KEY MESSAGES

• As of 22 April, authorities have confirmed 298 COVID-19 cases in 22 territories\(^1\), as well as 10 deaths and 122 people who had recovered.

• The United Nations (UN) in Venezuela updated the Intersectoral COVID-19 Preparedness and Response Plan. The plan, focused on supporting national efforts, now incorporates a response for returnees, mainly from Colombia. The updated plan has a financial requirement of US$72 million.

• On 8 April, a plane carrying 90 tons of health; water, sanitation and hygiene (WASH); and education supplies arrived in Venezuela as part of the UN response to COVID-19. The shipment included 28,000 Personal Protective Equipment (PPE) kits for front line health workers, oxygen concentrators, pediatric beds, water quality control products and hygiene kits, among others.

• As of 16 April, 24 humanitarian organizations have reported the implementation of 203 activities in 15 states, reaching more than 306,891 people with assistance.

COVID-19 Situation in Venezuela

Updated: 22 April, 2020 - 19:00hrs

298 confirmed cases 166 active cases 133 women

122 recovered cases 10 deaths 165 men

Breakdown by state

<table>
<thead>
<tr>
<th>Number of cases</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>85</td>
<td>Miranda</td>
</tr>
<tr>
<td>80</td>
<td>Nueva Esparta</td>
</tr>
<tr>
<td>32</td>
<td>Distrito Capital</td>
</tr>
<tr>
<td>29</td>
<td>Aragua</td>
</tr>
<tr>
<td>14</td>
<td>La Guaira</td>
</tr>
<tr>
<td>10</td>
<td>Táchira</td>
</tr>
<tr>
<td>7</td>
<td>Barinas</td>
</tr>
<tr>
<td>7</td>
<td>Trujillo</td>
</tr>
<tr>
<td>5</td>
<td>Lara</td>
</tr>
<tr>
<td>5</td>
<td>Los Roques</td>
</tr>
<tr>
<td>4</td>
<td>Zulia</td>
</tr>
<tr>
<td>4</td>
<td>Portuguesa</td>
</tr>
<tr>
<td>2</td>
<td>Anzoátegui, Bolívar, Falcón, Guárico, Mérida, Sucre</td>
</tr>
<tr>
<td>1</td>
<td>Apure, Cojedes, Monagas y Yaracuy</td>
</tr>
</tbody>
</table>

Breakdown by age

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>70-79 years</td>
<td>10</td>
</tr>
<tr>
<td>60-69 years</td>
<td>19</td>
</tr>
<tr>
<td>50-59 years</td>
<td>39</td>
</tr>
<tr>
<td>40-49 years</td>
<td>52</td>
</tr>
<tr>
<td>30-39 years</td>
<td>82</td>
</tr>
<tr>
<td>20-29 years</td>
<td>60</td>
</tr>
<tr>
<td>10-19 years</td>
<td>27</td>
</tr>
<tr>
<td>0-9 years</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: Presidential Commission for COVID-19. Updated 22 April, 2020 - 19:00hrs

\(^1\text{Twenty states, the Capital District and the Los Roques archipelago in the Francisco de Miranda Insular Territory.}\)
OVERVIEW

- As of 22 April, 298 COVID-19 cases (165 men and 133 women) had been officially confirmed in the country. A total of 122 people have reportedly recovered and 10 deaths associated with COVID-19 were reported (3.4 per cent mortality rate). An increase in COVID-19 cases has been reported in all neighbouring countries: Brazil (43,079), Colombia (4,149), Trinidad and Tobago (115) and Guyana (67).

- As of 19 April, more than 18 million people filled out the COVID-19 screening survey launched by the Government, for the families to report symptoms related to the disease to enable follow-up. The house-to-house campaign, implemented by the authorities on the basis of the survey results, had reached 167,119 people out of the 168,884 prioritized cases. National authorities have reported undertaking 336,169 diagnostic tests (330,200 rapid tests and 5,969 PCR tests). It is important to note that the rapid tests do not necessarily identify all possible cases because their accuracy is below 80 per cent when performed on people infected for less than 5-8 days before.

- Since 20 March, the National Risk Management System has been implementing the National Disinfection Plan for public areas to contain the spread of COVID-19 with the participation of more than 20,000 Civil Protection officers and firefighters, who carried out some 5,671 disinfection sessions in frequently transited areas. Additionally, 3,740 spaces have been disinfected, including hospitals, outpatient clinics and public transport in 164 municipalities. Also, the Government announced intensive weekly disinfection and cleaning for public spaces.

- On 12 April, the Government extended the State of Emergency decree and quarantine and social distancing measures, in place since 13 March, for another 30 days (until 11 May). The National Institute of Civil Aviation extended the restriction on air operations for the same period throughout the country excluding cargo, humanitarian, repatriation, postal, or UN-authorized flights.

- PAHO/WHO recommends that the relaxation of quarantine measures should be done gradually and following epidemiological criteria. While quarantine measures and social distancing reduce the spread of the virus, they do not eliminate it; therefore, there would still be a high percentage of people susceptible to infection as they are not immune. PAHO/WHO also recommends increasing the number of diagnostic tests to identify cases, isolate those cases, and put contacts in quarantine. Social distancing measures, continuous handwashing and surface disinfection are important actions, especially for people with symptoms, those taking care of ill people, or visiting COVID-19 units at hospitals.

- The socio-economic impact of COVID-19 is a global concern, including for Venezuela. The Economic Commission for Latin America and the Caribbean (ECLAC) has indicated that, while containing the spread of the virus through quarantine and social distancing is of utmost importance, these measures affect economic activity as they imply a slowdown in production or even its total interruption. ECLAC anticipates serious short- and long-term effects on supply and demand, the intensity and extent of which will depend on domestic conditions of each economy, global trade, how long the epidemic lasts and the social and economic measures taken to prevent its spread. Among other measures, ECLAC recommends: (i) a commensurate fiscal stimulus to support health services and protect incomes and jobs; (ii) strengthening social protection systems to support vulnerable populations; and; (iii) lifting sanctions on countries so they can access food, medical assistance and supplies and COVID-19 tests. Additionally, it is important to consider the impact that quarantine measures and fuel shortages may have on the distribution supply chains and to adopt measures to minimize these effects.

- In the framework of social protection policies, the Government announced three vouchers in April for families participating in the cash transfer programme implemented through the Patria System. The amounts allocated vary according to the number of family members; families of five members receive some 350,000 bolivars ($3). The Ministry of People's Power for Food and the Local Supply and Production Committees (CLAP) have reported the progressive distribution of food bags and boxes, as well as the continuation of the plan for house-to-house distributions of protein in several states. However, there have been protests against the lack of access to food and the impact on livelihoods in several states.

- As part of the quarantine measures, the Ministry of the People's Power for Education (MPPPE) has promoted the Programme “Every Family, One School”, a virtual educational modality to ensure continuity of learning and safe spaces for the completion of the 2019-2020 academic year. The Programme leverages weekly teaching guides disseminated via social networks and other media by teachers and other educational personnel, organizes a weekly thematic curriculum, and is complemented by educational television programmes and digital textbooks and study materials. To this end, the Government has set up a television station with educational programming throughout the day on an open national signal. In addition, the School Feeding Programme (PAE) is still operating with an estimated coverage of 5.8 million children. The effectiveness and access to the programme varies by state and can be impacted by power shortages and difficulties in connectivity and internet access, especially for vulnerable groups. In addition to the implementation of educational measures, it is important to address other aspects such as mental health, psychosocial...
support and socio-emotional well-being, as well as to implement protection measures and services to avoid the increased risks during quarantine.

- At the national level, failures in basic service provision such as electricity, water and gas are still being reported. Some communities in the western part of the country and the Andean region report power shortages and prolonged water supply interruptions. With these lapses in service, it is challenging for communities to comply with the COVID-19 preventive hygiene recommendations.

- National fuel shortages still affect the delivery of essential and prioritized services and are a major logistical constraint for the humanitarian response. Agricultural producers' unions report difficulties in working and the loss of crops; different organizations report challenges in the mobilization of supplies; and patients with different chronic diseases report challenges in their ability to go and receive medical treatment. The lack of fuel or gas has led to non-compliance with social distancing, exposing people to the risk of contagion while queuing for supplies.

- On 13 April, the International Federation of the Red Cross received a shipment of 22 tonnes of medical supplies, hygiene and sterilization kits, tents, water purification tablets and water cans. The supplies will be distributed to hospitals, focusing on those in border states and Red Cross primary healthcare centres. In addition, the authorities reported the receipt of 20,000 PCR diagnosis kits from Russia, as well as 15,000 PCR diagnosis kits and medical-surgical supplies such as masks, gloves, suits and protective glasses, for health workers sent by China. In total, it is estimated that approximately 50,000 PCR tests have been made available in the country.

- Recent weeks have seen a growing trend of people returning to Venezuela from neighbouring countries, mainly due to the economic and social challenges arising from the COVID-19 outbreak in the region. On the border with Colombia, the Mayor's Office in Cucuta reports that over 34,000 people have returned from neighbouring countries through Tachira in the last month. According to official figures as of 21 April, more than 10,000 people had entered Venezuela through Tachira, complied with sanitary protocols and were quarantined in 18 temporary shelters provided by the authorities in six municipalities before being transferred to other cities. Between 500 and 600 people are estimated to cross the border through the "humanitarian corridor" of the Simon Bolivar International Bridge to San Antonio. They are received at the health and social control point, and then transferred to a shelter for preventive isolation. This figure is expected to increase.

- Local authorities have reported more than 370 malnutrition cases, as well as various diseases such as hepatitis B, HIV and tuberculosis, among the returnees at the so-called Points of Comprehensive Social Assistance (PASI). There are also needs for drinking water, temporary showers and hygiene kits.

- The Government installed a mobile bioanalysis laboratory in Tachira state for quicker COVID-19 screening results processing; this will help to ensure isolation protocols and human mobility measures to the states of origin. The Government plans a progressive evacuation and transfer from the PASI in Tachira to their states of origin implementing the epidemiological surveillance protocol. As of 22 April, some 7,000 people had reportedly returned to their home states. In this context, it is imperative that the personnel working in shelters comply social distancing and protection measures to avoid clusters of cases in these facilities and/or in the final destinations.

- The possible increase in infection risks in host communities is a concern, and there have been protests against the use of schools as shelters. Protection risks for returnees have also increased due to possible violence, stigma and discrimination. The United Nations High Commissioner for Human Rights, Michelle Bachelet, has called for solidarity and action to combat racism, xenophobia and acts of discrimination and stigma based on misinformation and fear. For this purpose, the Office of the High Commissioner has issued guidelines on respect for human rights in the context of the COVID-19 pandemic, including specific guidance on people on the move and against stigmatization, racism and xenophobia.

- In Apure state, more than 2,000 people entered the country via the Jose Antonio Paez International Bridge between 1 and 18 April. They have been quarantined in 24 shelters provided by the municipality of Paez. Migration authorities in Colombia and municipal authorities in Paez are coordinating the return of the people for immediate referral to the shelters.

- In Zulia state, the authorities reported that some 6,300 people had spontaneously returned between 16 March and 18 April. More than 1,200 have left for their home states. The government established two shelters in Guajira and one in the south of Zulia to accommodate 1,000 people, and as of 16 April more than 400 returnees had received assistance there.

- In the border with Brazil, some 1,038 people have returned via Santa Elena de Uairen from Pacaraima as of 18 April, of whom 350 remained in shelters. Local authorities have established a COVID-19 prevention protocol at the Venezuelan customs office.

- There is no official information on the number of returnees from Guyana and Trinidad and Tobago to the Delta Amacuro.
and Sucre states. Organizations have reported the need for an epidemiological surveillance system to monitor members of indigenous and non-indigenous communities who return using these routes, increasing the risks of infection, especially for vulnerable indigenous populations. In Tucupita, Delta Amacuro state, authorities designated a temporary shelter to preventively isolate people arriving in the state; as of 16 April, 46 people were in quarantine. In Sucre state, the authorities reported the establishment of three accommodation centres at the borders with Anzoátegui and Monagas states, and the border with Trinidad and Tobago.

- On 7 April, the Government requested UN support in assisting returnees who are required to complete 14 days of preventive quarantine in temporary shelters in border towns. In response, the Intersectoral COVID-19 Preparedness and Response Plan was updated to include multi-sectoral response interventions for returnees at points of entry and in accommodation spaces to ensure they comply with health measures to prevent transmission and to guarantee adequate conditions.

- On 3 April, the UN Secretary-General reiterated his deep concern about the continued spread of COVID-19 at an alarming rate, including into countries where millions of people cannot easily access clean water, food, health care and shelter. The Secretary-General urged national authorities to work closely with Resident Coordinators and Humanitarian Coordinators to enable the provision of humanitarian assistance by the UN and national and international NGOs. He also called for the designation of humanitarian workers as essential personnel and stressed the need to fast-track the passage of health and aid workers to and within countries, ensuring they are protected and promoting respect for their work.

**RESPONSE (as of 16 April)**

- The Intersectoral COVID-19 Preparedness and Response Plan has been revised to incorporate support for the Government’s response to returnees in the states bordering Brazil and Colombia. The plan has an updated financial requirement of $72 million, and focuses on critical interventions in health, WASH, risk communications with communities and sustaining critical activities in other sectors such as food security, education, protection and nutrition. The Plan prioritizes the strengthening of response capacity in 19 hospitals located in Caracas and 9 states (Anzoátegui, Apure, Bolívar, Falcón, La Guaira, Lara, Miranda, Táchira and Zulia). WASH interventions will also be carried out in the most vulnerable communities. The geographical prioritization considered areas with the highest population density, number of reported cases and risk of exposure, as well as areas with immediate operational capacity of humanitarian organizations. In light of the recent increase in reported cases in Nueva Esparta, possible interventions in the state are being assessed according to needs.

- On 8 April, a flight organized by UNICEF, arrived in-country with 90 tons of health and water, hygiene and education supplies as part of the UN response, and other supplies from UNICEF, PAHO/WHO and UNFPA. The shipment included 28,000 PPE kits for front-line health workers, oxygen concentrators, paediatric beds, water quality control products and hygiene kits, among others. The supplies were funded by the international donor community, the UN Central Emergency Response Fund (CERF) and UN agencies’ own funds.

- Up to 16 April, using the COVID-19 monitoring tool, 24 organizations have reported the implementation of 203 activities in 16 states, reaching 306,891 people of whom an estimated 62 per cent are women and 38 per cent are men. Twenty-five per cent of the activities served the WASH Cluster, 19 per cent the Health Cluster, 17 per cent the Education Cluster, 15 per cent the Protection Cluster, 9 per cent the Shelter, Energy and Non-Food Items (NFI) Cluster and 7 per cent the Food Security Cluster. The remaining seven per cent corresponds to actions in the Logistics and Nutrition clusters, and to cross-cutting and communications issues. Advocacy and dissemination of the reporting tool will be continued to obtain more information on the activities implemented by the UN and partners.

**Epidemiological surveillance and laboratory services**

**Key actions**

- PAHO/WHO continue advising national authorities on the development of guidelines for surveillance, laboratory, patient care and risk communication. They are also supporting the dissemination and translation of WHO guidelines, protocols and documents issued on COVID-19.

- PAHO/WHO are supporting with projections of cases, including severe and complicated cases, for planning purposes.

- PAHO/WHO provided diagnostic kits (PCR primers and respiratory virus panels) for 100 tests and subsequently delivered three screening kits and a specific diagnostic kit.
From their field offices, PAHO/WHO supported Ministry of the People’s Power for Health (MPPS) by investigating suspicious cases and follow-up on travellers.

Points of entry

Key actions

- The UN, via PAHO/WHO, IOM, UNHCR and UNICEF, will provide technical support on adequate standards for safe housing in the context of the COVID-19 to the authorities.
- UNHCR delivered 8,040 NFIs (including hygiene kits, water filters, buckets, jerry cans, bath soap, detergent, mosquito nets, menstrual cups, mats, solar lamps and solar poles), and 9 tons of charcoal to front-line local actors in Tachira state (the Venezuelan Red Cross, Civil Protection, municipalities and institutions for the protection of children and women) for distribution to vulnerable people. In addition, UNHCR provided 500 blankets, 200 lamps and 200 jerry cans for distribution to returnees during quarantine in temporary shelters, and 5 tons of charcoal for community pots in rural communities in Bolivar, Tachira state.
- UNICEF provided 45 boxes of therapeutic formulas (F100), 3 gallons of antibacterial gel, 10 boxes of water purification tablets, 200 chlorine tablets to ensure a clean environment, 4 formula preparation pots and 500 sets of pitchers with cups for the distribution of the formula at the PASI in Bolivar and Pedro Maria Ureña, Tachira state. It also provided 500 face masks to the shelter at the Simon Bolivar school, benefiting 266 people, including 90 children and adolescents. UNICEF delivered 37 mobile toilets for the PASI at the border and at the San Antonio terminal and supported the installation of hydration points for nearly 1,058 people at the PASI in San Cristobal.
- Since 13 April, IOM has been providing food for four centres located in the municipalities of Paez in Apure state, Maracaibo in Zulia state, and Bolivar and Pedro Maria Ureña in Tachira state. In addition, IOM is providing some 250 lunches at the temporary shelters in Apure, Tachira and Zulia for 12 weeks.
- UNHCR, in coordination with the mayor’s office of Paez and the “Ombudsman” (Defensoría del Pueblo), delivered hygiene kits, bamboo mats and solar lamps to some 1,000 returnees in 16 temporary shelters provided by the Municipality.
- UNHCR, jointly with PAHO/WHO and the Department of Health of Zulia state, delivered NFIs and supplies to three temporary shelters run by the Catholic Church mainly benefiting returnees. PAHO/WHO and the Department of Health organized a training on individual protection and prevention measures and on health referral routes for staff working in the shelters.
- IOM will provide transport between states and to states of origin to people after they complete quarantine at temporary shelters in border municipalities.

Infection prevention and control and case management

Key actions

- PAHO/WHO are providing advice to senior technical staff and the MPPS on clinical COVID-19 case management.
- PAHO/WHO delivered 370 PPE kits to the MPPS and PAHO/WHO field offices, for distribution in Caracas and the states of Amazonas, Bolivar, Delta Amacuro, Tachira and Zulia.
- Between 16 March and 8 April, UNICEF distributed 14,896 latex gloves, 14,441 face masks, 3,340 PPE kits, alcohol, antibacterial gel and liquid soap dispensers. The distribution focused on health care centres and health workers.
- PAHO/WHO delivered 96,000 units of azithromycin and 72,000 units of ciprofloxacin to nine hospitals in Caracas and Aragua, La Guaira and Miranda states.
- UNICEF provided 10 oxygen concentrator kits and 19 emergency kits (9 basic and 10 supplementary) to 10 prioritized hospitals. Each basic unit contains essential medicines and medical devices (consumables and equipment) for 1,000 people over a three-month period. The supplementary module contains essential medicines for 10,000 people over a three-month period and should be used only by health workers or physicians.
- UNICEF distributed 31,250 water purification tablets, 4,915 litres of 12 per cent liquid chlorine and 1,500 kilograms of granulated chlorine.
- UNICEF provided 4,000 surgical masks, 1,000 N95 masks, 1,000 pairs of gloves, alcohol and disposable material, antibacterial gel and liquid soap dispensers to the Luis Razetti and Felipe Guevara Rojas hospitals, in Anzoategui state.
- UNICEF delivered an emergency kit to the University Hospital of Caracas, which will benefit some 10,000 patients, as well as equipment and supplies for the prioritization of COVID-19 cases in the Neonatal Intensive Care Unit. PAHO/WHO also provided PPE kits to the University Hospital.
- PAHO/WHO delivered 14 hospital hygiene kits to 8 sentinel centres in Caracas and Aragua, La Guaira and Miranda states.
• PAHO/WHO delivered 2,100 boxes of latex gloves, 2,890 boxes of nitrile gloves, 6,500 surgical gowns and 14,500 N95 masks to the MPPS.

• UNICEF distributed WASH supplies to the Ruiz y Paez Hospital in Ciudad Bolivar and continued supporting with daily access to safe water. Some 40,000 litres of water were distributed to benefit some 11,400 people, while work began on drilling a well for access to water. Similar drilling work has been underway since April at the Domingo Luciani Hospital in Caracas.

• UNICEF distributed WASH supplies to the Uyapar (Ciudad Guayana), Rosa Vera Zurita (Santa Elena de Uairen), Jose Gregorio Hernandez (Tumeremo) and Luis Razetti (Tucupita, Delta Amacuro) hospitals that will be used for infection prevention and control (IPC).

• UNICEF delivered 80 gallons of liquid soap and 40 gallons of antibacterial gel to the Castillo Plaza Maternity Hospital in Maracaibo, Zulia state, to clean the spaces and ensure hygiene for staff working in critical areas.

• UNICEF provided daily access to water using tanker trucks in Caroni (Bolivar) and Tucupita (Delta Amacuro) benefitting 25,000 people. UNICEF began repairing the water distribution system in Caicara del Orinoco, Bolivar state, which will allow 65,000 people access water.

• UNICEF rehabilitated the water trucks that allow the local water management authorities in Zulia state to provide water to 41 health care centres, including hospitals, outpatient clinics and diagnostic centres in Maracaibo and San Francisco.

• In Bolivar and Pedro Maria Ureña, Tachira state, UNICEF provided 108,000 litres of trucked water, serving some 4,320 people and 142,000 litres of drinking water to seven 45m2 tanks, located in the border with Colombia, benefiting 5,680 people. UNICEF also provided on a daily basis granulated chlorine and 3,000 litres of drinking water daily to the handwashing point at the San Antonio terminal, benefiting 6,000 people.

• UNICEF provided hygiene supplies to 50 MPPE officials of Bolivar state, to guarantee protection during monitoring visits at the municipalities of Angostura del Orinoco and Caroni.

• The WASH Cluster is consulting with partners on their capacity to assist returnees at the temporary shelters in Guajira and Mara, in Zulia state. UNICEF will assess WASH needs in these spaces to enhance toilets, access to water and handwashing points.

Risk communication and social mobilization

Key actions

• UNICEF continues implementing an information campaign on hygiene promotion and psychosocial support via SMS and social media channels, reaching more than 8.5 million people. Four radio spots were disseminated in national and local radio programmes, reaching more than 4 million people, and 8,150 posters with key information on COVID-19 were disseminated throughout the country.

• UNICEF, via local promoters, has trained about 9,400 people in Zulia state on the "Tippy Tap" methodology for handwashing and key messages on COVID-19 prevention.

• UNHCR launched a community-based information campaign on COVID-19 prevention, reaching 24,248 people in Zulia state by 13 April.

• UNICEF translated messages on COVID-19 prevention into three indigenous languages (Warao, Kariña and Yekuana); these will be disseminated in community radios in Delta Amacuro state, targeting some 527,000 people. UNHCR, jointly with the "Fogones y Bandera" organization and the Ombudsman's Office, designed messages on COVID-19 prevention in indigenous languages (jivi, wotuja, baniva, curripaco, yanomami, yekuana and yeral) and disseminated them through community radios among the indigenous communities in Apure and Amazonas states.

• The UN has published a regularly updated platform focused on communication products for social media. The Trello page is widely disseminated among partners, influencers, journalists and humanitarian personnel. The information products have been translated to indigenous languages.

• OCHA has created a COVID-19 information platform using an interactive dashboard that includes sex- and age-disaggregated data on confirmed cases reported by the authorities in the country, distribution by state, as well as the hospitals and sentinel sites designated for the response.

Coordination

Key actions

• The second iteration of the Intersectoral COVID-19 Preparedness and Response Plan has been published, and a monitoring tool of its key actions has been developed.
PAHO/WHO supported in the compilation of requirements of supplies, medicines and medical material, according to the components included in the National Plan.

- Regular collaboration with national authorities for coordination of activities, such as high-level meetings with the Presidential Commission for COVID-19 Monitoring, Control and Prevention, and the Ministries of the People's Power for Health, Foreign Affairs and Water Management, governments and other local authorities, was ensured.
- The evolution of the situation, humanitarian needs and impact on humanitarian response was monitored on a daily basis.

**Adaptation and continuity of humanitarian operations and humanitarian access**

**Key actions**

- Since 13 April, IOM is implementing a new Displacement Tracking Matrix (DTM) Round, to track and monitor mobility flows. The new Round focuses on returnees in Apure, Bolivar, Tachira and Zulia states, to guide the response to COVID-19 by identifying routes and volumes of people.
- UNHCR, via the HIAS organization, delivered six hygiene kits and six food kits to indigenous Warao communities located in El Terminal, Bolivar state. Twenty-one nutritional kits and 15 hygiene kits were also delivered to 21 families in Santa Elena de Uairen, including people with specific needs identified by communities.
- The Education Cluster and the MPPE are working on expanding the distance learning modality using the radio as an educational tool to meet the needs indigenous people and people in rural and border areas, reduce homework, increase the recreational and emotional approach, and incorporate key information on violence prevention and assistance and referral to specialized protection services.
- In coordination with UNHCR, the NGO Luz y Vida developed a distance learning system for 158 children from the El Colibri Community Centre, while HIAS delivered hygiene kits, material assistance and food kits to 10 people with specific needs in San Isidro, Caracas.
- UNICEF, in coordination with its partners, provided nutritional support to 310 children under-five and 110 pregnant and lactating women in Caroni, Angostura del Orinoco and Piar, Bolivar state, including nutritional treatment for one month. UNICEF will also distribute nutritional supplies to 22 outpatient clinics in Bolivar state, benefitting 6,000 children and 1,200 pregnant and lactating women.
- In Zulia state, UNICEF delivered 1.8 tons of food and provided food to 471 indigenous children during the second week of April. UNICEF also delivered food supplies for over 7,000 children in three schools in Sucre, in Miranda state.
- UNFPA is working in 15 hospitals and 30 centres of the community care network, focusing on the application of protocols for the care of obstetric patients during the COVID-19 emergency. They are also providing technical assistance in prevention and care in sexual and reproductive health services during the outbreak, with emphasis on pregnancy and breastfeeding.
- UNFPA disseminates messages on radio, television and social networks to prevent and reduce the risks of gender-based violence in the specific context of preventive quarantine.
- The UN has agreed with the Government on the establishment of a mechanism for special movement authorizations (salvoconductos) to facilitate the operations of humanitarian organizations and the movement of humanitarian cargo. So far, 276 salvoconductos have been processed (64 for the UN, 98 for partners and 114 for private companies) to maintain critical life-saving activities. Additional humanitarian actors, part of the Humanitarian Response Plan, require access for the implementation of their programmes.
- The salvoconductos have also facilitated access to fuel in some states for authorized vehicles, however national fuel shortages in some areas limit their effectiveness.

**ADDITIONAL INFORMATION**

**OCHA platform on the COVID-19 epidemic in Venezuela:**

**Power BI Dashboard on the COVID-19 epidemic in Venezuela:**
https://app.powerbi.com/view?r=eyJrIjoiMjg2YjljNWQtMjY1NC00MmEwLWItMjAtYWU5YzRhNDcwMTMzLWliZmliZWUzNWRiLTU0NGYtNGY2MC1iZGNjLTViYTYxNmU2ZGM3MCIsImIiOCIsImQiOjNh9
Trello platform of communication products for social media:
https://trello.com/b/snT6vSCu/covid-19


WHO Situation Reports:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/

Global monitoring board for COVID-19 cases:
https://experience.arcgis.com/experience/685d0ace521648f8a5beee1b9125cd

COVID-19 videos
Know it, get ready and take action: https://youtu.be/IZHrXZdXu44
Wash your hands: https://youtu.be/GXqy6xco3B0
How to deal with stress during COVID19: https://youtu.be/aS58m1wLEzc
Avoid COVID19 in your workplace: https://youtu.be/riOQMabsSFc

Social media
@OCHA_Venezuela; @opsoms; @unicefvenezuela

For more information, please contact:
Gema Cortés, Public Information Officer, Office for the Coordination of Humanitarian Affairs (OCHA); cortesg@un.org,
Tel: +58 424 1364 370

For more information, please visit: www.unocha.org/venezuela or www.humanitarianresponse.info/en/operations/venezuela