

COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

Táchira

Report 2019/2021

The state of Táchira, which capital is San Cristóbal, is located in western Venezuela, in the Andes region. It is bordered to the north by Zulia, to the northeast by Merida, to the south by Barinas and Apure, and to the west by the Republic of Colombia. With an area of 11,100 km², in its 29 autonomous municipalities and 66 civil parishes there is an estimated population of 509,488 inhabitants¹.

In the following report, the organizations of the Interdisciplinary Group to Address the Complex Humanitarian Emergency in the state of Táchira describe severe deprivations and deficits that violate rights in the access to water and sanitation services, the long hours without electricity, the lack of fuel, the poor state of roads in remote areas, the new costs of domestic gas and urban sanitation, food insecurity, as well as the high deterioration of education, both basic and higher education, and of healthcare services in the public system.

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High water scarcity with no water purification method affects many sectors of the state's residents, affecting their health

1. There is no willingness or consistency in government responses to solve the lack of access to drinking water². Many people seek water from groundwater wells³. People who get water from cisterns may be unable to use it because it often arrives with a very bad odor. Being a border state with a large pendular migration flow, several groups of residents in the Bolívar and Junín municipalities bring water from Colombia⁴. Other people have to carry it from the filling points to their homes⁵. Buying a liter of water costs approximately US\$1.5.

2. The State is not taking responsibility for water purification, and it often arrives with heavy metals at least in five municipalities in the state where extraction of precious materials is taking place. The same water used for extraction is also used for consumption. The state does not count with water purification and sanitation techniques, and this is aggravated by the fact that there are sectors that still have septic tanks. In some sectors, where water scarcity is very high, there are children with mites in their eyes because they go between three and six months without water, as in the municipality of Bolívar, even though the towns are connected to the aqueducts⁶. The little water that arrives is mostly only enough for cooking and not for personal hygiene. The insalubrity in these sectors is extreme. Cases of dengue and malaria have increased due to lack of water⁷.

3. The price of direct gas for cooking is very high and few people have the facilities and equipment to use it. If people don't join the communal councils so that they can be assigned domestic gas service by cylinders, it doesn't reach the communities. People are required to be registered in the Patria System and there is political discrimination in gas purchases⁸. The filling of a cylinder can cost up to US\$ 56, depending on the communal council to which a person belongs, because the prices are fixed by such entities⁹. The cylinders do not arrive with adequate gas or are not filled completely, and there is no way to solve any problem in case of complaint. People who do not have access end up cooking with firewood.

Distribution of domestic gas cylinders through government-affiliated groups increases restrictions due to arbitrary costs and political discrimination

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4. In terms of access to fuel, all service stations sell it at dollarized prices, especially those closest to Colombia¹⁰. In addition to paying for fuel, it is also necessary to pay for the place in the queue¹¹. The electricity service in the state of Táchira has been getting worse¹². There are only two to four hours of service per day¹³, otherwise people live in the dark and/or without access to internet, water pumps and any other equipment that works with electricity¹⁴. Since 2021, the electrical deficiency has been more pronounced because the service in Táchira depends on other states.

Problems persist with access to gasoline, which is now at dollarized prices, and the lack of electricity has worsened with only 2 to 4 hours of service

Solid waste accumulates in the streets due to the non-payment of the collection service in charge of the

5. The solid waste collection service is also managed by the Communal Councils and the leaders of these organizations charge fees to it's access. In the areas of La Fría, Ureña and Fernández Feo, between 15,000 and 20,000 Colombian pesos (COP) have to be paid weekly to the leader of the Communal Council by each sector of residents in order for the urban waste collection service to enter. Prices vary according to the number of bags required to collect the waste. These accumulate on the city's streets

because the residents cannot pay for the service¹⁵.

6. Many roads have been repaired, but the works do not reach the most remote areas, where women and men of the community fill themselves the holes in the roads due to lack of maintenance. The daily cost of public transportation is between 2,000 and 15,000 COP, which makes difficult for parents and representatives to send their children and adolescents to school. Transportation also increases due to the cost of gasoline, which also affects the cost of food. The elderly have been complaining continuously about the drop in the fixed telephone service provided by the state-owned company CANTV, even though they continue paying for it¹⁶. Internet service is very unstable and sometimes non-existent¹⁷.

Roads in remote areas are severely deteriorated, public transportation is very expensive, there is no response due to the interruption of the fixed telephone service, the Internet is unstable and inexistent for many

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7. Food insecurity and malnutrition have not improved¹⁸. In 2019, the population had to reduce the variety and quality of food¹⁹, although, being a border state, a great amount of food is available in Táchira. The problem is the economic inaccessibility. As in the rest of the country, income is much lower than the cost of basic goods and services. According to the National Survey of Living Conditions (ENCOVI 2021), Venezuela reached a poverty ceiling of 94.5%. In Táchira it was 92.7%. Elderly people with their dwindling pensions cannot buy the variety of food they should consume on a daily basis²⁰.
8. By June 2021, food security levels went from moderate to severe and the protein deficit in food consumption increased. The lack of protein consumption leaves the poorest children at disadvantage due to cognitive deficiencies²¹. Low resources are only enough to buy the cheapest foods with high levels of carbohydrates and sugars, affecting the health of the population²². Not having an adequate supply of iron puts children and pregnant women at risk of anemia, and the same happens with the elderly. Families have had to sell appliances or furniture to be able to eat. In very vulnerable households, children and adolescents work as vendors or beg at traffic lights to help in the house where they live and afford breakfast and lunch.
9. Informal economy continues to grow, more restaurants and fast food sales have been spotted, but very few people can afford them. CLAP bags have arrived much more frequently, but the quantity and quality of the products (rice, pasta and very few grains, coffee) has decreased. Sometimes people have to throw these products away because they are expired or damaged. As a survival strategy, some people had to sell their houses and buy cheaper ones, and others had to migrate out of the country. Forced migration decreased significantly with the pandemic, but with the relaxation of mobility restrictions at the border, people are leaving the country again. A good part of the population is supported by remittances sent by their relatives abroad²³.

Worrying levels of severe food insecurity continue due to economic inaccessibility to protein-containing foods

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10. It has been estimated that between 70% and 80% of children and adolescents irregularly attended remote school activities during the long period of suspension of on-site classes, or dropped out of school because they stayed at home to take care of younger siblings, do household chores or perform some work. In the regional education system, 75% of teachers have left their teaching jobs to migrate outside the country or engage in other occupations²⁴. In many schools, teachers guided homework through the WhatsApp platform, leaving the students to understand or not, depending on their reading skills.

High levels of irregular attendance and dropout from basic education characterized the period of remote schooling during the pandemic

In the back-to-school period, there are learning gaps between the few children and adolescents who had access to private classes at home, and the majority who only had access to remote classes

11. In the back-to-school period, the poor physical condition of schools and the lack of services have caused teachers to impart the whole week's classes in a single morning, overwhelming students with an overload of homework. A large number of children in the primary stage forgot to add, read, multiply and take dictation. The few children who retained this knowledge had the support of parents or homework guidance, generating gaps in learning

levels²⁵. Further affecting the quality of education, the government has tried to make up for the deficit of teachers by hiring people who are not qualified to teach in an education system that, in general, no longer has structured school programs.

University education shows great decay, due to the high withdrawal of professors, deteriorated facilities and non-functioning services

12. In university education, many professors teach from other countries because they migrated. The universities are not functioning, only the facades remain. They are in a state of decay because there are no basic services, no maintenance of common areas, and robberies continue to increase. The University of Táchira is in total abandonment and the private

universities are only half functioning. Some careers have had to be closed because people prefer to invest their money in food rather than in studies²⁶.

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People with health problems stop going to public health centers because there is no capacity for medical care, do not have the resources to pay for the missing supplies, and fear the spread of COVID

13. 95.3% of *Tachirenses* depend on the public health system to meet their needs, because they do not have health insurance or sufficient income to pay for private healthcare. There is no such thing as free healthcare. People are asked for a large portion of the supplies, medicines and materials so that they can be attended, and prices have registered a significant inflation. Since health centers do not have the capacity to provide adequate and free care, and due to the fear of being infected with coronavirus, 46% of people with health

problems do not seek any type of medical consultation and decide to self-medicate²⁷.

14. It is urgent that the public healthcare institutions are provided with supplies, personnel and have basic services for their operation and thus adequately serve the population. Parents and representatives seek free medical attention for their children in medical sessions organized by civil society organizations, especially in border areas of Táchira, in order to obtain adequate attention and sometimes free medicines. Donations to public hospitals in the state of biosafety kits, supplies, equipment or some repairs by foundations and civil society organizations are frequently observed.

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