

**COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA**

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**Nueva  
Esparta**

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**Report 2019/2021**

The state of Nueva Esparta is an archipelago formed by the islands of Margarita, Coche and Cubagua. The only island state in Venezuela, its capital is La Asunción and Porlamar its most populated city. It is located in the northeastern insular region of the country. It borders the Caribbean Sea in its four cardinal points. With 1,150 km<sup>2</sup>, it is located north of the Araya Peninsula and is divided into 11 autonomous municipalities and 23 civil parishes where 570,912 people live<sup>1</sup>.

The Interdisciplinary Group to address the Complex Humanitarian Emergency in the state of Nueva Esparta highlighted, above all the problems, the accentuated deterioration of the crisis in the public health system and the significant reduction of its capacity to respond to the needs of the state's population, especially during the Covid-19 pandemic. They also noted a worsening of the deficiencies in access to basic services for the majority of the population, such as water, and the lack of programs and services to solve the problems affecting the child and adolescent population such as early pregnancies, malnutrition, and accidents requiring specialized care.

## COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

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# Nueva Esparta

---

Report 2019/2021



**Water shortage is a structural problem in Nueva Esparta that has worsened over the years, affecting low-income communities and causing deterioration in health**

1. The water supply system for Nueva Esparta has little or no maintenance, which is why the population suffers severe water shortage problems<sup>2</sup>. A few years ago, the water distribution cycle was 15 days and now there are towns, communities and municipalities that can go up to 60 days without receiving piped water. In addition, when it arrives, it is for a maximum of 48 hours<sup>3</sup>, and there are communities where it is only received for 24 hours and then goes away again for 20, 40 or

60 days. Due to the shortage, the population must resort to alternative forms of supply. Those services that can supply a certain amount of water for storage are very expensive and inaccessible to most people. A tanker truck costs between US\$ 20 and US\$ 30.

2. There are areas, such as La Restinga, that have not received piped water for two or three years, as well as Villalba, on the island of Coche<sup>4</sup>. A water treatment plant was built there, but it never worked. The power outages began to decrease in the first months of 2022. From lasting six hours a day in August 2021<sup>5</sup>, or two four-hour outages, since January they have gone to two two-hour outages a day, on average. To repair the plant, parts in poor condition - including old equipment that was disused and damaged - were brought from Siderúrgica del Orinoco (SIDOR), a company that has been abandoned. Many people, in their desperation, collect water that is unsuitable for human consumption, they are consuming it and that is why water diseases have increased. In fact, the most frequent health problems in Coche Island are dermatological, mainly due to the water<sup>6</sup>.

3. According to the "Sindicato Único de Trabajadores del Transporte de Nueva Esparta", the state has only 30% of the vehicle fleet in place. Out of 780 or 800 transportation units, there are only 300 or 400 in operation, which also do not work

## COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

---

# Nueva Esparta

---

Report 2019/2021



every day due to the lack of access to subsidized gasoline<sup>7</sup>. The "Bus Margarita" units have been disappearing because to lack of maintenance. Out of 100 units there are not even 60 buses in operation, losing more than 40% of the fleet. This produces overcrowding in the few units. A 35-seat bus accommodates up to 60 people<sup>8</sup>.

**Public health system functions in a fragmented manner due to a duality of authorities and the epidemiological situation is not known, due to the closure of access to information since 2016**

4. In Nueva Esparta there is a Single Health Authority (AUS), which generates a duality of governing functions in the public health system, together with those

**Public transportation fleet has been reduced by 70%, limiting the mobility of the population and generating overcrowding in the few available units that circulate**

exercised by the Regional Health Directorate, which depends on the Governor's Office. The existence of several authorities fragments the health system into several parts, between the health centers of the Barrio Adentro Mission framed in the Cuba-Venezuela agreement and under the AUS, those attached to the Ministry of the People's Power for Health (MPPS), and those of the Venezuelan Institute of Social Security (IVSS)<sup>9</sup>.

5. The epidemiological situation of the state is unknown due to the closure of access to public information since 2016. Since 2017, medical unions and organizations working in health warned of an increase in autochthonous malaria cases, reporting about 5,000 in 2018 and 2,000 in 2019. Higher rates of maternal mortality, infant and neonatal mortality have also been reported. In public hospitals there is a shortage of supplies, medicines and materials to perform examinations. In order to receive attention, people must obtain them by their own means<sup>10</sup>. Waiting lists have increased, even for a simple intervention, ranging from simple sutures to surgeries with anesthesia, requesting up to 80% of the supplies and medicines that people need, with costs between US\$ 300 and US\$ 400. For three years there has been no intensive care for adults and operating rooms have been closed<sup>11</sup>. Cases of malnutrition continue to increase, and most hospitals are collapsed with deliveries. In hospitalization, food shortages persist in the five "type 1" hospitals of Punta de Piedra, El Espinal, Salamanca, La Asunción and Juan Griego, as well as in the IVSS Central Hospital Dr. Luis Ortega, which is also in crisis<sup>12</sup>.

## COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

# Nueva Esparta

Report 2019/2021



6. The hospital crisis worsened after the Covid-19 pandemic because key areas of healthcare were enabled to treat only cases of people with coronavirus. Sentinel centers were installed in Santa Ana, in Valle Verde, in the Salamanca and the Asunción hospitals, which in the end, due to the large number of patients, was transformed into a hospital exclusively for people with coronavirus. The Regional Hospital Survey revealed that there was a 70% staff deficit in all hospitals<sup>13</sup>. The 2020 report reflected that there were only 33% of the resident physicians needed at the Luis Ortega Hospital<sup>14</sup>. In November 2021, the president of the Nursing Professional Association said that there was a 40% deficit in nursing staff. During the pandemic, many health personnel died due to lack of biosafety kits. Many times convalescent people are sent home because there are no treatments or the specialist doctors do not go. In some specialties there is only one doctor in the whole state, and going to a private clinic is very expensive. A surgery can cost up to US\$ 12,000.

**Lack of care in hospitals increased with the arrival of the Covid-19 pandemic, which forced them to concentrate the few available capacities to the treatment of cases**

**Lack of basic services in hospitals, such as water and sanitation, creates a serious situation of hygiene deficiencies, putting the health of users and health personnel at risk**

7. The power outages of 2019 had a major impact on hospital care. Up to six hours at a time were spent without electricity, and many times manual respiratory assistance had to be given while the power plant was activated. The power outages decreased in 2020 and 2021, but the problem of lack of water continued<sup>15</sup>, to the point that people themselves had to carry water for its use in surgeries. The lack of water causes serious contamination problems, starting with the lack of

hygiene in the bathrooms, both for users and health personnel. In the case of children, there is also a lack of privacy. There are also severe problems of urban sanitation in the health centers. There are days when you can feel the fetidness of the waste that accumulates, due to the delay in its collection which corresponds to the Mayor's Office, and it is only done when they are called<sup>16</sup>.

## COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

---

# Nueva Esparta

---

Report 2019/2021



8. Another serious deficiency in the hospitals is the lack of food. When the kitchen services are functioning, the menus do not include proteins, only rice with lentils or pasta and yucca. The staff goes with pots to each room to serve the meals, which are sometimes distributed only once a day and, moreover, each person has to bring their own containers, because there is no water to wash the dishes and no budget to buy disposable ones. Both the hospitalized people and the family members accompanying them have no other options for eating, because many do not have the money to go out and buy food, only eating the food available in the hospital. High-risk children who need milk formulas depend on civil society organizations that do not have sufficient quantities<sup>17</sup>, because the hospitals do not have them.

**Hospitals without food aggravates the situation of hospitalized people, who can only be given one meal a day, usually without protein**

9. In the child and adolescent population, during 2020 and 2021, pregnancies increased. Generally, they get pregnant from adults without any judicial consequences for them. Seventy percent of these girls and adolescents lost their schooling<sup>18</sup>. The nutritional crisis has also accelerated. Food prices and low incomes hamper access to food. Low-income people do not have access to protein. Thirty percent of children under 5 years old suffer from some form of chronic or acute malnutrition<sup>19</sup>. This is in addition to the lack of water and basic services such as gas, which also affects access to food and causes accidents<sup>20</sup> due to cooking with firewood<sup>21</sup>. Frequently, there are cases of burned children for whom there is only one hospital with the supplies and resources to attend this type of emergency. Recently, a seven-year-old burned child was hospitalized for 10 days and only the first aid medicines costed approximately US\$ 1,600, which was financed by a civil society organization, excluding the exams, which were paid by the Mayor's Office of Mariño. This child required an amputation of a necrotic arm and since the operating room was out of service, he had to be transferred to the Military Hospital, where he was operated, but caught a bacterial infection and died<sup>22</sup>.

**Child and adolescent population affected by the increase in pregnancies, malnutrition and accidents without availability of services to attend the cases**

## COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

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# Nueva Esparta

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Report 2019/2021



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## COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

# Nueva Esparta

Report 2019/2021



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