SITUATION UPDATE

The humanitarian crisis in Venezuela continues to manifest in widespread poverty and chronic shortages of food, medicine and other basic necessities. According to the preliminary results of the National Survey of Living Conditions (ENCOVI)—a household survey carried out by three leading Venezuelan universities—in 2020, 94% of respondents reported that their income was insufficient to cover the cost of living, and 80% of respondents received food assistance.\(^1\) The impact of the economic crisis has been magnified by the collapse of the country’s public infrastructure and services. In 2019, four major national blackouts occurred, leaving the majority of the country without electricity for several days. The power disruptions, coupled with medicine and equipment shortages, have had severe negative consequences on health.

In November 2019, Convite and HelpAge International conducted a survey with 903 elderly people from the states of Bolivar, Lara and Miranda. Of those surveyed, 75% reported that health facilities do not have medicines available. More than 60% of older people noted that though they should be on medications, affordability and availability were the main barriers for non-compliance. Additionally, 30% of older people do not have access to health services, while 64% reported that health services, when available, were too expensive. More than 70% of the elderly surveyed reported having one or more non-communicable diseases that required medication.\(^2\) In addition to lack of medications and equipment, the humanitarian crisis has led to one of the largest forced displacements in the western hemisphere. As a result, there is a shortage of specialists who can provide essential services and care.


The UN Refugee Agency reports that there are more than 4 million Venezuelan refugees and migrants worldwide, with the vast majority migrating to other countries within Latin America and the Caribbean. In Colombia, the Venezuelan migrant population has increased from fewer than 39,000 people in 2015 to approximately 1.4 million as of February 2020, according to the Ministry of Health (MOH). Of the 1.4 million, only 442,462 (253,575 families) are registered within the country. The MOH has reported that the majority (71%) of migrants are adults between the ages of 18 and 59 years old, with children and adolescents representing 27%. The majority of migrants now reside in Norte de Santander (18.6%), followed by La Guajira (16.9%), Bogota (9.8%) and Atlantico (9.7%).

The influx of Venezuelan refugees to Colombia, coupled with ongoing clashes between armed groups along the Venezuelan border and Pacific Coast, increases needs and complicates access to essential services—including healthcare—and labor markets. Violent clashes between armed groups fighting for control of land and illicit crop production continue to force displacements throughout Colombia and remain a major humanitarian concern. The most affected areas in Colombia include the departments of Antioquia, Chocó, Nariño, Valle del Cauca and Cauca on the Pacific coast, and Norte de Santander on the border with Venezuela, where the majority of Venezuelan migrants have relocated.

INTERNATIONAL MEDICAL CORPS RESPONSE

In early February 2020, International Medical Corps deployed a team to Colombia to conduct a needs assessment, meet with partners and key stakeholders, and finalize its regional strategic plan to implement programmatic activities in Venezuela and Colombia. In Venezuela, International Medical Corps is working in collaboration with local partners FUDEP and Fundacion Nativo to implement health activities to meet the needs of the most vulnerable in Bolivar State. International Medical Corps plans to reach more than 2,200 beneficiaries in the state and will work with nine public health facilities in Caracas, Zulia and Falcon. Priority needs in Venezuela include health, mental health and psychosocial support services (MHPSS), and water, sanitation and hygiene (WASH).

International Medical Corps is a registered entity in Colombia and, in our recent assessments there, has seen that the needs remain great in the outlying areas far north of Cucuta (Norte de Santander), mainly in the urban areas, where there is an element of insecurity and active movement of migrants and asylum seekers. Needs are particularly high in districts along the border with Venezuela, and in rural areas where services are unavailable. In addition to the current exodus from Venezuela, Colombians are still returning to Colombia from Venezuela to these regions. In Colombia, International Medical Corps is focusing on the rural areas along 100 miles of the Colombian and Venezuela border that has limited services due to the fact that most of the NGO operators remain located within the urban area of Cucuta. Moreover, the area is highly dynamic in terms of migration, with issues related to the need for essential health services, gender-based violence (GBV) and MHPSS programs.

As part of the assessment, the team travelled to the interior part of the country. While there, International Medical Corps met with local non-governmental organizations and MOH officials to discuss the specific health, reproductive health, mental health and protection needs of migrants in the northern districts.

International Medical Corps is developing a strategy to provide support for health, reproductive health and MHPSS in these border districts.

Moving forward, International Medical Corps will begin implementing health activities in Venezuela in partnership with local actors. International Medical Corps is currently recruiting local staff and prepositioning pharmaceutical supplies to support health activities throughout the region. International Medical Corps will continue to coordinate with local

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partners and agencies to determine next steps and ensure integrated programming to support the needs of Venezuelan migrants. Additionally, International Medical Corps will establish programming to support internally displaced persons and address longstanding health needs within the country.