

HIGHLIGHTS (9 May 2023)

- Between January and February 2023, the humanitarian response reached 365,000 people with some form of assistance across 24 states in Venezuela.
- To date in 2023, US\$65 million has been mobilized for humanitarian assistance in the country.
- The Resident and Humanitarian Coordinator (RC/HC) visited Amazonas and Apure in March to strengthen partnerships and coordination.
- In March, the RC/HC met with representatives of the National Assembly to share the work undertaken by the United Nations and its partners.
- The World Health Organization (WHO) celebrated its 75th anniversary, calling for increased support for primary health care in Venezuela.



Part of the United Nations System team in the country during the visit of the Resident and Humanitarian Coordinator to the prioritized states of Amazonas and Apure. March, 2023. Photo: OCR / Elena Ruíz Labrador.

KEY FIGURES

365.000

Reached by assistance as of february

FUNDING

\$720M

Required funds

\$65M

Received funds to the date

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BACKGROUND (9 May 2023)

Situation Overview

Over the first two months of 2023, the humanitarian response reached 365,000 people (51 percent women and 49 percent men) who benefited from some type of assistance across 278 municipalities in 24 states in Venezuela. Clusters reporting the highest number of people assisted were Health, reaching 320,000 people; Water, Sanitation, and Hygiene, reaching 138,000 people; and Protection, reaching 97,000 people.

The information reported by partners for the first two months of the year in the 5W (an infographic that provides insight into what the humanitarian operational presence in the country is, who does what where, when & for whom) shows that the trend remained unchanged compared to the first two months of 2022.

Some clusters documented a significant increase in the number of people reached between reported months, which is attributable to start-of-year dynamics, given that several organizations start implementing activities as the year begins. Furthermore, to improve data reporting on this tool, the clusters broke down the number of direct and indirect beneficiaries for this year.

The Resident Coordinator of the United Nations System in Venezuela and Humanitarian Coordinator (RC/HC), Gianluca Rampolla, [visited the states of Amazonas and Apure for 5 days from 26 February to 2 March](#), where he met with authorities, humanitarian actors, and members of various communities to strengthen partnerships and coordination in these two prioritized states. The Ministry of Popular Power for Defense joined the visit with the purpose of strengthening coordination.

Mr. Rampolla was able to [visit the Maternal and Child Hospital](#) in the state of Amazonas, specifically in Puerto Ayacucho, where he heard from the medical staff and patients about the scope of support provided by the United Nations agencies and their partners through activities ranging from the delivery of medicines and supplies to waste and water management, sanitation, and hygiene, among others.

Also, on 16-17 March, the RC/HC participated for the first time in Brussels in the International Conference of Solidarity with Venezuelan Refugees and Migrants and Host Countries and Communities. At this meeting, Mr. Rampolla stressed the importance of focusing also on Venezuela and increasing support to address existing needs, including the needs of returnees.

On 29 March, the RC/HC also [met with the Foreign Policy, Sovereignty, and Integration Commission of the National Assembly](#) to discuss, among other issues, humanitarian and development work carried out by the United Nations and its partners, as well as response priorities for 2023, with the purpose of sharing their work and impact on the most vulnerable people.

On 7 April, the UN celebrated World Health Day, as well as the 75th anniversary of the World Health Organization (WHO), under the slogan "Health for all". The Pan American Health Organization (PAHO) called for a renewed commitment to primary health care and increased support to build resilient systems capable of benefiting those who need it most.

On 17 April, a meeting was facilitated between the sector Vice President for Science, Technology, Health, and Education, Gabriela Jimenez, and the clusters of Health, Education, and Food Security and Livelihoods, aimed at sharing the work carried out by partners, addressing priorities and strengthening coordination with authorities.

Within the framework of the 2022 Central Emergency Response Fund (CERF) allocation, OCHA established an inter-agency mechanism to ensure coordination and follow-up for activities, as a complement to the projects funded by the second allocation of the Venezuela Humanitarian Fund (VHF) across 11 municipalities in the three states prioritized (Amazonas, Apure, and Sucre) by both humanitarian funding mechanisms.

VISUAL (9 May 2023)

5W - Operational Humanitarian Presence

RESPONSE REPORTED UNTIL JANUARY 2023



365k

People reached¹

5.2M

Target population

For more information visit Sitrep and the dynamic Dashboard

OPERATIONAL PRESENCE



24

STATES with reported response activities

278

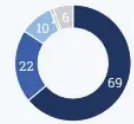
MUNICIPALITIES with reported response

ORGANIZATIONS BY TYPE



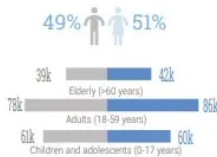
108

Organizations reporting



- National and Local NGOs
- International NGOs
- UN
- Red Cross
- Others

DISAGGREGATED BY SEX AND AGE

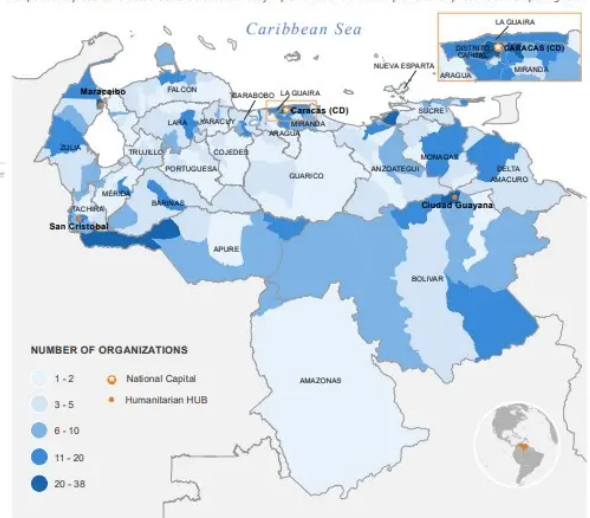


CUMULATIVE TREND OF PEOPLE REACHED



OPERATIONAL PRESENCE BY MUNICIPALITY

The operational presence reflects the actors that have already implemented or are in the implementation phase as of the reporting date.



NUMBER OF PEOPLE REACHED⁴ BY CLUSTER

CLUSTER / AdR	REACHED	TARGET
Health ²	320k	3.5M
Water, Sanitation and Hygiene	138k	4.6M
Protection	97k	2.8M
Nutrition ³	37k	1.3M
Child Protection AoR	38k	2M
General Protection	32k	1.5M
Food Security and Livelihoods	30k	500k
Gender Based Violence AoR	27k	2M
Education	25k	600k
Shelter, Energy and NFIs ⁴	6k	345k

¹ Estimate of people reached with some type of humanitarian assistance at least once. This does not mean that their needs have been fully met. ² The number does not include the number of people reached with vaccination activities. ³ This number does not include the number of people reached with deworming activities for children and adolescents (NNA) and pregnant and lactating women (MEL). ⁴ Estimate of direct beneficiaries reached by cluster organizations, around 13 k indirect beneficiaries have been reached.

The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The activities reported in the 5W can be funded by resources reported in FTS and / or by resources mobilized by organizations at the local level. The mentioned public institutions participate in humanitarian activities in association with United Nations agencies for projects within the 2022-2023 Humanitarian Response Plan.
 Cutoff date: 28 February 2023 Publishing date: 06 April 2023 Source: 5W data from the clusters Feedback: ocha-venezuela@un.org

ANALYSIS (9 May 2023)

Funding

- According to [Financial Tracking Service \(FTS\)](#) data, as of 21 April, \$65 million had been received for humanitarian assistance in 2023, including US\$64.4 million under the Humanitarian Response Plan (HRP). In 2023, the HRP requires mobilizing US\$720 million to implement 196 projects aimed at providing multi-sectoral assistance to 5.2 million people. As of 21 April, funding for the plan is at 8.9 percent.
- In 2022, eight donors generously contributed US\$12 million to the Venezuela Humanitarian Fund. These donors were Canada, ECHO, Germany, Ireland, Norway, Spain, Switzerland, and the United States. The funds enabled 25 humanitarian organizations to provide protection and humanitarian assistance to people most in need. Sixty-six percent of the total allocated in 2022 (US\$9.4 million) was granted directly to 18 national NGOs amounting to US\$6.2 million.
- Since it was established in September 2020, the Venezuela Humanitarian Fund has allocated US\$21 million to humanitarian organizations, successfully advancing localization. In addition to direct funding to national NGOs, there has been investment in capacity building to strengthen their role in providing humanitarian assistance based on humanitarian principles and promoting meaningful participation in the Fund's governance and strategic processes.

- After identifying municipalities where the humanitarian response was limited, VHF drove humanitarian access by reinforcing the presence of humanitarian actors and ensuring coordination with national and local authorities. Five partners were able to implement projects across four municipalities in the Bolivar state (El Callao, Sifonte, Sucre, and Cedeño), where humanitarian operations were constrained by security and access problems. Other examples include areas along the border with Colombia, namely the municipalities of Pedro Camejo and Rómulo Gallego in the state of Apure, many of which are inhabited by indigenous communities, lacking humanitarian presence.
- Since its inception, the Fund has expanded its donor base from six in 2020 (Canada, Ireland, Spain, Switzerland, the Republic of Korea, and the United Kingdom) to eight in 2021 (adding Germany and Norway) and ten in 2022 (adding ECHO and the United States), in line with the Fund's continued efforts to diversify and broaden its donor base. In 2022, even though most donors contributed similar amounts as in 2021, Norway, Spain, and Switzerland doubled their contributions to the Fund. As in 2021, Germany was the largest contributor to the VHF, bringing in two contributions, accounting for 26 percent of overall contributions in 2022. ECHO and USAID, new FHV donors, accounted for 19 percent of overall contributions received in 2022.
- As of 18 April 2023, Sweden, a new donor, joined the collective support to the Venezuela Humanitarian Fund by contributing US\$1.4 million.

CLUSTER STATUS (9 May 2023)



Needs

COVID-19: Venezuela has underreported COVID-19 cases and deaths. Between 13 March 2020, and 28 February 2023, 551,983 laboratory RT-PCR-confirmed COVID-19 cases and 5,854 deaths were reported, indicating a 0.25% increase in cases (1,379) and a 0.38% (22) increase in deaths compared to the figures reported in the November-December 2022 situation report. Most of the viruses currently circulating in the Americas are BA.5 and XBB sublineages, and to date, these Omicron lineages have been detected in Venezuela. *1 *2

Influenza and other respiratory viruses: Until 10 March, influenza activity in Andean countries*3 was low, dominated by influenza A(H1N1) pdm09 viruses. Over the same period, Bolivia, Ecuador, and Venezuela reported an increase in influenza, although SARS-CoV-2 and respiratory syncytial virus (RSV) activity was generally low. *4

Avian influenza: *5 The Human Public Health and Animal Health departments are conducting comprehensive epidemiological surveillance to detect any poultry outbreaks early. To date, no human cases have been confirmed in the identified outbreak. *6 *7 **Dengue and other arboviruses:** There was an increase in the number of cases and deaths from chikungunya throughout the Americas in 2022, exceeding the number of cases reported in previous years. This trend has continued throughout the first weeks of 2023, showing atypical behavior. A total of 115,539 cases and 33 deaths from chikungunya were reported for January-February 2023. During the same period, Venezuela's incidence rate was 0.28. Increases in the number of cases and deaths from chikungunya add to the simultaneous circulation of other arboviruses, such as dengue and zika, impacting health care services. *8

Venezuela reported 2,291 probable cases of dengue (without deaths) for January and February 2023, while 752 cases were reported for the same period in 2022. However, since December 2022, weekly reported cases have been decreasing. *9

Simian pox: A total of 12 confirmed simian pox cases with no deaths had been reported as of 24 February 2023. *10

Vaccine-Preventable Diseases (VPD): After reports published by several media outlets about a potential diphtheria case, health authorities conducted an epidemiological investigation to confirm or rule out this suspicion. Surveillance of VPDs has intensified nationwide after cases were confirmed in other countries in the Americas and following the risk assessment on vaccine-preventable diseases (diphtheria, measles, yellow fever, and polio) published by PAHO. *11

Significantly, on 21 March 2023, Peru notified PAHO/WHO of a confirmed case of vaccine-derived poliovirus type 1 (VDPV 1)*12, which underscores the importance of maintaining high and homogeneous polio vaccination coverage to minimize the risk of poliovirus circulation and the occurrence of polio cases. In Venezuela, since June 2022, a follow-up vaccination campaign (CVS) has been carried out to reach children who have not been vaccinated for measles, rubella, and polio over the past 5 years.

Therefore, it is essential to ensure the availability of essential medicines and medical and surgical supplies and equipment to provide care for the most vulnerable population, especially for people suffering from communicable diseases such as malaria, dengue, HIV-STI, COVID-19, and smallpox, among others.

Similarly, strengthening detection and access to treatment and rehabilitation for people affected by post-COVID-19 syndrome is important, especially as current global evidence suggests that approximately 10% to 20% of the population experience various medium- to long-term effects after recovering from the initial disease. *13

Improving access to medication and specialized care for the population suffering from non-communicable, mental, and high-cost diseases to reduce complications associated with these illnesses. The HEROES study (The COVID-19 Health Care Workers Study), conducted among healthcare professionals, found that only about one-third of those who claimed to need psychological care in certain countries received it. *14

Furthermore, it is necessary to strengthen surveillance of respiratory diseases in animal and human populations, through research on all zoonotic infections, as well as pandemic influenza preparedness planning. Similarly, it is key to reduce maternal and perinatal mortality by providing quality care during pregnancy, childbirth, and postpartum, at the outpatient level, and through delivery room services for pregnant women, among other actions.

Additional Information:

*1 <https://covid19.patria.org.ve/estadisticas-venezuela/> (Consultation date: 29 March 2023).

*2 <https://www.paho.org/en/documents/paho-weekly-covid-19-epidemiological-update-ew8-28-february-2023>

*3 Venezuela, Colombia, Ecuador, Perú, and Bolivia.

*4 <https://iris.paho.org/handle/10665.2/57292>

*5 <https://twitter.com/Gabrielasjr/status/1598752470007656450>

*6 Organización Panamericana de la Salud / Organización Mundial de la Salud. Alerta Epidemiológica: Brotes de influenza avar causados por influenza A(H5N1) en la Región de las Américas. 13 de marzo de 2023, Washington, D.C.: OPS/OMS; 2023

*7 <https://www3.paho.org/data/index.php/en/mnu-topics/chikv-en/550-chikv-weekly-en.html> (Consultation date: 7 de abril de 2023)

*8 Organización Panamericana de la Salud / Organización Mundial de la Salud. Alerta Epidemiológica: Aumento de casos y defunciones por chikunguña en la Región de las Américas. 8 de marzo de 2023. Washington, D.C. OPS/OMS. 2023

*9 <https://www3.paho.org/data/index.php/es/temas/indicadores-dengue/dengue-subnacional/575-ven-dengue-casos-es.html> (Consultation date: 29 March 2023)

*10 <https://www.paho.org/es/documentos/informe-situacion-sobre-respuesta-al-brote-viruela-simica-varios-paises-region-4>

*11 Organización Panamericana de la Salud / Organización Mundial de la Salud. Evaluación de Riesgos sobre enfermedades prevenibles por vacunación (difteria, sarampión, fiebre amarilla y poliomielitis).

*12 Organización Panamericana de la Salud / Organización Mundial de la Salud. Actualización Epidemiológica: Poliomielitis en la Región de las Américas. 23 de marzo de 2023, Washington, D.C.: OPS/OMS; 2023.

*13 <https://www.paho.org/es/temas/coronavirus/brote-enfermedad-por-coronavirus-covid-19/condicion-post-covid-19>

*14 [The COVID-19 HEalth caRe wOrkErs Study \(HEROES\). Informe Regional de las Américas - OPS/OMS | Organización Panamericana de la Salud \(paho.org\)](#)

→ Response

Between January and February 2023, 319,878 people benefited from activities executed by 25 implementing organizations affiliated with the Health Cluster.

The following is a summary of the main activities:

- **Training:** 1,081 health workers (HCWs) were trained online and in person at over 13 hospitals, 37 outpatient clinics, and 8 community clinics across 8 states. Training was focused on family planning orientation, workshops in the Emergency Operations Center, comprehensive care of childhood illnesses (IMCI) for TS, maternal and child health care protocols, as well as medical care and protection for HIV, COVID, and emergency cases, depending on the specialty, area of work and level of care. Training was also provided in neonatal care.
- **Access to health services:** 77,404 highly vulnerable people (children, adolescents, pregnant women, indigenous people, and people with disabilities) gained improved access to health services, including access to clinical care and prevention of sexual violence, at over 35 outpatient clinics, 25 communities, 14 hospitals and 10 community clinics across 9 states, through breast and childhood cancer screening; cervical, prostate, and skin cancer screening; arterial hypertension and diabetes screening; and delivery of medicines and medical care for maternal and child health.
- **Community capacity building:** Over 3,487 people from 9 states attended community health care days; sexual and reproductive health and family planning awareness; pregnancy and COVID-19 awareness; screening for non-communicable diseases; medical consultations on prevention and promotion, in addition to healthy lifestyle activities.
- **Delivery and distribution of medications:** Over 183,000 people benefited from the delivery and distribution of medications, supplies, and/or medical equipment made available in 15 hospitals, 20 outpatient clinics, 8 communities, 4 Comprehensive Diagnostic Centers, 4 Regional Health Directorates, and 2 laboratories across 12 states. Rapid diagnostic tests for HIV / Syphilis were delivered, along with subdermal implants, condoms, antiretroviral drugs, personal protection equipment, antibiotics, painkillers, antipyretics, etc.

The following section also describes our response during this period:

- PAHO/WHO in coordination with the Pan American Center for Foot and Mouth Disease and Veterinary Public Health (PANAFTOSA/SPV) is arranging the procurement of supplies and equipment to perform laboratory testing to confirm the circulation of avian influenza virus in humans***15**, in conjunction with FAO for animal-based diagnostics.***16**
- PAHO/WHO arranged the procurement of supplies to diagnose suspected cases of rubella and congenital rubella, as well as measles.
- Water, sanitation, and hygiene (WASH) interventions were conducted in health facilities (EESS). Specifically, PAHO intervened 32 health facilities across 22 states. The technical scope of these interventions was the rehabilitation of water storage structures, pumping stations, and the improvement of sanitary units, thereby guaranteeing access to drinking water for medical personnel, patients, and visitors to health facilities.
- Several technical health working groups have been activated at the sub-national level in coordination with state health authorities throughout the states of Apure, Amazonas Delta Amacuro, Falcon, Lara, Miranda, and Taáchira. The activities carried out by the Technical Board of Health and Nutrition continued in the state of Miranda and the authorities shared a maternal and child health plan with various national and international organizations with the objective of strengthening maternal health. The need to plan joint river trips in the states of Delta Amacuro and Amazonas has been identified as a way of optimizing resources for participating organizations while benefiting remote communities.

Additional Information:

***15** [La OPS busca fortalecer la vigilancia y respuesta a la gripe aviar en las Américas - OPS/OMS | Organización Panamericana de la Salud \(paho.org\)](#)

***16** [Organización de las Naciones Unidas para la Alimentación y la Agricultura: La FAO convoca a autoridades sanitarias de ocho países de América Latina para trabajar en respuestas de emergencia por crisis de influenza aviar | FAO en Venezuela | Food and Agriculture Organization of the United Nations](#)

↔ Gaps

The cluster identified gaps such as the need to import goods for cooperation in a timely manner and without excessive costs, and the availability of fuel to transport people and supplies.

Another gap identified is the limited availability of funding for the response. There is also a need to strengthen ties with health authorities and access to up-to-date health information to advocate for resources.

Therefore, intersectoral coordination at the national and sub-national levels must be further consolidated.

- - - Health Cluster Note:

* Over 183,000 people were reached between January and February with the delivery and distribution of medications, supplies, and/or medical equipment across 12 Venezuelan states.



Nutrition

16.573

People received supplements*



Needs

Findings derived from the community work carried out by cluster's partners have shown that there is a persistent need to build skills and knowledge among households on key infant and young child feeding practices, diversified diet and healthy eating and hygiene practices, as foundation for social behavioral change to prevent and avoid recurrence child malnutrition. Thus, various contributing factors such as households' limited access to a diversified diet with adequate meal frequencies, inadequate health and hygiene practices, and limited access to safe water remain as key triggers for malnutrition cases in the country.

→ Response

In 2022, the Nutrition Cluster (CN), supported by over 20 national and international organizations, assisted and complemented government actions aimed at providing adequate treatment for acute malnutrition in children under five years old in vulnerable communities across 22 states nationwide.

Over the first two months of this year, 38,620 people received quality services designed to identify, prevent, and manage malnutrition, including 29,211 children under five years old, 580 children over five years old, and adolescents, as well as 8,829 pregnant and lactating women (MEL). Furthermore, 27,461 school-age children and lactating women received treatment for intestinal parasitosis.

As part of the actions to prevent micronutrient deficiency, 16,573 children under 5 years of age and lactating women received multiple micronutrient supplements. Additionally, the cluster's partners provided nutritional supplements to 2,303 children and lactating women to prevent malnutrition and avoid relapses. Overall, 400 children over 5 years of age and adolescents have received nutritional support to recover from malnutrition.

At least 20,000 people, including mothers, fathers, and caregivers, have received guidance on key infant and young child feeding practices, healthy eating, hydration, and hygiene.

The Nutrition and Health Cluster supports other coordination mechanisms at the subnational level in the states of Miranda, Zulia, Apure, Amazonas, Bolivar, and Sucre with local health authorities to set priorities and plan the response jointly.

↔ Gaps

Partners have reported difficulties in accessing nutrition products used to manage acute malnutrition, as per WHO and UNICEF protocols, as well as high costs. Limited availability of vendors and delayed deliveries of supplies slow down the implementation of nutrition interventions throughout the country. - - - **Nutrition Cluster Note:** * 16,573 children under 5 years old and pregnant and lactating women received micronutrient supplements between January and February 2023

CLUSTER STATUS (9 May 2023)



Protection

97.100

People reached by February*



Needs

Throughout January and February, partner organizations at the sub-office in Ciudad Guayana have emphasized that one of the priorities at the state level are homeless children and adolescents and highly vulnerable communities, impacted by the lack of adequate economic opportunities.

Partner organizations at the Maracaibo sub-office have reported significant challenges involving gender-based violence (GBV) and child protection. Furthermore, border municipalities face challenges regarding the schooling of children and adolescents, while in Sur del Lago area, in Maracaibo, floods continue impacting the population.

Similarly, the San Cristobal sub-office, specifically in the states of Tachira and Apure, has prioritized its response to people on the move, including returnees, persons leaving, and pendular movements. Further support is required to address the needs of LGTBIQ+ people. Additionally, multi-sectoral GBV response services must be strengthened in the states of the 'llanera' region of the country.

For Caracas sub-office, partner organizations are prioritizing support to homeless children and adolescents, as well as child labor and violence cases in the state of Miranda.

→ Response

Between January and February 2023, the Protection Cluster and its Areas of Responsibility benefited, through 101 partner organizations, a total of 97,100 women (42 percent), men (21 percent), and children and adolescents (37 percent). Among them, 6,318 belonged to an indigenous community, and 1,937 had some type of disability.

These individuals benefited from the following activities:

- **Access to protection services:** 2,461 children and adults at risk and in need of protection were reached through specialized services, including psychosocial care (624), legal counseling (843), safe shelter (251), and material assistance (743). 187 individuals benefited from solidarity initiatives carried out in communities across 11 states and the Capital District. Moreover, 3,536 adults were issued identification documents and other civil documents, including national identity cards and certificates. In addition, 25,841 people - including government officials - were trained or received information on protection issues, including safe mobility, human trafficking, the right to identity, and procedures for late birth registration.
- **Case management and support services:** 4,401 girls, adolescents, and women accessed GBV case management services (1,122), counseling and legal support services (1,302), and individual (1,346) and group (595) psychosocial assistance.
- **Awareness-raising among communities and institutional strengthening:** A total of 20,343 children, adolescents, and adults participated in GBV prevention activities, including awareness-raising campaigns in communities on GBV prevention and mitigation (18,104) and sexual and reproductive rights (2,051). On the other

hand, 1,970 people from state institutions and civil society were trained on prevention, mitigation, and response to GBV and clinical management of sexual violence (MCVS).

- **Protection of children and adolescents:** 6,321 girls, 4,982 boys, and 5,776 caregivers benefited from psychosocial support. Approximately 5,065 children (48 percent girls and 52 percent boys) under 3 months old benefited from support in acquiring identification documents, such as birth certificates. Additionally, 11,364 children and adolescents had access to specialized protection services: alternative care, reunification, and support for case management. 5,632 girls, 5,343 boys, 3,529 men, and 9,303 women participated in awareness-raising activities on child protection issues, while 3,417 government officials and NGO staff received technical assistance and training.

↔ Gaps

Work is underway to strengthen the capabilities of various agencies responsible for GBV prevention and response, women's institutes, and entities where reports are filed.

Protections services provided by partner organizations must be updated and mapped on a regular basis, including both Areas of Responsibility. Similarly, the case referral pathway must be strengthened.

Additionally, children and adolescents access to specialized services, including identity registration, alternative care, SMAPS, and multidisciplinary teams, must be expanded to address the needs of homeless children and survivors of physical and sexual violence. Likewise, partnerships between State and humanitarian actors must be strengthened to ensure the availability and sustainability of protection services.

- - - Protection Cluster Note:

* 97,100 women, men, boys, girls, and adolescents received specialized protection services, access to legal documentation and/or information. This figure is the sum of beneficiaries reached by the various activities reported as completed and underway by the Protection Cluster partners, including both Areas of Responsibility until the end of February 2023. If an individual (beneficiary) participates in more than one of these activities, it is possible that he/she may be reported several times under the same or different indicators. The final figure is calculated after additional data-cleaning processes conducted by organizations and agencies reporting to the Cluster, including activities reported in later months, and therefore this figure should not be regarded as a final figure.

* For more information about the type of assistance and people reached, you can access to the Protection Cluster website: <https://ven.protectioncluster.org>.

CLUSTER STATUS (9 May 2023)

Water, Sanitation and Hygiene

138.018

People reached*

Needs

According to reports published by various cluster member organizations, the population needs related to drinking water, basic sanitation, and hygiene will remain a priority in 2023. These needs continue to be mainly related to access to water in health, protection/nutrition, and education facilities, as well as the provision of WASH services for vulnerable households and communities. Local disaster preparedness capabilities must also be reinforced.

Supporting populations who have limited access to adequate and continuous supply of safe drinking water stands out as a priority for partners. Meanwhile, in certain highly populated states, water supply frequency is limited, affecting communities and areas such as schools, health care centers, etc. Furthermore, there is a greater risk of water and air pollution and of buildup of solid waste in inadequate spaces due to failure to maintain and invest in wastewater collection and treatment infrastructures and open dumps. In rural areas, households without access to adequate basic sanitation are prioritized.

→ Response

34 cluster members supported a total of 138,018 people (28,198 girls, 31,021 boys, 46,242 women and 32,557 men) across 21 states throughout the country during the reporting months. The Capital District, Miranda, Tachira, Bolivar, and Lara accounted for the largest number of beneficiaries, 108,634 people (79 percent).

These individuals benefited through the following activities:

- **Access to water in the communities:** 28 organizations conducted activities aimed at ensuring access to water, benefiting 99,068 people (19,006 girls, 21,007 boys, 34,456 women, and 24,599 men) across 21 states. Water wells were drilled in two communities, while the other three communities benefited from well renovations. Home water treatment and storage products (TANDAS) were delivered to 57 communities. 79 communities benefited from hygiene campaigns and the delivery of hygiene kits.
- **WASH at health facilities:** 12 organizations reported activities conducted in 115 health facilities across 12 states. Infrastructure was repaired in 32 of these facilities to improve access to water and the conditions of toilets, showers, and hand-washing units; hygiene kits were distributed to patients, family members, and health personnel in 95 other facilities, combined with hygiene promotion activities. In addition, cleaning and disinfection supplies were delivered to 84 centers, while 53 centers executed Infection Control Program (ICP) actions, including the establishment and/or activation of committees and training of their members and health personnel.
- **WASH at schools:** 17 organizations supported 289 schools across 17 states. Water systems, toilets, and hand-washing equipment were repaired in 59 schools, while another 270 schools benefited from hygiene promotion activities, hygiene kits, and cleaning supplies.

↔ Gaps

Even though the national government, international organizations, and national organizations have strived to help improve the country's drinking water situation, needs remain to be met in terms of access to drinking water and sanitation for highly vulnerable populations.

Similarly, the uneven geographic coverage of the cluster's response, whereby five states account for 79 percent of individuals reached, while another 16 states account for 21 percent, entails that actions are targeted.

Another significant gap is that humanitarian aid funding has decreased and there is a need to adopt new and different strategies to raise funds, like entering into agreements with new donors, including private companies and academia.

- - - **WASH Cluster Note:**

* 138,018 people benefited from an intervention related to access to safe water, sanitation, and hygiene during January and February 2023.

CLUSTER STATUS (9 May 2023)



Food Security

30.033

People reached*

Needs

The price of the basic food basket increased between January and February. According to the Center of Documentation and Analysis for Workers (CENDA), the price was \$482.26 in February, posting a 14% increase compared to January. Coupled with challenges posed by the devaluation of the national currency and the inflation rate, this has hurt the purchasing power of vulnerable people, especially those who depend on fixed sources of income, such as the elderly. The Central Bank of Venezuela's latest reported figure is a 119.4 percent annualized inflation rate as of October 2022.

A growing challenge in safeguarding the operation of the national power grid is mounting as the drought season unfolds. Other challenges include telecommunications and access to domestic gas, impacting the livelihoods of the most vulnerable populations.

Response

By the end of February, 30,033 people had benefited from food security and livelihood assistance across 15 states throughout the country, following the implementation of over 250 activities implemented by 19 organizations.

The following actions were undertaken by the cluster's partner organizations:

- **Food distribution to vulnerable households:** 15,260 families received food baskets across 9 states (Apure, Barinas, Bolivar, Delta Amacuro, Distrito Capital, Falcon, Sucre, Tachira, and Zulia), while 5,412 individuals benefited from food assistance in community centers or health centers in 7 states (Anzoategui, Apure, Barinas, Bolivar, Distrito Capital, Merida, and Tachira).
- **Restoration of school kitchens and cafeterias:** 85 activities were undertaken to renovate school infrastructure used to feed children and adolescents, as part of the interventions carried out by the World Food Program (WFP), specifically in the state of Falcon.
- **Provision of supplies:** Cluster partners continue their efforts to strengthen agricultural, livestock, and fishing activities, supporting over 8,813 people with activities aimed at meeting nutritional needs through food production and processing.
- **Technical assistance:** 548 people received technical assistance and training to boost productive activities in rural and urban areas, using training and vocational education sessions to stimulate productive activities to maintain, protect and create livelihoods.

Partners also reported 61 activities carried out to strengthen the livelihoods of communities across 8 states in the country.

↔ Gaps

Even though the cluster continues providing services to a significant number of children under 5 years old and with special needs, the number of activities reported for feeding the elderly, care for indigenous populations, and livelihood activities leading to a higher level of self-sufficiency is low.

Based on the number of beneficiaries, 69 percent of people covered between January and February of this year benefited from food distribution assistance, while 31 percent got assistance for production activities. Whereas, based on the number of activities, 76 percent of activities implemented in the reporting period involved food distribution, and 24 percent involved production and livelihoods. This gap remains a challenge for the sector, faced with the need to promote an increased response towards strengthening livelihoods to enable vulnerable communities to achieve greater food security stability in the medium and long term.

- - - Food Security Cluster Note:

* 20,672 people received food and 9,361 people benefited from livelihood assistance. This figure is the sum of beneficiaries reached through different activities reported as completed and underway by the Food Security and Livelihoods Cluster partners between January and February 2023. If an individual (beneficiary) participates in more than one of these activities, it is possible that he/she may be reported several times under the same or different indicators. Therefore, this data should not be relied upon as a final figure until it has been cleaned by the organizations and agencies that are part of the cluster to eliminate duplicate reporting.

CLUSTER STATUS (9 May 2023)



25.291

People reached*

? Needs

Even though the country is experiencing a slight economic recovery, several obstacles to school inclusion persist, namely insufficient family income and insufficient school offerings. The lack of public resources as a result of the aggregate impact of economic contraction has negatively impacted funding for the school system, infrastructure, school materials and services, teachers' salaries, and the regular operation of schools.

➔ Response

Between January and February, the Education Cluster implemented activities through eight lead agencies and 13 implementing partners across 13 states, 37 municipalities, 80 parishes, 217 schools and learning centers.

The following activities were implemented:

- **Help children and adolescents affected by the crisis to acquire core competencies and skills through alternative education opportunities:** 13,118 children and adolescents (with gender parity) benefited from various modalities and types of non-formal programs. Forty-five percent of these activities were school reinforcement activities, 20 percent were life-skills activities targeting adolescents, 17 percent were school support and reintegration activities, and 17 percent were vocational-technical-professional education and training activities for adolescents and young people.
- **Contribute to the improvement of teaching conditions to help them provide quality education:** The cluster promoted training activities for teachers and staff, reaching 935 teachers (76 percent women and 24 percent men) and 53 parents who act as food processors in seven states. Additionally, scholarships were awarded to 626 educational personnel, as part of an effort to promote human resources retention, including scholarships for teaching materials, biosafety, and others.
- **Help the most affected children and adolescents to have access to safe and equipped schools with material conditions to improve educational quality and learning outcomes:** 7,823 children and adolescents (53 percent girls and 47 percent boys) received school kits, in 13 states. Furthermore, the School Meals Program implemented across 11 states reached 13,457 children and adolescents (47 percent girls and 53 percent boys). Additionally, 5,074 students benefited from Social Emotional Learning activities (46 percent girls and 54 percent boys) across 12 states.

Ensuring a sustainable and cross-sectoral response

During the reporting period, the Education Cluster, in collaboration with the other clusters, published its second report: Field Notes: A New Way of Working, now focused on "Lasting School-based Solutions for the Comprehensive Development of Children and Adolescents", which sets out technical guidelines for school-based integrated programming and collective results.

Building the link

In coordination with the Vice-Ministry of Secondary Education of the Ministry of Popular Power for Education (MPPE), the "Youth and Livelihood" program continued to operate with funding from the Humanitarian Fund of Venezuela (VHF), ensuring access to public schools and providing support to agricultural and industrial technical schools, productive high schools, schools for entrepreneurship, centers for productive adults and labor education workshops for adolescents with disabilities in the states of Apure and Bolivar.

↔ Gaps

Funding allocated to improve the quality of education continues to be limited and support from global donor platforms is limited. Likewise, resources focused on teachers are scarce, while teacher shortages and precarious teaching conditions persist undermining the school system.

- - - **Education Cluster Note:** * 23,205 children and adolescents and 2,806 teachers and staff. Children and adolescents reported as non-recurrent in the January to February 2023 5W in activities involving school meals, distribution of kits or socio-emotional learning activities, accelerated education, remedial education and leveling, reinforcement, support, and reintegration into school or flexible educational activities focused on life skills. The number of children and adolescents covered was calculated by taking, on a school-by-school basis, the activity with the highest number of non-recurrent

beneficiaries. Similarly, the number of teachers and staff was calculated using the non-recurrent 5W data from January to February 2023 using the highest of the sum of teachers and staff trained with the beneficiaries of the various incentives offered to teachers, excluding the distribution of hot meals to teachers.

CLUSTER STATUS (9 May 2023)



Shelter, Energy and Non-Food Items (NFIs)

5.831

People reached*

Needs

In January, in conjunction with competent authorities, the cluster visited ten temporary shelters (TS) for individuals who have lost their homes in natural disasters in the Capital District and three other shelters for homeless people, survivors of gender-based violence (GBV), people who have been incarcerated or who have had addiction problems managed by a local organization in the state of Miranda.

These visits helped to identify priority needs, such as improving spaces to provide adequate living conditions and privacy and reduce protection risks. Lack of basic household items such as beds, mattresses, sheets, and kitchen utensils for dining rooms, among other things. Similarly, various intersectoral needs were identified and shared with the appropriate clusters.

Partners have also reported that there are approximately seven spaces with similar characteristics in the country. Identifying and highlighting needs in line with the priorities of competent authorities will remain.

Response

During January and February 2023, 5,831 people (50 percent women and 50 percent men) benefited directly from overnight stays in the temporary shelter and the distribution of basic household goods. In addition, over 13,000 people benefited from lighting, power supply, and basic equipment in areas where services are provided to the population (indirect beneficiaries of the response).

These actions covered prioritized states, including Bolivar, Apure, Zulia, Delta Amacuro, and Miranda, the transit and border states of Barinas and Tachira, and the state of Carabobo, targeting populations of interest to partner organizations. The following is a summary of some of the activities carried out:

- **Shelter and space improvements:** 2,024 people were accommodated in temporary shelters in Tachira, Zulia, Apure, and Falcon. Likewise, two schools and community spaces were built and renovated in the state of Miranda. In addition, an emergency shelter unit was established to strengthen the response of authorities engaged in disaster risk prevention.

- **Improvements in power generation and lighting:** 18 solar streetlamps were installed to mitigate protection risks in public spaces, and two power generation systems were installed to benefit vulnerable people through community spaces.
- **Delivery of household goods:** Seven locations in the states of Bolivar, Tachira, and Barinas were provided with supplies, including 55 solar lamps and additional equipment for organizations responsible for preventing and mitigating risks associated with disasters. Utensils were provided for indigenous community kitchens, and agricultural tool kits were delivered to promote livelihoods in vulnerable communities.

↔ Gaps

The response capacities of partner organizations are limited when it comes to providing timely assistance to address existing vulnerability situations in temporary shelters. Therefore, it is necessary to promote a cross-sectoral response by mobilizing national and subnational coordination mechanisms.

Local/national partners have identified an important gap associated with the lack of knowledge of the various funding mechanisms available to humanitarian organizations. More actions are needed to inform and raise awareness of the available funding sources and the ways to access them.

--- Shelter, Energy and Non-Food Items Cluster Note:

* This figure is the sum of new direct beneficiaries of sector activities in January and February 2023. It does not include indirect beneficiaries of renovations, power supply actions and endowments that are allocated to areas and institutions that provide services to indirectly benefit vulnerable populations. Even though beneficiaries reported as recurrent are excluded, if an individual (beneficiary) participates in more than one of these activities, there is a possibility that he/she may be reported several times under the same or different indicators.

COORDINATION (9 May 2023)

Coordination

The 2022/2023 Humanitarian Response Plan was updated with this year's requirements, amounting to US\$720 million to reach 5.2 million people through 196 projects submitted by 138 partners. The Plan stresses the importance of improving coordination with local institutions and authorities. It also highlights the work that needs to be undertaken in terms of preparedness and response to sudden-onset emergencies.

To date, 4,076 comments (1,635 in January; 2,442 in February) have been received through the Inter-Agency Contact Line. The 98 percent of these comments have been processed, and the average response time has been 0.4 days. Most of these comments were related to requests for information on humanitarian organizations' programs and projects, followed by positive comments, suggestions, and requests for humanitarian assistance, mainly for water, sanitation, and hygiene interventions, food security and livelihoods, and education. Most were received via WhatsApp and one-on-one contacts. The majority came from women between the ages of 18 and 59 years old.

Work with institutions such as Civil Protection has also been enhanced during this time to improve cooperation at the local level through training and capacity building aimed at improving emergency response.



As part of the commemoration of International Women's Day, the Humanitarian Country Team (HCT) was joined by the Sector Vice-President for Science, Technology, Education, and Health, Gabriela Jiménez, at its monthly meeting, where she shared her sector's work towards empowering Venezuelan women. In addition, discussions are underway to evaluate potential collaboration on issues of common interest with the appropriate clusters, and an initial meeting was held on 18 April. The HCT meeting also approved the Humanitarian Access Strategy and Action Plan for this year, a working guide to maintain, strengthen, and expand access for humanitarian organizations in Venezuela.

Two women-led local civil society organizations were incorporated as specialized gender equality members of the HCT as part of the HCT's Gender Equality Roadmap for Humanitarian Response. This was accomplished in line with the IASC localization guidelines and after an extensive call for proposals and selection process.

ANALYSIS (9 May 2023)

Logistics

In January, the 2023 cluster strategy was shared with partner organizations. This strategy focuses on addressing logistical challenges through the appropriate working groups, providing consolidated information to facilitate logistical coordination and synergy between humanitarian actors, and responding ad hoc to requests for preparedness training.

The first meeting of the transportation group on waterway transportation was also held in January. National and international humanitarian actors were actively engaged and shared their findings on challenges faced. The cluster also held a first meeting with the National Institute of Aquatic Spaces to request information to support humanitarian sector operations in states where rivers are located.

In February, the Logistics Cluster conducted a field visit to Tucupita (Delta Amacuro state) to establish a working group on waterway transportation. It held meetings with humanitarian actors, authorities, and service providers. The visit led to a comprehensive mapping of logistical challenges and the development of a preliminary action plan to address them.

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