

REVIEW OF THE UNICEF L2 RESPONSE IN VENEZUELA

FINAL REPORT

Review of the UNICEF L2 Response in Venezuela

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List of abbreviations

4W	Reporting template used by OCHA (Who Does What Where and When)
AAP	Accountability to affected populations
AoR	Area of responsibility
AWP	annual work plan
C4D	Communications for Development
CAF	Corporación Andina de Fomento
CFO	Chief of Field Operations
CISOR	Centro de Investigacion Social
CLAP	Local Committees for Supply and Production
CMT	Country Management Team
CPD	Country Programme Document
CSO	civil society organization
DAC	Development Assistance Committee (of the OECD)
DCT	Direct cash transfers
DFAM	Division of Financial and Administrative Management (of UNICEF)
DHR	Division of Human Resources
DOC	Division of Communications (of UNICEF)
ECD	early childhood development
ECLAC	Economic Commission for Latin America and the Caribbean
EMOPS	Office of Emergency Programmes (of UNICEF)
ENCOVI	Encuesta Nacional de Condiciones de Vida
ERT	emergency response team
EO	Evaluation Office (at UNICEF headquarters)
FAO	Food and Agriculture Organization of the United Nations
GAM	global acute malnutrition
GBV	gender-based violence
GDP	gross domestic product
HAC	Humanitarian action for children
HNO	humanitarian needs overview
HPM	Humanitarian Performance Monitoring
HR	human resources
HRP	humanitarian response plan
IMF	International Monetary Fund
IMO	Information Management Officer
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
KAP	knowledge, attitude and practices
LACRO	Latin America and Caribbean Regional Office
M&E	monitoring and evaluation
MICS	Multiple Indicator Cluster Survey
MOU	memorandum of understanding
MOW	Ministry of Water
NGO	non-governmental organization
O&M	operations and maintenance
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OD	organizational development
OECD	Organisation for Economic Co-operation and Development
OED	Office of the Executive Director
OHCHR	Office of the United Nations High Commissioner for Human Rights
OMT	Operations Management Team
PAHO	Pan American Health Organization
PCA	programme cooperation agreement
PD	Programme Division (of UNICEF)

PFP	Private Fundraising and Partnerships Division (of UNICEF)
PHC	primary health care
PLW	pregnant and lactating women
PME	planning, monitoring and evaluation
PPD	Public Partnerships Division (of UNICEF)
PSEA	prevention of sexual abuse and exploitation
REA	Regional Emergency Advisor
REMT	Regional Emergency Management Team
RMT	Regional Management Team
RRT	Rapid Response Team
SAM	severe acute malnutrition
SBP	Standby Partner
SIWI	Stockholm International Water Institute
SMART	Standardized Monitoring and Assessment of Relief and Transitions Survey
SOP	standard operating procedure
TA	temporary appointment
TOT	training of trainer
TPM	third-party monitoring
UNCT	United Nations country team
UNFPA	United Nations Population Fund
UNV	United Nations Volunteers
VCO	Venezuela Country Office
WASH	water, sanitation and hygiene
WFP	World Food Programme

Preface

Venezuela, once one of the wealthiest countries in Latin America, is undergoing simultaneous political, economic and humanitarian crises. This has led to the exodus of nearly five million Venezuelans from the country, creating one of the largest external displacement crises in the world today. As the situation has deteriorated, UNICEF has worked to support children and their families. The UNICEF Venezuela Country Office has grown considerably; in 2016 it had an annual budget of less than \$2 million and fewer than 20 staff. Today, the current annual appeal for Venezuela exceeds \$150 million, the number of staff has expanded exponentially, and several field offices have been established across the country. The programming has shifted from a focus on upstream support to include more life-saving work.

Given this context, the Evaluation Office assumed the responsibility of undertaking the evaluative review of the UNICEF L2 response in Venezuela. The Evaluation Office commissioned this forward-looking review in late 2019. The purpose of the review is to provide UNICEF with the necessary evidence to inform the organization's response as well as lessons that will help UNICEF programmes respond to potential similar scenarios in the future. The review team aimed to help shape the future of the response in a rapidly evolving context. As such, the review primarily considers the immediate past, the present and the likely future of the response, drawing from lessons on what worked well and what worked less well. It contains several recommendations that I am confident will contribute to improving the work of UNICEF to serve children and their families in Venezuela.

The Evaluation Office assembled a team of independent consultants and a staff member to undertake this review. I am grateful to Dr. Ian Goldman, the primary author, for his leadership and wisdom and to Laura Olsen and Vanessa Cartaya for supporting him. This review would not have been possible without the support of UNICEF staff at all levels of the organization, including Bernt Aasen, Herve Ludovic De Lys, Javier Alvarez and Nathalie Withofs. I would also like to thank Jane Mwangi, who managed this exercise. Finally, I would like to thank Celeste Lebowitz, Geeta Dey and Dalma Rivero who provided administrative support.

This review is an important body of work, one that I believe will support the challenging but important work of UNICEF to strive towards a better future for the children of Venezuela.

George Laryea-Adjei
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Executive summaryⁱ

1. Introduction

1.1 On December 5, 2018, the Executive Director of UNICEF designated the Level 2 (L2) Corporate Emergency Activation Procedure for the Bolivarian Republic of Venezuela. The organization's evaluation policy requires the regional office to evaluate the response to all Level 2 emergencies. However, it was agreed that the Evaluation Office would assume responsibility for the evaluative work of the response, and commissioned this review.

1.2 The specific objectives of the review are to provide UNICEF with the necessary evidence to inform the organization's response and provide lessons for potential similar scenarios in the future. The review had a forward-looking lens and was to consider primarily the immediate and mid-term future of the response, drawing lessons from what has worked well and less well from October 2018 to present. The first phase was conducted in November 2019 by a team of two staff and two consultants and involved an initial assessment of the situation and scoping of the substantive review. The subsequent, larger evaluative effort was conducted in February 2020 by one staff member and two consultants and took a utilization-focused approach. It involved consulting a wide variety of secondary data, 116 semi-structured interviews, three field trips, and six workshops, the latter used to jointly review the findings and build the recommendations. Those interviewed included UNICEF staff, partners, government ministries, opposition members from the National Assembly, non-governmental organization (NGO) partners and donors. The work was undertaken before the coronavirus 2019 (COVID-19) pandemic struck Latin America, and so is pre-pandemic. However the immediate actions to address the pandemic and some of its implications for the recommendations are explored. The final report was submitted on 29 May 2020.

2. Evolving situation in Venezuela from 2018–2019 (evaluation question 1)

2.1 Venezuela was once one of the wealthiest countries in Latin America, but is undergoing simultaneous political, economic and humanitarian crises. Since the end of 2013, real gross domestic product has contracted by 65 per cent. The Government declared an economic state of emergency in Venezuela in March 2016. The inflation rate is forecast to reach 500,000 per cent by the end of 2020. Since 2016, about 4.6 million people have left the country, almost one in six of the population. Increased international sanctions¹ have contributed to a further deterioration of living conditions for people living in Venezuela. In 2019, a Living Conditions Survey indicated that 95 per cent of households were in a situation of income poverty.² There are 3 million infants and adolescents in need, according to estimates by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in 2019. In 2016, infant mortality rates returned to the levels of the 1990s (21.1 deaths per 1,000 live births). The most recent report available from the World Food Programme (WFP)³ indicates one out of three Venezuelans (9.3 million) are food insecure and in need of assistance.

2.2 The irregular provision of basic services like electricity and water affects the daily life and well-being of the whole population, particularly outside the capital. At a household level, 43 per cent have reduced the number of daily meals due to gas shortages, 25 per cent do not have sustainable access to potable water and 40 per cent of households have daily cuts of water supply.⁴ Health facilities are badly affected by the water shortage and electricity cuts which have caused many deaths due to life support systems failing⁵ and intrahospital infections. Public servants' salaries have collapsed to around \$3-5 per month. Almost 120,000 teachers have left the profession in recent years due to low salaries.⁶ It is estimated that almost 1 million children are out of school. Despite a strong commitment to child protection, the current humanitarian situation has greatly diminished the capacity of institutions to address violence, abuse, neglect, and exploitation.

ⁱ The numbering in the executive summary follows the numbering in the main report to allow the reader to easily navigate to a specific section of interest.

2.3 The troubled context has important implications for the work of UNICEF in the country. The Venezuela Country Office (VCO) spends a significant amount of time managing the perceptions of others regarding its neutrality, ensuring that it is politically non-aligned and driven by the humanitarian principles of impartiality, neutrality, independence and humanity. Many sister United Nations agencies such as WFP and traditional international NGO partners are not present in Venezuela. The NGOs that are operating in the country are generally small and have more experience with human rights and democracy promotion, than with humanitarian response. The lack of NGOs constrains programming but also makes the working environment of UNICEF politically challenging because government distrusts many NGOs. Additionally, there is a lack of data on which to base programming, humanitarian access is constrained and hyper-inflation has caused complications for partnerships.

3. Evolution of the response to 2019 (evaluation question 1)

3.1 Before the economic crisis, VCO was small, focused on influencing public policy and fundraising, which meant it was ill-prepared to respond to the crisis. Although it declared an economic emergency in 2016, the Government did not make any reference to humanitarian needs and declined international assistance until 2019. UNICEF leadership was cautious. In May 2017 it was agreed that a contingency plan would be prepared, yet it was not completed until December of that year. A joint mission to Venezuela by headquarters (staff from the Office of Emergency Programmes (EMOPS) and Programme Division (PD)), and the Latin America and Caribbean Regional Office (LACRO) in July 2018 highlighted the gravity of the situation. An expansion of the Country Programme Document (CPD) called the Scale up Plan for UNICEF Action 2018–2019 was formally signed on 5 October 2018 by the Government and UNICEF. This gave UNICEF the green light to move to emergency-type programming. In November 2018, the Deputy Executive Director of Programmes led a mission which resulted in the declaration of the L2 Emergency in December 2018. Overall, UNICEF and the United Nations were too slow to act as the situation deteriorated.

The declaration of the L2 should have meant a significant shift in the response, but it was still slow to scale up. Nevertheless from early 2019 UNICEF began to significantly enhance its response across key sectors by increasing its field presence and proximity to beneficiaries, expanding its technical capacity from a staff complement of about 20 to 120, deploying and broadening supply distribution, and expanding partnerships. Four field offices were opened from February 2019. Initially, the humanitarian response was more focused on the crisis in the border states.

3.2 Between 2016 and 2017, VCO was supported by missions from the regional office, primarily staff from the Emergency Unit. In 2018, there were ten missions from the regional office, including the Regional Director. From the L2 declaration to February 2020 the office received 58 surge missions, resulting in over 3,500 days of surge support.

4. Review of work programme in 2019 (evaluation questions 2 and 5)

4.1 Over the course of 2019 the UNICEF response expanded significantly, while dealing with a chaotic planning process, due to regular changes in leadership in the office and a constraining political and economic environment. Memorandums of understanding (MoUs) with government took a lot of time and energy and operational problems were continuous. There are now three established field offices that should be the foundation to the opening of new locations where needs are more pressing (Apure, Amazonía and the plains). Field offices need to be strengthened both technically and operationally. A major concern is that decentralization to field offices is not yet effective, and this is slowing the response down considerably. VCO has moved quickly during the review period to address this.

4.2 There has been significant scaling up of the humanitarian response. For example, in 2018 and 2019, UNICEF supported the vaccination of 8.5 million children against measles and

4.7 million children against diphtheria. Between January and December 2019, UNICEF reached 800,000 people with access to safe water at the community/facility level, especially in hospitals. Nearly 248,176 children received learning materials and over 3,170 teachers were trained to enhance their capacity to deliver quality education in supportive environments. However the reach is well below the needs of the children of Venezuela as a whole.

4.3 Overall the review team found the programmes supported by UNICEF were appropriate but not of sufficient scale to address the needs. The review recommends UNICEF further strengthen its role in safeguarding existing essential services. There are several factors that limit UNICEF from being as effective as it might be, but there was evidence that UNICEF is having a direct impact. For example statistics from the San Cristóbal hospital in Táchira showed that in the first six weeks of 2019 there had been 97 deaths (premature/late neonatal, post neonatal, infant, early childhood and maternal), while in a similar period in 2020 there had been only 42 deaths (a reduction of more than half). This followed UNICEF support ranging from rehabilitating pediatric wards, providing nutritional supplies, and bringing water into key wards caring for children.

4.4 In early 2020 UNICEF was working with 34 local NGO partners, many of whom operate at a relatively small scale. Many come from a development background and have limited emergency response experience. UNICEF has had to invest a lot in building their capacities. NGOs themselves are struggling with hyperinflation, and retention of staff, access to fuel, etc. Many of the local NGOs have also a distinct political position supporting the opposition which adds another layer of complexity. UNICEF is also working with a range of service delivery government partners running facilities such as hospitals and schools. These relationships are with institutions managed through government and several different opposition-controlled states and entities. Relationships are good, and UNICEF support is valued. For example the director of one hospital said he would not have remained at the hospital if UNICEF had not been supporting the facility.

4.5 In terms of its leadership role, UNICEF has made significant contributions to the wider response of the United Nations. The primary contribution of UNICEF is in its leadership of the water, sanitation and hygiene (WASH), nutrition and education clusters and of the child protection Area of Responsibility (AoR). However, cluster leadership is challenging in the Venezuelan context. There is a need for fixed-term cluster coordinators, and this should be reflected on in the Humanitarian Review. In other roles, UNICEF is a critical member of the United Nations country team (UNCT).

5 Operation of support and cross-cutting functions (evaluation question 3)

5.1 To ensure accountability to beneficiary populations and to donors, in 2019 VCO increased planning, monitoring and evaluation (PME) capacities, tools and procedures for systematic situation and programme monitoring of UNICEF-supported interventions. The priority has been to enhance internal planning processes to ensure alignment of the VCO annual work plan (AWP), with the humanitarian response plan (HRP) and the humanitarian appeal for children (HAC). There has been significant progress in enhancing monitoring and data collection through third-party monitoring (TPM) as well as the establishment of a public website for publishing programming monitoring data. So far, UNICEF has invested over \$500,000 to strengthen its monitoring. Key areas of the situational and programme monitoring that need strengthening have been identified, as well as ways of ensuring the analysis and use of the data for programme improvement.

VCO has recognized the need and opportunity for accountability to affected populations (AAP), and the country office is enhancing its capacities, recruiting dedicated staff, and allocating funding for this work.

5.2 The main focus of communication efforts has been on the HAC. As one donor indicated, UNICEF 'needs to better communicate how it is working and the results being

achieved on the ground' (and) 'argue with confidence and evidence about what UNICEF is doing'. The country office is encouraged to disseminate stories that demonstrate the impact UNICEF work is having for children. The issues around visibility are explored later.

5.3 There has been considerable turnover in the head of operations (acting) over the last two years. A permanent Deputy Representative for Operations was finally appointed in July 2019.

In terms of staffing, VCO had 32 people at the end of 2018, and 142 by 24 March 2020, of whom 99 were in Caracas, and 43 in field offices.⁷ One hundred staff members arrived in 2019, with a further 24 from January to beginning of March 2020.⁸ This has meant that the human resources (HR) function has been consumed by recruitment, and other HR tasks have had less attention. Many staff are new to UNICEF but with such rapid growth no systematic onboarding or induction has taken place, with significant costs in terms of loss of productivity. **In general, the challenges in HR are a reputational risk for UNICEF.**

Finance was assessed to be operating satisfactorily but there is a need to ensure that financial delegations to field offices are implemented. Within the supply function the procurement team is overloaded, e.g. there is an 'emergency' every two days because a grant is expiring. The reasons include too much work and poor planning of requests. Many problems were reported around supply, ranging from terms of reference taking months to finalize, to delays in procurement of 2-6 months. This causes a lot of frustration and was commented on by external stakeholders such as governors. As UNICEF plans to scale up in 2020 this is a major limitation. **The challenges in supply are also a reputational risk for UNICEF.**

5.4 There is a \$104 million fundraising pipeline, of which \$44.4 million was received in 2019. VCO has a budget for 2020 of \$153.2 million, of which \$31.8 million is funded to date. The national political standoff has implications for fundraising, which is problematic in terms of the scaling-up needed by UNICEF. Global advocacy is necessary to enable VCO to scale up to the extent needed, and this needs to be led from New York.

5.5/6 It has been a huge challenge to scale up operations from a development and upstream-oriented office to one whose major task is humanitarian, and a lot has been achieved. The major concerns are HR, supply, decentralization of functions to field offices and fundraising. Since July 2019 with the recruitment of the Representative and Deputy Representatives for Programmes and Operations, the country office has stabilized. There is still a lack of sufficiently senior positions e.g. in supply and HR. VCO is coming under some pressure from UNICEF headquarters/regional office to accept candidates for senior posts that are not their first choice. VCO must be able to select the staff who meet their need.

The constant changes in team and lack of onboarding is creating a challenge. VCO is setting up a change management unit, an important development which recognizes the importance of organizational development work.

6 Review of the work programme for 2020 (evaluation question 2)

6.1 UNICEF programming in Venezuela is primarily a humanitarian response aimed at addressing the needs of children and their families, based on its Core Commitments for Children.

6.2-7 These sections of the main report summarize the plans for the different programmes.

6.8 On 13 March 2020, Venezuela confirmed its first cases of COVID-19 and according to the daily update by OCHA from official sources⁹ as of 1 April 2020 there are 143 cases. VCO is responding rapidly to the COVID-19 outbreak. The specific UNICEF response is with health and water, sanitation and hygiene (WASH) actions in 193 health centres including 47 national sentinel hospitals and 82 primary health care centres, as well as Communication for

Development (C4D) actions. The UNICEF response has been timely and is very pertinent, although it needs to be expanded considerably. At the time of writing this report the epidemic in Venezuela was in its first stages and the situation was of an existing humanitarian emergency that could very soon become unmanageable.

Overall the AWP seems appropriate but ambitious (in many areas a fourfold expansion) but is likely to be superseded by the COVID-19 emergency. Extensive fundraising will be needed to expand sufficiently to achieve the targets. In addition, suggestions are made in section 8 for how programming needs to shift to safeguard existing services, ever more under threat because of COVID-19.

7 Strategic drivers for UNICEF to address to achieve more for children (evaluation questions 6 and 7)

7.1 The likely scenarios for the future are currently unclear. De facto dollarization has meant some renewal of economic activity from the worst period of 2018/19, but big problems remain. The COVID-19 outbreak is compounding the humanitarian situation. The current president, Nicolás Maduro, has been in power since 2013. However the United States, the European Union and several Latin American countries recognize the opposition leader, Juan Guaidó, as the president. This creates complex challenges for UNICEF to operate in the country.

7.2 The central argument about the way forward is:

The humanitarian needs are many, and the most vulnerable areas are outside current field office locations. It is important to avoid the collapse of facilities serving children particularly though loss of staff – what this report calls safeguarding services. This requires both financial and non-financial incentives. It is important to scale up to reach a significant proportion of vulnerable children. To do so it is important to address the limited capacity in UNICEF, in NGO partners, and to work with government service delivery facilities. The review team recognizes the risks involved, yet recommends exploring the possibilities. In order to scale up, additional fundraising is needed and UNICEF should explore options with donors for this.

8 Proposed changes in programming (evaluation question 6)

8.1 The concept of safeguarding services for vulnerable children needs to be explored, and an example is developed for WASH of how this could be applied with interventions ranging from emergency to retaining existing facilities to expansion/scaling up using existing facilities.

8.2 Possible areas where programming could be strengthened include more technical capacity-building of NGOs and facility staff, as well as follow-up on supplies, both in terms of use and capacity development, so UNICEF is not primarily a distributor of supplies. A contract has been signed with Deloitte to build NGO partner capacity. New areas of work that could be considered by UNICEF include: school feeding (the office is planning for this, with a costing of \$20m for 180,000 learners suggested), strengthening early childhood development (ECD), and expanding work with adolescents including on the topic of teenage pregnancy.

9 The lessons to be drawn from Venezuela for similar crises (evaluation question 7)

9.1 Key organization-wide issues for UNICEF to consider include:

- A system for more effective risk analysis and foresighting to inform decision-making;
- Revisiting the definitions of emergencies (e.g. L2/3) and improving UNICEF support from headquarters and regional offices;
- Sharing risks across levels of the organization in difficult environments;
- Balancing decentralization to regional offices with oversight linked to transparent information sharing, so that concerns are flagged to the Office of the Executive Director

- (OED) at an early stage;
- Swifter implementation of step-aside when new skills sets are needed;
- Strengthening learning across UNICEF.

9.2 Key issues for LACRO include:

- Significantly stepping up the capacity of LACRO to respond to emergencies;
- Ensuring future appointments of representatives/deputy representatives consider humanitarian experience;
- Prioritizing humanitarian and UNICEF experience rather than language proficiency;
- Developing preparedness for emergencies;
- Considering cross-border programming and resource mobilization.

10 Conclusions and summary of recommendations

10.1 At all levels, UNICEF was too slow to move to humanitarian programming in response to the emerging crisis. Since mid-2019 the programme in Venezuela has improved and now there is a significant response in place, which is saving lives. However the systems in VCO are inadequate for an L2 response, particularly the decentralization to field offices, as well as weaknesses in HR and in Supply. The scale of the response is too small for the crisis, and for the prominent role of UNICEF. VCO needs to be supported by headquarters to increase actual funding to levels commensurate with the need and with the mandate of UNICEF. A major risk for children is further loss of key staff in facilities such as hospitals and schools where about 50 per cent of teachers and nurses have already left. There is a need to safeguard essential services for vulnerable children and avoid the collapse of key facilities that support children. Headquarters needs to embrace a larger role in supporting VCO due to weaknesses in LACRO that may not be possible to address in the short term. In the light of potential future emergencies, LACRO's capacity to support emergencies needs to be re-assessed, as does the need for emergency experience in the region. In the light of the COVID-19 pandemic, which has compounded the humanitarian needs and led to a return of migrants, UNICEF will need to do a mid-year review to see the impact of this on programming and the immediate needs for the rest of the year.

10.2 The main recommendations are shown in the table below. The numbering is sequential in the main report, but they have been grouped here:

Topic	Main recommendations
VCO	
Safeguarding essential services for children	R2: Venezuela must work to safeguard existing key essential facilities which support children including schools and hospitals, finding ways to provide financial and non-financial incentives to staff to remain in post, as well as critical supplies to enable these facilities to continue to operate.
Unblocking field operations	R3: DHR/LACRO support VCO to recruit their identified candidates for CFO and Head of Supply.
	R4: UNICEF moves immediately to pilot the Contribution Management SOP and to rapidly scale up decentralization. A suitable CFO is appointed and a task team drives a phased approach to decentralization with basic HR, supply and financial responsibility delegated to field offices within three months.
Scaling up	R1: VCO must continue with its process of expanding operations from its initial field offices to hubs and antennas in neighbouring vulnerable states of the country.
	R5: VCO must scale up its support to NGO partners, with dedicated capacity to build their capacity, and assist to ensure they are able to operate.
	R7: UNICEF will need to expand its implementation capacity, working with key state facilities (run by both government and opposition) and NGO facilities for children including schools and hospitals.
Fundraising	R9: The crisis and sensitivity of the political situation requires a more

Topic	Main recommendations
	dynamic whole-of-organization <i>resource mobilization approach</i> , with headquarters negotiating directly and undertaking advocacy with donor capitals, communicating that safeguarding essential services for children is necessary at the facility level. Consideration should be given to exploring access to frozen funds to enable work at scale.
Strengthening PME	R12: VCO continues its progress in strengthening situational and performance monitoring as part of PME. An AAP system should be established both to strengthen data available and to reassure donors that UNICEF is supporting needy children directly.
Agreement on support roles within L2+	R15: The lessons from the classification of Venezuela as an L2 and not L3 should be considered in the ongoing Humanitarian Review and the specific support from headquarters that LACRO and VCO need should be identified and agreed upon.
Wider UNICEF	
Better risk analysis and foresight	R18: UNICEF needs to access and integrate political and economic analysis and foresight in its planning, linked to decision-making tools and processes like the Procedures on Preparedness on Emergency Response, Enterprise Risk Management and Risk Informed Programming.
Revisiting L2/L3 categorization for slow onset emergencies	R19: UNICEF needs to review the L2/3 categorization with respect to slow onset long duration emergencies and develop more diverse models for governance.
Strengthening LACRO	R20: During 2020 UNICEF to undertake a review of capacity across LACRO to support emergencies including slow onset long duration emergencies, and to move to reinforce capacity.

1 Introduction

1.1 Background

On December 5, 2018, the Executive Director of UNICEF designated a Level 2 corporate emergency activation procedure for Venezuela. The UNICEF evaluation policy requires the regional office to evaluate the response to all Level 2 emergencies. However, it was agreed that the Evaluation Office (EO) would assume responsibility for the evaluative work of the response and commissioned this review. This report summarizes the evolution of the situation of vulnerable people (section 2) and how the response has evolved and was scaled up (section 3). The subsequent chapters describe and assess programmatic work to date (section 4) and cross-cutting functions, operations and management to date (section 5). Section 6 describes and assesses the planned work for 2020. Section 7 outlines the key strategic issues and section 8 outlines the implications for programmes and cross-cutting functions to enable effective delivery at scale. Section 9 outlines the lessons for the organization more broadly and section 10 summarizes the conclusions and recommendations.

As the draft review report was being written, the COVID-19 pandemic was occurring, with major ramifications for Venezuela. The report does not focus on the pandemic, but does refer to it, as the spread of COVID-19 in Venezuela inevitably causes a refocusing to the even more pressing immediate humanitarian emergency.

1.2 Objectives, approach and methods for the review

On the basis of preliminary evidence, the EO determined a forward-looking review was the most appropriate exercise for the fast-changing environment – not confining the analysis to historical performance, but rather building on it, as well an examination of current performance, to help shape the future of the response in a rapidly evolving context. What was deemed appropriate was to review what was being delivered since the emergency was declared to date, and how fit for context this was, and to use that information to identify how the work could be strengthened and scaled up for a bigger impact on Venezuelan children. As such, the review primarily considers the immediate past, the present and the likely future of the response, drawing from lessons on what worked well and what worked less well.

The specific objectives of the review are:

- To provide UNICEF with the necessary evidence to inform the organization's response;
- To provide lessons that will help UNICEF programmes for potential similar scenarios in the future.

The review team used a model whereby external evaluators worked with EO staff to collect and analyse data and produce findings which were workshopped with the country office, regional office and responsible headquarters-based staff. The work was conducted in two phases. The first phase consisted of a short mission to Caracas in November 2019 and interviews at headquarters in New York. It identified key issues to investigate further in phase two and highlighted early findings to inform management. Phase two deepened the analysis. Data collection comprised over 120 key informant interviews with UNICEF staff at all levels, partners and government counterparts; field trips to Táchira and Bolívar States to observe programming; a review of a wide variety of secondary data; and five workshops for over 60 staff to reflect, share findings and test recommendations. Using the review's overarching questions and review matrix as a guide, the data collected was analysed and triangulated and is presented in this report. More details about the methods, including the review questions can be found in Annex 3. The draft report was circulated on 15 April 2020, and the final report submitted on 29 May 2020.

2 The evolving situation in Venezuela from 2018–2019

2.1 A very problematic economic and social situation

Venezuela, once one of the most wealthy countries in Latin America, is undergoing simultaneous political, economic and humanitarian crises. Historically oil accounted for more than 90 per cent of Venezuelan exports, and oil sales funded the government budget.¹⁰ However, oil prices dropped 50 per cent over the course of 2014, putting a strain on the Venezuelan economy. In March 2020, global oil prices dropped by 25 per cent and are expected to remain low for the foreseeable future.

Venezuela entered its seventh year in recession in 2020, in the midst of a collapse that worsens every day. Since the end of 2013, real GDP has contracted by 65 per cent, and the economy has undergone the single largest collapse outside of war in the last 45 years, more than twice the magnitude of the Great Depression in the United States.¹¹ The Government declared an economic state of emergency in Venezuela in March 2016.¹²

According to the International Monetary Fund (IMF), the inflation rate will reach 500,000 per cent by the end of 2020.¹³ As a consequence, food production and distribution systems have broken down.¹⁴ Combined with limited access to foreign exchange reserves, this has led to shortages of critical supplies, including food and medicine, and in turn to a humanitarian crisis and fueling mass emigration.¹⁵ Since 2016, about 4.6 million people have left the country.¹⁶ It is estimated that if current trends continue, there could be as many as 6.5 million Venezuelans living outside of the country by the end of 2020, putting further strain on neighbouring countries.¹⁷

The current president, Nicolás Maduro, has been in power since 2013. In January 2019, when he began his second term in office, the United States and many western countries did not recognize the legitimacy of his mandate. The struggle between the Government and the opposition has impacted humanitarian assistance.

From January 2019, the United States administration increased the range and target of sanctions¹⁸ contributing to a further deterioration of living conditions for people living in Venezuela. In the last year there has been widespread use of the United States dollar and close to the Colombian border, the Colombian peso. Currently, 64.3 per cent of transactions are made in foreign currencies,¹⁹ allowing the economy to start working again but creating a new kind of inequality linked to access to foreign exchange.

The IMF estimates the population of Venezuela at 27.5 million.²⁰ The estimated child population is in Table 1. There are 3 million infants and adolescents in need, according to OCHA estimates for 2019, and the total child and adolescent population in the country amounts to 10 million (see Table 1).²¹

Poverty

In 2019 a living conditions survey indicated that 95 per cent of households were in a situation of income poverty,²² mainly due to the loss of purchasing power of households. In January 2020 the value of the minimum wage was the equivalent of \$6.37 per month, while the food basket cost \$199.²³

Table 1: Demographics of children and adolescents

Age Groups	Population
0 to 4 years	2,527,800
5 to 9 years	2,738,633
10 to 14 years	2,781,779
15 to 19 years	2,751,843
TOTAL	10,956,036

Source: INE. Proyecciones de Población

Venezuelan families face unsurmountable difficulties in getting access to food, medicines and public transportation. Figure 1 shows the distribution of vulnerability in Venezuela, with most of the country highly vulnerable.

In terms of those at risk, 57 per cent of children and adolescents are in multidimensional poverty (approximately 6.9 million), 37 per cent of whom (4 million) are in a condition of severe poverty.

Health

Diseases which had been eradicated have now returned, due to a decline in vaccination programmes. Malaria rates are the highest in the Americas.²⁴ In 2016, infant mortality rates returned to the levels of the 1990s (21.1 deaths per 1,000 livebirths).²⁵ Venezuela has the highest neonatal mortality rate (19.8 deaths per 1,000 live births) in Latin America and the Caribbean, frequently related to infections due to neonatal sepsis or malnutrition.²⁶ The maternal mortality rate was 140 per 100,000 live births in 2016.²⁷ There are undiagnosed cases of HIV and other sexually transmitted diseases in children, adolescent and pregnant women who are treated in public facilities. Another concern is the skyrocketing incidence of adolescent pregnancies, reaching a rate of 85.3 per 1,000 adolescents aged 15 to 19 years, an increase of 65 per cent since 2015.²⁸

Nutrition

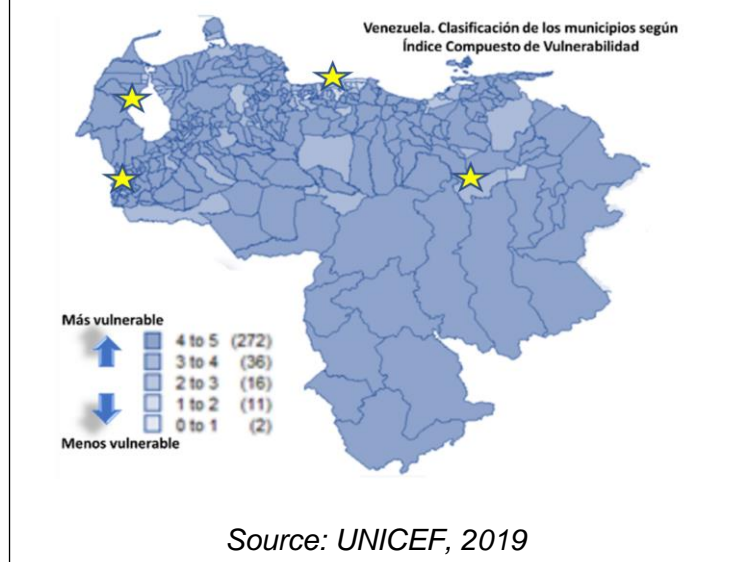
Data collected by UNICEF and its partners found the average global acute malnutrition (GAM) rate for children under 5 years of age to be 6.3 per cent, and 25.1 per cent are stunted or suffering from chronic malnutrition.²⁹ The nutrition situation is further exacerbated by the state of food security. The FAO prevalence of under-nourishment measure (that a person is not able to acquire enough food to meet the daily minimum dietary energy requirements, over a period of one year) reached 21.2 per cent of the population in the period 2016–2018 (FAO, 2019).

A recent WFP report indicates a worsening of the situation: (a) one out of three Venezuelans (9.3 million) are food insecure and in need of assistance; (b) three out of four families are engaged in at least one livelihood-related coping strategy, such as accepting working for food or selling family assets; (c) 60 per cent have spent savings to buy food.³⁰ Of children under 5 years of age, 1.2 million exhibit some degree of malnutrition and nearly 250,000 are reported to be at risk of death from malnutrition.³¹ A study on the food and nutrition situation found that during 2017 and 2018 the situation was already critical. In 21 public hospitals across 17 states, emergency rooms were being overwhelmed by acute malnutrition cases – a condition that was rarely encountered prior to the economic crisis; 2,800 cases of acute malnutrition presented at 9 public hospitals (where data was made available) in 2016, of which at least 400 died; and in some hospitals, severe acute malnutrition (SAM) cases had tripled.³²

Education

It is estimated in the 2019 HAC that over one million children are out of school. The main reasons for not attending school are the lack of food, lack of transportation and clothing, cost of school supplies and uniforms, and children needing to work to supplement household income. Those children who remain are often too hungry to learn.³³ In 2019, a study found that of the students still enrolled, at least 66 per cent did not attend school regularly.³⁴ In addition, teachers are leaving the

Figure 1: Classification of municipalities by Composite Vulnerability Index (from *Clasificación de Vulnerabilidad 2019*). Location of field offices are starred.



classrooms because they are unable to survive on the wages they earn.

Child protection

Being out of school is particularly dangerous for adolescents, who can fall prey to violence in the surrounding environment. As the crisis deepens, episodes of violence against children and young people increase. Venezuela has one of the highest child homicide rates in the world.³⁵ During 2018 there were 1,484 child and adolescent deaths due to violence, 174 of them children under 11 years of age.³⁶ Parents have often resorted to migration, leaving their children behind³⁷ and there has been an escalation in violence due to neglect, abandonment and malnutrition. In at least 20 per cent of the schools in the central states, gangs (pranes³⁸) have taken control of schools and charge parents monthly fees for "care" of the area. The NGO Fundaredes reports the presence of irregular groups in 325 schools in border areas.³⁹ The government system in charge of their protection is weak and the established mechanism for issuing birth certificates has ceased to work.

The End of Childhood Index classifies Venezuela as a country where "many children are missing out on childhood."⁴⁰ A study conducted by the Encuesta Nacional de Condiciones de Vida (ENCOVI) in 2018 found life expectancy at birth had reduced by 3.5 years since 2014.⁴¹

2.2 Basic services for children in health, nutrition, education, child protection, and WASH

The irregular provision of basic services like electricity and water affects the daily life and well-being of the whole population, particularly outside the capital. Provision of electricity is increasingly erratic, especially in the western areas of the country where on average there are interruptions 15 days per month and four out of ten households report daily interruptions. At household level, 72 per cent experience an irregular supply of cooking gas and 43 per cent have reduced the number of daily meals due to gas shortages. Petrol is scarce, forcing people to queue for four or five days in order to fill their tanks. Water shortages are a serious consequence of the poor state of water systems, which have not been maintained for many years. The WFP assessment found that 25 per cent of households do not have sustainable access to potable water and that 40 per cent of households have daily cuts of water supply.⁴²

Health facilities are badly affected by the water shortage and electricity cuts, which have caused many deaths due to life support systems failing⁴³ and intrahospital infections. The Office of the High Commissioner for Human Rights (OHCHR) report summarizes the situation as follows: "a healthcare infrastructure that has been declining for years, hallmarked by an exodus of doctors and nurses, unsanitary conditions, and severe shortages in basic medical equipment, supplies and medicines."⁴⁴ The Hospital Survey 2019 indicated that on average 63 per cent of hospitals reported failures in the electric power service and 78 per cent of hospitals reported failures in the water service.⁴⁵ Most hospitals (70 per cent) report an intermittent service, 20 per cent have no water at any time of the week and only 9 per cent report water on a regular basis.

The hospitals visited during the field trips had lost around half their nurses, porters and laboratory staff. Reported salaries of doctors and teachers are in the range of \$4-5 per month. This amount is mitigated slightly by food parcels, free fuel (when available), free electricity and water (when operating).

The school system has also been greatly impacted by the crisis. Almost 120,000 teachers have left the profession in recent years due to low salaries.⁴⁶ A quarter of teachers working in the Fe y Alegria network have left, forcing some schools to use untrained teachers. Children are coming to school hungry and fainting is not uncommon.⁴⁷ One million children are out of school. UNICEF partners in the field reported that children often come to school, see if there is any food and if not leave to find work.

Historically, Venezuela has had a strong commitment to child protection, having signed the Convention on the Rights of the Child in 1990, and established a comprehensive system of protection including different institutions and ministries at national, state and municipal levels (e.g.

councils for child protection) under the Law for the Protection of Children and Adolescents signed in 2007.⁴⁸ Despite this, the humanitarian situation and the current COVID-19 pandemic have limited the capacity of the different institutions to provide adequate and timely response to violence, abuse, neglect, exploitation and psychosocial distress affecting children and adolescents.

2.3 How the situation enables or constrains UNICEF

The context has important implications for the work of UNICEF in the country as the organization is one of the few international development players with a reasonable degree of trust on both sides of the political spectrum. UNICEF's attempt to deliver support for children can be perceived by the government or the opposition as compromising the organization's neutrality. This means that UNICEF spends a significant amount of time managing the perceptions of others regarding its neutrality. It also has implications for how UNICEF communicates its work.

The second and related challenge relates to data and information. Government data on the needs of the population and on services is not readily available.⁴⁹ Attempts by UNICEF to collect some of this data itself, for example by conducting a standardized monitoring and assessment of relief and transitions (SMART) survey, have been blocked. This means UNICEF does not always have sufficient data on which to base its programmes. Additionally, given the lack of current official data on national child progress indicators, including under-five mortality rates, gross national income per capita, and child population, VCO is unable to attract additional regular resource (RR) allocations, where amounts allocated are based on official data.

The context also has serious implications for fundraising. Western donors that do not recognize Maduro's government as legitimate are concerned that UNICEF funds may bolster the state. The context has also meant that many sister agencies in the United Nations system and traditional international NGO (INGO) partners are not present in Venezuela. For example, WFP is not active in Venezuela and FAO focuses on policy work with limited presence in the field. Additionally, the Government has put restrictions on the registration of some INGOs or made it difficult to obtain visas.⁵⁰ The NGOs that are operating in the country are generally small and have more experience with human rights and promotion of democracy than with humanitarian response. This constrains programming and makes the working environment politically challenging for UNICEF because the Government may distrust some of its partners and vice versa. Neither partners nor the Government have experience with the international humanitarian architecture, which further complicates the role of UNICEF in leading the clusters and AoR.

Levels of humanitarian access are not even across the country with some areas under the control of armed groups, organized crime or paramilitary forces, directly affecting the situation of children.⁵¹ Access is hindered by the volatile security situation, frequent blackouts, and lack of fuel.⁵² The United Nations has not succeeded in negotiating better access to fuel for itself or its partners at the national level, although some progress has been made at field level. Finally, although the economy is being dollarized, hyper-inflation complicates UNICEF programme cooperation agreements (PCAs) and causes delays.

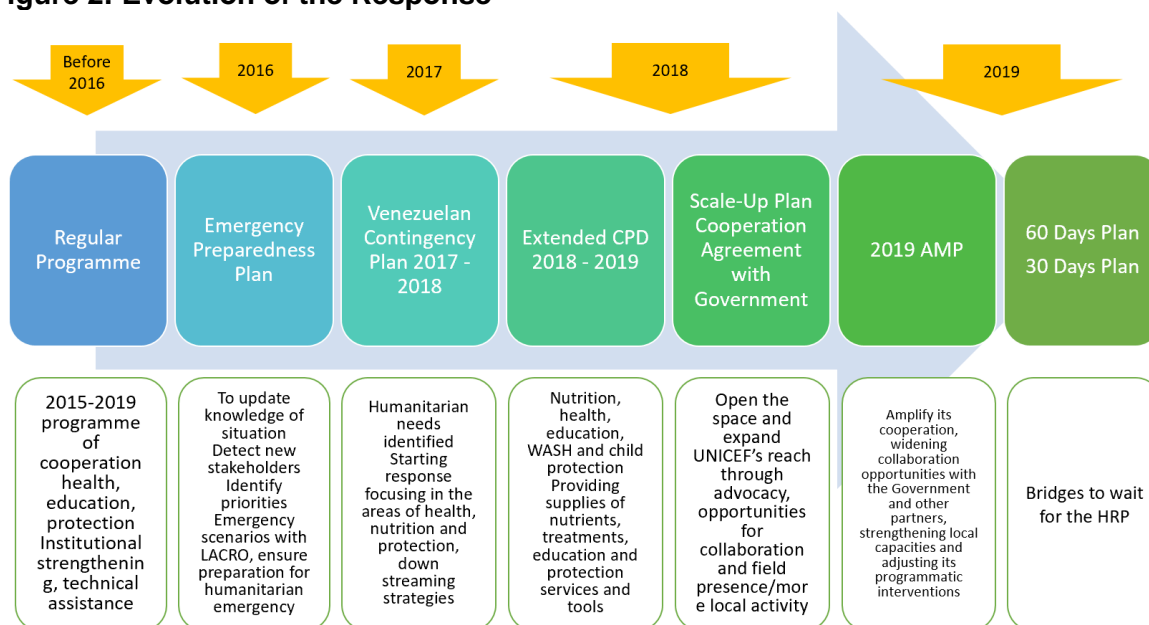
3 Evolution of the response to 2019

3.1 Evolution of the programme

3.1.1 Emerging tension in an upstream policy-focused programme

The deterioration of the political and socio-economic situation in the country was described earlier. Figure 2 below shows the evolution of the UNICEF response since 2016. From the outset, there were tensions within LACRO about the continuing upstream focus while the situation was deteriorating rapidly on the ground.

Figure 2: Evolution of the Response



Source: UNICEF Venezuela

Until mid 2019, VCO was slow to respond to the crisis. It is important to note the office was previously very small and policy-focused. In 2016, despite the Government declaring an economic emergency,⁵³ the annual budget of UNICEF was less than \$2 million with fewer than 20 staff in the office, two of whom were international, and none of whom had emergency experience. From 2015, UNICEF was implementing the Country Programme Document 2015–2019,⁵⁴ which largely focused on upstream policy work including advocacy, policy dialogue, communication, knowledge management, and generation of evidence for placing children’s rights in the forefront of policies and programmes. UNICEF also had insufficient capacity to analyse the slow onset deterioration of political and socio-economic conditions thoroughly.

It is important to recall the context in which UNICEF was operating. While the crisis was emerging the Government did not characterize the situation as an emergency and declined all international assistance. Only in 2019 after a large scale blackout across the country did the Government recognize that there were some “humanitarian needs” but not a widespread humanitarian situation, and as negotiations with the opposition were ongoing. The United Nations then set up the humanitarian coordination architecture including the designation of the Humanitarian Coordinator who leads the humanitarian country team for strategic decision-making, the activation of eight humanitarian clusters on 1 July 2019, (food security, nutrition, WASH, shelter, education, health, logistics and protection (including gender-based violence (GBV) and child protection AoR)),⁵⁵ and the opening of four field coordination hubs to ensure the effective delivery of assistance as close to the people in need as possible.

Previously, however, statements made by the Secretary-General of the United Nations had played down the crisis and made it clear that United Nations agencies were to work with the Government. UNICEF leadership was initially reluctant to stray from the official line. As the emergency worsened, its strategy was to be the “partner of choice” for the Government, while manoeuvring the limited space it had to find opportunities to scale up, such as assisting with the diphtheria outbreak in February 2017 or insisting it would partner with Caritas to try to leverage a partnership with the Institucion Nacional de Nutricion (National Institute of Nutrition).

The deteriorating situation in 2016 culminated in the drafting of an emergency preparedness plan, in preparation for likely emerging scenarios. During a side meeting of the Regional Management Team (RMT) in May 2017 attended by EMOPS, LACRO and VCO staff, it was agreed a contingency plan would be prepared yet this plan was not completed until December 2017. A joint mission to Venezuela by EMOPS, PD and LACRO took place in July 2018 to assess the situation. This mission, intended to create common understanding among headquarters, the regional office and the country office to develop a scale-up plan in Venezuela, highlighted the gravity of the situation and developed strategic, programmatic and other recommendations. However, it was still months before the scale-up plan was signed and UNICEF could begin fundraising and adjusting its programming.

As part of the scale up, the Core Commitments for Children were used as a rallying point with government and other stakeholders. After high-level advocacy with national authorities, the expansion of the CPD was formally signed on 5 October 2018 by the Ministry of Foreign Affairs and UNICEF. It included an increased financial ceiling of \$32 million to be invested in 2018 and 2019. When the scale-up plan was endorsed by the Government in October, UNICEF understood this as the green light to move to more emergency-type programming, to take up opportunities for collaboration with government and to create a widened field presence.⁵⁶

In November 2018, the Deputy Executive Director of Programmes led a mission which resulted in 17 key recommendations for the office to take forward and the declaration of the L2 Emergency in December 2018. This was to provide additional organizational support to the country office to enable it to rapidly facilitate coordination and implementation of a large-scale response for Venezuelan children and families.

3.1.2 Scaling up and moving to a humanitarian focus

Although declaration of the L2 should have led to a significant shift in the response, it was still slow to scale up. Members of the Emergency Response Team (ERT) did not arrive in Venezuela until March 2019 for a number of reasons, including having to wait to get visas. The programme budget review that would have greatly increased the capacity of the office was not in place until May 2019. From October 2018 to July 2019 there were five acting deputy representatives, which made for chaotic planning. Despite numerous surge missions, there was some reluctance on the part of VCO to scale up the size of the office, and the surge staff that did visit did not necessarily lead to sustained capacity for a number of reasons, including perhaps due to inadequate preparation, language barriers and the short duration of several of the surge missions. It also took time for VCO to finalize the MoUs with national ministries for collaboration and translate them into a concrete collaboration for expanding programmes.

The Venezuelan context made it difficult to scale up rapidly. The expansion of the field offices, for example, still required government approval that took time. There were few CSOs to partner with UNICEF and the partners that did exist were perceived to be opposition-affiliated and had little emergency experience. The lack of experience in Latin America in a humanitarian response of this kind and at this scale meant a lack of Spanish speakers who are familiar with emergency response. Meanwhile the requirement for Spanish language in job descriptions resulted in many staff being recruited who were unfamiliar with the United Nations, UNICEF and emergency response, and so were less able to move quickly. In addition funding was constrained. Despite an emergency programme fund loan and funds that were provided through the Global Thematic Humanitarian Funding, the office was concerned about limited funding and thus preferred to hire United Nations

volunteers (UNV) (positions that are less expensive than staff). Another key constraint for the office was its inability to make direct cash transfers to the Government which limited the office's absorption and implementing capacity.

Nevertheless the ERT surges that travelled to Venezuela from March 2019 were instrumental in laying the groundwork to operationalize the scale-up plan. Additionally, surge staffing and missions from the regional office helped with the preparation of the humanitarian needs overview (HNO), the HRP and annual work plans. From February 2019 UNICEF began to significantly enhance its response across key sectors (education, child protection, WASH, health and nutrition) by increasing its field presence; strengthening its leadership; expanding its technical capacity from a staff complement of about 20 to 120; deploying and broadening supply distribution; and enhancing its capacities in emergency preparedness and response, including to new emerging needs.⁵⁷ New programmes which were not part of the old CPD were also launched, including WASH, and C4D, to provide a comprehensive response to Venezuelan children and their families.

Expanding coverage and reach was made possible through the opening of four field offices, in Bolivar state (February 2019), Táchira (March 2019), and Zulia (April 2019); as well as a dedicated team in Caracas supporting the Distrito Capital and Miranda (see Figure 1). Initially, the humanitarian response was focused on the migration crisis in the border states. However, even prior to the current crisis the areas of greatest deprivation and entrenched poverty are remote and indigenous communities in states such as Apure, Amazonas and Bolivar, which should also have been prioritized.

3.2 Support provided by the Latin American and Caribbean Regional Office and headquarters over the period

Between 2016 and 2017, VCO was supported by missions from the regional office, primarily by staff from the Emergency Unit. In 2018, there were ten missions from the regional office, including the Regional Director. The Division of Human Resources (DHR) in headquarters provided support to VCO in this period by supporting 15 surge missions in various sectors covering both programmes and operations, amounting to 673 days of surge capacity. LACRO also received surge missions to support countries receiving Venezuelan migrants. There were nine surge missions to LACRO in 2018, totally over 1,000 days of surge capacity.

After the Level 2 Emergency declaration VCO had assistance from headquarters including from EMOPS, DHR, Public Partnerships Division (PPD), Division of Financial and Administrative Management (DFAM), and the Division of Communications (DOC). PD, EMOPS, PPD and OED were instrumental in helping to manage the UNICEF relationship with the Government of the United States. Following the declaration of the L2 emergency, a number of Regional Emergency Management Team (REMT) meetings were held and actions to help the response identified and tracked. VCO also received numerous visits from regional office staff, including from chiefs of section. The surge mechanism continued and from the L2 declaration to February 2020 the office received 58 surge missions, resulting in over 3,500 days of surge support. Standby Arrangements through EMOPS Geneva provided support through both standby partner (SBP) deployments and cluster Rapid Response Team (RRT) members. Between April 2019 and March 2020, 30 deployments were undertaken (23 SBP and 7 RRT), resulting in 5,089 days of support.

The surge staff's support was varied. While some staff interviewed felt it was instrumental, for example in helping prepare the HRP, others felt the staff sent to assist were not adequately briefed on the Venezuelan context. The ERT was widely perceived to have strengthened the response, but did not arrive in Venezuela until March 2019. The comment was made that surge staff tended to fill gaps rather than necessarily lead to sustained capacity, as the surge staff could not build the capacity of senior managers not yet in place.

Annex 4 summarizes the support received, and section 9 reflects on some of the lessons emerging from this.

4 Review of the work programme in 2019

4.1 Overview of focus, coverage and scale

Given the escalating needs in the country, and the limited government capacities to respond, and as part of the HRP and scale-up plan, UNICEF and its partners were implementing an integrated and multisectoral response to address the needs of children, adolescents, and pregnant and lactating women, arising from the socio-economic and political situation.

As mentioned earlier, from early 2019 UNICEF expanded its presence in the country, its response across key sectors, its field presence and proximity to beneficiaries; and its capacities in emergency preparedness and response. During this period progressive openness of government permitted agreements with sectorial ministries, but at different moments. The opening of four field offices was a key contribution to expanding coverage and reach. “When we have more access, it’s because we have presence in field operations.”

The initial focus of scaling up has been areas most affected by outmigration and collapse of national infrastructure. However, the areas of greatest deprivation and entrenched poverty (even prior to the current crisis) are more remote states. Field offices need to be strengthened both technically and operationally. A major concern is that decentralization is not yet effective, and this is slowing the response down considerably. VCO has moved quickly on this since the second phase of the review but progress should be considered at the REMT. Working conditions in the field are not easy with lack of electricity, water, security issues, etc.

4.2 Emerging results

In 2019, the following were the strategic programme priorities for UNICEF:

- The UNICEF health strategy focused on increasing access to life-saving and preventive maternal, neonatal and child care services and to ensure continuity of the expanded programme on immunization, for mothers, newborns and children with limited access to health services.
- 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. The nutrition strategy also included capacity-building, a key component to ensure quality of interventions.
- The introduction of WASH activities in 2019, 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.
- The education strategy focused on improving conditions and availability of supplies to ensure inclusive access, retention and quality learning; strengthening institutional and technical capacities of educational communities, focusing on child rights protection and promoting resilience and psychosocial assistance.
- 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. UNICEF started a scale-up programme to address the most urgent child protection needs together with all other areas of intervention.

The summary of results achieved in 2019 are included in Table 2. In 2018 and 2019, UNICEF supported the vaccination of 8.5 million children against measles and 4.7 million children against diphtheria, helping to contain the spread of communicable diseases. Between January and December 2019, UNICEF intensified WASH interventions and reached 800,000 people with access to safe water at the community and the facility level, especially in hospitals (meeting the 2019 target). In addition, through the national deworming campaign in schools more than 900,000 people accessed essential information on hygiene, water treatment and storage at household level, while receiving hygiene kits and water purification tablets. In the nutrition sector, over 10,000

children under 5 years of age with SAM and moderate acute malnutrition (MAM) received acute malnutrition treatment, and 83,000 children under 5 years of age and pregnant and lactating women received preventative treatments for severe malnutrition and about 243,000 received micronutrient supplementation.

Table 2: Summary of programme results (2019)⁵⁸

Indicators	UNICEF and Partners			HRP
	Targets (Jan-31 Dec)	Results achieved in Jan-Dec 2019	% Results/targets	Number in need (million)
Health				2.8
Number of pregnant women and newborn babies receiving maternal / neonatal life-saving services in UNICEF-supported facilities	172,797	49,715	29.0	
Number of children under 5 years of age vaccinated against measles	1,200,000	359,940	30.0	
Nutrition				1.9
Number of children under 5 years of age with SAM and MAM (with or without complications) receiving acute malnutrition treatment*	7,000	10,388	148.4	
Number of children aged 6 to 59 months and pregnant and lactating women (PLW) receiving micronutrient supplementation*	150,000	243,315	162.2	
Number of children aged 24 to 59 months and PLW receiving deworming treatment**	287,774	850,6021	295.6	
WASH				4.3
Number of people benefiting from access to safe water	800,000	815,971	102.0	
Number people benefiting from access to safe sanitation	577,000	385,305	67.0	
Number of people who access basic information on hygiene and water treatment and conservation at the home	592,000	931,914	157.4	
Education				2.2
Number of children aged 4 to 18 years in schools who received education materials	680,000	248,176	37.0	
Number of out-of-school children aged 6 to 12 years accessing formal and nonformal basic education**	13,500	280	2.1	
Child Protection				1.3
Number of children with access to psychosocial support	129,600	29,100	23.0	
Number of people sensitized on prevention and response to cases of exploitation, violence and abuse**	172,800	83,499	48.3	

Totals by cluster calculated from OCHA HRP 2019. Not only UNICEF. Also danger of double counting the figures.

* includes information not reported in previous Sitrep due to delayed submission of information by implementing partners.

** New HAC indicator; only reported for a few months.

Nearly 248,176 children received learning materials (37 per cent of annual target), and over 3,170 teachers were trained to enhance their capacity to deliver quality education in supportive environments. In child protection, 29,000 children accessed psychosocial support (about 23 per cent of the annual target), and nearly 11,000 children benefited from referral and protection measures.

4.3 Assessment of work to date

This Review is not a comprehensive evaluation of all of the individual programmes. It includes a field review of a wide range of interventions in two states, over 100 interviews and a review of programme and related documents. Based on this, the review team was able to establish indicative views on the performance or “fitness-for-purpose” of these programmes to inform reflection on where to go next.

This review has shown that progress steadily picked up over 2019, and some of the targets were met/exceeded (especially in WASH and nutrition), while a number of targets were missed in health, education and child protection (see Figure 3). While the targets set for 2019 were reasonable based on capacities, the main challenge is still the low coverage of interventions compared with the needs of the population still not reached (see Table 2).

Three main reasons explain the major differences in achievements by sectors: difficulties in operational access and budget constraints; access to government facilities (health centres and schools) depending on agreements with sectoral authorities; the multiple and interrelated problems encountered in the facilities (lack of water, infrastructure, hygiene practices and supplies and medicines require a very well coordinated and integrated action among sectors and with partners that took time to work and, especially in the case of protection, the complexity and character (changes in behaviour and attitudes) of interventions and the weak condition of the state protection system. For example the target for measles vaccination was 1.2 million, while the actual number achieved was 359,000.⁵⁹ The estimated population of children under 5 years of age is 2.68 million (Table 1).

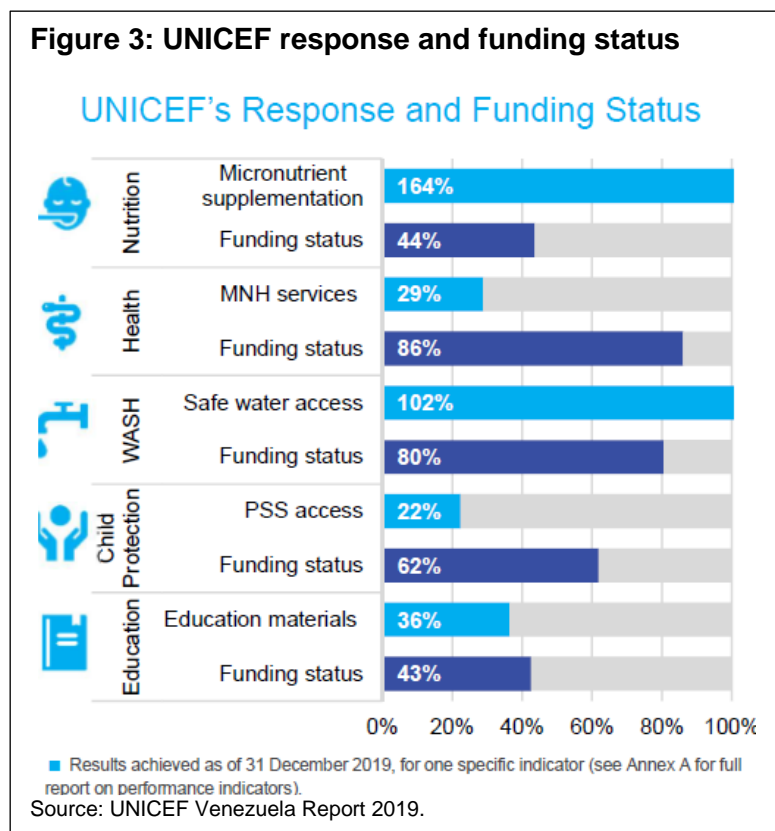
This section gives evaluative reflections on the relevance, coherence, effectiveness, quality, efficiency, and timeliness of the programmes, to inform the thinking on how to strengthen the response. Some evaluation criteria from the Development Assistance Committee at the Organisation for Economic Cooperation and Development (OECD DAC)² have been used as well as other criteria to get a more granular picture of performance. This reflection is primarily based on document review, 116 interviews and visits by the review team to 15 projects, including examples of interventions from all the programmes.

Relevance

Relevance is the extent to which the intervention objectives and design respond to beneficiaries', global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.⁶⁰ Did UNICEF establish the right role for itself in relation to the needs of children and the capacities of others, set itself the right objectives, and then do the right things to achieve those objectives? From interviews and field observations the UNICEF response in Venezuela appears to be relevant. Interventions ranging from emergency kits for schools to interventions in hospitals and emergency water supplies were very relevant and made a difference. However, there were some provisos:

- The content of kits was not not always fully appropriate e.g. the health emergency kit has stoves for sterilizing to be used in tents, which are not needed in Venezuela.
- Instructions in some kits were not in Spanish.
- Some key areas are missing notably food security interventions.
- As support moves to cover safeguarding essential services for children, in addition to life-saving interventions, the emphasis may shift, e.g. from few hospitals to primary health care (PHC).

Figure 3: UNICEF response and funding status



² Development Assistance Committee of the Organization for Economic Cooperation and Development

One example that the team observed was many maternal deaths in referral hospitals were due to high blood pressure, and yet intermediate hospitals had no or limited equipment to measure blood pressure.⁶¹

- UNICEF targets children under 5 years of age for some specific interventions. However families have to care for all their children, regardless of age. This leads to inappropriate choices having to be made, for example families sharing nutritional supplements among a number of children.

The role appears appropriate for the needs of children, but inadequate bearing in mind the scale of need. The objectives as set out in Table 2 appear appropriate for an initial response but need to be expanded to be significant in terms of the wider needs.

Coherence

Coherence refers to the compatibility of the intervention with other interventions in a country, sector or institution. The review team could see examples of coherence/integration:

- Internally, e.g. integrated interventions such as *jornadas* where multiple interventions were covered in one event: birth registration, vaccinations, nutrition screening of children, general medical screening, hygiene talks. Also upgrading and bringing water to hospital paediatric wards, along with rehabilitation of toilets, treatment of SAM;
- Externally, the issue of neutrality leads to a difficult balance of keeping alignment with the opposition and donor interests who fund the response, with the interests of government. UNICEF is one of the only players with a reasonable degree of trust on both sides.

Integration is happening, although mainly at the field office level. The team observed the success of the *jornadas* as a mechanism of enhancing coherence through integrating activities, bringing together a range of activities to meet the multifaceted needs of the beneficiaries. Partners commented that there was limited integration, noting that vulnerable people have many needs and they are only able to help them in one way.

As one staff member put it, “integration is on everyone’s mind during the planning stages but less so in day-to-day operations”. It was also more difficult to deliver in the early days of the response when humanitarian access to facilities was more limited. Now, as UNICEF has built trust and the team is larger, there are more opportunities to work together, for instance there can be greater impact if nutrition, education and C4D activities aimed at the same target group take place in the same facility. However we also heard that chiefs of section do not meet regularly to discuss programme integration. This is a weakness that needs to be looked at.

One gap identified in terms of coherence is that nutritional support was being provided without food security interventions. With WFP not present in the country and FAO having a limited field presence, this is a major gap. Negotiations should happen with FAO in this regard and EMOPS could potentially advocate with FAO to expand their investment in Venezuela. While the team could see evidence of integration in the field – the observation was made that there could be better integration at the national level.

Effectiveness

Effectiveness refers to the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups (op cit). Overall VCO has made significant achievements since mid-2019, and more so since November 2019. Figure 4 shows an example of a WASH response. The field visits included a wide range of interventions including the renovation of hospital paediatric wards, community water schemes, and child protection councils (see Annex 3). Overall the interventions currently underway are reaching their target audience, and are delivering what was intended, although in some areas these are below the targets, so there is partial effectiveness.

The limitations on effectiveness appear to be:

- Coverage by field offices is limited, so many people are not covered;
- A frequent comment was that there is not enough follow-up;
- Limited capacity in some sectors e.g. in Táchira there is no permanent staff member on child protection, so coverage is limited.

It is difficult to assess equity considerations. The lack of situation monitoring data makes it challenging to identify the most vulnerable. Gains are being made. For example, nutrition now has a database of 100,000 cases, which while not representative of the entire population, at least provides an idea of the levels of malnutrition. This helps to identify the right children to target. However, UNICEF is not yet operating in the most vulnerable states (see Figure 1), although expansion has started.

Another challenge on effectiveness is the performance of partners. For example, a few years ago malnutrition was not a problem, and so partners are not experienced in how to address it. As a result partners and UNICEF staff indicated that they are taking time to build the capacity of both health staff and partners. These efforts include training workshops with partners on anthropometric measures and nutrition diagnosis; essential nutritional interventions; management of children with uncomplicated and complicated acute malnutrition; and humanitarian coordination mechanisms, project design and monitoring.

It is important to consider qualitative as well as quantitative indicators. Overall the visits in the field suggested that the standard of the interventions appeared to be of good quality. Some issues emerged from discussions with staff, beneficiaries, and from interviews and workshops with partners, e.g.:

- The monitoring system does not assess quality;
- Supplies are delivered, but follow-up is inadequate;
- Some partners are not strong enough, and this may risk the quality of the response.

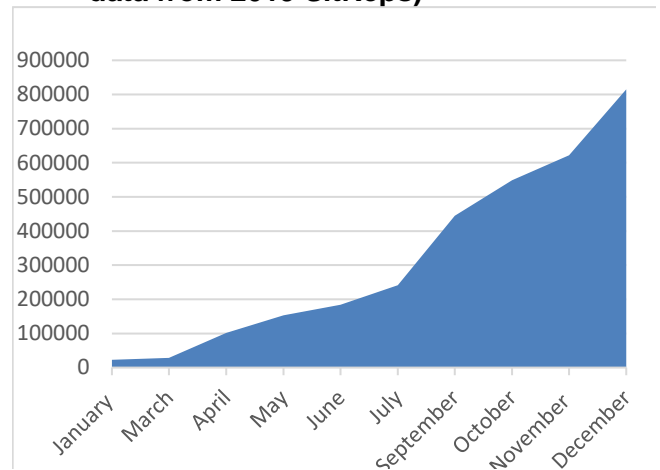
Efficiency

Efficiency refers to the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way (op cit). In terms of timeliness the interventions are appropriate for this point in time where the emergency response is the overwhelming priority. However, delays in supplies are a problem. For example, in Táchira it took three months to get a generator costing less than \$3,000 for a hospital. Delays are having an impact on the work of UNICEF, and were mentioned by some respondents as an area UNICEF needed to improve.

Linked to this are resilience concerns to avoid delays; for example having back up supplies to face emergencies as part of the preparedness response. There is no time to complete the bureaucracy in procurement if there is an emergency. This did not appear to be happening, although was mentioned by UNICEF staff as an issue.

Economic efficiency is of a lower priority in an emergency. However, this will become more of a priority as the interventions strengthen the safeguarding of essential services for children. Building on existing capacity in schools, hospitals, etc. is likely to be much more efficient in economic terms than direct delivery using UNICEF staff alone.

Figure 4: Number of people reached with access to drinking water in 2019 (WASH data from 2019 SitReps)



Impact

Impact refers to the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects (op cit). Generally, impact is taken to be higher level socio-economic impacts on the target population. Inevitably in an emergency the key priority is saving lives, and other impacts are constrained.

The review team was given evidence that UNICEF is having a direct impact. For example, statistics from the San Cristóbal hospital in Táchira showed that in the first six weeks of 2019 there had been 97 deaths (premature/late neonatal, post neonatal, infant, primera infancia and maternal), while in a similar period this year there were only 42 deaths (a reduction of more than half). This represents a drop in infant mortality from 81.6 per 100,000 live births to 40.3 per 100,000 live births. Similar figures were quoted in the Ruiz y Paez hospital in Bolívar state.

The lack of detailed data makes it difficult to get wider impact figures, but the rapid advances in monitoring and evaluation (M&E) including third-party monitoring, as well as the work on AAP that is commencing, should assist going forward. It is important for UNICEF to highlight this success in its advocacy work.

Sustainability

This is defined by OECD DAC as the extent to which the net benefits of the intervention continue or are likely to continue. It includes an examination of the financial, economic, social, environmental, and institutional capacities of the systems needed to sustain net benefits over time. It involves analyses of resilience, risks and potential trade-offs.

In a humanitarian response this depends on the phase of the project – if at entry, interventions include doing things like water trucking which can be done at scale and have an immediate impact but may not be sustainable. This becomes a bigger issue when thinking of safeguarding activities, where responses need to be sustained in the medium-term. Examples have been provided where UNICEF could promote resilience, e.g., providing two pumps not one so that if one breaks down the water supply continues, but at this early stage of the emergency the priority is getting water.

As safeguarding is planned for it will become increasingly important to understand the system better to focus on immediate causes not symptoms (not root causes which are political) and design appropriate theories of change.

Overall, we conclude that the services being provided are fit for context (at least pre-COVID-19). They are relevant, are partially effective, and are having an impact. The role needed to safeguard existing essential services is being addressed but will need to be strengthened. This will require some changes going forward.

4.4 How well has UNICEF worked with implementing partners

4.4.1 Non-governmental organizations

Key partners for UNICEF are local NGOs. LACRO reported that informal mapping of NGOs for risk reduction purposes done by VCO found 2,000 NGOs operating in the country, but only 60 focus on children. UNICEF is currently working with 34 NGO partners, many of whom operate at a relatively small scale. These partners are often viewed with suspicion by government who see them as aligned to the opposition. This means they cannot access certain facilities such as hospitals. They struggle to transport supplies because they need documentation, and to access fuel for outreach. Staff retention is a problem. It was reported that 30 per cent of Caritas staff had left, but also that allowing NGOs to operate in dollars had helped with staff retention and even led to the return of former staff.

Partners feel their work with UNICEF is important, productive and based on good communication. Many have a background in development and do not have a lot of experience in emergency response meaning that UNICEF has had to invest a lot in building partners' capacities. While

UNICEF has done so, partners indicate that much more is needed, including in the technical and normative areas of emergency response as well as in operations. The recent contract with Deloitte is important in supporting the latter. One respondent indicated that the organization's approach to capacity-building is not entirely suited to the needs of the partners, and that it could be strengthened by assessing the existing capacity more thoroughly and designing training around specific areas that need to be improved.

Several partners mentioned that the turnover of UNICEF staff in 2019 negatively affected their work with the organization. Plans changed frequently and, in some cases, it took many months to sign PCAs. Partners find the reporting requirements challenging and although there has been capacity-building in this area, much more is needed. Steps by the PME unit to simplify the 4Ws (Who Does What Where and When) reporting template is an excellent and much needed step in the right direction.

Finally, like everyone in the country, NGOs are struggling with hyperinflation, and only some can be paid in dollars. In one case, a partner had to ask for a 30 per cent increase to the PCA to cover the same work programme. Additionally, access to fuel is a constraining factor. The logistics cluster has tried to negotiate better access for all humanitarian actors but has thus far been unsuccessful.

4.4.2 Partnering with government service delivery facilities

UNICEF is also working with a range of government partners running facilities such as hospitals and schools including:

- Devolved health structures e.g. the opposition-run state health authority CorpoSalud in Táchira , as well as national government structures which are much more decentralized in health (with *autoridad unica*);
- Government technical agencies such as Hidroven;
- Partnerships with some local governments/mayors who have come forward looking to work with UNICEF.

It was reported to the review team that generally partners' relationships with UNICEF are good, and that UNICEF support is valued. For example, the director of one hospital said he would not have remained if UNICEF had not been there. These relationships are with institutions managed through government and several different opposition-controlled states and entities. and were recognized as important by government, NGO and opposition respondents. However, there was criticism of the slowness in delivering some supplies, sometimes taking six months.

4.5 How has UNICEF played its leadership role

UNICEF has made significant contributions to the wider response of the United Nations. It is a critical member of the United Nations country team (UNCT) and the humanitarian country team and played an important role in the development of the HNO and HRP. It chairs the Operations Management Team (OMT), which in 2020 will establish a Business Operations Strategy for United Nations agencies operating in Venezuela. It also chairs the Inter-Agency Communications Group and has supported the group financially. UNICEF has contributed to the wider response of the United Nations by leading the technical team to assess feasibility of a new United Nations Sustainable Development Cooperation Framework.

The primary contribution of UNICEF to the wider United Nations response is its leadership of the WASH, nutrition and education clusters and of the child protection AoR. UNICEF has provided cluster coordinators and, most recently, information managers for more clusters. However, cluster leadership is challenging in the Venezuelan context. Partners and government appear not to be used to the humanitarian architecture. Some partners presume their participation in cluster coordination meetings will result in more funding and are frustrated by what they perceive as too many unproductive meetings. Government participation is generally limited but varies by sector. The distrust between government and partners plays out in the clusters.

Some clusters/AoR that UNICEF leads are working in a more integrated approach, especially around the development of the HRP for 2020. The clusters/AoR are working to develop standards, provide guidance, build capacities and avoid duplication, but much work in these areas remains to be done to strengthen the response. Particularly weak is AAP which is almost non-existent.

Given the important role of UNICEF in cluster coordination and hence influencing the entire response, consideration should be given to making the positions of cluster coordinators fixed-term and hiring people with ample experience of handling very delicate situations. UNICEF should also prioritize supervision of the cluster coordinators. This should be discussed in the Humanitarian Review.

5 Review of operation of support functions and cross-cutting functions

5.1 Planning, monitoring and evaluation

5.1.1 The development of planning, monitoring and evaluation in the Venezuela Country Office

There is limited publicly available data and information on the situation of children in Venezuela. Most statistics tracking Venezuela's economy and social development are either unreliable or have been discontinued. The Government has not invested in household surveys for some time, and the last official census took place in 2011, with a follow-up planned.⁶² Some government estimates that are available are not reliable. For example, the latest estimate of 17 per cent for the population living below the poverty line and 4.3 per cent living in extreme poverty do not seem credible.⁶³ Also, links to websites with official statistics are no longer accessible without passwords. The unavailability of national data on the situation of children in Venezuela means that UNICEF and other organizations do not have good data to plan from, nor baselines to measure progress, and the unavailability of annual and trend data prevents the comparison of past and current conditions.

The Government has restricted agencies from collecting data. For example, it rejected the findings of a 2019 WFP-commissioned study on food security and the results have only recently been shared. OCHA plans to conduct a multi-sectoral needs assessment to inform the 2019 HNO were put on hold when the Government questioned the establishment of a parallel system to the one they manage, expressing scepticism that the timing of the planned work would result in accurate information. The HNO for 2020, currently under preparation, will proceed using existing information, supplemented by qualitative data collected through focus group discussions, and not the usual multi-sectoral needs assessment approach.

Given the rapidly changing context, high quality and close to real-time monitoring is needed to assess progress in programme implementation and to highlight ways in which this can be enhanced. First, to carry out its mandate and maintain neutrality, UNICEF needs to share information that demonstrates its commitment to children in Venezuela. Information can help demonstrate results for children and that the office is transparent, which is essential for building trust with the government and the opposition. The PME section has made important strides in this regard and recently launched a website that contains its programme monitoring data. Second, some donors need information to show their funds are directly reaching children and not being managed by the Government. Finally, monitoring data is needed to improve coherence of the programmes at the field level. In addition a specific COVID-19 website has been developed.⁶⁴

To ensure accountability to beneficiary populations and to donors, in 2019 VCO increased PME capacities, tools and procedures for systematic situation and programme monitoring of UNICEF-supported interventions.⁶⁵ Priority has been to enhance the humanitarian programme monitoring within the framework of the UNICEF Venezuela Scale-Up Plan and internal planning processes to ensure alignment with the AWP, HRP and HAC.⁶⁶ This has been done under a new framework that focuses on assessing the situation of children, communities or the provision of services, and the implementation of programmes according to signed cooperation agreements and workplans with CSOs. The verification of supplies delivered, bottlenecks and required follow-up actions was also prioritized; along with plans to establish beneficiaries' feedback mechanisms.

To improve its programming capacity, UNICEF has worked with various partners to develop monitoring and data collection systems for sectors, and has supported surveys and studies, including knowledge, attitude and practices (KAP) with the objective of gathering information on WASH, nutrition and health family practices, to bridge the information gaps. Third-Party Monitors (TPMs) have been used to undertake programme monitoring and surveys. So far, UNICEF has invested over \$500,000 to strengthen its monitoring.⁶⁷

The office held planning meetings at the end of 2019 that informed the 2020 AWP. The office also

produced the 2020 HAC which will be harmonized with the HRP, when it is ready.

5.1.2 Enhancing planning, monitoring and evaluation in the Venezuela Country Office

VCO is expanding programming to new states to reach more vulnerable children and their families. Situational monitoring would help UNICEF better understand where the most vulnerable children are and determine the capacities that exist in such locations to respond. While VCO has made considerable progress, the areas below should be considered to enhance situational and programmatic monitoring, some of which PME is already working on. COVID-19 related mobility restrictions will affect data collection efforts. UNICEF proposed a minimum set of situational and performance indicators that country offices should collect. This context implies, in some instances, accepting that UNICEF will not be capable of monitoring all the indicators it would like to, during a substantive part of the response period. When data collection is necessary, and restrictions on social distancing remain in place, we advise avoiding using traditional in-person surveys. Monitoring continuity of social services is already ongoing through a quarterly questionnaire for all country offices. The country office has already reported on WASH, health and other services that have been disrupted. The impact at the household level will be more difficult to ascertain, unless data is collected remotely.

Influence initiatives to benefit UNICEF programme work

Understanding longer-term changes in conditions for children and their families will require availability of nationally representative surveys, as will planning for the next CPD. The Government is currently planning to conduct a census and would like the United Nations to participate, but it may not be realistic.⁶⁸ The United Nations Population Fund (UNFPA) is providing technical and financial support to ensure that censuses are of high quality and uphold international principles and standards. UNICEF should support any effort by UNFPA to enhance the quality of the census.

A Multiple Cluster Indicator Survey (MICS) would be a good option that UNICEF could pursue to get representative data. The last MICS was conducted in Venezuela in 2000⁶⁹ and previous requests to undertake MICS or SMART surveys have not been accepted by the Government. Another opportunity is for UNICEF to work with the ENCOVI consortium to expand its annual household survey.

Support towards large scale surveys that generate nationally representative data on key child indicators could go a long way to support policy decisions, programme interventions, and decisions made to improve the situation of children in Venezuela. Such data could also support the effort of VCO to mobilize additional resources, including regular resources.

Work with research institutions to enhance monitoring

In 2019 UNICEF worked with the Centro de Investigacion Social (CISOR), a local research institution, on TPM to verify implementation of the programmes in warehouses, hospitals, pharmacies, and other high priority interventions. Over 15 instruments are being used by UNICEF staff and CISOR, to conduct over 500 small surveys,³ although there are plans to harmonize these instruments. Through advocacy, UNICEF has received approval from ministries to conduct monitoring visits inside schools, hospitals and health centres across the country. It will be important for UNICEF to continue its partnership with CISOR to undertake additional analyses, and expand the surveys to other locations, including to the HRP priority states.

Enhancing capacities for monitoring and utilization of data for programming

As noted, there have been significant improvements in enhancing monitoring, and data collection through TPM. However, more needs to be done to ensure the analysis and use of the data for programme improvement. To build a 'culture' of evidence-based programming, training will need to continue to enhance the skills and competencies of UNICEF staff and partners. TPM should be supplemented by field monitoring by programme staff, who can better ensure that programme

³ UNICEF Situation Report, December 2019, available at: https://www.unicef.org/appeals/files/UNICEF_Venezuela_Situation_Report_Dec_2019.pdf

requirements and accountability standards are met.

With regard to inter-agency coordination, UNICEF should continue to support the HNO, train partners on the 4Ws forms and improve its own data collection, HRP monitoring and reporting, etc. In this regard, enhancing capacity of Information Management Officers' (IMO) for the clusters it leads is a step in the right direction. All four cluster/AoR IMOs are provided by standby deployees, and an additional two IMO standby deployees are dedicated to the PME unit providing support on HRP/AWP coordination and inter-cluster coordination. There is a need to ensure the continuity of these functions following the standby support.

To support all these initiatives, it will be important to further increase the human and financial capacity of the PME Unit. Dedicated M&E staff at field office level have been allocated. A larger percentage of funds is now being included for dedicated M&E in different areas of work – this is useful for sustained enhancement of M&E skills and systems.

Wider sharing of data

UNICEF will need to continue sharing information more widely on its programming. Currently, situation reports (sitreps) are prepared monthly, and these communicate the results being achieved for children to partners, including donors. Additional information is shared through a dedicated website being developed showing UNICEF programmes in different parts of the country as well as human interest stories, and it will be connected to social media to ensure wider reach.

Enhancing AAP

A strong system for AAP will allow UNICEF to receive information about both the situation and its programming without duplicating government systems. While engaging beneficiaries is essential for any programme, in this highly politicized context it has the added benefit of improving the perceived neutrality of UNICEF. VCO has recognized the need and opportunity, and the country office is enhancing its capacities, recruiting dedicated staff, and allocating funding for this work. The AAP ERT Specialist, along with a standby deployee AAP Specialist were in Venezuela at the same time as the review mission. UNICEF will need to enhance AAP capacities through training of staff and partners, and address prevention of sexual abuse and exploitation (PSEA). Also, UNICEF will need to work with partners to set up a feedback and complaints system where feedback can be provided in a safe environment through responsive mechanisms.

5.2 Communication

Communication is important to inform UNICEF actions externally. However, communications is complex in the Venezuela context, so as not to be seen as politically allied with the Government or the opposition, and to keep the main focus on children. For example, government invites programme staff to public events and it is important for UNICEF to demonstrate its neutrality when it attends such events. Similarly, with the opposition.

The main focus of communication efforts has been on the HAC, usually using a multimedia package. External communication is undertaken primarily through social media, which appears to be more important in Venezuela than other channels. Government was very uncomfortable when the launch of the HAC was broadcast through traditional media sources.

Key messages advocated are around the rights of children and to maintain the public trust in UNICEF. As a donor indicated, UNICEF “needs to better communicate how it is working and better tell the story to reassure donors...[and] argue with confidence and evidence about what UNICEF is doing”. The issues around visibility are explored later.

In light of the COVID-19 context, close monitoring of social media indicates a high demand for more information on the positive impact of UNICEF humanitarian work on beneficiaries on the ground. Therefore, VCO is encouraged to put more emphasis on collecting and disseminating personal stories from the field that humanize how children's and parents' lives have improved as

a result of UNICEF-supported humanitarian intervention. Such stories can showcase the effectiveness of UNICEF work on the ground. This 'show, not tell' strategy is likely to simultaneously result in higher engagement rates and mitigate reputation risks.

5.3 Operations

There has been considerable turnover in the head of operations over the last two years, with three staff members acting in the role of Chief of Operations or Deputy Representative for Operations, until the appointment of the substantive Deputy Representative (Operations) in July 2019. Some of these interim staff did not have access to VISION, the UNICEF programme and transaction management system, and so were unable to perform their roles effectively.

5.3.1 Human Resources

Recruitment

VCO had 32 staff at the end of 2018, and 142 by 24 March 2020, of whom 99 were in Caracas, and 43 in field offices.⁷⁰ One hundred staff arrived in 2019, with a further 24 from January to beginning of March 2020.⁷¹ This has meant that HR has been consumed by recruitment, and other HR functions have had less attention. There are some challenges:

- Some of the posts have been too low a level relative to the complexity and size of the response (e.g. Head of Field Office is a P3), head of HR a P3. Plans by VCO to upgrade some of these posts require serious consideration by the regional office and DHR.
- A requirement for Spanish does not help attract the required expertise in humanitarian work, bearing in mind the lack of experience of long duration emergencies in Latin America. This has meant that many personnel in VCO do not have humanitarian or UNICEF experience. This has greatly delayed the speed of rollout. Unfortunately access to United Nations language courses is only available to fixed term staff in the organization, a requirement that is not helping the response. DHR at headquarters needs to find ways to support new staff, regardless of their contract type, with language training.
- The dilemmas around running the office with a large pool of people on short-term contracts, e.g. short-term UNVs, need to be addressed to create a more stable team. Many national staff face big challenges of survival and so having temporary contracts is difficult for them.

HR indicated that concrete guidance is needed from DHR on how to scale up, the type of organigramme for such a context, balance of HR versus programme staff, etc. A standard operating procedure (SOP)/guideline is needed. For example, in the field offices there are no full time operations posts, meaning there are field offices with 15 staff who have no operations support. DHR should develop an SOP in this regard.

Onboarding

Many staff are new to UNICEF but by growing so fast no systematic onboarding or induction has taken place. This results in staff being less productive, delays in delivery and a lot of frustration. Induction is not only the responsibility of HR but also it also resides with all managers. However, many of the managers themselves need onboarding. Key areas for training are basic UNICEF administrative processes including VISION, humanitarian work for Venezuelan staff, and local context for international staff. Spanish and English language training are also both needed.

Remuneration of local staff

The remuneration of national staff has not kept up with the fluctuating economic conditions.⁷² The office should be assisted to make the necessary adjustments as permissible under UNICEF procedures, or to provide alternative incentives. UNICEF should raise the issue of salaries of national staff with the International Civil Service Commission and identify new methods for conducting a cost of living assessment if the current methods are inappropriate in the Venezuela context.

In general, the challenges in HR are a reputational risk for UNICEF.

5.3.2 Finance

The finance staff are all national, are not professionally trained in financial management, and do not have accounting qualifications. Therefore, transactions that would require some basic accounting knowledge takes time to complete. The team has been learning VISION in parallel to undertaking the heavy workload. There are plans for a finance specialist from New York to spend time in VCO to train the staff on UNICEF financial management procedures and use of VISION. The team provides monthly financial reports plus two-weekly reports on expiring grants and outstanding reports from partners (on direct cash transfers). Cash flow has to be managed carefully as limited funds should be kept in the bank account because the local currency devalues frequently, sometimes twice a day. A challenge is that programme sections do not update the cash forecast properly.

When funds arrive, they are transferred to programme sections, and the chiefs decide on their allocation, including to field offices – however, this is not happening systematically. The field offices are cost centres in the AWP, and a delegation of \$100,000 was approved for each office in December 2019. The delegations are not effective, and transfers are not taking place on a regular basis. A contribution management SOP addressing this was drafted in July 2019 but has not been implemented. A delegation of \$30,000 is currently being piloted in the Zulia field office. However, the training of the staff has been delayed. Based on the draft findings of this review, the country office has moved rapidly and signed the SOP on 28 February 2020 (see Annex 8), and it is expected that this will translate quickly into funds being transferred to field office accounts.

5.3.3 Supply

Supply staff in Caracas do not have experience in procurement. Supply was managed by a P2, now a P3, resulting in a leadership gap. A standby deployee arrived 3 months ago and is acting but did not have VISION access until recently. Recruitment is underway for a P5 Chief of Supply and Logistics. There are seven staff in the Supply and Logistics Section who are expected to cover: warehouse and transport; cold chains, including their monitoring; customs and imports (they have cleared 25 containers since January); local procurement; international procurement; and dividing payments from the warehouses between each section. This team undertook \$17 million in transactions last year and the plan for 2020 is \$20 million, although this amount will likely be much higher due to COVID-19.

VCO recently recruited three new staff for field offices. Field offices were doing low-value purchase orders (up to \$5,000). VCO provided delegation to a staff member in the Zulia sub-office for procurement of supplies under \$30,000. This will be extended to the three sub-offices, and will help, including exploration of using local providers. Only a small proportion of staff who have access to VISION actually understand how to use it, including Programme Assistants. If managers do not have VISION experience, then they are unable to assist their assistants.

In general, the procurement team is overloaded. There is an ‘emergency’ every two days because a grant is expiring, for WASH in particular. While a supply plan has been prepared, there are challenges in keeping to it, notably with challenges in programme assistants.

In terms of the logistics cluster, the team is working on import/customs and fuel access. In general, many problems were reported around supply ranging from terms of reference taking months to finalize, to delays in procurement of 2-6 months. This causes a lot of frustration and was commented on by external stakeholders such as the Governor of Táchira . As UNICEF plans to scale up in 2020 this is a major limitation.

The challenges in supply are also a reputational risk for UNICEF.

5.4 Fundraising

Representatives have a responsibility for raising funds for their specific responses. A strategy was developed by PPD colleagues in October 2018. However, the office was not implementing it. In August 2019 they launched the HAC.

Overall there is a \$104 million pipeline, of which \$44.4 million was received in 2019 (see Table 3). In general Venezuela needs to build up to over \$100 million per year to be able to deal with the scale of the crisis. The VCO has a budget of \$153.2 million for 2020, of which \$31.8 million is funded as at 8 March 2020.⁷³

The national political standoff has implications for fundraising, which is problematic in terms of the scaling up needed by UNICEF. Western donors that do not recognize Maduro's government are concerned about projecting an image of UNICEF using their funds to work with the state to deliver services for children. Respondents suggested that while the humanitarian divisions of donors may recognize the need to fund UNICEF to deliver services for children, the political arms of donors are more reluctant. In 2019 \$44.4m had been received for the HAC appeal for 2019 of \$70 million.⁷⁴

There is a challenge as to how UNICEF should approach funding with the traditional donors. Latin America is not a region that is prioritized typically by donors although this is changing. To tap into external resources UNICEF needs to share data about its work, typically using the HNO and HRP, invite donors to visit the country and communicate about what the organization is doing. The difficulty in access to quality data makes credible estimation of needs difficult, and wariness on maintaining neutrality in communication is leading to low visibility, a challenge for fundraising. Some traditional donors indicated they are interested but hesitant and need strong M&E to show where the funds are going, hence the importance of both M&E and AAP.

Table 3: Pipeline (Source: VCO)

Planned Contribution Amount	Planned Contribution Currency	Expected Contribution Date Month/Year	Contribution duration (months)
8,000,000	\$	09/2019	12
1,000,000	CHF	09/2019	12
4,528,760	\$	09/2019	6
7,000,000	\$	09/2019	12
6,000,000	EUR	09/2019	15
2,000,000	EUR	09/2019	12
3,500,000	GBP	10/2019	6
300,000	EUR	10/2019	12
5,880,000	\$	10/2019	12
570,000	\$	10/2019	12
240,890	\$	11/2019	12
251,640	\$	10/2019	3
210,000	\$	10/2019	15
277,000	\$	11/2019	8
100,000	\$	10/2019	14
30,000,000	SEK	11/2019	12
25,000	EUR	11/2019	12
300,000	EUR	12/2019	12
104,328,492			

UNICEF is currently targeting national donors but only two National Committees for UNICEF have given funds - the United States Fund for UNICEF has given \$5 million and the French National Committee has given a small amount. VCO is contacting the private sector but this generates funds in Bolivares which is not that meaningful. The VCO has managed to keep 11,000 small national donors, although with the collapse of the local currency the average contribution is less than \$2 per month (apparently regionally the average is \$12-20). The office is also beginning to look at the potential of the diaspora.

UNICEF headquarters is maintaining relationships with capitals and managing the connection with the Office of U.S. Foreign Disaster Assistance well. The global communication team of UNICEF is working to communicate with potential donors.

In addition across 2019 and 2020 VCO received Standby and Rapid Response Team deployments of in-kind personnel amounting to an efficiency saving of \$2.54 million for the VCO.

5.5 How far are support functions fit for context?

PME has moved rapidly since the appointment of the new Chief in the third quarter of 2019. There is still a lot of work to be done to strengthen situation monitoring, as well as programme monitoring. The team is moving forward to enhance overall monitoring and use of data and information.

Overall, the review team observed that HR and Supply are struggling to address the requirements of this rapidly developing situation and both are a reputational risk for UNICEF. These functions are not effective enough for the needs of the emergency, and the components need to be strengthened, and actively supported by the the regional office and headquarters. Administrative functions in field offices are also not strong enough. New SOPs are being prepared (value purchase order, transport, travel, and petty cash have been done) and it is proposed that checklists be prepared to accompany these as soon as possible and translated into Spanish to assist.

Linked to this is the decentralization of functions to field offices. This has not progressed at the speed needed and field offices are not yet able to practice effectively the delegations they have in principle. VCO management need to drive decentralization of HR, programme budgets and procurement to field offices quickly, and to agree PCAs. A strong Chief of Field Operations needs to be appointed and the bulk of country office staff should be in field offices. The current representative has introduced a leadership approach which involves regular visits and working from field offices, to help staff better understand the realities on the ground. This will be a powerful signal of a change to a decentralized culture. In response to issues arising from the review he has also moved quickly on a SOP relating to decentralization which has now been signed (see Annex 7).

Fundraising is another area of concern, where the resources being generated are insufficient for the needs. Once again support from headquarters is needed for the VCO to operate at the scale required by the situation.

5.6 Management

5.6.1 Leadership

It has been a huge challenge to scale up operations from a development and upstream-oriented office to one whose major task is humanitarian, and a lot has been achieved. There was a very rapid turnover of key staff during the surge process, and some degree of chaos with the different approaches of a number of acting deputy representatives. Since July 2019 with the establishment of the new representative and deputy representatives the office has stabilized, and a strong relationship has been established between the leadership positions in the VCO. A clear message is being given that the focus of the office is on child rights and to save lives.

5.6.2 Structures

A number of statutory committees exist. Apart from the Country Management Team (CMT) it is not clear how these are working. The CMT meets monthly but one member commented that dates are not in the diary in advance and change regularly.

5.6.3 Senior management

There is still a lack of sufficiently senior positions e.g. in Supply and HR. VCO is coming under some pressure to accept senior candidates for posts that are not their first choice. VCO must be able to select the staff they need.

5.6.4 Culture and organizational climate

The constant changes in the team is a challenge. Respondents indicated that with the rapid expansion many staff have not been inducted or onboarded, do not know each other and many are not clear yet on the vision and work of the VCO. This is reducing productivity, efficiency and effectiveness as the 'norming' of the group is not yet complete, let alone 'storming' and 'performing'.

There needs to be more thought on events which widen participation in the office (especially ensuring presence of both international and national staff).

There are some tensions in the office including the mix between nationals and international staff. All the chief positions, and the deputy representatives are international. National staff recognize that internationals have more experience in emergencies, but feel they are not heard and their knowledge of the context is not sufficiently valued.

VCO is recruiting a retiree to lead a change management office, an important development reflecting the need for a vision of a wider role for HR to include organizational development – (OD). Issues that the office needs to cover include:

- Fast tracking the decentralization process (with the assistance of a strong new Chief of Field Operations);
- Managing surge appointments so that they build capacity and are not just gap fillers;
- Working on improving information flow from senior management to staff and vice versa - establishing effective internal communication systems and forums;
- Ensuring that local staff feel valued, respected, and their local knowledge recognized;
- Ensuring a staff counsellor is in the office, on standby or on contract;
- Building a HR team recruiting at P4 level and reorienting HR to play a proper HR development/OD role.

5.6.5 Problem-solving

As mentioned earlier the supply and HR delays are not adequate for an L2 and are a reputational risk for UNICEF – this must be addressed urgently. One proposal is for an Operations Management Team to meet weekly with the heads of HR, Supply and Finance to drive changes to operations in a collective manner.

6 Review of work programme for 2020⁷⁵

6.1 Overview of current focus, coverage and scale

This section seeks to provide an overview of the main programmes planned for 2020, bearing in mind the rapid evolution over 2019. It summarizes the approaches planned for the year, and identifies some high level gaps.

UNICEF programming in Venezuela since 2019 has been primarily a humanitarian response aimed to address the needs of children and their families, based on the UNICEF Core Commitments for Children. This includes programming to “increase access to clean water, basic sanitation and life-saving maternal and child health services; facilitate the prevention and treatment of all forms of malnutrition; enhance access to quality formal and non-formal education; incentivize professional cadres through conditioned cash transfers; provide prevention and response interventions to children affected by violence, abuse, neglect and exploitation, including gender-based violence; and disseminate timely information to promote positive behaviour change.”⁷⁶ In 2020, UNICEF will continue to lead the WASH and education clusters and the child protection AoR, and actively participate in the health cluster and gender-based violence AoR. The 2020 response prioritizes the strengthening of monitoring and evaluation and establishing mechanisms for AAP.

Initially, the humanitarian response in some sectors was focused on the border states.⁷⁷ This may be in part due to the environment in which UNICEF was working: outside Venezuela, the International Organization for Migration and the United Nations High Commissioner for Refugees were driving the agenda around Venezuelans who had left the country. Additionally, the deployment of a Special Envoy with no mandate inside Venezuela most likely helped focus the agenda on migration with limited space for robust advocating for rights of the children inside Venezuela.

The planned focus for 2020 prior to COVID-19, is moving to children’s rights across the country. To this end, UNICEF may wish to consider the nomination of a Special Envoy for Venezuelan children or Special Envoy for Children in the region. The organization’s plans for its programming in 2020 are more ambitious than 2019, aiming to reach 2.6 million people (37 per cent of people in need according to last count, 1.7 million of whom are children).⁷⁸

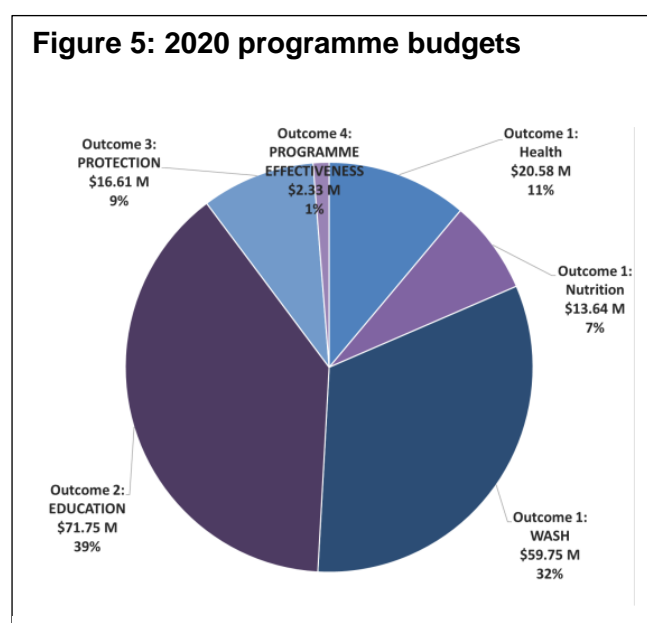


Figure 5 shows the allocation of funds to different programmes. Total funds for the 2020 programme amount to \$184.66 million, basically coming from Emergency Resources.

The education sector has the largest part, 39 per cent of funds, almost half of which are planned to be directed to school feeding projects, and 20 per cent to supporting reinsertion of dropout children (300,000 children). WASH, with 32 per cent of funds, will dedicate one third to improvement of water and sanitation projects for communities, and 40 per cent to improve the service in health and education infrastructure. The health, nutrition and protection sectors will require between 9 per cent and 11 per cent of the budget.

In 2019 there was a need to act rapidly and urgently. There is a noticeable shift in the 2020 programme toward activities directed to improving processes (such as cold chain in health, more emphasis on C4D and in training) that are not necessarily expressed so easily in terms of population reached but contribute to ensure the feasibility and sustainability of interventions.

C4D activities are being integrated in all sectors including information gathering on successful cases and lessons learned. The emphasis in training and retaining staff from services is an auspicious change that would not be visible in the short term but will protect vulnerable populations and impact effectiveness in the years to come.

Nevertheless, these shifts pose a great challenge. It will not be easy to increase targets in one year at the level proposed, particularly in sectors where achievements depend not on supplies distributed, or facilities repaired, but in changing attitudes and counting on adequate and experienced staff or enough suitable partners. However, analysing the AWP at the level of activities and not only targets, it is evident that some lessons have been learned.

Comments on changes in focus and emphasis are provided below for each sector. Overall a concern from the evaluators is to shift to more preventive strategies and toward actions that enhance sustainability of results and strengthen capabilities of community leaders and staff in health and education facilities in order to enable them to change attitudes and practices, making them more resilient.

Some examples include: (a) the concern for sustainability of results with activities geared toward training community leaders in the maintenance of repaired facilities; (b) identifying critical and non-costly interventions with large benefits such as extensively checking and repairing pipelines before installing a pump; (c) the shift toward nutrition screening and treating malnutrition in PHC instead of working directly in the hospitals, contributing to reducing congestion; (d) the weight given to C4D activities as a preventive strategy targeting community members on new attitudes and practices.

The COVID-19 situation will change priorities and emphasis in all programmes. The first 90 tons of vital supplies arrived in Caracas on 8 April.⁷⁹ Section 6.8 provides further details.

Overall the AWP seems appropriate but ambitious (in many areas a fourfold expansion) and will be superseded by the COVID-19 emergency. Extensive fundraising will be needed to expand sufficiently to achieve the targets. Suggestions are made in section 8 for how programming should shift to safeguard essential services for children, ever more under threat because of COVID-19. A rapid review in July 2020 could determine how to adjust, bearing in mind how COVID-19 has evolved.

6.2 Health sector

Strategy, objectives and activities

The UNICEF health strategy for 2020 aims to enhance access to life-saving and preventive maternal, neonatal and child care services and to ensure continuity of the expanded programme on immunization, for mothers, newborns and children with limited access to health services. Specifically, UNICEF will care for children and adolescents affected by HIV through the provision of antiretrovirals treatment. A new emphasis on actions with a component of community participation will be implemented in order to strengthen resilience and sustainability.

Two strategic objectives are formulated in the AWP for 2020:

- (a) Ensure access to critical and essential health services by **strengthening the operational and functional capacity of critical health facilities**. Activities include addressing the provision of supplies, including vaccines, drugs, small equipment and technical assistance to health facilities staff. Health care centres will be prioritized in areas of high vulnerability such as Delta Amacuro, Amazonía and the poor areas of big cities.

- (b) **Responding to priority needs related to communicable and non-communicable diseases, women, maternal, neonatal and children's health**, with an emphasis on community participation. UNICEF will try to address specific barriers such as transport of supplies by health centres. Support to promoters will contribute to enhance PHC.

Targets and expected coverage

In 2020, UNICEF expects to reach more than 700,000 people with health activities (around 10 per cent of total people in need), while funds required to reach the proposed targets are to increase from \$12.7 million in 2019 to \$20.4 million.

Appropriateness of approach and gaps

The scale and focus of UNICEF interventions is greatly enhanced in 2020, reaching four times more beneficiaries and reorienting activities to fill important gaps left the previous year.

Provision of vaccines will continue to have a great impact on reduction of preventable mortality in infants. It is important to highlight that activities planned for 2020 are conceived as enablers of the immunization programme through supplies and strengthening of the cold chain in vulnerable and previously unreached territories (Amazonas, Delta Amacuro and Carabobo). This will ensure sustainability of the immunization programme in the future, so it is a very suitable approach.

The support of hospitals and PHC facilities to provide life-saving services to infants and mothers, is appropriate in an environment of multiple infant and maternal preventable deaths attributable to lack of basic services, life-saving supplies and medicines. However, the coverage of hospitals is still insufficient, reaching around 15 per cent of the estimated hospitals that exist in the country.⁸⁰ The footprint of the United Nations system as a whole is naturally larger given that the major actor responsible for health is PAHO (Pan American Health Organization).

Until now outreach to the social security system hospitals and PHC has not been successful. These are a small proportion of the total but critical in industrial cities such as Valencia, Maracay and Puerto Ordaz.⁸¹ This is an important gap in these very populated areas that will require lobbying at the highest levels.

The addition of components such as HIV treatments, although on a very small scale, is important because it is a pioneering intervention that has not been addressed by the public network.

A shift toward PHC and integrated community programmes shows that UNICEF is adapting to new challenges. However, it will take time and resources to reach a significant number of PHC facilities, which are smaller and more dispersed in the country. It is estimated that there are more than 4,000 centres, of which UNICEF will be covering a small fraction in the near future. Hence, the selection of sites will have to be very strategic to maximize impact and decongest the large overcrowded hospitals.

Among the new activities, lessons learned have led to the inclusion of support to health authorities in solving day-to-day problems that limit health services, such as providing timely support in mobilizing supplies to health centres; and an increase in technical support to, and training of, promoters to facilitate the shift to a preventive focus.

A significant gap is integrated support to health centres and communities to deal with reproductive health (provision of contraceptives and sexual education campaigns integrated in other health interventions), which falls under the mandate of UNFPA. UNICEF should advocate more strongly with UNFPA to fill this gap. It is estimated that there are 2 million adolescents (10 to 19 years) in extreme poverty, and we found evidence in the field of pregnant girls as young as 10 years old in a country where there are no programmes of reproductive health operating in the public network and contraceptives are rarely supplied in health facilities or schools.

There remains a challenge of scale of coverage. UNICEF is addressing this by moving the focus from exclusively in border areas to a broader coverage of population in other states where poverty,

and infant and maternal mortality are severe. Using available data, UNICEF prioritized municipalities by means of a complex index of vulnerability to identify relevant areas (see map in Figure 1).

6.3 Nutrition sector

In this sector UNICEF plans to reach a total of 1.6 million people. Of the total number of people in need, 0.6 million are estimated to be in acute need due to high nutritional risk. The project expenditure foreseen in 2020 is \$13.6 million, three times higher than 2019 funds.

Strategy, objectives and activities

In 2020 UNICEF intends to facilitate prevention and treatment of all forms of malnutrition, with a focus on the most severe cases where the response can save lives, aiming to reach 1.68 million children and 623,000 caregivers. The main activities are prevention of micronutrient deficiencies, prevention and treatment of acute malnutrition and promotion of behavioural change of health staff and communities. The strategic objectives are:

- (a) **Improve access to outpatient health services and community-based nutrition programmes** for children under 5 years of age and pregnant and lactating women for the prevention of acute malnutrition. Micronutrient supplementation for children aged 6 to 59 months, pregnant women and nursing mothers. Activities to address this in 2020 include timely nutritional screening of pregnant women and children and provision of supplements and micronutrients; and a greater emphasis on community-based tools to enhance the response in terms of population reached and prevention-oriented interventions (screening through a community assessment system, a communication strategy in breastfeeding and promotion of ambulatory and community health services). Prevention through education of the most vulnerable population is a very important focus.
- (b) **Improve access to and delivery of services for the management of acute malnutrition** as part of efforts to reduce child morbidity and mortality. Once diagnosed as acute or moderate cases of malnutrition in pregnant women, lactating mothers and children up to 59 months, activities are aimed at correcting the detected condition as soon as possible.

Appropriateness of approach and main gaps

In 2020 there is an important leap in the size of the population to be reached compared to 2019. Besides screening 900,000 children and lactating women, activities proposed include appropriate preventive tools such as deworming, and counselling in an integrative way, including nutrition, health and WASH practices.

As mentioned before the most pressing needs are children suffering from acute (around 300,000 children) and moderate (670,000) malnutrition. Nearly 250,000 children are reported to be at risk of death from malnutrition. Also, more than half of pregnant women seen in several public hospitals have been classified as severely malnourished.

Compared to these figures, the footprint of UNICEF is still small: the AWP plans to target around 30,000 children. But it is important to note the great effort made in screening, a practice that was absent in health care facilities in the country.

The burden on hospitals to treat serious complications of malnutrition that end up in mother and child deaths is high (see section 2), underlining the need for interventions to treat acute and moderates cases of malnutrition. However, there is a big challenge in the implementation of preventive measures to avoid preventable deaths and chronic damage to children.

In order to make a bigger difference in offsetting the dire nutritional situation, UNICEF is implementing strategies that are appropriate, if funds materialize: focusing on more partners with abilities to work at primary care centre and community levels with the enhanced geographical reach this brings; and making greater use of tools linked to C4D will help to widen the reach of preventive

measures. The intersectoral integration (with WASH and education) is also appropriate. But even if funds are available, the process of implementing these practices is slow and the effects take time to be observed. LACRO noted that the problems faced in the past in supply management, development of project and donor proposals, need to be avoided going forward.

Several gaps remain in order to avoid long-term negative impacts on children while achieving other valuable objectives. Foremost is the need for food supplementation for children over 5 years of age, for example in schools, given that UNICEF focuses SAM and MAM interventions on children up to the age of 5 years. For instance, small-scale food production implemented through schools as part of projects to help young people to start productive activities (see below) could help protect children and their families. There are examples in Venezuela of successful application of such practices.⁸² The worsening scarcity of cooking gas is another barrier.

The main gap in the nutritional sector in terms of prevention policy is the absence of WFP and the limited experience in the country in this area. There is an urgent need for WFP and international NGOs with experience in this field to be present.

6.4 Water, sanitation and hygiene sector

Strategy, objectives and activities

The WASH strategy focuses on reducing risks to health, through safe water access, sanitation, hygiene promotion and provision of essential supplies. An important principle in WASH implementation is integrated intervention with health, nutrition, C4D and education activities. It targets schools and other learning and protection spaces, health care facilities and communities.

The funds needed for the 2020 AWP amount to \$59.75 million, four times the 2019 funds. The strategic objectives in the AWP 2020 are:

- (a) Guaranteeing access of the vulnerable population (especially children, adolescents, lactating and pregnant women) to **basic water, sanitation and environmental hygiene services in health and nutritional care facilities, educational institutions, learning spaces and protection spaces**. The activities are: improvement of WASH services in health and nutritional care facilities for the prevention and control of infectious diseases in maternal and child health, including the provision of services and rehabilitation of infrastructure, provision of supplies, capacity-building and technical assistance; improvement of WASH services in educational institutions and learning spaces; and in protection sites.
- (b) Ensure access to safe water, sanitation and hygiene in **vulnerable communities** and empower people to adopt appropriate and evidence-based practices for access to safe water, improved sanitation, environmental hygiene, and household water treatment and conservation. The corresponding activities are: improvement of water and sanitation services for vulnerable populations through the rehabilitation and recovery of infrastructure and services and the temporary provision of safe water; distribution to vulnerable communities of basic hygiene products and home water treatment and conservation, linked to the hygiene promotion strategy; a strategy for the promotion of key hygiene, water treatment and solid waste management practices in communities.

Appropriateness of approach and main gaps

In a very short time, the WASH sector has managed to reach significant impact and coverage with some of its interventions in water systems and critical access points for migrants and poor people. Some of the hospitals that were supported last year show a noticeable decrease in infections, thanks to relatively small interventions such as repairing bathrooms, places for doctors to wash hands, repairing pipelines, providing disinfectant, installing generators and pumps and in more extreme cases, transporting water in trucks. It is in the plan to continue such activities in more hospitals in several regions. This is a direct and effective way to save lives by avoiding the spread of infections. There have been significant supply chain problems which need to be addressed going

forward, whether through decentralized supply chain officers, or some alternative arrangements. This is discussed further in 5.3.3.

During 2020 interventions will prioritize the school system, as part of a wider effort to retain teachers and students within the system and avoid disease spread through hygiene promotion and handwashing with soap. This includes efforts to increase the coverage of water and sanitation in communities. However, it seems ambitious to reach the planned coverage of 2 million people in one year.

Another positive aspect is the integration with other sectors, for example providing WASH services in the same facilities where there are activities in the health, education and protection sectors. However, given the systemic crisis, UNICEF interventions have a clear limitation in scope and sustainability, as many are once-off actions that cannot be sustained over time. It is for this reason that cross-sectoral programmes with C4D are of importance in the AWP 2020, focusing on strengthening the capacity of communities to continue providing the service in their communities in the future. For instance the installation of a pipe or the repairing of a tap will need further care and maintenance by the community.

6.5 Education sector

As explained earlier, in 2019 the education programme had smaller coverage, territorial presence and diversification of activities compared to other sectors. However in 2020, it is the sector with the most resources, and activities are planned to diversify considerably from the distribution of kits to emphasizing the need to retain children as well as teachers within the system.

Strategy, objectives and activities

The UNICEF education strategy will focus on improving conditions and availability of supplies to ensure inclusive access, retention and quality learning; strengthening institutional and technical capacities of educational staff and promoting resilience and psychosocial assistance while providing tools to manage the situation. Planned/needed funds for 2020 are \$71.75 million, more than seven times the \$9 million assigned in 2019. The strategic objectives as stated in the AWP 2020 are:

- (a) **To improve the conditions and supply of educational services**, in the areas most affected by school dropout, in order to guarantee inclusive access, permanence and quality learning for children with disabilities. Main activities are: distribution of kits and educational material; support for initiatives to strengthen school feeding programmes; support for initiatives aimed at promoting educational levelling, life skills and technical training for adolescents; initiatives aimed at the educational reinsertion of children outside school; development of campaigns and communication actions with different members of the educational community to promote access and permanence in school; implementation of psycho-educational support activities in educational spaces; and undertaking recreational and reinforcement activities outside school hours.
- (b) **Strengthen the institutional and technical capacities** of the educational community in the areas most affected by school and teacher dropouts in order to guarantee the continuity of education. Activities planned are: support for the training of teachers and other educational personnel; transfers of incentives to teachers; and support for the design and implementation of preparedness and contingency plans at national and state levels.

Appropriateness of approach and main gaps

The programme for 2020 is designed to tackle the main problems identified in coverage and quality of education (degraded facilities, no teaching resources, a high and growing dropout rate and constant interruptions due to failure in public services).

Special attention is being given to stop students and teachers leaving schools. To this end, three kind of projects are planned. The most significant is a school feeding initiative. The target is to reach more than 400,000 children, a big challenge, not only because it is costly but also because it is not easy to put in place a programme of this scale in a short time, especially in the absence of WFP. A second new initiative to retain teachers is the design of effective ways to support teachers by means of incentives, either monetary or in kind. Finally, activities aimed at out-of-school children and young people are planned. Compared to the needs (estimated at more than 1 million students out of the system), the target to reach more than 300,000 children is important, but it is also difficult to achieve unless UNICEF succeeds in bringing in new partners.

To avoid another lost generation, the educational sector will require more complex and sustainable efforts addressing behavioural components to reach long-term results. With this perspective special attention should be given to adolescents. Two main needs are implementing training programmes to facilitate access to the labour market for this group and the promotion of educational activities on sexual and reproductive health.

Finally, while there is a clear increase in targets related to distribution of educational kits, substantial gaps in the planned geographical distribution remain, which affect equity of interventions. Teacher training needs to focus not just on kits but meaningful and systematized teacher professional development, which has been discussed at the cluster.

6.6 Child Protection sector

Strategies, objectives and activities

One of the main aspects that stands out when appraising the situation of children and adolescents is the violence that permeates all spheres of their lives (at home, at school, in the street). The system designed in 2007 to protect them is also in a poor state. So, it is pertinent that in this sector the principle is to protect the rights of children to live a life free of violence.

The strategy aims to provide prevention and response interventions to children affected by violence, abuse, neglect and exploitation and at the same time contribute to strengthen institutions to fulfil their mission. The planned/needed funding for 2020 is \$16.61 million, compared to \$5.6 million in 2019. The strategic objectives for 2020 are:

- (a) Establish mechanisms for **data collection and analysis, and monitoring of the protection situation of children and adolescents** that helps in the response and advocacy with the authorities with a differentiated approach to gender, age and diversity. Activities are directed to strengthen the system of collection and analysis of qualitative and quantitative data from state institutions and NGOs;
- (b) Strengthen the **physical, mental and psychosocial well-being** of people affected by different forms of violence, exploitation and abuse, using a differential approach of gender, age and diversity. Planned activities include providing individual and group psychosocial support to adults and children and adolescents at risk and in need of protection;
- (c) To provide **material assistance and specialized services** to persons affected by different forms of violence, exploitation, neglect and abuse. Activities include: programmes of accompaniment and comprehensive care to children and adolescents at risk and in need of protection; case management and administrative protection services to vulnerable children and adolescents including survivors of GBV (supporting protection councils); and reunification and alternative care services to children and adolescents at risk;
- (d) Strengthen the **capacities of state and civil society institutions** to prevent and mitigate the risks associated with children and adolescents at risk of abandonment, separation and unaccompanied minors; and to prevent and mitigate risks including those associated with GBV, with emphasis on sexual exploitation and abuse. Activities are oriented to training civil servants and NGO members.

Appropriateness of approach and main gaps

This sector has a huge task, because of the increasing needs for protection of vulnerable children and youth and the weakness of the system designed to protect them. The actions taken are in the right direction but are relatively small in relation to the need. However the targets are still ambitious because of the long processes involved in each individual intervention.

UNICEF can make a major difference in the future of Venezuelan children by providing the opportunities needed to support birth registration, a relatively simple measure compared to the challenges for the other targets.

6.7 Communications for Development

The first strategy for the implementation of C4D in VCO was drafted in June 2019 by an external consultant. The strategy defined three axes: massive campaigns; one day multisector fairs (*jornadas*); and training for interpersonal communication. During 2019 the team organized 16 *jornadas* in the four field offices and, working closely with the Communications Programme implemented several massive campaigns to promote vaccination, and distributed promotional material with an emphasis on supporting protection for migrants.

In the AWP 2020, this transversal strategy is defined as part of the effectiveness outcome: Country Programmes are efficiently designed, coordinated and supported to meet quality programming standards to achieve results for children. C4D is in fact, a programme strategy to achieve sectoral or intersectoral results.

The cross-sectoral output for C4D is: C4D activities are integrated in all programme components of the Country Programme and are inclusive of research, capacity-building, community engagement and media production.

Total funding planned for C4D activities is not presented separately from the other components of the effectiveness outcome. The total budget needed for outcome 4, Programme Effectiveness, is \$2.33 million to be distributed among C4D, AAP and planning.

Appropriateness of approach and main gaps

The C4D strategy was developed in June 2019 and was made operational with very limited resources and staff. In the AWP 2020, C4D is receiving greater attention, given the shift in all sectors to fostering resilience and sustainability using tools akin to C4D. An overall view of the proposed activities in each sector provides a view of the centrality of counting with a strong C4D sector. Unless it has more staff and a strong training and advisory policy, bringing lessons learned from successful cases, it will be difficult for C4D to fulfil the objectives and activities planned for the five programmes. The team is currently recruiting a national staff member, three UNVs and actively including staff/UNVs costs in proposals.

This programme faces big challenges to address the many needs. C4D has achieved significant results considering there was no previous related experience at VCO, and the scarce resources they have managed both in funds and staff from the first quarter of 2019 to date. While C4D activities must be conducted by a technically robust C4D team, it is also necessary to develop the skills of the all programme staff and implementing partners. The implementation of C4D activities should not be the sole responsibility of the C4D team, programme staff needs to be fully involved in the implementation. Communication and programmatic action cannot be separated in a humanitarian setting, as in development contexts.

The C4D work involves coordinating with all programmatic sectors as well as communications, which can be challenging, and to achieve substantive results in the midst of this constraint. In this sense, a focus on organizing *jornadas* seems to be appropriate at this stage. However, it is important to provide additional training to promoters working in each sector, provide tools and materials for applying C4D strategies, in order to foster capacities that will allow increasing coverage and impact.

6.8 UNICEF Response to the COVID-19 outbreak

On 13 March 2020, Venezuela confirmed its first cases of COVID-19 and according to the daily update by OCHA from official sources as of April 10, 2020 there are 175 confirmed cases, 82 active cases, and 9 deaths.⁸³ There are four confirmed cases in children 0 to 9 years and five in the age group 10 to 19 years. The Government took early and drastic measures to deal with the outbreak. On the date the first case was confirmed the Government declared a state of alert⁸⁴ and on March 16 announced a nationwide preventive social quarantine. The measure provides for the suspension of all work, commercial and school activities with the exception of social services and activities of pressing need (food distribution, health, safety and transport services). On April 11 the Government extended the state of alert for one more month.⁸⁵

The COVID-19 pandemic aggravates the complex humanitarian situation in Venezuela, which has also been affected by the return of Venezuelans who had migrated to other countries, causing serious problems in border areas, especially with Colombia. According to the United Nations Intersectoral Plan of Preparedness and Care, COVID-19 Venezuela (second edition, released on 10 April), an increasing number of people have been returning from Colombia since mid-March.⁸⁶ Some reports indicate that between 40,000 and 60,000 people have returned, including those migrating daily, putting a major pressure on these overcrowded areas.

The scarcity of fuel has reached a critical stage and in much of the country it is only provided to health staff, the military and the police, and people working in the food and medical supply chains carrying a permit. Confinement has serious consequences for access to food when people are prevented from working, so in poor areas the confinement is not strictly followed.

In this situation, a catastrophic aggravation of the health and nutritional situation and a rapid spread of COVID-19 could happen. Given the close relationship between the areas of work of UNICEF and the requirements to tackle this outbreak, its response has been timely and very pertinent, although it needs to be expanded considerably.

On March 17, the Government requested support from the United Nations to combat COVID-19 and address the social and economic consequences.⁸⁷ The United Nations system and partners are supporting the Ministry of Health with epidemiological and laboratory surveillance, infection prevention and clinical case management, and social communication to promote risk prevention and mitigation. Efforts are being made to ensure the continuity of food security, nutrition, protection and education.

As part of the initial response, PAHO/WHO delivered 2,000 diagnostic kits, 150,000 medical masks, 200 personal protection equipment kits, and 7 hospital hygiene kits to the four sentinel hospitals in Caracas. It is also providing ongoing technical cooperation to the authorities for epidemiological surveillance, infection control, laboratory diagnosis, and case management.

The specific initial UNICEF response, as described by the organization⁸⁸ is based on its mandate, with health and WASH actions in the 47 national sentinel hospitals and 82 primary health care centres. Specifically, UNICEF support will focus on 14 of the 46 prioritized sentinel hospitals for the COVID-19 pandemic. This support extends to other facilities such as outpatient centres and prioritized schools through daily school feeding activities for 27,000 children. UNICEF provided the first 90 tons of supplies to address COVID-19 on 8 April, including personal protective equipment (PPE) and other essential medical and WASH supplies.⁸⁹ The shipment included PPE for frontline pandemic health workers, hospital kits with essential drugs, hygiene and sanitation kits, as well as education and recreation kits to support the most vulnerable children and populations at greatest risk. Among the supplies that arrived are 110 basic emergency kits to reach 110,000 people, oxygen concentrators, pediatrics beds and nearly 1,000 kits of protective equipment for health workers, and test kits which allow for the identification of 28,000 suspected COVID patients.

According to the document released on April 10 the second edition of the United Nations Intersectoral Plan of Preparedness and Care, COVID-19 Venezuela, will be in force until the end of the year, coordinating actions by all agencies present in the country, with a phased strategy.

In the first phase (first three months), the plan focuses on strengthening the response capacity in 16 of the 46 hospitals and sentinel centres, located in the areas of Greater Caracas (Capital District, Miranda, La Guaira), in the border areas in Táchira, Zulia, Apure and Bolívar; and in three additional states (Anzoátegui, Lara and Falcón). Some of these hospitals will be supported through comprehensive health and WASH/infection prevention and control (IPC) interventions, and others with part of the planned interventions. Some interventions will also focus on strengthening primary health care capacity in outpatient clinics in priority states.

Interventions in the most vulnerable communities in terms of access to water, sanitation and hygiene will be aligned with the same geographical prioritization of hospitals and sentinel sites to maximize impact. This includes the 10 states with a focus on urban areas, where there are higher population densities, and greater challenges in terms of access to safe water. Risk communication and social mobilization actions are focused on the 10 states prioritized by health and WASH, although some activities, such as dissemination through social networks and other media, will have a nationwide reach.

In the border areas, already prioritized, the increase of returnees requires dedicated attention to mitigate the additional pressure on recipient municipalities.

In a second phase, the prioritization will be reviewed based on the evolution of the epidemiological situation. It is expected to expand the response and the number of hospitals supported with a comprehensive package of health interventions. The impact of the situation on cross-sectoral humanitarian needs will also be monitored, in order to re-prioritize the humanitarian response if necessary, even if the food and nutritional security situation deteriorates, and if critical protection and psychosocial support services need to be strengthened.

In the response to the COVID-19 crisis, it is important that priority be given to both advocacy for and contribution to the continuity/adaptation of services for children and their families, in addition to the pre-existing humanitarian commitments from the L2 emergency. UNICEF will need to enhance its work in risk communication and community engagement, by reaching children, caregivers, pregnant/breastfeeding mothers, households and other high-risk communities with targeted and accurate information related to COVID-19 through a range of media communication channels.

7 Strategic drivers for UNICEF to achieve more for children

7.1 The outlook for 2020–2021

At the time of writing this report, the likely scenarios for the future are unclear. De facto dollarization has meant some renewal of economic activity from the worst period of 2018 to 19, but big problems remain for those unable to access foreign currency, which is the case for the majority of the poor. Government has recognized the need for humanitarian action but sees this as short-term with a reversion to developmental action in the near future. This is unlikely to be realistic with the collapse in living standards, emigration of professionals and deterioration of infrastructure. Oil prices are likely to remain low for the foreseeable future⁹⁰ and oil production in Venezuela will likely decline in 2020.

While the political situation is unclear, UNICEF needs to be prepared to expand its programmes because of the huge needs of children in the country. The COVID-19 pandemic is compounding the humanitarian situation and will require greater support in this regard.

There is a risk of total collapse of essential services for children including health, education and water unless the current staff at the point of care (schools, clinics, etc.) can be retained. Some incentives to keep key staff at points of care for children are essential.

From this point in the report recommendations are identified which are summarized in section 10.

7.2 The central argument about the way forward

7.2.1 The emergency need is great

Although data is challenging to obtain, VCO has recently made efforts to identify the most vulnerable parts of the population and Figure 1 shows the distribution by municipality, according to a composite index, made up of several measurements of vulnerability. Emergency help is critical and humanitarian support must scale up over the next few years. The yellow stars on the map represent the location of UNICEF field offices.⁹¹ As can be seen, the coverage of the UNICEF response does not correspond with the patterns of vulnerability in the country. However, the expansion of coverage from the field offices and creation of new hubs is addressing this issue. It would also help if there was a clearer picture of COVID-19 occurrence, but without that the focus on most vulnerable areas must continue to guide the work.

R1: VCO must continue with its process of expanding operations from its initial field offices to hubs and antennas in neighbouring vulnerable states of the country.

7.2.2 The need to avoid collapse of facilities serving children – safeguarding essential services for children

A huge risk going forward is that the remaining staff in key facilities for children emigrate, the facilities collapse completely, and the situation of children worsens markedly. Teachers are earning wages of around \$3-4 a month, not even enough to cover transport costs. Also, more than 120,000 teachers have left the country.⁹² Throughout the year, teachers have gone on strike to protest about poor wages, conditions of the schools and the lack of resources.⁹³ This indicates the urgency of measures to keep teachers in the classroom, including teacher incentives.

A similar picture is true for health services, where nurses, cleaners, porters, and laboratory staff have emigrated. In the field visits conducted for this review, around 50 per cent of nurses appeared to have left, and the existing nurses were having to work double shifts and assume other tasks such as cleaning the wards. Despite wages of around \$4 per month doctors appear to have been retained, perhaps as they have better access to private practice, or through additional work they do, including on UNICEF projects such as *jornadas*. However in some of the local hospitals visited there were negligible supplies apart from those provided by UNICEF, disincentivising mothers to visit the facilities.

It is essential to safeguard these key facilities, finding ways to incentivise key staff to remain, and to provide the most important supplies to keep these facilities running. The review team refers to this as safeguarding essential services for children. It is not yet clear what the implications of COVID-19 will have for this situation. Some are reporting that migrants are returning.⁹⁴ Will this mean that critical workers return, and if they do will they have lost their employment anyway? The answer is not clear.

Non-financial incentives also make a difference in retention, e.g. increasing motivation by ensuring availability of supplies, improvement of sanitation, access to water etc. However, with the collapse of the Bolivar and the negligible wages being paid this is unlikely to be sufficient to retain staff for long, who despite high levels of motivation need to survive.

There are a number of risks around financial incentives including: deepening inequities in the country; high cost if widespread; inadequate data; insufficient evidence from elsewhere that subsidies for healthcare workers are effective. By definition it is not sustainable, and continuity of services being ensured by UNICEF paying stipends or top ups of salaries of government employees in the social sectors could be a reputational and political risk for UNICEF. Despite these risks the consequences for children of essential staff not staying in post are immense and the possibilities need to be explored. It is a controversial and delicate matter but without taking risks here the outlook for children could be severe.

Possibilities for cash incentives include stipends paid directly to key frontline essential services workers, or payments for additional services undertaken with partners, e.g. participating in *jornadas*. To support teacher and health worker retention and assess other potential entry points for use of cash assistance in the Venezuela response, in November 2019 VCO conducted a Feasibility Assessment for Cash Transfer Programming. A small pilot is underway on cash incentives. The pilot should be carefully monitored with a view to scaling up, and possibly additional pilots tried. This should be complemented by strategies to retain students such as school feeding or cash-based programming for children. Such initiatives will need coordinated and intensive support from all parts of the organization, including LACRO, EMOPS, PD, PPD and OED.

R2: Venezuela must work to safeguard existing key essential facilities which support children including schools and hospitals, finding ways to provide financial and non-financial incentives to staff to remain in post, as well as critical supplies to enable these facilities to continue to operate.

PPD should confirm if there are donors including international financial institutions who are interested to provide incentives to government staff at scale (to safeguard existing health/education/child protection services at the facility level) and the potential of a trust fund facility.

7.2.3 The need to scale up to reach a significant proportion of vulnerable children

The next challenge is scaling up to address a much wider section of the population across the country. The last HNO in 2019 estimated 7 million people in need.⁹⁵ Given access constraints, the capacity of the United Nations and its NGO and government partners, and lack of funding, there are limits to reaching children with emergency programming. If UNICEF expands its response it will need major fundraising and to work with state facilities. In the 2020 AWP UNICEF is planning on reaching 40 of 300 hospitals, supporting 700,000-800,000 of 1.2 million children showing some degree of malnutrition, and 400,000 children receiving school feeding, out of a total number of around 5.5 million children aged 5 to 15 years. How can this scale-up happen? We consider some of the limitations on scaling-up in turn.

Limited capacity in UNICEF and insufficiently decentralized

Section 6.3.1 discussed the need to improve onboarding and on-the-job training, as many of the new staff have never worked with UNICEF or the United Nations. It is important that future recruitment places more emphasis on knowledge of UNICEF and humanitarian response,

supported by intensive language training in Spanish if needed. DHR needs to actively support VCO in this.

There is a need to unblock delays notably in supplies, and recruitment. There is also an urgent need to ensure that key positions in the office have sufficient experience and seniority to manage the complexity that comes with the programme. Several key positions need to be placed at levels commensurate with the complexity in the programming and advocacy environments. In particular, education, communications, resource mobilization, and C4D need to be upgraded to the P4 level. To support the numerous recruitments that will need to take place, HR positions (the head is currently a P3) should also be upgraded and the team's capacity expanded. A P5 head of supply is being recruited and this needs to be expedited, with VCO able to make the choice themselves. DHR/LACRO should facilitate urgent recruitment.

R3: DHR/LACRO support VCO to recruit their identified candidates for CFO and Head of Supply.

The capacity of VCO to provide direct support to children is essentially through its field offices. The field offices have insufficient capacity, and authority to undertake the role they need to play. This will become increasingly important with the COVID-19 pandemic where rapid responsiveness is key. This is discussed in section 4.1 and 6.3. During one of the workshops with VCO this was brainstormed with a cross-cutting group of operations staff sitting with a chief of a field office and the acting CFO. They came up with several recommendations which are in Annex 7. In addition, the review helped to prompt the taking forward of a SOP on contribution management with associated delegations which had been tabled in July 2019 but had not been agreed. This was approved during the review mission and the first three pages of the SOP are in Annex 8.

R4: UNICEF moves immediately to pilot the Contribution Management SOP and to rapidly scale up decentralization. A suitable CFO is appointed and a task team drives a phased approach to decentralization with basic HR, supply and financial responsibility delegated to field offices within three months.

As well as delegated authority, field offices need additional resources including staff and vehicles to enable them to expand coverage. This expansion must be supported and monitored by the country office, but it needs to be at a rate the offices can sustain. Surge support may be needed to enable them to move quickly in new areas.

Limited capacity to scale up using local NGOs

Local NGOs are key partners for UNICEF. Their challenges are discussed in section 5.8.1. The limited pool of NGO partners implies a high level of direct implementation by UNICEF in the short term, as partner capacity is strengthened. There is a debate as to whether it is worth working with small NGOs. Some staff believe that unless the PCA is for more than \$100 000 it is not worth it. At present it seems likely that UNICEF and other United Nations partners will need to work with small CSOs and invest in expanding their capacity to support children. However, this is not a short-term response. There may also be a need for some flexibility so they can adapt to the needs of the COVID-19 response.

R5: VCO must scale up its support to NGO partners, with dedicated capacity to build their capacity, and assist to ensure they are able to operate.

R6: Liaison is needed with DAPM to ensure that simplified UNICEF procedures and checklists are being used.

There is possible entry of international NGOs such as Save the Children who can assist in this regard, but some scepticism as to how much difference this will make.

Scaling up by working with government facilities at local level

UNICEF is establishing strong relationships at local level with diverse government structures, and often in complex security situations (as the team saw in Táchira). The implications of the lack of

capacity of local NGOs, is that UNICEF will have to do much direct implementation. In practice UNICEF and the United Nations system would not be able to implement huge programmes themselves. They will have to work with service points run by local governments (both opposition and from the governing party) and maintain their neutrality providing supplies and equipment so that those services can continue to operate (safeguarding), using the capacity of existing staff to provide the actual services, but providing financial and non-financial incentives to retain staff in those facilities. If this does not happen the situation of children will become much worse as schools and hospitals close.

R7: UNICEF will need to expand its implementation capacity, working with key state facilities (run by both government and opposition) and NGO facilities for children including schools and hospitals.

A key issue is perception management if UNICEF is working with local government facilities. The review team was informed that the opposition had recognized the need to work with local government structures. However, some donors may be reluctant to fund this work.

Another possible area is joint programmes, for example on food security with FAO. However, at present FAO has retained an upstream role with little implementation capacity.

R8: UNICEF will need a clear message about the need to safeguard essential services for children and for VCO, RO and headquarters to share the potential risk of some donors not being comfortable working with state facilities.

7.2.4 Fundraising for increased scale

UNICEF is the United Nations agency with the broadest presence on the ground, leads on four clusters and has a major mandate to fulfil. The political context has implications for fundraising. This is discussed in section 6.4. In line with the point about scaling up, donors need to accept that ensuring continued (and more effective) services of schools, hospitals, child protection advisors, etc. is critical to child survival. Donors will not directly fund government, so UNICEF will have to implement directly, using the capacity in these point-of-care facilities.

More robust monitoring, particularly TPM and a strong system to collect information directly from beneficiaries will help reassure traditional donors and address some of these funding challenges. It should be noted that the recent package shared by the country office about its activities was well-received. Private advocacy in this context should be prioritized. UNICEF should consider exploring digitized fundraising that connects donors directly with beneficiaries.

Another way to bring in donors is to explore the inclusion of programming in Venezuela as part of a regional appeal for the migration crisis. Traditionally, UNICEF has had separate appeals for countries receiving migrants and their country of origin. An appeal that included Venezuela might relieve some of the political pressure on donors. This was investigated in the review but there did not appear to be strong evidence that this would be the case.

The limited funds, lack of a clear resource mobilization strategy and the piecemeal nature of receiving these funds present major constraints for delivery.

R9: The crisis and sensitivity of the political situation requires a more dynamic whole-of-organization resource mobilization approach, with headquarters negotiating directly and undertaking advocacy with donor capitals, communicating that safeguarding essential services for children is necessary at the facility level. Consideration should be given to exploring access to frozen funds to enable work at scale.

A trust fund may be the right tool for donors who are interested in assisting the humanitarian response in Venezuela, yet who are sceptical about how the funds might be used.

The recent announcement that Corporación Andina de Fomento (CAF) is seeking to provide \$350 million to improve electricity supply with United Nations partners may indicate that the context is changing and may pave the way for additional international financing in the future.

R10: Innovative financing should be explored, including through the establishment of a trust fund, to fund some of the work of UNICEF in keeping point-of-care facilities operating in specific sectors.

The limited regular resources has meant all new staff positions are funded from other resources which makes proposals less attractive to donors. The key to accessing additional RR is data to accurately depict the current under five mortality and income levels in the country.

R11: Venezuela should be urgently assisted by headquarters to obtain more accurate data on the situation of children in the country. In addition to improving programming and advocacy, such data would enable a reassessment of the RR needs of VCO.⁹⁶

7.2.5 Demonstrating neutrality to reassure donors

The primary challenge is to enhance trust and reassure all parties of the neutrality of UNICEF. UNICEF has managed this challenge before in many other contexts: how does the organization deliver programming in accordance with the humanitarian principles while maintaining a relationship with a government (and in some cases work through state systems) that is not always supportive of the mission of UNICEF? Headquarters should provide guidance on how to manage this dilemma.

There are several possible options for UNICEF, including:

- Better early warning and responsiveness through strengthened political analysis;
- Assuring all parties by making available data from M&E and AAP systems on the need, who is receiving UNICEF support, and the outcomes, and working with both opposition and government-run facilities to deliver services to children;
- Assuring all parties of the neutrality of UNICEF by working with facilities across the whole country, not just in migration areas;
- Effective communication in the country and internationally of the need, of UNICEF responses and UNICEF neutrality;
- Building a narrative of responding to children's rights, which has the potential to become a mobilising narrative across political divides.

These are discussed in turn below.

Strengthened political analysis and foresighting

VCO is operating in a difficult political climate. Detailed political analysis is needed to manage this effectively. This is discussed further in section 9.1.1.

Strengthening situation and programme monitoring

Due to the highly politicized context, there is a lack of publicly available data and information about the situation of children in Venezuela. Section 6.1 discusses this in detail including possible responses: the census, a MICS survey and working with the ENCOVI consortium.

To maintain neutrality, UNICEF needs to share information that demonstrates its commitment to children in Venezuela and that the office is transparent, which is essential for building trust with the Government, opposition and donors. The PME Unit is working very hard to meet these demands (also discussed in 6.1).

R12: VCO continues its progress in strengthening situational and performance monitoring as part of PME. An AAP system should be established both to strengthen data available and to reassure donors that UNICEF is supporting needy children directly.

7.2.6 Increasing visibility

The natural UNICEF link between reporting the results of its work to fundraise is difficult in this context. The sensitivity about sharing information about the situation in the country is inhibiting the capacity of UNICEF to mobilize support, both within the country and internationally. How does one mobilize resources in an environment in which you cannot communicate what you are doing?

R13: VCO is supported by LACRO/headquarters to increase visibility internally and externally, while retaining the confidence of government and opposition/donors.

7.2.7 Planning of the response

VCO programming has changed dramatically since the CPD was signed with the Government in 2015 yet the previous programme structure has not been changed. This means, for example, in VISION, the office is still organized and reports on its work by using a single outcome for health and nutrition and there is no outcome for WASH. The current CPD is unlikely to change in the next year. However, UNICEF corporate guidance on changing outcomes and outputs in country programmes, allows for some flexibility in this. The guidance states “Outcomes or Outputs may be added to an existing Country Programme following a review process with partners (e.g. annual, Mid-Term, or other) or in response to an emergency or humanitarian crisis.”

R14: The VCO needs to work closely with LACRO and request targeted support from DAPM where necessary to adjust the outcome and outputs to better match the context, document this in the country’s Programme Strategy Notes and in VISION Transaction Management System, the associated indicators, baselines and targets in the Results Assessment Module.

7.2.8 Management and oversight of the response

Although not officially declared a Level 3 Emergency, the review team observed that the situation is akin to an L3.⁹⁷ The complexity of the political situation requires constant attention. Country office leadership has been managing this, with assistance from headquarters, and it has consumed a lot of time and energy. The task requires not only managing the divisions within the country but also the politics outside the country. The uncertainty of the future makes the situation extremely complex.

The review did not find LACRO as having the capacity to support such a response in a sustained manner across the whole office. This means for certain areas including foresight, fundraising, human resources, supply, advocacy, VCO will depend on support from headquarters for the foreseeable future. This should be formalized. The wider implications are discussed in 9.1.

R15: The lessons from the classification of Venezuela as an L2 and not L3 should be considered in the ongoing Humanitarian Review and the specific support from headquarters that LACRO and VCO need should be identified and agreed upon.

LACRO should continue to support on communication, advocacy and monitoring, shifting its programming to focus more on resilience and systems, while maintaining the emergency programming. Decisions are also needed on how to strengthen foresight capacity.

8 Proposed changes in programming

8.1 Exploring the concept of safeguarding essential services for children and scaling up

Key points which emerge from the previous section relevant to programming are that:

- The emergency need is great, and UNICEF delivery must expand;
- It is essential to avoid the collapse of facilities serving children – which we refer to as safeguarding essential services for children;
- The need to scale up to reach a significant proportion of the vulnerable children in Venezuela, decentralization to and expansion of UNICEF field offices, as well as working with NGOs and and working directly with local government facilities.

The programme should have a robust emphasis on working in fragile contexts and needs to be sufficiently flexible to adapt to rapid changes in the situation.

8.1.1 Exploring WASH as an example

To explore the implications of the safeguarding concept, WASH is used as a case (see Table 4). Column 2 is straightforward emergency action, column 3 shows ways to retain existing capacity and column 4 shows how to use existing capacity to expand humanitarian coverage.

Table 4: Examples of extending WASH services from emergency to safeguarding

	Application for emergency	Application to safeguard existing capacity	
		Retaining existing capacities	Expansion using existing capacities
Deliver services and supplies			
Rehabilitation of water supply and sanitation systems at community level.	Purchase, transport and installation of products and services for rehabilitation of WASH systems.	Complement the emergency action with support for operation and maintenance including reinforcing capacities (training and operations and maintenance (O&M), O&M items) of service provider staff. Include the possibility of cash-based support for training (as an incentive). Provide supplies for small repairs to reinforce resilience of WASH systems.	Enable/reinforce capacities of technical staff to ensure O&M of key existing facilities (beyond those supported by UNICEF) to contribute to avoiding collapse. Develop a capacity-building plan with Ministry of Water (MoW) and implement key actions to contribute to avoid collapse.
Rehabilitation of WASH systems in hospitals, primary health care centres, protection centres and schools.	Drill boreholes, installation of chlorinators and pumps, tanks, etc. in hospitals, health care facilities and schools.	Complement the emergency action with staff training for operation and maintenance of hospitals and O&M of Ministry of Health (MoH) to maintain facilities. Provide supplies for small repairs to reinforce resilience of WASH systems.	Provide drilling or repair existing machines for Hidroven in key states. Reinforce the O&M teams in MoH and MoW through training of trainers (TOT) approaches and supplies to contribute to O&M in key states. Develop a capacity building plan with MoW and MoH and implement key actions to contribute to avoid collapse.
Distribution of key products for hygiene and cleaning in institutions.	Distribution of essential products to institutions.	Installation of machines to produce chlorine at hospital and school levels and training of key staff.	Production of extra chlorine to be distributed to vulnerable communities and institutions around the hospitals or school.
Distribution of water	Distribution of essential	Develop or reinforce a local	Scale up the local production

	Application for emergency	Application to safeguard existing capacity	
		Retaining existing capacities	Expansion using existing capacities
purification tablets, soap, hygiene kits, etc. for communities.	products for vulnerable communities.	production of soap. Develop a voucher approach or subvention.	of soap to support local economy linked a voucher approach or subvention.
Empower communities to maintain water systems and do WASH			
Implementation of Communication for Development strategy for building community resilience, including risk communication.	Implement C4D strategy at local level through community workers, teachers, local leaders, etc., including interpersonal communication, focus group, radios, design and print of materials, etc.	Develop a scaled up C4D strategy through TOT mechanisms, training institutional staff (including incentives) and setting up a system to monitor and provide technical assistance to the implementation of the C4D strategy.	
Hygiene promotion and household water treatment and storage as a priority.	See points above (C4D and distribution of products in service delivery programming approach).		
KAP research to understand the problem and to elaborate an evidence-based strategy.	Obtain qualitative data through focus groups with NGO's or quantative/ qualitative data through universities or private sector.	Reinforce existing institutional mechanism to collect this data, including materials, training and some modalities of incentives	
Evidence to promote child rights			
Water access and quality data.	Develop independent studies or surveys with universities, private sector, NGOs to address specific subjects in specific areas or states.	Reinforce existing institutional capacities to obtain the data, including reinforcing capacities to develop the studies or surveys (tablets, specific training, etc.)	Scale up the support and reinforce national system, including MICS surveys for JMP ⁴ , etc. (not easy to consider this support before 2021).
WASH data in institutions.			
KAP studies.			
Generation of evidences through specific studies.			
Strengthen enabling environments			
Training of technical staff for operation and maintenance of supplies and services delivered by UNICEF.	Linked to service delivery (e.g. training of staff that will operate equipment provided by UNICEF).	Develop a Capacity Building Plan to avoid collapse and recovery and trigger implementation of the plan with UNICEF support. Use evidence and results to raise funds from other institutions (such as CAF) to support the plan.	
Technical assistance to the Government to understand the situation and planning immediate and impactful interventions. Example: with peer support from other service providers from other countries.	Specific technical assistance of specific projects.	Develop a mid-term cooperation between service providers, or South-South cooperation to reinforce capacities of Venezuelan service providers.	
Apply WASHBAT ⁹⁸ to analyse the problem and to define a roadmap to recovery.	Build trust with MoW and MoH to understand the immediate causes and bottlenecks and to address them through an emergency programme.	Conduct WASHBAT analysis with expert support such as Stockholm International Water Institute (SIWI) to analyse bottlenecks and elaborate a theory of change and roadmap for avoiding collapse and recovery.	Beyond international and humanitarian support, advocacy to enable national budget to implement the mid-term roadmap, including sector restructuring, etc.

⁴ WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation

8.1.2 Phasing

A key concept that emerges is about phasing of humanitarian support:

- (a) The establishment of high impact interventions that respond to priorities that all agree with and that build trust are key for immediate emergency support in new areas e.g. support to hospitals, WASH, nutrition screening and supplements, school feeding. The COVID-19 crisis may provide an additional opportunity here and will certainly emphasize the emergency support in the short-term.
- (b) Once trust has been established one can move to safeguarding services through incentives (non-financial and financial), supplies and equipment, and training.
- (c) UNICEF can also then move to interventions which can be scaled up more easily, e.g.:
 - Community-strengthening approaches with C4D promoting understanding of risks, promoting hygiene, water treatment
 - Support to Consejos Municipales de Proteccion (happening)
 - Promoters e.g. community health workers, as a key element for many systems promoting resilience at local level including WASH (hygiene, pump repair), health, nutrition, food security. These are local people, requiring limited resources, short training, but ideally should be visited by paraprofessionals such as nurses.

Some support can integrate all of these, e.g. integrated support to schools – school feeding, kits, training, WASH, school gardens, health/nutrition screening. UNICEF has extensive experience of these types of support, for example in Yemen, Zimbabwe, etc.

8.1.3 Role of incentive payments for key staff

A key issue in safeguarding is the incentives needed to retain staff in facilities. This is discussed in 7.2.2 and Recommendation 2 addresses this. However, some concerns were raised about paying financial incentives:

- There is a risk that incentives will cause harm by deepening inequities in the country
- The cost will be high if widespread
- There is inadequate data to implement it
- Giving cash to families means that they use it to pay for health care, but health care is a human right
- There is inadequate evidence from elsewhere that subsidies for healthcare workers are effective
- The intervention is unsustainable and should not be attempted without an exit strategy.

There is evidence that giving cash is working, e.g. in Yemen and Zimbabwe. The state has accepted the idea of payment of stipends, but not salaries. The view of the review team is that there is definitely a role for non-financial incentives, but also financial incentives, paid directly to staff rather than through government systems, and that without this staff are unlikely to stay long. A study was undertaken into cash transfers, but it was rather inconclusive.

R16: A more comprehensive strategy for cash incentives/stipends is developed across all programmes for teachers, health workers, frontline workers. The strategy should be applied progressively across all areas that UNICEF is supporting.

8.1.5 Cash transfers for children

One of the successes of government in the 2000s was an extensive social protection network. Some new elements added in the face of the crisis include the Local Committees for Supply and Production (CLAP) food parcels. A big problem is how to deal with the large numbers of children who are left behind, or at risk of severe deprivation. International financial institutions are starting to think of cash transfers. The potential of a wider cash transfer system for the most vulnerable children should be investigated, and if donors can be convinced, taken forward. Once again this would be an appropriate use of government funds which have been frozen in overseas accounts due to sanctions.

8.1.6 Other ideas around safeguarding

Other ways UNICEF should consider refocusing its programming towards safeguarding services include the following.

- Population-based services that reach the majority of children directly e.g. sustained immunization, deworming, SAM treatment, rather than supporting a few facility-based services. Immunization is becoming very important. VCO is not paying into the PAHO revolving fund. They are modestly transitioning from service delivery to trying to have a more comprehensive vision. This means not just delivering supplies but looking at the system to track vaccine use while doing capacity-building around finance, HR, and protocols. We need to have a slightly more sophisticated method than just bringing supplies.
- Innovations that support small networks of services in a cost-effective manner (like safe water in small towns).

8.2 Other areas to strengthen programming

Possible areas where programming could be strengthened include:

- Much more technical capacity-building – both of NGOs and facility staff – so UNICEF is not just a distributor of supplies. Note a contract has been signed with Deloitte to build NGO partner capacity;
- Consolidating what UNICEF is doing and improving quality;
- Advocating for partners to support the work of UNICEF e.g. United Nations Office for Project Services on infrastructure, FAO on food security, through partners, or secondments from WFP.

New areas of work that could be considered include:

- School feeding (the office is planning for this, with a costing of \$20 million for 180,000 learners suggested);
- Strengthening ECD;
- Expanding work with adolescents including on teenage pregnancy. This requires consideration on how to better meet the needs of adolescent boys and girls across all sectors especially in the border states where adolescent girls are easy targets of exploitation and abuse and out-of-school adolescent boys are easy targets for criminal gangs and armed groups;
- Binational or multi-country initiatives to work across borders.

School feeding provides a major entry point for integrated work with children. This includes nutrition, school health, and education; provision of incentives to teachers (for example a meal, or cash incentives) and strengthening community oversight (otherwise there is a risk of foodstuffs and equipment being stolen). The fact that government has requested assistance opens access to this. VCO is taking forward school feeding in 2020.

R 17: VCO needs to be supported by headquarters to develop a series of funding proposals to expand the scale of support.

Office capacity, including operations, will have to be strengthened considerably in order to implement this.

9 The lessons to be drawn from Venezuela for similar crises, and to inform the ongoing Humanitarian Review

9.1 UNICEF-wide

9.1.1 System for effective risk analysis

UNICEF was slow to act on the Venezuela crisis and its response was reactive. This was the case for the United Nations across the board. It was only in April 2019 that the Secretary-General indicated the need for humanitarian assistance.

UNICEF needs a system for effective risk analysis and foresighting⁹⁹ including political and economic scanning to anticipate deteriorating conditions for children, and inform advocacy and decision-making. This should help to better inform programming, establish the operational agility needed, efficiently manage risks, identify information gaps, and potential data sources of other partners of the United Nations and academic community, that UNICEF could use.

Ideally, this scanning should be done jointly with a strong UNCT, but UNICEF must have access to the analysis. The Economic Commission for Latin America and the Caribbean (ECLAC) has a responsibility to undertake such analysis, serving all United Nations agencies in the region. For comparison, a Special Representative of the Secretary-General of the United Nations in West Africa had a political adviser, a security adviser, human rights adviser and humanitarian adviser.¹⁰⁰ A Special Representative may be needed in the case of Venezuela because the situation is so complex. UNICEF has to review it with its partners within the United Nations, and with ECLAC, and agree how best such analysis could be undertaken and shared between agencies. The review team does not recommend UNICEF necessarily undertaking this research itself, rather it needs to establish mechanisms to access such information in a timely manner, including at regional and global level.

The revised Procedures on Preparedness on Emergency Response, and Enterprise Risk Management are appropriate tools for tying advocacy and decision-making more closely to political and economic analysis about the contexts in which it is working. UNICEF should use these tools not as compliance exercises but as fundamental to its programming and staffing. Additionally, the nascent work of the horizon scanning unit in EMOPS should prevent such delayed scale-up in other contexts in the future.

R18: UNICEF needs to access and integrate political and economic analysis and foresight in its planning, linked to decision-making tools and processes like the Procedures on Preparedness on Emergency Response, Enterprise Risk Management and Risk Informed Programming.

9.1.2 Revisiting the definitions of emergencies and improving UNICEF alignment to support these

An L2 emergency is primarily intended to be overseen and supported by the regional office, while an L3 emergency is also supported by headquarters. Venezuela is an example of where the categorization of L2 and L3 is inadequate – the L3 was not declared for practical reasons, and yet the situation required support from headquarters in critical areas. It was observed that the categorization does not work for slow onset and long duration emergencies, especially where the causes are political. This is an L2 with ‘special characteristics’ and UNICEF needs something between an L2 and L3. Given the implications, UNICEF should consider establishing a governance structure commensurate with the complexity and scale of the situation. This would ensure the country office receives the support it needs and would help harmonize the delicate private advocacy across all levels of the organization. This structure should be used where the complexity of the situation demands whole-of-organization support but where declaring an L3 is not practical.

R19: UNICEF needs to review the L2/3 categorization with respect to slow onset long duration emergencies and develop more diverse models for governance.

9.1.3 Sharing risks in difficult environments

In high-risk situations UNICEF needs a common strategy, based on continual risk analysis, executed across the organization. In some cases, it is easier for higher levels of the organization to deal with governments at the political level or to communicate externally in sensitive areas, so the role of the regional office and headquarters becomes very important. However for country offices to be prepared to take risks they need to know that they are backed by the regional office and headquarters, and this may need to be formalized in some way, possibly with some form of risk compact across the organization agreeing roles and responsibilities as part of the L2/L3 memorandum.

Several respondents highlighted that the culture of seeking assistance is seen as a weakness, and the assistance provided is sometimes judgmental – i.e. ‘you failed’. UNICEF needs to look at this to ensure that people are prepared to ask for help, and risks can be shared.

9.1.4 Balancing decentralization with oversight

Even when it became evident that UNICEF was slow to respond, the LACRO and VCO approach was to focus on upstream or policy support work, despite some regional office staff indicating that this needed to change. The approach meant less attention to the delivery of services for children in a more direct way. It is difficult to justify that in the third quarter of 2018 when three million people had left the country, that the approach was not drastically adjusted to meet the needs of children in what evidently was a crisis.

Finally, UNICEF must review its accountability systems to ensure necessary flexibility by EMOPS to step in when assigned players are unable to perform their role. Currently, EMOPS can advocate for more support to be given to country offices and can assist with surge, fundraising, or providing funds directly, but has limited tools to ensure, for example, that affected offices have the right staffing profiles to respond to the context. UNICEF should consider revisiting its accountability framework to make sure fragile countries that slip into emergency situations receive the necessary attention to mount appropriate humanitarian responses quickly.

Therefore, while decentralization to regional offices is appropriate, effective oversight by headquarters, linked to transparent information sharing across levels is required, and with concerns flagged to OED at an early stage. If transparency is compromised, headquarters needs to be prepared to step in.

9.1.6 Strengthen learning across UNICEF

UNICEF has excellent experience that it can share across countries – this is not always done systematically. During the review the team looked at experiences from other countries which may be relevant and shared this with the VCO team. UNICEF appears to work somewhat in geographical silos and could be better at sharing experiences across regions.

9.2 LACRO

9.2.1 Review LACRO’s capacity to respond to emergencies

LACRO support to VCO was inadequate. Its capacity to respond quickly to emergencies needs to be strengthened across the office. This is true of all sections, not just the emergency section. For example, key deficiencies in VCO are around supply and HR. In addition, the Regional Director may need to engage more strongly with donors who are not currently interested in engaging for political reasons.

The nomination of emergency coordinators became confusing in the period 2016-2018 and impeded swift action. The coordinators were both representatives in other countries. Given the level of effort required for coordination in the context of the Venezuela crisis and the L2 migrant

crisis, the team believes that they should have been dedicated solely to this function, not double hatting. The coordinators reported directly to the Regional Director, while the Regional Emergency Adviser (REA) reported directly to the Deputy Regional Director which caused further confusion.

R20: During 2020 UNICEF to undertake a review of capacity across LACRO to support emergencies including slow onset long duration emergencies, and to move to reinforce capacity.

9.2.2 Ensure future appointments of Reps and DepReps in LAC consider humanitarian experience

Capacity must also be built in leadership positions across the region to ensure that countries have the right staff in place. The LAC region needs a portfolio of potential representatives and deputy representatives who have humanitarian experience in their profile. Particularly in countries where there is a fear that a slow onset crisis may be playing out, it is important to ensure that key managers are at least familiar (if not experts) with humanitarian situations, to enable them to seamlessly transition into humanitarian mode.

9.2.3 Preparedness for the next emergency

UNICEF is not necessarily the first line of response to a health emergency, which is often the WHO/PAHO. There is some work required to define what UNICEF does in a health emergency vis-à-vis PAHO, for example in the current COVID response, bearing in mind that issues related to children are not always considered by PAHO.

The COVID-19 pandemic emerging as this report is being written points to questions on United Nations agencies' preparedness for the next emergency. LACRO needs to ensure its emergency preparedness in terms of:

- Risk analysis (discussed in section 9.1);
- Availability of supplies, both for physical disasters such as earthquakes, health disasters such as this pandemic, or conflict. The lack of availability of masks and protective gear for medical staff, points to woeful unpreparedness internationally. What role should UNICEF play in this;
- Emergency preparedness planning;
- Training UNICEF staff to deal with emergencies early. Getting a big team into countries where there is a fear of decline, ready to act, and starting humanitarian actions early;
- Mapping NGO capacity and potential humanitarian partners in all countries where there is some concern of possible deterioration.

It is also important to consider recruitment in Venezuela to be potentially ready for humanitarian response in Latin America and to invest in these recruitments.

9.2.5 Consider cross-border programming and resource mobilization

For some programmes, such as child protection, cross-border programming and the ongoing engagement with UNICEF country offices has been crucial. LACRO needs to facilitate this. There is also a precedent in that El Salvador, Guatemala, Honduras and Mexico have a common protocol for child protection.

There was a sub-regional programme for development led by ECLAC which could be a model for Venezuela. Funding works around an issue-based coalition, e.g. migration. However, there may be a challenge in that the political interests of donors differ and they may prefer support to be separate for different countries, and also that the situation in countries may differ.¹⁰¹

The forthcoming evaluation of the response in the neighbouring countries (to Venezuela) should consider this.

10 Conclusions and summary of recommendations

10.1 Conclusions

The Government of Venezuela and UNICEF were too slow to move to a humanitarian response to the emerging crisis. There was no common strategy across the country office, the regional office and headquarters on how to address the emerging humanitarian challenge. UNICEF failed to act sufficiently quickly at all levels to address the emerging crisis. A stronger oversight mechanism in headquarters is needed which triggers action when there are failings at regional or country level.

Since mid-2019 the programme in Venezuela has turned around with a significant response in place, which is saving lives, and ensuring that basic social services are available for Venezuelan children, their families and communities. The hard work that UNICEF has done in building relationships across the political spectrum is bearing fruit, as well as improving its data on programmes. This is enhancing its ability to play a neutral role. However, the systems in VCO are lacking for an L2 response, particularly inadequate decentralization to field offices and weaknesses in the HR and in Supply functions. Immediate action is needed to rectify this, to ensure VCO staff are familiar with UNICEF procedures to minimize inefficiencies and to enable scaling up. VCO is already moving to follow up on decentralization, and the COVID-19 pandemic emphasizes the need for flexibility and responsiveness to act upon emerging needs.

The scale of response is too small for the crisis and for the prominent role of UNICEF. The 2020 AWP is quadrupling planned spending in some cases support within VCO needs to be strengthened for this to be achievable. VCO needs to be better supported by headquarters to increase funding to levels commensurate with the need and the mandate of UNICEF.

A major risk for children is further loss of key staff in facilities such as hospitals, schools etc. It is unclear what effect the COVID-19 emergency is having on this. UNICEF needs to safeguard essential services for children and avoid the collapse of the key point-of-care facilities that support them. Scaling up the humanitarian effort requires working with these facilities and in parallel expanding support to NGO partners. Some rethinking of the programme is needed to provide incentives for staff in key facilities (schools, clinics, etc.) to remain in post. VCO needs assistance to crystallize packages of services that can do this and be delivered at scale. This can build on UNICEF work elsewhere such as in Zimbabwe.

LACRO has limited capacity across the office to support a complex emergency and the role of headquarters in supporting Venezuela needs to be advanced. In the light of potential future emergencies the capacity of LACRO to support emergencies needs to be re-assessed, as well as the need for emergency experience for key leadership positions in the region.

The humanitarian community in general and UNICEF in particular is now facing four intersecting challenges for advancing child rights in the emergency: the further deterioration of the humanitarian conditions that preceded COVID-19, the response to COVID-19 driven by a near collapsing health and WASH system, the returns of migrants to the country (the most poor and uneducated segments of the population) and, the continuous political stalemate that threatens the neutrality, impartiality and independence of humanitarian response, with UNICEF among those most affected by this situation due to the large footprint in the country.

In the light of the COVID-19 pandemic, VCO will need to undertake a mid-year review to determine its impact on programming, and the immediate needs for the rest of the year.

10.2 Summary of recommendations

The recommendations are located in previous sections against the appropriate findings. For ease of reference these are summarized here.

Table 5: Summary of recommendations

Topic	Main recommendation	Sub recommendations
VCO		
Safeguarding essential services for children	R2: Venezuela must work to safeguard existing key essential facilities which support children including schools and hospitals, finding ways to provide financial and non-financial incentives to staff to remain in post, as well as critical supplies to enable these facilities to continue to operate.	R8: UNICEF will need a clear message about the need to safeguard essential services for children and for VCO, RO and headquarters to share the potential risk of some donors not being comfortable working with state facilities. UNICEF will need a clear message about the need to safeguard essential services for children and for VCO, RO and headquarters to share the potential risk of some donors not being comfortable working with state facilities. R16: A more comprehensive strategy for cash incentives/stipends is developed across all programmes for teachers, health workers, frontline workers. The strategy should be applied progressively across all areas that UNICEF is supporting.
Unblocking field operations	R3: DHR/LACRO support VCO to recruit their identified candidates for CFO and Head of Supply.	
	R4: UNICEF moves immediately to pilot the Contribution Management SOP and to rapidly scale up decentralization. A suitable CFO is appointed and a task team drives a phased approach to decentralization with basic HR, supply and financial responsibility delegated to field offices within three months.	
Scaling up	R1: VCO must continue with its process of expanding operations from its initial field offices to hubs and antennas in neighbouring vulnerable states of the country.	
	R5: VCO must scale up its support to NGO partners, with dedicated capacity to build their capacity, and assist to ensure they are able to operate.	R6: Liaison is needed with DAPM to ensure that simplified UNICEF procedures and checklists are being used.
	R7: UNICEF will need to expand its implementation capacity, working with key state facilities (run by both government and opposition) and NGO facilities for children including schools and hospitals.	
Fundraising	R9: The crisis and sensitivity of the political situation requires a	R10: Innovative financing should be explored, including

Topic	Main recommendation	Sub recommendations
	<p>more dynamic whole-of-organization resource mobilization approach, with headquarters negotiating directly and undertaking advocacy with donor capitals, communicating that safeguarding essential services for children is necessary at the facility level. Consideration should be given to exploring access to frozen funds to enable work at scale.</p>	<p>through the establishment of a trust fund, to fund some of the work of UNICEF in keeping point-of-care facilities operating in specific sectors.</p> <p>R11: Venezuela should be urgently assisted by headquarters to obtain more accurate data on the situation of children in the country. In addition to improving programming and advocacy, such data would enable a reassessment of the RR needs of VCO.</p> <p>R13: VCO is supported by LACRO/headquarters to increase visibility internally and externally, while retaining the confidence of government and opposition/donors.</p> <p>R 17: VCO needs to be supported by headquarters to develop a series of funding proposals to expand the scale of support.</p>
Strengthening PM&E	<p>R12: VCO continues its progress in strengthening situational and performance monitoring as part of PME. An AAP system should be established both to strengthen data available and to reassure donors that UNICEF is supporting needy children directly.</p>	<p>R14: The VCO needs to work closely with LACRO and request targeted support from DAPM where necessary to adjust the outcome and outputs to better match the context, document this in the country's Programme Strategy Notes and in VISION Transaction Management System, the associated indicators, baselines and targets in the Results Assessment Module.</p>
Agreement on support roles within L2+	<p>R15: The lessons from the classification of Venezuela as an L2 and not L3 should be considered in the ongoing Humanitarian Review and the specific support from headquarters that LACRO and VCO need should be identified and agreed upon.</p>	
Wider UNICEF		
Better risk analysis and foresight across UNICEF	<p>R18: UNICEF needs to access and integrate political and economic analysis and foresight in its planning, linked to decision-making tools and processes like the Procedures on Preparedness on Emergency Response, Enterprise Risk Management and Risk Informed Programming.</p>	
Revisiting L2/L3	<p>R19: UNICEF needs to review the L2/3 categorization with respect to slow onset long duration emergencies and develop more diverse</p>	

Topic	Main recommendation	Sub recommendations
categorization for slow onset emergencies	models for governance.	
Strengthening LACRO	R20: During 2020 UNICEF to undertake a review of capacity across LACRO to support emergencies including slow onset long duration emergencies, and to move to reinforce capacity.	

Annexes

Annex 1: List of Sources Consulted

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Annex 2: List of Interviewees

Venezuela Country Office, Field Offices

Herve Ludovic De Lys	Representative
Veronica Argudo	Resource Mobilization Specialist
Javier Alvarez	Deputy Representative (Programmes)
Moira Fratta	Chief of Field Operations
Arturo Romboli	Chief of PME
Cecilia Torres	Monitoring and Evaluation Officer
Rocio Ortega	Communication Specialist
Vianny Villalobos	C4D Associate
Varinia Cardona	C4D Associate
Paola Franchi	Child Protection Specialist
Delia Martinez	Child Protection Officer
Andres Felices	Education Specialist
Dario Moreno Chirinos	Education Officer
Elena Velilla Cerdan	Health Specialist
Mónica Rodríguez	Nutrition Specialist
Zandra Estupinan	Nutrition Specialist
Diego Sevillano Borkowski	WASH Specialist
Pedro Ogando Dos Santos	WASH Officer
Henry Renna Gallano	Education Cluster Coordinator
Hugues Burrows	WASH Cluster Coordinator
Alejandro Del Aguila Murphy	Nutrition Sector Coordinator
Adriana Ramirez Vasquez	Marketing Associate
Nathalie Withofs	Deputy Representative (Operations)
Cecilia Mukihi Nderi	Operations Specialist
Ives Pedro Cunill Carrie	Operations Manager
Klervi Congard	Human Resources Specialist
Sonia Silva Swanson	Chief of Field Office
Ginahi Cedre	Child Protection Officer
Geovanna Alfonsi	Administrative & Finance Assistant
Luis Hernandez	WASH Officer
Angelina Biondo	Programme Officer PME
Alessandra Donvito	Chief of Field Office
Monica Bucio Escobedo	Chief of Field Office
Jose Franco Soto	Health Officer
Begona Arellano	Former Deputy Representative a.i.
Juan Santander	Former Deputy Representative a.i.
Pressia Asfin	Former Deputy Representative a.i.

Latin American and Caribbean Regional Office

Aida Oliver	Former Deputy Regional Director
Alban Nouvellon	WASH
Alfonso Fernandez	Communications Specialist
Bastian van Hoff	Former Regional Planning Adviser
Claudio Santibanez Servat	Regional Adviser (Partnerships)
Diego Lorente	Emergency Manager
Djani Zadi	Logistics Manager
Ignacio Fernandez Admetlla	Public Partnerships Specialist
Iker Urrutia	Humanitarian Programme Monitoring Consultant
Isabel Suarez	Reporting Officer
Ivan Yerovi	Former Coordinator Emergency Venezuela Plus
Jorge Ballester	Former Regional HR Adviser
Jose Bergua	Regional Child Protection Adviser
José Ramón Espinoza Gonzalez	Regional Planning Adviser

Jose Sierra	Monitoring Specialist
Laurent Duvillier	Regional Communications Adviser
Lilian Reyes	Emergency Specialist
Luana Barrozo	Reporting Officer
Maaike Arts	Regional Survive and Thrive Adviser
Manuel Moreno Gonzalez	Communications Specialist
Margarete Sachs-Israel	Regional Education Adviser
Maria Paula Reinbold	Education Officer
Marie France Bourgeois	Regional Emergency Adviser (OIC)
Mario Calderon	Emergency Specialist
Marisol Quintero	Communications Specialist
Mirella Hernani	Monitoring and Evaluation Specialist
Monica Rubio	Regional Social Policy Adviser
Ralph Midy	Maternal and Child Health Specialist
Ruth Custode	Education Specialist
Sebastian Carrasco	Monitoring and Evaluation Specialist
Sylvie Fouet	Former Coordinator Emergency Venezuela plus
Youssef Abdel-Jelil	Deputy Regional Director
Rafael Ramirez	Former Representative

Headquarters

Manuel Fontaine	Director of EMOPS
Grant Leity	Deputy Director, EMOPS
Sara Boras Eddy	Chief, Humanitarian Field Support Section
Anne Cecilie Vialle	Emergency Specialist
AK Musse	Emergency Response Team
Faika Farzana	Emergency Specialist
Anthea Moore	Emergency Specialist
Vidhya Ganesh	Director of Data Analytics Planning and Monitoring
Paloma Escudero	Director of Communications
Anne Favreau	Chief, HR Business Partner Team
Frederic Sizaret	HR Manager, HR Business Partner Team, Emergencies
Cecilia Sanchez Bodas	Programme Specialist, CERP
Megan Gilgan	Deputy Director, Public Partnerships Division
Rich Greene	Special Adviser to Office of the Executive Director
Sanjay Wijesekera	Director of Programme Division
Rosario Buendia	Deputy Director, Division of Financial and Administrative Management

Other

Leila Pakala	Senior Adviser, Public Programme Division
Jane Muita	Representative, Bulgaria
Reza Hossaini	Former Deputy Representative, Zimbabwe

External to UNICEF

Jenny Fernandez	Gerente de Programas, HIAS
Freddy Briceño	Gerente de Operaciones, HIAS
Jose Avendano	Viceministro de Planificación Económica del Ministerio del Poder de Planificación
Adrian Castillo	Director de Director de la Oficina de Cooperación Técnica y Financiamiento Multilateral
Manuel Martinez	Director Supervisión Educativa
Julio Colmenares	Oficina de Integración y Asuntos Internacionales
Dra. Marisela Bermúdez	Viceministra de Redes de Salud Colectiva
Manuela Bolivar	Deputy National Assembly of Venezuela
Samir Elhawary	Deputy Humanitarian Co-ordinator, OCHA
Mathew Crentsil	Representative, UNHCR
Lucy Marin	Vicepresidente, Hidroven

Alexanser Yanez Deleuze	Viceministro para temas Unilaterales Cancilleria
Manuel Fonseca	Presidente, Redisalud
Monica Gotz	Fundana
Ninoska Zambrano	Fundana
Lily Torres	Presidenta, ASONACOP
Janet Marquez	Directora Operativa, Caritas
Pedro Esté	Director General, CISOR
Olga Gil	Jefa de operaciones de campo, CISOR
Samir Elhawary	Deputy Director, OCHA
Peter Grohmann	Resident Coordinator / Humanitarian Coordinator
Dr. Villegas	Hospital Ruiz y Paéz
Dr. Russo	Hospital Ruiz y Paéz
Dr. Humberto	Bolivar State Health Authority
Sarah McNiece	Regional Advisor for Latin America and the Caribbean USAID / Office of U.S. Foreign Disaster Assistance
Anna Dobai	Venezuela, Department for International Development, United Kingdom
Sara Martínez	Senior Programme Manager, Swedish International Development Agency, Sweden

Annex 3: Review process

As outlined in the terms of reference, the purpose of the review is to contribute to improving the coverage, quality and equity of UNICEF work in Venezuela to address the needs of children and their families, in the changing context. The specific objectives are:

- To provide UNICEF with information to inform the organization's response;
- To provide lessons that will help UNICEF programme for potential similar scenarios in the future;
- To ensure UNICEF at all levels is committed to the emerging proposals.

The approach underlying the this review was that in this fast changing environment a detailed evaluation of historical performance was not relevant. What was more appropriate was to review what was being delivered now and how fit for context this was, and to use that to identify how the work could be strengthened and scaled up to have a bigger impact on Venezuelan children. The review uses a forward-looking lens to consider primarily the immediate and mid-term future of the response, drawing from lessons from what is working well and less well from October 2018 to present. However, where necessary it also draws from earlier in 2018 and before to detail how the response evolved and to draw lessons for UNICEF in that regard.

The review seeks to answer the following overarching questions.

1. What is the current situation in the country now and into the future?
2. To what extent are the current focus, and strategies and approaches fit-for-context?
3. What are the implications for the focus and types of programmes that UNICEF should provide?
4. What are the implications for M&E, operations, fundraising and governance (whole-of-organization)?
5. What are the lessons learned from programme implementation in the changing context since October 2018 for these scenarios going forward and for other similar countries?
6. What recommendations are there for UNICEF to strengthen its work in this context, and in other similar contexts?

The approach used was participatory, adaptive and utilization-focused, working with the UNICEF Venezuela Country Office (VCO) and the Latin American and Caribbean Regional Office (LACRO) as well as some participants from headquarters in New York to validate and refine the findings and develop recommendations to inform VCO planning, as well as wider learnings for LACRO and UNICEF more generally.

The review team used a co-creation model, in which external evaluators worked with staff from the UNICEF Evaluation Office, and workshopped findings with the country team, regional regional team and some headquarters-based staff, to develop appropriate ways forward for the Venezuela context. The review team was led by Professor Ian Goldman from South Africa, Vanessa Cartaya, a Venezuelan consultant, and Laura Olsen from the Evaluation Office, with the assistance of Mirella Hernani, Monitoring and Evaluation Specialist, Jane Mwangi, Senior Evaluation Specialist and George Laryea-Adjei, Director of Evaluation.

The work was conducted in two phases. The scoping and inception phase took place between November 2019 and January 2020. It included a week long visit to Venezuela, as well as some background interviews by the Evaluation Office in New York. Some initial early findings were identified to inform management in view of the fast-changing environment, and to determine areas of further investigation in Phase 2. Phase 2 deepened the research conducted in phase 1 and included:

- A wide variety of secondary data, ranging from reports, records of surges, annual work plans (AWPs), HNO, programme documents etc.

- Semi-structured interviews with 18 stakeholders in New York, 35 current/former LACRO staff, 62 interviews in Caracas, some twice (staff, government, opposition, partners, donors) and 3 others. The full list of those interviewed is in Annex 2.
- Field trips to Táchira and Bolívar field offices, each including 9-10 project visits, plus a workshop with the field office team to discuss the fitness-to-context of the work (relevance, effectiveness, efficiency, equity, timeliness, sustainability) as well as the support they had received from Caracas, and the lessons they had learnt. In Bolívar there was also a workshop with NGO partners to see what they were doing, and what advice they could provide to strengthen UNICEF performance.
- Workshops with senior management at the end of Phase 1 to test the initial findings. Subsequently workshops in February in Phase 2 on strategic issues (20 February a.m.), programmes (20 February p.m.), crosscutting functions (26 February p.m.), and a feedback workshop to senior management (27 February a.m.). Subsequently a workshop was held with LACRO on 28 February to share the findings and recommendations and test out the learnings about the governance of the L2, and for other countries in the region (28 February).

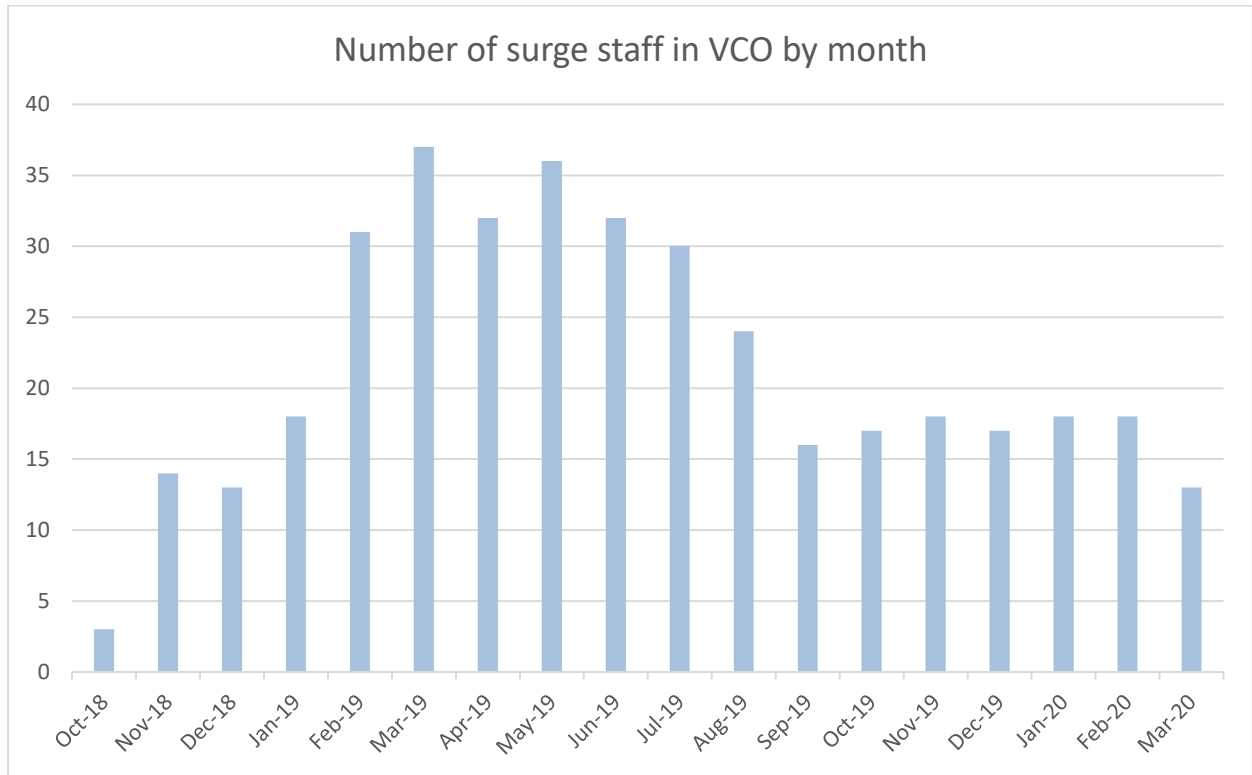
The field trips covered interventions including:

- Health support to hospitals and ambulatorios (upgrading pediatric and delivery wards, supply of drugs etc.)
- WASH support to hospitals and ambulatorios (provision of water, upgrading toilets, provision of supplies)
- WASH – supply of community water tanks, integrated sanitation centres at transport points, support to collective housing for migrants
- Education – municipal and Fe y Alegria schools including school kits, school feeding
- Nutrition supplies, counselling, monitoring
- Child protection – municipal councils, counselling, defensorias
- Meetings with a range of partners.

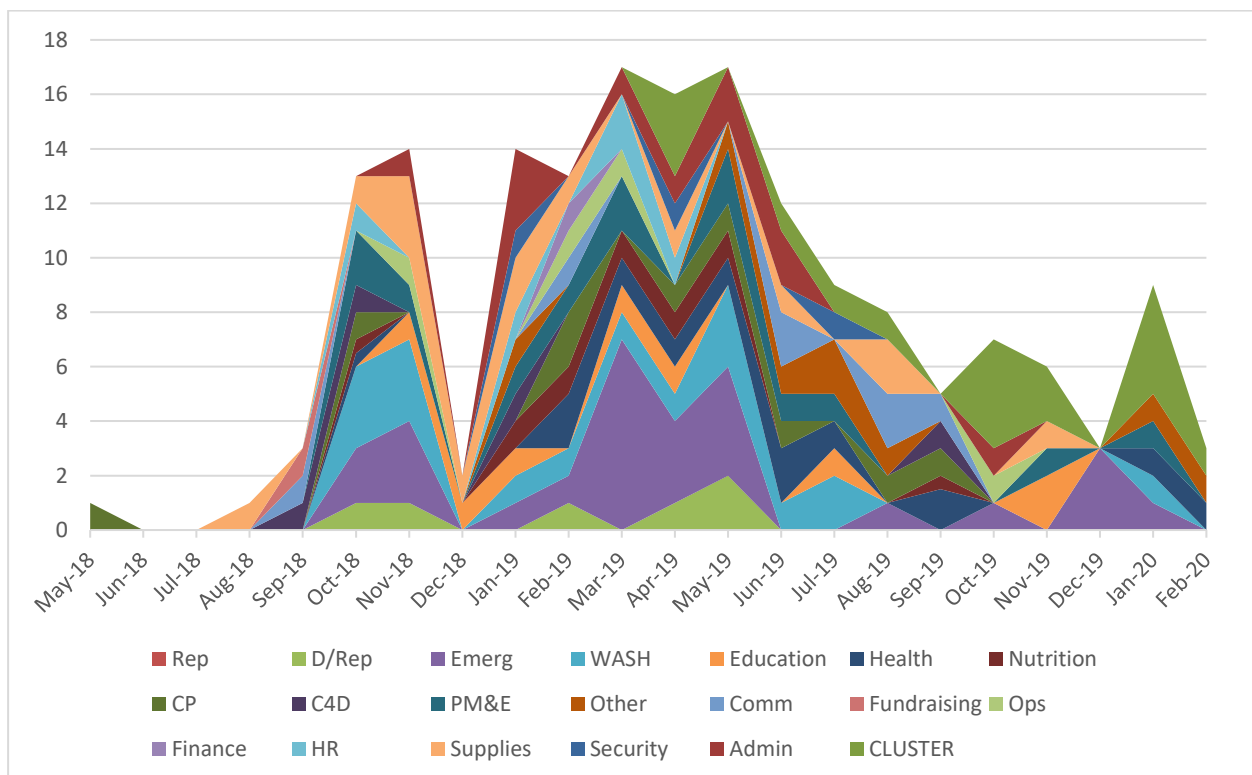
The draft report was circulated on 14 April 2020, and the final report was on submitted 29 May 2020.

Annex 4: Surge support to Venezuela in 2018-19

The graph below, based on the Surge Tracking System, shows the number of surge staff in VCO by month from October 2018 to March 2020. The graph shows the from February to July 2019 the office had more than 30 surge staff. Note, the review team found some inconsistencies in the data.



Number of surge arrivals by month and area of work



Annex 5: Operations in the field

There are now three established field offices in San Cristóbal (Táchira state), Maracaibo (Zulia state) and Puerto Ordaz (Bolívar state). In addition a field office is being established in Gran Caracas, although the staff currently work from the Caracas office. The review team visited two of the offices, in Táchira and Bolívar, and another short trip was made by the Director of Evaluation to the Zulia office in Maracaibo. The head of the Zulia office was also interviewed during the scoping visit. We use this section to give a feel for the reality of the work of UNICEF and the challenges facing it on the ground.

The plan for field offices was part of the L2 emergency response. There were originally meant to be 5 people in each office but this changed when the ERT came in March 2019 and the numbers were expanded to 15 in each office. The chiefs of the field offices were appointed around December 2018, but further staff did not come until around March. This led to some disappointments from partners they were interacting with as no tangible benefits were seen for some time. None of the staff are yet fixed term staff, but the heads of the field offices are now being upgraded to P4. At the time of the review two acting heads of field offices were filled through standby deployments. In terms of operational support field offices have one administrator, and one transversal staff, and finally they now have security staff. They only have one vehicle for each office, but the plan is to expand to three cars per office.

The team visited:

Bolívar

- The Ruiz y Paez level 4 hospital and Ambulatorio (local hospital) Vista del Sol in Ciudad Guayana, both suffering from lack of water and supplies and upgraded with UNICEF support
- An impressive integrated day event (*jornada*) on nutrition and other services organized by the partner ALINCA
- A Municipal Council for Child Protection – provides counsellors who support children at risk, or who have been subjected to abuse
- School in Vista el Sol run by Fe y Alegría.

In addition there was a workshop with NGO partners, and another with the team. The impact of UNICEF work could be seen on the ground, with a halving of mortality rates in the hospital.

Táchira

- Health/WASH/Nutrition
 - Central Hospital of San Cristóbal (level 4)
 - Urban Ambulatorio (local hospital) of Puente Real (level 3)
 - Urban Ambulatorio of Palo Gordo (level 2)
- Education: Gran Mariscal de Ayacucho Primary School in San Antonio – a municipal school which had received kits and was using these well to support teaching
- Child protection:
 - Defender of the People/Ombudsman – a formal structure established in relation to the law on child protection – their role is strengthening local protection councils.
 - President of the Municipal Council for Children and Adolescents
 - Informal collective housing in warehouse, and an opportunity to discuss with beneficiaries.
- WASH:
 - Integrated centre with sanitation facilities at the San Antonio bus terminus
 - Water tank at Palotal/Pinto Salinas constructed by the community with UNICEF support and providing water to around 400 households.

In addition there was a workshop with the field office.

The field offices visited are clearly now well established and have the basics to play their role in the initial focus areas. The good field presence is seen by external stakeholders as a strength, e.g. by OCHA. The impact of UNICEF work could be seen on the ground, with the two main hospitals reporting a halving of mortality rates in the hospital, communities having access to water etc.

Many staff have only been in post since late 2019, and many have not yet been inducted properly. The lack of familiarity with UNICEF procedures (e.g. VISION) is creating some real bottlenecks in operations, combined with staff that are new to UNICEF in Caracas. Some resources like cars are far too limited and staff cannot be expected to cover additional areas without additional vehicles and drivers. Both field offices feel that Caracas is micromanaging them and they do not have enough delegated authority. Some offices are perceived to be more decentralized, where chiefs of sections visit the field more often. It was reported that field offices are best supported by sectoral staff in Caracas when each section divides the work by field office, meaning field offices communicate regularly with the same staff member in Caracas.

The offices cited delays of 2-3 months to sort out some PCAs, and requirement for funds (FACE) as well as for some supply contracts, and indicated the benefit of local suppliers.

The field offices need to be strengthened both technically and operationally. Field offices do not have access to VISION, so everything is currently being processed centrally. A major concern is that decentralization is not yet effective, and this is slowing the response down considerably. This must be prioritized.

Working conditions in the field are not easy with lack of electricity, water, security issues, etc. The staff association reported that staff are committed but showing signs of fatigue and there needs to be some protection of staff in field offices to safeguard their welfare and avoid burnout. This supports what the review team saw in the field.

There are plans to open five new hub offices (each with 5-6 staff) and six new antenna offices (each with 1-2 mobile staff) to have better access to remote communities, to monitor the situation and build trust with local communities.¹⁰²

Annex 6: UNICEF targets in draft annual work plan for 2020**Health**

Indicators	Targets 2020
Per cent of children from 12 to 23 months fully vaccinated with 2 doses of the measles, mumps and rubella vaccine	523,451
Number of HIV+ children under 15 years of age on ART	1,200
Number of pregnant women with at least one ante-natal care visit in the UNICEF-supported health facilities	121,706
Number of normal and complicated deliveries in the UNICEF-supported health facilities	75,702

Nutrition

Indicators	Targets 2020
Number of children under 5 years old, pregnant and lactating women screened for nutrition	914,798
Number of children aged 6 to 59 months and pregnant and lactating women receiving micronutrient supplementation	716,289
Number of children with moderate and severe acute malnutrition (with or without complications) who are treated by health services.	36,884
Number of underweight pregnant women receiving nutritional care by health services	18,496
Number of children aged 2 to 14 years, pregnant and lactating mothers dewormed	2,048,242
Number of children aged 6 to 59 months at risk of acute malnutrition receiving nutritional supplements	117,851
Number of pregnant women, mothers, fathers and caregivers of children under five years of age who receive counselling on key nutrition, health and WASH practices	623,225
Number of health personnel who have increased their knowledge in prevention and treatment of acute malnutrition and infant and young child feeding	2,709

WASH

Indicators	Targets 2020
Number of health and nutrition facilities with functional WASH basic services	225
Number of educational institutions, learning spaces and protection spaces that have basic functional WASH services	2,550
Number of people with access to basic safe water and sanitation services in the communities	2,000,000
Number of people accessing basic household hygiene information and/or essential hygiene products (includes menstrual hygiene materials) (C4D)	1,275,000

Education

Indicators	Targets 2020
Number of children and adolescents receiving school supply kits	1,182,189
Number of teachers and other staff benefiting from training activities	29,555
Number of out-of-school children re-entering the formal or informal education system	336,112
Number of people receiving messages on the importance of attendance and retention (C4D)	3,546,566
Additional indicators	
Number of educational personnel receiving incentives to ensure continuity of teaching and functionality of educational services	14,777
Number of adolescents benefiting from catch-up activities, life skills and technical training	20,097
Number of children benefiting from balanced school feeding programmes with hygiene standards	401,944

Indicators	Targets 2020
Number of children who receive psycho-educational support in schools	177,328
Number of children who participate in recreational spaces outside school hours that promote a culture of peace, respect and coexistence	177,328
Number of active preparedness and contingency plans at national and local cluster level	4

Child protection

Indicators	Targets 2020
Number of affected and at-risk children and caregivers with access to individual and group psychosocial support activities using a differential gender, age and diversity approach	725,059
Number of affected and at risk children with access to child protection services using a differential approach of gender, age and diversity	709,559
Number of people in the community informed about protection of children and adolescents gender based violence (C4D)	725,059
Number of affected NNAs supported by legal documentation	365,000
Number of people in the community trained in the protection of children and adolescents and gender-based violence	70,000
Number of people from state and civil society institutions trained and supported with technical assistance on child and gender-based violence protection issues	2,400

UNICEF Venezuela Communication for Development (C4D) targets for 2020 in the annual work plan

Indicators	Targets 2020
Number of community leaders promoting family practices for life	1,150
Percentage of implementing partners that demonstrate changes in relation to work practices (messages, planning at community level and M&E)	95%
Percentage interviewed with a greater knowledge of family practices for life	95%
Number of C4D materials distributed on time to support implementation activities	50,000
Number of influential leaders and social actors who participate in integrated campaigns	100
Number of evidence-generating documents produced in order to inform planning and programming	10

Annex 7: Ideas for decentralization produced by a team from the Venezuela Country Office, 26 February 2020

Decentralize the Field Office's means of receiving and spending funds by:

- When funds are received, programmes to allocate funds to field office cost centres based on approved workplans
- Supply plan at field office level
- Delegating development and approval of SSFAs and PCAs up to \$100,000
- Delegating low value procurement up to \$10,000 and regular procurement to \$100,000

Staffing

- Hire Operations Officers to support the Chief of Field Operations to oversee the financial stewardship (Finance and Budget Functions)
- Hire HR Assistants or upgrade current Admin Assistants to cover both functions. This is common in field offices.
- Revising Table of Authority to include Operations Officers and HR Assistant
- Delegating hiring of field-based staff. To move faster, new posts can be on TA then we can regularize in the next programme budget review.
- Revising reporting lines to reduce number of staff reporting directly to the Chief of the Field Office. Consider a P2 or P3 deputy for the field offices as a programme specialist.

Supplies

- Establish warehouse to store and distribute supplies to implementing partners. This is a possibility, but it was tried and failed in one office. The administrator needs to know UNICEF practices.
- LTAs for certain services like transportation in the field offices, services (boreholes), warehouses.
- Local Supply Plans needed – for services, maintenance, transport

Transport

- Procuring additional vehicles and small trucks to aid monitoring of programme activities and delivery of supplies.
- Hiring more drivers to meet field office needs.

Support

- Develop checklists
- Each month one member of the operations team in Caracas should go to each field office for one week
- Quarterly peer review by Supply, HR, Finance and Budget to ensure records are maintained as per organizational requirements.
- Culture of coaching. i.e. for programme assistants – who can they call when they need help?

Annex 8: Approved SOP on contribution management (first 3 pages)

UNICEF VENEZUELA
STANDARD OPERATING PROCEDURES

NUMBER	2019.10
TITLE	CONTRIBUTION MANAGEMENT
APPROVED	Herve Ludovic De Lys, Representative 
DATE	27 th February, 2020
REFERENCE DOCUMENTS	<ul style="list-style-type: none"> UNICEF Financial and Administrative Policy 2: Budget Supplement 6 –Classification of costs
REPLACES:	N/A
CHANGES TO PREVIOUS SOP	N/A
PURPOSE	<ul style="list-style-type: none"> To provide policies and guidance related to effective fundraising efforts, sound grant management and monitoring of Key performance Indicators.
RISKS BEING MITIGATED	<ul style="list-style-type: none"> Misuse of resources (Cash and Supplies) might prevent UNICEF from reaching beneficiaries with life- saving interventions in a timely manner. Reputational risk when funds are not spent according to donor conditions
ATTACHMENTS	<ul style="list-style-type: none"> Annex I: Contribution Management Procedures in Venezuela CO Annex II: Nature of Expenses Annex III: Cost Recovery and Cross Sectoral Calculator Annex IV: Sample of Guide Sheet Annex V: Quarterly Implementation Plan Annex VI: UNICEF Venezuela Donor Report Checklist Annex VII: Budget Monthly Meeting Standing Agenda

Introduction

The purpose of this Administrative Instruction is to provide policies and procedures related to effective fundraising efforts, sound grant management and monitoring of key performance Indicators.

Risks: Inefficient contribution management negatively impacts on UNICEF's ability to leverage funding opportunities for strategic programme delivery. Poor internal coordination of contribution management processes results to reputational risk for UNICEF. Future fundraising efforts and strained donor relations are may be a result of weak contribution management practices.

1. Pre-proposal

Donor negotiations are led by the Representative, Deputy Representative for Programmes and Resource Mobilization Specialist, with participation and support of the Section Chiefs, Communications as needed.

2. Development of Project Proposals

Programme colleagues develop proposal/project document based on Annual workplans which are in line with Country Office priorities. No draft proposal to go to donors prior to review and clearance by Deputy Representative for Programmes and all final proposals must be cleared by the Representative and supported by an official correspondence from the Representative (Letter or Email).


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Sections will ensure that the 20 per cent Cross Sectoral allocation, relevant indirect recovery cost (8 per cent) and balanced technical assistance costs (20 per cent except for Child Protection allowable maximum of 40 per cent) are included (See Annex III Cost Recovery and Cross Sectoral cost calculator).

Field Offices may prepare draft proposals for submission to the Deputy Representative and Resource Mobilization Specialist for review and processing.

3. Contract negotiation and finalization

Unless authorized by Headquarters, contracts are not done at the level of the country office country office level, any such discussions must be shared with PPD ahead of making any commitments locally on behalf of UNICEF.

4. Revenue recognition and budget release

DFAM creates the grant and allots funds to CO at WBS Level 1. Within 24 hours of allotment, the Budget Officer is responsible for reviewing that grants are correctly tagged against the appeals/proposal and that the current reporting requirements are correctly entered in VISION. If there are any doubts, Resource Mobilization specialist must be consulted and alert PPD for clarification and correction.

5. Funds Allocation and Utilization

Quarterly Implementation Plans (QIPs) - Annex IV, will be prepared by Chiefs of Field Offices (CFOs) based on approved annual workplans. Quarterly Implementation Plans will be used by CFOs to request Sections Chiefs for fund allocation to Field Office Cost Centers in VISION.

6. Monitoring

Chiefs of Field Offices, Section Chiefs and Programme Specialists/Officers (Programme teams in CO) monitor implementation rates of funds to ensure donor compliance and timely utilization of funds. It's recommended to use a manual financial monitoring template prepared by the Section Chief to:

- a) monitor the expenditure against the approved budget lines in proposals and;
- b) close open commitments to release excess funds for completed activities on a monthly basis.

Un-earmarked grant allocations not fully committed 2 months prior to grant expiration will be re-programmed at the discretion of the Deputy Representative for Programmes in consultation with Resource Mobilization Specialist.

7. Narrative and Financial Reporting

Reports Officer sends alert email for each donor report due to the relevant sections with the following attachments:

- a) relevant proposal;
- b) narrative report template and guidance on how to prepare the report;
- c) donor report checklist;
- d) human-interest story template and
- e) visibility reporting as is relevant.

All human-interest stories produced by Programme Staff or consultant, are to be reviewed and cleared by Section Chiefs, Resource Mobilization Specialist and Reports Officer, before sharing on social media to ensure they're aligned with VCO communication strategy and reflect accurate donor contribution and support according to specific donor visibility requirements.

8. Grant Extension and Reprogramming Requests

Sections Chiefs alert Resource Mobilization Specialist about the need for an extension and/or reprogramming request a minimum of **3 months** prior to the grant expiration date unless donor conditions stipulate otherwise.



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9. Grant Closure

Grants are officially closed by DFAM in VISION and certified final financial statements are shared with donor and the Representative by HQ level. Resource Mobilization Specialist shares certified final financial statements with local donor representative for any locally signed grant agreement where applicable.

10. Budget Team Support to Grant Monitoring

Budget assistant and Budget Officer will share bi-weekly reports and monthly management reports, respectively, to help sections manage all aspects of monitoring grants. **Bi-weekly reports entail:** Status of expiring funds, pre-commitments and open commitments, status of DCTs, un-expensed requisitions on grants reaching financial closure within three months. **Monthly reports entail:** the aforementioned, including status of funds received; utilization rates and implementation; inventory report and donor reports due in 3 months.

Budget Officer will support Deputy Representative for Programmes in holding monthly Budget meetings with each section to review key programme management indicators and address bottlenecks in any as per Annex VI – Monthly Budget Meeting - Standing Agenda. The same meetings will be replicated in the Field Offices. In the interim, pending operations officers' recruitment, Operations Specialist, Budget Officer and budget assistant, will lead these meetings in the Field Office on a monthly basis.

11. Monthly Budget Meeting

- a) Monthly budget meetings will be scheduled for the last week of every month in Caracas and third week of the month in field offices.
- b) Chaired by Deputy Representative and led by Budget Officer
- c) Convened by Deputy Representative
- d) Stand Agenda items are as reflected in Annex VII
 - i. Review of Previous meeting 's action points
 - ii. Grant Fund Utilization – Expiring Funds, Open Commitments, grant closure
 - iii. Programme grant utilization against standard performance benchmarks, Phasing funds, New allocations
 - iv. Update on Fund-Raising opportunities, efforts and funding gaps
 - v. Re-programming and no-cost extension requests
 - vi. Donor Reports Due
 - vii. Review of Inventory
 - viii. A.O.B

Expected outcomes of monthly budget meetings are:

- a) Ensure utilization on funds is on track based on the quarterly utilization rate – 25:50:75:100
- b) Timely grant re-programming and request for extensions
- c) Track progress on fundraising for programme gaps
- d) Ensure supplies are distributed in a timely manner that supports programme delivery

Deputy Representative of Programmes and Chiefs of Field Offices, will escalate matters that require support from and advocacy of the Representative, in the SMT and the CMT.

12. Officers in Charge

Each Outcome Manager/Section Chief or Chief of Field Office has at least two OICs. In their absence the VISION roles, programmatic and administrative responsibilities are assigned to their OICs. Section Chiefs are responsible for ensuring that at least one of their OICs is available, as delegation cannot be made to staff not in the Table of Authorities OIC list.



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Annex 9: Endnotes

- ¹ The Sanctions now include 132 Venezuela or Venezuelan-connected individuals, sanctions on Venezuela's state oil company Petroleos de Venezuela, S. (PdVSA), the Government and the central bank, the military counterintelligence agency as well as entities engaged with PdVSA. This has meant potentially sanctioning foreign companies whose joint ventures with PdVSA have kept the oil company afloat. The Office of Foreign Assets Control has issued licenses authorizing the delivery of food, agricultural commodities, and medicine, personal remittances, the work of international organizations and communications services. Source: Congressional Research Service "Venezuela: Background and U.S. Relations" November 7, 2019.
- ² UCAB Consortium, Encuesta Nacional de condiciones de Vida 2018, 2019, <<https://encovi.ucab.edu.ve/>>; <<https://elucabista.com/wp-content/uploads/2019/02/Presentacion-Encovi-2018-y-Plan-Pa%C3%ADs-Def.pdf>>.
- ³ World Food Programme, *Venezuela Food Security Assessment*, Released on February 24 2020, 2020, <www.wfp.org/news/venezuela-food-security-assessment>.
- ⁴ World Food Programme, *Venezuela Food Security Assessment. Main Findings*. Data collected on August and September 2019. WFP Bureau for Latin America and the Caribbean, 2019, https://www.acaps.org/sites/acaps/files/key-documents/files/main_findings_wfp_food_security_assessment_in_venezuela_january_2020-2.pdf
- ⁵ The National Hospital Survey found that during the national blackouts 26 deaths happened, attributable to the lack of electricity. In total, 164 deaths attributable to power failures were recorded during 2019. Médicos por la Salud, National Hospital Survey, 2019.
- ⁶ Phillips, Tom and Clavel Rangel, 'All we have are walls: Crisis leaves Venezuelan schools crumbling', The Guardian, January 23 2020, <www.theguardian.com/global-development/2020/feb/15/venezuela-schools-collapse-amid-economic-crisis>.
- ⁷ VZCO Recruitment Plan, Reports HR Overview and Recruitments copy, March 24 2020.
- ⁸ Figures from Head of HR, 4 March 2020.
- ⁹ For updated information, see interactive report 'COVID 19 Venezuela Report' at the Office for the Coordination of Humanitarian Affairs site dedicated to humanitarian response in the country, <www.humanitarianresponse.info/en/operations/venezuela/covid-19>.
- ¹⁰ Congressional Research Services.
- ¹¹ Anatoly Kurmanaev, 'Venezuela's Collapse Is the Worst Outside of War in Decades, Economists Say', New York Times, May 17, 2019.
- ¹² <www.theguardian.com/world/2016/may/14/venezuela-maduro-emergency-powers>.
- ¹³ International Monetary Fund, Bolivarian Republic of Venezuela, 2020, <www.imf.org/en/Countries/VEN>.
- ¹⁴ Report of the Office of the High Commissioner on Human Rights on the situation of Human Rights in the Bolivarian Republic of Venezuela, 5 July 2019, <www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session41/Documents/A_HRC_41_18.docx>.
- ¹⁵ Congressional Research Service, 'Venezuela: Background and U.S. Relations', November 7, 2019.
- ¹⁶ World Bank Blog, 'Venezuelan Migration: The 4,500-Kilometer Gap Between Desperation and Opportunity', November 2019.
- ¹⁷ France 24, 'Venezuela refugee crisis to become far worse, UN-EU conference told', October 28, 2019, <www.france24.com/en/20191028-venezuela-refugee-crisis-to-become-far-worse-un-eu-conference-told#_ga=2.23514813.604289815.1579534141-926845026.1573243140>.
- ¹⁸ The Sanctions now include 132 Venezuela or Venezuelan-connected individuals, sanctions on Venezuela's state oil company Petroleos de Venezuela, S. (PdVSA), the Government and the central bank, the military counterintelligence agency as well as entities engaged with PdVSA. This has meant potentially sanctioning foreign companies whose joint ventures with PdVSA have kept the oil company afloat. The Office of Foreign

- Assets Control has issued licenses authorizing the delivery of food, agricultural commodities, medicine, personal remittances, the work of international organizations and communications services. Source: Congressional Research Service 'Venezuela: Background and U.S. Relations', November 7, 2019.
- ¹⁹ Oliveros, Asdrúbal, *La economía venezolana en 2020: ¿transición, cambio o deja vue?*, I Venamcham Perspectivas Economicas, 2020.
- ²⁰ Taking into account those who left, International Monetary Fund, 2020, Ibidem.
- ²¹ Office of the Coordination of Humanitarian Affairs, Venezuela. Humanitarian Response Plan July – December 2019, Section G. Summary of Needs, Target Population and Requirements, Page 24 (Total, by sector and sex and age).
- ²² UCAB Consortium, *Encuesta Nacional de condiciones de Vida 2018*, 2019. <<https://encovi.ucab.edu.ve/>>; <<https://elucabista.com/wp-content/uploads/2019/02/Presentacion-Encovi-2018-y-Plan-Pa%C3%ADs-Def.pdf>>.
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- ²⁴ Pan American Health Organization, several reports on measles, malaria, polio, and other infectious diseases (see list of references).
- ²⁵ Garcia, J. et al., 'Trends in infant mortality in Venezuela between 1985 and 2016: a systematic analysis of demographic data', *The Lancet*, Volume 7, Issue 3, Pe331-E336, March 01, 2019, <[www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30479-0/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30479-0/fulltext)>.
- ²⁶ IPYS, Huérfanos de la salud, Reportaje, 2019, <<https://ipysvenezuela.org/2017/11/08/huerfanos-la-salud/>>.
- ²⁷ In 2017 the Ministry of Health released an epidemiological bulletin after a long time without publishing official figures. Due to this, the minister was dismissed from her job.
- ²⁸ Armario, Cristine, 'Venezuela crisis pushes women into 'forced motherhood'', AP news, August 21, 2019, <<https://apnews.com/766e8561ee204965b5e11661119ac5c3>>.
- ²⁹ Information from UNICEF PME drawing from their database of nutrition cases gathered in the field.
- ³⁰ World Food Programme, *Venezuela Food Security Assessment*, Released on February 24 2020, 2020, <www.wfp.org/news/venezuela-food-security-assessment>.
- ³¹ ACAPS, Venezuela Situational Update and 2019 Outlook, 29 March 2019, <<https://www.acaps.org/special-report/venezuela-situational-update-and-2019-outlook>>.
- ³² Shannon Doocy, Mija-Tesse Ververs, Paul Spiegel, and Chris Beyrer, 'The food security and nutrition crisis in Venezuela', *Social Science and Medicine* 226 (2019) 63-68, 2019, <<https://doi.org/10.1016/j.socscimed.2019.02.007>>.
- ³³ Biggs, Marcia, 'Sick and starving Venezuelan children stoke fear of a lost generation, and more violence' PBS News, February 21, 2020, <www.pbs.org/newshour/show/sick-and-starving-venezuelan-children-stoke-fear-of-a-lost-generation-and-more-violence>.
- ³⁴ Fundaredes, 'Report resulting from the application of 5,730 interviews to Directors of schools in 344 educational institutions throughout the country', Informe Técnico sobre consulta educativa en Venezuela, August 2019, <www.fundaredes.org/wp-content/uploads/2019/09/DOC-20190901-WA0074.pdf>.
- ³⁵ Save the Children, *Global Childhood Report 2019: Changing lives in our lifetime*, 2019, <<https://resourcecentre.savethechildren.net/library/global-childhood-report-2019-changing-lives-our-lifetime>>.
- ³⁶ CECODAP et al., 'Informe especial sobre muertes violentas y otras formas de violencia contra los niños, niñas y adolescentes en Venezuela Informe Somos Noticia 2018', Caracas, 2019.
- ³⁷ Phillips, T. and C. Rangel, 'A million children left behind as Venezuela crisis tears family apart', February 2020, <www.theguardian.com/global-development/2020/feb/20/one-

- [million-children-left-behind-those-who-stay-venezuela-amid-exodus?CMP=Share_iOSApp_Other>.](#)
- ³⁸ “Pranes” are chiefs of criminal bands originated in prisons that manage kidnappings and petty drug trafficking, Fundaredes Annual Report 2019, 2019.
- ³⁹ Fundaredes, 2019.
- ⁴⁰ Save the children, 2019.
- ⁴¹ ENCOVI, Resultados Preliminares 2018, 2019, <<https://elucabista.com/wp-content/uploads/2018/11/RESULTADOS-PRELIMINARES-ENCOVI-2018-30-nov.pdf>>.
- ⁴⁹ World Food Programme, *Venezuela Food Security Assessment. Main Findings*. Data collected on August and September 2019. WFP Bureau for Latin America and the Caribbean, 2019, <https://reliefweb.int/sites/reliefweb.int/files/resources/Main%20Findings%20WFP%20Food%20Security%20Assessment%20in%20Venezuela_January%202020-2.pdf>.
- ⁴³ The National Hospital Survey found that during the national blackouts 26 deaths happened, attributable to the lack of electricity. In total, 164 deaths attributable to power failures were recorded during 2019. Médicos por la Salud, National Hospital Survey, 2019.
- ⁴⁴ Report of the Office of the High Commissioner on Human Rights on the situation of Human Rights in the Bolivarian Republic of Venezuela, pp. 4 and 5, 2019.
- ⁴⁵ The 2019 Survey *Encuesta Nacional de Hospitales enero-diciembre 2019* by Médicos por la Salud attributed the pattern of improvement and decrease in supplies and medicines to the presence of humanitarian aid. Even if there was little (compared to the level of need), it was able to improve supply and conditions trends, even momentarily.
- ⁴⁶ Phillips, T. and C. Rangel, ‘All we have are walls: Crisis leaves Venezuelan schools crumbling’, The Guardian, January 23 2020, <www.theguardian.com/global-development/2020/feb/15/venezuela-schools-collapse-amid-economic-crisis>.
- ⁴⁷ Reimi, i., ‘Fe y Alegría tiene 3,000 vacantes en sus escuelas’, <<https://efectococuyo.com/la-humanidad/fe-y-alegria-tiene-3-mil-vacantes-que-llenar-en-sus-escuelas/>>.
- ⁴⁸ Asamblea Nacional de la epublica Bolivariana de Venezuela, Ley Orgánica de Protección de Niños, Niñas y Adolescentes, G.O. (5.859 Extraordinaria) 10/12/2007, <www.aliadasencadena.org/wp-content/uploads/2017/01/LOPNNA.pdf>.
- ⁴⁹ For example, the data on the government-managed web portal about the achievement of the Sustainable Development Goals was recently removed. UNICEF has also had reason to doubt some of the official figures that have been shared by the Government.
- ⁵⁰ The report classifies Venezuela as having very high constraints. One of them is the difficult process to register organizations. Another is a ban on imports hampering humanitarian operations. Visa restrictions depending on nationality of origin remain unpredictable. ACAPS, Venezuela Humanitarian Access, 31 October 2019, <www.acaps.org/country/venezuela/crisis/complex-crisis>.
- ⁵¹ Transparencia Venezuela, ‘Crime organizado y Corrupción en Venezuela’, 2019, <www.infobae.com/america/venezuela/2019/12/20/transparencia-venezuela-revelo-que-las-farc-el-eln-y-las-bandas-criminales-controlan-el-territorio/> ; Human Rights Watch, ‘Colombia/Venezuela: Grupos armados controlan la vida de la población’, 2020, <www.hrw.org/es/news/2020/01/22/colombia/venezuela-grupos-armados-controlan-la-vida-de-la-poblacion>.
- ⁵² According to the most recent ACAPS Humanitarian Access Overview, published in October 2019, Venezuela is listed as “very high access constraints” (a 4/5 on a ranking system in which 1 is low access constraints and 5 is extreme access constraints).
- ⁵³ Reuters, ‘Venezuela decrees ‘economic emergency,’ reveals depth of crisis’, January 2016, <www.reuters.com/article/us-venezuela-economy-idUSKCN0UT2ER>.
- ⁵⁴ The Venezuela Country programme document 2015-2019, available at: <www.unicef.org/about/execboard/files/2014-PL2-Venezuela_CPD-final_approved-EN.pdf>.

- ⁵⁵ Venezuela: Humanitarian Response - Situation Report No. 02 (until July 2019), www.humanitarianresponse.info/en/operations/venezuela/document/venezuela-respuesta-humanitaria-informe-de-situacion-no-02-hasta-julio.
- ⁵⁶ However, the scale-up plan itself was mainly focused on supplies, envisaged to be distributed through government, while the Government was facing severe challenges with the deteriorating political situation and mass emigration. A significant component was vaccines, which almost always go through governments, so it was appropriate the Ministry of Health was a key partner for health. However M&E to accompany this was needed. Field offices were not immediately set up.
- ⁵⁷ Venezuela Country Office Annual Report, 2019, internal.
- ⁵⁸ UNICEF Situation Report, 2019, www.unicef.org/appeals/files/UNICEF_Venezuela_Situation_Report_Dec_2019.pdf.
- ⁵⁹ This was a task shared with PAHO, so it is difficult to judge UNICEF performance in this respect.
- ⁶⁰ Revised DAC criteria, www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf.
- ⁶¹ For example in the Ruiz y Paez hospital we were shown a hospital record card showing five visits to a local hospital (ambulatorio), with blood pressure not taken at any visit. That became a standard question we asked in health facilities, and there were usually no or only one machine to measure blood pressure, if present in the emergency section.
- ⁶² Instituto Nacional de Estadística, www.ine.gov.ve/index.php?option=com_content&view=category&id=95&Itemid=9.
- ⁶³ According to recently released government statistics: “The percentage of households in extreme poverty measured by Unsatisfied Basics Needs decreased to 4.3 per cent by 2018 while it was 10.8 per cent in 1999. On the other hand general poverty dropped from 29 per cent to 17 per cent. Unemployment rate is 6.7 per cent.” (own translation from the original source: INE Perfil Social 1999-2018 www.ine.gob.ve).
- ⁶⁴ Two websites have been developed by VCO, one for the overall humanitarian response and the other one, COVID-19 specific: www.unicef.org/venezuela/respuesta-de-unicef-venezuela-ante-el-covid-19; www.unicef.org/venezuela/respuesta-humanitaria-de-unicef-en-venezuela-0.
- ⁶⁵ UNICEF SitRep, December 2019, www.unicef.org/appeals/files/UNICEF_Venezuela_Situation_Report_Sept_2019.pdf.
- ⁶⁶ UNICEF Venezuela Country Office Annual Report, 2019 (internal document).
- ⁶⁷ *ibid*
- ⁶⁸ The Census would have to be done in 2021 and not in 2020. The first operation is a household survey through a QR code linked to the Carnet de la Patria database, in order to build a database of structures to determine if they are occupied or not. Specialists and the opposition fear this could have political intentions and many people are not responding to the survey. See for example: Diario el Nacional, ‘Crece el miedo por expropiación de casas vacías en Venezuela’, October 10 2019, www.elnacional.com/venezuela/crece-el-miedo-por-expropiacion-de-casas-vacias-en-venezuela/.
- ⁶⁹ UNICEF MICS, <https://mics.unicef.org/surveys>.
- ⁷⁰ VZCO Recruitment Plan REPORTS HR Overview & Recruitments copy, March 24 2020.
- ⁷¹ Figures from Head of HR, 4 March 2020.
- ⁷² This is the responsibility of the International Civil Service Commission.
- ⁷³ Data from Finance Department.
- ⁷⁴ Provided by VCO.
- ⁷⁵ See tables with sectoral targets in Annex 6: UNICEF Targets in draft AWP 2020.
- ⁷⁶ UNICEF, Humanitarian Action for Children in Bolivarian Republic of Venezuela, 2020.
- ⁷⁷ This was in part because UNICEF used the migration crisis as an entry point with government. Also, UNHCR had established field offices in the border states, making it easy for UNICEF to follow suit.
- ⁷⁸ UNICEF, Humanitarian Action for Children in Bolivarian Republic of Venezuela, 2020.

Figures for total people in need and children in need could change when the HRP for 2020 is published.

⁷⁹ <www.unicef.org/press-releases/unicef-providing-supplies-combat-covid-19-and-support-integrated-response-venezuela>.

⁸⁰ According to the last record available, the health system in Venezuela has 5,089 public health facilities, of which 4,793 are outpatient clinics and 296 are hospitals. Approximately 81 per cent (3,715) of MS ambulatory care units are rural and 19 per cent (890) are urban. See: Bonvecchio et al., *El Sistema de Salud en Venezuela, Salud Publica Mex* 2011;53 supl 2:S275-S286, 2011, <www.scielo.org.mx/pdf/spm/v53s2/22.pdf>.

⁸¹ Although UNICEF field offices have been lobbying with the authorities the National Authority have not permitted UNICEF activities in their hospitals and PHC up to now.

⁸² Proyecto Páramo Andino, *Huertas familiares y escolares sustentables, Experiencias Ambientales Parameras*, Proyecto Páramo Andino, Instituto de Ciencias Ambientales y Ecológicas, ICAE, Universidad de Los Andes, GEF, PNUMA, 75 pp. See more information in: *Proyecto Paramo Andino (Sistematización: Vanessa Cartaya Febres) (2012) El Proyecto Paramo Andino, Resultados y Lecciones. Sistematización de la Experiencia. Mérida 2012.*

⁸³ For updated information, see the interactive report *COVID 19 Venezuela Report* at the OCHA site dedicated to the humanitarian response in the country, <www.humanitarianresponse.info/en/operations/venezuela/covid-19>.

⁸⁴ The state of alarm authorizes extraordinary measures to manage the situation. The first measures taken were: a ban on flights, with the exception of cargo and mail planes; the suspension of school activities at all levels since 16 March; and the compulsory use of masks in mass public transportation, and more recently, this measure has been extended to the use of masks on the public highway.

⁸⁵ According to declarations on national television by the Vice-President Delcy Rodriguez (@VPI tv). The Official Decree has not been published yet.

⁸⁶ United Nations System in Venezuela, Plan Intersectorial de Preparación y Atención COVID-19, Venezuela, 2020, <https://reliefweb.int/report/venezuela-bolivarian-republic/venezuela-plan-intersectorial-de-preparaci-n-y-atenci-n-covid?utm_source=Redhum&utm_campaign=ca5542d5aa-RSS_EMAIL_CAMPAGN&utm_medium=email&utm_term=0_97c98b7184-ca5542d5aa-73896369>

⁸⁷ OCHA, Venezuela COVID 19, Flash Update N° 1 Actualizado al 19 de marzo de 2020, <www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/20200319_ven_covid-19_flash_update_def_es.pdf>.

⁸⁸ UNICEF, Respuesta de UNICEF Venezuela ante el COVID-19, s/f

<www.unicef.org/venezuela/respuesta-de-unicef-venezuela-ante-el-covid-19>.

⁸⁹ <www.unicef.org/venezuela/comunicados-prensa/unicef-proporciona-suministros-para-combatir-el-covid-19-y-apoyar-la-respuesta>.

⁹⁰ CME Group, Crude Oil Futures Quotes, Globex. Accessed June 24, 2020. Available at: <https://www.cmegroup.com/trading/energy/crude-oil/light-sweet-crude_quotes_globex.html>

⁹¹ Clasificación de vulnerabilidad municipal 2019.

⁹² Education Cluster Teacher Incentives.

⁹³ <www.dw.com/en/teachers-go-on-strike-in-venezuela/av-50952596>.

⁹⁴ <<https://reliefweb.int/report/venezuela-bolivarian-republic/covid-19-forces-migrants-and-refugees-back-crisis-ridden>>.

⁹⁵ The 2020 HNO is not ready

⁹⁶ Because regular resources are defined by the UNICEF Executive Board based on a formula (under-five mortality rate; gross national income per capita; child population), an increase of RR for humanitarian response in Venezuela is unlikely, including to support staff posts.

⁹⁷ In particular, two of the criteria used to determine an L3, stand out as urgent: complexity

and capacity. Source: Determining the Level of UNICEF's Response in an Emergency, www.unicef emergencies.com/downloads/eresource/docs/humanitarian%20learning%20resource/Reference%20Document%20-%20Determining%20the%20Level%20of%20UNICEF's%20Response%20to%20Emergency.pdf.

⁹⁸ WASHBAT is an analysis and monitoring tool developed to assess the enabling environment of WASH delivery by tracking the removal of barriers to services at national, regional, service provider and community levels. For further details see <https://wash4work.org/tools-resources/wash-bottleneck-analysis-tool-washbat-2011/>.

⁹⁹ Foresight is “a university human capacity which allows people to think ahead and consider, model, create and respond to, future eventualities”. Foresight informs the thinking that occurs before strategic decisions are made by expanding the perceptions of the strategic options or choices available to the organization. www.forschungsnetzwerk.at/downloadpub/An-Overview-of-Foresight-Methodologies1.pdf.

¹⁰⁰ This position is often either the Head of Peacekeeping/Peacemaking United Nations mission or the head of a political office such as the United Nations Office for West Africa (UNOWA) headed by a Special Representative of the Secretary General based in Dakar, Senegal. The team is often composed of a senior political, military and human rights officers and in the case of UNOWA, the Head of the OCHA Regional Office for West Africa (also based in Senegal) was acting as Senior Humanitarian Advisor. In political crises such as Venezuela, the United Nations Secretary-General often decides to initially deploy a Special Envoy to mediate the crisis or to set the dialogue with the host country government for the establishment of a United Nations political or peacekeeping mission depending on the outcome of the work of the Special Envoy. In the case of Venezuela, the Secretary-General designated a Special Envoy to support the work of UNHCR and IOM with a mandate that only applies to countries outside Venezuela. For instance in the Great Lake crisis, the Special Envoy had a mandate over all countries affected directly or indirectly by the crisis. With regard to a Special Envoy for Venezuela itself, the Secretary-General has indicated that he will only do so if the good office of the United Nations is requested by the current government.

¹⁰¹ Regarding migration the L2+ refugee receiving countries are very different. For example, Peru has closed borders and migration has gone down therefore it does not necessarily need L2. In Ecuador the flow has decreased and we need to do more nexus work. Colombia is different again. In Brazil lower income migrants have been received but the state is supporting the migrants (this helps with the their anti-Maduro stance). This means it is not to simple to add four countries to the Venezuela response.

¹⁰² UNICEF, Propuesta De Expansión De Las Oficinas De Terreno, 2020.