



2021
UNFPA

● HUMANITARIAN
● RESPONSE
● IN VENEZUELA

Saving lives and protecting the rights of the most vulnerable women



An empowered smile.
Las Amazonas, Bolívar State
©UNFPA Venezuela.

Cover image: Woman waits with her children in contraceptive day,
"Lina Aponte" walk clinic in Mercedes de Cúa, Miranda State.
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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



UNFPA
HUMANITARIAN
RESPONSE
IN VENEZUELA

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COVID-19 and Sexual Reproductive Health
sensitization day in the indigenous community of
Las Vegas in Machiques de Périja, Zulia State.
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Delivering hygiene kits to pregnant women, affected for rains in Valle del Rio, Machiques de Périja, Zulia State.
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LEAVING
NO ONE
BEHIND

UNDERSTANDING THE HUMANITARIAN NECESSITIES OF WOMEN IN 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 commodities:** 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 ⁽⁶⁾.
- 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) ⁽⁷⁾, 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 ⁽⁸⁾.



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.

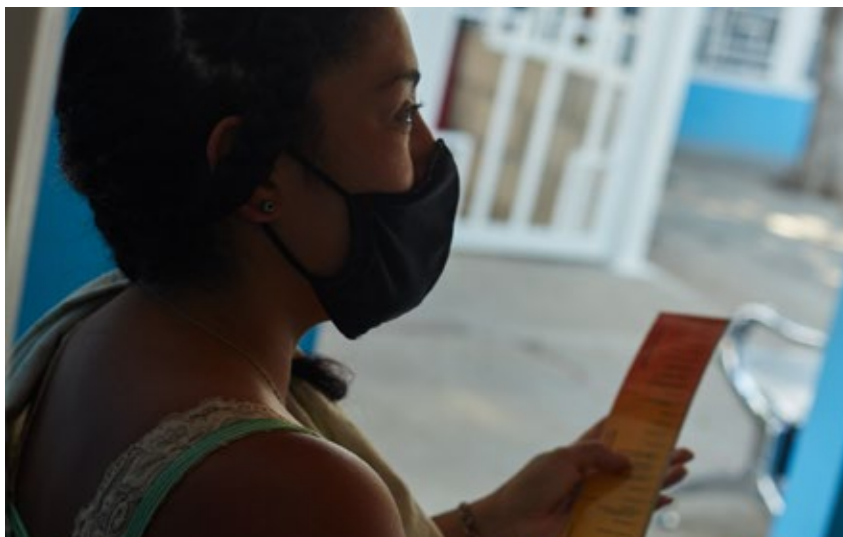
As a direct consequence of COVID-19, most Venezuelan migrants in Colombia lost their informal sources of income and their accommodations, which triggered the voluntary return of some 110,000 people. However, a new wave of migration started as soon as lockdown measures were lifted, with a projection of 200,000 new departures in the last quarter of 2020 and the beginning of 2021 ⁽⁹⁾.



ENDING PREVENTABLE MATERNAL DEATHS

Delivering Dignity Kits to women affected by the emergency caused by heavy rains in the community of Zorca, Táchira State.
©UNFPA Venezuela

I N HER OWN WORDS



"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.**

IN HIS OWN WORDS TOO



"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.

A young woman with dark hair tied back, wearing a white crop top and blue jeans, is standing outdoors. She is wearing a black and white patterned face mask. A man, partially visible on the left, is wearing a light blue surgical mask and is administering a contraceptive injection into her upper arm. The background shows a residential street with a white building, a black car, and a large blue water tank. A woman in a green shirt is standing in a doorway in the background.

ENDING UNMET NEED FOR FAMILY PLANNING

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

WHY DOES UNFPA MATTER FOR 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

● An
● unwanted
● pregnancy
● can be the
● difference
● between
● life and
● death ●

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 women are seated in a row, focused on writing in notebooks. They are all wearing face masks. The woman in the foreground is wearing a pink and black patterned mask and a blue tank top. The woman next to her is wearing a yellow mask and a white shirt. The background is slightly blurred, showing more people and a green wall.

ENDING GENDER-BASED VIOLENCE AND ALL HARMFUL PRACTICES AGAINST WOMEN AND GIRLS

A group of bold women receives GbV information
for their empowerment in Women & Girls Safe Space
in San Félix, Bolívar State.
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THE 2021 STRATEGIC PRIORITIES FOR UNFPA IN 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.



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● **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.



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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.**



THE 2021 FUNDING REQUIREMENTS AND TARGETED PEOPLE OVERVIEW

- **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.

\$18,9 M
FUNDING
REQUIREMENT

900,000
TARGETED
POPULATION

Woman and her child are waiting at the Comprehensive Center for Attention to Children, Adolescents and Women (CAINNAM) of UNICEF and UNFPA, in San Antonio, Táchira State.
©UNFPA Venezuela

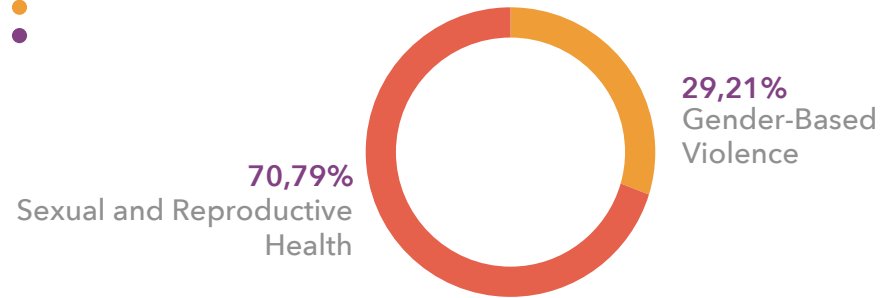
- **Gender-based Violence (GBV):**
- A total amount of \$7,791,459 is expected to save the lives
- and protect the right to live a life free from any form of
- violence of 115,392 people (91,735 women and 23,657
- men), most of them experiencing human mobility, in 2021.

\$7,79 M
FUNDING
REQUIREMENT

115,392
TARGETED
POPULATION

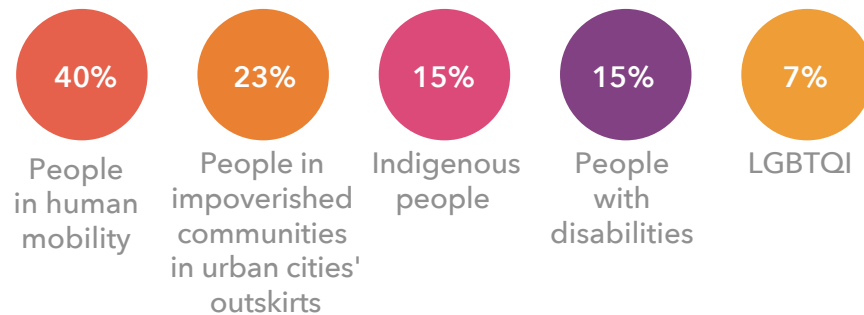
They are walking into an uncertain future with their dignity being protected. Community of Las Amazonas, border with Brazil, Bolivar State.
©UNFPA Venezuela

Distribution of required funds by programme area:



Leaving no one behind

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

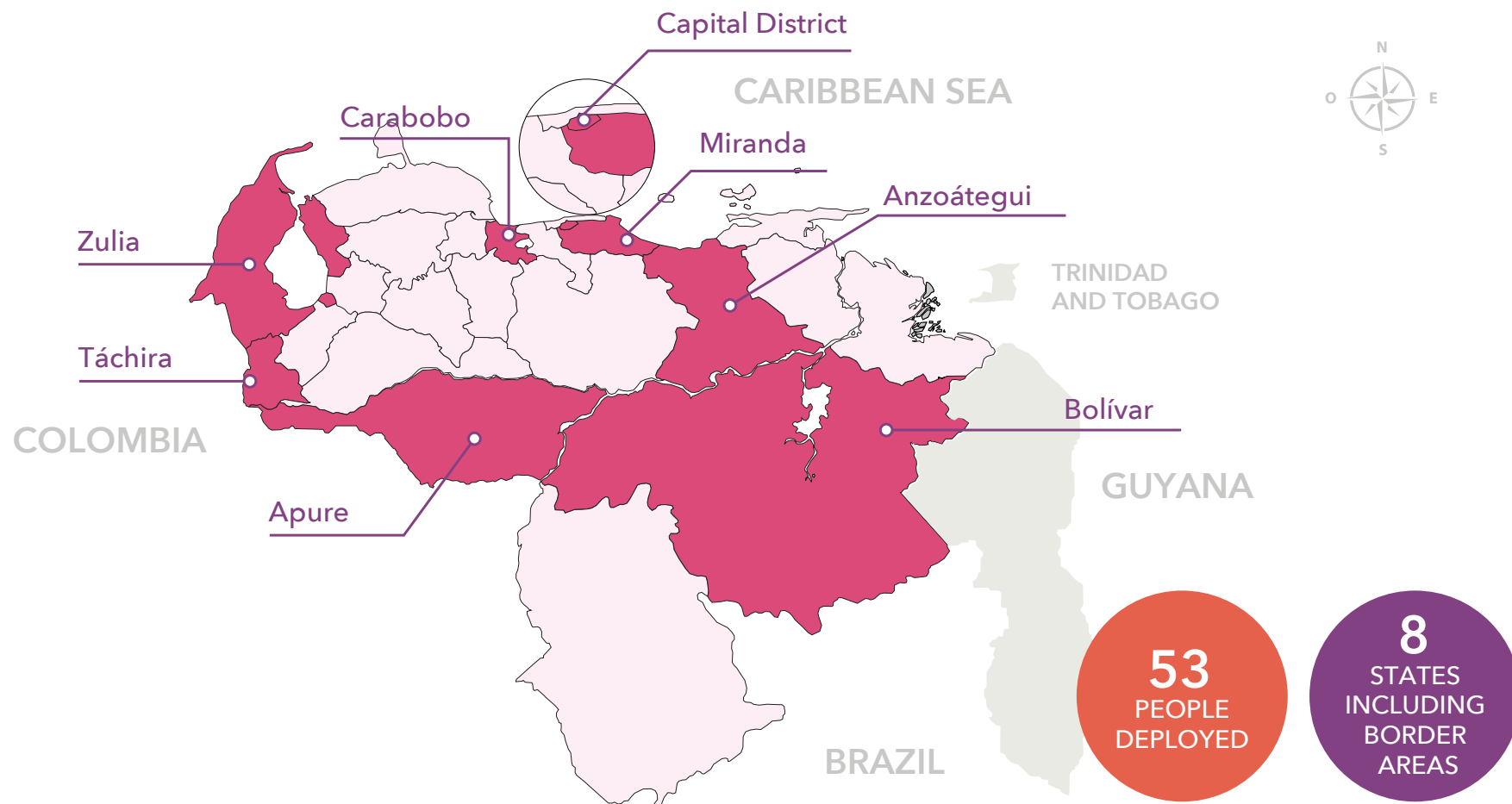


Some of the actions are expected to reach women deprived of liberty.



UNFPA IN ACTION: GEOGRAPHICAL COVERAGE AND OPERATIONS

- 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.





UNFPA WORKING MODEL IN VENEZUELA

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.
- Constant and sustained promotion of the Humanitarian Principles: Humanity, Neutrality, Impartiality and Independence.
- 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 Amazonas, Bolívar State.
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MAIN ACHIEVEMENTS

- 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.



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.



SERVICES DELIVERED

16 hospitals and 39 primary health centers

boosted with medical supplies.

3 centers'

infrastructures improved for the assistance of pregnant women.

4 hospitals

strengthened near the borderline for the clinical management of rape.

13 remote services

established for GBV case management, legal assistance, and psychological support.

1,167,260

different contraceptive methods distributed.

110,000

tests for HIV and syphilis dispensed.

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.
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**ENSURING
RIGHTS
AND CHOICES
FOR ALL**

WHAT IF... WHAT IF WE FAIL TO RESPOND

- 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 :

Photos ©UNFPA Venezuela



Every pregnancy is **WANTED**



Every childbirth is **SAFE**, and



Every Young Person's
POTENTIAL IS FULFILLED.

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