**Highlights**

- In 2019, UNICEF provided 4.9 million doses of bivalent oral poliovirus vaccine (bOPV) for a polio campaign that reached 95 per cent coverage. 6.7 million doses of tetanus-diphtheria (Td) were procured, and 2.3 million doses of MMR were administered for diphtheria and measles outbreaks. UNICEF supplied an additional 2.6 million doses of BCG, MMR, bOPV, IPV, Td and yellow fever for the regular immunization program benefitting over 2 million children.

- UNICEF collected and established a nutrition information data base of approximately 100,000 children under five and pregnant and lactating women in 16 states. Within this group, data suggests an average Global Acute Malnutrition of 6.3 per cent among children under five, which is informing UNICEF programming.

- UNICEF provided access to safe water to more than 815,000 people. In addition, more than 900,000 people - through the national deworming campaign in schools- accessed essential information on hygiene, water treatment and storage at household level, while receiving hygiene kits and water purification tablets.

- UNICEF reached over 248,000 children with educational learning materials, including materials in indigenous languages for Yanomami children and Warao adolescents. 5,796 teachers were provided with materials to support teaching and 7,693 children from 29 public schools in Miranda participated in a pilot school feeding program.

- Over 29,000 children participated in psychosocial support activities in communities, and more than 83,000 adults and children were involved in prevention of violence and family separation awareness activities.

**UNICEF’s Response and Funding Status**

- Nutrition: Micronutrient supplementation: 164%, Funding status: 44%
- Health: MNH services: 29%, Funding status: 86%
- WASH: Safe water access: 102%, Funding status: 80%
- Child Protection: PSS access: 22%, Funding status: 62%
- Education materials: 36%, Funding status: 43%

**Situation in Numbers**

- 3,200,000 children in need of humanitarian assistance (OCHA August 2019)
- 7,000,000 people in need (OCHA August 2019)
- 4,769,000 Migrants and refugees from Venezuela worldwide (Regional Inter-Agency Coordination Platform, January 2020)

**UNICEF Appeal 2019**

US$ 70.4 million

*Funding available includes funds received against the Venezuela HAC appeal launched in August and aligned to the 2019 HRP.*

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*Results achieved as of 31 December 2019, for one specific indicator (see Annex A for full report on performance indicators).

Funding status. Includes funds received against the HAC sector, which comprises several activities not necessarily reflected in the featured indicator. Funds received prior to the HAC launch are not included.
**Funding Overview and Partnerships**

The UNICEF Humanitarian Action for Children (HAC) for July to December 2019 requires US$ 70.4 million to meet the needs of 1.3 million people in Venezuela, of which 900,000 are children and adolescents. As of December 2019, the 2019 HAC had a funding gap of 37 per cent. The appeal raised US$ 44.4 million to support implementation of child protection, education, health, nutrition, and water, sanitation and hygiene (WASH) interventions, as well as operational and logistics support costs related to the delivery of this assistance. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received. One of the most important achievements during 2019, made possible thanks to contributions received between January and June – prior to the HAC appeal launch, was micronutrient supplement provision, whereby UNICEF reached over 243,000 children and pregnant women. In health, funds received in the last quarter of 2019 will support the procurement and delivery of vaccines in 2020. Nevertheless, additional funds are required in order to enhance interventions in maternal and new-born health (MNH) services. In WASH, though important progress has been made in safe water access, with interventions reaching almost 816,000 people, more resources are still required to address sanitation interventions nationwide. UNICEF calls upon the international community to provide additional and flexible support to UNICEF’s response in 2020. Without sufficient funding, UNICEF and partners will be unable to address the critical humanitarian needs of Venezuelan children and lay the foundation for a recovery phase.

**Situation Overview & Humanitarian Needs**

During 2019, Venezuela registered economic contraction and hyperinflation, which directly impacted households’ incomes, as well as investment in infrastructure and public services. In addition, in March, a major national blackout took place, followed by power outages across the country. Despite the Government’s efforts to restore public services, some states have yet to restore power and water supply. During the second semester of the year, fuel shortages intensified and prices increased, especially in border areas, which has impacted implementation pace of UNICEF partners. Cooking gas shortages have also been reported in several states and access to safe drinking water for children remains a challenge, translating into a protracted situation of diarrheal infections leading to severe dehydration in the most affected communities. School attendance is also a concern, along with prevalence of malaria cases, measles and diphtheria. Alleged key bottlenecks for school attendance relate to blackouts and deficiencies in basic services and transport, further compounded by teachers’ absenteeism and reduced outreach of public school-feeding. Moreover, reports published by the FAO\(^1\) state that Venezuela has registered an increase in the prevalence of undernourishment primarily due to economic slowdown and hyperinflation, which has severely eroded local purchasing power, generating acute constraints on households’ access to food.

On 1 July 2019, in consultation with the Inter-Agency Standing Committee (IASC), the Under-Secretary-General for Humanitarian Affairs and Emergency Relief announced the activation of seven humanitarian clusters (Food security, Nutrition, WASH, Shelter, Education, Health and Protection (including Gender-based Violence and Child Protection Areas of Responsibility). On 14 August 2019, the United Nations and partners released the 2019 Humanitarian Response Plan (HRP) for Venezuela, appealing for US$ 223 million to assist 2.6 million people across the country from July to December 2019. In August, UNICEF launched its HAC appeal for US$ 70.4 million to assist over 895,000 children. The High Commissioner for Human Rights, Michelle Bachelet, and the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock, visited Venezuela in 2019, highlighting the humanitarian consequences of the political and socio-economic situation in the country.

**Summary Analysis of Programme Response**

**Health**

UNICEF’s health strategy has focused on the need to increase access to life-saving and preventive maternal, neonatal and child care services and to ensure continuity of the expanded program on immunization (EPI), including response to disease outbreaks, for mothers, new-borns and children with limited access to health services. To that end, UNICEF’s health section has supported the Ministry of Health (MoH) in measles, diphtheria and yellow fever vaccination

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\(^{1}\) ‘State of Food Nutrition and Security’ and ‘Crop Prospects and Food Situation’. United Nations Food and Agricultural Organization. 2019 Available at FAO.org
supplementary activities, while contributing to the implementation of the regular immunization programme. During 2019, UNICEF provided 4.9 million doses of bOPV for a polio campaign that reached 95 per cent coverage. Also 6.7 million doses of Td were procured, and 2.3 million doses of MMR were administered to respond to the diphtheria and measles outbreaks. To ensure the continuity of the EPI, UNICEF supplied an additional 2.6 million doses of BCG, MMR, bOPV, IPV, Td and yellow fever, benefitting over 2 million children under one. To strengthen the vaccines cold chain system, UNICEF provided support and helped repair infrastructure in the MoH’s central warehouse and in other prioritized states. In coordination with PAHO and MoH, UNICEF contributed to designing, planning and implementing the national vaccine cold chain capacity assessment which was carried out in 24 states. Base on the outcomes of these assessment, UNICEF provided support during 2019, to improve cold chain storage in warehouses for vaccine conservation. In 2019, UNICEF procured HIV/Syphilis tests, paediatric antiretrovirals and opportunistic infection drugs to cover the needs of 2,000 children, being the only provider of the HIV/AIDS treatments.

**Nutrition**

In 2019, UNICEF expanded its nutrition strategy to address other issues beyond those related to breastfeeding. The nutrition sector focused its interventions on prevention of micronutrient deficiencies and acute malnutrition, as well as treatment of acute malnutrition and promotion of behavioural change for health staff and communities. UNICEF’s field offices played a key role in the implementation and monitoring of nutrition interventions involving local implementing partners and local health authorities.

In collaboration with the MoH and the Ministry of Education (MoE), UNICEF supported the National Deworming Campaign throughout the year, reaching 63 per cent of targeted children. Support will continue for the activity during the first quarter of 2020. In addition, UNICEF increased its number of partners from 2 to 17 to effectively deliver the nutrition response. This also required additional technical support from UNICEF to build capacity at local level to monitor implementation and achievement of results. UNICEF currently operates a nutrition information database of approximately 100,000 children under five and pregnant and lactating women (PLW), which includes data on acute malnutrition proportion. This data base is using information collected between June and December 2019 by UNICEF and partners in prioritized communities along 16 states. According to data collected, over the last seven months, the average Global Acute Malnutrition (GAM) rate for children under five reached 6.3 per cent and stunting at 25.1 per cent. In addition, the risk of maternal mortality has likely increased with 56.7 per cent of pregnant women being malnourished (of which 32.9 per cent underweight and 23.9 per cent overweight), thereby increasing maternal risk. While this information is not statistically representative, it provides tools for decisions-making and prioritization of interventions.

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2 Data collected during interventions in different communities or health centers. UNICEF’s proportion of malnutrition has been calculated using the Anthro software.

3 WHO references. Data is therefore not representative at national or sub-national level. Average reporting by month was 12,000 records (children under five) and 1,280 (Pregnant Women).

4 Database reported started in June 2019.

5 Global Acute Malnutrition (GAM) = Moderate acute malnutrition (MAM) + Severe Acute Malnutrition (SAM).
The nutrition strategy also included capacity building, a key component to ensure quality of interventions as well as sustainability of results. UNICEF and its partners conducted 60 workshops and 3 Training of Trainers (ToT) for 2,230 health workers in nutrition interventions and integrated management of acute malnutrition. UNICEF also supported the rising demand for paediatric and prenatal services such as primary health services, prevention of complications of malnourished children and reduction of mortality associated with acute malnutrition (Bolivar state reported a 43 per cent reduction).

UNICEF also led the coordination of the Nutrition Cluster with the main objective of promoting information sharing among stakeholders, including government and NGO partners, the Global Nutrition Cluster and the UNICEF Regional Office, taking into account the humanitarian situation and planned activities to support service delivery. Since August, the cluster has contributed to the 2020 Humanitarian Needs Overview (HNO) / Humanitarian Response Plan (HRP) by developing indicators and associated questions for needs assessment and HRP performance indicators, severity scales, and facilitating the multi-sectorial need assessment workshops that took place in October, in four different humanitarian hubs in the country.

WASH
In 2019, UNICEF introduced the water, sanitation and hygiene (WASH) program in Venezuela, adapted to the humanitarian context and the need to reach more children with more live-saving services. Based on the Core Commitments for Children, the WASH strategy was focused on coordination, safe water access, sanitation, hygiene promotion and provision of essential supplies, WASH in schools and other learning and protection spaces, and WASH in health care facilities. This has been carried out while at the same time integrating cross-sectoral strategies for community engagement and accountability to affected populations (AAP).

During 2019, UNICEF provided access to safe water to more than 815,000 people living in vulnerable locations through the rehabilitation of two urban water supply systems, improvement of water trucking distribution in four communities, installation of seven hydration points in border and transit areas, rural and isolated communities, and the provision of essential items (buckets and water purification tablets) for over 70,000 people. In addition, more than 900,000 people - also through the deworming campaign - accessed essential information on hygiene, water treatment and storage at household level, while receiving hygiene kits and water purification tablets.

UNICEF supported WASH interventions in 46 hospitals throughout the country to prevent and control infections and reduce the risk of mother-child morbidity and mortality. Environmental hygiene and cleaning were supported with the distribution of essential hygiene and cleaning items combined with capacity building of more than 200 medical and operation and maintenance staff. Emergency water distribution points were installed in key referral hospitals, eight water pumping systems were rehabilitated, water storage tanks were disinfected, four electrolytical chlorinators were installed and two boreholes were drilled in hospitals (in Zulia and Bolivar states).

With the education and protection sectors, UNICEF supported WASH interventions in more than 40 schools and 30 protection centres, mainly with hygiene promotion and distribution of key hygiene and cleaning products as well as incorporation of capacity building programs for education staff, benefitting over 9,000 children. In Táchira state, WASH activities included installation of hydration points and sanitation facilities, distribution of hygiene kits and hygiene promotion in San Antonio’s bus terminals benefitting over 36,000 people per month, in addition to other 6,000 people in San Cristobal’s bus terminal that were benefitted with hydration points. In border areas, WASH activities were coordinated with UNICEF offices in Colombia and Brazil.

As coordinator of the WASH cluster, UNICEF supported the establishment and organization of WASH sector coordination mechanisms. UNICEF established and supported WASH coordination at national and subnational levels in Táchira, Zulia and Bolivar states. UNICEF participated in the development of the HNO-HRP and has promoted capacity building of partners. Currently 30 partners are actively participating in the cluster.

Education
UNICEF’s education strategy during 2019 focused on improving conditions and availability of supplies to ensure inclusive access, retention and quality learning; strengthening institutional and technical capacities of educational...
remaining children, focusing on child rights protection mechanisms; and promoting resilience and psychosocial assistance
based on the critical context of the country, while providing tools to manage the situation in terms of psychosocial
support. Agreements were strengthened with educational organizations at national level, both governmental and non-
governmental, under the principles of humanity, neutrality, impartiality and independence. In addition, the good
relationship with the Ministry of Education has facilitated the expansion of UNICEF’s programme coverage in public
schools.

Under this strategy, UNICEF reached 248,176 children with educational learning materials (School in a Box, Early
Childhood Development -ECD-, Recreational kits) in nine states; and distributed materials in indigenous languages to
Yanomami children and Warao out-of-school adolescents. Also, 5,796 teachers were provided with teaching materials.
Educational activities to highlight the importance of school as a safe space and to encourage attendance and retention
benefited 75,227 children. These activities were also carried out with families and communities, reaching 7,291 people.

Furthermore, during the second semester of 2019, UNICEF carried out a pilot project where 7,693 children from 29
public schools in Miranda benefitted from a school feeding scheme leading to documented success in improving school
attendance. Based on these results, UNICEF is planning to bring this project to scale in 2020 to reach the most
vulnerable children in highly crisis-affected areas. This expansion, however, will depend on the availability of funding.

In addition, under the modality of education in emergencies, UNICEF and partners trained 7,700 people from eight
states on teaching and learning strategies using UNICEF kits, and delivering key messages in water and sanitation, as
well as in prevention mechanisms and the protection of the rights of children. Moreover, 2,100 teachers participated in
the definition of curricular and educational inclusion strategies to respond to the crisis. Psychosocial support and socio-
emotional learning activities benefited 54,416 children; 5,021 teachers reinforced their ability to offer psychosocial
activities (self-care workshops, psychological first aid, emotion management, resilience); and, 24,319 children benefited
from school learning reinforcement activities and good use of out-of-learning hours. UNICEF’s Recreation Kits allowed
7,235 children to join recreational activities outside learning hours and 338 children outside the educational system were
enrolled / returned to schools. Intersectoral activities in schools allowed children to benefit from handwashing,
deworming, and promotion of behaviour change through C4D strategies. In 2019, cluster coordination was marked by
the establishment of the national education cluster followed by the establishment of sub-national clusters in Táchira,
Zulia and Bolivar. The Education cluster obtained a grant from Education Cannot Wait fund for a project aiming to reach
60,000 children in school and 15,000 children and adolescents out of schools in the states of Miranda, Distrito Capital,
Zulia, Táchira, Bolivar and Delta Amacuro. This project will be implemented until September 2020.

Child Protection

In 2019, the Child Protection strategy focused on enhancing the protection of girls and boys through improving quality
and access to integrated child protection services in prioritized states and municipalities; addressing immediate child
protection needs of the most vulnerable children; building up resilience in communities and strengthening the capacity
of public institutions, civil society and humanitarian actors to identify, monitor, prevent and respond to child protection
concerns. UNICEF started a scale-up programme to address the most urgent Child Protection needs together with all
of UNICEF’s other areas of intervention.

UNICEF supported and strengthened 68 Protection Councils at the municipal level – starting with 32 at the beginning
of the year- with incentives, materials, multi-disciplinary teams and trainings on administrative procedures. In addition,
UNICEF identified key Child Protection National NGOs to deliver specific and integrated services such as psychosocial
support, legal assistance, birth registration, family counselling and alternative care for the more vulnerable and at-risk
children. The vulnerable and children at-risk group include unaccompanied and separated children, survivors of gender-
based violence (GBV) and other types of violence, girls and boys of vulnerable families with high levels of psychosocial
distress, street children, indigenous girls and boys, children without proper documentation, and children and adolescents
in conflict with the law. UNICEF supported capacity building of 7,276 child protection workers, at national and local level
to expand access to specialized child protection services, reaching 77,568 children with case management and legal
assistance, and safely referring 2,151 children to other specialized services. More than 29,000 children participated in
structured and age sensitive psychosocial support activities in communities and more than 83,000 adults and children
were involved in awareness activities related to prevention of violence and family separation. In addition, more than

6 Miranda, Capital District, Zulia, Táchira, Bolivar, Apure, Amazonas, Anzoátegui and La Guaira.
7 Miranda, Capital District, Zulia, Táchira, Bolivar, Apure, Amazonas and La Guaira.
8 Miranda, Capital District, Zulia, Táchira, Bolivar, Apure, Amazonas and La Guaira.
370,000 children received birth registration certificates and more than 23,000 caregivers and community members were trained in prevention of violence and family separation.

In 2019, UNICEF Venezuela increased its number of partners from 3 to 19, with four having national coverage, thereby increasing the number of children benefitting from protection services. UNICEF provided training on Child Protection Minimum Standards (CPMS) and Child Protection in Emergencies, psychological support and a family separation prevention methodology, to be implemented at community level. UNICEF continues to expand coverage, quality and access of services, strengthening child protection mechanisms and resilience at community level to promote a protective environment for children.

UNICEF, in collaboration with UNHCR as cluster leader, has fulfilled its coordination duties in the Child Protection Area of Responsibility (AoR) of the Protection Cluster. The AoR has actively participated in the development of the HNO and HRP. UNICEF-led Child Protection sub-national AoRs have been activated in Táchira and Bolivar states.

Communication for Development (C4D), Community Engagement & Accountability to Affected populations
The Communication for Development (C4D) sector began in 2019 and the programme supported implementation of several campaigns, including Back to School, Deworming, Protection for Children on the Move and Polio vaccination. In total, these campaigns reached 3.6 million people from target audiences.

C4D led the implementation of 19 ‘Jornadas’ with children in four priority states (Bolivar, Tachira, Zulia and Miranda) supporting implementing partners in UNICEF programmatic services on education, health, nutrition, protection and WASH, while enhancing community engagement, benefitting 21,619 people, out of which, 11,958 children and 570 children from indigenous population. The ‘Jornadas’ with children included a survey as a feedback mechanism to strengthen the AAP and improve UNICEF’s interventions.

Throughout 2019, ten trainings were conducted for implementing partners on children's rights, UNICEF programs and family separation prevention using the child protection guide ‘Protect.’ In addition, six trainings were organized on WASH practices, including intra-hospital handwashing, water treatment and handwashing demonstration and practice during the National Deworming Plan. Capacity building was reinforced to female workers during the school feeding training program; two trainings were delivered to health professionals on humanization of health services; and trainings on how to make community videos where imparted to community producers. In total, 920,000 people from target audiences participated in exhibitions and demonstrations or received trainings in UNICEF prioritized areas of work, including 30 people from implementing partners that were trained on Communication for Development by the Universidad Católica Andrés Bello, to improve their skills for planning and engaging at community level.

In December, UNICEF consulted 1,752 households using the Knowledge Attitude and Practices (KAP) methodology with the objective of gathering information regarding WASH, nutrition and health family practices.

As a whole, C4D activities for education reached 3,423,235 children, teachers, parents and representatives and other members from the educational community with messages on the importance of school attendance and retention. Moreover, 58,115 people received information on prevention and response to violence, abuse and exploitation and 68,010 people received basic information on hygiene and water treatment, while 81,296 pregnant women, mothers, fathers and caregivers of children of 0-23 months, benefited from nutrition counselling on the first thousand days of life, which also included key WASH and health messages on essential family practices.

Planning, Monitoring and Evaluation
Field and situation monitoring were identified as a top priority for the UNICEF Venezuela Country Office in 2019. Throughout the year, UNICEF significantly improved its monitoring and evaluation processes and tools to better assess the impact of its response – including its implementing partners. In 2019, UNICEF focused on strengthening programme monitoring mechanisms including humanitarian programme monitoring (HPM) within the framework of the UNICEF Venezuela Scale-Up Plan and enhanced internal planning processes to ensure alignment with the Office’s Annual Work Plan, HRP and HAC. Over ten instruments were used by UNICEF staff and Third-Party Monitors (TPMs) to conduct over 500 surveys (393 by UNICEF staff and 191 by third parties). The UNICEF team (Caracas and field offices) received additional dedicated support to reinforce its technical capacity. One key result is the approval of authorities to allow UNICEF to conduct monitoring visits inside schools, hospitals and health centres across the country. UNICEF is currently analysing the collected data to help inform its 2020 monitoring plan that will cover all eleven HRP priority states.
Supply and Logistics

Throughout 2019, the supply and logistics unit has played a significant role in fulfilling and responding to programme objectives, ensuring availability of suitable, accessible and affordable supplies. In 2019, local and offshore orders represented the 43.2 per cent of total programme budget (US$ 44.4 million) with a total value of US$ 19.1 million. Supplies represented 77.2 per cent and services 15.9 per cent, respectively, of the total procured.

UNICEF supported the Ministry of Health with the distribution - by land and air - of antiretrovirals, antimalarials, vaccines and other medicines to different states in the country. Additionally, it supported the MoH with improvements to the Ruiz y Paez Hospital in Bolivar and the Gran Caracas Regional vaccine cold chain warehouse, including civil work, electric installations, supplies for air conditioning and mattresses.

In the reporting period, UNICEF distributed over the country US$ 7.6 million (314 trucks) worth of Health, WASH, Nutrition, Education and Child Protection supplies demonstrating its capacity to overcome key logistic bottlenecks related to the country’s context. At the end of 2019, efficient supply management allowed to keep programme supplies in UNICEF’s warehouses for a value of US$ 1.9 million which will allow operations to continue in the first quarter of the year without significant gaps.

Humanitarian Leadership, Coordination and Strategy

The implementation of the Humanitarian Response Plan (HRP) to assist 2.6 million people across Venezuela from July to December 2019 is led by the United Nations Humanitarian Coordinator in partnership with the Humanitarian Country Team (HCT). An OCHA Office, Inter-cluster Coordination Mechanism (ICCM), eight clusters and three field coordination hubs support the coordination duties of the Humanitarian Coordinator. Within the framework of the HRP, UNICEF and its partners are implementing an integrated and multisectoral response to address the needs of children, adolescents, and PLW arising from the socio-economic and political situation. UNICEF leads the nutrition, WASH and education clusters and the child protection AoR, and actively participates in the health cluster and Gender Based Violence AoR. In addition, UNICEF is actively involved in the development of the 2020 HNO. Education, WASH and Child Protection Clusters have been established at the sub-national level in Bolivar, Táchira y Zulia.

Human Interest Stories and External Media

In 2019, UNICEF’s comprehensive communication strategy highlighted its contribution to children affected by the Venezuela crisis and leveraged its role, global reputation, proven experience, and demonstrated ability to uphold humanitarian principles by using communication to firmly advocate for child’s rights. This strategy consisted of multimedia, digital and traditional elements, aiming at public advocacy and fundraising.

Eight press releases, three statements, 37 videos, six human interest stories, and more than 600 photos were released on social media and other channels, and also made available for journalists and UNICEF National Committees. Messages disseminated by UNICEF achieved more than five million impressions - almost two million more than 2018 -, while the new website launched in September 2019 registered more than 138,000 visits.

Private Fundraising and Partnerships (PFP) Campaigns:

In 2019, PFP local Facebook leads campaigns on WASH, Back to School, CRC 30 Anniversary and Christmas, reported an estimated reach of 3,529,216 people resulting in 13,997 leads. In addition, four newsletters were sent to over 11,000 local individual donors.

- PFP Campaign, WASH: https://www.facebook.com/116107954344/posts/10157851977844345
- PFP Campaign, Education: https://www.facebook.com/116107954344/posts/10157946386054345
- PFP Back to school Campaign: https://www.facebook.com/116107954344/posts/10157946409649345
- PFP Campaign, Education: https://www.facebook.com/116107954344/posts/10157946395264345
- PFP Campaign, Children’s rights: https://www.facebook.com/116107954344/posts/10158060273074345
- PFP Campaign CRC: https://www.facebook.com/116107954344/posts/10158060259759345
- PFP Campaign Children’s rights: https://www.facebook.com/116107954344/posts/10158118231489345
- PFP Campaign Christmas message: https://www.facebook.com/116107954344/posts/10158183014069345
- PFP Campaign Christmas message: https://www.facebook.com/116107954344/posts/10158182995524345
- PFP Campaign on School Feeding: https://www.facebook.com/116107954344/posts/10158153373784345
Next SitRep: 28 February 2020

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Annex A

Summary of Programme Results

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>UNICEF and Partners</th>
<th>Sector Response 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Targets</td>
<td>Results (Jan-31 Dec)</td>
</tr>
<tr>
<td># pregnant women &amp; newborn babies receiving maternal / neonatal life-saving services in UNICEF supported facilities</td>
<td>172,797</td>
<td>49,715</td>
</tr>
<tr>
<td># of children under 5 year vaccinated against measles&lt;sup&gt;9&lt;/sup&gt;</td>
<td>1,200,000</td>
<td>359,940</td>
</tr>
</tbody>
</table>

| NUTRITION                                                             |                |                      |                                |
|-----------------------------------------------------------------------|----------------|----------------------|
|                                                                         |                |                      |                                |
| # of children under 5 years with SAM and MAM (with or without complications) receiving acute malnutrition treatment | 7,000          | 10,388<sup>10</sup> | 200                            | 8,604   | 6,768                | 200                            |
| # of children aged 6 to 59 months and PLW receiving micronutrient supplementation | 150,000        | 243,315<sup>11</sup> | 2,648                          | 153,406 | 198,042              | 2,648                          |
| # of children 24-59 months and PLW receiving deworming treatment<sup>12</sup> | 287,774        | 850,602<sup>13</sup>| 1,940<sup>14</sup>             | 287,774 | 880,590              | 1,940                          |

| WATER, SANITATION & HYGIENE                                          |                |                      |                                |
|-----------------------------------------------------------------------|----------------|----------------------|
|                                                                         |                |                      |                                |
| # of people benefitting from access to safe water<sup>15</sup>         | 800,000        | 815,971              | 194,344                        | 1,713,318<sup>16</sup>| 636,547               | 194,739                        |
| # people benefitting from access to safe sanitation<sup>17</sup>      | 577,000        | 385,305              | 1,731                          | 1,713,318 | 513,337             | 115,445                        |
| # of people who access basic information on hygiene and water treatment and conservation at the home | 592,000        | 931,914              | 1,582                          |         |                     |                              |

<sup>9</sup> The indicator and target have been revised as these were set at a time where the measles outbreak that began in July 2017 with cases reported in all 23 states and the Capital District was ongoing. However, since then the outbreak has been progressively controlled and the last confirmed case was reported in Zulia in August 2019. As part of the national routine immunization programme, UNICEF has focused on vaccinating children under 1 year against measles.

<sup>10</sup> This figure includes information not reported in previous Sitrep due to delayed submission of information by implementing partners: 634 children under age 5 with SAM and MAM (with or without complications) receiving acute malnutrition treatment.

<sup>11</sup> New indicator for HAC’19. It only includes children 24-59 months. Deworming campaign is reaching children up to 12 years old, not included here.

<sup>12</sup> New indicator for HAC’19. This cumulative figure includes information not reported in previous Sitrep due to delayed submission of information by implementing partners: 9,316 children aged 6 to 59 months and PLW receiving micronutrient supplementation.

<sup>13</sup> New indicator for HAC’19. This figure includes information not reported in the November Sitrep: 3,409 children 24-59 months and PLW.

<sup>14</sup> New indicator for HAC’19. It combines two 2018-19 Scale-up Plan indicators: # of people provided with access to safe drinking water and # of people with access to WASH services in health centers, schools, learning spaces, child friendly spaces and shelters.

<sup>15</sup> This figure represents the total beneficiary target of the WASH cluster for WASH activities in communities (water and sanitation, as the latter depends on the former. As over 90% of households have toilets connected to sewerage or septic tanks that depend on water to function)

<sup>16</sup> New indicator for HAC’19.

<sup>17</sup> This figure represents the total beneficiary target of the WASH cluster for WASH activities in communities
### # of children aged 4 to 18 years in schools who received education materials

<table>
<thead>
<tr>
<th></th>
<th>680,000</th>
<th>248,176</th>
<th>36,494</th>
<th>820,000</th>
<th>312,351</th>
<th>103,618</th>
</tr>
</thead>
</table>

### # of out of school children aged 6-12 years accessing formal and non-formal basic education

<table>
<thead>
<tr>
<th></th>
<th>13,500</th>
<th>280</th>
<th>0</th>
<th>15,000</th>
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<th>0</th>
</tr>
</thead>
</table>

### CHILD PROTECTION

#### # of children with access to psychosocial support

<table>
<thead>
<tr>
<th></th>
<th>129,600</th>
<th>29,100</th>
<th>2,396</th>
<th>166,080</th>
<th>14,609</th>
<th>2,396</th>
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</thead>
</table>

#### # people sensitized on prevention and response to cases of exploitation, violence and abuse

<table>
<thead>
<tr>
<th></th>
<th>172,800</th>
<th>83,499</th>
<th>3,705</th>
<th>316,800</th>
<th>60,548</th>
<th>3,705</th>
</tr>
</thead>
</table>

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### Annex B

**Funding Status**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available&lt;sup&gt;21&lt;/sup&gt;</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Emergency funds</td>
<td>Other funds</td>
</tr>
<tr>
<td>Nutrition</td>
<td>8,922,000&lt;sup&gt;22&lt;/sup&gt;</td>
<td>3,894,756</td>
<td>-</td>
</tr>
<tr>
<td>Health</td>
<td>14,782,000&lt;sup&gt;23&lt;/sup&gt;</td>
<td>11,687,267</td>
<td>1,031,640</td>
</tr>
<tr>
<td>WASH</td>
<td>16,000,000&lt;sup&gt;24&lt;/sup&gt;</td>
<td>11,294,062</td>
<td>1,571,840</td>
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<tr>
<td>Child Protection</td>
<td>9,418,000</td>
<td>5,322,892</td>
<td>512,175</td>
</tr>
<tr>
<td>Education</td>
<td>21,271,000</td>
<td>4,147,732</td>
<td>4,915,985</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>70,393,000</strong></td>
<td><strong>36,346,710</strong></td>
<td><strong>8,031,640</strong></td>
</tr>
</tbody>
</table>

<sup>21</sup> As defined in the Humanitarian Appeal of 19 August 2019 for a period of 6 months.

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<sup>19</sup> New indicator for HAC’19.

<sup>20</sup> New indicator for HAC’19. It combines two 2018-19 Scale-up Plan indicators: # of people reached in communities where social support networks to prevent and address violence, abuse and exploitation (including GBV) - with emphasis on migrant routes - have been mobilized and strengthened with UNICEF support and # of people reached with messages on life saving skills and protective practices or information on uptake of services in UNICEF-supported facilities.

<sup>21</sup> Received since the 2019 HAC launch (August – December).

<sup>22</sup> Funding status for nutrition sector refers to 2019 HAC. UNICEF has been able to provide micronutrient supplementation, as interventions have taken place with Scale Up funds, received from October 2018 to July 2019, prior the HAC launch.

<sup>23</sup> Health funds have been received for immunization interventions; yet, there is a need to increase interventions in MNH services for which additional funds are required.

<sup>24</sup> More resources are required to address sanitation interventions.