

This Situation Report is produced by the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Cluster Coordination Group. It primarily focuses on the cluster response during July and August 2019.

HIGHLIGHTS

- The United Nations and other humanitarian actors continue to respond to humanitarian needs across the country. Among other achievements, more than 141,000 vulnerable people have accessed safe water between May and August 2019; almost 31,000 students benefited from educational activities in 291 schools in August 2019; in July and August 2019, 200,000 people benefitted from medicines and medical supplies, more than 17,400 people received specialized protection services and 50,000 people benefited from food security related activities, such as food distribution and production.
- The Humanitarian Coordinator visited the prioritized states of Zulia, Táchira and Bolivar and presented the [Humanitarian Response Plan](#) to local actors. A greater understanding of humanitarian needs was obtained, achievements of the ongoing response were verified and, together with the humanitarian community, the challenges of expanding activities were identified.
- Coordination is being strengthened at the sub-national level, with the establishment of field coordination hubs in Caracas, San Cristobal, Ciudad Guayana and Maracaibo. In August, 48 humanitarian actors were trained in coordination and humanitarian principles in Ciudad Guayana and Caracas.
- The Emergency Relief Coordinator, Mark Lowcock, approved an allocation of US\$10 million from the [Central Emergency Response Fund \(CERF\)](#) for Venezuela, in support of the Humanitarian Response Plan, with a focus on health, nutrition, protection, and water, sanitation and hygiene.
- On 19 August, during the celebration of World Humanitarian Day, the Humanitarian Coordinator in Venezuela made a [statement](#) in which he highlighted the importance of humanitarian principles and the protection of aid workers: "It is essential that everyone who provides humanitarian assistance is respected and can work in a protected environment."
- To date (as of 6 October 2019), the Humanitarian Response Plan has received 14 percent of the US\$223 million needed for its implementation.

Coverage of Field Coordination Hubs



Source: OCHA

Humanitarian Response Plan: Key figures

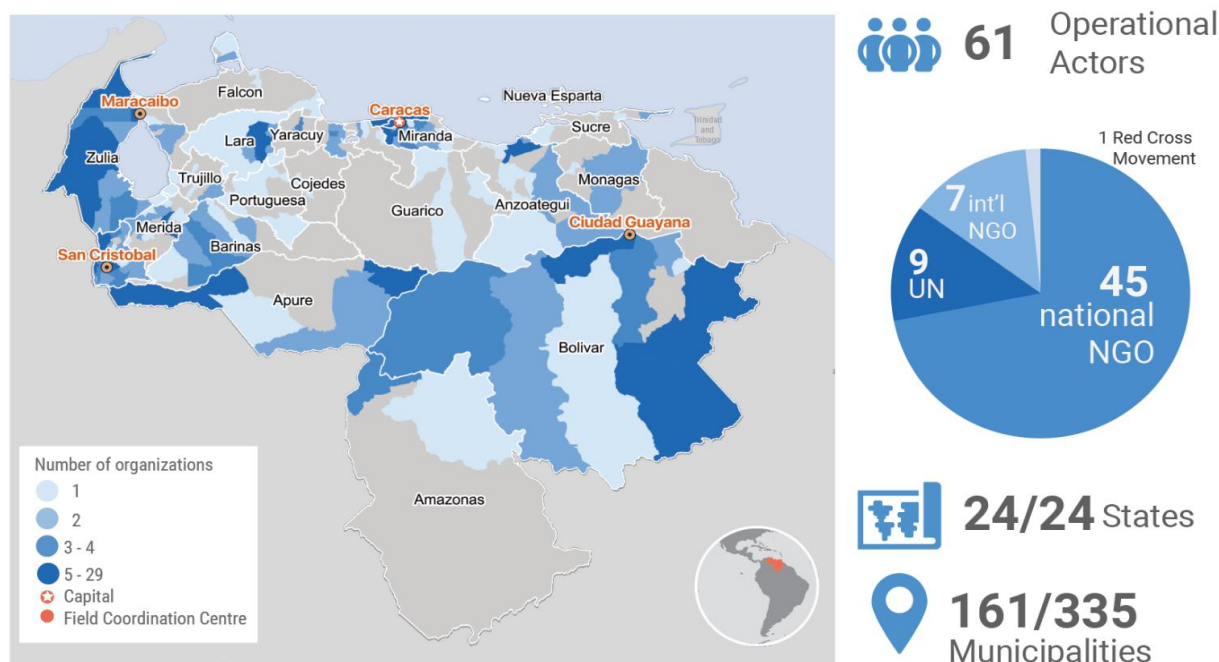
<p>7M People in need of humanitarian assistance</p>	<p>2.6M Target population of the Humanitarian Response Plan 2019</p>	<p>US\$223M Funds required to implement the Humanitarian Response Plan 2019</p>	<p>14% of funds required have been received to date (as of 6 October 2019)</p>	<p>98 Projects in the Humanitarian Response Plan 2019</p>
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SITUATION OVERVIEW

- The local authorities in the city of San Antonio, from where it is possible to cross into Cucuta, Colombia, indicate that the population has increased by 80 percent, with some populations living in crowded conditions in warehouses. In addition to people crossing to emigrate to Colombia or other countries in the region, there are people who move to San Antonio or other parts of Táchira in search of cross-border economic activity and assistance. Local authorities also report that some 50,000 people arrive daily from different parts of Venezuela, including the east of the country, to buy essential goods and medicines in Colombia, before returning to their areas of origin. The scale of this trend has increased and is due to the lack of availability of some goods, especially medicines, but even more so due to the unaffordability of many goods despite recent improvements in supply. The trip is also an opportunity to buy additional items that can be resold in Venezuela. These population movements to the border areas, where there is presence of irregular groups and a lack of information for migrants, create protection risks, including exploitation, trafficking and abuse.
- The Venezuelan population continues to face difficulties in accessing basic services such as water, electricity and gas. Information from the field coordination hubs indicates that access to water services is particularly difficult in Maracaibo and Ciudad Bolívar. In several areas, daily blackouts are reported, such as in San Cristobal and Maracaibo.
- According to the National Survey of Hospitals from the Doctors for Health Organization, between November 2018 and July 2019, there was an improvement of 6.4 percent in the supply of basic medical items in emergency and operating rooms. This improvement can be explained by the distribution of the IEHKs (Interagency Emergency Health Kits) delivered by humanitarian organizations. During the Humanitarian Coordinator's visit to hospitals in Tachira, Zulia and Bolívar, it was clear that humanitarian support to these health centers has been essential in maintaining emergency services; however, a lot remains to be done to meet the scale of needs of the affected population. Many health centers are impacted by a lack of water and electricity, by the departure of many health workers from the country, and by the scarcity and deterioration of supplies and equipment.
- According to the [Crop Prospects and Food Situation](#) report published on 19 September by the United Nations Food and Agriculture Organization (FAO), Venezuela is one of the 41 countries worldwide that need extreme food aid. The report explains how hyperinflation has eroded local purchasing power, generating significant barriers for households to access food, whilst at the same time, a decrease in cereal production is expected due to the lack of agricultural inputs.

Operational Humanitarian Presence in Venezuela (August 2019)

The following infographic includes humanitarian actors who report to the 3W tool, including those who do not have projects in the HRP.



Source: OCHA, 3W

FUNDING¹

- According to the [Financial Tracking Service \(FTS\)](#), as of 6 October, US\$31.3 million of the US\$223 million required for the implementation of the Humanitarian Response Plan 2019 (14 percent) have been received.

Humanitarian Response Plan Funding



\$222.7M
funds required



14%
funding coverage

- According to the FTS, US\$68.3 million were received for humanitarian activities either before the publication of the Humanitarian Response Plan or to organizations that do not have projects in the Plan (such as the International Movement for Red Cross and Red Crescent Societies).



\$31.3M
funds received



Source: Financial Tracking Service (FTS)

- On 5 September, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock, approved an allocation of US\$10 million from the Central [Emergency Response Fund \(CERF\)](#) for Venezuela, as part of the underfunded emergency window. These funds will scale up the humanitarian response in the health, nutrition, protection, and water, sanitation and hygiene clusters, with the latter focused on health centers. The projects will mainly focus in three border states, Bolivar, Zulia and Tachira, where there is limited service provision, high levels of human mobility, and significant protection risks. Some additional states have been included to maintain existing support to critical services in health centers.

HUMANITARIAN RESPONSE



Health

Needs

- Since the beginning of the year until 3 August, 384 suspected cases of diphtheria were reported, with a case fatality rate in confirmed cases of 12.3 percent. In this context, it is essential to continue a mass vaccination campaign to control the disease.
- Since January until 29 June, a total of 214,021 cases of malaria have been reported, including 133,078 cases in Bolivar, 38,947 cases in Sucre, and 20,401 cases in Amazonas. It is important to strengthen prevention activities and control the spread of malaria cases in those states.
- The measles outbreak has been progressively controlled. In 2019, up to 20 July, no deaths have been reported. In the same period, there have been 417 confirmed cases, representing a marked reduction of 91.5 per cent compared to the same period in 2018 (4,920 cases).
- In the cities of Maracaibo, Barquisimeto, Valencia, San Cristobal, Barcelona and Ciudad Bolivar, water borne diseases have been reported. A strategy is needed the prevention of these diseases within communities that suffer from safe water shortages.
- Due to intermittent supply of water services in hospitals and a shortage of cleaning and hygiene supplies, there is a risk of increased infections associated with sanitary care. It is necessary to strengthen water and sanitation in hospitals to prevent and respond to the risk.

200,000

People benefiting from medicines and medical supplies in 14 specialized centers in July and August 2019

Response

- Some 14 specialized centers close to the border with Colombia, Brazil and Guyana were equipped with 84 emergency medical kits, 200 basic units of medicines, enough for 200,000 people for three months, and 2,544 packages of medical-surgical material, for a total of 813,890 units of medications and medical

¹ Humanitarian partners can report funds received to FTS on a template that can be downloaded here: <https://www.humanitarianresponse.info/en/operations/venezuela/document/plantilla-fts>

supplies. This will contribute to emergency care as part of the specialized outpatient network.

- Three regional blood banks were supported with the delivery of 260 serological marker kits for the detection of seven infectious pathologies, enough for a total of 27,840 diagnoses and approximately 15,000 patients.
- About 85 health workers have been trained in the incident command system in three hospitals in the Capital District (JM de los Ríos, University Clinical Hospital and Maternity Conception Palacios).
- About 67 health workers from Delta Amacuro state and 72 health workers from Sucre state have participated in training on diagnosis, treatment, research and response to malaria. In these states, the plan to reduce maternal morbidity and mortality from malaria has also been implemented. In El Callao, Bolívar State, approximately 2,200 people received long lasting insecticidal nets.
- A risk matrix for yellow fever has been developed at the municipality level and a prevention plan at the national level has been put in place. In municipalities where yellow fever rumors or confirmed cases have been reported, preventive vaccination campaigns have been carried out.
- Contingency plans for electricity cuts have been supported in states that suffer from regular outages, with the aim of ensuring the adequate conservation of vaccines and cold chain maintenance.
- More than 3.9 million doses of bivalent oral polio vaccine and 124,479 doses of inactivated polio vaccine were delivered as part of a national campaign. As of August, 3,113,602 children under five had been vaccinated. Additionally, transportation support was provided to facilitate the distribution of these vaccines from the national central vaccine cold room to 24 regional cold room facilities, including in areas along the Brazilian border with difficult access. The campaign was accompanied by communication, information and education materials.

Gaps

- There is a need to respond to a possible shortage of primaquine and rapid diagnostic tests for malaria during the last quarter of 2019.
- It is necessary to ensure the operational capacity of health facilities, with a continuous supply of drugs and goods and continuous essential service provision (water, electricity, solid waste disposal).
- The continuing fuel shortage in many areas is directly impacting the logistics of the health response.
- In addition to responding to immediate needs, actions that contribute to the strengthening of health systems and services should be put in place so as to gradually improve the provision of routine health services in a sustainable manner.
- There is a need to develop a reference list of basic and priority medicines, supplies and equipment according to the type of establishment that is appropriate to the Venezuelan context.
- Efforts should continue to strengthen emergency rooms in Venezuelan hospitals so as to ensure healthcare for the population, especially the most vulnerable groups.
- There is a need to improve the management of key health information and data so as to facilitate appropriate assessments and improve the response to health facilities throughout the country.

Nutrition

Needs

- A high number of pregnant and lactating adolescent women are experiencing low maternal weight due to inadequate feeding, which is associated with a future risk of premature birth, low birth weight, and low levels of breastfeeding. These women require nutritional care services, mainly micronutrient and dietary supplementation.

Response

- In August 2019, 5,279 children aged 6 to 59 months and pregnant and lactating women received micronutrient supplementation in 12 states (Anzoátegui, Apure, Bolívar, Capital District, Guárico, Lara, Mérida, Miranda, Portuguesa, Táchira, Yaracuy and Zulia).
- Some 827 children under 5 years of age with moderate and severe acute malnutrition, with and without complications, were admitted and treated in the health centres supported by cluster partners.
- Some 7,991 children under 5 years of age and pregnant and lactating women benefited from deworming treatment.
- Some 2,345 children aged 6 to 59 months at risk of acute malnutrition received nutritional supplementation as a preventive measure, along with counselling for parents on adequate feeding for their babies in the first 1,000 days of life.

5,279

Children aged 6-59 months and pregnant and lactating women received micronutrient supplementation in 12 states in August

Gaps

- There is a need to coordinate the network of hospitals to refer cases of severe acute malnutrition with complications that have been identified in the outpatient centers where partners are implementing projects.
- Additional training on nutritional interventions and treatment of cases of acute malnutrition in emergencies, including international protocols, is needed for the staff in health centers and of humanitarian partners in general.
- There is still a lack of data to determine the nutritional situation in the country and plan the management of the humanitarian response more efficiently.
- Medical and care personnel continue to leave the country, taking with them much needed capacity, including experience to prevent and respond to the nutritional and medical conditions of people in the health centers in which they worked.
- The lack of funds required for the implementation of the Humanitarian Response Plan 2019 has resulted in the postponement of initial activities of many nutrition cluster partners, jeopardizing progress in meeting key objectives.
- For different reasons, in Venezuela, pediatricians are more in favor in the use of milk formula, which in turn discourages breastfeeding, and in practice is not sustainable due to the high cost of formulas for most families. Health workers must continue to be trained to change these negative practices, with breastfeeding further encouraged as the most optimal measure to combat malnutrition.
- Partnerships with private clinics and large outpatient centres are needed to provide nutritional care, including management of acute malnutrition.

Protection

Needs

- The availability, access and quality of specialized protection services are limited, with the most vulnerable requiring greater attention and support. People with specific needs include survivors of gender-based violence (GBV), girls and boys at risk, people at risk of statelessness, indigenous people, LGBTI (lesbian, gay, bisexual, transgender, intersex) people, displaced people, people with HIV, older adults and people with disabilities.
- Due to the humanitarian situation, the capacity of parents and caregivers to protect and care for their children decreases, leading to increased levels of psychological distress in the family unit and also the adoption of negative coping strategies such as child labour and sexual exploitation. According to partners, there has been an increase in cases of child trafficking and sexual exploitation, especially in border states with a concentration of indigenous populations. The availability of integrated and specialized programs for children at risk of violence, exploitation and abuse remains a critical need, especially for survivors, children living on the streets and unaccompanied and separated children.
- Vulnerable adolescents and women, including those in mobility, require items (dignity kits) that are essential for improving their quality of life. These supplies assure feminine hygiene and represent an opportunity to provide information on access to services.

17,495

Women, men, girls, boys and adolescents received specialized protection services in July and August 2019.

Response

- In July and August 2019, some 3,058 persons received specialized protection services, including legal and psychosocial support. Out of the total, 45 per cent were women, 27 per cent men and 20 per cent boys and girls. Sucre and Zulia were the states with the highest number of people assisted in the reporting period.
- Some 1,460 vulnerable girls and boys (41 per cent girls and 59 per cent boys), including survivors of gender-based violence and separated and unaccompanied children, received integrated protective care services. 7,851 girls and boys (48 per cent girls and 52 per cent boys) participated in individual and/or group psychosocial support activities in community centres or friendly spaces. Miranda and Bolivar were the states where most assistance was provided.
- Some 5,126 people received services to prevent and respond to gender-based violence in the states of Bolivar, Táchira, Zulia, Apure, Capital District and Lara. 4,534 adolescents and women of reproductive age were assisted with dignity kits. Furthermore, 592 survivors had access to psychosocial support services, legal assistance, and case management services. The majority of survivors receiving services were women aged 20 to 49 (96.4 per cent), followed by adolescent women aged 15 to 19 (1.9 per cent) and girls aged 10

to 14 (1.1 percent); while 0.6 percent of cases were reported by men aged 18 and older.

- In July and August, 2,228 people in different communities received information on protection issues, including pathways to care and services and on human rights. Out of the total, 43 per cent were women, 16 per cent men and 37 per cent boys and girls. Amazonas and Táchira were the states with the highest concentration of people sensitized on protection issues.
- Awareness-raising and training activities were organized for 11,632 people (18 per cent girls, 22 per cent boys, 42 per cent women and 18 per cent men), in order to increase the capacity of communities to respond to child protection issues. The states where most people participated were Táchira and Miranda.
- Some 3,409 people participated in community sensitization days on the prevention of gender-based violence, of which 2,753 received sensitization on gender-based violence and 87 people received sensitization on sexual and reproductive rights. In addition, 569 women were trained as community promoters in identifying and safely referring gender-based violence response. 54 per cent of people participating in community activities were women, 23 per cent were men, and 23 per cent were girls and boys.

Gaps

- Many people on the move are not adequately informed of the risks associated with it, including the risk of becoming victims of trafficking and/or sexual/labour exploitation. Many humanitarian organizations have identified the need to increase capacity and knowledge in the management of trafficking and smuggling cases, including child protection approaches in emergencies.
- The deterioration of public transport infrastructure, coupled with limited access to fuel, especially in communities in Apure, Bolivar, Táchira and Zulia, is impacting access to and the quality of gender-based violence response services. Additionally, intermittent funding is an obstacle to ensuring the continuity of gender-based violence response and mitigation services.

Water, Sanitation and Hygiene

Needs

- There are fewer electricity and water outages in the Capital District, whilst services in other states remains limited. Water supply problems are affecting the most vulnerable people in communities and also impacting other critical services such as health and education.
- There are concerns over the quality of water supplied, due to the lack of capacity (in terms of staff, testing agents, materials) of water analysis laboratories, and insufficient chlorine in the country.
- The Venezuelan population is mainly concentrated in urban areas, so these areas are prone to scarcity due to the deterioration of the water system network and regular power outages affecting both water treatment plants and pumping stations.
- Access to water appears to be the greatest challenge, with many communities receiving water less than once every eight days, disproportionately affecting the most vulnerable populations such as girls and boys, pregnant and lactating women, and the elderly.

141,125²

Vulnerable people provided with access to safe drinking water between May and August 2019

Response

- From May 2019 until the end of August, 141,125 vulnerable people were provided with access to safe water. Of this number, some 78,000 people were supplied through water trucking, 10,000 through the rehabilitation of water systems, and some 53,000 people received supplies that allow them to treat water at home. Furthermore, over 1,000 family hygiene kits were distributed, with families also receiving hygiene promotion sessions.
- During the same period, 75 health and education institutions received WASH services (45 health and 30 educational). The activities focused on water supply through water tank distribution and system rehabilitation. Efforts also focused on hygiene promotion activities. It is estimated that, in health structures, just over 4,000 people benefited from these activities, and over 1,400 people in educational centres.
- All activities have been concentrated in Bolivar, Capital District, Miranda, Táchira, Zulia and Apure. In total

² This figure is lower than the key figure in the previous situation report because it does not include vulnerable people reached through support in WASH services to health and education institutions.

there are approximately 23 organisations working in the WASH cluster.

Gaps

- The gaps remain enormous to meet WASH needs, with the 141,125 people that have received safe water representing only 8 percent of the target population of the Response Plan (1,713,318). The 75 health and educational institutions covered represent only 2 percent of the Plan's target of 3,719 units. In terms of people accessing basic hygiene products and information and household water treatment and conservation, only 6,146 have been assisted, out of the 3,496,388 targeted in the Plan.
- The biggest challenge is lack of funds, which prevents the start of activities, recruitment, and the strengthening of logistical capacities.
- Another challenge is related to access limitations to certain areas during the rainy season, especially in the eastern part of the country (Amazonas, Delta Amacuro and Bolivar), because of the characteristics of the area, such as access by unpaved roads). There are also access challenges related to insecurity, especially in border areas, and in the mining areas in the state of Bolivar.
- The lack of gasoline and high inflation similarly impact the cluster's operations.

Food Security and Livelihoods

Needs

- The National production of basic food (mainly maize) is at risk for the 2020-2021-harvest season, as current production of seed does not meet the demand for the required 1.4 tonnes of maize seed per year.
- Climatic conditions could be affected by the El Niño phenomenon, which generally increases the likelihood of dry conditions. Prolonged dry conditions are expected to affect Venezuela in coastal areas (Lara, Trujillo, Merida) by the end of 2019. This could affect the sowing and production of the final 2019 seasons of maize and secondary rice crops.

50,000

People in 23 communities and 8 states benefited from food security activities such as food distribution and production in July and August 2019.

Response

- Starting in July, agricultural production and food and nutritional security were increased, through a resilience approach in vulnerable rural areas in 12 communities in the states of Portuguesa, Trujillo and Merida. This has been achieved through the establishment of "productive family units" (the organization of family members to develop projects aimed at satisfying their needs and those of the communities) and a technical assistance mechanism.
- The productive capacity and livelihoods of 1,500 small producers affected by flooding in the communities of Guasdalito, El Amparo, Chorrosquero in the state of Apure were restored through the distribution of assets, training, technical assistance and support to family farmers in food and nutritional security.
- In July and August, seeds were purchased for 8,500 small producers (60 percent of short-cycle vegetables and legumes and 40 percent of cereals) as well as other supplies such as pest controllers, fertilizers, etc. These activities were focused in 18 priority communities of vulnerable family farmers in the states of Portuguesa, Trujillo, Barina, Lara, Falcon, Miranda and Merida. In August, short-cycle seeds and basic varieties of food crop were distributed.

Gaps

- There is a need to strengthen the cluster's response capacity and mobilize more resources to respond to the scale of needs.
- There is a need to support people on the move in the country, as well as host communities in border areas, including improving food and nutrition security and access to water, in addition to increasing income opportunities by boosting local food production.
- Since the beginning of May there have been fuel shortages in the country, with different levels of intensity in some states, which can also impact the logistics of distributing food and supplies.

Education

Needs

- According to different sources such as the Venezuelan Observatory for the Right to Education, and the Venezuelan Teachers' Union, the migration of qualified teachers is impacting the quality of education in the country. At the end of the 2018-2019 school year, the 200-day target required by law was not met due to limitations in access to basic services. Overall, the school calendar decreased by 71 days, bringing the total to 129. Rural populations were the most affected.
- According to partners, there is a high school dropout rate in indigenous communities, due to the inability of families to cover the purchase of school supplies and transportation.

30,098³

Students benefitted from support to 291 education centres across 15 states in August 2019

Response

- In August 2019, 12 Education Cluster partners supported 291 schools serving 30,098 girls and boys in 15 states (Amazonas, Anzoategui, Apure, Aragua, Barinas, Bolivar, Cojedes, Capital District, Guarico, Miranda, Monagas, Tachira, Trujillo, Vargas and Zulia) with various educational activities
- The main activities implemented by the Education Cluster partners, in the order of number of people reached are (non-exhaustive list): 1) school feeding programs reaching 14,122 girls and boys; 2) the implementation of recreational spaces outside school hours, which promote a culture of peace and coexistence, reaching 8.927 girls and boys; 3) the delivery of school kits reaching 4,459 girls and boys; 4) non-monetary incentives to teachers during the vacation plans of "open schools" benefiting 887 teachers; 5) the development of psychosocial support and emotional learning activities benefiting 611 girls and boys; and 6) the implementation of school reinforcement activities benefiting 495 girls and boys.

Gaps

- There is humanitarian presence in 15 of 24 states throughout the country, however, there is a greater number of humanitarian organizations and municipalities covered in the states of Zulia, Miranda, Capital District, Bolivar and Tachira, whilst in other states, the presence is limited, covering few municipalities.
- Prior to the start of school year in September, there has been coordination with national and local education authorities, in collaboration with cluster partners at the sub-national level, to monitor needs, such as trends in teacher migration or absenteeism, the reduction in enrolment, irregular class attendance, the reduction of school hours limitations in school feeding programmes, the lack of teaching and learning materials or other relevant aspects of the country's school system, in order to better respond to these challenges.

Shelter, Energy and Non-Food Items

Needs

- During a recent field visit by the Shelter, Energy and Non-Food Items (NFIs) Cluster to Apure, Táchira and Bolivar, vulnerable populations were identified living in low-quality housing and/or in high-risk areas prone to landslides or flooding. Due to large movements of people, informal settlements have been established, many of which are precarious, such as in the Turiba area in Bolivar. Some people also live in overcrowded conditions (Tachira-Boca de Grita, Bolivar-Guaramo) and require NFIs such as kitchen utensils, mosquito nets, plastic tarpaulins and solar lamps to support them in meeting their basic needs.
- People and families in transit in the municipalities bordering Brazil and Colombia are also vulnerable, with many provisionally sheltered in transit houses that do not meet the minimum shelter requirements recommended by the Global Shelter Cluster (floor material, walls and roof in a precarious state, and no access to the national electricity network). As a consequence of the reduced economic capacity of these families and the costs of these shelters, some of them are forced to spend the night in public spaces that are not protected from adverse weather conditions and, in general, from insecurity.

10,614

People received NFI supplies in July and August 2019

³ This figure is lower than the key figure in the previous situation report because it is a monthly response figure, during a vacation time.

- In areas prone to landslides and/or flooding, many houses are at risk and are affected by climatic events (for example, in Puerto Paez, where the river level rose to two meters high and affected several homes). Some homes are built with inadequate materials that do not withstand the impact of adverse weather conditions (rainy season, strong winds and storms). The home insulation to protect against bad weather in many of the municipalities visited have cracks, holes, are deteriorated, or built with inadequate materials. These conditions sometimes force affected populations to move from their area of origin.
- Some indigenous communities are also affected in terms of shelter due to challenges in accessing their lands due to mining and logging, such as the Jivi or Yanomanis in Puerto Ayacucho, Amazonas State.

Response

- In July and August, various shelter activities were implemented, such as equipping and improving infrastructure of collective/communal reception centres and individual housing. A total of 4,331 people (41 per cent women, 21 percent men and 38 per cent boys and girls), in different localities in the states of Apure, Miranda, Tachira and Zulia, benefited from these activities.
- In July and August, more than 41 households were supplied with solar lamps and more than 602 households received basic Non-Food-Items, benefiting a total of 10,614 people.

Gaps

- There is not enough available information to provide a baseline of shelter needs.
- The number of Shelter Cluster partners is limited and some local organisations have limited technical capacity and ability to implement at scale. More efforts are needed to identify new Cluster partners.
- Access restrictions due to fuel shortages or insecurity have impacted the ability to respond to some vulnerable populations.

Coordination

- Following the publication of the [Humanitarian Response Plan \(HRP\) 2019](#), on 14 August, the Humanitarian Coordinator visited some of the priority areas for humanitarian response in the states of Zulia, Táchira and Bolívar. During the missions, the HRP was presented to local actors and a greater understanding of humanitarian needs was obtained, achievements of the ongoing response were verified and challenges scaling up activities were identified.
- Following the activation of coordination mechanisms at the national level, coordination at the sub-national level is being strengthened with the establishment of field coordination hubs in Caracas, San Cristóbal, Ciudad Guayana and Maracaibo. In August, capacity building sessions on humanitarian coordination, humanitarian principles and the humanitarian programme cycle were organized for 48 actors in Ciudad Guayana and Caracas.
- Clusters are also being established at the sub-national level. In the field coordination hub in San Cristobal, sub-national Clusters for WASH, nutrition, education, shelter, energy and NFIs, and protection, including the two Areas of Responsibility (AoR) for child protection and Gender-Based Violence, were activated. In the field coordination hub in Ciudad Guayana, sub-national clusters for WASH, nutrition and protection, including the two AoRs, were activated. In the field coordination hub in Maracaibo, the sub-national WASH cluster was activated. Other sub-national clusters are being activated based on needs and operational presence of partners. In addition, the national logistics cluster, temporarily led by OCHA, will become operational in October.
- Efforts are ongoing to strengthen coordination tools and the transparency of humanitarian action, with Venezuela included in the [Humanitarian Response website](#).
- The Humanitarian Country Team and the Inter-Cluster Coordination Group are working on updating the humanitarian needs overview, undergoing needs assessments in the field to inform the prioritisation and planning for 2020.

Common operational challenges

- Funding is urgently needed to maintain and further scale up the response, with many partners reporting critical and time-sensitive funding gaps.
- There continue to be gaps in primary information on needs in all clusters, with efforts currently underway to collect more data.
- Logistical challenges related to delays in the importation of some supplies, availability of transport and fuel and electricity shortages, among others, have impacted the response.
- There is a need for more operational capacity, including the presence of more international NGOs.
- A greater understanding of principled humanitarian action is needed among key stakeholders and is a priority in order to foster more acceptances and to facilitate access.

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