

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

La Guaira

Report 2019/2021

Located in the center-north of the country, in the Capital region, the state of La Guaira limits at north with the Caribbean Sea, to the south with the Capital District, and the southwest with the states of Miranda and Aragua. It has an extension of 1,497 km², with 338,519 inhabitants distributed in eleven towns in the single Vargas municipality. Its main cities are La Guaira, Caraballeda, Catia La Mar, Macuto and Maiquetía. It is considered the gateway to the country since the country's most important port and the airport is there¹.

The state of La Guaira suffered a landslide in 1999 that left some 15,000 missings, nearly 3.5 billion dollars in losses, the destruction of more than 15,000 homes, and some 75,000 homeless. Despite having one of the most strategic ports in South America, the newly renamed La Guaira state today does not generate wealth that could help improve the economy. Despite being the Caribbean front of the capital, where there were important hotel chains, today it suffers, like the rest of Venezuela, a Complex Humanitarian Emergency, which manifests itself with more emphasis in the deterioration of access to health care, and essentials services such as water, gas and public transport².

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Lack of health personnel, water and electricity problems and medical supplies severely limit the attention capacity of the public health system.

1. The public health system in La Guaira has a high deficit of medical and nursing personnel. The salaries paid to health personnel are not enough to feed themselves, and the centers do not guarantee adequate conditions to carry out their work³. In the Venezuelan Institute of Social Security (IVSS) hospitals and the Rafael Medina Jiménez Hospital, better known as Periférico de Pariata, which are always open, there are only general practitioners who have recently graduated from postgraduate studies ⁴.
2. Specialist medical personnel are scarce, limiting care in critical areas, including emergencies⁵. Across the state, there are few professionals in various specialties, such as gastroenterology, for example, especially in public care. The obstetric area is one of the most compromised because few units are in service. In an emergency, pregnant women have to be transferred to the Concepción Palacios Maternity Hospital or the Pérez Carreño Hospital in Caracas. The phone number 171 works as an ambulance network for transfers. The only neonatal intensive care beds are in the IVSS hospitals, they are few, and there is a lack of intensivists doctors and nurses to attend all shifts. Pediatric staff can give first aid, but respirators and trained personnel are needed to handle them. The dental service is sometimes closed because there is no running water in the pipes to use the equipment.
3. The health centers may be open and have a part of the staff and some supplies, but if there is no water or the electricity goes out, it is impossible to cover consultations, which happens frequently. The government has provided health centers with power plants, but they are not enough because they are not to be designed to work 24 hours⁶. For several years, the government carried out no maintenance on the infrastructure of the La Guaira Hospital. They have just remodeled some areas because it is the reference center for the entire state in outpatient consultations. Before, there were about 40 consultations in different specialties, and now they can only offer 6 (pediatrics, obstetrics and gynecology, general surgery, pneumothysiology, and sexually transmitted infections). The furniture is useless, supplies are not constant, and there are no blood pressure monitors⁷.
4. In La Guaira Hospital, the X-ray team has been paralyzed for several years. The radiology staff moved to other centers where there was equipment. The laboratory is the only one

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that exists in the state to carry out free diagnostic tests but no longer has the equipment to carry out this work because it had been stipulated by the agreement with the supplier company that the clinic would be in charge of buying the reagents and the Ministry of Power Popular for Health (MPPS) stopped working with that company. Since then, the laboratory has only done basic studies on hepatitis, dengue, Chagas, HIV/HIV, and the heel prick test for newborns.

5. The low budget of the MPPS was allocated during these last two years of the COVID pandemic to the acquisition of biosafety material for health centers, leaving programs for chronic conditions and diseases carried by vectors without resources. This has increased cardiovascular diseases and the reappearance of diseases like Dengue fever, Chikungunya, and Sika. When the state gets over the pandemic is overcome, the humanitarian health emergency will become more evident, showing the actual increase in a large number of unattended diseases⁸.

Without a budget for health programs, and the available budget concentrated on the pandemic, other unattended diseases have been made invisible on the rise

Severe water shortage forces people to look for alternative sources and spend time carrying it, stopping studying and working and causing conflicts between neighbors

6. Water is very scarce in La Guaira⁹. There are areas where the service only arrives twice a week for half an hour. Other communities have a year and even two without piped water¹⁰. People have to hire tank trucks and spend what little income they earn on this service. A thousand liters of water cost approximately USD 12 and last for two or three days. In addition, they cook with bottled water because the one from the cistern is not reliable. If it is refillable, each bottle costs Bs 2.50, and once per day is requested for a family of six¹¹.

7. Families spend a lot of time looking for water, especially in some sectors such as "El Trébol" in the Carlos Sublette town and Las Tunitas in the Catia La Mar town¹². Obtaining alternative sources of water has become a form of slavery¹³. People stop studying and working to spend hours carrying water to their homes, and there are conflicts between the neighbors over the supply¹⁴¹⁵. The company responsible

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for the hydrological systems (HIDROCAPITAL) has reached the point of proposing to the communities to make illegal water intakes¹⁶.

Public transport ticket is not accessible and access to cooking gas cylinders is restricted to those distributed by communal councils

8. More recently, the number of public transport units in the state has increased, but many people cannot cover the cost of a ticket, which costs Bs 126 per month, and the minimum wage is barely Bs 400¹⁷. Gas cylinders arrive twice a month and even up to once a month. This was a service that you could have access to without restrictions, but now their distribution depends on the communal councils or the Local Supply and Production Committees (CLAP). In the state, there is no other option to acquire them¹⁸.

9. A sufficient and balanced diet is not possible for most of the population. The economic income that families receive cannot buy the food they need and cover other basic needs. In the Las Tunitas and La Esperanza sectors, 480 children and older people have been estimated whose daily food depends on donations from humanitarian organizations. There is another similar program for lactating and pregnant children, in which they can have access to nutrients, vitamins, and "lactoviso," among others. Still, the number of people in need is increasing, and the amount of food and supplies for donations is decreasing.

The food that arrives by donations or is served in community dining rooms for the population facing food insecurity decreases.

10. In several parts of La Guaira, community dining rooms have been closed, or the number of meals per day has been reduced because the amount of food they access is less and less. Those dining rooms were the only meals for some people in the Vista al Mar, La Salina, and Pigure sectors. Efforts have also been made to achieve an adequate balance of proteins and minerals in meals, but unfortunately, this has not been maintained due to lack of food. The boys and girls always order their food to take away and share with their family, but lately, they have had to eat in the dining room to avoid disputes over food in their own homes¹⁹.

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