7,000,000
ESTIMATED NUMBER OF PEOPLE IN NEED

1,400,000
PEOPLE TARGETED

SITUATION OVERVIEW

Venezuela is facing a humanitarian crisis that is driven by ongoing political instability, a deteriorating socioeconomic situation and growing insecurity and violence. Almost all Venezuelans are affected by extraordinary hyperinflation and a collapse of real salaries, shortages of food and medicines, lack of education and health services, and deterioration of basic infrastructures including water, electricity and public transportation. Drastic reductions in production capacities in the agricultural, pharmaceutical and other sectors have further aggravated the limited availability of basic goods and supplies, in addition to the constant power cuts. While over 4 million people have decided to leave Venezuela, leading to the largest exodus in Latin America and the Caribbean’s modern history, most Venezuelans remain in their country.

The 2018 National Conditions Survey of Life (ENCOVI) estimates that in 2018 more of 94 percent of the population lived in a poverty situation and more than 60 per cent in extreme poverty. The consequences of the deterioration of the Venezuelan productive sector and the fall in the price of oil has significantly reduced the capacity of the State to export and import basic goods, increasing levels of poverty and vulnerability of large sectors of the population, with no indication that this trend will reverse anytime soon.

In March 2018, the United Nations, alongside NGOs and other humanitarian partners in the Coordination of Cooperation and Assistance Team (ECCA), estimated that 7 million people – about 24 per cent of the total population currently living in Venezuela – require some form of humanitarian or protection assistance in Venezuela. Therefore, in order to respond to the humanitarian needs of the Venezuelan population, IOM is appealing for USD 17.6M million to scale up its emergency response to support 1.4 million people affected by the crisis in the ten 10 Venezuelan states identified as humanitarian priorities: Amacuro, Amazonas, Apure, Bolívar, Carabobo, Delta, Distrito Capital, Miranda, Sucre, Táchira and Zulia from July to December 2019.

IOM APPEAL (USD)
(July - December 2019)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Shelter/Non-Food Items</td>
<td>2.1 M</td>
</tr>
<tr>
<td>Health</td>
<td>2.4 M</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
<td>9 M</td>
</tr>
<tr>
<td>Displacement Tracking</td>
<td>2 M</td>
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<tr>
<td>Protection</td>
<td>2.1 M</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>17.6 M</strong></td>
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SHELTER AND NON-FOOD ITEMS (NFI)

In the last year, due to the exacerbation of the crisis and worsening of living conditions in Venezuela, a worrying increase in the vulnerability of population on the move has been observed. The Venezuelan population currently arriving in temporary accommodation centres inside the country have greater humanitarian needs and require longer periods of stay than those in previous years. Additionally, many affected persons inside the country continue to walk long distances to border areas due to the impossibility to pay for any kind of transportation and basic items. In this context, the need to establish and run temporary accommodation centres and distribute NFI kits has become urgent to respond to protection threats against people on the move inside or towards outside the country.

In order to do so, IOM will contribute to increasing the target population’s access to safe housing through the establishment of six new temporary accommodation centres in localities that have been identified as critical in the states of Falcon, Anzoátegui, Bolivar, in the eastern part of the country. In addition, IOM will continue to support the improvement and maintenance of the six running centres in the three border states with Colombia: Zulia, Táchira, Apure, in coordination with local partners. Each centre will have the capacity to provide temporary accommodation to 200 individuals per day. Assistance to affected populations will also include the provision of three meals per day, primary health care and psychosocial support, as well as provision of life-saving information on critical protection-related needs such as documentation.

Further, the Venezuelan population also continues to face difficulties in accessing basic goods such as kitchen items, blankets, among others. Influx towards border areas continues, with new arrivals often carrying few possessions. The distribution of non-food items is therefore critical in ensuring that the population on the move maintain decent living conditions. To ensure affected populations have access to adequate housing, basic goods and supplies to live in security and dignity and to prepare and consume food, NFI kits will be provided paired with the temporary accommodation provision. The contents of the kits will follow national cluster guidance and technical standards contextualized to the local culture and harmonized with partners.

IOM’s maintenance of the centres will include infrastructure improvement and purchase of critical equipment such as generators, solar panels, basic furniture, kitchen equipment, among others. Additionally, IOM will build the capacity of local partners through trainings on provision and management of temporary accommodation assistance.

HEALTH

According to the Humanitarian Needs Overview (HNO) a significant number of Venezuelans have serious difficulties accessing health services in the country, including children, elderly and pregnant women (77%, 94% and 78% respectively). Even in places where hospitals, health centres and clinics still operate, the facilities are often significantly damaged and deteriorated and there is a lack of medicines, medical supplies and equipment. Furthermore, there is limited trained medical staff, as many have migrated to other countries due to low salaries and lack of other incentives. As a result, many medical facilities operate only a few days a week or provide only emergency first aid. In these circumstances, formerly eradicated diseases such as measles reappear and malaria is on the rise again, given that preventative activities, such as routine vaccination, are not available and diagnostic and treatment options are exceptionally limited. The National Survey on Living Conditions 2018 (ENCODVI) showed that general mortality increased 31 per cent between 2017 and 2018 and child-mortality 21 per cent in the same period.
IOM Venezuela aims to address the urgent health needs with a focus on highly vulnerable populations (e.g. children under five years of age, girls and young women, pregnant women, the elderly, and persons with disabilities). In order to do so, IOM will target up to 40,000 persons in four states, including Apure, Bolivar, Táchira and Zulia.

The projects will offer basic lifesaving primary health care services through Mobile Health Teams. These teams will also conduct health promotion and disease prevention activities, referrals to hospitals and epidemiological surveillance.

The Mobile Health Teams will be supported by a network of trained Community Health Workers (CHW). The CHWs will provide health education to community beneficiaries on a variety of topics to improve disease awareness, conduct community-based surveillance and support access to basic health care (through the Mobile Health Teams).

The Mobile Health Teams will also conduct health fairs and educational sessions on health issues, nutrition and psychosocial support and mental health wellbeing. Each Team will be multidisciplinary, comprised of seven members, one clinician with at least three years of experience in general medicine/public health, one gynecologist, one pediatrician, one mental health professional and three nurses. The team members will be composed of health professionals from the existing medical volunteers’ network of the Red Cross.

In addition, IOM will provide community-based mental health and psychosocial support (MHPSS) to affected populations, as part of the outreach services programme that will be carried out in selected Venezuelan communities. In order to do so, IOM will:

- Carry out MHPSS rapid needs assessments and mapping at selected communities, gathering data from target beneficiaries and key informants to better understand needs and resources at the community level, identify community stakeholders that will take part in activities and identify high risk populations that will require a more focused approach as well establish an emergency referral system and identify capacity gaps in the mental health services available to be addressed with future/parallel programs;

- Establish Psychosocial Mobile Teams in each location. The teams will be comprised of staff selected among both host and IDP communities, and will provide services either directly or by mobilizing identified community resources. With the objective to strengthen community and family networks and the beneficiaries’ psychosocial well-being, activities may include Psychological First Aid and relevant trainings, sensitization and psychoeducational sessions, creative, art-based and sociocultural activities as well as and sport and play.

- The teams will provide focused MHPSS services (individual and group counselling). This will be done directly by the team psychologist and through establishing referral pathways for those categories more at risk, as identified via the MHPSS assessments.

- Lay workers will be trained on MHPSS methods and all teams will be supervised by a technical supervisor, to strengthen their ability to provide effective support.

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**WASH, SANITATION AND HYGIENE (WASH)**

In Venezuela, access to drinking water is becoming more difficult for affected populations in terms of quality, quantity and continuity. Many sanitation services, including solid waste management, have collapsed, basic hygiene habits are not routinely practiced, and the lack of access to items such as soap, chlorine and sometimes gas hinders the promotion of hand washing and household-level water treatment. According to ENCOVI 2018, both in rural and urban areas, 17 percent of people living in poverty do not receive water or only

<table>
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<th>Funding required</th>
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<tr>
<td>Target no. of individuals</td>
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receive it every 15 days. The treatment of water and related quality control are not up to standards due to service cuts and decrease in capacity of water treatment facilities, making the distribution network of drinking water and household connections unreliable at all levels. Additionally, most Venezuelans have some difficulty in acquiring the most basic hygiene items, increasing health-related issues related to poor hygiene.

In order to increase access to water, sanitation and hygiene (WASH) services to the affected populations in Venezuela, IOM will provide family hygiene kits and items that will enable access to water to 1.4M affected individuals in the ten states identified as humanitarian priority in the Humanitarian Response Plan (HRP): Amacuro, Amazonas, Apure, Bolívar, Carabobo, Delta, Distrito Capital, Miranda, Sucre, Táchira y Zulia. To enable access to safe water at house level, IOM will distribute items for water collection and storage, as well as water purification tablets (chlorine-based), and water filters. Moreover, each family hygiene kit will include soap, water containers, basic hygiene items and tablets for water purification. The kits will also be inclusive of items to address Menstrual Hygiene Management (MHM) and items to maintain dignity of women and girls. Family kits will also contain items such as diapers and blankets for babies. The contents of the kits follow the national WASH cluster guidance and technical standards and will be tailored in accordance to the targeted groups’ needs.

The provision of such items will be essential to enable the behavioural changes encouraged through hygiene awareness activities. Therefore, IOM will carry out community sensitization and trainings on how to use all the items provided as well as systematic promotion of hygiene through campaigns and visual media.

### DISPLACEMENT TRACKING

Information on affected, and in particular displaced populations, is complex and difficult to obtain in Venezuela, particularly in many remote areas where access is more limited. In order to ensure a more robust and targeted response for the humanitarian community, IOM will implement its Displacement Tracking Matrix (DTM) program to provide key information and critical insights into the situation on displaced persons and population mobility in Venezuela. IOM’s DTM comprises a set of information management tools which are used to collect primary data and is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on site or en route. By providing updated information on the numbers, locations and needs of affected population in the ten targeted states, IOM will support informed humanitarian decision-making and prioritization.

Specifically, in coordination with the Government and partners in the country, IOM’s DTM will be established in ten states of Venezuela to regularly track and disseminate up-to-date data and information on human mobility and needs of the Venezuelan population to government authorities, UN Humanitarian Country Team partners, NGOs, and other relevant stakeholders. Information will be collected through key informants and aggregated to the state level. In Venezuela, the DTM products will include maps, dashboards, narrative reports and raw data which will be shared with humanitarian partners on a regular basis.

Similar data is currently being collected in other countries impacted by the Venezuelan crisis in the region, ensuring a regional perspective is integrated in the data analysis, including assessment of cross border needs and linkages in the movements of persons affected by the crisis.
The deterioration of the political and socioeconomic situation has seriously affected the capacity of national protection and social systems, thereby increasing the vulnerability of people with specific needs. Vulnerable populations have limited access to reliable information during their journey towards border areas or other states within the country, increasing protection risks such as human trafficking and gender-based violence (GBV). Female heads of household are especially affected by the crisis: the Venezuelan Observatory for Organized Crime and the Terrorism Financing (ONCDOFT, for its Spanish acronym) estimates that 72 percent of victims of trafficking in Venezuela are women and girls.

According to the US 2019 TIP report, the availability of specialized protection services to victims of trafficking was quite limited even prior to the crisis; despite the known trafficking of women, boys and girls from rural areas to urban centers for sexual exploitation and recruitment of Venezuelans for exploitation abroad. A growing body of research has shown that humanitarian crises may exacerbate pre-existing trafficking trends and give rise to new ones. In fact, Venezuelan victims of trafficking have been identified across the region including in Colombia, Peru and Ecuador.

In the current humanitarian context, in which the availability, access to and quality of specialized protection services have been reduced, IOM will provide specialized assistance to victims of trafficking and labour exploitation and/or other forms of abuse. IOM’s proposed activities contribute to the Protection Sector’s five strategic objectives. In particular, IOM will work with local authorities and local partners to:

♦ Trafficking in persons prevention activities. Due to the limited information on the current situation of trafficking in persons in Venezuela, IOM will conduct rapid assessments on forms and trends of trafficking in persons in the crisis affected populations, identifying vulnerability and risk factors and with victims’ profiles.

♦ Assistance to victims of trafficking. IOM’s counter trafficking teams will work closely with the temporary accommodation and health teams identify victims of trafficking and provision of direct assistance. In addition, IOM will collaborate with relevant protection partners to enhance identification mechanisms and referral pathways to specialized services such as GBV and child protection.

♦ Support to local actors as per the localization agenda and acknowledging the linkage of anti-trafficking responses across the humanitarian and development continuum, IOM’s efforts under this pillar will focus on capacity enhancement for local services providers to strengthen service delivery quality and coordination mechanisms for referrals. Local actors include governmental and non-governmental actors.

IOM IN VENEZUELA

IOM has long-standing presence in Venezuela and began its operations in 2004 with a main office in Caracas and two sub-offices in Maracaibo and San Cristobal as well as operational presence in border areas of Apure, Barinas, Merida, Zulia and Tachira states. Since the beginning of 2019, IOM has been scaling up its presence in the country, and the Mission is implementing activities aimed at providing life-saving assistance in the areas of shelter, NFI’s and food provision; resettlement of Colombian refugees; counter-trafficking; and voluntary return and reintegration programs. IOM works closely with all humanitarian actors, implementing partners, Government and other relevant actors in Venezuela. In addition, IOM has also established solid partnerships with local partners in Apure, Táchira and Zulia.

Beyond its presence in country, IOM has a strong presence in the Americas region, with a regional team coordinating the Venezuelan Regional Response in Buenos Aires, Argentina and Panama City, Panama.

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