HIGHLIGHTS (1 Mar 2020)

- More than 2.4 million people were reached with humanitarian assistance between July and December as part of the 2019 Humanitarian Response Plan.
- Fuel shortages affected humanitarian access and the delivery of assistance in border and remote areas.
- In December, OCHA launched the Global Humanitarian Overview 2020. For the first time Venezuela was included, mentioning needs inside and outside of the country.
- In 2019, US$75.9 million was received for humanitarian activities included in the Humanitarian Response Plan (34 percent of required funds).

KEY FIGURES

- 7M People in need of humanitarian assistance
- 2.6M Target population of the HRP
- $223M Funds required to implement the HRP
- 60,477 People have accessed safe water
- 43,857 People received protection services

FUNDING (2019)

- $222.7M Required
- $75.3M Received
- 34% Progress

FTS: https://fts.unocha.org/appeals/827/summary

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BACKGROUND (18 Feb 2020)

Situation Overview

Partners reported that the operational and safety conditions in the field, particularly in the states of Bolivar, Tachira and Zulia, continue to be affected by power outages, telecommunication problems, intermittent access to water, fuel shortages and the activities of irregular armed groups, mainly in border and remote areas.

According to the United Nations Food and Agriculture Organization (FAO), due to the general lack of access, Venezuela is among the 42 countries globally that require external assistance for food. At the end of the year, it was estimated that total cereal production in 2019 would decrease from the already low 2018 level. The projected decline is mainly due to a significant contraction in the area cultivated, as a result of high production costs and a general lack of agricultural inputs in
domestic markets. The Government of Venezuela and FAO signed an agreement to strengthen the country's "integral vision of food security" with additional funding of US$3.6 million "to support production, the purchase of seeds, school meal programmes and resistance to the problems of climate change".

In the state of Zulia, partners of the Shelter, Energy and Non-Food Items (NFIs) Cluster conducted a needs assessment in the Marewua indigenous community in the municipality of Machiques de Perija. Several needs were identified, such as a lack of safe water, limited access to medical services and difficulties in accessing food. In addition, community members expressed concerns about children's health, especially the risk of malnutrition. Another problem was identified in terms of access to quality education, given that the local school lacks enough teachers and infrastructure. The risk of gender-based violence was mentioned as a major concern for the community, as well as the lack of electricity during the last four months.

In December, UN agencies, international NGOs and the Venezuelan Red Cross in conjunction with local authorities in the state of Tachira developed a Contingency Plan to address the crowds of people on the move during December at the land terminals of San Cristobal and San Antonio. According to authorities' estimate, at least 350,000 people passed through these terminals. Humanitarian partners provided diverse assistance that included water purification tablets, jerry cans, emergency lamps, diapers, hygiene kits and water tanks. The Venezuelan Red Cross provided comprehensive multi-sector support to travelers.


VISUAL (18 Feb 2020)

Operational Humanitarian Presence
ANALYSIS (18 Feb 2020)

Common Operational Challenges

There are still information gaps with regards to humanitarian needs in all clusters, with ongoing efforts to collect more data for the 2020 Humanitarian Needs Overview.

More funding is urgently needed to maintain and further expand the response; many partners report critical funding gaps.

Logistical challenges related to delays in the importation of some supplies, the availability of transport and the shortage of fuel and electricity, among others, have impacted the response and access to affected people.

Greater operational capacity is needed, including the presence of international NGOs.

Greater communication and understanding of principled humanitarian action remain a priority in order to promote greater acceptance among stakeholders and facilitate access.

CLUSTER STATUS (18 Feb 2020)

Health

Downloaded: 8 Jun 2020
People benefited from medicines

Needs

The measles outbreak has been progressively controlled but is still under active surveillance in some states. In 2019, as of 14 December, there were 552 confirmed cases in 12 states and the Capital District including two casualties in Zulia state. The last laboratory-confirmed case from exanthema was on 11 August 2019 from the Guajira municipality, Alta Guajira, in the state of Zulia. In this regard, it is necessary to continue efforts to stem the transmission of the measles outbreak.

According to the Ministry of Health, in 2019 there was a significant lack of resources to acquire medicines, equipment and supplies. In four years, half of the transnational drug-producing companies left the country, and up to 25 percent of the human talent migrated from the public to the private sector or went abroad. Additionally, due to hyperinflation, the costs of all administrative materials, spare parts, light bulbs, equipment, ambulances, and supplies in general increased. In addition, private companies that had been providing laboratory services to hospitals for 30 years left. Due to the electricity blackout in March 2019, more than 30 percent of medical equipment suffered damages, and these have not yet been fully repaired.


Venezuelan Television: That is us. Minister of Health: Venezuela maintains public medical services despite a blockade and the withholding of 500 million euros. 9/1/2020. Available at: https://www.vtv.gob.ve/ministro-salud-venezuela-retencion-500-millones-de-euros-bloqueo/

Response

Between October and December 2019, nearly 40,000 people received sexual and reproductive health care, including the diagnosis and treatment for people with HIV/AIDS and syphilis or malaria in the capital District and the states of Anzoategui, Apure, Bolivar, Miranda and Tachira.

In December 2019, 130 health facilities and an estimated 44,000 people received medicines and supplies in 12 states and the Capital District.

In December 2019, more than 5,000 people benefited from health promotion activities and disease prevention actions in the Capital District and the states of Anzoategui, Bolivar, Miranda, Tachira and Trujillo.

In December 2019, 362 health professionals were trained in gender, clinical management of sexual violence, hospital hygiene and risk management in emergencies, basic electrocardiography, and basic cardiopulmonary resuscitation, in the Capital District and the states of Anzoategui, Apure, Bolivar, Miranda and Tachira.

The number of people receiving medicines and supplies is an estimate that is made according to the type of kit or medicine/input delivered to a given health facility.

Gaps

It is necessary to promote vaccination campaigns in yellow fever-susceptible areas and continue efforts to address the transmission of the measles outbreak and the control of diphtheria cases in prioritized states. It is also necessary to raise funds for the procurement and distribution of vaccines to ensure the continuity of the routine vaccination programme.

It is necessary to ensure the operational capacity of health facilities, with a continuous supply of medicines and goods and the continued provision of essential services (water, electricity, solid waste disposal).

It is necessary to strengthen the actions of early detection, timely care, and epidemiological surveillance of vector-borne diseases, especially in vulnerable groups (such as pregnant women and the indigenous population).

Continued education and migration of health personnel remain a challenge for the transfer of knowledge and strengthening of human resource capacity in health.

There is a need to maintain information management of key health data to facilitate appropriate assessments and to improve support to health facilities across the country.

Continued fuel shortages in many areas of the country are directly affecting the logistics of the health response.

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**CLUSTER STATUS (18 Feb 2020)**

**Nutrition**

5,434

Girls/boys received nutritional attention

**Needs**

In December, Cluster partners reported a lack of enough staff in hospitals and health centres to carry out nutritional programmes. This was due to training programmes for student interns in hospitals coming to an end and the Christmas holidays. This situation affected the already diminished technical capacities of hospitals due to the departure of health professionals.

The Andes Institute of the Autonomous University Hospital, which is the main referral hospital in the state of Merida, reported that 22.9 percent of the malnutrition cases attended between January and September 2019 correspond to children under 6 years of age and 21.7 percent of live births weigh less than 2.5 kilos.

**Response**

In the Capital District, nutrition implementation reached a total of 470 children under 5 years of age, 360 pregnant and lactating women and 341 children over 5 years of age.

In December, 294 people, including children and pregnant and lactating women, received nutritional care in in four days of activities in the state of Tachira. This is in addition to the 77 days of nutritional care held in November in the state of Tachira, in which 5,434 children were assisted.
In the state of Barinas, the Education authorities reported the effective deworming of 90 percent of the students enrolled in the state under the National Deworming Plan.

In the states of Barinas and Merida, cluster partners conducted training sessions on the management of acute malnutrition at the intrahospital level, in which 80 health professionals participated.

**Gaps**

In Caracas, Cluster partners report difficulties for the population in accessing food due to the high costs involved and the decrease in purchasing power of salaries. In the interior of the country, the situation is more difficult because, in addition to the high prices, there are also gaps in availability, and an impact due to deficiencies in the provision of public services.

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**CLUSTER STATUS** (18 Feb 2020)

**Protection**

43,857

People received protection services

**Needs**

The availability and quality of, as well as access to, specialized protection services need to be increased. People with specific needs include survivors of gender-based violence (GBV), children at-risk, people at risk of statelessness, indigenous people, LGBTI (lesbian, gay, bisexual, transgender, intersex) people, displaced persons, people living with HIV, elderly people and people with disabilities.

Families struggle to access specialized services for children, because they are required to travel long distances.

There is a need to expand the availability of GBV response services that ensure a focus on the needs of people at risk or survivors, confidentiality, respect, security and non-discrimination.

**Response**

During December, 22,923 people received specialized protection services. Of those, 9,589 people benefited of legal and psychological support, such as legal and psychosocial support and specialized services. Some 43 per cent were men between 18 and 59 years old, 37 per cent were women between 18 and 59 years old, 8 per cent boys between less than 17 years old and 7 per cent were girls between of less than 17 years of age. Tachira, Apure and Zulia (in that order) were the states with the highest number of people assisted during the reporting period. These activities were also carried out in the states of Bolivar and Amazonas, albeit being more limited in scope.

A total of 478 vulnerable children and teenagers (27 per cent girls and 73 per cent boys) received protection services for unaccompanied and separated children, and12,554 vulnerable children and teenagers (52 per cent girls and 48 per cent boys), including GBV survivors, received integrated protection care services. Some 2,620 children and teenagers (50 per cent...
girls and 50 per cent boys) participated in individual and/or group psychosocial support activities. Most assistance was provided in the Miranda, Tachira, Zulia and Bolivar states. Other states where the mentioned activities were carried out include Zulia and Anzoategui.

A total of 302 people received GBV response services, which includes differentiated support (individual legal and/or psychosocial assistance) to GBV survivors (113 people), case management (184 people) and material assistance (5 people). More than half of the cases (68 per cent) were women between 20 and 49 years old, followed by women between 15 and 19 years old (18 per cent), men over 18 years (8 per cent), men between 15 and 19 years (4 percent) and girls between 10 and 14 years (2 per cent). The states with the greatest provision of these services were Capital District, Tachira and Zulia.

Awareness and training activities were organized for 3,983 people (28 per cent girls, 31 per cent boys, 29 per cent women and 12 per cent men), in order to increase the capacity of communities, families and children to respond to protection issues, and also to respond and prevent violence, abuse and exploitation of children. The states where the greatest number of people participated were Zulia, Bolivar and Miranda.

A total of 7,202 people participated in community awareness sessions for the prevention of GBV, of which 93 per cent participated in awareness-raising activities on prevention and response to GBV, 2 per cent received information about sexual and reproductive health rights and 5 per cent participated in activities to strengthen the Network of Safe Spaces and community networks for the prevention of GBV. Out of all the people who participated in community activities, 42 per cent were women between the ages of 20 and 49, 25 per cent were adult men, 24 per cent were women between 15 and 19 years old, 4 per cent were teenage men and 5 percent were children between 10 and 14 years of age. The states with the greatest number of participants were Tachira, Bolivar and Zulia.

## Gaps

The Protection Cluster will continue to provide training on the centrality of protection in humanitarian action to strengthen capacities of partners working in humanitarian response in Venezuela. It also plans to offer training on the legal framework for protection of internally displaced persons. The processes of referral to specialized services for children and their families still needs to be strengthened and systematized. Training to establish standards in services is planned for February and March for members of the Child Protection AoR.

The technical capacity of humanitarian institutions and organizations with a role in prevention, mitigation and response to GBV in emergencies, in accordance with international guidelines and in compliance with national regulations, still needs to be strengthened.

### CLUSTER STATUS (19 Feb 2020)

#### Water, Sanitation and Hygiene

<table>
<thead>
<tr>
<th>Needs</th>
<th>60,477</th>
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<tbody>
<tr>
<td>People provided with safe drinking water</td>
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Water service difficulties continue, affecting the most vulnerable in communities and affecting other crucial services like health and education. The provision of electricity and water services remains limited in the interior of the country. When electricity fails, it also often affects the water supply as pumping stations are not functioning.

There are still doubts about the quality of the water supplied, as regular power outages affect water treatment plants, with a negative impact on their quality, affecting the most vulnerable people.

In terms of needs, access to water seems to be the most problematic issue, with many communities receiving water less than once every eight days, which disproportionately affects the most vulnerable populations such as children, pregnant and lactating women, and the elderly.

The target population in the Humanitarian Response Plan in terms of access to safe water is 1.4 million people, in terms of access to hygiene products and basic information and water treatment and conservation in the home it is 3.5 million people and in terms of support with WASH interventions to institutions (schools, health/nutrition structures) it is 3.719 institutions.

**Response**

Between July 2019 until the end of December, 550,886 vulnerable people have benefited from some Cluster activity including 101,808 girls, 82,989 boys, 205,863 women and 160,226 men.

During the same period, 310,598 received safe water, 60,477 people in the month of December. Out of this number, 137,507 people were supplied through water trucking, 98,600 through the rehabilitation of water systems, and 74,450 people received water treatment supplies at home. Also, about 57,800 people received family hygiene kits and about 25,600 people attended hygiene promotion sessions.

During the same period, 125 health and education institutions (22 hospitals, 22 health centers and 81 different types of structures) and 128 education structures received WASH services. The activities focused on the supply of water through water trucking and the rehabilitation of systems. Efforts have also been concentrated on hygiene promotion activities benefitting 33,000 people. It is estimated that in health structures, about 10,200 people have benefited from activities, and about 9,600 students and teachers in educational structures. Regarding the strengthening of staff capacities, trainings took place 271 health/nutrition structures, and 38 educational/protection structures respectively.

The Cluster intervenes in 24 states, however there are large differences in the percentage of people reached between states within the 2019 HRP. For states with the highest number of people reached, it ranges between 94 percent for Bolivar state to 19 percent for Zulia. For state with the lowest range, it varies between 0.2 percent for Sucre state and 8.41 percent for Apure. The total number of organizations reporting activities to the Cluster is 27.

**Gaps**

In terms of meeting WASH needs, the gaps remain huge. The 310,598 people covered with safe water represent 22 percent of the target population of the HRP (1,400,000). The 265 health and educational institutions covered represent 7 percent of the 3,719 targeted in the HRP. In terms of people who access basic hygiene products and information and water treatment and conservation in their homes, 74,400 have been served from the 3.5 million targeted in the Plan.

In terms of gaps in geographical coverage, the states with the lowest percentage of people reached with an average of only 2 percent are Falcon, Guarico, Sucre, Carabobo and Apure, they are also the states with the least presence if organizations. The points to the need to support organizations to work in these states.

The biggest challenge is the lack of funds, which prevents the start of activities, recruitment, and the strengthening of logistical capacity.
Another problem relates to access challenges due to the characteristics of the terrain in certain areas during the rainy season, especially in the eastern part of the country (Amazonas, Delta Amacuro and Bolivar). There are also access problems related to insecurity, especially in border areas, and in mining areas in Bolivar state. The lack of fuel and high inflation also hinder operations.

**CLUSTER STATUS** (19 Feb 2020)

### Food Security and Livelihoods

85,000 people benefited food security activities

**Needs**

The main challenge to food security is the ability of the most vulnerable people to access food. The Documentation and Analysis Center of Workers (CENDA) in its December report, points out that an average family to cover the monthly cost of the Basic Food Basket requires 101.7 minimum wages (BS. 150,000.00).

The main seasonal maize crop harvest is ongoing and total production in 2019 is expected to be well below average. The decrease is mainly due to a significant reduction in the planted area, which was due to high costs of and a general lack of agricultural inputs in the local market. This has been caused by a significant depreciation of the currency and import difficulties, which in turn have restricted farmers’ production capacity.

**Response**

85,000 people in 23 states benefited from food security support such as food distribution and production in December 2019.

36 Educational Units and 4 Technical Schools (300 people including teachers, and producers) have received assistance to strengthen their capacities in nutritional care.

10 enumerators and 2 supervisors received training in measuring and analysis instruments for resilience in Food and Nutritional Security (RIMA instruments) to initiate rapid food recovery activities for 350 rural families in Lara.

**Gaps**

It is necessary to strengthen the response capacity of the Cluster and mobilize more resources to respond to the scale of needs.

It is necessary to support food production among the country's smallholder farmers to compensate for food deficits and to avoid a further deterioration of food security.

It is necessary to distribute high-yielding and early ripening maize and rice seeds, as well as vegetable seeds before the main planting season. These should target the most vulnerable agricultural households in the states of Lara, Trujillo, Portuguesa and Merida.
School farms need to be established in urban, peri-urban and rural areas, focusing on the production of short cycle vegetables, cereals and domestic gardening.

Cash based transfers are needed to support seed production and local seed markets prior to the planting season.

There is a need to continue supporting Venezuelan internal migrants and host communities, including in rural border areas, by boosting local food production and increasing income opportunities.

**CLUSTER STATUS (19 Feb 2020)**

**Education**

103,618

Students received educational materials

### Needs

The retention of school teachers remains one of the top priorities in the education system. Salaries are insufficient to cover the basic living needs of teachers.

Attendance and retention of children in schools is a challenge for the cluster. Regularly functioning feeding programmes are required to promote attendance and guarantee the right to education. It is necessary to ensure schools in the most vulnerable sectors have functioning feeding programmes.

Overall, these circumstances have a greater impact on the most vulnerable children, such as children with disabilities, the indigenous population and children in hospitals.

### Response

In order to improve conditions for access and permanence of children in schools, the distribution of educational materials (kits containing resources for learning, teaching and recreation) continued in December, reaching 103,618 children (51,830 girls and 51,788 boys) in 8 states: Capital District, Zulia, Sucre, Delta Amacuro, Tachira, Miranda, Anzoategui and Bolivar. Likewise, 7,028 children (3,502 girls and 3,526 boys) and 891 adults from school communities were served by school feeding programmes developed in public schools in Miranda State.

1,029 teachers (952 women and 139 men) were trained in the didactic use of the educational kits from the perspective of education in emergencies and training in psychosocial support in seven states: Zulia, Sucre, Tachira, Miranda, Apure, Bolivar and Anzoategui. Likewise, 111 teachers participated in the development of educational inclusion strategies in the states of Zulia and Tachira.

Campaigns were carried out to encourage school attendance and retention, with an impact on 1,497 children (664 girls and 833 boys) and 241 adults (188 women and 53 men) in the states of Delta Amacuro, Bolivar and Amazonas.

In order to encourage the proper use of free time, recreational spaces have been developed in the Capital District outside school hours, benefiting a total of 746 children (369 girls and 377 boys).
In the State of Miranda, 309 children (141 girls and 168 boys) received extra attention.

In December, 818 children (528 girls and 290 boys) and 1,770 teachers (1,388 women and 382 men) participated in psychosocial support activities through talks, art therapy and self-care workshops, awareness-raising and other activities in the states of Miranda, the Capital District, Delta Amacuro, Zulia, Tachira and Anzoategui.

With regards to the identification and transfer of cases of children with protection needs, 276 girls and 57 boys were referred in the state of Miranda; likewise, understanding the importance of learning and the development of life skills training has been provided to 96 young people (55 women and 41 men) in the states of Capital District, Miranda and Lara.

Gaps

Expansion and strengthening of existing school feeding programmes are required to ensure that children attend their schools. The most important challenge in this regard is the high cost of these programmes and their sustainability over time.

In view of the departure and resignation of many teachers, it is a priority to design incentive programs to promote the retention of teaching professionals in the classroom.

Strengthening the capacity of Cluster partners in monitoring and information management processes, as well as the systematization of good practices that contribute to the analysis of current situations in the school system.

It is necessary to promote inter-sectoral work in order to guarantee comprehensive and effective attention to the most vulnerable populations.

Fuel difficulties affect the distribution of school materials, especially in border states, where access to fuel is more complex and therefore makes distribution processes more expensive.

CLUSTER STATUS (19 Feb 2020)

Shelter, Energy and Non-Food Items (NFIs)

31,675

People benefited shelter/NFIs assistance

Needs

The Shelter, Energy and NFI Cluster visited Sucre State and observed a serious lack of temporary accommodation spaces for vulnerable people. The accommodation options available are mostly non-formal structures built with deteriorated material. They have limited capacity, are often overcrowded and need basic supplies and structural maintenance. A generalized energy problem was also identified related to the lack of gas cylinder distribution, which especially affects rural areas of the State and has led to an increase in the use of biomass for cooking (especially firewood).

Response
During the month of December 2019, 26,212 people received assistance to improve their access to energy/electricity in Táchira (Bolivar and San Cristobal municipalities, with 17,280 and 8,640 beneficiaries, respectively) and Zulia (Bolivarian Guajira Indigenous municipality, with 292 beneficiaries). The assistance received involved the provision of energy with the creation of loading points at the passenger terminals in the cities of San Antonio del Tachira and San Cristobal and the supply of inputs to improve access to energy. The highest number of beneficiaries age group was adults aged 18 to 59, with a total of 14,275 beneficiaries (54 percent), including 66 percent women and 34 percent men. Next largest beneficiaries’ group was children and adolescents, with a total of 10,471, 45 percent female and 46 percent male.

A total of 4,280 people benefitted from the improvement and refurbishment of centers and shelters or communal houses in the municipality of Garcia de Hevia in the state of Tachira. Of the total number of beneficiaries of housing assistance, the age group with the highest number of beneficiaries was adults between 18 and 59 years old, with a total of 2,179 people (51 percent). Of these 66 percent were female beneficiaries and 34 percent were male beneficiaries. The next most frequent group of beneficiaries was children and adolescents, with a total of 1,758 beneficiaries (54 percent women and 46 percent men).

A total of 1,129 solar lamps were distributed in Zulia (Machiques de Perija, Colom, Jesus Enrique, Losada and Indigena Bolivariano Guajira municipalities, Tachira (San Cristobal municipality), Distrito Capital (Libertador municipality), and Apure (Paez municipality). Likewise, 346 water cans were distributed in Zulia (Jesus Enrique Losada and Indigena Bolivariano Guajira municipalities) reaching a total of 1,183 people. Fifty-five percent were adults between the ages of 18 and 5 (59 percent women and 41 percent men). The group of adults is followed by the group of children and adolescents with 34 percent.

31,675 people received assistance to access safe housing energy and/or basic goods during the month of December.

Gaps

Lines of action have yet to be defined in conjunction with government bodies and some local authorities.

The acute lack of funding and the limited operational and technical capacities of Cluster members continue to limit the areas and states of intervention.

The closure of vehicle crossings at the Colombian border complicates the import of items that are required for the implementation of projects.

CLUSTER STATUS (19 Feb 2020)

Logistics

Needs

Partners need support from the Cluster to facilitate the coordination and management of logistical information on issues of access to the field, processes and guidelines for transport, data on suppliers of goods and services, and their capacities.

Response
The Cluster is analysing the operational context and difficulties of partners in implementing humanitarian activities in order to find common solutions and speed up the response. Bilateral meetings have been organized with humanitarian and private sector actors to collect information on logistical processes, including issues of imports, customs, storage and transport.

Humanitarian organizations use several logistics operators’ services, most of which are present in the main cities of the country and have good delivery capabilities, both to nationalize imported goods and to store and distribute cargo on the ground.

Gaps

The greatest challenge is the access and shortage of fuel for implementation and monitoring missions in the field, which reduces the response capacity of humanitarian actors, especially in the most remote areas, where there are high levels of need.

COORDINATION (19 Feb 2020)

Coordination

On 16 and 20 December, workshops on the humanitarian programme cycle, the centrality of protection and the use of the project tool for the 2020 Humanitarian Response Plan were organized in Maracaibo and Ciudad Guayana.

On 3 and 5 December, workshops on gender mainstreaming, gender and age marker (GAM), and gender-based violence were held for 68 humanitarian actors in Caracas.

On 3 December, an OCHA facilitated meeting was held between international NGOs and the Vice-Foreign Minister for Multilateral Affairs to review issues related to the registration of organizations and their operations in country.

MEDIA (7 May 2020)

Venezuela: UN and partners support COVID-19 response efforts

The United Nations, together with national and international partners, is supporting national efforts to scale up the response to prevent and control the outbreak of COVID-19 and improve access to health care and water supply in the country, in line with the COVID-19 Prevention and Response Plan in Venezuela.

The Plan is appealing for US$72 million and focuses on strengthening the capacity of the health system to quickly identify and treat COVID-19 patients; supplying water, hygiene and sanitation in prioritized hospitals and communities and providing timely and trustworthy information to the public to prevent the spread of the virus. The Plan also seeks to ensure other critical humanitarian programmes can continue including for food security, nutrition, protection and education.
As of end of April, humanitarian partners had reached over 860,000 people as part of the multi-sectoral COVID-19 response, 56 per cent of which were women. On 8 April, an UN-organized plane carrying 90 tons of medical, WASH supplies, as well as schooling inputs, arrived in Venezuela. Local procurement has also been accelerated to meet emerging needs, including the direct attention to COVID-19 cases, WASH and energy support and the provision of equipment and medical supplies to hospitals and health centers. The early scale up of the response has been possible with the generous support of international donors.

**MEDIA** (4 Jun 2020)

**Venezuela: Humanitarians rapidly scale up to respond to the COVID-19 pandemic**

The United Nations and its partners continue working to reduce the spread of COVID-19 by providing health, water, sanitation and hygiene support, including on infection prevention control at prioritized hospitals, the provision of medical supplies; and COVID-19 awareness raising among communities. Social mobilization and risk communication has been an essential part of the COVID-19 response, with UN agencies and national and international NGOs, complementing national efforts, to develop messages, posters, videos and other communications materials aimed at raising awareness about COVID-19 among vulnerable people across the country.

As of the end of May, humanitarian partners had reached over 1 million people, 55 per cent of whom are women, as part of the multi-sectoral COVID-19 response. In addition to health and WASH activities, this includes the continuation of other critical humanitarian programmes including nutrition, food security, education and protection.

On 8 April and 29 May, two planes carrying over 100 tons of UN health, WASH nutrition and education supplies landed in Venezuela. These supplies have already been delivered to 189 health institutions, including 38 sentinel hospitals, clinics and community health centres in 13 states and have helped thousands of families with access to safe water. The response has also supported thousands of returnees that are crossing the border from Colombia and Brazil due to increasing difficulties to sustain their livelihoods in neighbouring countries. They are required to stay in temporary shelters for 14 days in the border areas as a preventative measure against the spread of the pandemic.

The UN and partners are appealing for US$72 million to prevent and respond to the COVID-19 pandemic, and call on donors to continue providing generous financial support, which has been essential in rapidly scaling up the response in a timely manner. Humanitarian needs in Venezuela remain substantial and more resources are urgently needed to further scale up the response.