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رسالة مؤرخة ٢٥ نيسان/أبريل ٢٠١٩ موجهة إلى رئيس مجلس الأمن من الممثل الدائم لألمانيا لدى الأمم المتحدة

في أعقاب الإحاطة بشأن الحالة الإنسانية في فنزويلا التي قدمها إلى مجلس الأمن وكيل الأمين العام للشؤون الإنسانية ومنسق الإغاثة في حالات الطوارئ، مارك لوكوك، في ١٠ نيسان/أبريل ٢٠١٩، كنا مقتنعين بأنه سيكون من النافع والمفيد لأعضاء مجلس الأمن أن يحصلوا على مزيد من المعلومات عن البيانات التي عرضها السيد لوكوك، وكذلك عن المنهجية المتبعة في تحصيلها. ومن ثم فقد طلبنا من مكتب تنسيق الشؤون الإنسانية تزويدنا بتقييم الاحتياجات الأخير بشأن فنزويلا (انظر المرفق)، الذي نحيله إليكم طيه لتعميمه باعتباره وثيقة من وثائق مجلس الأمن.

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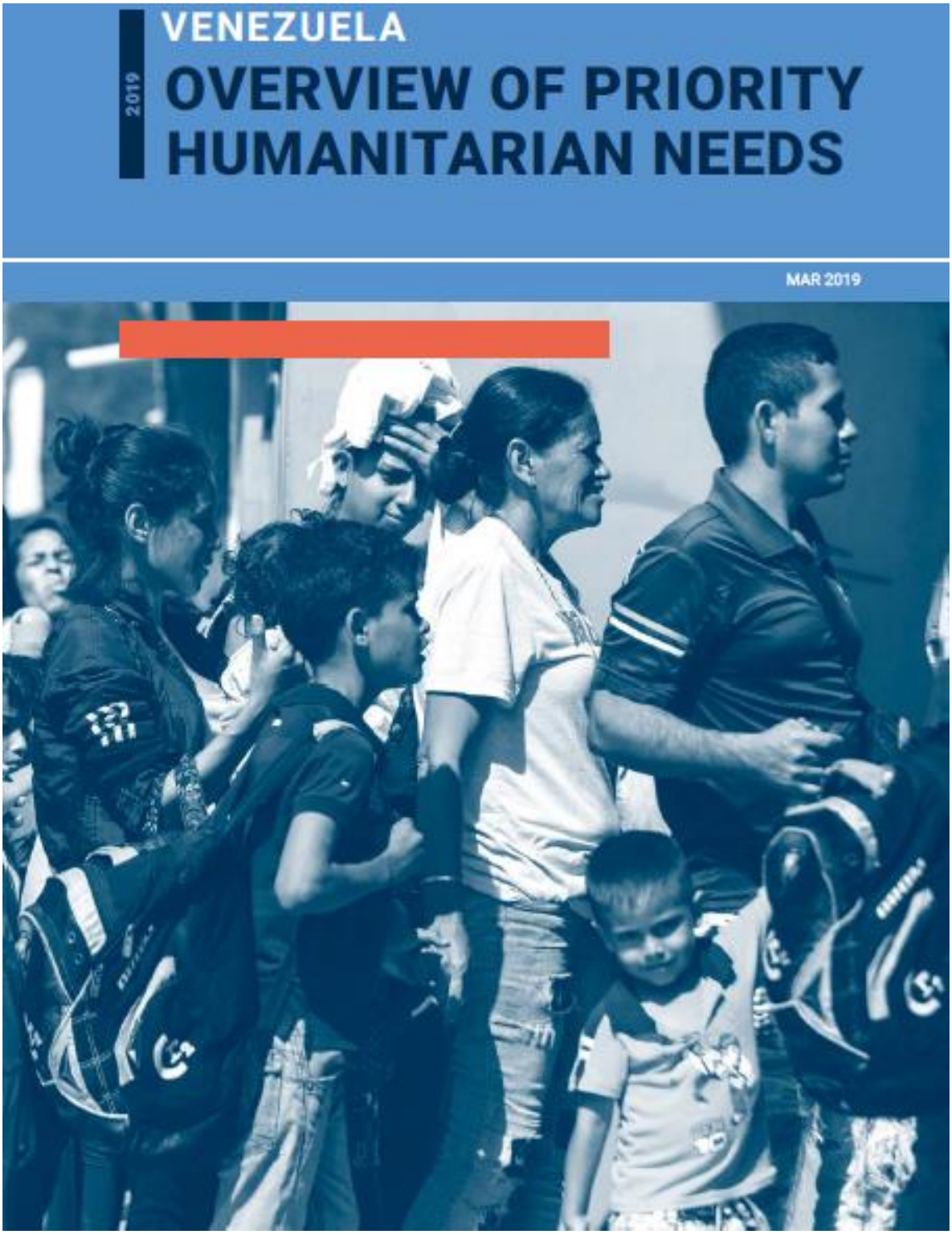
مرفق الرسالة المؤرخة ٢٥ نيسان/أبريل ٢٠١٩ الموجهة إلى رئيس مجلس الأمن من الممثل الدائم لألمانيا لدى الأمم المتحدة



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PREFACE

For some years, the United Nations has been working with a range of Government and civil society partners to support the people of Venezuela in areas including sustainable development, health, women's equality, citizen security and disaster risk management, under the rubric of the United Nations Development Assistance Framework (UNDAF).[1] However, due to an increasingly contracted economy and political unrest, the Venezuelan population is facing unprecedented challenges in accessing essential services, including protection, health care, medicines, vaccinations, water, electricity, education and access to food. The United Nations, together with its partners, is seeking to strengthen efforts to address these challenges.

In support of Government efforts to address these evolving needs, the United Nations launched a strategy in late 2018 to substantially scale up its response and attempt to reach up to 3.6 million people with vital assistance in the priority areas of health, nutrition and protection.[2] Through the scale-up strategy, the United Nations and its partners have delivered approximately 189,000 preventive and curative treatments for acute malnutrition in at-risk children under age of 5, 74,000 medical kits for child and maternal health care, and learning materials and recreational kits to schools. The strategy is being implemented in accordance with General Assembly resolution 46/182 and the humanitarian principles of humanity, neutrality, impartiality and independence.[3]

The limited scope and funding of the scale-up strategy, as well as continuing changes in the situation, including the impact of power outages in March 2019, have made clear that much more action is required to meet the growing needs of the Venezuelan people. It is also critical to have a coordinated response together with all stakeholdres, including Venezuelan institutions and members of civil society, the Red Cross, and other national and international partners working to support the affected people in Venezuela.

Accordingly, the United Nations, together with its humanitarian partners in the Coordination of Cooperation and Assistance Team (ECCA),[4] has undertaken a rapid review of the situation as of March 2019.

The result of this exercise, the present Overview of Priority Humanitarian Needs (the "Overview"), is based on a review of the best available information at the time of writing. As of 2015, most public institutions in Venezuela stopped disseminating official socio-economic indicators. In addition, the United Nations and its partners have been limited in their ability to conduct direct and nationwide needs assessments. This situation has presented methodological challenges, which humanitarian partners are attempting to manage to the best of their ability. The Overview therefore draws on inputs from a broad range of primary and secondary sources, including data from relevant national and subnational institutions, United Nations entities, the Red Cross, academia and civil society. Its objective is to provide the most accurate and impartial analysis possible of the people in greatest need of assistance and protection, the most-affected areas and the most vulnerable population groups.

1 http://onu.org.ve/manud-2015-2019/

2 Other priorities areas, notably education and water, sanitation and hygiene, have been subsequently added.

3 The humanitarian work of the United Nations is framed by General Assembly resolution 46/182, which states that all related actions must follow the humanitarian principles of humanity, neutrality, impartiality and independence.

4 "Equipo de Coordinación de Cooperación y Asistencia". The principal objective of ECCA is to assure a timely, predictable and efficient response, aligned with humanitarian principles, by those agencies and organisations undertaking activities to respond to urgent needs.

Given the rapidly evolving context and in order to reflect any new data and analysis from reliable sources that may become available, this Overview should be considered as a "living document", and will be updated as necessary and appropriate. It will serve as the basis for the development of a collective response plan which will be developed by ECCA in consultation with all relevant parties.

PART 1
CONTEXT

BRIEF DESCRIPTION OF THE CRISIS

For the past several years, Venezuelans have been suffering from the impact of an unprecedented contraction in their economy caused by a number of factors, both internal and external.

On 14 January 2016, Nicolás Maduro, the President of the Bolivarian Republic of Venezuela, declared a state of economic emergency[5] that remained in effect as of the writing of this Overview. According to the United Nations Economic Commission for Latin America and the Caribbean (ECLAC),[6] in 2018 Venezuela saw its gross domestic product shrink for the fifth year in a row, by 15 per cent, bringing the cumulative contraction to 44.3 per cent[7] since 2013. While the International Monetary Fund (IMF) and private consulting firms have estimated even larger contractions over the past two years,[8] a reduction of this scale will inevitably impact other economic variables, such as private consumption, public spending and investment.

Between 2017 and 2018, oil production also fell substantially, by 27 per cent, with current production at levels similar to the 1950s.[9] Further contraction of the oil sector is expected in 2019.

Distortions in currency exchange rates are adding to the impact on the overall economy, devaluing the national currency, the Venezuelan bolívar, and negatively impacting private consumption, public spending, investment and prices. Between March 2018 and March 2019, the DICOM, Venezuela's new foreign exchange platform, noted that the bolívar (VEF) to US dollar exchange rate increased from 35,280 to 3,300,000.[10] According to Government sources, the inflow of foreign currency through foreign currency sales decreased from US$42 billion in 2013 to $4 billion in 2018.[11]

The economic contraction has been accompanied by dramatic increases in inflation. Since 2013, annual inflation has exceeded 50 per cent, rising to three-digit values in 2015 and 2016.[12] Although official figures on inflation have not been available since 2017, according to consulting firms[13] as well as the Consumer Price Index compiled by the National Assembly,[14] prices have increased by more than 50 per cent per month since October 2017. Several sources estimate that prices increased between 500,000 per cent and 1,700,000 per cent in 2018.[15]

All branches of economic activity are affected by this situation, including, among others: manufacturing, commerce, telecommunications, services, the oil industry, financial, banking and credit systems. The decline in investment has particularly affected infrastructure and public services, and has contributed to the deterioration of public transportation and access to electricity,

5 *Gaceta Oficial Extraordinaria Número 6.214: Decree No. 2,184: whereby the State of Economic Emergency is declared throughout the National Territory, in accordance with the Constitution of the Bolivarian Republic of Venezuela and its legal system, for a period of sixty (60) days, under the terms which are indicated in it. (Unofficial translation)*

6 *Economic Commission for Latin America and the Caribbean: https://www.cepal.org/en*

7 *Preliminary Overview of the Economies of Latin American and the Caribbean 2018. Venezuela chapter.*

8 *Latin America and the Caribbean in 2019: A Moderate Expansion. Alejandro Werner, Director of the Western Hemisphere Department of the International Monetary Fund. IMF Blog, 25 January 2019.*

9 *OPEC Monthly Oil Market Report, January 2019.*

10 *https://www.dicom.gob.ve/*

11 *Venezuela en Cifras, Nuestra transición al socialismo, Ministerio del Poder Popular Para la Planificación, Caracas, 2018.*

12 *Informe de mercado de bienes y servicios. Econométrica, Enero 2019.*

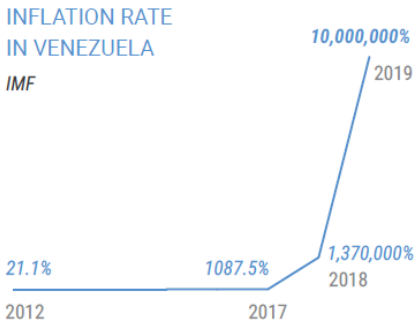
13 *Ecoanalítica and Econométrica.*

14 *INPCAN, for its acronym in Spanish: http://www.asambleanacional.gob.ve/documentos_archivos/inpcan-199.pdf*

15 *Ecoanalítica, Econométrica, National Assembly, Centre for Documentation and Social Analysis of the Venezuelan Federation of Teachers (CENDAS for its acronym in Spanish).*

water, education and health services. For example, the health, water and banking sectors were seriously affected by the extended and widespread power outages in early March 2019.

Average real wages have collapsed. The National Assembly has estimated that at the end of 2018, the annualized increase in wages was 724,216 per cent, while the annualized increase in the Consumer Price Index was 2,866,670 per cent, a fourfold increase in prices over wages.[16]



Although the Government has made efforts to confront these challenges and their impact, including through various social programmes (some of which are identified below) and through its August 2018 macroeconomic stabilization plan, those programmes have had limited impact given the pervasiveness of the challenges. The deterioration of private sector services and infrastructure maintenance has been further exacerbated by the population outflow of an estimated 3.4 million people, including professionals and technicians from all sectors.[17]

The crisis has not been limited to the economic sphere. Growing social unrest due to economic difficulties and heightened political tensions are evident in the number of protests held both in opposition to and in support of the Government. The Venezuelan Social Conflict Observatory (OVCS) indicates that the number of demonstrations throughout the country rose by 30 per cent between 2017 (9,787) and 2018 (12,715),[18] and by as much as 360 per cent when comparing the number of protests in January 2018 (714) and then again in January 2019 (2,573).[19]

Added to the demonstrations and political polarization are concerns related to crime, with some sources estimating Venezuela to be the most violent country in Latin America in 2018.[20]

As a result, serious concerns have emerged regarding the deterioration of national protection services, particularly for women and children, and the increase of human rights violations, resulting in internal displacements as well as the outflow of people to neighbouring countries.

16 http://www.asambleanacional.gob.ve/prensa

17 UNHCR estimates that at least 3.4 million people have emigrated from Venezuela in recent years; see at https://www.unhcr.org/news/press/2019/2/5c6fb2d04/venezuelan-outflow-continues-unabated-stands-34-million.html

18 Conflictividad social en Venezuela 2018. Observatorio Venezolano de Conflictividad Social, 18 January 2019.

19 Conflictividad social en Venezuela enero 2019. Observatorio Venezolano de Conflictividad Social, 7 February 2019.

20 Informe Anual de Violencia 2018. Observatorio Venezolano de la Violencia-LACSO, December 2018.

PART 2
IMPACT OF THE CRISIS

IMPACT AND KEY FIGURES

The impact of several years of economic contraction on the livelihoods of Venezuelans and their ability to access essential services is briefly described below, and presented together with available key figures.

Unemployment

The Government has had an employment protection policy in place since 1998, and a pension system that reportedly reaches more than 4.5 million senior citizens. According to official figures, the unemployment rate in November 2018 stood at 7.3 per cent.[21] According to the IMF, however, unemployment rates in Venezuela jumped from 7.4 per cent in 2015 to 34 per cent in 2018.[22]

Poverty

The National Institute of Statistics (Instituto Nacional de Estadística, or INE) has indicated that poverty, measured as "unsatisfied basic needs", decreased to 17.3 per cent in 2018, from 20.4 per cent in 2014. The INE also reports that the proportion of households in extreme poverty has decreased from 13 per cent in 2002 to 4.3 per cent in 2018.[23]

Social indicators from non-official sources, however, differ significantly. The National Survey on Living Conditions (ENCOVI), last conducted in 2018 by three of the largest public and private universities in Caracas, estimates that in 2018, more than 94 per cent of the population lived in poverty, and more than 60 per cent lived in extreme poverty.[24] These indicators are based on household income and do not account for the impact of social protection programmes. However, a multidimensional analysis of living conditions that took into account income, access to services, social protection and other factors pointed to a multidimensional poverty rate of 51 per cent.

Purchasing power

The ENCOVI survey for 2017[25] found that 89 per cent of those interviewed reported that their income was insufficient to purchase food, and 70 per cent declared that there were times when they did not have enough money to buy food. Some 63 per cent of households reported regularly skipping meals or decreasing portion sizes, and 61 per cent reported that they regularly went to bed hungry. Sixty-five per cent of households reported having lost weight – an average of 11 kg in the year prior to the survey.

Similar findings were reported when the research firm Econometrica estimated that, for 2018, the value of a basic food basket fluctuated by 300,000 per cent[26] and a basket of basic goods by 185,000 per cent,[27] while the minimum wage fluctuated by 110,000 per cent over the same year. A different source found that, as of December 2018, a family required an income 23 times the minimum wage merely to cover their monthly food expenses.[28] ENCOVI 2018 figures show that 63 per cent of families in Venezuela received some form of social assistance from the State in 2018, compared with 8 per cent

21 *Venezuela en Cifras, Nuestra transición al socialismo, Ministerio del Poder Popular Para la Planificación, Caracas, 2018.*

22 *IMF DataMapper. FMI, 2019*

23 *INE data from Venezuela en Cifras, Nuestra transición al socialismo, Ministerio del Poder Popular Para la Planificación, Caracas, 2018.*

24 *ENCOVI 2018 surveyed some 6,000 households across the country. See Preliminary Results.*

25 *Encuesta sobre las condiciones de vida ENCOVI 2017.*

26 *Informe de mercado de bienes y servicios. Econométrica. Mensual 2018.*

27 *Informe mensual sobre canasta alimentaria familiar. CENDAS, Mensual 2018.*

28 *Canasta Alimentaria, diciembre 2018. Centre for Documentation and Analysis for Workers (CENDA)*

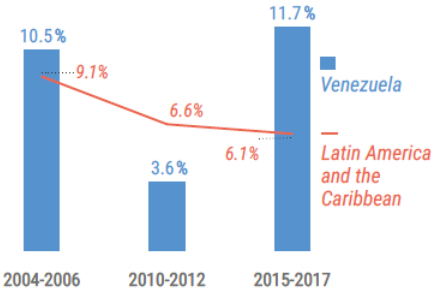
in 2014. On six separate occasions in 2018, the Government raised the basic minimum wage in an effort to counter the loss in purchasing power.[29]

Nutrition

One of the greatest impacts of the crisis has been a reduction in access to nutritious food or a varied diet, due to both the erosion in purchasing power and the availability of products. As a result, malnutrition has increased, especially in areas with the highest poverty rates. According to a study published by the Food and Agriculture Organization of the United Nations (FAO) in 2018, some 3.7 million people suffer from undernourishment in the country. The same study indicates that the prevalence of undernourishment has almost tripled, from 3.6 per cent in the 2010–2012 period to 11.7 per cent during 2015–2017.[30]

EVOLUTION OF UNDERNOURISHMENT IN VENEZUELA AND LATIN AMERICAN AND THE CARIBBEAN REGION

FAO



In addition, the ENCOVI 2017 survey indicates that 22 per cent of children under age of 5 suffered from chronic malnutrition, measured as low height by age.

In response to the crisis, the Government has implemented price controls of staple products and control of speculation, while providing food assistance throughout the country via an array of social programmes, including the following:

Local Supply and Production Committees (CLAP)

6M
households* benefit from the distribution of basic food supplies boxes, well below the market price.
Money transfers to those with the "carnet de la patria" ("homeland card")

Casas de Alimentación (soup kitchens)

600,000
people served. In 2017, efforts were made to increase the number of soup kitchens/canteens, with the objective of having 3,000 in the country.

School Meals Programme

5.3M
boys, girls and **adolescents** benefited in 2015.**

* *Discurso de Memoria y Cuenta 2018 del presidente Nicolás Maduro ante la Asamblea Nacional Constituyente, 15 January 2019.*

* *Encuesta Nacional de Hospitales. Segundo Boletín, año 2018. Médicos por la Salud, Caracas, 29 Nov*

Access to medicines and health services

In recent years, Venezuela's health infrastructure has deteriorated due to a lack of supplies, medicines and basic equipment, as well as the outflow of technical staff and lack of functional information, coordination and reference mechanisms. The 2018 National Survey of Hospitals,[31] conducted by the NGO Médicos Por La Salud in 40 hospitals in the

29 *Revolución Bolivariana decretó 6 aumentos salariales en 2018. Venezolana de Televisión, 14 February 2019.*

30 *Panorama of Food and Nutrition Security in Latin America and the Caribbean 2018/FAO, PAHO, WFP, UNICEF.*

31 *Encuesta Nacional de Hospitales. Segundo Boletín, año 2018. Médicos por la Salud, Caracas, 29 de noviembre.*

24 states of the country, found a degradation of diagnostic services including, for example, that 95 per cent of tomography and magnetic resonance services were inoperative. Only one hospital was found capable of offering the service in 2018, compared with about 50 per cent of hospitals in 2015. The Venezuela Pharmaceutical Federation has reported that shortages in essential medicines rose from 55 per cent in 2014 to 85 per cent in 2018.[32]

Preventable diseases such as tuberculosis, diphtheria, measles and malaria have resurfaced in the country and are on the rise, as is hepatitis A, due to the lack of access to safe drinking water. The World Health Organization (WHO) registered at least 406,000 cases of malaria in 2017, a 69 per cent increase compared with 2016, and the largest increase in the world.[33] In response to the new outbreaks of diphtheria registered in 2016, the Ministry of Health (MPPS, using its Spanish acronym), with support from the Pan American Health Organization (PAHO)/WHO, in 2018 launched a vaccination campaign targeting children under age 15, achieving coverage rates of 95 per cent for measles and 96 per cent for diphtheria.[34]

Mortality

Some projections indicate that mortality rates continue to increase in the country.[35] According to public reports issued by the Ministry of Health, between 2015 and 2016, maternal mortality increased by 65 per cent (from 456 to 756 deaths) while the mortality rate of children under age 1 grew by 30 per cent (from 8,812 to 11,466 deaths).[36] Infant mortality is considerably higher among indigenous peoples.[37]

ENCOVI 2018 found that there was a 31 per cent increase in general mortality and a 21 per cent increase in child mortality from 2017 to 2018.[38]

Access to water, electricity and other basic services

Government subsidies for energy (oil, gas and electric power) have meant that utilities are essentially free to Venezuelans, along with water, public transportation and telecommunications. However, challenges in accessing essential utilities predate the countrywide electricity shortages experienced in March 2019. A study carried out by the NGO coalition CODEVIDA in September 2018 found that 79 per cent of health facilities suffer from power failures, affecting some 67,000 patients.[39] Cuts in domestic water services have forced significant numbers of citizens to turn to sources unfit for consumption, heightening the risk of waterborne disease and increasing the risk of malnutrition. Service cuts have also impacted health and education, preventing many medical and educational facilities from properly functioning, and contributing to deteriorating health outcomes and rising school absenteeism.

The Government is facing severe difficulties in importing the necessary spare parts, equipment, machinery, materials and other goods to keep basic services operating and repair those that have broken down. Without

32 *Ferfarven asegura que escasez de medicamentos se mantiene en 85%, 15 de julio de 2018.*

33 *World Malaria Report, WHO, 2018.*

34 *Venezuela alcanza coberturas de vacunación sobre 95% para sarampión y difteria. PAHO, 16 January 2019.*

35 *Revista Geográfica Venezolana Volumen 59 (1), 2018.*

36 *Resumen de la Situación Epidemiológica Nacional en Venezuela 2016. MPPS, December 2016.*

37 *Los pueblos indígenas en América (Abya Yala): Desafíos para la igualdad en la diversidad. CEPAL, 2017.*

38 *Encuesta sobre las condiciones de vida. ENCOVI 2018.*

39 *Informe sobre la situación del derecho a la salud de la población venezolana. CODEVIDA, September 2018.*

such equipment, basic services that are still operating are at risk of rapid deterioration and breakdown, which would result in millions of people without access, and adversely impact multidimensional poverty and the capacity to address humanitarian needs. The Government has indicated that the main priorities include:[40]

- Health: medicines, surgical and other medical supplies, backup generators and water pumps.
- Education: school supplies, water pumps.
- Electricity: transformers, lamps and light bulbs, and other electricity-related supplies.
- Water: pumps, motors, pipes and spare parts.
- Transport: ambulances, garbage trucks, public transport buses, batteries, tires, spare parts and motor oil.
- Food: basic items for CLAP and other social programmes.

Lack of protection services

People with specific needs are not being sufficiently taken into account due to the lack of specialized protection services. The deterioration of the socioeconomic conditions in the country has exacerbated the vulnerability of people who are exposed to marginalization, unequal access to assistance, discrimination in aid provision, sexual and gender-based violence (SGBV), exploitation, abuse and neglect. The few entities providing protection to survivors of SGBV and to at-risk children are not operational or are working in very precarious conditions and without the institutional, human and financial resources required to meet minimum standards. The ability of the police and the Public Prosecutor's Office to provide security to SGBV survivors is also limited due to the lack of resources. Hospitals lack post-exposure prophylaxis (PEP) treatment for rape cases and there are not enough safe shelters for survivors of SGBV. Furthermore, some municipal offices of the Ministry of Women and the Child and Adolescent Protection Municipal Councils have temporarily closed, delaying protection measures.

Vulnerability to disasters

As in other countries in the region, vulnerability to disasters of natural origin in Venezuela is an aggravating factor in the areas of health and food security. Since 2015, climate events such as floods and drought, including those caused by El Niño and La Niña episodes, have worsened living conditions. In 2018, between 35,000 and 80,000 people were affected by severe floods caused by the overflow of rivers in several states, including in Amazonas, Bolívar and Delta Amacuro.[41] In October 2018, the global El Niño analysis cell under the auspices of the Inter-Agency Standing Committee identified Venezuela as a country at high risk of adverse impacts from a possible El Niño episode in 2019.[42]

40 *Documento de proyecto "Apoyo al Fortalecimiento Institucional y a la Gestión de Servicios Públicos Básicas" suscrito entre PNUD y Corpovex. 7 December 2018.*

41 *OPS brinda apoyo ante las inundaciones que afectan a la población venezolana. PAHO, 22 August 2018.*

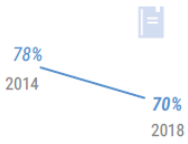
42 *Countries at High Risk of Possible El Niño Impact, October 2018–March 2019. Global El Niño-Southern Oscillation Analysis Cell, 22 October 2018.*

KEY FIGURES

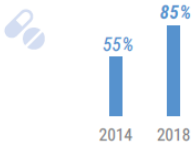
People undernourished
FAO

3.7M
PEOPLE

School attendance
ENCOVI 2018



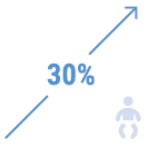
Shortage of medicines
Venezuela Pharmaceutical Federation



Homicide rate
OVV 2018

81.4
— per —
100,000
INHABITANTS

Infant mortality
MPPS 2015 -2016

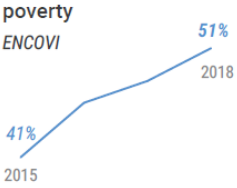


People on the move
UNHCR / IOM 2019

1.9M
PEOPLE
IN TRANSIT

3.4M
PEOPLE
ABROAD

Multidimensional poverty
ENCOVI



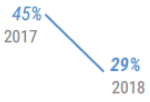
Malaria
PAHO/WHO 2017

406K
CASES

Maternal mortality
UNFPA

77-124
— deaths for —
100,000
BIRTHS

Households with daily access to water
ENCOVI 2018



COPING MECHANISMS

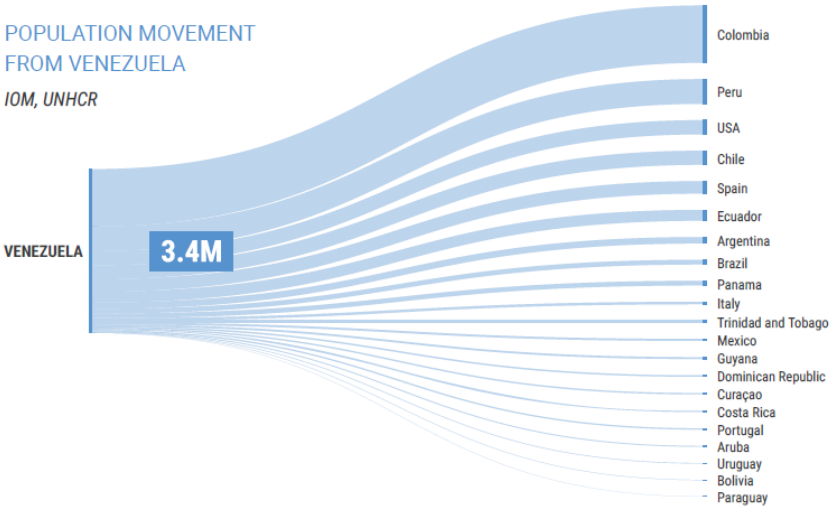
Faced with the continued deterioration of their living conditions, Venezuelans have increased their reliance on negative coping mechanisms. Several sources report that households have had to change their traditional ways of acquiring food, resorting to the black market, bartering and selling family assets to make purchases. Many have also resorted to negative changes in their diet and/or are suffering from some form of food deprivation.

Another negative coping mechanism is family separation. Families are choosing to send some members – largely disadvantaged adults aged between 15 and 45 years old – to other parts of the country or to other countries in search of work and health care. This separation creates protection risks for both those who stay and for those who move, but is seen as a way to minimize the demands on already stressed household economies. In many cases, children are left in the care of older adults with limited resources.

According to IOM and UNHCR, about 5,000 people leave the country every day.[43] In total, some 10 per cent of the Venezuelan population – more than 3.4 million people – are now migrants or refugees living largely in neighbouring countries.

POPULATION MOVEMENT FROM VENEZUELA

IOM, UNHCR



43 *Venezuelan outflow continues unabated, stands now at 3.4 million. UNHCR, 22 February 2019.*

PART 3
THE MOST VULNERABLE GROUPS

THE MOST VULNERABLE GROUPS

People with chronic health conditions and serious illnesses

The restricted access to medicines and treatment has potentially life-threatening consequences. According to a study carried out by CODEVIDA, as of September 2018, the lives of 300,000 people were at risk because they have been unable to access medicines or treatment for more than a year.[44] This population includes:

DIALYSIS
16,000
PEOPLE
At least

TRANSPLANTS
3,000
PEOPLE
Do not receive the medicines and monitoring required

HEMOPHILIA
5,000
PEOPLE
Do not receive coagulation factors

PARKINSON
33,000
PEOPLE
Do not receive medicines, causing debilitating suffering and possible death

CANCER
16,000
PEOPLE
Cannot access treatment, due in part to the closure of most public cancer treatment centres

BREAST CANCER
8,000
WOMEN
Do not have access to 90 per cent of the chemotherapy drugs they need to survive

MULTIPLE SCLEROSIS
2,700
PEOPLE
Of which 15% are children and adolescents, do not have access to medicines

HIV
80,000
PEOPLE
Have not received antiretroviral treatment since 2017

DIARRHEA AND ACUTE RESPIRATORY INFECTIONS
PEOPLE
Do not have access to medicines in private pharmacies

DIABETES AND HYPERTENSION
4M
PEOPLE
Do not have access to insulin and cardiovascular medicines

44 *Informe sobre la situación del derecho a la salud de la población venezolana. CODEVIDA, September 2018.*

Pregnant and nursing women, newborns and children under age 5

Children under age 5 are at risk of suffering irreversible damage to their health and development. Children under age 2, as well as pregnant and breastfeeding women, including indigenous women and adolescent girls, are more vulnerable to malnutrition and more susceptible to complications resulting from a lack of access to water, hygiene and sanitation services. Zulia, a border state with a large indigenous population, has registered the greatest number of maternal deaths, with an increase from 75 deaths in 2015 to 107 in 2016.[45]

Indigenous peoples

The indigenous population in Venezuela represents 2.5 per cent of the national population (about 720,000 people). Seventy per cent of the country's indigenous population is concentrated in border states, primarily Zulia, Bolívar and Delta Amacuro. In these remote areas, access to food and medical services is limited due to transportation challenges. In addition to the economic crisis, these people are impacted by a lack of infrastructure and environmental degradation due to deforestation and mining. The absence of population records often prevents indigenous peoples from accessing government health, education and social protection programmes.

Older persons

Many people older than age 60 in Venezuela are disproportionately affected by the emergency, in particular due to difficulties in obtaining food and medicines. In addition, many people have lost family support due to migration, or have minors under their care.

People on the move

An estimated 1.9 million people are projected to leave the country in 2019, according to the Regional Coordination Platform for Refugees and Migrants from Venezuela.[46] In addition, pendular cross-border movements have been adopted as a coping strategy. People on the move towards and across borders are particularly vulnerable to risks associated with internal displacement, transit and movement, including threats to life, safety and security, extortion, human trafficking and SGBV.

People in need of international protection[47]

People, including refugees,[48] asylum seekers and others in refugee-like situations, have limited access to the asylum process and lack documentation regarding their legal status or properties.

People with disabilities and people who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI)

They are also specifically affected by the crisis and in need of specialized protection services.

45 *Resumen de la Situación Epidemiológica Nacional en Venezuela 2016. MPPS, December 2016.*

46 *https://r4v.info/es/situations/platform*

47 *https://www.refworld.org/pdfid/596787734.pdf*

48 *As of January 2019, more than 8,200 refugees were living in Venezuela. (UNHCR Fact Sheet on Venezuela.) About 99 per cent of refugees and asylum seekers in Venezuela are of Colombian nationality. UNHCR Venezuela estimates that 117,653 people in refugee-like situations have not acceded the asylum procedure in Venezuela for several reasons.*

Children and adolescents at risk

Such as those unaccompanied and separated, children and adolescents who work in mining, children associated with armed or criminal groups (in particular in border states), and children out of school are also at risk.

Women and adolescents girls at risk

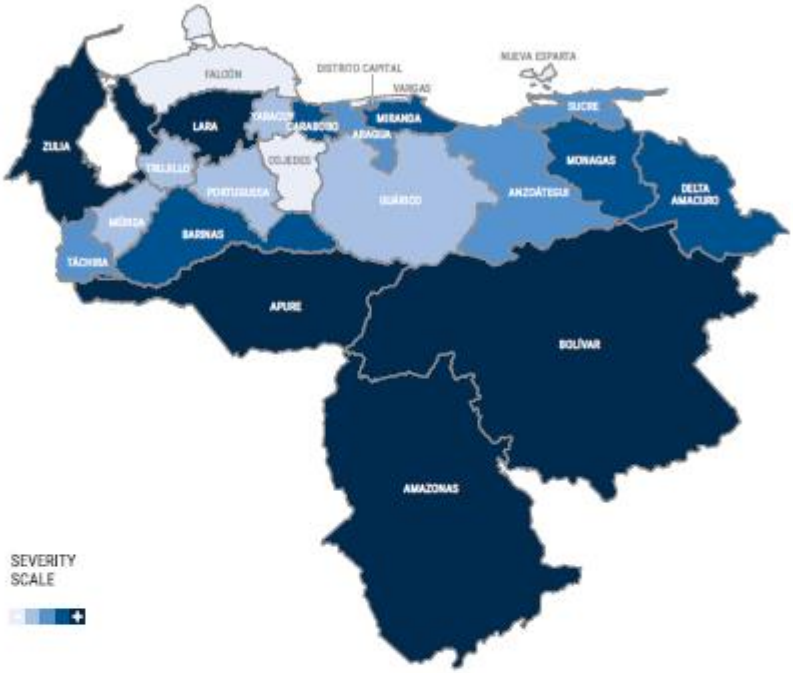
Especially those in border states, where survival sex as a coping mechanism has increased, are at high risk of SGBV, and in particular sexual exploitation.

People in a situation of dependency

Including those living in hospitals, nursing homes, mental health institutions and prisons.

THE MOST-AFFECTED AREAS

Source: OCHA and partners (vulnerability analysis workshop November 2018).



This severity scale map was developed using a combination of sectoral indicators (education, health, nutrition and protection) and cross-cutting indicators (poverty and natural disasters). It also includes the outcomes of a vulnerability analysis workshop that was held in Caracas on November 2018 with the participation of partners from the United Nations system in Venezuela, who established thresholds to define vulnerability scales based on their qualitative perception of the greatest vulnerability by geographical zone.

Small cities are particularly affected

According to 2011 data, 89 per cent of the Venezuelan population lived in cities with more than 2,500 inhabitants, the majority in the central-northern region of the country. Sixty-six per cent of these people were located in only eight states, covering 46 per cent of the national territory.[49] Several sources indicate that people in smaller cities have higher rates of poverty and suffer most from interruptions in basic services.[50]

Territorial differences are also reportedly reflected in the access of food provided by the Government. While some 16.3 million people[51] were reported by ENCOVI to have

49 *Censo Nacional de Población y Vivienda 2011. INE, 2014.*

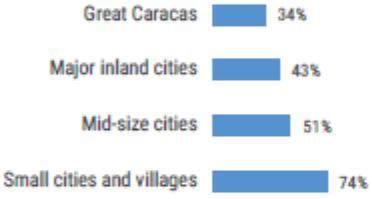
50 *ENCOVI 2018 (multidimensional poverty in 75.3 per cent of households in small cities, versus 46.2 per cent of households in big cities).*

51 *ENCOVI 2018 Preliminary Results.*

received food assistance through CLAP in 2018, territorial differences were reported in its distribution. It is estimated that in the greater Caracas area, 64 per cent of the beneficiary households have access to food boxes on a monthly basis, whereas more than half of the beneficiary households outside the capital district do not have access to the boxes on a regular basis. The percentage of those not receiving regular assistance increases to 69 per cent in small cities and rural areas.

MULTIDIMENSIONAL POVERTY INDEX

ENCOVI

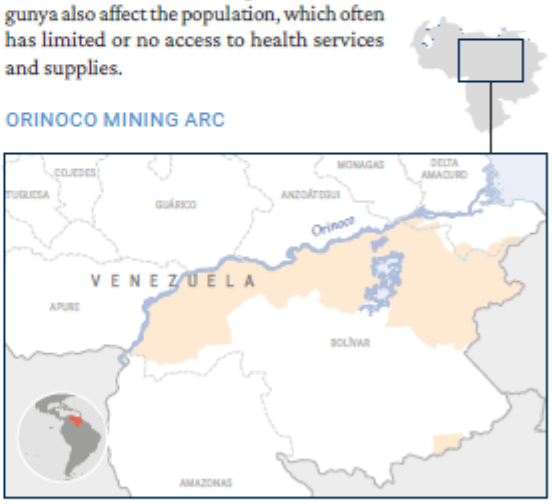


In the south of the country, remote areas with priority needs

The remote areas in the south of the country and border regions, including the Orinoco Mining Arc, are particularly affected by the economic crisis, as well as by the limited reach of the State and the proliferation of armed groups and criminality. There is little control of cross-border activities, leaving criminal syndicates in Venezuela and guerrilla groups in Colombia to pose new threats in the struggle for control of the region's lucrative mineral resources, particularly in the states of Amazonas and Bolívar. According to the International Crisis Group,[52] the local populations, mostly indigenous peoples, suffer a greater impact from the existing tensions and violence.

Officially created by presidential decree in 2016,[53] the Orinoco Mining Arc has four declared objectives: protecting miners, controlling mining "mafias", preserving the environment and increasing the Government's revenue from the exploitation of large mineral deposits (including bauxite, coltan, copper, diamonds, gold, nickel and uranium). However, illegal mining has attracted many people who have been impoverished by the crisis. A rapid expansion of criminal activity has been reported, facilitated by weak institutions in an area the size of Cuba and with very limited transport or communication infrastructure. Indigenous peoples have been subject to intimidation, exploitation and trafficking, with indigenous girls being forced into prostitution. Outbreaks of diseases such as malaria, dengue and chikungunya also affect the population, which often has limited or no access to health services and supplies.

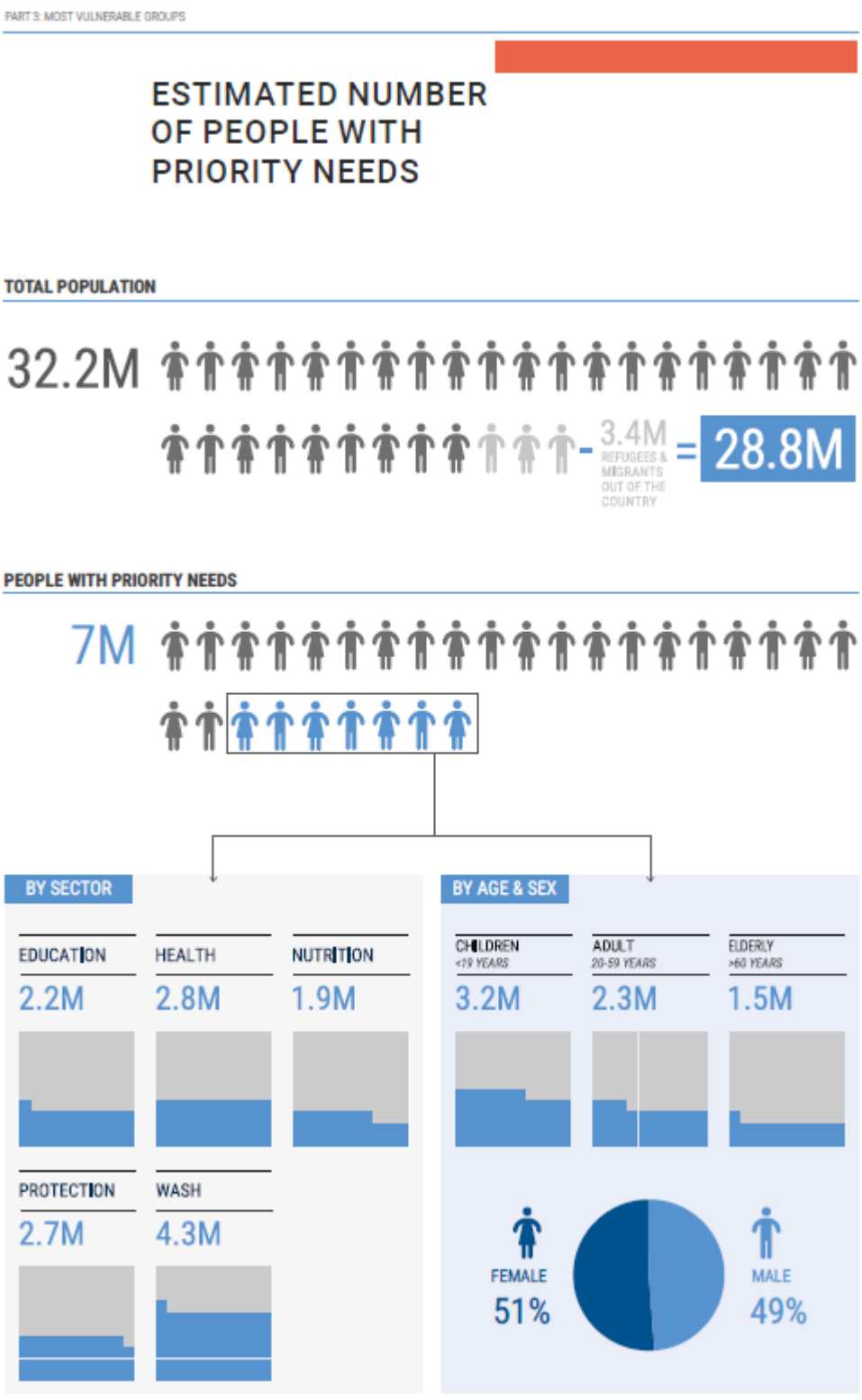
ORINOCO MINING ARC



Source: UNEP, International Crisis Group

52 *Gold and Grief in Venezuela's Violent South – Latin America Report N° 73. International Crisis Group, 28 February 2019.*

53 *Presidential Decree in Gaceta Oficial 40.855.*


PART 3: MOST VULNERABLE GROUPS
ESTIMATED NUMBER OF PEOPLE WITH PRIORITY NEEDS
TOTAL POPULATION
32.2M
- 3.4M REFUGEES & MIGRANTS OUT OF THE COUNTRY
= 28.8M
PEOPLE WITH PRIORITY NEEDS
7M
BY SECTOR
EDUCATION
2.2M
HEALTH
2.8M
NUTRITION
1.9M
PROTECTION
2.7M
WASH
4.3M
BY AGE & SEX
CHILDREN
<19 YEARS
3.2M
ADULT
20-59 YEARS
2.3M
ELDERLY
>60 YEARS
1.5M
FEMALE
51%
MALE
49%

In the absence of comprehensive assessments and a full range of data from official sources, the number of people with priority needs has been estimated by the United Nations and its partners by adopting a specific method for each sector, using a variety of primary and secondary data sources. The methodology adopted in each sector is explained in the relevant sector page of this Overview. In line with global practice in other humanitarian contexts, and to avoid double counting, the estimate has been disaggregated by age group and the highest values added together to arrive at a total figure of people in need (PiN).

For the purpose of the PiN calculations, the current population of 29 million people has been used (from a projection of 32.2 million people based on the latest population census in 2011, minus the 3.4 million people who are estimated to have left the country).

In accordance with this methodology, 7 million people –or about 24 per cent of the total population currently living in the country– are estimated to have urgent priority needs for assistance and protection.

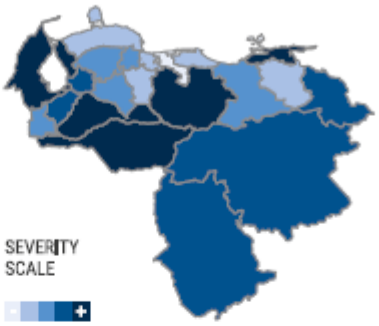
PART 4
SECTORAL ANALYSES

EDUCATION

CONTEXT

It is estimated that more than 8.5 million children and adolescents are of school age,[54] which is between age 3 and age 18 in Venezuela. An estimated 85 per cent go to school, meaning that more than 1 million are outside the education system, due to the ongoing crisis (336,767 in pre-school and 876,188 in primary/secondary levels).[55] Many families cannot afford food or have little access to water and health care, and therefore cannot afford the clothing, footwear or transportation required to attend school. Children who should be in school are instead contributing to their family's finances in an effort to meet essential needs. In addition, some schools lack teachers or do not have a School Feeding Programme, while others do not have education materials, electricity, water or sanitation services.

In addition to a deficit of teachers, many other personnel necessary for the functioning of schools, including administrative staff and janitors, have left their positions due to low salaries and difficult working conditions. Some of them have fled the country, while others have remained in Venezuela in search of other livelihood opportunities. A survey conducted by the nonprofit Jesuit Refugee Services found that between April and May 2018, an estimated 14 per cent of teachers had migrated from Venezuela, leading to unqualified staff assuming teaching responsibilities.[56]



A study by the United Nations Children's Fund (UNICEF) in 2017 found that 48 per cent of children and adolescents enrolled in school could be at risk of dropping out of school due to irregular attendance.[57] The factors mentioned above have also contributed to an increase in the number of students who do not complete educational requirements (from 4 per cent to 6 per cent between 2017 and 2018, according to ENCOVI 2018). This figure could significantly increase over the medium term.

THE MOST VULNERABLE PEOPLE

The official data roughly accord with the ENCOVI estimates: out of 8.5 million children of school age, 7,644,869 are enrolled in schools. Of those enrolled, approximately 3.7 million attend intermittently and are considered to be at risk of dropping out of school.[58]

Based on historical data on the highest proportion of children dropping out after attending only intermittently, UNICEF estimates that 30 per cent of that group is highly

2.2M
PEOPLE IN NEED

262K
Children < 5

1.9M
Children and adolescents

81.1K
Indigenous people

The figure for indigenous groups and communities, although disaggregated, was removed from the PiN calculations to avoid duplication with other groups. para todos los sectores.

Map source: OCHA and partners (vulnerability analysis workshop November 2018).

54 *ENCOVI 2017.*

55 *Venezuela: Una mirada global para la inclusión escolar. Desempeño y calidad escolar para niños, niñas y adolescentes/Blas A. Regnault M. UNICEF Venezuela, 17 November 2017.*

56 *Report on the Venezuelan human mobility. Realities and perspectives of those who emigrate (April 9 to May 6, 2018). Jesuit Refugee Services, 2018.*

57 *Venezuela: Una mirada global para la inclusión escolar. Desempeño y calidad escolar para niños, niñas y adolescentes/Blas A. Regnault M. UNICEF Venezuela, 17 November 2017.*

58 *Informe integrado de la Consulta Nacional por la Calidad Educativa. Ministerio del Poder Popular para la Educación.*

vulnerable. Added to the 1.2 million children out of school, the number of children in need increases to about 2.2 million children.

The children most vulnerable to dropping out of school include:

- Indigenous children living in mining and border areas, where they are subject to forced recruitment and involved in irregular activities. Many young indigenous children have been recruited to work in extractive activities. The presence of armed groups and criminal gangs also contributes to insecurity in these areas. Of the 12 per cent of children who have dropped out of school,[59] many are indigenous children and adolescents between ages 12 and 17.
- Separated and unaccompanied children. Many children, mostly teenagers, have been left in the care of third parties or without care due to the migration of their relatives.
- Pregnant adolescents and teenage mothers. Venezuela has among the highest rates of adolescent pregnancies in the Americas.[60] This figure is even higher among indigenous groups.

RESPONSE CAPACITY AND GAPS

In the education sector, there are about 14 actors that cover 16 national states with activities in 49[61] of the 335 municipalities.

The priorities of the sector include:

- Creating conditions for the access and retention of children and adolescents in schools through the delivery of educational supplies for students, teachers and schools.
- Psychosocial support to students and teachers through the development of recreational activities, and the promotion of a culture of peace, coexistence and resilience.
- Strategic interventions for the recovery of water and sanitation services, as well as kitchen spaces in schools.
- Support for initiatives aimed at strengthening school feeding programmes.
- Strengthening coordination and information management mechanisms among United Nations partners and other platforms, including civil society organizations.
- Activities aimed at the prevention of adolescent pregnancy and sexually transmitted infections, and support for adolescent mothers and concurrent priorities.

The above-mentioned gaps can be reduced in the coming months with the creation of more favourable conditions, the strengthening of capacities aimed at students and teachers, and the identification and inclusion of children and adolescents currently out of school.

METHODOLOGY TO ESTIMATE PIN

Based on dropout rates and non-attendance percentages, partners in the education sector estimate that 26 per cent (2.2 million) of girls and boys aged between ages 3 and 17 are particularly vulnerable and in need of assistance in education. This includes: 1) 30 per cent of girls and boys who are attending only intermittently and, based on historical data, are identified as being at risk of school dropout; and 2) 1.2 million girls and boys currently outside the education system.

59 *ENCOVI 2017.*

60 *According to UNFPA, The State of the World Population 2018, 95 adolescent birth rate per 1,000 girls aged 15–49 over the 2006–2017 period.*

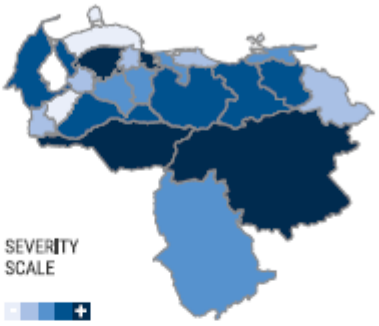
61 *4W de febrero 2019 – OCHA/Office of the United Nations Resident Coordinator.*

HEALTH

CONTEXT

The Venezuelan health system is under severe pressure because of the migration of health personnel and a shortage of medicines and health inputs, among other factors. The impact is being felt most acutely at the secondary and tertiary levels, resulting in a progressive loss of operational capacity in the national health system. The deterioration has intensified over the past five years and, most significantly, since 2017 due to the economic crisis, with impacts on the provision of free health care and free access to medicines. This has affected the overall functioning of the health network and its ability to rapidly expand its response in emergency situations and disease outbreaks. Despite these challenges, the health system still retains some capacity, including both in health infrastructure and human resources, which can be better mobilized and supported to improve health outcomes.[62]

The Venezuelan Medical Federation estimates that some 22,000 doctors have migrated out of the country.[63] This figure represents approximately one third of the 66,138 doctors reported to be in the country in 2014.[64] The migration of physicians has predominantly affected certain specialties, including neonatal care, anaesthesiology, intensive care and emergency care. Similarly, an estimated 6,000 laboratory technicians have left the country, while the Federation of Professional Nursing Colleges[65] estimates that between 3,000 and 5,000 nurses have emigrated.



In recent years, Venezuela has experienced serious outbreaks of preventable diseases, such as measles and diphtheria. Between epidemiological week 26 of 2017 and epidemiological week 52 of 2018, some 9,116 suspected cases of measles were reported (1,307 in 2017 and 7,809 in 2018), of which 6,202 were confirmed.[66] Since the beginning of the diphtheria outbreak in July 2016 and until epidemiological week 8 of 2019, a total of 2,726 suspected cases were reported (324 cases in 2016; 1,040 in 2017; 1,198 in 2018; and 164 in 2019); of these, 1,612 cases were confirmed.[67]

PAHO has supported vaccination campaigns for children under age 15, achieving 95 per cent coverage for measles[68] and 96 per cent coverage for diphtheria[69] as of February 2019. For improved control of diphtheria, it has been recommended that vaccination be extended to populations over age 15. Cold chain failures, even before the widespread power failures of March 2019, are of particular concern and have increased the challenges to preserve vaccines.

2.8M
PEOPLE IN NEED

1.1M
Children < 5 years

138
Children and adolescents

206
Adults 20–59 years

1.4M
Adults > 60 years

347.8K
Indigenous peoples

The figure for indigenous groups and communities, although disaggregated, was removed from the PIN calculations to avoid duplication with other groups.

Map source: OCHA and partners (vulnerability analysis workshop November 2018).

62 *Organización Panamericana de la Salud. 56 Consejo Directivo 70 sesión del Comité Regional de la OMS para las Américas. Respuesta de la OPS para mantener una agenda eficaz de cooperación técnica en Venezuela y en los Estados miembros vecinos.*

63 *Interview with Douglas León Natera, President of the Venezuelan Medical Federation. Noticiero Venevision, published on 12 April 2018.*

64 *Plan Maestro para el fortalecimiento de la respuesta al VIH, la tuberculosis y la malaria en la República Bolivariana de Venezuela desde una perspectiva de salud pública. OPS/ONUSIDA/MPPS, Julio 2018.*

65 *Federación de Colegios de Profesionales de Enfermería de la República Bolivariana de Venezuela, cited in PAHO, footnote 36 above.*

66 *Epidemiological Update Measles. PAHO/WHO, 4 March 2019.*

67 *Epidemiological Update Diphtheria. PAHO/WHO, 18 March 2019.*

68 *Organización Panamericana de la Salud. Sarampión: Alertas y Actualizaciones Epidemiológicas.*

69 *Organización Panamericana de la Salud. Sarampión: Alertas y Actualizaciones Epidemiológicas.*

Venezuela has also experienced an increase in the risk of diseases transmitted by water and food, as well as an increase in the incidence of other communicable diseases[70] due to lack of water, proliferation of vectors and other factors associated with the deterioration of living conditions.

The decrease in regular access to medicines has increased the risk of morbidity and mortality from non-communicable diseases such as diabetes, hypertension and cancer, as well as communicable diseases including HIV/AIDS.[71]

In a rapid assessment conducted in March 2019 after the electricity outages, 28 of the most important hospitals were surveyed in 16 states and the capital district. The survey found that out of the 13 critical services, 8 have working water supply, 2 have operational X-ray diagnosis, 10 are receiving electricity, 12 have working medicinal gases, 6 have operating emergency rooms, 10 have working intensive care units, 5 have working operating rooms, 6 have working delivery rooms, 6 have operational echography, and 7 have operational sterilization.[72]

THE MOST VULNERABLE PEOPLE

The following groups are considered by health partners to be the most vulnerable:

- Indigenous people in the states of: Amazonas, Anzoátegui, Apure, Bolívar, Delta Amacuro, Monagas, Sucre and Zulia.[73]
- People in isolated border areas in the municipalities of Amazonas, Apure (Páez municipality), Bolívar (Gran Sabana municipality), Delta Amacuro (Antonio Díaz and Pedernales municipalities), Táchira (Bolívar municipality) and Zulia (Goajira municipality).[74]
- Pregnant women and adolescents, estimated at approximately 550,000 pregnancies annually at national level.[75]
- Children under age 5, estimated at approximately 2.7 million nationally in 2019.[76]
- Patients with chronic diseases and those receiving costly treatments.
- People living in poverty or extreme poverty.

RESPONSE CAPACITY AND GAPS

In the health sector, there are about 15 actors that cover almost the whole territory, although there are activities in only 197[77] of the 335 municipalities.

Currently, although there is substantial joint support from NGOs, international NGOs, United Nations agencies and the Red Cross, which provide essential and priority supplies and services at the level of public health institutions and communities, the priority needs of the health sector are still not being met.

In addition, multilateral organizations and social missions, through the implementation of their strategic plans intended to address priorities in health and vulnerable populations, are trying to address the identified needs, including maternal and child health,

70 *Ministerio del Poder Popular para la Salud. Boletín Epidemiológico Semanal. Unedited material.*

71 *Ministerio del Poder Popular para la Salud. Boletín Epidemiológico Semanal. Unedited material.*

72 *Working information obtained by PAHO through direct monitoring and other official and non-official sources.*

73 *Censo Nacional de Población y Vivienda. Empadronamiento de la población indígena de Venezuela. Instituto Nacional de Estadística, 2011.*

74 *Instituto Nacional de Estadística. Censo Nacional de Población y Vivienda. Proyecciones a 2018. Disponible en: www.ine.gob.ve*

75 *Ministerio del Poder Popular para la Salud. Boletín Epidemiológico Semanal. Unedited material.*

76 *Instituto Nacional de Estadística. Censo Nacional de Población y Vivienda. Proyecciones a 2018. Disponible en: www.ine.gob.ve*

77 *4W Feb 2019 – OCHA/DCR.*

prevention of arboviruses, malaria control and vaccinations through the delivery of medicines and supplies. The gap resulting from the energy crisis has sharpened initially identified needs and increased operational and logistical costs. There is also a need to prioritize even more immediate actions, including essential critical services, lifelines, medicines and supplies, with a focus on guaranteeing the operation of health facilities and access to emergency services for the general population. This new context has increased the demand for providing logistical support to the hospital network and maintaining the immunization system.

The following steps are critical to reduce infant and maternal mortality:

- Strengthen the maternal and child health services at all levels (from the first level to the fourth level) to ensure operational capacity and quality of care according to demand.
- Provision of supplies: medicines, medical equipment (for safe deliveries and neonatal care), including programmatic actions and technical assistance at national and subnational levels.
- Ensure adequate levels of immunization by supporting vaccination campaigns as well as control of recent outbreaks of preventable diseases through close inter-agency coordination. Measles, polio and diphtheria campaigns are already planned.
- Provide technical support to recover cold chain functionality.
- Strengthen supply chain management.
- Strengthen the management of sexual and reproductive health.
- Strengthen the community through "Communication for Development" actions that allow higher levels of information and participation.
- Monitor the possible occurrence of public health emergencies.
- Monitor and evaluate, strengthen reference systems and counter-reference between the different levels of care.
- Strengthen coordination and information management mechanisms among United Nations partners and other platforms, including civil society organizations.
- Train health staff when needs are identified (like paediatric and neonatal advanced life support and cleaning and disinfection management within hospitals and health facilities).

The agencies of the United Nations system, the Red Cross and NGOs have increased the mobilization of resources through different projects to address priority problems; medication management; logistical support to improve the distribution capacity of medicines and supplies; and strengthening of institutional capacities and human resources for health, through counseling, training, hiring of national consultants, transportation support, and distribution of supplies, medicines, medical and technological equipment. These efforts are being carried out within the framework of regular and emergency technical cooperation to community hospitals and community health areas prioritized in accordance with need, as well as at the central level.

METHODOLOGY TO ESTIMATE PIN

The estimate of the number of people with priority health needs is 2.8 million. To determine this figure, partners applied the 43 per cent of the "living standards" subindex of the multidimensional poverty index of ENCOVI and applied it to the following vulnerable groups: 1) children under age 5, 2) adults over age 60, and 3) indigenous peoples. The figure also includes 63,000 pregnant women identified as being at heightened risk of maternal mortality.

NUTRITION

1.9M
PEOPLE IN NEED

1.3M
Children < 5 years

122
Children and adolescents

489
Adults 20–59 years

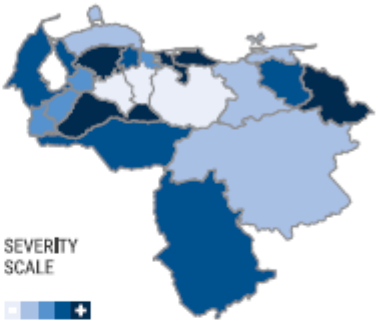
72K
Indigenous peoples

The figure for indigenous groups and communities, although disaggregated, was removed from the PiN calculations to avoid duplication with other groups.

Map source: OCHA and partners (vulnerability analysis workshop November 2018).

CONTEXT

The immediate causes of malnutrition are inadequate intake of nutritious food and diseases. A child's dietary intake and exposure to diseases are affected by underlying factors, such as food insecurity at household level (lack of availability, access to or utilization of a varied diet), care and inadequate feeding practices for children, unhealthy household conditions and contextual factors such as inaccessible and inadequate health care or lack of access to safe drinking water.



Venezuela historically has imported up to 75 per cent of its food, but between 2012 and 2016, food imports decreased by 66 per cent. National production of food has decreased at a rate of 4.7 per cent per year[78] and the country has not been able to compensate for this gap. Food availability has declined significantly, with frequent shortages of staples such as rice and cornmeal since 2016.

There are significant shortages of essential products in the food distribution chain, with the exception of stores offering imported food items at high cost. The Government distributes staple foods at accessible prices via a sales system for subsidized food boxes that is managed by CLAP.

Food consumption patterns show a shift from purchasing meat and fat products to tubers and, to a certain extent, vegetables between 2014 and 2017. Consumption of liquid milk, in particular, dropped by 77 per cent between 2012 and 2017[79] A decrease in total caloric intake has been associated with an increasingly poor diet, comprising "empty calories".[80] In addition, essential food products imported for distribution to the public do not comply with national food fortification standards. According to the *State of Food Security and Nutrition in the World* in 2018,[81] the prevalence of undernourishment (i.e., non-compliance with daily energy needs) in Venezuela's total population reached 11.7 per cent (3.7 million people) during the 2015–2017 period. However, the dimensions of food insecurity are multiple, and the proportion of people affected is better reflected in the percentage not meeting basic needs (NBI in Spanish), which, according to ENCOVI 2017, stands at 32.7 per cent of the population.

According to the Centre for Documentation and Analysis for Workers (CENDA), in December 2018 the cost of the basic food basket increased by 134 per cent in a month. A family requires 23 minimum wages just to cover their monthly basic food expenses.[82]

Nutrition data are scarce and often not representative. This information vacuum

78 *Seguridad Alimentaria y Nutricional en Venezuela. Secuestro agroalimentario de un país: visión y compromiso. Fundación Bengoa para la Alimentación y Nutrición, 2018.*

79 *See: Evolución del consumo de alimentos en Venezuela 1998-2017. IIES, August 2018.*

80 *ENCOVI 2017. Alimentación.*

81 *The State of Food Security and Nutrition in the World 2018. FAO.*

82 *Canasta Alimentaria, diciembre 2018. Centre for Documentation and Analysis for Workers (CENDA).*

lends itself to different interpretations and calculations.

The latest official data by the Public Food Ministry (MINPPAL) and the National Institute of Nutrition (INN), published in 2014 and covering the year 2012, indicate a 3.4 per cent prevalence of acute malnutrition among children under age 5.[83]

ENCOVI reported that the prevalence of acute malnutrition (low weight-for-height) is 4.3 per cent, and that 22 per cent of children under age 5 were stunted.

The surveillance systems[84] of Caritas de Venezuela focusing on the nutritional status of children in the poorest parishes of the country suggest that the prevalence of global acute malnutrition in children under age 5 could reach up to 10 per cent, while 3 out of 10 children living in extreme poverty are at nutritional risk, as of October–December 2018. In 2018, assessments[85] of the nutritional condition of children between ages 2 and 5 carried out in preschools run by the NGO Fé y Alegría in five states showed that 3.3 per cent of that cohort was suffering from acute malnutrition and 13.2 per cent from chronic malnutrition. In the educational institutions supported by Fé y Alegría, 5 per cent of children and teenagers between ages 5 and 18 were reported to be wasted (low weight-for-height).

A review of the School Feeding Programme (PAE) (FAO, 2016) indicated that in the period 2014–2015, a total of 7,784,625 students were enrolled in the programme, of which 5,934,628 were in public institutions. During the 2015—2016 school year, of the 24,772 public education facilities, 67 per cent of facilities were enrolled in the PAE, while 33 per cent were not.

THE MOST VULNERABLE PEOPLE

The effects of the crisis are disproportionately felt by population groups with specific nutritional needs, including:

Nutrition:

- Girls and boys under age 5 and living in poverty.
- Pregnant and breastfeeding women, in particular female-headed households.

Food security:

- Families affected by poverty (unsatisfied basic needs), in particular in rural and semi-urban areas.
- Older adults, particularly those left behind by migrant families.
- Dependent population groups: children and older adults in shelters, patients in psychiatric hospitals, and populations in prisons and penitentiaries.
- Boys and girls of school age living in poverty-affected areas.
- Unaccompanied children.

RESPONSE CAPACITY AND GAPS

There are 16 actors in the nutrition sector that have a presence throughout the entire country, but are currently operating in 77[86] out of 335 municipalities.

The nutrition response primarily focuses on:

83 *Memoria y cuenta 2013. MINPPAL, 2014.*

84 *Monitoreo de la situación nutricional en menores de 5 años: Zonas vulnerables en 46 parroquias en 7 Estados: Dtto. Capital, Vargas, Miranda, Zulia, Lara, Carabobo y Sucre. Caritas, Octubre-Diciembre 2018.*

85 *Assessment of children under 5 accessing local NGO Fé y Alegría education centres in 5 States (internal document).*

86 *4W (OCHA) as of February 2019.*

- Preventive actions:
  - Anthropometric screening in children under age 5 and pregnant and lactating women.
  - Nutrition counselling and micronutrient supplementation for pregnant and lactating women.
  - Deworming and micronutrient supplementation for children between ages 6 months and 59 months.
  - Supplementation with Lipid Nutrient Supplement paste-Medium Quantity or LNS-MQ, a high-energy fortified food for children 6–23 months old at risk of acute malnutrition or stunted.
  - Infant and young child feeding counseling to caregivers for appropriate feeding of children 0–23 months.
  - Provision of training, equipment, supplies and printed material to strengthen staff in primary health centres.
  - Support to school feeding programmes.
- Treatment actions:
  - Early diagnosis of uncomplicated acute malnutrition in ambulatory services.
  - Management of uncomplicated moderate acute malnutrition and severe acute malnutrition cases in ambulatory care with supplementary and therapeutic food.
  - Referral of complicated acute malnutrition to specialized hospitals for children.
  - Provision of training, equipment, supplies and printed material to strengthen the capacities of health workers (paediatricians, physicians, nurses and nutritionists) in integrated management of acute malnutrition.
- Strengthening sectoral and intersectoral coordination at national and state levels:
  - Coordination lead of the nutrition sector to articulate and optimize actions at national and state levels, with links to other sector coordination groups.
  - Work with the Ministry of Public Health and Population and INN to align national nutrition policies, guidelines and tools to international standards.
  - Generation and dissemination of evidence and knowledge related to nutrition with protective practices to support the nutritional status of vulnerable groups.

METHODOLOGY TO ESTIMATE PIN

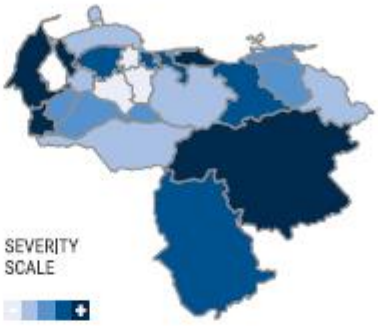
The nutrition sector's estimate of people in need consists of three particularly vulnerable groups: children under age 5, pregnant women and breastfeeding women. Based on ENCOVI results, the sector applies the Multidimensional Poverty Index (51 per cent) to the number of households living in poverty, considered as a population with low economic access to quality food and poor access to quality medical care. This increases the risk of nutritional deficiencies such as chronic and acute malnutrition and/or micronutrient deficiencies.[87]

87 *This analysis makes clear that beyond those children, pregnant and lactating women in need of critical assistance in nutrition, millions of Venezuelans suffer from hunger and challenges accessing nutritious food. An accurate estimate of the total number of people in need of food assistance requires further assessment that the United Nations and its partners hope to undertake soon, and findings will be included in future revisions of this Overview.*

PROTECTION

CONTEXT

The analysis that follows is based on available official data, field monitoring in Venezuela, key informant interviews and the experience of humanitarian partners active in the sector.[88]



2.7M
PEOPLE IN NEED

172K
Children < 5 years

1M
Children and adolescents

823K
Adults 20–59 years

599K
Adults > 60 years

113.3K
Indigenous peoples

The figure for indigenous groups and communities, although disaggregated, was removed from the PiN calculations to avoid duplication with other groups.

Map source: OCHA and partners (vulnerability analysis workshop November 2018).

The deterioration of the political and socio-economic situation has seriously affected the capacity of national protection systems and increased the vulnerability of persons with specific needs. The increase in the incidence of violence, insecurity and human rights violations[89] has had a serious impact on persons with specific needs, causing internal displacement as well as an outflow of people to neighbouring countries, while at the same time restricting the humanitarian space to provide assistance and protection services.

Venezuela has witnessed a reduction in the State's capacity to ensure institutional checks and balances, which has also led to a deterioration of the protection of children and adolescents, as well as an increase in SGBV and discrimination against women, LGBTI persons[90] and people living with HIV/AIDS.[91] The capacities of law enforcement authorities and justice bodies have been weakened, increasing impunity. Violence has increased within households, schools, institutions and in communities, particularly in some border and urban areas where armed groups and common crime organizations are present. In mining areas, conflict over territorial control leads to violent clashes between armed groups and indigenous communities. According to the OVV, Venezuela is the most violent country in Latin America and the Caribbean, with a homicide rate of 81.4 per 100,000 inhabitants.[92]

Most urgent problems:

The closure of the borders with Brazil and Colombia by the Government of Venezuela has led to an increase in irregular border crossings, increasing threats to life, safety and security. Protection risks during transit, human trafficking and SGBV have all increased. People with specific needs have limited access to reliable information to help them during transit. The LGBTI population in particular faces serious protection risks areas during transit.

Threats of violence and forced recruitment[93] have increased as a result of the presence of armed groups and criminal organizations in many communities. Escalating violence and

88 *Since 2017, UNHCR Venezuela has expanded its community-based activities and included a community-based protection component in its country strategy. UNHCR gathered data regarding protection risks and needs in Venezuela through a needs assessment tool used in 90 prioritized communities in 2017 and 2018. The tool was used during continuous contact with local actors and members of prioritized communities, including community leaders and key informants, who greatly contribute to data gathering. Based on the results, UNHCR established a ranking of vulnerable communities and 54 communities were prioritized for community interventions in 2019.*

89 *Annual Report 2017: Chapter IV.B (Venezuela). Inter-American Commission on Human Rights, 2018. Human Rights Violations in the Bolivarian Republic of Venezuela: A Downward Spiral with No End in Sight. OHCHR, June 2018.*

90 *Annual Report 2016: Chapter IV.B (Venezuela), paras. 219–224. Inter-American Commission on Human Rights, 2017.*

91 *A chance to live: the quest of Venezuelan refugees and migrants with HIV/AIDS. UNHCR, 30 November 2018.*

92 *Informe anual de violencia 2018. Observatorio Venezolano de Violencia.*

93 *Gold and Grief in Venezuela's Violent South. International Crisis Group, 28 February 2019.*

child labour are also associated with illegal mining and smuggling.

Women heads of household are particularly affected by the crisis. The Venezuelan Observatory on Organized Crime and Terrorism Financing (ONCDOFT) estimates that 72 per cent of trafficking victims are women and girls. In 2016, the Statistical Information System of the Judiciary (SIEPJ) reported 97,878 allegations of gender-based violence and the Public Prosecutor's Office reported 179 femicides during the same year. An increase in adolescent pregnancies has also been observed.[94]

Mixed population flows towards other countries and internal displacements have also generated specific problems related to children and adolescents left behind, unaccompanied and separated, or those who lack legal representation. There has also been an increase in domestic violence, in the number of children at risk of labour exploitation, sexual exploitation[95] and abuse, and of being on the streets.

Moreover, there has been a surge is also a surge in the arbitrary detention of adolescents participating in political activities and social protests. Indigenous peoples are critically affected by the violent behaviour and forced recruitment by armed groups and common crime organizations, involved in illegal mining that occurs in their territories.

There are continuing challenges in the asylum process and limited access to goods and services, including housing, land and property, due to a lack of legal documentation. Other vulnerable groups include older people who find themselves either alone or in the care of unaccompanied or separated children, and people with disabilities who have a greater need for protection while internally displaced or when leaving Venezuela. People living with HIV/AIDS suffer increased discrimination, stigma and social exclusion.

Medium-term problems

Prolonged border closure has increased both immediate protection risks and pressure on socioeconomic services in the border areas. Host communities in border areas will have less capacity to host more persons in transit and internally displaced in the medium and long term. The weakening of the formal judicial mechanism can also lead to a lack of transparency and adequate mechanisms of control and accountability while persons in transit, internally displaced, and host communities, but also prioritized communities, are facing discrimination, corruption, extortion, violence and abuse, among others risks.

As a result of the severe deterioration of health services in several regions, women of reproductive age (between ages 15 and 49) do not have access to timely and quality services for sexual and reproductive health care, generating cases of unwanted pregnancies, unsafe abortion and high rates of maternal and infant mortality. An even greater deterioration of the protection system for women, children and adolescents is expected. In a context with high rates of violence and discrimination against people living with HIV/AIDS and people who identify as LGBTI, an increase in the protection needs of these population groups is also expected. Likewise, refugees and asylum seekers could see their freedom of movement curtailed due to the risks of being returned to their country or having to face extortion or detention, since most of them are undocumented.

94 *According to official data from 2014, Venezuela has one of the highest adolescent fertility rates in the Americas. By 2019 the number of pregnant women is estimated at around 550,000. UNFPA 2018 State of the World Population. Análisis PRETA-UNFPA.*

95 *Desde Nosotras. Situación de los derechos humanos de las mujeres venezolanas. Informe Anual 2018. El Entrompe de Falopio, 2018.*

The limitation in the registration and issuance of birth certificates, especially in remote areas and indigenous communities, due to the lack of capacities, material and personnel, is also a significant concern and may entail a risk of statelessness. National institutions lack the capacity to provide services to care for older people and people with disabilities. While still in their country, people with specific needs would require assistance to mitigate the risk of human trafficking and address push factors. Finally, there are also communication difficulties with the most affected communities because of the worsening of telephone, radio and internet connectivity services.

THE MOST VULNERABLE PEOPLE

The protection sector highlights the following groups as particularly vulnerable and as having specific protection needs:

- People in transit.
- Indigenous peoples and communities.
- Children and adolescents.
- Female heads of household
- Other groups: internally displaced persons (IDPs); populations in need of international protection, which includes refugees (many who fled Colombia years ago) and asylum seekers (UNHCR); elderly people; people with disabilities; and people living with HIV/AIDS.

RESPONSE CAPACITY AND GAPS

In the protection sector, there are about 29 actors that cover 18 states, with activities in 89 of the 335 municipalities.

In collaboration with various State actors and civil society and using a rights-based approach, the protection sector intends to enhance the protection capacities of institutions and communities in high-risk areas through the following actions:

- Strengthening sector coordination and information management.
- Expanding safe spaces and community centres to provide psychosocial support and strengthen community protection networks.
- Protecting monitoring and increasing support for persons in transit or frequently crossing the border, for IDPs and other groups with protection needs with assistance and information on risks, promoting efficient referral pathways and protection services during their displacements.
- Reinforcing foster care programmes for children left behind and without parental care.
- Preventing statelessness, separation from families, trafficking and exploitation, provision of birth certificates and identification.
- Scaling up legal, medical, mental health and psychosocial support through friendly and specialized services for survivors of SGBV, trafficking or exploitation, for persons with specific needs, particularly women, children and adolescents.
- Strengthening programmes for the reintegration of children recruited by armed groups and criminal groups and children victims of child labour.
- Case management, creation of confidential and friendly complaint mechanisms, and training of first-line protection workers.
- Legal and psychosocial support to adolescents arbitrarily detained in demonstrations.
- Building operational safe spaces and protection networks for persons with specific needs.
- Improving coordination and information management mechanisms among United Nations partners and other platforms, including civil society organizations.

METHODOLOGY TO ESTIMATE PIN

It is estimated that there are about 2.7 million people with protection needs. This estimate includes: 1) 475,000 persons in transit towards or at the borders (estimate from the Regional Response Plan for Refugees and Migrants); 2) an estimated 3,000 IDPs; 3) 120,000 people with international protection needs (refugees, asylum seekers); 4) 160,000 people at risk in indigenous communities; 5) children and adolescents with specific needs; 6) female heads of household; 7) LGBTI persons with specific needs; 8) older persons with specific needs; 9) people with disabilities with specific needs; and 10) people living with HIV/AIDS.

For the population groups in numbers 4 to 10, a percentage of 14 per cent was applied, which corresponds to a percentage based on the ENCOVI 2018 study for social protection of people with specific needs.

WATER, SANITATION AND HYGIENE (WASH)

CONTEXT

Access to drinking water presents major challenges for crisis-affected people in Venezuela, in terms of quality, quantity and continuity. Many services with regard to sanitation, including solid waste management, have collapsed, and garbage often accumulates on the streets. Key hygiene practices are not widespread and lack of access to water, soap, chlorine and other hygiene items inhibits hand washing and household water treatment.

According to ENCOVI 2018, 17 per cent of people living in poverty have no access to potable water or receive it only every 15 days, both in rural and urban areas. Water treatment and water quality monitoring are not adequate. Lack of funds and access to water treatment chemicals affects the capacity of water treatment facilities and hinders the supply of continuous services. These challenges are also linked to the decrease in the amount of water produced and distributed due to the dilapidated state of water storage facilities and deteriorated distribution systems. Households not connected to the water network are using improperly treated and unsafe surface water and wells. Water tankering is equally unsafe given that in many cases the water is not collected from the filtration plants and is not sufficiently chlorinated. The price of tankered water is also not affordable for many families, and spending on water poses a negative economic impact at the household level.

Basic sanitation facilities are widely used in Venezuela (95 per cent),[96] however, only 19 per cent of sanitation systems are safely managed and more than 800,000 people in rural areas still practice open defecation. People in rural areas tend to use pit latrines connected to septic tanks, while the urban population is mainly connected to a centralized wastewater system. The overall urban and rural systems, including sewerage pipes, collectors and treatment plants, are in poor condition.

According to the 2018 report of the NGO coalition CODEVIDA,[97] 79 per cent of health facilities experience shortages in water supply, which is compounded with a failure to meet minimum water quality standards. Poor WASH conditions create an additional economic burden for families that purchase water and basic hygiene products necessary for medical care. Taking into account the number of beds in hospitals and the number of people treated on an outpatient basis reported by the Ministry of Health,[98] it is estimated that a total of 126,000 patients require WASH services on a daily basis.

According to ENCOVI 2018, 61 per cent of the country's 30,087 schools are in communities without daily access to potable water. In addition, there is a collateral impact on the education sector, given that the lack of water and sanitation services in educational facilities is reported as the reason for school absenteeism in 28 per cent of cases. Schools often modify their schedules depending on the availability of water and food for students. In addition, school feeding programmes are not accompanied by adequate WASH support

THE MOST VULNERABLE PEOPLE

The most vulnerable groups identified by the WASH sector are newborns and children under age 5, pregnant and lactating women, and people with disabilities and specific

4.3M
PEOPLE IN NEED

366K
Children < 5 years

1.2M
Children and adolescents

2.3M
Adults 20–59 years

498K
Adults > 60 years

120K
Indigenous peoples

The figure for indigenous groups and communities, although disaggregated, was removed from the PiN calculations to avoid duplication with other groups.

96 *WHO-UNICEF Joint Monitoring Programme (JMP), 2017 progress report.*

97 *Informe sobre la situación del derecho a la salud de la población venezolana. CODEVIDA, septiembre 2018.*

98 *14,058 health facilities, with an average daily number of beds occupied of 10,428, and with an average number of patients treated of 148,943. Ministerio del Poder Popular para la Salud, Memoria 2015.*

health needs. People living in poverty are at higher risk of death or illness due to water-borne diseases related to the lack of access to safe water and adequate sanitary conditions in communities, health facilities and schools.

Children as well as pregnant and lactating women affected by chronic, severe or acute malnutrition are more exposed to complications due to lack of access to essential services such as WASH. This also occurs at the community level, as health and nutrition facilities face daily challenges in providing safe water, adequate sanitation and hygiene.

RESPONSE CAPACITY AND GAPS

In the WASH sector, there are at least 14 actors covering 24 states, although they are only active in 67[99] of the country's 335 municipalities.

WASH-related initiatives and activities are coordinated both among cooperation partners and with the Government authorities and communities. The WASH coordination groups are active at the national level and in Táchira state, and have just begun work in the states of Bolívar Zulia.

Several technical and social assessments have been carried out to support the planning and implementation process.

Water and sanitation interventions will be focused on crisis-affected areas and will provide equitable access to safe water and sanitation services and promote the practice of proper hygiene behaviours. The programmes will be implemented in close partnership with national and international NGOs and the private sector, and will assist the Government of Venezuela, communities, families, women and children to achieve water and sanitation-related targets.

To fill the sectoral gaps, the following water and sanitation activities will be implemented at the community level, in schools and in health facilities:

- Activities at the community level: repair/rehabilitation of water supply and sanitation facilities; provision of supplies for water purification (filters, purifying tablets) and family hygiene; hygiene promotion.
- Activities in schools: repair/rehabilitation of WASH facilities; provision of hygiene supplies and hygiene promotion; capacity building for teachers; water quality monitoring; operation and maintenance of water and sanitation facilities.
- Activities in schools: repair/rehabilitation of WASH facilities; provision of hygiene supplies and hygiene promotion; capacity-building for teachers; water-quality monitoring; and operation and maintenance of water and sanitation facilities.
- Activities in health facilities: repair/rehabilitation of WASH facilities; supply of cleaning materials; capacity-building; hygiene promotion; water-quality monitoring; and operation and maintenance of water and sanitation facilities.
- Strengthening coordination and information management mechanisms among United Nations partners and other platforms, including civil society organizations.

METHODOLOGY TO ESTIMATE PIN

To estimate the number of people in need, the WASH sector considered 51 per cent of the total population, corresponding to the ENCOVI Multidimensional Poverty Index. Of those living in poverty, 29 per cent were found to receive water only once or fewer times per week. This has resulted in 4.3 million people with urgent WASH needs.

99 4W (OCHA) as of February 2019.

PART 5
OPERATIONAL CAPACITY AND CHALLENGES

Information gaps

As of 2015, most public institutions stopped disseminating official socioeconomic indicators. The relative lack of reliable, official data makes it challenging to accurately determine the scope of needs among the Venezuelan population, and to therefore ensure that humanitarian programmes can have the greatest impact. Relevant indicators and data on the economy, health and nutrition, among other areas, are usually sourced by independent organizations and specialized private companies that conduct their own qualitative and quantitative monitoring.

In addition, there are gaps in both the communication networks and protocols for collecting and disseminating information, affecting timely data availability and sharing between capital and field-level institutions.

Access and administrative restrictions

The politicization of humanitarian assistance in the context of the crisis makes delivery of assistance in accordance with the principles of neutrality, impartiality and independence more difficult.

Challenges have included an increase in the number of checkpoints and registers, limitations on imports due to border closures, delays in obtaining visas, lags in the clearance of supplies and goods, lack of clarity in registration processes for NGOs, operational restrictions affecting diverse humanitarian actors including civil society organizations, a decrease in transportation and other logistical issues.

The lack of fuel, combined with road conditions and an increase in insecurity due to the presence of armed groups, makes it difficult to access people in many of the most-affected areas of Venezuela, especially in the south of Bolívar, Delta Amacuro and some border areas with Colombia. Reaching certain areas outside large cities can also be complicated and time-consuming due to road conditions or irregular air transport.

Limitations on geographic coverage, contingency and operational capacity

There are 32 humanitarian actors active in Venezuela that have been identified by the United Nations, including United Nations agencies, national and international organizations and the Red Cross Movement. As shown on the map below, the United Nations has a physical presence in Caracas, in areas bordering Colombia (states of Apure, Táchira and Zulia), and in the State of Bolívar. The United Nations' partners and other civil society organizations have offices throughout the territory, although capacity varies. While humanitarian actors operate in all states, only 202 municipalities out of the 335 in the country are covered. The gaps in the knowledge and understanding of needs are highest in areas where there is a small humanitarian presence.

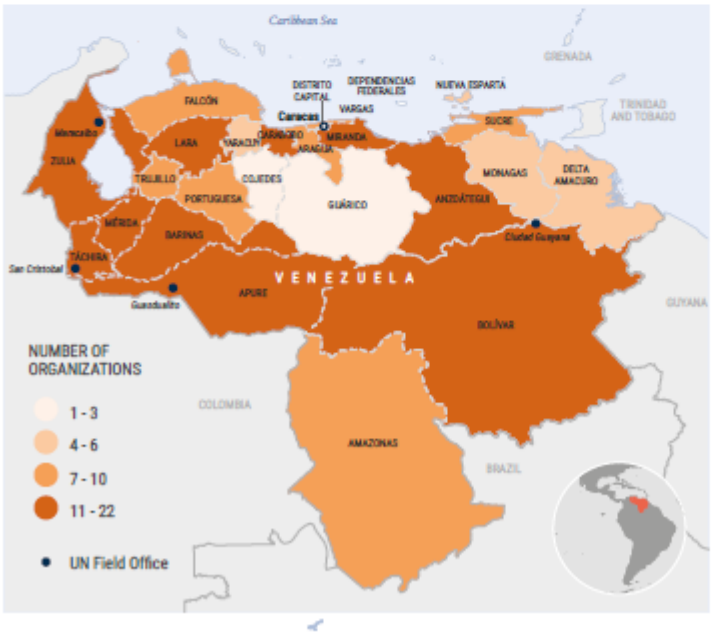
Humanitarian action in Venezuela is coordinated by the United Nations Resident Coordinator and guided by the ECCA. The system adapts the conventional humanitarian architecture to the Venezuelan context[100] and has established five sectors (health, nutrition, protection, education and water and sanitation) in order to ensure efficient, effective, and principled humanitarian action that reaches as many people in need as possible, eliminating overlaps and gaps in coverage, and guiding action to help it to meet international standards.

Humanitarian capacity in Venezuela is nascent. Nearly all organisations have been fo-

100 *As recognized by the Inter-Agency Standing Committee (IASC).*

cused on delivering development-oriented programming, including through upstream policy, normative and systems support. Although they have been augmenting these programmes with humanitarian programming and expertise for months, the capacity for emergency relief operations requires significant development. Further scale up is dependent on donor funding and the removal of administrative impediments.

OPERATIONAL PRESENCE
IN VENEZUELA



Source: 4W Venezuela March 2019

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CENDA	Centro de Documentación y Análisis para los Trabajadores (Centre for Documentation and Analysis for Workers)
CENDAS-FVM	Centro de Documentación y Análisis de la Federación Venezolana de Maestros (Centre for Documentation and Social Analysis of the Venezuelan Federation of Teachers)
CERF	Central Emergency Response Fund
CLAP	Comités Locales de Abastecimiento y Producción ((Local Committees Supply and Production)
CODEVIDA	Coalición de Organizaciones por el Derecho a la Salud y la Vida (Coalition for the Rights to Health and to Life)
CONARE	Comisión Nacional de Protección para Refugiados (National Commission for Refugees)
CORPOVEX	Corporación Venezolana de Comercio Exterior (Venezuelan Foreign Trade Corporation)
ECLAC	Economic Commission for Latin America and the Caribbean
ENCOVI	Encuesta Nacional de Condiciones de Vida (National Survey of Living Conditions)
FAO	Food and Agriculture Organization of the United Nations
FERFARVEN	Federación Farmacéutica Venezolana (Venezuela Pharmaceutical Federation)
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IDP	internally displaced person
IMF	International Monetary Fund
INE	Instituto Nacional de Estadística (National Institute of Statistics)
INN	Instituto Nacional de Nutrición (National Institute of Nutrition)
IOM	International Organization for Migration
LGBTI	lesbian, gay, bisexual, transgender or intersex
MINPPAL	Ministerio del Poder Popular para la Alimentación (Ministry of the People's Power for Nutrition)
MPI	Multidimensional Poverty Index
MPPE	Ministerio del Poder Popular para la Educación (Ministry of Education)
NGO	non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
ONCDOFT	Observatorio Venezolano de Delincuencia Organizada y Financiamiento al Terrorismo (Venezuelan Observatory on Organized Crime and Financing of Terrorism)
OVCS	Observatorio Venezolano de Conflictividad Social (Venezuelan Social Conflict Observatory)
OVV	Observatorio Venezolano de Violencia (Venezuelan Observatory on Violence)
PAE	Programa de Alimentación Escolar (School Feeding Programme)
PAHO	Pan-American Health Organization
PDVSA	Petróleos de Venezuela S.A.
PEP	post-exposure prophylaxis
PIN	people in need
PRETA	Plan Nacional de Reducción del Embarazo a Temprana Edad y en la Adolescencia (National Plan of Prevention and Reduction of Pregnancy at an early age and in Adolescence)
SAIME	Servicio Administrativo de Identificación, Migración y Extranjería (Administrative Service of Identification, Migration and Foreigners)
SGBV	sexual and gender-based violence
SIEPJ	Sistema de Información Estadística del Poder Judicial (Statistical Information System of the Judiciary)
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Chil dren's Fund
WHO	World Health Organization