving and managing conflict, coping with stress and managing emotions, cooperation and teamwork, empathy and respect, hope for the future and goal setting, creativity, and innovation.

The socio-emotional support programme continued this month, benefiting 133,007 children (69,531 girls and 63,476 boys, including 2,997 indigenous children and 930 children with disabilities) from 17 states⁸ through self-learning guides for activities at home and with the participation of families.

The distribution of learning kits reached 31 schools in May, benefiting 8,517 children (4,571 girls and 3,946 boys) in six states: Apure, Bolívar, Capital District, Miranda, Táchira and Zulia. School materials were also delivered to 'hospital classrooms' in two public hospitals in the Capital District, benefiting 45 children (23 girls and 22 boys) who were hospitalized. From January to May, UNICEF has distributed school supplies to 249,491 children (125,065 girls and 124,426 boys) in 19 states.

During the reporting period, the **Education Cluster** released the draft of the Framework for Action developed by its 10 working groups⁹ with the participation of the UNICEF Latin America and Caribbean Regional Office, Save the Children and the Inter-agency Network of Education in Emergencies. The Education Cluster coordinators of Colombia, Ecuador and Peru also participated. The full document will be one of the inputs for the sectoral strategy and education chapter for the HRP 2022. Additionally, the Education Cluster with UNICEF has continued providing advice to the Ministry of Education, particularly on the road map for school reopening estimated to take place in October 2021. As a first action, an inter-institutional and intersectoral commission has been created to collect the comparative evidence and define the key axes of the plan. It is important to highlight the lack of funding to support this challenge.

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

In May, UNICEF's C4D programme supported the WASH programme and the WASH Cluster by promoting the Menstrual Hygiene Promotion campaign among UNICEF's implementing partners, encouraging them to join and disseminate key messages. The development of key messages was accomplished through a training on GBV and Menstrual Hygiene Promotion and the participation of 21 young people (11 female and 10 male), 13 of whom (7 female and 6 male) were adolescents.



⁶ Amazonas, Anzoátegui, Apure, Bolívar, Barinas, Carabobo, Capital District, Falcon, La Guaira, Lara, Mérida, Miranda, Monagas, Sucre, Táchira, Trujillo, Zulia.

⁷ For more information on the adolescent programme, see <<https://adolescentkit.org/>>.

⁸ Amazonas, Anzoátegui, Apure, Bolívar, Barinas, Carabobo, Capital District, Falcon, La Guaira, Lara, Mérida, Miranda, Monagas, Sucre, Táchira, Trujillo and Zulia.

⁹ The 10 working groups as part of the Education Cluster cover: out-of-school children; school feeding; youth, life skills and work; distance learning; teacher training; psychosocial support; indigenous peoples; children with disabilities; gender; and WASH in schools.

For menstrual hygiene promotion, UNICEF provided technical support to partners and made available different communication materials, including GIFs, a guide for community promoters and teachers, flyers, stickers for mobile messaging systems, posts with multiple photos or videos, and a messages pack for C4D activities and social media. Some 28,776 impressions were registered in UNICEF's social media.

HIGIENE MENSTRUAL

Limpia a menudo tu zona íntima, una buena higiene previene infecciones vaginales y genitales.

Recuerda: Antes y después de usar el producto de tu preferencia, lava tus manos con agua y jabón.

Anotar en un calendario el primer día de tu período y los días que dura, te ayudará a prepararte.

Niñas, adolescentes y mujeres **tenemos derecho** a atender nuestra **menstruación** de manera

HIGIÉNICA **SEGURA**
PRIVADA Y CON DIGNIDAD

Ten siempre a la mano el **producto** que prefieras para **atender** tu menstruación y evita que tu ropa se **manche**.

Toalla sanitaria desechable que debe cambiarse al menos cada 4 horas.

Toalla de tela reutilizable que se lava con agua y jabón y se seca para volver a usarse.

También existe el tampón que se debe utilizar por un máximo de 8 horas y se debe desechar y la copa menstrual que es un recipiente de silicona que se coloca en el fondo de la vagina, se lava con agua y jabón y es reutilizable.

unicef | para cada niño

Through the Fe y Alegría Radio Institute (IRFA by its Spanish acronym) and with the support of other implementing partners (ASEINC, FUNREAHV and CISP), messages on essential life practices such as (a) education from home, (b) promotion of menstrual hygiene, and (c) hygiene practices were disseminated in 12 states, reaching 922,698 people.¹⁰

With UNICEF's support, Fe y Alegría continued to disseminate COVID-19 and pregnancy prevention messages to indigenous populations through 49 community promoters deployed in the municipalities of Cedeño, Cifontes and Gran Sabana in Bolívar state, reaching 349 indigenous people (143 women, 30 men, 110 girls and 66 boys).

During May, UNICEF distributed 26,303 items of printed material in Apure, Falcón, Lara, Mérida, Táchira, Trujillo and Zulia states, including posters, stories and guides for first-line workers, to provide information on COVID-19 infection prevention and control. In addition, to support the implementations of the Nutrition sector, 2,500 cards promoting breastfeeding were distributed. Some 2,994 safe and responsible travel flyers were distributed in Guasdalito, Apure state, in support of protection activities, while 11,000 printed materials, including WASH booklets, water purification flyers and menstrual hygiene flyers, were disseminated in Apure. The states of Anzoátegui, Bolívar, Miranda and Sucre also received 1,429 C4D printed materials on COVID-19 prevention, breastfeeding and WASH.

C4D staff coordinated a training on communication and humanitarian principles for implementing partners, which included the participation of 47 people (31 women and 16 men) from nine organizations from Bolívar, Capital District, Miranda, Táchira and Zulia.

In regard to AAP, progress has been made under the pillars of UNICEF Venezuela's AAP Framework. For (a) Leadership, Coordination and Results, continuous efforts to streamline indicators and activities that comply with AAP through programme documents and reporting tools is ongoing, thanks to the presence of AAP UN volunteers in three out of four field offices and to several capacity-building sessions given to partners and personnel. For (b) Communication with Communities, a curriculum to guide the training of community promoters and empower them with relevant notions and tools to comply with UNICEF's principles and mandate is under preparation. As for (c) Participation, a toolkit for community engagement in the project planning phase is being constructed. Lastly, in terms of (d) Feedback, several mechanisms both at field and central level are being implemented (quick feedback system at the CAINNAM, national report line to report sensitive feedback, the inter-agency contact centre) and they are being included among routine

¹⁰ These consisted of 63,998 people in Anzoátegui, 32,727 in Apure, 15,962 in Aragua, 80,968 in Barinas, 111,889 in Bolívar, 16,813 in Delta Amacuro, 1,630 in Falcón, 227,962 in Lara, 56,892 in Mérida, 82,459 in Miranda, 85,260 in Táchira and 146,138 in Zulia.

monitoring activities to increase people's perceptions of and contributions to programme development; a Risk Committee¹¹ is also under development to ensure seamless and confidential management of sensitive issues.

Planning, Monitoring and Evaluation

In May, 290 monitoring activities were carried out by staff in different types of facilities across 15 states in Venezuela. Efforts were mostly focused on supply monitoring (66.6 per cent) and post distribution monitoring (15.5 per cent). In total, information was obtained from 232 health facilities where supplies monitored were mostly related to health (48.3 per cent) WASH (19.7 per cent) and nutrition (19.3) areas.

Supply and Logistics

During the reporting period, UNICEF Venezuela ordered goods for a total value of US\$89,010, divided into US\$67,389 for international procurement (80 per cent vaccines, 20 per cent education kits) and US\$21,621 for local procurement (90 per cent for printing material).

Additionally, UNICEF received 10.5 tons of air cargo in-country, representing a total value of US\$72,764, including 100 freezers, as free air transport was donated to the organization. Some 57.3 tons of sea freight was also received at a value of US\$331,400, composed of cold chain equipment and medical kits.

During May, the organization distributed a total of US\$1.2 million worth of relief supplies amounting to 104 tons being dispatched from UNICEF warehouses to various partners throughout the whole country.

Finally, US\$41,800 worth of printing material and office equipment were sent directly from local providers to implementing partners in Bolívar and Táchira states.

Human Interest Stories and External Media

During the reporting period, UNICEF Venezuela produced communication assets aimed at documenting response on the field, guided by the humanitarian principles, for advocacy and resource mobilization purposes. Produced materials were disseminated through local, regional and global social media channels.

News of the [arrival of 100 freezers](#) managed by UNICEF to strengthen the cold chain in the country was replicated by national media (television, radio and newspaper) and international news agencies, reaching an audience of over 7.3 million.

In terms of digital communication, UNICEF social media channels generated over 103,000 interactions and 6.4 million impressions through the dissemination of posts about COVID-19 prevention, #VaccinesWork, UNICEF's global safe back-to-school campaign, and breastfeeding in emergency contexts. Furthermore, communication material and messaging were disseminated for AAP via social media. UNICEF Venezuela's website registered over 98,000 visits. For UNICEF's 75th anniversary, [a photo-essay](#) on the history of UNICEF in Venezuela and in the world was released, reaching 56,000 impressions.

In May, the Venezuela Country Office (CO) rolled out its first virtual field trip (VFT), an interactive activity to engage external audiences with UNICEF Venezuela's response in the field and to children's needs. The Venezuela CO VFT was the first at-home production in Latin America for an activity like this and registered 100 viewers on average.

Human interest stories and multimedia stories:

- [UNICEF contributes to the improvement of specialized child protection programmes and services](#)
- #VaccinesWork multimedia assets: [Are vaccines safe?](#); [Vaccines work](#); [What is the cold chain?](#); [COVID-19 prevention measures](#); [COVID-19 is not a joke](#); [Prioritize your health](#)

UNICEF Venezuela: www.unicef.org/venezuela/

UNICEF Venezuela Facebook: www.facebook.com/unicefvenezuela/

UNICEF Venezuela Twitter: [@unicefvenezuela](https://twitter.com/unicefvenezuela)

UNICEF Venezuela Instagram: [@unicefvenezuela](https://www.instagram.com/unicefvenezuela)

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¹¹ The Risk Committee is confirmed by UNICEF's management and is the only body that receives sensitive issues and decides upon the treatment. Among the possible outcomes are programme reprogramming at the local level, or referral to the Office of Internal Affairs and Investigations (OIAI) for further investigation.

Annex A

Summary of Programme Results (HAC)

Sector	UNICEF and Partners		Sector Response ¹²	
	Jan – Dec 2021 target	Total results (Jan – May)	Cluster Jan – Dec 2021 target	Cluster Results (Jan – May)
Health				
Children aged 0 to 12 months vaccinated against measles	533,600	118,340 ¹³		
Children aged 0 to 12 months fully vaccinated with three doses of pentavalent vaccine	532,192	92,236 ¹⁴		
Pregnant women and new-born babies receiving maternal/neonatal life-saving services in UNICEF-supported facilities	246,900	92,024		
Health-care workers in health-care facilities and communities provided with personal protective equipment	60,000	11,581		
Nutrition				
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	155,500	43,419	313,333	45,709
Children aged 6 to 59 months with severe or moderate acute malnutrition admitted for treatment	51,447	4,781	67,747	5,150
Children aged 6 to 59 months and pregnant and lactating women receiving micronutrient supplementation	688,100	79,782	787,010	82,162
WASH				
People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	3,000,000	458,454 ¹⁵	3,840,000	481,734
Children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces	300,000	29,140 ¹⁶	580,500	31,130
People receiving basic hygiene information and/or essential hygiene products ¹⁷	1,540,000	409,202	3,526,800	473,977
Child Protection, Gender-based Violence & PSEA				
Children and caregivers accessing mental health and psychosocial support	150,250	21,165	455,363	22,245
Women, girls and boys accessing gender-based violence risk mitigation, prevention, or response interventions	60,000	10,417	886,364	42,839
People with access to safe channels to report sexual exploitation and abuse	10,000	205	–	205
Education				
Children accessing formal or non-formal education, including early learning ¹⁸	150,000	127	191,362	449
Children receiving individual learning materials	1,180,000	249,491	1,487,622	253,710
Children benefiting from balanced school feeding programmes with hygiene standards	400,000	53,590	594,130	53,728
C4D, Community Participation & AAP				
People participating in engagement actions for social and behavioural change	25,000 ¹⁹	52,000		
People who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	52,000	2,738		
People reached with messages on access to services and life-saving behaviours	4,800,000 ²⁰	7,079,129 ²¹		

¹² Sector Response includes UNICEF implementing partners and Cluster response.

¹³ Data from April 2021, as reporting from the Venezuelan Ministry of Health is submitted with a month of delay.

¹⁴ Idem.

¹⁵ Based on the application of new criteria on the continuity of the water service (according to Cluster adjustment) in the calculation of beneficiaries reached, UNICEF results have been recalculated and adjusted downwards, to better reflect actual daily coverage.

¹⁶ Decrease in this figure, compared to last month's reported result, is due to a change in the way the number of beneficiaries is calculated for this indicator. In previous months, we used the sum of all children and adolescents in all areas of intervention who benefited from all WASH activities as reference for this indicator. Given the rapid rise in the number of beneficiaries, we reviewed the calculations in detail and made a few corresponding adjustments to avoid duplication of beneficiaries.

¹⁷ Changed in indicator as it focuses only on people reached with information and basic hygiene products.

¹⁸ Indicator applies to out-of-school children only.

¹⁹ C4D targets for 2021 were estimated based on the reality of 2020, when activities that included engagement and behaviour change were severely limited by the pandemic. As part of the lessons learned, UNICEF started to include electronic materials and remote or online activities (which were not previously accounted for) that have added to the digital strengths that implementing partners have developed. These have allowed the organization to expand the scope of activities and largely exceed targets for 2021. Although these activities have greater reach, they also have less impact on behavioural changes; therefore, they need to be replicated more frequently in populations that have already been reached.

²⁰ Idem.

²¹ It is expected that the public reached by this mass communication activity on a monthly basis will be approximately the same. For that reason, the results reported for this indicator will always be the maximum number of beneficiaries reported in any given month up until the current month of report.

Annex B

HAC Funding Status²²

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2021	Other resources used in 2021	Resources available from 2020 (Carry-over)	\$	per cent
Nutrition	26,960,000	2,331,797	146,092	2,212,372	22,269,739	83
Health	34,915,000	2,508,717	1,975,037	12,154,830	18,276,416	52
WASH	70,200,000	2,358,529	0	6,701,673	61,139,798	87
Child Protection	16,255,000	2,040,487	63,552	2,026,646	12,124,314	75
Education	50,260,000	7,017,139	0	4,086,194	39,156,667	78
C4D	3,200,000	438,728	74,063	997,206	1,690,004	53
Total	201,790,000	16,695,397	2,258,744	28,178,921	154,656,938	77

²² As defined in [Venezuela 2021 Humanitarian Appeal](#) launched on 3 December 2020 for a period of 12 months.