HIGHLIGHTS

- More than 1.1 million people received humanitarian assistance between July and September as part of the 2019 Humanitarian Response Plan. In November, 78,000 students in 14 states received education support, and 60 health facilities in 22 states received essential medical equipment, medicines and supplies. 85,000 people benefited from food security support activities, while 62,000 people received assistance in accessing clean water.
- Yellow fever reappeared with a confirmed case in the state of Bolivar after 14 years of absence in the country.
- Fuel shortages affected humanitarian access and delivery of assistance provided by partners in border and remote areas.
- United Nations Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock, conducted a visit to Venezuela from 4 to 6 November.
- In 2019, US$184 million was received for humanitarian activities. This includes funds mobilized prior to the publication of the Humanitarian Response Plan and by organizations that do not have projects in the Plan (such as the International Red Cross and Red Crescent Movement).

Humanitarian Response Plan: Key figures

<table>
<thead>
<tr>
<th>7M</th>
<th>People in need of humanitarian assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,6M</td>
<td>Target population of the 2019 Humanitarian Response Plan</td>
</tr>
<tr>
<td>$223M</td>
<td>Funds required to implement the 2019 Humanitarian Response Plan</td>
</tr>
<tr>
<td>78,000</td>
<td>Students that received assistance in 292 schools in 14 states in November 2019</td>
</tr>
<tr>
<td>85,000</td>
<td>People that benefited from food security support activities in November 2019</td>
</tr>
</tbody>
</table>

SITUATION OVERVIEW

- In November, the operational and safety conditions of partners in the field continued to be affected by power outages, telecommunications problems, intermittent access to water, fuel shortages and the activities of irregular groups mainly in states along the border and remote areas.
- On 13 November, the IHR 2005-National Focal Point and the Pan American Health Organization (PAHO)/World Health Organization in Venezuela reported a confirmed case of yellow fever in a 46-year-old man belonging to the Pemon ethnic group and a resident in the municipality of Gran Sabana in Bolivar state. There is a risk of jungle yellow fever across most of Venezuelan territory, but this case is the first confirmed case of yellow fever in...
Venezuela since 2005. The first phase of the Ministry of Popular Power of Health’s response plan was activated jointly with the United Nations Children’s Fund (UNICEF) and PAHO.

- A study published by the NGO Convite and HelpAge International\(^1\) showed that a high percentage of the elderly do not have access to medicines or enough food as a result of the situation in the country. The study of 903 elderly people in the states of Bolívar, Lara and Miranda, revealed that 50 percent of respondents cannot buy enough food, and one in 10 goes to sleep without eating. 65 percent said they need help from family and friends to be able to support themselves, while 21 percent say they feel they cannot manage their lives on their own.

- The United Nations Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock, made a first visit to Venezuela between 4-6 November to see first-hand the humanitarian situation and strengthen cooperation and coordination with the various humanitarian agencies that are operating in the country. During the visit, Mr. Lowcock met with senior Government officials, members of the National Assembly and representatives of NGOs, United Nations agencies and the diplomatic community. He also assessed the humanitarian response in the field and met people affected by the crisis.

- The International Organization for Migration (IOM) and the UN Refugee Agency (UNHCR) announced on 13 November a Regional Response Plan for Refugees and Migrants requiring US$1.350 billion to assist Venezuelan migrants and refugees, as well as host communities in Latin American and Caribbean countries.

### Operational Humanitarian Presence in Venezuela (November 2019)

[Map image]

Source: OCHA 3W

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FUNDING

- According to data from the Financial Tracking Service (FTS), in 2019, $76.4 million was raised out of the US$223 million required for the implementation of the 2019 Humanitarian Response Plan (34 percent of the required funds).
- According to FTS, US$107.5 million was also received in 2019 for humanitarian activities. This includes funds mobilized before the publication of the Plan or by organizations that do not have projects in the Plan (such as the International Red Cross and Red Crescent Movement).
- The agencies and countries contributing to humanitarian activities are: European Union, United States, Central Emergency Response Fund, United Kingdom, Sweden, Italy, Switzerland, Norway and Canada.

HUMANITARIAN RESPONSE

Health

Needs

- There were 461 suspected cases of diphtheria and 20 deaths from the beginning of the year to 30 November. The highest fatality rate was observed among 5 to 9 years old (33 per cent), 1-year-olds (25 per cent) and the 40 to 49 years old (20 per cent). Vaccination and control activities continue to be implemented. 3
- 14,701 cases of dengue, 66 cases of severe dengue and 22 deaths (fatality rate 0.15 per cent) were reported, from the beginning of the year until 30 November. There was a decrease of 16.6 per cent and 30.5 per cent compared to cases reported during the same period in 2018 for dengue (17,627) and severe dengue (95) respectively. 4 In this context, it is necessary to implement cross-sectoral preparedness and response measures, as well as to maintain actions on case management, laboratory diagnosis, risk communication and integrated vector management 5, as well as strengthening community strategies aimed at prevention and control measures.
- 323,392 cases and 100 deaths of malaria were reported from the beginning of 2019 to 12 October, representing a decrease of 1.5 percent and 56 percent compared to reported cases of malaria (328,373) and deaths (229) in the same period of 2018 respectively. The number of pregnant women with malaria increased by 55 percent nationally, with reported cases in almost every state. During the same time period, the states of Bolivar and Amazonas reported a reduction of 2.5 percent and 24 percent of cases reported, but in Sucre there has been an increase of 3.4 percent with 55,342 cases reported, as well as Anzoategui (54.3 percent), Delta Amacuro (64.2 percent), Merida (89.7 percent) and Monagas (40.5 percent). It is important to strengthen disease surveillance and control actions, measures related to early detection of cases, timely diagnosis and immediate initiation of treatment with emphasis on more vulnerable populations (pregnant women, indigenous populations). 6
- On 13 November, a confirmed case of yellow fever was reported in a 46-year-old man belonging to the Pemon

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2 Humanitarian partners can report funds received to FTS through a template that can be downloaded here: https://www.humanitarianresponse.info/en/operations/venezuela/document/plantilla-fts
indigenous community and resident in the municipality of Gran Sabana in Bolivar state.

Response

- In November, more than 60 health facilities received essential medical equipment, medicines and supplies in 22 states and in the Capital District.
- In November, more than 3,800 people benefited from health promotion activities and prevention actions in the Capital District and in the states of Anzoategui, Miranda and Tachira.
- In November, nearly 500 health professionals were trained in the care and treatment of people with HIV/AIDS, sexual and reproductive health, emergency risk management, basic cardiopulmonary resuscitation, health situational rooms and basic epidemiology (MOPECE) in the Capital District and the states of Amazonas, Bolivar, Delta Amacuro, Miranda and Zulia.
- As of November, more than 50,500 people received care in malaria, sexual and reproductive health and care and treatment of people with HIV/AIDS in the Capital District and the states of Anzoategui, Aragua, Bolivar, Carabobo, Merida, Miranda, Nueva Esparta and Zulia.
- The first phase of the yellow fever response plan of the Ministry of Popular Power of Health was activated in conjunction with UNICEF and PAHO/WHO in Bolivar state.

Gaps

- It is necessary to continue efforts to address the measles outbreak transmission and the control of diphtheria cases in prioritized states.
- Efforts are needed to obtain more funds for the procurement and distribution of vaccines to ensure the continuity of the routine vaccination program.
- It is necessary to ensure the operational capacity of health facilities, with a continuous supply of medicines and goods and the continuous 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).
- There is a need to maintain the management of key health information and 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.

Nutrition

Needs

- Children over 59 months of age who require nutritional attention have been detected through community-level work.
- Large numbers of pregnant and lactating women have also been found to require nutritional attention, beyond the micronutrients being delivered, with pregnant and lactating women weighing 38.5 and 40 kilograms, among others, being detected.

Response

- Between May and November, 205,711 children and pregnant and lactating women received micronutrient supplementation throughout the country.
- A total of 12,795 children aged 6 to 59 months have been supported with preventative treatment against malnutrition in the states of Apure, Bolivar, Capital District, Miranda, Tachira and Zulia.
- The health authorities and UNICEF developed five work plans for the treatment of acute malnutrition in the states of Carabobo, Distrito Capital, La Guaira, Portuguesa and Yaracuy.
- 24 technical training workshops have been held on intra-hospital and community management of acute malnutrition with and without complications, in the states mentioned and Miranda state. A total of 743 people from basic health teams were trained.

**Gaps**

- Strengthen the preparation areas for therapeutic formulas, given hospitals that have been prioritized or have these areas, the kitchen spaces are in poor condition and do not comply with protocols.
- Strengthen consultations for nutrition services, as in some hospitals these consultations do not work regularly because of a lack of nutritionists, furniture and lighting.

**Protection**

**Needs**

- The availability, access and quality of specialized protection services are limited, and the most vulnerable people need more attention and support. People with specific needs include survivors of gender-based violence, children at-risk, people at risk of statelessness, indigenous people, LGBTI people (lesbian, gay, bisexual, transgender, intersex), displaced persons, people with HIV, elderly people and people with disabilities.
- Due to the complex humanitarian situation, and for various reasons, some parents have left children in the care of relatives, including older people, people with disabilities or suffering from chronic illnesses. This situation increases the vulnerability of children and increases protection risks such as child abuse or child labor. Family separation prevention programs have been established in communities to mitigate these protection risks.
- Access to adequate multi-sector services for the prevention and response to Gender Based Violence (GBV) continues to be limited. Increasing health, psychosocial, protective, legal, socio-economic and support services for people at risk or survivors of GBV is crucial. Especially relevant is the need to provide safe shelters for survivors and people at risk of GBV that include prevention and mitigation actions for GBV in all sectoral interventions. It is necessary to strengthen needs analysis regarding GBV in different communities, which can support the response.

**Response**

- During the month of November, a total of 19,031 people received specialized protection services. Of the total, 1,064 people benefited from legal support, psychosocial care and specialized services, including information desks. Out of which 20 per cent were women between 18 and 59 years old, 27 per cent were children under the age of 17, and 21 per cent girls under the age of 17. Bolivar, Apure and Merida (in order) were the states with the highest number of people assisted during the reporting period. Although at a smaller scale, these activities were also carried out in the states of Miranda and Tachira.
- A total of 1,165 vulnerable children (58 per cent girls and 42 per cent boys) received protection services for unaccompanied and separated children. 16,503 vulnerable children (54 per cent girls and 46 per cent boys) including GBV survivors received integrated protection services. 2,922 children (50 per cent girls and 50 per cent boys) participated in individual and/or group psychosocial support activities in community centers or friendly spaces. Miranda, Tachira, Zulia and Lara were the states where most assistance was provided. Other states where these activities took place were Bolivar and Apure, among others.
- A total of 280 people received GBV response services, including services with differentiated care (individual legal and/or psychosocial assistance) to GBV survivors (89 people), health care (13 people), case management (167 people) and material assistance to GBV survivors (11 people). More than half of the cases were women aged 20 to 49 (69 per cent), followed by adult men (16 per cent), women aged 15 to 19, (11 per cent) and girls aged 10 to 14 (2 per cent). While the remaining 2 per cent of cases were reported by children between the ages of 10 and 14. The states with the highest provision of these services were Bolivar, Capital District and Zulia. GBV needs analysis is currently underway in communities in the border states of Tachira and Zulia.
- Awareness and training activities were organized for 14,299 people (21 per cent girls, 20 per cent boys, 44 per cent women and 15 per cent men), in order to increase the capacity of communities, families and children to respond to protection issues, and the prevention and response to child violence, abuse and exploitation. The states where the greatest number of people participated were Miranda, Bolivar and Zulia. Activities were also developed in Tachira and Capital District.
- A total of 3,285 people participated in community awareness-raising events on the prevention of gender-based violence, out of which 66 per cent participated in awareness-raising activities on GBV prevention and response, 6 per cent received awareness of sexual and reproductive health rights and 28 per cent participated in activities to strengthen the Safe Spaces Network and community networks for the prevention of GBV. Of all those involved...
in these community activities, 63 per cent were women aged 20 to 49, 25 per cent were children and 12 per cent were adult men. The states with the largest number of people assisted were Miranda, Zulia and Bolivar.

**Gaps**

- Although the Cluster provided training on the centrality of protection in humanitarian action in November, more training is still required for partners engaged in the humanitarian response in Venezuela. Trainings are planned on the legal framework for displacement in January and at the same time continue trainings on the centrality of protection.
- There is a need to strengthen the capacity of partners in child protection in emergencies, including the prevention of family separation and the strengthening of protection services.
- National response mechanisms need to be strengthened to ensure accessible, confidential and appropriate services for GBV survivors, which is currently a challenge because of a lack of adequate resources.

**Water, Sanitation and Hygiene**

**Needs**

- Electricity and water services have fewer disruptions in the Capital District but remain limited in other states. When the electricity fails it usually also affects the water supply as the pumping stations do not work.
- There are concerns related to the quality of the water supplied. Regular power outages affect water treatment plants, with negative consequences on their quality and often affecting the most vulnerable.
- Urban areas are the most affected by the lack of water, due to the deterioration of large water distribution networks; however, the problem of water supply remains widespread, affecting the most vulnerable communities and other crucial services such as health and education.
- Access to water seems to be the most problematic issue, since many communities receive water less than once every eight days, which disproportionately affects the most vulnerable populations such as children, pregnant and lactating women, and older people.
- 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 3,496,388 people and in terms of support to institutions (schools, health/nutrition structures) it is 3,719 institutions.

**Response**

- Between July and the end of November, 402,396 vulnerable people have benefited from cluster activities including 74,171 girls, 62,883 boys, 147,237 women and 118,105 men.
- During the same period, 250,171 have received safe water, including 62,871 people during November. Of this number, some 93,000 people were supplied by water trucks, 90,000 through the rehabilitation of water systems, and some 72,000 people have received supplies for water treatment in their home. In addition, about 78,000 people received family hygiene kits and some 20,000 people attended hygiene promotion sessions.
- For the same period, 124 health and nutrition institutions (36 hospitals, 22 primary health care centres and 66 different types of structures) and 65 education structures received water, sanitation and hygiene (WASH) services. Activities focused on the supply of water through water trucking and the rehabilitation of systems. Efforts have also been focused on hygiene promotion activities, which have benefitted 33,000 people. It is estimated that, in health/nutrition structures, some 10,000 people have benefited from cluster activities, and some 8,500 students and teachers in educational structures. Regarding the strengthening of staff capacities, trainings took place in 261 health/nutrition structures, and 28 educational/protection structures respectively.
- The cluster intervenes in 21 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 100.05 per cent for Bolivar to 18.81 per cent for Zulia (46 per cent average). For states with the lowest range, it varies between 0.21 per cent for Sucre and 8.41 per cent for Apure (average 2.1 per cent). The Cluster has 23 partner organizations.

**Gaps**

- There are important gaps in terms of meeting WASH needs. The 250,171 people assisted with safe water
represent 17.9 percent of the target population of the HRP (1,713,318). The 242 health and educational institutions covered represent 6.5 percent of the 3,719 target in the HRP. In terms of people who access basic hygiene products and information and water treatment and conservation in their home, 78,000 have been served from the 3,496,388 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 of organizations. This 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 logistics capacities.

- Another challenge relates to access restrictions to certain areas during the rainy season, especially in the eastern part of the country (Amazonas, Delta Amacuro, Bolivar), due to the characteristics of the terrain. 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 contribute to hampering operations.

Food Security and Livelihoods

Needs

- For the cluster, the most vulnerable groups are: farmers without the capacity to buy goods, female headed households, households in areas of low food production and indigenous people affected by deforestation caused by informal mining that has limited food production.

- The October report by the Center for Worker Analysis and Documentation states that an average family requires 28 minimum wages to cover the cost of a monthly basic Food Basket. The lack of income increases people’s vulnerability in terms of food security.

- 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

- A total of 4,110 kilograms of seeds were distributed to produce an estimated 1,114,665 kilograms of fresh food, benefitting more than 85,000 people.

- The promotion of indigenous farming practices and incentives to eat seasonal food, the food security of 7,767 girls and boys who attend school canteens will improve.

- A total of 36 educational units and 4 technical schools have received assistance in strengthening their nutrition services in the states of Lara, Falcon, Portuguesa and Miranda, supporting a total of 1,112 families.

Gaps

- It is necessary to strengthen the Cluster’s response capacity 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.
Education

Needs

- According to the Venezuelan Teachers Federation, the migration of qualified teachers continues to affect the quality of the country’s education, with about 120,000 teachers leaving their jobs because of precarious wages.
- The Fe y Alegría organization, responsible for the management of subsidized schools in popular neighbourhoods, reported that 25 per cent of its teaching staff have left their jobs.
- In indigenous rural areas, particularly in Delta Amacuro, school infrastructure is quite damaged due to floods from previous years and the use of houses as schools. In some municipalities, the lack of qualified teaching staff limits the quality of education among indigenous populations.

Response

- In November 2019, 11 organizations of the Education Cluster supported, with various educational activities, 292 schools serving 78,929 children in 14 states (Apure, Aragua, Barinas, Bolivar, Cojedes, Delta Amacuro, Capital District, Falcon, Lara, Miranda, Tachira, Trujillo, Vargas and Zulia).
- These activities include, in order of number of people assisted are (non-exhaustive list): 1) delivery of school supply kits reaching 35,361 children; 2) campaigns to promote school attendance and retention reaching 23,554 children; 3) support for school feeding programmes benefiting 7,635 children; 4) contextualization and implementation of the Comprehensive Safe School Strategy reaching 6,208 children; 5) psychosocial support benefiting 1,881 children; 6) teacher training reaching 1,268 teachers and 7) inclusive education strategies benefiting 1,147 children. Within the inclusive education and school reinforcement programs, the partners reported that 29 children outside the school system were reintegrated back into the education system.
- The Cluster coordinator conducted field visits to Bolivar, Capital District, Tachira and Zulia to strengthen the technical capacities of the Education sub-clusters, including the facilitation of a workshop on education in emergency with the participation of educational authorities.

Gaps

- In terms of the vulnerable groups that are part of the response in Venezuela, the need to identify special educational services and access and care to people with special needs remains a challenge; there are few organizations specialized in working with this type of population. Contacts have been initiated with organizations in Caracas in conjunction with the Child Protection Area of Responsibility to develop a strategy of support and strengthening their capacities and services.
- Indigenous peoples are another vulnerable group that require a specific and comprehensive education strategy. In remote areas of Bolivar and Delta Amacuro, there are logistical constraints to access their territories. However, municipalities that need priority assistance, such as Pedernales, Tucupita and Casacoima in Delta Amacuro and Gran Sabana, Sifintes and Caroni in Bolivar, have been identified.
- The strengthening of the school information management system is a major challenge; there is a need to access and update the indicators that the system measures to identify the most vulnerable people, as well as to be able to follow up on the evolution of the situation to better inform the response.

Shelter, Energy and Non-Food Items (NFIs)

Needs

- During the month of November, one of the main challenges encountered in the community of Caracoli, south of Lake Maracaibo in Zulia, which has a high concentration of indigenous population, is the lack of access to domestic gas, due to the challenges in filling gas cylinders.
- During a Cluster visit to Carabobo in November, vulnerabilities were identified in the La Banera community, which has informal settlements with limited infrastructure and services. According to the information provided by community representatives there are 173 families (20 of which are asylum seekers in Venezuela).
Response

- A total of 5,290 people received assistance to improve their access to safe accommodation in the indigenous municipalities of Zulia state: Bolivariano Guajira (3,210), Jesus Maria Sempurn (440) and Mara (1,640). The assistance involved the refurbishment of collective reception centers and houses. Most people assisted (64 per cent) were children with a total of 3,390 (52 per cent male and 48 per cent female). The next group of assisted persons were adults aged 18 to 59, with a total of 1,740 beneficiaries (50 per cent male and 50 per cent female).
- A total of 1,306 people received basic NFI and energy supplies, including 3,200 kilograms of charcoal in the municipalities of Machiques of Perija (680) and Colon (626). The majority of beneficiaries (77 per cent) were children (1,006), followed by adults aged 18 to 59 (280). Pregnant women, the elderly, unaccompanied or separated minors and people with respiratory diseases caused by wood smoke were among the most vulnerable populations supported.
- A total of 2,050 people benefited from NFI assistance, including 298 solar lamps that were distributed in Amazonas (municipality of Atures), Apure (municipality of Paez, Pedro Camejo), Capital District (municipality of Libertador) and Miranda (municipality of Sucre). 77 per cent of the beneficiaries were children (56 per cent men and 44 per cent women), followed by adults aged 18 to 59 (65 per cent women and 35 per cent male).

Gaps

- Sucre and Delta Amacuro, prioritized states in the 2019 HRP, do not Cluster member presence.
- During the month of November, access to energy/electricity in Zulia state remained a challenge. Heavy rains and electricity outages were the main challenges faced by organizations for the distribution of humanitarian assistance.

Logistics

Needs

- Humanitarian actors face national level logistical challenges, due to the lack of fuel, especially in border states. In addition, high inflation impacted local markets and the capacity of suppliers and continues to limit the import of supplies for humanitarian activities.

Response

- The Cluster began its activities in November. The first Cluster coordination meeting identified common challenges, operational presence in the field and the main logistical needs of organizations. The Cluster will support coordination and information management issues, such as the creation of a database of suppliers of goods and services, maps with entry points and access roads and a communication platform for regular coordination.
- The participation of the private sector plays an important role for the effective implementation of humanitarian partner activities in the field.

Gaps

- The lack of procedures for importing humanitarian goods for NGOs creates challenges in terms of expanding the humanitarian response at a larger scale level.
- Access constraints to remote areas due to the lack of adequate transportation, which is affected by fuel shortages, and insecurity on some of the roads.

Coordination

- On 24 and 28 November, workshops were organized in Caracas on the Humanitarian Program Cycle and the Centrality of Protection with participation of 81 partners.
- The first inter-agency network meeting on Protection against Sexual Exploitation and Abuse (PSEA) was held on 26 November, where an action plan was developed to support the prevention and response actions against PSEA. The priority areas of action include the strengthening of UN staff and partner capacities, the establishment of a community-based reporting mechanism and ensuring assistance to survivors.
- From 25-28 November, a training in humanitarian logistics for 45 civil protection participants was facilitated by the Logistics Cluster in Caracas. The training focused humanitarian supply chain and warehouse management, emergency logistics, cargo handling, inventory management and types of transportation and contracting.
Common operational challenges

- There is still a primary information gap with regards to humanitarian needs across all clusters, with efforts ongoing to collect more data.
- More funding is urgently needed to further maintain and expand the response; many partners report critical funding gaps.
- Logistical challenges related to delays in the importation of some supplies, the availability of transportation 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.
- Communication and understanding of principled humanitarian action, in order to foster greater acceptance among stakeholders and facilitate access remains a priority.