



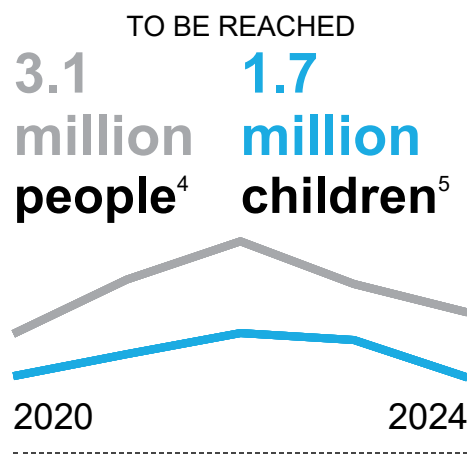
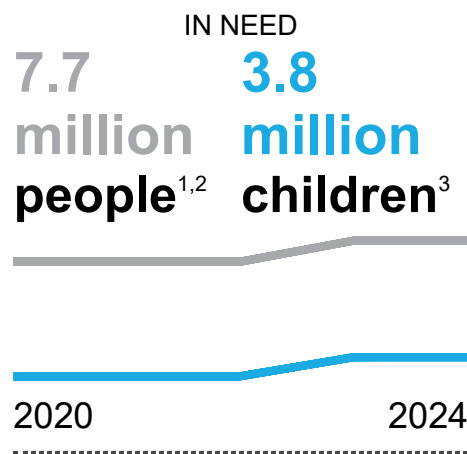
Humanitarian Action for Children

A girl washes her hands at the tap next to the Solar Water Treatment Plant installed by UNICEF in the community of San Francisco de Guayo, Delta Amacuro State, in the Bolivarian Republic of Venezuela.

Bolivarian Republic of Venezuela

HIGHLIGHTS

- The lives of children in the Bolivarian Republic of Venezuela continue to be buffeted by the impact of the country's persistent economic crisis, a structural and situational crisis that has had a deep impact on society and especially on its most vulnerable people: children, those with disabilities and indigenous communities. Purchasing power is low, affecting access to health care, to food, to just about every service a child might need. Access to safe water and sanitation remains irregular and challenging. Immunization coverage is low, and the number of infants born with low birth weight has grown. Children and adolescents are at risk of violence. And an estimated 900,000 children are out of school.
- In 2024, UNICEF will increase the integration and quality of its programming for the most affected populations in the country's most vulnerable regions, building on the geographic reach offered by its field offices. A key goal is addressing underlying risks and reducing humanitarian needs by enhancing access to critical services. This will be done through an integrated package of health, nutrition, education, child protection and WASH services.
- UNICEF requires \$147 million to provide life-saving services for 3.1 million people, including 1.7 million children. Without it, UNICEF will be unable to provide life-saving services for children, protect their rights, and maintain their human dignity.



KEY PLANNED TARGETS



1.2 million children and women accessing primary health care



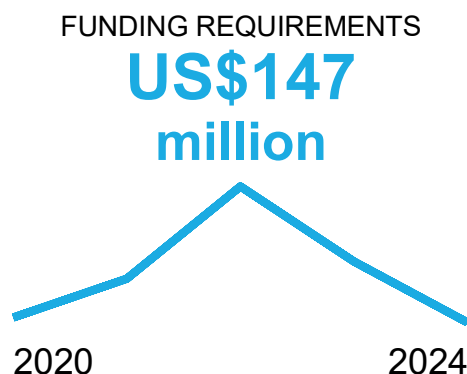
300,000 children receiving micronutrient powder



516,500 children receiving individual learning materials



2.2 million people accessing a sufficient quantity and quality of water



Figures are provisional and subject to change upon finalization of the inter-agency planning documents.

HUMANITARIAN SITUATION AND NEEDS

Despite moderate signs of economic recovery,⁸ structural problems and a protracted crisis persist in the Bolivarian Republic of Venezuela. Chronic inflation⁷ undercuts households' purchasing power, and the impact of all these factors on children's lives is mounting.

The price of the basic food basket has increased steadily,⁹ reaching 112 minimum monthly salaries in June 2023.¹⁰ The difficulties this presents can be found in urban, peri-urban and rural settings; and children, pregnant or lactating women, adolescents and the indigenous population often feel it most acutely.

Economy and income challenges have eroded the country's health infrastructure and essential services. Early pregnancies, irregular antenatal care, infectious diseases and childbirth complications threaten the survival of newborns and mothers, particularly among indigenous populations. The coverage of bacillus Calmette–Guérin vaccine is still 68 per cent, and that of the third dose of diphtheria, pertussis and tetanus vaccine is 56 per cent.⁶ Only 9 per cent of households are food secure, while 22 per cent are experiencing moderate to severe food insecurity. Around 18 per cent of the population is undernourished as a result of poor access to an affordable, safe and diversified diet.¹¹ Additionally, 24.2 per cent of women aged 15–19 years are affected by anaemia,¹² and 9.5 per cent of infants are born with low birth weight. The prevalence of stunting in children is 10.5 per cent.¹³

With reduced learning schedules and disruptions, school infrastructure – including critical WASH facilities and services – remains a challenge. An estimated 900,000 children are out of school, and at least 1.3 million are at risk of dropping out, and 270,000 are in conditions of vulnerability.¹⁴ Accelerating the response to the cumulative effects of the learning crisis and leveraging educational quality is paramount.¹⁵

Children and adolescents are also at risk of violence, exploitation and abuse, child labour and trafficking. Particularly for girls and women, the threat of gender-based violence is increasing. Access to safe water and sanitation remains a challenge for most vulnerable communities, with some 4.3 million people in need of safe water. Many households experience irregular access to water and sanitation services and engage in inadequate hygiene practices. The availability of water in health, education and protection facilities is at a critical state.

The country is highly vulnerable to natural hazards, and disasters associated with heavy rains and floods threaten to aggravate the situation further.

SECTOR NEEDS



560,660

children in need of immunization services¹⁶



1.1 million

people in need of nutrition assistance¹⁷



1.4 million

children in need of protection services¹⁸



2.5 million

children in need of education support¹⁹



4.3 million

people lack access to safe water²⁰

STORY FROM THE FIELD



Luis Mario, 10 (centre), does his homework at school while sitting next to his classmates. He was previously out of school and is engaging in catch-up work to ease his reintegration.

Luis Mario, 10, attends the life-skills training centre San Martín de Porres, in San Félix, Bolívar State. Together with other children and adolescents, he is part of a comprehensive care programme for academic leveling and socioemotional support that contributes to his reintegration in school.

"This is the homework I have done here at school: I have learned the (multiplication) tables, to write the numbers," says Luis. "We were doing calligraphy, separating syllables, writing families of letters, and little things like that that put me here so I can learn," he adds proudly, showing his notebook.

UNICEF, with a solid geographic footprint in the country in the form of numerous field offices,²⁵ has refined its focus and defined its scope of action in the Bolivarian Republic of Venezuela, prioritizing territories where it can have greater impact while optimizing resources. UNICEF will continue working to increase the efficiency and effectiveness of life-saving services for children and their families. Multisectoral programmes aim to strengthen these essential services and empower affected communities and families, adolescents and children with the capacity to prevent and respond to health, nutrition and child protection concerns.

UNICEF will continue to support national immunization,²⁶ strengthen the cold chain capacity for vaccines at the national, regional and local levels, bolster outbreak response capacity and reinforce essential maternal, neonatal and child health services. Services strengthening includes providing equipment and medicines and enhancing the capacities of front-line workers and local health services to guarantee access, continuity and quality of care.

Through an integrated package of services, UNICEF will address acute and severe malnutrition through early detection of wasting and provide quality nutrition care to severely wasted children.

Improving child protection services remains a priority. UNICEF's systemic approach includes birth registration and identity; case management for at-risk and vulnerable children, including victims of violence and human trafficking and unaccompanied and separated children; and psychosocial support and mental health care for children and caregivers.

To tackle the learning gap, UNICEF will focus on the acquisition of foundational skills and teacher training for learning recovery, while strengthening the role of the school as a platform for other services, including protection, psychosocial support, health and nutrition. Access to education will be enhanced through distribution of learning kits and rehabilitation of school infrastructure.

UNICEF will provide life-saving WASH services in health-care facilities and schools. This includes critical services and supplies as well as training in infection prevention and control. Recovering water access services in rural and urban communities is a focus. This will be combined with life-saving community-based interventions for hand hygiene and household water treatment and storage.

UNICEF will prioritize gender-transformative programming and community engagement to ensure the participation of women, girls and people with disabilities in decision-making and other processes linked to accountability to affected populations. UNICEF will also raise awareness among local humanitarian actors on protecting people from sexual exploitation and abuse, strengthening mechanisms for reporting such abuse and supporting survivors.

UNICEF will continue leading the Nutrition, Education and WASH Clusters and the Child Protection Area of Responsibility, and will continue actively participating in the Health Cluster and the Gender-Based Violence Area of Responsibility.



Health (including public health emergencies)

- **531,300** children vaccinated against measles, supplemental dose
- **536,200** children 0-11 months receiving pentavalent 3 vaccine
- **1,232,300** children and women accessing primary health care in UNICEF-supported facilities
- **112,000** live births that were delivered in health facilities in UNICEF-supported areas



Nutrition

- **400,000** children 6-59 months screened for wasting
- **35,800** children 6-59 months with severe wasting admitted for treatment
- **250,000** primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- **300,000** children 6-59 months receiving micronutrient powder



Child protection, GBViE and PSEA

- **140,000** children, adolescents and caregivers accessing community-based mental health and psychosocial support
- **125,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **100,000** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- **75,000** children who have received individual case management



Education²⁸

- **216,500** children accessing formal or non-formal education, including early learning
- **516,500** children receiving individual learning materials
- **22,500** children and adolescents accessing skills development programmes
- **9,000** teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support²⁹



Water, sanitation and hygiene

- **2,200,000** people accessing a sufficient quantity and quality of water for drinking and domestic needs³⁰
- **516,500** children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces³¹
- **400,000** people reached with critical WASH supplies



Cross-sectoral (HCT, SBC, RCCE and AAP)

- **3,000,000** affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services
- **175,150** people engaged in reflective dialogue through community platforms
- **55,000** people sharing their concerns and asking questions through established feedback mechanisms

FUNDING REQUIREMENTS IN 2024

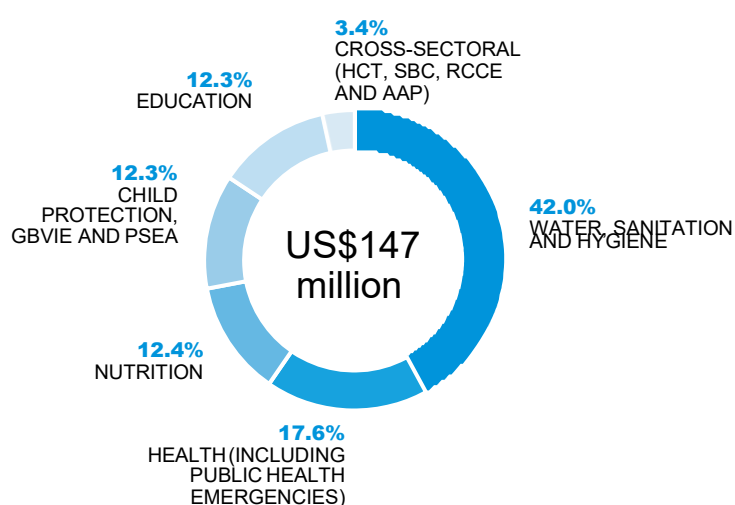
To support humanitarian action in 2024, UNICEF requires \$147 million to provide life-saving services for 3.1 million people, including 1.7 million children. Immediate, flexible and multi-year donor funding will be pivotal to ensure the continuity of critical services, including primary health care and treatment for severe wasting. It is also essential for providing access to safe water and sanitation for 2.2 million people, and to recovering WASH services in the most vulnerable communities, in urban and rural areas, and especially in indigenous communities, as a key enabler of minimal standard conditions for a clean and safe environment for children.

Furthermore, UNICEF will support the most vulnerable families to access inclusive education for out-of-school children and will work in collaboration with involved stakeholders to improve child protection services, emphasizing protection of the rights of indigenous children, children with disabilities and other vulnerable populations. Operating in such a complex context entails operational and logistics challenges, as well as costs related to the delivery of assistance.

UNICEF acknowledges and values the importance of working with communities, and their role in social behaviour change. The dissemination of life-saving information on how and where to access available services and facilitating mechanisms enabling people to share their concerns and ask questions through established feedback mechanisms are central to UNICEF interventions.

The overall funding requirement is lower than in 2023,³² reflecting a change in the education intervention approach.³³ Funding needs for WASH are also reduced, because the plan for 2024 builds on previous results and UNICEF is able to optimize its 2024 interventions.

Without the required funding, UNICEF's capacity to support children and families in the most vulnerable areas will be hampered, and children will miss out on access to health and nutrition services, learning opportunities, safe water and critical child protection support.



Sector	2024 requirements (US\$)
Health (including public health emergencies)	25,800,000
Nutrition	18,200,000
Child protection, GBVIE and PSEA	18,150,000 ³⁴
Education	18,100,000
Water, sanitation and hygiene	61,800,000
Cross-sectoral (HCT, SBC, RCCE and AAP)	4,950,000 ³⁵
Total	147,000,000

ENDNOTES

1. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), estimate for 2022–2023.
2. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
3. Ibid.
4. This figure was calculated based on the number of children and women accessing primary health care in UNICEF-supported facilities (1,331,800); teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support (9,000); children, adolescents and caregivers accessing community-based mental health and psychosocial support (140,000); and people accessing a sufficient quantity and quality of water (2,200,000). The total figure includes 1,530,200 women/girls (50 per cent) and an estimated 367,250 people with disabilities (12 per cent). The number of people to be reached has decreased compared with 2023, because the school feeding component is no longer part of UNICEF's planned interventions. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
5. This figure was calculated considering the various interventions planned for different age groups and locations, to avoid double counting beneficiaries. This includes children and women accessing primary health care in UNICEF-supported facilities; children under 5 years of age screened for wasting; children receiving individual learning materials; and children who have received individual case management. The total figure includes 835,915 girls and 200,620 children with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
6. World Health Organization (WHO), Immunization dashboard: Venezuela (Bolivarian Republic of), subsection Vaccination coverage for Venezuela (Bolivarian Republic of), available at <<https://immunizationdata.who.int/pages/profiles/ven.html>>.
7. In August 2023, the monthly inflation rate stood at 13.6 per cent. Observatorio Venezolano de Finanzas, Agosto 2023: la inflación fuera de control, 5 September 2023, available at <<https://observatoriodefianzas.com/agosto-2023-la-inflacion-fuera-de-control/>>.
8. Economic Commission for Latin America and the Caribbean, Economic Survey of Latin America and the Caribbean 2023: Financing a sustainable transition: Investment for growth and climate change action, United Nations, Santiago, 2023, available at <www.cepal.org/en/publications/67990-economic-survey-latin-america-and-caribbean-2023-financing-sustainable-transition>.
9. OCHA, Cluster status report – Food security, situation report for Venezuela (March – April 2023), available at <<https://reports.unocha.org/en/country/venezuela-bolivarian-republic-of/card/D5mk5JTm6T/>>.
10. Centro de Documentación y Análisis Social de la Federación Venezolana de Maestros (CENDAS-FVM), Canasta Alimentaria Familiar, June 2023, Caracas, July 2023, available at <<https://twitter.com/CENDASFVM/status/1682621229042114561/photo/1>>.
11. Herrera-Cuenca, Marianella et al., Exploring food security/insecurity determinants within Venezuela's complex humanitarian emergency, Dialogues in Health, vol. 1, 21 November 2022, available at <www.sciencedirect.com/science/article/pii/S2772653322000843?via%3Dihub>.
12. Food and Agriculture Organization of the United Nations (FAO), International Fund for Agricultural Development, UNICEF, World Food Programme and WHO, The State of Food Security and Nutrition in the World 2023: Urbanization, agrifood systems transformation and healthy diets across the rural–urban continuum, FAO, Rome, July 2023, available at <www.fao.org/3/cc3017en/cc3017en.pdf>.
13. The percentage of low-weight births (less than 2500 g) increased from 8.7 per cent to 9.5 per cent between 2003 and 2017. Source: Pan-American Health Organization (PAHO) and WHO, Health in the Americas+, Country profile: Venezuela (Bolivarian Republic of), available at <<https://hia.paho.org/en/countries-22/venezuela-country-profile>>.
14. Estrategia 2022-2023: Versión Agosto 2022, Cluster de Educación, available at <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/estrategia_cluster_educacion_2022-2023_vf.pdf>.
15. UNICEF, Where are We on Education Recovery?, UNICEF, 2022, available at <www.unicef.org/media/117626/file/Where%20are%20we%20in%20Education%20Recovery?.pdf>.
16. The immunization services include measles, mumps and rubella (MMR) vaccine. Based on Ministry of Health forecasting in line with Instituto Nacional de Estadísticas estimate 2022–2023.
17. Nutrition Cluster estimate 2022–2023. This figure includes 751,809 children and 322,191 pregnant and lactating women.
18. Child Protection Area of Responsibility estimate 2022–2023.
19. Education Cluster estimate 2022–2023.
20. WASH Cluster estimate 2022–2023.
21. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinator costs are included in sectoral programme budgets.
22. This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.
23. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.
24. UNICEF will target 300 reference schools with an integrated approach (the education component along with health, nutrition, wash and child protection interventions), and 3,000 schools around them with targeted interventions aimed to improve access to quality education materials and enhance teacher capacity.
25. In addition to the central office in Caracas, UNICEF has field offices that work on subnational planning, monitoring and implementation, and on programmatic convergence at the field level. These field offices cover the west, east and southeast regions of the country.
26. UNICEF is part of an agreement signed with PAHO, GAVI, the Vaccine Alliance and the national Government, covering the period of 2023–2024, that enables the country to receive support for the provision of the eight essential vaccines, technical support for their distribution, increased outreach activities and strengthening of cold chain capacity. With the contribution of GAVI, the Vaccine Alliance, and other funding sources, UNICEF is leading on cold chain strengthening at national, estate and municipality levels.
27. Beyond the UNICEF targets for these interventions, other humanitarian partners are expected to reach the remaining children/families in need.
28. This indicator refers to children and adolescents receiving a package of integrated interventions under the integrated child-friendly schools model. This includes the distribution of learning materials to improve access to education and specific interventions to ensure equitable treatment for indigenous children, those with disabilities, young children and adolescents. The common denominator is addressing the learning losses due to school closures related to the COVID-19 pandemic. UNICEF has a particular focus on ensuring the reintegration of out-of-school children into the formal school system.
29. In addition, UNICEF will improve the working conditions of 19,500 teachers by distributing individual classroom kits.
30. This indicator refers to people accessing and using new and existing drinking water sources as a result of resilient solutions such as chlorination and/or water systems' repair/rehabilitation, rather than temporary access including water trucking or distribution of water purification tablets. UNICEF is directly targeting a total of 2.2 million people (51 per cent of people in need). The target is similar to 2023, considering that needs in water access are still critical for most vulnerable communities, mainly in urban and isolated rural areas. UNICEF continues to provide indirect support to government authorities in the form of capacity building and technical assistance for previously recovered water supply systems.
31. This indicator refers to children and adolescents accessing WASH services in schools or in other learning spaces supported by UNICEF, in line with education programme targets. It includes the implementation of a package of integrated education interventions aimed at improving education access and retention and accelerating learning outcomes.
32. The funding required for the health sector does not include procurement of vaccines or supplies for routine immunization activities, estimated at \$25.3 million, due to the support provided by GAVI, the Vaccine Alliance. GAVI already supported the country by procuring the eight essential vaccines for the period of one year, and the agreement included the Government covering vaccine costs as of 2024. Also not included is the cost for procurement of paediatric antiretroviral treatments, estimated at \$1,057,000, because essential needs for procurement of antiretrovirals for children and adults are included in the proposal to be financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria for HIV, tuberculosis and malaria programmes in 2024 and 2025.
33. The total budget for the education sector has decreased compared with 2023, because the school feeding component is no longer part of the planned interventions.
34. This line item is broken down as follows: 62 per cent for child protection, 20 per cent for gender-based violence in emergencies and 18 per cent for protection from sexual exploitation and abuse.
35. This line item is broken down as follows: 15 per cent for risk communication and community engagement, 80 per cent for social and behaviour change and 5 per cent for accountability to affected populations.