

Venezuela

Update on the context and situation of children

Following eight consecutive years of economic contraction the Venezuelan economy has shown signs of recovery with macroeconomic stabilization and moderate economic growth of around 18 per cent between January-September 2022 [1]. Despite this positive macroeconomic outlook, the simultaneous impacts of inflation, global economic instability, sanctions, natural hazards aggravated by climate change, and the consequences of the pandemic COVID-19, continue to disproportionately affect children and their families.

Since 2015 official data has become less available, limiting the monitoring of the situation of children and adolescents. Nonetheless, information from secondary sources and data collected through UNICEF programmes has been useful to identify major vulnerability experienced by children, adolescents, and their families. While the availability of goods has slightly improved, access to quality and diversified diets is limited due to high food costs, especially for the most vulnerable people. Venezuela is the third country in the world registering an interannual food inflation of 158 per cent between November 2021-2022 [2]. Moreover, estimates suggest that 22.9 per cent of the population is undernourished, while 1.9 million women aged 15-19 years are affected by anemia [3].

Deteriorated public infrastructure, constrained access to supplies and the insufficient workforce of professionals continue to stretch the capacity of the health system and jeopardize access to a quality education. Optimal nationwide immunization coverage has not been achieved [4], while early pregnancies, infectious diseases and pregnancy/childbirth complications threaten the survival of newborns and mothers, particularly among adolescents/indigenous groups. Program data gathered throughout 2022 in 189 UNICEF supported healthcare facilities throughout the country reveal that, on average, 30 per cent of pregnant women accessing services are adolescents, and 39 per cent did not have regular antenatal care contacts.

Additionally, since 2019 around 1.2 million children have dropped out of school while 68 per cent of students lack foundational reading skills. Lack of food at home (46%), inability to afford school supplies (30%), lack of essential services such as water, hygiene, and sanitation (25%), and having to work (24 per cent) are among the most common reasons for school absenteeism. [5]. Consultations conducted prior to the Transformative Education Summit (TES), led by the Education Cluster, identified school infrastructure, school feeding, access to internet in schools and learning achievements as some of the key priorities to transform education in Venezuela.

Insufficient access to safe water and inadequate sanitation systems remains a concern in Venezuela. Poor water quality and quantity, combined with intermittent access to safe water, particularly in rural and remote areas, make basic handwashing, a key disease infection prevention measure extremely challenging. Three quarters of households experience irregular provision of water service [6]. After a period of slow-down due to the COVID-19 pandemic, internal and external population movements are increasing again. It is estimated that, since 2018, 7.1 million people have migrated [7], representing a 16.5 per cent annual increase, while others are expected to return by their own means, or resorting to the government's "Return to the Homeland Plan". Simultaneously, people continue to relocate within the country mainly due to socio-economic hardship. Children and adolescents on the move, especially girls and those separated/unaccompanied, face mounting protection risks, including trafficking and sexual exploitation and abuse. It is estimated that more than 839,000 children have been left under the care of third parties [8]. In the last three years reported cases of sexual violence against children have tripled [9], while the risk of suicide among children and adolescents increased [10].

Children and adolescents have been exposed to increasing distress that threatens their mental health, including the impact of natural disasters affecting their families and communities. During the rainy season of 2022 heavy rains caused severe flooding and landslides that destroyed key infrastructure, notably schools and health facilities, and worsened the already precarious condition of the most

vulnerable people. 14,000 houses were damaged, and 26,000 families affected [11] primarily in the country's central region and the south of Lake Maracaibo in Zulia state.

[1] Central Bank of Venezuela, 'El PIB de la economía venezolana creció 17,73% en el período Enero-Septiembre de 2022', December 2022, <<https://www.bcv.org.ve/notas-de-prensa/el-pib-de-la-economia-venezolana-crecio-1773-en-el-periodo-enero-septiembre-de-2022>>.

[2] World Bank, 'Food Security Update', December 2022, .

[3] Food and Agricultural Organization of the United Nations (FAO), International Fund for Agricultural Development, UNICEF, World Food Programme (WFP) and World Health Organization (WHO), 'The State of Food Security and Nutrition in the World 2022: Repurposing food and agricultural policies to make healthy diets more affordable', 2022, at <<https://doi.org/10.4060/cc0639en>>.

[4] WHO/PAHO, Core Indicators Dashboard, immunization coverage data for the Bolivarian Republic of Venezuela based on official reports from 2021, <<https://opendata.paho.org/es/indicadores-basicos/tablero-de-los-indicadores-basicos>>. Since 2016, Venezuela's coverage of the expanded programme on immunization reduced and, focused on diseases most prone to vaccine-preventable epidemics. The pneumococcal conjugate, rotavirus and influenza vaccines have been discontinued because of lack of funds to purchase these vaccine..

[5] DevTech Systems, Inc, Universidad Católica Andrés Bello, ANOVA and Fundación Carvajal, 'Diagnóstico de Educación Básica en Venezuela: Reporte Final', September 2021, <https://eneed-venezuela.org/wp-content/uploads/VNZ_Education_Diagnostic_spanish.pdf>.

[6] Observatorio Venezolano de Servicios Públicos (OVSP), 'Percepcion ciudadana sobre los servicios publicos: Resultados de encuesta a usuarios de fecha abril-mayo 2022', May 2022, <www.observatoriovsp.org/wp-content/uploads/Boletin-35.pdf>.

[7] Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V), Refugees and migrants from Venezuela, online information, <<http://www.r4v.info/en/refugeeandmigrants>>.

[8] CECODAP, 'Casi un millón de niños se quedan atrás en Venezuela mientras sus padres migran', March 2020, <<https://cecodap.org/casi-un-millon-de-ninos-se-quedan-atras-en-venezuela-mientras-sus-padres-migran/>>.

[9] Observatorio Venezolano de Violencia (OVV), 'Informe Anual de Violencia 2021', December 2021, <<https://observatoriodeviolencia.org.ve/wp-content/uploads/2021/12/INFORME-ANUAL-DE-VIOLENCIA-2021.pdf>>.

[10] OVV, 'Suicidios en Venezuela aumentan y Mérida encabeza la lista', August 2022, available at <<https://observatoriodeviolencia.org.ve/news/suicidios-en-venezuela-aumentan-y-merida-encabeza-la-lista/>>.

[11] Ministerio de Relaciones, Interiores, Justicia y Paz, 'Un total de 26 mil familias venezolanas han sido atendidas en temporada de lluvias', November 2022, available at <<http://www.mpprijp.gob.ve/?p=84027>>.

Major contributions and drivers of results

Every child survives and thrives

UNICEF continued to implement interventions aimed at strengthening the health system for delivery of comprehensive maternal, neonatal, child and adolescent health services at hospital and primary healthcare facilities, while promoting community engagement and community health and nutrition programs to reach the most vulnerable children in the hardest-to-reach areas. UNICEF supported 319 healthcare facilities, including 86 hospitals, nationwide with technical assistance and capacity building activities. Uptake of obstetric, neonatal, and pediatric health services were improved through the provision of medical supplies and equipment as well as the rehabilitation of critical spaces including pediatric, prenatal, and neonatal consultation areas. Compared to 2021 figures, 17 per cent increase is observed in the number of prenatal (from 82,135 to 96,322) and 6 per cent in pediatric consultations (from 483,820 to 511,799). The number of newborns admitted in neonatal intensive care units

increased by 47 per cent (from 8,473 to 12,474), and 3 per cent in births attended by skilled personal (from 96,441 to 99,709), which contributes to reducing the risks related to pregnancy and childbirth complications. UNICEF procured 4.9 million doses of eight vaccines of the national immunization programme to support catch-up vaccination to address routine immunization backsliding, reaching 684,333 children under ten years old and 98,870 pregnant women. Additionally, UNICEF procured and delivered 3 million doses of measles/rubella vaccine to reach 1.8 million children under 6 years old in support of national vaccination campaign against polio, measles, and rubella to prevent outbreaks. In a joint effort with PAHO, UNICEF successfully advocated for GAVI's (Global Vaccine Alliance) support to Venezuela, which resulted in the commitment to fund all the routine immunization vaccines in 2023 and support the cold chain through a GAVI's exceptional one-time support mechanism for middle-income countries. Moreover, UNICEF has remained vital as the only provider of pediatric antiretroviral treatment for children under 15 years of age living with the Human Immunodeficiency Virus (HIV), and in the prevention of mother to child transmissions. 1,022 HIV-positive children and adolescents successfully complied with their antiretroviral treatment, which represents 85 percent of the national target (1,200 children). The coordination and joint work with authorities, at all levels, is of utmost importance to enhance the results for children. As part of the health system strengthening, UNICEF continued to support the Ministry of Health (MoH), to strengthen the vaccine cold chain system through the installation of 13 walk-in cold rooms and 100 solar-powered freezers and refrigerators in 13 states and 24 regional vaccine storage warehouses, respectively. UNICEF also built vaccine storage capacity in 43 healthcare centers in Venezuela's Capital District, one of the most densely populated urban areas, resulting on a 35 per cent increase of the country's cold chain vaccine storage capacity compared to 2021. This amplified the safe storage to more than 11 million vaccine doses at the national/subnational levels. At regional and local levels, UNICEF supported the capacity building of regional warehouse workers on Good Warehousing and Distribution practices to strengthen local supply chains. Additionally, UNICEF worked regional Health authorities to strengthen collaboration, capacity, coordination, and oversight of local service delivery arrangements. In Delta Amacuro state, UNICEF continued to support the innovative hospital boat (fluvial clinic), launched in 2021 to ensure access to critical integrated health and social services to populations of most remote and hard to reach fluvial areas of the state. Ownership and shared responsibilities established by the Government of the State and regional health authorities increasingly sustain the operations of the hospital boat. This fluvial clinic reached more than 40,000 people in 320 indigenous Warao communities living in a vast area of the delta of the Orinoco River with integrated health, nutrition, immunization, prenatal care, and minor surgeries, as well as birth registration and family planning services. The nutritional status of children, pregnant and lactating women (PLW), is also an important element for their survival and development. UNICEF scaled-up its nutrition program coverage by 50 per cent nationwide, compared to 2021, reaching 353,705 people (including 281,884 children under five, being 143,937 girls) and 71,821 PLW (including 6,107 adolescent girls) with lifesaving nutrition services worth USD2.5 million. UNICEF procured and prepositioned 15,000 cartons of ready-to-use therapeutic food to respond to the rising needs. This enabled the identification of 19,676 children (10,277 girls) under five with acute malnutrition who were admitted for nutrition treatment services. Of the children diagnosed with acute malnutrition, 74 per cent have been treated and discharged from the UNICEF supported nutrition program. Newborns' optimal survival and development care capacity improved in seven priority hospitals through training of health professionals and the rehabilitation of critical areas, including WASH-Infection Prevention and Control (IPC) components, for the care of premature and/or low birth weight newborns under the Kangaroo Mother Care Programme. Targeted health facilities now have the capacity to offer critical lifesaving health services to an average of 40 premature babies and their mothers by month, reaching 1,520 newborns. In addition, 1,775 caregivers and community promoters were trained and equipped with mid-upper arm circumference tapes for home-based malnutrition screening in five states. This innovation has allowed program resources to be used more efficiently, which will help to reduce the rate of malnutrition-related child mortality. UNICEF coordinated efforts with the government and Nutrition Cluster organizations resulted in the effective implementation of a referral mechanism for children with acute malnutrition and underweight PLW. Through the development of technical tools,

vulnerable populations screened in communities are now safely referred to nearest nutritional assessment and treatment services. In partnership with the Maternal Route Directorate of the MoH and CSOs, UNICEF reached 446,000 people (267,600 women) with the guide "12 Steps for a Healthy Baby", a social and behavior change (SBC) tool aimed at promoting the adoption of improved health practices. The guide is in Spanish and has been adapted to indigenous communities' contexts and languages, which contributes to ensure adoption and sustainability of practices among those most in need. In partnership with the Ministry of Education (MoE), UNICEF supported integrated nutrition and education interventions. More than 3.4 million children in school and 811,856 children out of school aged 4 to 12 years old benefitted from the implementation of the national deworming campaign, coordinated between the MoE and Ministry of Food/National Institute of Nutrition with support from UNICEF. In collaboration with these two line-ministries, UNICEF trained 30,000 community cooks ('madres procesadoras') and teachers on practices for adequate nutrition of school age children, including WASH practices and SBC strategies, as part of support to the national school feeding program.

Every child learns

UNICEF continued working with Education authorities and partner CSOs to promote improved access and quality learning opportunities for children. This effort included particular focus in addressing the learning losses due to COVID-19 learning disruptions a major global threat to medium and long-term recovery from the pandemic. UNICEF provided technical support to the MoE in the preparatory consultations and active participation of Venezuela at the TES. The design and coordination of pre- TES national consultations included an online survey launched by UNICEF that reached participation of 170,000 people, 86 per cent of whom were women. This consultation resulted in a substantive agenda that set out the national priorities presented by the Venezuelan Minister of Education during the TES held in New York in September 2022. The COVID-19 prolonged closure of schools had a significant impact on children, thus the need to enhance quality and accelerate recovery of learning outcomes. UNICEF supported the MoE with technical contributions for the revision and adoption of a new literacy and numeracy learning plan to be implemented in secondary schools at national level, benefitting near 1.8 million students (55 per cent girls) during the school year. UNICEF and partners also assisted the MoE in the design of a basic guide for special education teachers, contributing to the generation of favorable conditions and access to educational opportunities for 1,950 students (1,001 girls) with special needs and/or disabilities. Moreover, UNICEF carried out activities for capacity building and provided technical support to the MoE to develop strategies on Early Childhood Development (ECD), which benefitted 57,023 children (50 per cent girls) under the age of six in Zulia and Falcon states. Adolescent' Education is also a priority for UNICEF and represents an opportunity by associating secondary education with development and life skills, such as leadership and self-expression to succeed in school, work, and life. UNICEF succeeded in incorporating the conceptual framework on transferable skills (including innovation) in the secondary education curriculum. Beneficiaries reached 281,000 students and 14,500 teachers from 804 schools nationwide, enabling a conducive environment and system support to learning and empowerment of adolescents. UNICEF also supported children and adolescents attending school by providing learning materials worth USD 1.6 m. 175,847 children (88,912 girls) received materials adapted to their needs and contexts, promoting an equal chance to learn, and ensuring the continuity of children's educational process. UNICEF's school feeding programme provided meals for 96,157 children (48,296 girls). The average attendance rate in 319 schools has increased more than 50 per cent (from 38.7 per cent at the beginning of the school year in November 2021 to 91.4 per cent at the end of the school year in June 2022), highlighting the need for more sustainable and inclusive social protection policies and schemes to provide children in most vulnerable families with the necessary nutrition that facilitate school retention. To address the needs of those children who dropped out of school prematurely or have never started, UNICEF launched a catch-up pilot program in seven states aimed at developing a model that can be replicated by the MoE and scale-up the program to promote the return of children to school at the beginning of the next school year. As a result, 7,983 out-of-school children have been supported to return to the

formal education system, with 1,456 children reinserted.

Every child is protected from violence and exploitation

UNICEF supported the strengthening of the Child Protection (CP) system by providing technical support to different institutions, namely the National Prosecution Authority, Supreme Court, Ombudsman' Office, National Institute for Children Rights Council (IDENNA), National Electoral Commission (NEC), MoE to improve access to birth registration, prevention of violence and family separation, while also strengthening the municipal-based social service workforce. UNICEF increased the availability of CP services by strengthening Child Rights Defendants Offices in four hospitals and communities in border areas of the country, as well as in vulnerable communities around the Capital District. These services have the capacity to assist up to 600 children per month and to make referrals to other services as and when needed. In collaboration with the MoH and the NEC, UNICEF joined efforts to promote and protect children's right to identity, ensuring birth registration services in health facilities to 47,912 children nationwide. These efforts have significantly contributed to increase the rate of birth registration among vulnerable indigenous populations in Delta Amacuro state's hard-to-reach areas, where Registry Officers were unable to access. UNICEF also contributed to improve the accessibility and quality of critical services for children, adolescents, and women survivors of gender-based violence (GBV), such as psychological treatment, case management, and legal advice, reaching 30,256 children (16,832 girls and 13,424 boys) and 31,490 women. UNICEF collaborated with the Prosecutor's Office to develop a protocol for the psychosocial care of children and adolescent survivors of sexual abuse and GBV, as well as a training manual on human trafficking to enhance the quality of services aimed at protecting children from sexual exploitation and abuse. Moreover, to prevent and respond to violence in schools, UNICEF relaunched the use of the Protocol on Violence Among Peers developed in 2018 by the Ombudsmen Office with UNICEF technical support. UNICEF supported the National Annual Supreme Court Forum on CP focused on bullying and peer violence in schools, which gathered more than 500 CP practitioners from the justice, education and protection systems who committed to invest in strengthening capacities among different authorities on the prevention of violence against children. Towards the end of the year, UNICEF initiated high-level advocacy dialogue to re-invigorate bilateral and multi-lateral collaboration and strengthen the capacity of the child protection system in the country. The engagement involved the Supreme Court of Justice; the Prosecutor General; the Ombudsman; the IDENNA; and the Caracas Judicial System.

Every child lives in a safe and clean environment

UNICEF continued to provide strategic policy and programmatic support to increase access to safe, dignified, equitable, and sustainable WASH services. This involved key institutions and adjacent communities both in urban and rural areas of Venezuela, with a special focus on IPC, enabling a clean environment for children to survive, thrive and to learn. In cooperation with the Ministry of Water (MoW), UNICEF supported quality improvement and sustainable projects, and consolidated existing initiatives for water treatment facilities, which enabled regular access to clean water to 301,000 people in 3 states through high-impact decentralized water access and sanitation infrastructure rehabilitation projects. To promote sustainability of services, UNICEF provided organizational and capacity building support for maintenance and operations. UNICEF's strategy remained aligned with MoW outcomes, aiming at contributing to achieve sustainable service delivery within national and sub-national WASH targets. UNICEF supported the MoW to prepare a methodology for the WASH Bottleneck Analysis Tool, which helps stakeholders to define activities addressing the root causes. 64 key healthcare centers of 11 states improved WASH and health care services by 64 compared to baseline data, thanks to continuous capacity strengthening and technical assistance, provision of WASH services and supplies, linking health and nutrition programs. UNICEF also supported drilling of boreholes to provide alternative water sources, innovative chlorination systems and handwashing points, provided technical assistance for IPC practices and distributed critical WASH supplies (including hygiene kits, alcohol, sanitizer gel and hand soap). UNICEF enhanced capacities through a training of trainer's model for 80 MoH staff nationwide in WASH-FIT methodology, a risk-based, quality improvement tool for

healthcare facilities and IPC – following the training, the implementation in 2023 aims at increasing the impact and scale of UNICEF intervention. In partnership and coordination with the MoE and implementing partners, UNICEF supported 166,718 children (85,076 girls) in 259 schools of 12 states, through the implementation of integrated WASH and Climate, Environment, Energy, and Disaster Risk Reduction innovations (e.g., solar-power pumping and rainwater harvesting), which contributed to community resilience and adaptation to climate change. To raise awareness about the importance of safe water and menstrual care, UNICEF leveraged advocacy on the World Water Day and Menstrual Hygiene Day. UNICEF and 33 partners, including the MoH, the MoW and the MoE, reached more than 3 million people through several activities, including messages in social media and roundtable discussion at national and subnational levels on the risks caused by the lack of adequate safe water and key hygiene services and practices. UNICEF promoted and relied on effective management of a massive supply chain and logistics involving local and offshore procurement of goods and services in close collaboration with the government, partners, and suppliers. UNICEF delivered goods and services valued at USD 31 million to meet the needs of children and adolescents (39 per cent of the total programme budget).

UN Collaboration and Other Partnerships

The new Country Programme Document (CPD) 2023-2026 was developed during 2022, with a triple nexus approach (development, humanitarian, and peace), framed by UNICEF's core purpose to contribute to the fulfillment of children's rights. The CPD sets out programme priorities and strategies aligned with the new UN Sustainable Development Cooperation Framework (UNSDCF) 2023-2026. The development process included consultations with high level government institutions, CSOs partners, UN agencies, children, and adolescents. 22 consultations were conducted in 7 states, with 256 children and adolescents outlining the main issues to be prioritized, with a focus on early pregnancy, bullying, mental health, family separation, and violence.

UNICEF worked with public institutions at national and local levels to strengthen the partnership and coordinate activities, through joint work plans aiming at improving policies, programmes and services for vulnerable children and their families. Beyond the line ministries (Health, Education, Water) and key national institutes (Nutrition, IDENNA), UNICEF also liaised with the Ministry of Foreign Affairs, Ministry of Planning, the Judicial Power (Supreme Court of Justice, Prosecutor), the Ombudsman and local authorities in at least six states and municipalities.

UNICEF continued to play an active role to promote UN collaboration and coherence, as a member of the United Nations Country Team (UNCT), the Humanitarian Country Team (HCT) and Cluster Lead in Immunization, WASH, Education and CP Area of Responsibility (AoR). UNICEF contributions were key to the finalization and adoption of the new UNSDCF (2023-2026) and the Humanitarian Response Plan (HCT 2023-2024) offering the scope for the development of the UNICEF CPD 2023-2026 and the UNICEF Humanitarian Action Appeal 2023.

UNICEF collaborated in joint and complementary efforts in health with PAHO/WHO, UNFPA and UNAIDS, while joining FAO and WFP on the implementation of a pilot initiative focused on strengthening the resilience of school communities in Falcón state, benefitting 3,604 children. The coordination role of UNICEF with the Office for the Coordination of Humanitarian Affairs (OCHA) was also instrumental in the scaling up of the UN Interagency Contact Line reaching national coverage which contributed to strengthen communication mechanisms with children and adolescents.

UNICEF played a crucial role in the HCT, exchanging strategic/operational information and maintaining Cluster coordination across all operating humanitarian actors. In response to the disasters caused by severe floods and landslides, UNICEF collaborated with local, regional, national authorities and sister UN agencies, while leading sectoral coordination in the education, nutrition, WASH and the CP AoR, to respond to the most urgent needs. In Las Tejerías, a town heavily hit by landslides, UNICEF developed and implemented a rapid intervention plan in partnership with the MoE to provide relief and recovery through an integrated package WASH, nutrition, protection and psycho-social support, while providing support and strengthening capacities of front-line workers in coordination with authorities, to ensure adequate preparation for a comprehensive and complementary response.

UNICEF advocated and contributed to rapid return to classes, distributed essential education, WASH, nutrition and health supplies, and promoted technical engagement of partner CSO specialists to provide psychosocial support for teachers and affected school communities.

Lessons Learned and Innovations

Strengthened coordination with authorities and partners in 2022 resulted on more effective responses to the changing context of the country, its emerging priorities and the complex needs of the most marginalized children and their families. In order to build sustainability, community engagement and participation have been pivotal in UNICEF programming and interventions in all settings, for example through the establishment of local committees (WASH, school feeding). Such engagement and participation allowed UNICEF to develop sustainable innovative solutions with the participation of affected populations, such as rainwater harvesting systems, solar-powered chlorine generators, organic gardens in schools, installation of placenta pits in healthcare facilities.

UNICEF is continuously reviewing the data-collection methods and capabilities for monitoring and evaluating, for better evidence-based programme decisions. Engaging key players throughout the implementation of the interventions led to increased data gathering in health centers, which enabled geographic prioritization and decision-making to re-direct interventions to areas with higher maternal, neonatal, and pediatric vulnerability. The efforts to analyze data at the local level have been paramount to shape local scalable initiatives; for example, a successful pilot program carried out by UNICEF for out of school children was systematized and replicated, additionally contributing to establish a space of collaboration and to nurture trustworthiness with the authorities. In addition, through digital platforms, UNICEF improved the capacities of regional warehouse staff, vaccinators and health promoters on effective vaccine management and healthcare workers as part of the COVID-19 response in Venezuela. This strategy has enabled to reach a larger number of participants, especially those located in remote areas of the country.

The response of UNICEF to the catastrophe in Las Tejerías (Aragua state), Guajira and Catatumbo (Zulia state) has shown that partnership with education authorities potentialized results and generated multiple positive impact in the affected and highly vulnerable communities. Framing the response within the education system and its corresponding authorities at all levels enabled UNICEF to complement the rapid assessments and to ensure the delivery of principled, timely and child-centred response and advocacy. Building on this experience, UNICEF will continue to advocate and to enhance capacities to address of the psychosocial impact of natural disasters on students and teachers as key to the resumption of classes, to enable learning achievements and to develop coping mechanisms that overcome chocks in the aftermath of natural disasters.

Another important lesson deriving from the response to the catastrophe is the capacity to support relevant authorities to conduct on-site assessments, paired with the provision of immediate assistance, including pre-positioning critical emergency equipment and supplies for affected children and communities at early stages of a sudden onset emergency. These good practices will be part of the UNICEF Emergency Preparedness and Response approach in the next program cycle

Likewise, emergencies with significant and long-lasting impact on children and adolescents showed the importance to increased support to strengthen Disaster Risk Reduction, resilience building and emergency preparedness mechanisms. Disaster risks in Venezuela require a very robust and agile program to enhance preparedness and timely response articulated with the authorities. A more active, and continuous risk monitoring is required, particularly in the areas of vulnerability and prone to natural disasters.

The previous programme cycle integrated aspects of equity, human rights, diversity and gender equality at the center of programme planning and implementation. In order to implement programming that is consistent across all areas, UNICEF has started to promote a shift by identifying strategic programs that will give direction for the convergence of all goal areas of the new CPD. Converging and integrated approaches adopted by UNICEF and implementing partners' interventions in the most destitute communities proved to be scalable and more effective in tackling multiple and overlapping

child rights deprivations, contrary to scattered projects directed to address single issues.

UNICEF will further strengthen systemic and integrated approaches to programming to reduce inequality and overcome the bottlenecks that prevent children and adolescents from accessing their rights, based on analysis of the most pressing needs and vulnerabilities in different settings. An informed geographic prioritization will promote a more integrated, effective and efficient programming with a closer articulation between central and local levels. UNICEF will therefore adopt more hybrid and flexible models closer to the communities, in which lifesaving activities are carried out while empowering and fostering more sustainable solutions, building capacity and accountability of local stakeholders.

UNICEF has led and scaled up the Accountability for Affected Populations (AAP) methodology, currently adopted by the humanitarian community, which includes the creation of a guide for the inclusion and meaningful participation of children and adolescents with disabilities. Based on the positive feedback of the AAP approach, the mechanisms will be further developed and oriented to a more participatory approach, playing a catalytic role to articulate civil society and communities in monitoring the accountabilities of the humanitarian actors, while fostering empowerment of key local stakeholders to play a role in co-designing strategic interventions integrating their vision and action.

In 2023, highlighting the need for reducing inequalities and strengthening the social tissue, a more inclusive and equitable social protection programming is necessary and will be the backbone for long-term impact programming, as a path to address root causes of vulnerability and to promote sustainable development. UNICEF will continue to focus on robust partnership with national and local authorities, as well as enhance cooperation within public entities for capacity building, strengthen information systems and promote prioritization of children's sensitive public policies.

UNICEF maintains a constant dialogue and exchange with UN agencies and will continue to explore complementarities and opportunities to deliver together, based on lessons of existing initiatives and value added. The partnership strategy UN agencies and CSOs will further consolidate the risk assurance, Protection against Sexual Exploitation and Abuse, and Accountability to Affected Populations components to build even stronger systems based on the lessons learned from 2022.