

# VENEZUELA

## Humanitarian crisis

The economic crisis in Venezuela has led to a deterioration of the humanitarian conditions and increased humanitarian needs. Import restrictions and hyperinflation reduce availability and access to basic goods and services. The economic crisis is exacerbated by a political crisis revolving around the erosion of democratic institutions. While the number of people in need in Venezuela and the severity of need is unclear due to lack of data, surveys conducted by local organisations point to an increasingly dire situation. Migration to other countries in South America, particularly Colombia and Brazil, has significantly increased since 2017 and the host countries are increasingly struggling to receive these arrivals. Over one million Venezuelans are estimated to live in Colombia, up from some 300,000 in mid-2017. Priority needs of people affected by the crisis inside Venezuela include food, health, nutrition, and protection. Many migrants from Venezuela hosted by countries in the region also face growing humanitarian concerns, particularly protection and shelter needs.

### Humanitarian constraints



The government largely denies the scale of humanitarian needs and restricts access for international humanitarian organisations.

### Key priorities



#### Shortages of basic goods and services



#### Disease outbreaks of communicable diseases



#### Protection concerns Violence and family separation

### Anticipated scope and scale

Due to a significant lack of data it is unclear how humanitarian needs vary across the country, both by severity and geographic distribution, particularly urban-rural. The situation is likely to deteriorate and existing needs are likely to intensify as the economic crisis is expected to deepen and political grievances are unlikely to be resolved. Following the recent elections on 20 May, small to medium-scale protests against the government are likely, as are further protests related to shortages of basic goods and services. In the countries hosting migrants from Venezuela, assessment results so far indicate significant humanitarian needs among the migrant population. Further migration out of Venezuela is expected due to the deepening crisis, which will place additional pressure on local response capacities in those countries.

### About this report

The government largely stopped releasing official data in 2014. However, there are unofficial surveys to assess the socio-economic and humanitarian situation in the country. The ENCOVI survey (Encuesta Sobre Condiciones de Vida en Venezuela) is conducted by three universities and annually assesses the socio-economic conditions in Venezuela. Conducted with random sampling, it is considered to be representative for the Venezuelan population in general. In 2017, 6,168 households were surveyed in 22 of 23 states. The National Hospital Survey surveys hospitals and provides data on the availability of health services. In 2018, 134 hospitals in 22 states were surveyed. The representativeness is unclear. Caritas regularly assesses the nutrition situation in a select number of states, which provides some localised but not generalisable information.

### Table of content

Crisis impact .....	3
Aggravating factors .....	6
Contextual information .....	6
Response capacity .....	8
Information gaps and needs .....	8
Migration from Venezuela to other countries .....	9



Source: Crisis Group 21/03/2018

## Crisis impact

The economic and political crisis in Venezuela has driven displacement to neighbouring countries and humanitarian needs within Venezuela, the exact scale of which is unknown due to the significant lack of data. Hyperinflation and price increases reduce access to food, medicine, and other basic goods, while the general availability of goods is hampered by import restrictions. In 2017, prices in Venezuela increased by 2,616% (Reuters 08/01/2018).

Official data on the socio-economic and humanitarian situation of Venezuelan households is largely unavailable, but studies by local organisations indicate a deterioration of the overall socio-economic conditions. The information consulted indicates that key needs within Venezuela include food, health, nutrition, protection, and education.

The ENCOVI survey, conducted by three universities, annually assesses the socio-economic situation of households across the country. In 2017, 6,168 households were surveyed in 22 of 23 states. The National Hospital Survey is conducted by a local NGO and the opposition-controlled National Assembly and provides data on the availability of health services. In March 2018, 134 hospitals in 22 of 23 states were surveyed. Lastly, Caritas regularly conducts assessments of the nutrition situation in a select number of states. The sectoral analysis in this briefing note further uses anecdotal evidence from news reports.

In addition to data from within Venezuela, one of the strongest indicators of deteriorating conditions is the massive exodus of Venezuelans to live abroad. IOM estimates that as of the end of 2017, 1.6 million Venezuelans were living outside of Venezuela. This is up from an estimated 700,000 in 2014 (IOM 04/2018).

## Migration

The crisis has prompted millions of people to leave Venezuela. UNHCR notes that Venezuelans leave their country of origin for a variety of reasons, including political persecution and shortages of food, medicine, and other essential goods, and may be in need of international protection (UNHCR 13/03/2018, UNHCR 03/2018). Worldwide, asylum applications of Venezuelans have spiked: in 2014, just over 4,000 Venezuelans applied for asylum, whereas in 2017 over 94,000 asylum petitions were filed (UNHCR 13/03/2018).

According to a poll by the US company Gallup, 41% of people interviewed in 2017 stated they would like to leave Venezuela if they could. This figure was below 15% in polls until 2014 but it has steadily increased since (Gallup 06/03/2018).

Survey results in countries hosting migrants from Venezuela confirm that there are multiple reasons for leaving Venezuela. The reasons differ depending on the

country where the survey took place and the source of information. 90% of migrants surveyed in the Colombian departments of Norte de Santander, La Guajira, and Arauca named food shortages as a reason for leaving, while 82% also named lack of work, 54% named difficulties to acquire medicine, 49% named insecurity and generalised violence, and 15% named fear of persecution (UNHCR 02/2018).

Among migrants from Venezuela surveyed in Roraima state, Brazil, which neighbours Venezuela, 67% named lack of work, 22% named lack of access to food and medical services, and 7% named insecurity and violence as reasons for leaving Venezuela (IOM 27/04/2018).

Among Venezuelan migrants, in Peru, 58% had left Venezuela due to economic reasons, 11% because of lack of work, 10% because of insecurity and violence, and 8% because of food and medicine shortages (IOM 09/03/2018).

## Food

Most of the food supply in Venezuela is imported and prices in supermarkets are controlled by the government. The government-aligned military directs the distribution of basic food, so called CLAP boxes, through local provision and production committees (Comités Locales de Abastecimiento y Producción) (CFR 15/02/2018). The government reduced food imports and imports of other basic goods by almost 30% in 2017 in order to recover debt payments (CFR 15/02/2018). Between the beginning of 2016 and the end of 2017, food imports fell by 67% (Reuters 12/03/2018).

Close to 90% of households surveyed in the 2017 ENCOVI study considered their family had insufficient income to buy food (ENCOVI 02/2018). Almost 80% reported that they reduced their meal sizes in early 2017 due to low food availability and insufficient food in the household (ENCOVI 02/2018). ENCOVI considered 80% of surveyed households to be food insecure in 2017 (ENCOVI 02/2018).

The distribution of CLAP boxes is often irregular and does not ensure a reliable food supply for those receiving the boxes (Reuters 12/03/2018). 53% of households reported not receiving their CLAP boxes regularly. Irregular distribution of the boxes particularly affects people living outside of Caracas (ENCOVI 02/2018). Furthermore, the government has been using the food distribution to ensure support during the elections. New identity cards, so called "Fatherland cards", are increasingly required in order to receive state benefits, and can be used to track who has voted (Wall Street Journal 22/03/2018). There have been accounts of people threatened to either vote for the government or be left out of the food distribution (NYT 17/12/2017). Nevertheless, according to the ENCOVI study, 75% of households in which no member holds a "fatherland card" still stated that they were receiving the CLAP boxes (ENCOVI 02/2018).

The chief administrator called the CLAP boxes "an instrument of the revolution" that have "enabled [the government] to win elections" (Reuters 12/03/2018).

There have been reports of the Colombian armed group National Liberation Army (ELN) being involved in the distribution of the CLAP boxes in the border region (InSight Crime 09/02/2018). This could have negative implications for food access for people perceived as ELN opponents.

Inflation has significantly decreased the purchasing power of Venezuelan households. Between February 2018 and March 2018, the price of a basic food basket, containing 60 basic food items, increased by 44.6%. Between March 2017 and March 2018, the price increased by 4,630%. The monthly minimum salary buys less than 2% of the food basket (CENDA 27/04/2018).

According to UNHCR, among migrants from Venezuela in Colombia, food shortages was one of the main reasons to leave Venezuela (UNHCR 02/2018). Among migrants from Venezuela surveyed in Roraima state, Brazil, 42% stated fear of experiencing hunger if they were to return to Venezuela (IOM 27/04/2018).

## Nutrition

According to the ENCOVI study, the dietary diversity of surveyed households has decreased since 2014. For example, meat consumption has decreased. In 2017, some 40% of households included meat in weekly food purchases, down from 74% in 2014. Purchase of other staples such as flour and rice has also significantly decreased (ENCOVI 02/2018).

96% of hospitals surveyed in the National Hospital Survey in March 2018 reported not being able to provide (or only partly being able to provide) nutrition services, up from 85% in 2017. 66% of hospitals reported shortages of milk formula, up from 64% in 2017 (Encuesta Nacional de Hospitales 03/2018). Reportedly, stocks of infant formula in pharmacies are also low (NYT 17/12/2017).

There is no official data available for malnutrition rates in Venezuela. A Caritas study conducted April-August 2017 in the most vulnerable parts of the states of Miranda, Vargas, and Zulia, found the SAM rate among children under five was 4%, above the Emergency threshold of 2%, and the GAM rate was 14.5%, with rates having increased in comparison with previous surveys (Caritas 27/09/2017). In January 2018, Caritas reported an overall GAM rate of 16.2%, above the Emergency threshold of 15%, in the surveyed areas in the aforementioned states as well as Carabobo and Bolívar states and the Capital District (El Nacional 27/01/2018).

Malnutrition-related deaths have been reported in Bolívar state (El Nacional 18/11/2017).

## Health

The health system is disrupted by shortages of medical supplies and medicines. It is unclear whether some parts of the country are more affected than others.

**Health care access and availability:** The health system in Venezuela continues to deteriorate. Hospitals and health service provision is impacted by shortages of supplies, lack of services, and doctors leaving the country.

The National Hospital Survey conducts annual surveys about the state of the health system. In March 2018, it surveyed 134 hospitals in 22 of 23 states. In many hospitals, basic services are not fully available. 94% of x-ray services were inoperable or only partly functional, up from 89% in 2017 and up from 19% in 2014. 79% of hospitals reported water shortages, up from 63% in 2017, and up from 29% in 2014. 53% of operating rooms are reportedly not functional, up from 51% in 2017 and up from 38% in 2014. (Encuesta Nacional de Hospitales 03/2018)

Shortages of medicines and health supplies have been widely reported. 88% of hospitals surveyed in 2018 reported medicine shortages, up from 78% in 2017 and up from 55% in 2014 (Encuesta Nacional de Hospitales 03/2018). Since January 2018, there has reportedly been a shortage of reagents needed to test blood donations, which has led to shortages of blood reserves, impacting the provision of transfusions and medical surgeries (Washington Post 08/03/2018). Patients have reportedly been asked to bring their own basic supplies like syringes or scalpels (Washington Post 08/03/2018, Miami Herald 29/03/2018). Media reports a shortage of HIV tests and medication for HIV treatment (DW 14/02/2018). In February 2018, the Venezuelan organisation Codevida reported that 16,000 dialysis patients were going without treatment because of the lack of supplies (RunRunEs 01/02/2018, UN 09/02/2018).

Medicine shortages have reportedly led to the growth of a black market for medicines and contraband of medicines (Reuters 08/12/2017, The Guardian 05/04/2018). There are health risks associated with medicine being sold illegally, as it may have been stored incorrectly, or expired (Reuters 08/12/2017, NPR 01/02/2018). Inflated prices of medicine on the black market imply that access is limited and many people cannot afford to buy medicine (The Guardian 05/04/2018).

Shortages of condoms and birth control pills have been reported, which in addition to shortages of basic supplies for babies has contributed to increasing numbers of women seeking sterilisation to avoid unwanted pregnancies, and to avoid having to care for a child in a context of supply shortages (NYT 17/12/2017).

The health sector is further impacted by low salaries, the absence of medical staff, and violence. Salaries for medical staff, particularly in public hospitals, are often very low. According to media reports, 22,000 doctors have left the country, which further impacts

the availability of healthcare (Miami Herald 29/03/2018). There is anecdotal evidence of health staff being attacked or receiving death threats if a patient dies (Miami Herald 29/03/2018, The Guardian 05/04/2018).

The percentage of people with health insurance has dropped since 2014. According to the ENCOVI study, over 68% of the surveyed population did not have health insurance in 2017. In 2014, just over 50% of the surveyed population was not insured (ENCOVI 02/2018).

**Infant mortality:** Infant mortality increased by over 30% from 2015 to 2016 according to the last available government data. 141 deaths were recorded in 2016 (Government of Venezuela 31/12/2016).

**Maternal mortality:** Maternal mortality increased by over 65% from 2015 to 2016 according to the last available government data. 756 deaths were registered in 2016 (Government of Venezuela 31/12/2016).

**Diseases:** Communicable diseases have resurged that had previously been declining or had not been recorded in Venezuela in years.

**Measles:** The first case was registered in mid-2017. Since then, 1,631 cases and two deaths have been confirmed, most of them in Bolívar state (PAHO 08/05/2018). The Americas had been declared measles-free less than two years earlier.

**Diphtheria:** Since the beginning of the outbreak in mid-2016, up to mid-March 2018, 1,602 suspected cases, including 976 confirmed cases and 142 deaths have been registered. 324 cases were recorded in 2016 and 1,040 cases were recorded in 2017. 238 cases have been registered so far in 2018. The case fatality rate of the outbreak is 14.5% (PAHO 16/04/2018). This is the first diphtheria outbreak in Venezuela in over twenty years (Crisis Group 21/03/2018).

**Malaria:** In 2017, there were an estimated 406,000 cases in Venezuela, an increase by about 69% in comparison with 2016, when 240,613 cases were registered (Reuters 24/04/2018). The number of cases reported in 2017 was higher than the annual average of the previous 29 years. The most affected states in 2017 were Bolívar, Amazonas, and Sucre (PAHO 30/01/2018).

## Protection

There are protection concerns related to the distribution of CLAP boxes. There have been reports of people being threatened into supporting the government in order to receive food deliveries (NYT 17/12/2017). In the border region to Colombia, the Colombian guerrilla group ELN has allegedly been involved in the distribution of the CLAP boxes, which could lead to people perceived as ELN opponents not receiving food boxes (InSight Crime 09/02/2018).

Since the end of December 2017, across the country there have been increased protests over the lack of food, medicine, and basic services, as well as lack of political

rights. In the first three months of 2018, the Venezuelan Observatory of Social Conflict (OVCS) registered 2,414 protests, compared to 1,254 in the same period of 2017. March was the month with the highest number of protests (1,106). From January to March 2018, 784 protests were related to basic services, 708 were related to worker rights, 549 were related to food, and 287 were related to health. The number of protests relating to health and worker rights has been increasing. 184 lootings or looting attempts have also been registered, most of them in January (OVCS 10/04/2018). Some protests have culminated in violence and resulted in casualties (Reuters 08/03/2018). OVCS reported that 10 people were killed during protests in 2018 so far (OVCS 10/04/2018).

In Norte de Santander, Arauca, and La Guajira departments of Colombia, more than 90% of over 2,700 surveyed households originating from Venezuela reported they would be at risk of experiencing violence if they were to return to Venezuela (UNHCR 02/2018).

Survey results, statistics point to increasing insecurity in Venezuela, perceived or real. In 2016, internal police records showed an 88% increase in the number of recorded kidnappings compared to 2015 (InSight Crime 30/09/2016). Since 2014, in the ENCOVI study, over 86% of contestants perceived violence levels to have increased from the previous year. In 2017, 93% of contestants perceived an increase in violence since 2016. 22% of contestant had been victim of a crime during the previous year, an increase from 17% in 2014. Trust in public law enforcement is low – 65% of crime victims did not report to the authorities, and 81% of all contestants do not believe that the police protect them from criminals. The percentage of contestants fearing being attacked or robbed in public transportation or in public spaces has been consistently above 70% since 2014 (ENCOVI 02/2018).

There are additional protection concerns for children. Many children have been separated from their normal caregivers (IRC 04/2018). Of the households living in Venezuela assessed by IRC, 40% reported that a separated child was living with them (IRC 04/2018). Among Venezuelan migrants in Peru interviewed by IOM, 75% of migrants with children stated that they had left children behind in Venezuela (IOM 23/11/2017). According to WFP assessment results, many migrants from Venezuela living in Colombia left children behind in Venezuela (WFP 08/02/2018). Children and adolescents, particularly those living in poor areas, are at risk of being recruited into criminal gangs in Venezuela, with food reportedly being an incentive to join (Miami Herald 04/01/2018). In the border region to Colombia, there are further protection concerns related to the presence of armed groups. The ELN has allegedly been distributing propaganda material to schools and children in some 300 education centres in eight border states (RunRunEs 26/04/2018).

There are significant protection concerns for migrants crossing into Colombia. Many illegal border crossing points, so-called “trochas”, are controlled by Colombian armed

groups such as the Ejercito de Liberación Nacional/ National Liberation Army (ELN), the Autodefensas Gaitanistas de Colombia/Gaitanista Self Defense Forces of Colombia (AGC), and the Rastrojos, which charge migrants fees for using the clandestine crossing points (El Espectador 13/02/2018, IRIN 13/03/2018). Of the migrants from Venezuela surveyed by WFP in La Guajira, some 80% reported having crossed via "trochas" (WFP 08/02/2018).

## Education

Availability and access to education has deteriorated. According to the most recent ENCOVI study, an estimated 1 million children aged 3-17 years are out of school, similar to 2016 (ENCOVI 02/2018). An additional 2.8 million children are estimated to attend school irregularly owing to factors including lack of water or electricity, or lack of food at home (ENCOVI 02/2018). Disruption of regular school attendance due to food shortages increased from 2016 to 2017 across all socio-economic strata. In the poorest socio-economic strata surveyed, 74% of students were not regularly attending school due to food shortages, up from 43% in 2016 (ENCOVI 02/2018).

Education is further disrupted by teacher absenteeism. According to media reports, some 60% of private school teachers have quit because their salaries are too low to cover basic needs (Caracas Chronicles 01/03/2018). Some schools are reportedly open only a few days per week (Reuters 25/04/2018).

## Vulnerable groups affected

Poor households are disproportionately affected by the crisis. The percentage of Venezuelans living in poverty has significantly increased over the past four years. In 2017, 87% of households surveyed by ENCOVI were considered to be poor, up from 48.4% in 2014 (ENCOVI 02/2018). The percentage of households in extreme poverty rose from 23.6% in 2014 to 61.2% in 2017 (ENCOVI 02/2018). ENCOVI's "Multidimensional poverty" index, which takes into account various socio-economic indicators, increased from 41.3% in 2015 to 51.1% in 2017 (ENCOVI 02/2018).

There are some indications that the Arco Minero ("Mining Arc") region in Bolívar and Amazonas states is particularly vulnerable. The region is dominated by illegal mining, organised crime, and armed groups (Crisis Group 21/03/2018). Bolívar is the state most affected by measles, and both Bolívar and Amazonas are among the states most affected by malaria (PAHO 30/01/2018, PAHO 06/04/2018).

## Humanitarian and operational constraints

The Venezuelan government does not recognise the scale of humanitarian needs in Venezuela and has largely refused to accept international humanitarian aid (Miami Herald 08/02/2018, Washington Post 23/02/2018). The government has restricted the shipping of medical supplies and medicines into Venezuela as well as relief operations inside the

country (NPR 13/06/2017). In December 2017, the director of an NGO providing food and aid in Venezuela was detained for "belonging to a criminal organisation" until he was released ten days later (HRW 10/01/2018).

The nature of the economic and political crisis adds to the operational constraints: Road blockages are frequent during protests, while blackouts and rationing affect the availability of electricity (Reuters 16/03/2018).

## Aggravating factors

### Elections

Presidential elections took place on 20 May; however, parts of the opposition boycotted the vote (NYT 01/03/2018). Henri Falcon of the Avanzada Progresista, a minor opposition party, was the main contestant of the opposition. The national election board declared Maduro to have won with 67.7% of the vote, and Falcon the runner-up with 21.2% (BBC 21/05/2018). The election board put voter turnout at 46%, down from 80% in the 2013 presidential elections, with the opposition alleging that the turnout was much lower (BBC 21/05/2018). The opposition further alleged irregularities in the electoral process and did not recognise the results (The Guardian 21/05/2018). Several countries have indicated that they will not recognise the results, including Chile and the US (The Guardian 21/05/2018).

While there were only limited protests in the run-up to the elections, further small to medium-scale protests in relation to the elections are likely, as the opposition does not recognise the results.

### Drought

In 2016, Venezuela was impacted by a drought induced by El Niño. In March 2018, drought effects reportedly led to low water levels in hydroelectric dams. This has had an impact on the power supply and caused blackouts in six western states (Reuters 16/03/2018).

## Contextual information

### Economic crisis

The Venezuelan economy has been in recession for over four years. The economy, as well as government programmes and subsidies, are largely dependent on revenue from oil export, which makes up over 95% of the country's export revenues. Oil prices dropped globally in 2014, which further exacerbated mismanagement and corruption in the oil sector (NYT 14/05/2017, Al Jazeera 03/05/2017). Additionally, oil production has

dropped. In 2017 alone it fell by 13% (Reuters 18/01/2018). According to the International Monetary Fund (IMF), the economy shrank by 35% between 2014 and 2017, with a further contraction by 15% to be expected during 2018 (IMF 04/2018). Daily oil production has decreased from an average 3.02 million barrels per day in 2013 to 1.41 million barrels per day (Washington Post 17/05/2018). Overall, the economic crisis has caused a drop in Venezuelan trade with other countries in the region (Crisis Group 21/03/2018). In February 2018, the government launched the cryptocurrency "Petro" to draw investments (Reuters 20/02/2018).

The government has been printing more money, thus exacerbating inflation (NYT 14/05/2017). Inflation figures are published by the opposition-led National Assembly as the government does not release any figures. In 2017, prices in Venezuela increased by 2,616% (Reuters 08/01/2018). Year-on-year inflation from April 2017 to April 2018 was over 13,700% (Reuters 07/05/2018). In the first three months of 2018, prices increased by over 450% (Reuters 11/04/2018). The IMF estimates that the inflation rate for 2018 will increase to 13,000% (Bloomberg 25/01/2018).

A major default on Venezuela's foreign debt is looming despite the government's announcement of a debt restructuring (Crisis Group 21/03/2018). Bonds of the state oil company Petróleos de Venezuela (PDVSA) have been in selected default since the end of 2017 (IMF 04/2018). US sanctions have targeted Venezuelan individuals and companies (Reuters 07/05/2018). Since mid-2017, loaning money to the Venezuelan government or the state oil company PDVSA is an offense under US law in most circumstances, which increases obstacles for the restructuring of Venezuela's foreign debt (Crisis Group 21/03/2018).

## Political crisis

Venezuela is in a deep political crisis as the government and opposition are competing for national power and the government has been successively eroding democratic institutions. President Nicolas Maduro of the Partido Socialista Unido de Venezuela (PSUV) has been in power since 2013. In 2017, the Supreme Court dissolved the opposition-controlled National Assembly and convened the National Constituent Assembly, tasked with the drafting of a new constitution, which led to the eruption of anti-government protests in April 2017 (CFR 23/03/2018). 134 people died in relation to the protests since they began, according to the NGO Foro Penal Venezolano (Foro Penal 2018).

Talks between the government and the opposition had been taking place in the Dominican Republic since December 2017 but broke down in February 2018 (Crisis Group 21/03/2018).

In October 2017, government supporters won regional elections, with the opposition alliance Mesa de la Unidad Democrática (MUD) winning only 5 of 23 seats (DW

25/10/2017). In December, the government party also won most seats in the mayoral election, with the main opposition parties boycotting the vote (BBC 11/12/2017).

## Stakeholders

The **Partido Socialista Unido de Venezuela (PSUV)** has been the governing party since its creation in 2007. The PSUV is led by Nicolas Maduro. It has strong ties to the military. Around half of the ministers in the current cabinet are active or former members of the armed forces (InSight Crime 10/08/2018).

The **Mesa de la Unidad Democrática (MUD)** is the main opposition alliance. It has been split on issues such as negotiations with the government and the participation in elections.

The **military** has long been a supporter of the government. It is controlling the distribution of the so-called CLAP boxes through the local provision and production committees (Comités Locales de Abastecimiento y Producción) (CFR 15/02/2018). In November 2017, President Maduro appointed a military general to lead the state oil company PDVSA (Reuters 27/11/2017). The government has ensured the military's support by counteracting perceived opponents within the military. In March 2018, 19 active or retired members of the military were detained, and 12 others expelled or demoted (Crisis Group 03/2018). In 2017, a small group of dissenting members of the military called for a rebellion (InSight Crime 10/08/2017). The leading dissenting figure was killed by a government operation in January 2018 (Miami Herald 23/01/2018). A more large-scale rebellion within the military is unlikely as the government has largely secured full military support.

## International and neighbouring countries' relationship to the conflict

In August 2017, **Mercosur** suspended Venezuela's membership (Reuters 05/08/2017). In April 2017, Venezuela announced its withdrawal from the Organisation of American States (OAS) (BBC 27/04/2017).

The **Colombian** government of President Juan Manuel Santos has been a staunch opponent of the Maduro administration, and political tensions have existed for years. The Colombian government did not recognize the 2018 presidential elections Venezuela and recalled its ambassador in Venezuela (Colombia Reports 21/05/2018, El País 21/05/2018). In February, the Venezuelan state prosecutor claimed that Colombia was planning military actions against Venezuela, which the Colombian military denied (Reuters 13/02/2018).

Relations between the **United States** and Venezuela have been strained for decades. The US has been targeting Venezuela with sanctions. The most recent sanctions, installed after the 2018 presidential elections in Venezuela, prohibit oil transactions

between the US and Venezuela (VoA 22/05/2018). Most recently it banned the use of the Venezuelan cryptocurrency "Petro" (The Guardian 19/03/2018).

The Venezuelan government receives different levels of support from **Cuba**, **Russia**, and **China**. Cuba has sent medical personnel and teachers to Venezuela, while Russia and China have stakes in the Venezuelan oil industry. Russia has allowed Venezuela a restructuring of the bilateral debt (CFR 15/02/2018).

## Armed groups

There are **Colombian armed groups** present in Venezuela, particularly in the border region, where they are involved in contraband, extortion trafficking, and illegal mining (InSight Crime 29/01/2018). Parts of the Venezuelan military allegedly have been providing weapons to Colombian guerrilla groups and been involved in organised crime in the border region (InSight Crime 29/01/2018). The leading figures of the Ejercito de Liberación Nacional (ELN) are allegedly operating from Venezuela (Caracol 14/02/2018). Other armed groups in the border region include the Ejercito Popular de Liberación (EPL) and the post-demobilisation armed groups Los Rastrojos and Autodefensas Gaitanistas de Colombia/Gaitanista Self-Defense Forces of Colombia (AGC), also known as Los Urabeños.

Pro-government groups known as **colectivos** reportedly have received arms support from the Venezuelan government and taken part in the repression of anti-government protests. They control an estimated 10% of Venezuelan towns and cities (New York Times 22/04/2017).

## Generalised violence

There are high levels of criminal violence in the country. In the absence of official murder statistics, NGOs counted over 26,000 homicides in 2017, with the homicide rate in Caracas estimated to be 130 per 100,000 inhabitants (InSight Crime 19/01/2018). The estimated national homicide rate has increased over the past years. It stood at 90 deaths per 100,000 inhabitants in 2015 and at 91.8 deaths per 100,000 inhabitants in 2016 (InSight Crime 08/01/2017). It slightly dropped to 89 per 100,000 inhabitants in 2017 but remained the highest homicide rate in Latin America (InSight Crime 19/01/2018).

## Response capacity

### Local and national response capacity

The government has been supplying food packages through the local committees of supply and production (CLAPs). It has also started to distribute medicine to some 35,000 patients, all holders of the "Fatherland card" (La Opinion 25/11/2017).

In early 2018, the Health Ministry bought blood reagents from abroad and has accepted some deliveries from the Pan American Health Organisation (Washington Post 08/03/2018, Wall Street Journal 06/04/2018). To combat the measles outbreak, a National Rapid Response Plan was set up, which includes vaccination strategies, epidemiological surveillance, and training of health staff (PAHO 08/05/2018). Health authorities are also involved in the epidemiological surveillance of the diphtheria outbreak, vaccinations, and the training of health staff (PAHO 16/04/2018).

## International response capacity

Inside Venezuela, international response to the crisis has been extremely limited so far. Via the Strategic Fund of the Pan American Health Organisation (PAHO), the government has acquired some medicine (PAHO 16/03/2018). The PAHO has furthermore donated blood reagents and delivered medication (Washington Post 08/03/2018, Wall Street Journal 06/04/2018).

In response to the migration of Venezuelans, UNHCR launched a supplementary appeal for funding for countries receiving migrants from Venezuela. The appeal includes a request for \$7.5 million for the response within Venezuela, which is targeted at 8,780 refugees and asylum seekers in Venezuela (most of them Colombians), as well as some host communities (UNHCR 13/03/2018).

## Information gaps and needs

- The overall number of people in need is unknown. There is a lack of data on specific sectoral needs of people in need.
- Lack of data on internal displacement.
- Scale of humanitarian needs in Venezuela is unclear due to the lack of data.
- Lack of a geographical breakdown of humanitarian needs within Venezuela.
- Lack of comprehensive 3w/4w data on organisations working in Venezuela.

## Migration from Venezuela to countries in the region

Estimates of migrants from Venezuela per country vary slightly according to the source and there is no common consolidated figure for the region available. Nevertheless, all sources clearly indicate that migration from Venezuela to countries in the region is drastically increasing.

Venezuelans have arrived in countries throughout South America, as well as some countries in Central America such as Panama and Mexico. Worldwide, 94,000 Venezuelans applied for asylum in 2017, up from 4,000 in 2014 ([UNHCR 13/03/2018](#)). The socio-economic profile of Venezuelans as well as their needs vary from country to country and the overall scale of their humanitarian needs is unclear.

Colombia and Brazil have been particularly impacted by the arrival of migrants from Venezuela, due to high numbers and stretched response capacities in the arrival regions.

## Colombia



Source: ACAPS (05/2018)

The International Rescue Committee (IRC) conducted an assessment of some 500 Venezuelans in Cucuta and Rosario, Norte de Santander, at the beginning of April. The study includes both people who crossed to Colombia to stay and people who cross regularly but live in Venezuela. In December 2017, WFP, UNHCR, and IOM assessed some 2,800 migrants from Venezuela in Norte de Santander, La Guajira, and Arauca departments ([WFP 06/04/2018](#)). Furthermore, in late 2017, UNHCR conducted a profiling activity of some 9,500 migrants from Venezuela in Norte de Santander, La Guajira, and Arauca departments as well as in some urban centres in other regions of the country. Mercy Corps conducted a rapid needs assessment in La Guajira and Cesar departments in March 2018, interviewing 25 Venezuelan women, most of whom had been in Colombia for less than a month.

The information from these assessments is supplemented by reports by UNHCR and other major organisations, government statements, and media reporting.

## Scope and scale of needs

On 10 May 2018, the Humanitarian Response Plan (HRP) for the influx of people from Venezuela to Colombia was released. The plan considers close to 1.2 million people to be in need of assistance, of which 79% are estimated to be Venezuelans, 15% are returning Colombians, and 6% are members of host communities ([HRP 10/05/2018](#)).

## Crisis impact

Colombia is both a transit and destination country for Venezuelans crossing the border. According to the Colombian government, over one million Venezuelans are currently staying in Colombia, up from some 300,000 in mid-2017 ([WFP 06/04/2018](#), [UNHCR 03/2018](#), [Caracol 23/04/2018](#)). 155,000 of them have received protection-oriented Special Stay Permits, allowing them to stay and work in Colombia for up to two years ([UNHCR 03/2018](#)). Asylum applications of Venezuelans have increased from 47 in 2014 to 576 in 2017 ([UNHCR 03/2018](#)). Moreover, some 230,000 Colombians who had been living in Venezuela returned to Colombia in 2017 ([UNHCR 03/2018](#)). Some 1.6 million Venezuelans have requested Border Mobility Cards (TMFs), which allow card holders to cross into Colombia for a short period of time and return to Venezuela ([Migracion Colombia](#), accessed 18/05/2018; [Migracion Colombia 02/2018](#)). Some 35,000 people cross the border per day at official border crossing, which increased to about 50,000 people per day in the run-up to the presidential elections in Venezuela on 20 May. Most of these people return to Venezuela ([Migracion Colombia 12/05/2018](#)). In March 2018, it was reported that an estimated 4,000 Venezuelans were crossing per day into Colombia without going back to Venezuela, half of whom are estimated to be transiting to Ecuador ([UNHCR 23/04/2018](#)).

An estimated 68% of Venezuelans in Colombia do not have a regularised migratory status and thus lack access to basic services and the right to work (UNHCR 03/2018). In January and February 2018, UNHCR reported that Venezuelans arriving in Colombia increasingly have humanitarian needs and less financial means (UNHCR 28/02/2018, UNHCR 31/01/2018). According to the WFP assessment, many of the migrants arriving in Colombia are of working age, and many arrive by themselves, leaving their family members behind in Venezuela (WFP 08/02/2018).

On 8 February, the Colombian government announced a series of new measures to respond to the influx of Venezuelans, including reinforcement of security personnel along the border, stricter border controls, stricter entry requirements, and a halt to the granting of new TMFs (Migracion Colombia 02/2018, UNHCR 12/04/2018). This has reportedly led to increased usage of illegal border crossing points, so-called "trochas", which are controlled and fought over by armed groups (IRIN 13/03/2018).

In April, the government also began registering all Venezuelans living in Colombia at over 500 registration points, the majority of which are located in Norte de Santander, Arauca, and La Guajira departments as well as in Bogota (Government of Colombia 03/04/2018; 07/05/2018). This activity is called the Administrative Registry of Venezuelan Migrants in Colombia/Registro Administrativo de Migrantes Venezolanos en Colombia (RAMV). So far over 200,000 Venezuelans have been registered (Government of Colombia 07/05/2018). 88% of the Venezuelans registered have stated an intention to stay in Colombia (UNHCR 10/05/2018). The RAMV is a mere registration process and does not constitute a migratory status or access to social assistance (Government of Colombia 03/04/2018).

**Protection:** People using illegal border crossing points face protection risks, as the "trochas" are controlled by armed groups, which charge fees for the usage of the clandestine routes (IRIN 13/03/2018). In April, media reported that four people drowned attempting to cross from Venezuela to Colombia over the Táchira River (Panam Post 19/04/2018).

Once in Colombia, Venezuelans face a variety of protection concerns, including security concerns, exploitation, sexual and gender-based violence (SGBV), lack of access to documentation, discrimination, trafficking, and recruitment by armed groups, including of minors (UNHCR 03/2018). Venezuelans in Colombia who do not have a regularised migratory status are particularly vulnerable. Venezuelan women and girls are reportedly being trafficked across the border for sex work (IRIN 13/03/2018). Those who lack documentation cannot access services provided by the government (IRC 04/2018). Some Venezuelan women are engaging in survival sex in Colombia (Mercy Corps 03/2018).

19% of Venezuelan households assessed by IOM, WFP, and UNHCR at the end of 2017 used emergency strategies to cope with their situation, including prostitution and child labour (WFP 06/04/2018).

Venezuelans face discrimination in Colombia. In October, pamphlets of an "Araucan Social Cleansing Group" appeared in Arauca, in which Venezuelans were threatened with murder if they did not leave the country (UNHCR 30/11/2017). Venezuelan women have reported a stereotype in Colombia, that Venezuelan women engage in sex work (Mercy Corps 03/2018).

**Health:** Many Venezuelans arriving in Colombia are in need of health assistance, overwhelming local response capacities, particularly in the border region. 80% of migrant households surveyed by IOM, WFP, and UNHCR at the end of 2017 did not have access to health and medicine (WFP 06/04/2018). Of the 200,000 Venezuelans registered in the RAMV so far, just over 1% are affiliated with the health system (UNGRD 07/05/2018). 60% of respondents of the IRC survey stated that Venezuelans faced barriers to access healthcare due to lack of financial resources or documentation (IRC 04/2018). Colombian hospitals are required by law to provide emergency healthcare, but most Venezuelans do not have health insurance and hospitals are thus not reimbursed for the costs (IRIN 01/12/2017). In 2017, almost 25,000 visits of Venezuelans in Colombian emergency rooms were registered, up from 1,500 in 2015 (NY Post 08/03/2018). Colombian hospitals reported having accumulated debts to cover for the emergency treatment of Venezuelans (VoA 14/02/2018, IRIN 23/05/2018).

Furthermore, there is a risk of the outbreak and spread of diseases imported from Venezuela, where diphtheria, measles, and malaria outbreaks are ongoing. In March and April 2018, 21 measles cases were reported, 14 of them imported from Venezuela (PAHO 08/05/2018). In January 2018, a Venezuelan child died from diphtheria in La Guajira department (PAHO 28/02/2018).

**Shelter:** In the border departments, many Venezuelans are reportedly sleeping on the streets (UNHCR 31/01/2018, El Tiempo 11/02/2018). Some 3,000 Venezuelans were living on the streets in Cucuta, Norte de Santander, in January (UNHCR 31/01/2018). Of the households interviewed by WFP in La Guajira, Norte de Santander, and Arauca, over 13% reported living on the streets (WFP 08/02/2018). Venezuelans interviewed by Mercy Corps in La Guajira reported fear of being found by immigration authorities when sleeping in the streets and public spaces (Mercy Corps 03/2018).

**Food:** According to assessments conducted by IOM, WFP, and UNHCR among Venezuelan households in Colombia at the end of 2017, 30% of surveyed households were moderately to severely food insecure (WFP 06/04/2018). WFP assessment results indicate that many migrants use coping mechanisms such as consuming cheaper food,

eating smaller portions of food, and reducing the number of meals per day due to insufficient funds (WFP 08/02/2018).

Among the people assessed by IRC, food was the most reported need for people living in Venezuela, and the second most reported need for those living in Cucuta (IRC 04/2018).

**WASH:** Migrants from Venezuela living in public spaces do not have sufficient access to drinking water, sanitation, and hygiene (HRC 10/05/2018).

**Livelihoods:** Many Venezuelans arriving in Colombia resort to informal work, for example as a street vendor, to make a living (IRIN 01/12/2017). In the WFP assessment, over 80% of migrants from Venezuela stated that their income comes from informal sales (WFP 08/02/2018).

**Education:** Venezuelan children's access to education is a concern, as the lack of documentation, supplies, or fees can keep them from obtaining certification even if they are able to take classes (IRC 04/2018). Over half of the children living in the migrant households assessed by WFP did not go to school in Colombia (WFP 08/02/2018).

## Vulnerable groups affected

Poor indigenous people crossing into Colombia are often particularly vulnerable as they lack resources to afford food and shelter (UNHCR 30/11/2017).

Some indigenous groups, such as the Yukpa, are bi-national (Colombian-Venezuelan) but most Yukpa do not have the necessary identity documents (Al Jazeera 11/03/2018).

## Humanitarian constraints

There are security constraints and access restrictions for humanitarian organisations, particularly in the border region, due to the presence of armed groups (UNHCR 31/01/2018).

Colombia is regularly affected by rains and flooding that can impact road infrastructure. At the beginning of April, the road connecting Cucuta with Pamplona in Norte de Santander department was closed due to a landslide (La Opinion 05/04/2018).

On 8 May, WFP suspended its food assistance programme in Cucuta, Norte de Santander, reportedly due to the presence of angry crowds of Venezuelans and returning Colombians (El Tiempo 08/05/2018). There are tensions between arrivals from Venezuela and the local host community in Cucuta, due to limited resources and concerns among the host community that they may be excluded from aid distribution (IRIN 23/05/2018).

## Aggravating factors

### Armed conflict

Various armed groups operate in Colombia, among them the National Liberation Army (ELN) and Popular Liberation Army (EPL) guerrilla groups, neo-paramilitary groups like the Autodefensas Gaitanistas de Colombia/Gaitanista Self-Defense Forces of Colombia (AGC) and Los Rastrojos, and dissident factions of the Revolutionary Armed Forces of Colombia (FARC). These groups are fighting the government, frequently attacking government security personnel. They are also fighting turf wars among each other, over key regions for activities such as drug production, drug trafficking, and illegal mining, particularly in regions where the FARC had a strong presence before the group's demobilisation in 2017.

The armed conflict affects the Colombo-Venezuelan border region. For example, in the Catatumbo region of Norte de Santander department, some 120,000 people have been affected by mobility restrictions and about 8,820 people have been displaced due to confrontations between ELN and EPL since mid-March. An unknown number of Venezuelans with an irregular migratory status have been among the displaced population (OCHA 04/05/2018).

### Internal displacement

Decades of armed conflict have displaced millions within Colombia. Over 7.3 million IDPs have been registered, over 254,000 of them in Norte de Santander (RUV 04/2018). Over 146,000 IDPs are registered in La Guajira and over 121,000 in Arauca (RUV 04/2018). Yearly figures of new IDPs have increased from 131,000 in 2016 to 139,000 in 2017 (OCHA 15/11/2017). Mass displacement (denoting events displacing more than 50 people or 10 families) has increased as well. In 2017, 17,918 people were displaced in mass displacements, up from 10,943 in 2016 (OCHA 10/02/2018).

### Drought (La Guajira)

La Guajira department, which is one of the border departments receiving migrants from Venezuela, has been affected by a severe drought for several years, which particularly had an impact on indigenous Wayuu living in the region (ECHO 08/03/2017). Malnutrition is a major concern among the Wayuu, with at least 193 Wayuu children having died from malnutrition between 2013 and 2017 (HRW 30/10/2017). 90% of children who died due to malnutrition between 2014 and 2016 were indigenous (HRW 30/10/2017). Many Wayuu communities have limited access to water and food (HRW 30/10/2017).

## Response

### Local and national response capacity

IRC noted that in Norte de Santander, the architecture of humanitarian work was designed to respond to the needs of Colombian IDPs, and now organisations are pivoting to respond to the influx of people from Venezuela as well (IRC 04/2018).

According to IRC, in Cucuta there is no agency working specifically on the response and prevention of gender-based violence (IRC 04/2018).

In February, the government opened a transit centre in Cucuta, where the Red Cross provides shelter and food to vulnerable migrants such as pregnant or lactating women, elderly, and people with disabilities, for a maximum of two nights, with IOM support (El Espectador 03/02/2018, Government of Colombia 05/02/2018).

The Colombian Red Cross has been providing support to migrants in the border region, including food distributions, healthcare, and family link restoration (ICRC 09/04/2018).

Colombian president Juan Manuel Santos stated on 13 February that Colombia needed international assistance to respond to the influx of Venezuelans (Reuters 14/02/2018).

### International response capacity

A revised Humanitarian Response Plan for Colombia was published on 10 May, covering the response to the influx of Venezuelans (HRP 10/05/2018).

UNHCR, IOM, and OCHA are co-leading the Inter-Agency Border Group (HRP 10/05/2018). They have been supporting the Colombian government regarding the registration of migrants (UNHCR 23/03/2018). IOM has conducted several DTM rounds to track migrant movements (IOM 10/04/2018).

IOM and NRC have initiated programmes to offer shelter to migrants from Venezuela (HRP 10/05/2018). UNICEF is leading programmes to improve access to education. Protection programmes have been launched by various NGOs including NRC, Fundacion Plan, RET International, and Save the Children. There are various initiatives to provide health services to migrants, including by IOM and WHO. WASH interventions have been planned by various agencies and NGOs, including UNICEF and Oxfam (HRP 10/05/2018).

Food and nutrition support has been initiated by UNICEF, ACF, and FAO (HRP 10/05/2018). WFP has launched a program to provide food assistance to 350,000 migrants from Venezuela (WFP 25/04/2018).

UNHCR has lead an anti-xenophobia campaign "SomosPanas" in border areas (UNHCR 31/01/2018).

## Brazil

IOM has been conducting displacement-tracking (DTM) activities in Brazil to monitor migration from Venezuela to Brazil. Between the end of January and the beginning of March, IOM interviewed 3,516 migrants from Venezuela, 97% of whom are Venezuelans, in Boa Vista and Pacaraima in Roraima state. 1,285 people were surveyed in neighborhoods of Boa Vista and Pacaraima, and 2,231 were surveyed in key transit points. This is the most comprehensive survey of Venezuelans in Brazil available to date. The information is supplemented by UNHCR reports and media reporting.



Source: ACAPS (05/2018)

## Crisis impact

Since 2016, an estimated 70,000 Venezuelans have entered and stayed in Brazil (UNHCR 03/2018). Over 52,000 have arrived since the beginning of 2017 (UNHCR 06/04/2018). Hundreds of Venezuelans cross the border each day (UNHCR 03/2018). More than 18,000 Venezuelans entered Brazil in the first two months of 2018 (UNHCR 28/02/2018).

Over 24,800 Venezuelans have applied for asylum in Brazil, with more than 17,000 of these in 2017 (UNHCR 03/2018).

Venezuelans crossing by land arrive in Roraima state, which has little land access to other parts of the country (UNHCR 03/2018).

According to IOM, a majority of over 80% of migrants are mestizo (mixed European and indigenous lineage) or afro-descendent, with 3% belonging to indigenous groups. 75% of migrants originate from Anzoategui, Monagas, and Bolivar states in Venezuela, and 16% come from the Capital District. 48% of them intend to stay in Brazil, with Amazonas state being the most commonly stated destination. Of the remaining 52%, most intend to move on to Argentina (58%), as well as Chile, Uruguay, or Peru (IOM 27/04/2018).

**Protection:** Many Venezuelans in Brazil are in need of protection. Due to their difficult economic situation, many are at risk of human trafficking and exploitation (Reuters 26/01/2018).

Venezuelans face discrimination in Brazil. In February, two shelters of Venezuelans in Boa Vista were torched, injuring five people (DW 16/02/2018). 28% of migrants from Venezuela interviewed by IOM in Roraima stated they had experienced verbal, physical or sexual violence (IOM 27/04/2018). 20% of migrants from Venezuela in Boa Vista and Pacaraima reported not feeling safe where they lived, and 6% reported having experienced some form of discrimination (IOM 27/04/2018).

**Shelter:** Many Venezuelans are staying in Boa Vista, Roraima state. Some people in Boa Vista are sleeping out in the open or in overcrowded camps (UNEP 03/04/2018). While the government does provide some shelters, living conditions in these facilities are difficult and services, including WASH and health, are insufficient (UNHCR 15/11/2017, UNHCR 03/2018). Of 1,285 migrants from Venezuela assessed by IOM in Boa Vista and Pacaraima, 28% did not have access to shelter (IOM 27/04/2018). Some 3,500 people are currently sheltered in nine shelters in Boa Vista and one shelter in Pacaraima (CSIS 18/05/2018).

**Health:** Many Venezuelans arrive with medical needs. Local capacities of health providers are stretched. Of 1,285 migrants from Venezuela assessed by IOM in Boa

Vista and Pacaraima, 15% did not have access to health services (IOM 27/04/2018). Shortages of medical supplies have been reported at the General Hospital of Roraima (NYT 28/04/2018).

There are also concerns regarding the spread of diseases imported from Venezuela. A measles outbreak has been ongoing in Amazonas and Roraima states, with 693 suspected cases, including 103 confirmed cases and two deaths. An additional confirmed case was registered in Rio Grande do Sul. 68% of the confirmed cases in Roraima are Venezuelans, while all confirmed cases in Amazonas are Brazilians. Both reported deaths were Venezuelans. The trend of the outbreak is increasing (PAHO 08/05/2018). In 2017, there were five confirmed cases of diphtheria in Brazil, including one imported from Venezuela. As of April 2018, six suspected diphtheria cases have been reported, including one case in Roraima, imported from Venezuela (PAHO 16/04/2018).

**Food:** Food needs have been reported amongst migrants from Venezuela in Brazil (VoA 20/03/2018). Many people lack the economic resources to buy food (The Times 16/02/2018).

**Livelihoods:** 42% of the migrants from Venezuela surveyed by IOM are working, of whom 82% engage in informal work (IOM 27/04/2018). Most of them receive less than the Brazilian minimum salary (IOM 27/04/2018).

**WASH:** Of 1,285 migrants from Venezuela assessed by IOM in Boa Vista and Pacaraima, 29% did not have access to basic sanitation and 27% did not have access to water (IOM 27/04/2018). Shelters in Boa Vista lack sufficient WASH services (UNEP 03/04/2018). A concern is the disposal of medical waste, with septic tanks not being sufficient due to shelters being overcrowded (UNEP 03/04/2018).

**Education:** 36% of migrants from Venezuela interviewed in Boa Vista and Pacaraima reported lacking access to education. 31% of these stated that they lacked the necessary documentation to access education (IOM 27/04/2018). The language barrier is an additional obstacle for the integration of Venezuelans in Brazil (CSIS 18/05/2018).

## Vulnerable groups affected

Many Venezuelans crossing into Brazil are Warao indigenous people (UNHCR 15/11/2017). The overall percentage of indigenous people among the migrants from Venezuela is unclear. Of the migrants surveyed by IOM in Roraima state, 3% were of indigenous origin (IOM 27/04/2018).

## Context information

### Roraima state

Roraima state is where migrants from Venezuela arrive when crossing over land. With an estimated 522,600 inhabitants in 2017, it is Brazil's least populated state (IBGE 2018). In 2010, over 15% of the population were considered to be extremely poor and over 26% were considered to be poor, placing Roraima among the poorest states of Brazil (Atlas Brazil 2013). The capital of Roraima, Boa Vista, has some 320,000 inhabitants (El Nacional 08/02/2018).

## Response

### Local and national response

Local response capacities are increasingly stretched due to the humanitarian needs of the arrivals (UNHCR 06/04/2018). In response to the influx of Venezuelans, the local government of Roraima declared a "social emergency" so funding for infrastructure and humanitarian response could be made available (DW 16/02/2018).

Of 1,285 migrants from Venezuela surveyed by IOM in Boa Vista and Pacaraima, 40% stated they were receiving some form of assistance, with most of these receiving support from religious institutions (IOM 27/04/2018).

The government has set up centres for reception and screening of migrants from Venezuela in Boa Vista and Pacaraima (UNHCR 28/02/2018). The government set up shelters in Roraima (UNHCR 31/01/2018). With UN support, the Brazilian Army has been setting up tent shelters in Boa Vista, which are intended to host 5,500 people (NYT 28/04/2018).

Supported by UNHCR, UNFPA, and IOM, local government bodies and the police have set up a voluntary "interiorisation programme" to relocate registered asylum seekers to other places in Brazil (UNHCR 28/02/2018, IOM 04/05/2018). A total of 501 Venezuelans have been relocated to Manaus, São Paulo, and Cuiabá so far (IOM 04/05/2018). 65% of migrants from Venezuela interviewed in Boa Vista and Pacaraima stated they were interested in the "interiorisation programme", with half of them wanting to move to Amazonas state (IOM 27/04/2018). Reportedly, many Venezuelans wish to stay in Roraima due to its proximity to Venezuela (Folha 06/05/2018).

The Federal University of Roraima has been offering Portuguese language classes to Venezuelans (UNHCR 24/04/2018).

### International response capacity

UNHCR, UNFPA, and IOM have been providing support to the Brazilian government in response to the migrant influx (UNHCR 23/03/2018). UNHCR has been providing support regarding registration, protection, shelter, and provision of basic services (UNHCR 23/03/2018). WHO/PAHO has been supporting the government regarding the response to the measles outbreak in Roraima (UNHCR 23/03/2018).

## Other countries



Source: UNHCR (03/2018)

### Ecuador

**Ecuador:** Some 30-40% of Venezuelans arriving in Ecuador remain in the country, with the remainder transiting to other countries, especially Peru and Chile (UNHCR 28/02/2018).

There are an estimated 90,000 Venezuelans in Ecuador (UNHCR 03/2018). In January 2018, an average of 1,800 Venezuelans arrived per day (UNHCR 28/02/2018). 180,000 Venezuelans arrived in Ecuador between January and March 2018, compared to 230,000 arrivals in all of 2017 (UNHCR 23/04/2018). According to the Ecuadorian government, net migration of Venezuelans to Ecuador in 2017 stood at 61,000, with 288,000 arrivals (Government of Ecuador 04/2018). Asylum applications of Venezuelans in Ecuador increased from 148 in 2015 to 1,530 in 2017 (UNHCR 03/2018). Some 50,000 have obtained alternative legal permits such as working visas (UNHCR 03/2018). This leaves an estimated 45% of Venezuelans without a regularised migratory status, which has implications for their access to basic services and work (UNHCR 03/2018). A displacement tracking (DTM) exercise is currently being carried out by IOM in Quito, Huaquillas, and Tulcan (IOM 24/04/2018).

Venezuelans in Ecuador face **protection** concerns. Venezuelans without a legal residence permit in Ecuador have limited access to labour opportunities and basic services, which puts them at risk of exploitation and survival sex (UNHCR 03/2018). Venezuelans in Ecuador are at risk of experiencing discrimination and xenophobia (UNHCR 03/2018, El Diario 18/06/2017).

Venezuelans crossing into Ecuador via Colombia face protection risks due to the complex security situation in the border region (UNHCR 03/2018). Dissidents of the now-demobilised FARC guerrilla have increased their presence and strength in Colombia's Nariño department, and have been blamed for several attacks on Ecuadorian security personnel in the Ecuadorian border region (InSight Crime 19/02/2018).

Many Venezuelans arriving in Ecuador are in need of **health** services and **nutrition** assistance (UNHCR 03/2018). One measles case was confirmed in a Venezuelan child who had traveled to Ecuador during the incubation period, arriving on 27 March (PAHO 06/04/2018).

## Peru

Asylum applications of Venezuelans increased from 65 in 2014 to 20,000 in 2017, and 30,000 have been granted alternative legal stay (UNHCR 03/2018). Net arrivals of Venezuelans to Peru increased from some 10,000 in 2016 to over 106,000 in 2017 (IOM 09/03/2018). Arrivals of Venezuelans significantly increased in January and February 2018, when 40,000 Venezuelans arrived (UNHCR 03/2018). At the beginning of May, around 1,000 Venezuelans were crossing the border between Ecuador and Peru per day (IOM 14/05/2018). Some 200,000 Venezuelan migrants are currently in Peru (IOM 14/05/2018). The number of asylum requests is overwhelming the Peruvian asylum system and leading to delays in the processing of applications (UNHCR 03/2018).

Many Venezuelans arrive at the border with **health** needs, but health care is not available at the border (UNHCR 03/2018). There are **protection** concerns due to Venezuelans being at risk of exploitation, trafficking, SGBV, and xenophobia (UNHCR 03/2018, La Republica 25/01/2018). Around 24.5% of Venezuelan migrants interviewed in Lima stated that they had experienced discrimination in Peru, mostly because of their nationality (IOM 09/03/2018).

## Southern Caribbean

Some 40,000 Venezuelans are estimated to be in Trinidad and Tobago, 20,000 are in Aruba, 18,000 in the Dominican Republic, 15,000 in Guyana, and 5,000 in Curacao. Other destination countries are Curacao and Suriname (UNHCR 03/2018). While it is unclear when they arrived in the host countries, data suggests that migration to these countries has increased in the past months and years. Asylum applications in Trinidad and Tobago have increased from 4 in 2015 to 1,125 in 2017, with 625 applications filed in the first two months of 2018 alone (UNHCR 03/2018). According to IOM, the annual net migration of Venezuelans in Trinidad and Tobago has increased from 1,058 migrants in 2015 to 1,654 in 2017 (IOM 04/2018). IOM data also shows a significant increase of migration from Venezuela to the Dominican Republic between 2012 and 2017 (IOM 04/2018). Asylum applications in Curacao increased from 3 in 2015 to 663 in 2017 (UNHCR 03/2018). The functionality of asylum systems is limited, which implies difficulties for Venezuelans in accessing basic services and legal labour (UNHCR 03/2018).

In the southern Caribbean, there are **protection** concerns as some Venezuelans cross by boat and are thus at risk of trafficking and boat accidents at sea (UNHCR 03/2018). The Venezuelan government closed all airports and ports communicating with Aruba, Bonaire, and Curacao as a measure to combat smuggling, meaning there is no direct way to travel regularly between Venezuela and these islands (IOM 04/2018). There have been increased reports of Venezuelan women engaging in survival sex and prostitution (UNHCR 03/2018). In April, 82 Venezuelans, including registered asylum-seekers, were deported by authorities of Trinidad and Tobago (UNHCR 23/04/2018). Many Venezuelans are in need of **health** services but access to the health system is limited (UNHCR 03/2018).

# 6 HUMANITARIAN CONSEQUENCES OF THE ECONOMIC & POLITICAL CRISIS IN VENEZUELA



**Food access and availability has deteriorated** due to hyperinflation and rising food prices. The purchasing power of Venezuelan households has significantly decreased



**Health system is impacted** by severe shortages of supplies, lack of services, and doctors leaving the country

From 2015 to 2016 **infant mortality increased by 30%** and **maternal mortality increased by 65%**

## ! DISCLAIMER

Due to a lack of data, the exact number of people in need within Venezuela is unknown. However, available data points to a clear deterioration of humanitarian conditions.



Worldwide, **asylum applications of Venezuelans have spiked**: from 4,000 applications in 2014 to 94,000 in 2017



**High rates of malnutrition** due to lack of food and a decrease in dietary diversity.



**Protection concerns** due to family separation, presence of armed groups in border regions, and increased criminal violence



**Disrupted school attendance** due to food shortages increased from 2016 to 2017. Education further disrupted due to teacher absenteeism

The Venezuelan government does not recognize the scale of humanitarian needs in Venezuela and restricts humanitarian access