Hum Venezuela

Interdisciplinary Group for the Complex Humanitarian Emergency in the State of Amazonas

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

Apure

Report 2019/2021

The Apure state is in the Venezuelan plain, known as the "Los Llanos" region. It is the northern frontier of Tachira, Barinas, and Guarico states. To the east with Bolívar, the southeast with Amazonas, and the south with the country of Colombia. It has 76,500 km2 and 567,503 inhabitants[1]. Besides has seven autonomous municipalities and 26 towns. It is a state traversed by many rivers of great length and width, which are part of the Orinoco basin.

The Interdisciplinary Group for the Complex Humanitarian Emergency of Apure (GIEHC) emphasizes the severe deprivation faced by the population due to the worsening of health conditions since there are severe insufficiencies in the attention of the public health system, even in treating cases that require low-complexity responses. Education presents severe deficits in infrastructure, teaching staff, and food for children and adolescents. The migratory flows that occur in the state, added to the limitations of the Covid pandemic and the armed conflict on the border with Colombia, have increased humanitarian needs[2]. The lack of food due to its high cost and shortage especially in low-income households and vulnerable groups, is a frequent demand that is not covered by State assistance programs.

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The health of the elderly, children, and young continues to worsen due to a lack of medicine and minimal medical care in health centers

1. Between 85% and 90% of people do not have access to the medicines they need. Older people with chronic health conditions, such as high blood pressure, diabetes, or bronchial asthma, cannot access treatment because the pension is insufficient to buy them or they are unavailable. People with diabetes who go for a blood glucose check cannot receive care because health centers do not have glucometers, or if they do, they do not have slides, and if there are slides, there are no lancets. There is also insufficient medical and nursing staff, and many specialists have left the state. Before the Covid pandemic, 90% of health personnel were active, and, after the pandemic, only 35% were still active. In addition, neither equipment nor supplies are available in hemodialysis centers. In laboratories, only samples are taken, and people must to go to private centers to reveal it[3]. Some hospitals or outpatient clinics do not even have medicines for viral or bacterial processes that patients can treat orally.

2. Cases of people with gastrointestinal diseases or parasites have been registered in the communities and health centers, and health personnel does not have medicines to treat them. Recently, a four-year-old boy arrived from Achaguas at the Guasdualito Hospital, expelling parasites. He needed to be admitted to the Intensive Care Unit immediately. Still, that health center does not have such units, so he had to be transferred to the city of San Cristobal in Táchira to receive the necessary care. The infection was such that he was in danger of death. His parents left him in charge of his grandmother to migrate from the country since she did not have the financial resources to take him to the health center. The neighbors managed to communicate with the parents to report the conditions in which the child was found, and they returned to the country to be able to transfer him to the hospital. The doctors in charge of the case consider that they could not have been saved if they had spent more days without receiving care.

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3. Cases of mothers who are underweight or malnourished have also increased. Their babies have intrauterine growth retardation problems because the mothers do not eat well and do not have access to multivitamin supplements and folic acid, presenting anemia. Added to this are poorly controlled pregnancies because women do not have the resources to have a check-up with the gynecologist every month, and the hospital does not have a prenatal control room. Due to this inconsistency, pregnant women have presented infectious processes. In Apure, hospitals do not have neonatal areas, and parents or caregivers must transfer babies to other states. Children from two to five months of age arrive with anemia, malnutrition, or diseases that children could have detected in health centers during the first 28 days of birth[4]. Infants and children of preschool age are presenting asthmatic crises, bronchitis, and respiratory infections because garbage is burned in the communities and the hospital; there are no masks, drops, or solutions to nebulize or oxygen cannulae. The relatives of these children have to go out to buy these supplies, which can cost up to USD 8.

Maternal, newborn, and child health care is very precarious, and health centers do not have services for critical cases

4. Although classes in primary education resumed in October 2021, they are not being carried out entirely face-to-face. In most cases, students are forced to communicate with teaching staff through online tools, but 95% of the educational community (students, teachers, managers, workers, and administrative staff) do not have access to an Internet connection or enough cellular equipment. Additionally, there are inconsistencies between the calendar and the frequency of classes. Consequently, most students do not receive all the academic content, and teachers are forced to promote it without the necessary skills, abilities, and knowledge.

After resuming face-to-face learning in primary education, interrupted by the pandemic, classes continue to be taught irregularly and incompletely

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School infrastructure is in serious deterioration problems, marked first by its use as reception centers for returnees and, second, by the growing violence generated by armed conflicts in the area

5. More than 60% of primary education schools have deteriorated, and the other 40% have recovered with the support of civil society organizations. During the pandemic, practically all the schools in the Páez municipality were used to receive returned Venezuelan migrants under preventive lockdown measures. These measures caused further deterioration of the educational infrastructure. Also were challenging times for those confined people without food or water[5] , and the furniture (tables, desks, and wooden chairs) was used as firewood for cooking[6]. On the other hand, the armed conflicts in the border area of Alto Apure, between the Armed Forces against criminal forces that are located there or come from Colombia's dissident armies, have caused the closure of schools, specifically in the area of La Victoria, Urdaneta parish, municipality of Páez[7] and the need to move to other regions by the population affected by the violence[8]. Added to this is the collapse of autonomous universities.

The resignations of teachers from primary education are massive. Vacancies are being filled with unqualified people, and children do not have access to regular food in most schools

6. With the return to face-to-face learning, the teacher deficit has become more noticeable. 80% of schools are not fully staffed because they have left the country or the state. Others cannot get to school due to a lack of transportation[9].Generally, in schools, there are management and teaching staff who live nearby. There is a formal resignation of 32% of teachers' payroll, and although 68% are on the payroll, at least 53% stopped attending[10]. The entry of people who do not have the profile, skills, or training required to perform pedagogical work is to face up to the resignation of teachers. Additionally, the School Feeding Program (SFP) does not frequently work in schools. 95% of children and young do not receive food daily, and the other 5% receive help from humanitarian organizations. The growing difficulties of studying are increasing desertion. 52% of children and adolescents between 0 and 17 years of age are at risk of dropping out. 50% have irregular school attendance.

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Migration dynamics in the border municipalities of the state generate cycles of shortage and increase in food prices that aggravate the humanitarian needs of the resident population

7. Since 2019, there has been an increasing deterioration in the quality of life of the people from Apure. The state has a porous border in the Amparo and La Victoria sectors, where a large flow of people exodus to other countries occurs. With the returnees in 2020, the demand for food increased in these municipalities, which reduced availability for the resident population[11]. All the economic problems of the border affect food prices in one way or another. Even when stores have products available, prices in Colombian pesos are inaccessible to most, generating a worrying increase in nutritional deficiencies, observed in weight-height, weight-age, and height-weight. The increase in the number of people who pass through the state through these border areas to leave the country once again reduced food and raised its costs, aggravating the food assistance needs of people, especially the most vulnerable groups.

Faced with the shortage and high cost of food that most cannot buy, assistance programs for food needs are not regular, nor do they have adequate nutritional quality, nor are they sufficient

8. The boxes or bags of food people buy through the Local Supply and Production Committees (CLAP) is not arriving consistently. The distribution presents intervals between one and four months. In the State food houses where meals are served, people do not receive enough portions, nor are criteria taken into account to provide a balanced nutritional scheme with vegetables, fruits, and vegetables. Generally, the diet consists of rice, pasta, and in the best of cases, beans. Many children need to beg for food from house to house to feed themselves[12]. The nursing homes also do not have enough food or supplies or personal hygiene products. [13].

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