2021 UNFPA Humanitarian Response in Venezuela

Saving lives and protecting the rights of the most vulnerable women
UNFPA is the leading UN agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.

MARZO 2021
Understanding the humanitarian necessities of women in Venezuela.

In her own voice.

Why does UNFPA matter for Venezuela?

The 2021 Strategic Priorities for UNFPA in Venezuela.

The 2021 Funding Requirements and Targeted People Overview.

UNFPA in action: Geographical Coverage and Operations.

UNFPA Working Model in Venezuela.

2019-2020 Main Achievements.

What if... What if we fail to respond?
Delivering hygiene kits to pregnant women, affected for rains in Valle del Río, Machiques de Párra, Zulia State. ©UNFPA Venezuela.
In Venezuela, the protracted crisis and the severe economic contraction with humanitarian consequences continue. A World Food Program’s (WFP) assessment estimates that 7.9% of the population in Venezuela (2.3 million) is severely food insecure. An additional 24.4% (7 million) is found to be moderately food insecure and under humanitarian need (1). In addition, the Economic Commission for Latin America and the Caribbean (ECLAC) forecasts a -7% growth rate for the Venezuelan economy in 2021(2).

Before the outbreak, the economic contraction had deteriorated the health infrastructure and provoked the shortage of medicines, treatment, supplies, and a dropout of medical and nursing staff. Also, there had been an increase in GBV. In conjunction with internal displacement and the presence of illicit groups, this situation had derived from sexual slavery and human trafficking in border communities.

- Shortage of medicines, medical equipment, contraceptive methods, STI/HIV tests and treatments, and hygiene supplies: according to a study developed by a national NGO, there is around 80% of shortage in public health centers. Contraceptives available in private pharmacies have inaccessible costs for a population that accrues one of the lowest minimum wages in the region (3).

- Affected infrastructure and health commoditities: due to budget cuts and lack of maintenance work, electric power and water services have highly deteriorated in SRH services.

- Lack of access to skilled medical personnel: according to the Venezuelan Medical Federation in 2019, there has been a dropout of medical and nursing staff in 70%, especially in border areas, which has disproportionately affected the poorest quintile of the population (4).

- Increase in in-transit people and internal displacement: IOM and ACNUR have estimated a total of that the vast majority of Venezuelans on the move (4.2 million) have stayed within the region. Colombia hosts the most significant number of refugees and migrants from Venezuela, a total of 1.8 million (5). This phenomenon has provoked that services are overwhelmed in the border communities on the Venezuelan side.

- Practice of sexual slavery, transactional sex for survival, and sex and human trafficking: a recent need assessment developed by the UNFPA Country Office, which reached hundreds of vulnerable women, found evidence that:

1) Women are being forced to move internally and externally. Inside the country, there is an increased tendency of women and adolescents, particularly unaccompanied, to move towards illegal mining sites in Bolívar.
2) Women and adolescents are recruited by armed and illegal groups and forced into forced prostitution and sex slavery. Some others resort to a forced marriage with gang members seeking the so-called "protection", as a protection mechanism.

3) The assessment shows that women and adolescents in Venezuela deceived by false job offers in other regions are recruited into sex trafficking gangs, particularly adolescents.

4) Those who cross illegal and legal check-points on foot in border areas encounter sex abuse and physical violence by criminal armed groups and police officers.

- A marked risk of increased maternal mortality and unwanted pregnancies: according to the latest public epidemiological bulletin of the Ministry of Health in Venezuela, between 2015 and 2016, maternal mortality increased by 65.8%. In August 2019, 352 deaths of women during pregnancy, childbirth, and postpartum were extra officially reported (98,87 deaths per 100,000 live births), 17% less than in 2018 (426 deaths), although the rate is still high. In addition, the adolescent fertility rate is 95 per 1,000 women aged 15-19 years old, compared to a regional average of 62.
Weakening of the public services and the disruption of the supporting mechanisms, including lack of access to relevant data and information: due to the crisis in conjunction with the sensitive context, it has been challenging to access official data. The limited capacity of institutions makes it difficult to collect data to further analysis the impact of the crisis. Besides, the impact of the COVID-19 has deviated already-limited resources from routine health services, including pre- and post-natal health care and contraceptives, provoked the disruption of the already-limited provision of GBV lifesaving services, and further exposed to negative and harmful coping mechanisms. Intensified tensions registered in the household were also experienced in the overcrowded temporary shelters established throughout the country as a quarantine measure adopted to host the returnees. As a direct consequence of COVID-19, most Venezuelan migrants in Colombia lost their informal sources of income and their accommodations, which triggered the voluntary return of some 110,000 people. However, a new wave of migration started as soon as lockdown measures were lifted, with a projection of 200,000 new departures in the last quarter of 2020 and the beginning of 2021 (9).

The adolescent fertility rate is 95 per 1,000 women aged 15-19 years old, compared to a regional average of 62.
Delivering Dignity Kits to women affected by the emergency caused by heavy rains in the community of Zorca, Táchira State. ©UNFPA Venezuela
"They give us the medicines we need and that is important because we don’t have the resources, we come with practically nothing and here you get that support," says Lourdes Ramírez from the Comprehensive Care Center for Children Adolescents and Women (CAINNAM) where UNFPA provides services alongside UNICEF on the border with Colombia.

“The last time I was in labor I was on the brink of death...I don’t want to be scared anymore, I already have 6 children and I don’t want to have any more children because I had problems in childbirth, I had a hemorrhage. UNFPA gave us a talk, I liked it. That day I took my husband and I told him that it was enough, I wanted to get an intrauterine device”, shares Maira Opikuko from the indigenous community Misión Los Angeles del Tukuko, in Zulia State.
"I invite you to come, to look for information, to be oriented, so that we become fighters and successful women”, expresses Mileidy Santa Fe, participant of the workshop on family planning organized by UNFPA, in San Antonio, Táchira State.

“I come from a Wayúu (indigenous) culture where the man is the one who has the power... This issue is something new for me, we hear of violence all over the world and we do not see the man as the aggressor towards the woman but rather the woman as the cause of this violence” reflects Ricardo González, participant of the workshop on working on masculinities to prevent gender based violence (GBV), in Maracaibo, Zulia State.
She decides her future. A young woman receives a contraceptive injection in door-to-door assistance day in the community of San Antonio, Táchira State. ©UNFPA Venezuela
Sexual and Reproductive Health (SRH) has historically been a challenge for Venezuela, mainly expressed in non-descending maternal mortality rates and very high rates of adolescent pregnancy. During the Millennium Agenda, Venezuela made very significant progress on all the Millennium Development Goals (MDGs) except for the MDG 5 on maternal health.

When the economic crisis began to hit the country, universal access to contraceptive supplies was compromised, unwanted pregnancies increased and maternal deaths reached their historic peaks.

When the pandemic of COVID-19 crisis led to prioritization of the care of those affected, family planning and obstetric care services were left in the background.

Currently, UNFPA is the solo provider of life-saving reproductive health supplies to address obstetric emergencies in selected states. In absence of specialized human resources to attend births, UNFPA is ensuring training of staff and improving sanitation and hygiene conditions in obstetric health centers.

In an economic emergency situation like Venezuela’s, women need to control their fertility. An unwanted pregnancy can be the difference between life and death, either because a new family member deepens poverty conditions and further compromises economic conditions, or because women could make the decision to interrupt the pregnancy under unsafe conditions that can lead to death. All women, including adolescents and indigenous women, have understood this relationship and demand their constitutional right to plan their families. UNFPA is at the heart of the response to that need.

On the other hand, both the economic crisis that has led to migration and the preventive measures of the coronavirus that have placed women in conditions of extreme vulnerability when confined together with their aggressors require responses of attention to Gender-based Violence (GBV). Women are now more exposed than ever to sexual violence, trafficking, exploitation and abuse. UNFPA, in its leadership role in the Area of Responsibility of Gender-Based Violence, is raising awareness of the problem, creating safe spaces of care, creating standards for women’s care in temporary housing spaces, promoting the use of hot lines, raising awareness of GBV and its consequences for women and men, institutions, authorities, military and police corps. This is a core activity of UNFPA under the Humanitarian Response.
A group of bold women receives GbV information for their empowerment in Women & Girls Safe Space in San Félix, Bolívar State. ©UNFPA Venezuela
Among the 7 million people in humanitarian need identified, the UNFPA in Venezuela has targeted to reach over 1,015,000 people in 2021. For this purpose, the UNFPA is calling for greater international support to urgently fulfill the financial need of $26.7 million to strengthen its operational and functional capacities and ensure the accessibility of the most vulnerable women, adolescents and girls to lifesaving services.

Two programs have been developed in line with the Humanitarian Response Plan (HRP):

1. Strengthening the public health system to reduce maternal mortality, adolescent pregnancy, sexually transmitted infections/HIV, and sexual violence: this program aims to support the continuity of the sexual and reproductive health services in 8 prioritized states.

The SRH Program covers the provision of essential equipment and supplies, rehabilitation of SRH services facilities, strengthening the referral system, training to refresh medical personnel knowledge, and community awareness campaigns. Yet, due to the arising necessities, further actions have been prioritized:

- Provision of essential equipment, supplies, VIH/syphilis tests, rape treatment kit, contraceptive methods.
- Support rehabilitation of infrastructure and minimum essential utilities.

UNFPA has targeted to reach over 1,015,000 people in 2021 and $26.7 million are needed to achieve it.

- Provision of technical assistance and operational support for the strengthening of the referral system.
- Coordination of multi-country strategies to ensure continuity of assistance provided to women and adolescents in human mobility.
- On-job training and refreshing sessions to strengthen Venezuelan health providers’ capacities.
- Implementation of community awareness campaigns.
- Training workshops to strengthen the capacities of local organizations for the MISP for SRH in Crisis Situations.
- Collection of data and evidence of both needs and the impact of the assistance being provided.
2. Providing direct assistance for the prevention and response to
gender-based violence for women and adolescents in situations of
vulnerability: This project aims to reduce GBV risks for women and
adolescents in vulnerability and mobility by providing a multi-sectoral
response in 8 prioritized states, mostly located at the borderlines.

• Provision of Dignity Kits (DK) and lifesaving information.
• Establishment of psychosocial support, psychological first aid services
  for survivors and further life-saving services.
• Harmonization of GBV data collection and promotion of safe and
  ethical exchange of GBV data reported.
• Training for community sponsors to recognize and prevent GBV.
• Implementation of transmedia prevention campaigns, providing
  information about access to protection services and GBV prevention.
• Design of standardized intersectoral operating procedures (SOP) and
  referral routes.
• Training workshops to strengthen the capacities of local organizations
  for the implementation of the Interagency Minimum Standards for GBV
  in emergencies programming.

These programs have also been harmonized with the expected actions
defined in the Inter-sectorial COVID-19 Response Plan and the
Socio-economic Response Plan, in order to improve the synergies
among the strategies to address the necessities.

Besides, the UNFPA in Venezuela has defined a strategy that also
underscores priorities regarding (1) the technical support needed for
the development of quality national policies, (2) the advocacy for the
Human Rights international commitments (UPR recommendations,
which those accepted are directly linked to the UNFPA mandate), and
(3) the promotion of the social cohesion by the active role that young
women and men can play in their communities. In doing so, the UNFPA
in Venezuela is ensuring a robust implementation of the development,
humanitarian, human rights, and peace nexus.
Sexual and Reproductive Health (SHR):
- A total amount of $18,943,140 is expected to save lives and protect the sexual and reproductive rights of 900,000 people (652,000 women and 243,000 men), mostly highly vulnerable women of reproductive age, in 2021.
Gender-based Violence (GBV):
A total amount of $7,791,459 is expected to save the lives and protect the right to live a life free from any form of violence of 115,392 people (91,735 women and 23,657 men), most of them experiencing human mobility, in 2021.
Distribution of required funds by programme area:

- 70.79% Sexual and Reproductive Health
- 29.21% Gender-Based Violence

Leaving no one behind

Among the targeted people, it is expected to reach specific groups:

- 40% People in human mobility
- 23% People in impoverished communities in urban cities’ outskirts
- 15% Indigenous people
- 15% People with disabilities
- 7% LGBTQI

Some of the actions are expected to reach women deprived of liberty.
The UNFPA team in Venezuela is made up of **53 people** deployed in **8 states in the country**. Overall coordination is handled by the UNFPA Office in Caracas. UNFPA works alongside dozens of NGOs, humanitarian organizations, and UN agencies under the health and protection clusters, and with **6 national NGOs** as Implementing Partners.
For the implementation of projects, the UNFPA in Venezuela has adopted a working model based on:

- The furthest left behind first and presence in the most impoverished and most affected communities.
- Multi-partnership approach, prioritizing support to local partners.
- Promotion and support to the UN interagency coordination: engaged with the value of the interagency actions for a more effective use of resources.
- Aligned actions: synergies between (1) the projects and funds under implementation, (2) the components’ activities (SRH and GBV) and (3) the humanitarian and development agendas.

Our dream is for all of them to smile. "Women & Girls Safe Spaces" in Las Amazones, Bolívar State. ©UNFPA Venezuela
Thanks to the donors, with more than 106 tons of humanitarian aid, UNFPA has reached 464,000 people, mostly women, adolescents and girls in the most vulnerable communities.

**MAIN ACHIEVEMENTS**

**PEOPLE REACHED**
- 36,335 in-transit women and adolescents reached through the distribution of Dignity Kits (basic feminine hygiene products) and lifesaving information.
- 271,320 women and adolescents reached through strengthened SHR services.

**CAPACITIES STRENGTHENED**
- 9,373 medical personnel trained on various aspects of SRH and COVID-19 prevention.
- 1,089 personnel of public institutions and community organizations trained for the response to GBV, etc.
- 16 hospitals and 39 primary health centers boosted with medical supplies.
- 1,167,260 different contraceptive methods distributed.

**SERVICES DELIVERED**
- 3 centers' infrastructures improved for the assistance of pregnant women.
- 4 hospitals strengthened near the borderline for the clinical management of rape.
- 110,000 tests for HIV and syphilis dispensed.
- 13 remote services established for GBV case management, legal assistance, and psychological support.
- 8 Women and Girls Safe Spaces (WGSS) created in border communities.

**NOTE:** The cut-off date of this communication product was December 1, 2020, using the monitoring records of UNFPA projects between 2019 and 2020.
A young boy from Maracaibo committed to “New Masculinities”, after receiving a sensitization of Gender-based Violence in Zulia State. ©UNFPA Venezuela
If UNFPA fails to fulfill its supportive purpose during this crisis, maternal deaths will increase, unwanted pregnancies with a higher incidence of poverty rates, and gender-based violence will scale from increased domestic violence to a greater number of femicides.

The purpose of UNFPA is to achieve Zero maternal deaths, Zero unmet need for family planning, and Zero violence and harmful practice against women, if UNFPA fails to respond, we will fail in our mission, and most importantly it will fail Venezuelan women who need today more than ever to know that they are not alone.
UNFPA, is the leading UN agency for delivering a **WORLD**

where:

Every pregnancy is **WANTED**

Photos ©UNFPA Venezuela
Every childbirth is SAFE, and Every Young Person’s POTENTIAL IS FULFILLED.
FOR MORE INFORMATION
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Sources:


3. Índice de escasez de métodos anticonceptivos en farmacias de cinco ciudades de Venezuela (2019), Asociación Venezolana para Una Educación Sexual Alternativa (AVESA). See: Índice de escasez de métodos anticonceptivos en farmacias de cinco ciudades de Venezuela - Asociación Venezolana para una Educación Sexual Alternativa (avesa.blog)


