



# National Follow-up Report on the Complex Humanitarian Emergency in Venezuela:

Impacts, Response and  
Complexity Factors



March 2020

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Complexity Factors



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# Presentation

We present the first HumVenezuela Follow-up Report published along with the launch of this platform, aimed at reporting on the Complex Humanitarian Emergency (CHE) in Venezuela, as an independent initiative of Venezuelan civil society to contribute to the rights of all affected people so that, wherever they are, they are the center of a response consistent with international mandates and standards, open to the sum of everyone's efforts and consistent in its decision-making process with the reality of deprivation and damage suffered by the Venezuelan population that has been caused by the emergency.

HumVenezuela originated in 2018, when 300 civil society actors collaborated in a joint documentation effort to offer first-hand evidence on the emergency's large scale and severity and to publish several reports in the sectors of water, food, education and health, which now constitute part of the platform's work and which will continue to be updated periodically.

This first edition of the HumVenezuela monitoring reports is the result of a year of work which implies going through several stages in the construction of an evaluation model with a multidimensional approach to the CHE, the design of an integrated monitoring, documentation and follow-up mechanism, the collection, systematization and validation of a large volume of information in various sectors through processes of discussion and agreement with organizations from different sectors of civil society, including organizations from 13 states of the country.

The report is organized into 7 chapters, the first 5 are dedicated to presenting the results of an accurate and detailed measurement of the impacts of the CHE on the population and capacities of the country. The information was collected through the crossing of various national sources of information, most of them published by civil society organizations, researchers, the media and journalists who, in recent years, and with great effort, had to overcome restrictions on access to public information and face reprisals for reporting.

An important source of information has been updated by international organizations, which has provided relevant demographic and economic data on the situation in Venezuela. The last 2 chapters emphasize obstacles and concerns regarding the limitations of the humanitarian response and the complexity of the context's factors.

We hope that, with this first report and the rest of the work done, the HumVenezuela platform:

1. Be valued as an independent initiative of civil society to help ensure the centrality of the humanitarian response on people and their rights.
2. Calls for the removal of obstacles that limit shared efforts in a humanitarian space open to all actors, without restrictions or exclusions.
3. Facilitates decision-making and supports the strengthening of national capacities to reduce the huge gaps of deprivation suffered by the Venezuelan population.
4. Serves to fulfill the right of all people to assistance and protection, as well as the right to have the initiative to assist and protect, both of which are indivisible from the defense of human rights, without interference, abuse or arbitrariness.

# Introductory note

Since 2016, Venezuelan civil society organizations alerted the international community that the country was facing a Complex Humanitarian Emergency (CHE) identified globally as political originated and developing throughout long periods of instability that erode legal, institutional, social and economic structures of a country, resulting in the collapse of the capacities that sustain the institutions responsible for guaranteeing the life, security, freedoms and well-being of the population.

The organizations asked the United Nations agencies to act in a manner consistent with their mandates to protect people's rights, establishing an international humanitarian response mechanism in the country. However, it was not until the migration and refugee crisis of 2017 that the humanitarian system included Venezuela among the countries in need of humanitarian assistance and protection.

In International Human Rights Law, the responsibility to respond to a humanitarian crisis rests primarily with the State of the country where it occurs, having the obligation to use the maximum of available resources to guarantee the rights of the population, including requesting international support. When States are unable or unwilling to fulfill these obligations, it is the responsibility of the international community to offer support and seek to protect the rights of the population.

CHEs present major challenges to the affected society, including obstacles to accessing an international humanitarian response; threats of abuse and arbitrariness, practices of persecution, coercion, deprivation and discrimination; and wide information gaps, fragmented views of reality, and impediments to mobility and communication within and outside the country.

HumVenezuela is a new information platform on the CHE launched by Venezuelan civil society organizations. The initiative contributes to the measurement of the emergency independently, comprehensively, exhaustively and systematically. In this sense, the HumVenezuela platform provides data and evidence of the CHE from the perspective of a multidimensional model that addresses:

- The Impacts: Scale and severity of needs, intensity of damage and capacity gaps
- The Response: Access, operability, levels of protection and efforts of the humanitarian response
- Complexity: Environmental factors, security, rights and trends that prolong the emergency

The measurement includes the collection, crossing and validation of various sources of secondary information by sectors of rights, states of the country and vulnerable

populations. In this first edition, the platform offers data tables and a follow-up report until March 2020. The methodology also includes consulting organizations that carry out humanitarian work and those that have documented their causes to assess the humanitarian response in its dimensions of access, efficacy, protection and efforts; and the factors that influence its complexity related to the environment, security, rights and scenarios.

Civil societies in countries experiencing these crises better understand the context, knowing the terrain, obstacles and threats. Civil society has first-hand information on affected communities and populations and can carry out advocacy and support people who require protection and assistance, in defense of their dignity, rights and freedoms.





**Impacts of the CHE  
on Food and Nutrition**

Regarding food and nutrition, the complex humanitarian emergency (CHE) presents a severe drop in the availability of foods for consumption in Venezuelan households. The economic resources accessed by the population to cover the cost of essential goods and services have diminished considerably due to the growing deterioration of the economy and the fragility of the country's social, political and institutional environment. In this context, 26.1 million people are affected by CHE (91.4% of the population) due to difficulties in accessing food and other basic services. Of those, 17.5 million people (61.3%) have lost livelihoods, including assets, resources and economic activities to earn a living.

## Livelihoods

With an economic contraction of unprecedented proportions and sustained hyperinflation for several years, 13.1 million people (45.9%) irreversibly lost their livelihoods and 37% their sources of income<sup>1</sup>. The minimum wage was barely \$ 3 at the time of writing this analysis, so at least 40 minimum wages were needed to access the essential foods that would allow a family to have a decent diet. It is important to note that, given the unaffordable cost of food for Venezuelan families, 60% spent their savings on food, 33% worked to get foods instead of money, and 20% were forced to sell goods to cover basic needs. The population that was able to receive remittances from abroad was estimated at 32% for 2019 by consulting companies. Also, both the coverage and the amount of economic assistance provided by the government, was very low in addition to its highly politicized nature.

In a population led to widespread extreme poverty, the ability to purchase food and other goods and services fell 80% between 2015-2019. The internal availability of food, after sustained falls since 2013 and the breakdown of the national economic apparatus, decreased to its lowest figures in the last decade. National agricultural

production was reduced by 59.3% and that of manufactured products by 99%, supplying only 20% of the domestic food demand due to lack of access by producers to agricultural inputs, among other factors. In addition, agricultural imports fell 66% and food and beverages fell 65%, according to published figures from the Central Bank of Venezuela. The distribution of food through the Identification card (ID) system (CLAP boxes), on which serious doubts exists due to its discriminatory uses, in 2019 reached only 39% of the households receiving them monthly, with lower amounts of products that do not guarantee food adequacy.

## Food Security

As a consequence of the severe economic precariousness of the population and the important magnitude of food availability deficits, 68% of families did not have access to enough food at home<sup>2</sup>, and between 34% and 49% of adults had to deprive themselves of food due to its cost or scarcity, according to data provided by ENCOVI 2019/2020. In 2019, the World Food Program (WFP) published the results of a food security study carried out in the country, which found that 9.3 million people (32.6%) were moderately or severe food insecure. With this number of people, the study revealed a high-scale acute humanitarian crisis, with massive and urgent humanitarian needs in access to food.

Of the total number of people in food insecurity in the WFP study, 7 million were moderately insecure and 2.3 million severely, whose prevalence was higher than the national average in 11 of the 24 states of the country. Both categories define that condition of people in which it is not possible to cover the food requirements adequately and, in the case of severe, people can go full days without eating food. Because of this condition, the strategies to survive the food insecurity crisis increased, which has been evidenced by national humanitarian organizations such as Cáritas Venezuela. According to

their quarterly bulletins for the years 2018 and 2019, between 40% and 50% of the poorest households had to go for at least some forms of food deprivation, unconventional places to buy food, sell goods in order to buy food and remove members, to optimize food so more people would eat with less<sup>3</sup>.

## Food Consumption

The current economic factors and a drop of 72.6% in the availability of food, compared to the highest point of capacity reached by the country in 2008, caused a sharp deterioration in consumption and the nutritional situation of families. In the ENCOVI 2019/2020 data, 74% of Venezuelan households altered the variety and quality of their meals and 60% reduced their proportions. In this direction, associations and unions of national producers reported throughout the year that, between the years 2011/2013 and 2019, the apparent consumption of national production decreased in the following order: 90% in beef, 88% in poultry meat, 84% in milk and its derivatives, 80% in vegetables, 60.5% in rice and 50% in corn flour. In 2019, the WFP study indicated that 5.1 million people (17.8%) had reduced their food consumption to unacceptable levels; 3.5 million to the limit of consumption (12.3); and 1.6 million to extreme deficits (5.5%). FAO also updated its statistics on Venezuela in 2019, which reported a 213.8% increase in the levels of undernourishment or chronic hunger between the years 2013/2015 and 2019. Comparing national information between 2015 and 2019, the fall in protein intake was 76.9% and calorie intake 34%, indicating that the Venezuelan population on average had a very insufficient, unbalanced and monotonous diet, based on four or five foods at most and at the expense of carbohydrates and fats to satiate the appetite and optimize what was available at the family table.

## Nutrition

FAO updates reported the number of undernourished people in Venezuela at 9.1 million (31.9%)<sup>4</sup>. These circumstances of social and economic disadvantages were manifested in 30% chronic malnutrition in children under 5 years of age, expressed in growth retardation measured by the height-for-age indicator. Likewise, the incremental variations of nutritional deficits observed in evaluations, studies and projections from 2016 and 2017 to 2019, show that global acute malnutrition (GAM) could have reached 23.9% in children under 5 years of age at the national level, impairing in higher proportion boys and girls between 0 and 2 years old, with high risks to their lives at that age seen in rates of 31 children under 5 years of age who died per 1,000 live births and 18.3 newborn deaths per 1,000 live births for 2019, due to the collapse of the public health system and the ineffectiveness of its nutritional care services<sup>5</sup>. Malnutrition in pregnant women also exceeded 50%, giving evidence that living in food insecurity particularly affects the most vulnerable groups, including the life, growth and development of the youngest children.



# Impacts of the CHE on Food and Nutrition

Affected population

**26,1**

Millions of people

Affected population with increased vulnerability

**17,5**

Millions of people

People in need of humanitarian assistance (PIN)

**13,1**

Millions of people

People with severe humanitarian needs

**9,3**

Millions of people

People with extreme humanitarian needs

**9,1**

Millions of people

91.4% lack resources for essential expenses

61.3% lost livelihoods

45.9% lost livelihoods irreversibly

32.6% are food insecure

31.9% are undernourished or suffer from chronic hunger

**89%**

Drop in purchasing power

**77%**

Drop in protein intake

**59%**

Fall in national agricultural and livestock production

**34%**

Drop in food caloric intake





**Impacts of the CHE  
on Water and Sanitation**



As a result of the CHE, 23.4 million people (82%) are exposed to unsafe or poor quality water. 18 million (63%) do not receive water continuously, even though most homes are connected to the water system. The collection, treatment and distribution of water in Venezuela are intimately linked to the production of electricity. For this reason, the problems of access and quality of water were aggravated by the failures in the supply of electricity in 2019, when the entire country faced blackouts due to problems at Guri's Hydroelectric Plant and the Interconnected System. The failures persisted throughout the year, and since then, they continue having negative impacts on water collection from the source, its purification and subsequent distribution to the population in most of the Venezuelan territory. In addition, 18.1 million people (64.3%) are affected by deficient sewage collection services; and 4.5 million (15.9%) do not have access to safe sanitation sources<sup>6</sup>.

## Access to Drinking Water

For many years, Venezuela stood out as a country where the majority of the population was connected to water service through aqueducts. But this advantageous situation changed in the last two decades and became radically worse during the last five years under CHE's circumstances. As of 2019, 18 million people (63%) in connected homes have suffered from constant water supply interruptions<sup>7</sup>. In such interruptions, 2.5 million people (9.7%) received water only once a week; 3.6 million (14.3%) every two weeks or once a month; and 3.4 million (13.3%) never received water<sup>8</sup>.

The infrastructure of the Venezuelan aqueduct systems, including reservoirs, plants, piping equipment, as well as the sanitation system, was built in the second half of last century. This infrastructure achieved a high percentage of connected houses with the availability of 350lts/person/day of drinking water. However, as a result of a policy of lack of investment in its operations and maintenance,

the system has been subject to prolonged deterioration, which ended up undermining its structures and making it unfeasible to operate. By neglecting water sources and reservoirs, the quality and quantity of water treated in the water treatment plants fell, and their distribution capacity was compromised. The lack of maintenance caused the accumulation of failures due to breakdowns and breakages of the facilities.

## Water Quality

Another major negative impact of CHE's on access to safe drinking water is the exposure of 23.4 million people (82%) to unsafe or undrinkable water<sup>9</sup>. This situation is due to the accentuated deterioration of the systems in charge of water purification, which is an industrial process impossible to solve domestically as boiling water. A purification system requires goods and services, engineering talent, and equipment that meets technical and legal standards. likewise, it needs sources of raw water capable of being purified according to the technology installed, permanent electricity, and inputs to perform the process (chlorine gas and aluminum sulfate). Drinking water must be guaranteed. Storage and distribution conditions must ensure no system failures such as breaks in the pipes or alterations in the water pressure.

In 2019, very few water treatment plants were working properly. Of the 144 plants installed, only one was fully operational in 2017<sup>10</sup>. In addition to the operational deficiencies, there was a 95% drop in chlorine production in the country for water companies. There was also no production of aluminum sulfate, which represents another important input for the water purification plants. In 2018, Camatagua reservoir, the main source of water supply for "El Acueducto Metropolitano de Caracas", was eutrophicated and some species of toxic cyanobacteria were present. Another research on water quality in Caracas, conducted in 2019, showed that only 33% of



the samples analyzed met the standards. The "Sistema Regional del Centro", aqueduct which supplies the states of Cojedes, Carabobo, Aragua, and part of the Capital Region, presents serious problems of treatment due to the contamination levels of the raw water in contact with sewage or residual waters. All the reservoirs, on the other hand, are located in basins with little protection. In them, a high level of anthropic intervention has been detected, affecting the quality of their waters, like the growth of populations on their banks, and interventions in their basins.

Venezuela has sufficient sources, both surface and underground, to supply all its inhabitants requirements: consumption, hygiene, health, food, agricultural and industrial development, electricity, and recreational purposes. In fact, Venezuela has one of the highest levels of freshwater per person in the world. However, the hydrological cycle and drinking water sources are also threatened by extractive activities, logging, and deforestation, oil industry spills, the use of prohibited biocides, the alteration of river courses, forest fires, the poor management of Valencia Lake, flooding due to lack of maintenance and cleanliness of watercourses, and unregulated activities that fail to comply with more than 30 global environmental agreements ratified by the Venezuelan state. These activities reflect the lack of institutionality in the sector. All of the above factors generate predictable and preventable problems.

## Sanitation

During the nineties, Venezuela achieved the capacity to collect 84% of the sewage and guarantee the sanitation of 48% of the collected water. For the year 2011, it was estimated a 27% wastewater treatment that by 2017 was reduced by 74%<sup>11</sup>, due to the lack of investment in maintenance, repair, and renovation of the sewage treatment plants, whose installations have reached the end of their useful life. Therefore, there are continuous

breakages or failures of pipes. Currently, most of the untreated sewage is discharged into water bodies, contaminating them and affecting the quality of the water sources that can be transformed into drinking water.

The population located in poorer settlements and rural areas has less connection to sewage collection and treatment systems. They are the people most exposed to unsafe sanitation sources in CHE's circumstances because of the disappearance of public programs that offered alternative systems and technologies for excreta and wastewater disposal. This population represents 4.5 million people in Venezuela, in homes without connection to the sewage network, of which 2.8 million live in rural areas. Of the total unconnected population, 3.1 million (11%) use septic tanks and 855,000 (3%) use off-line toilets or latrines<sup>12</sup>.



# Impacts of the CHE on Water and Sanitation

Affected population

**23,4**

Millions of people

Affected population with increased vulnerability

**18,0**

Millions of people

People in need of humanitarian assistance (PIN)

**12,7**

Millions of people

People with severe humanitarian needs

**6,4**

Millions of people

People with extreme humanitarian needs

**4,5**

Millions of people

82% exposed to non-potable water

63.1% with drinking water and sanitation deficiencies

44.5% have severe restrictions on access to drinking water

25% do not have sustainable access to drinking water

15.9% without safe sanitation structures

**99%**

Water purification plants with severe operational deficit

**85,7%**

Drop in the amount of water distributed

**74%**

Drop in the amount of treated wastewater

**40%**

Raw water collection reservoirs are inoperative



Caracas, 26 de septiembre 2017

**Impacts of the CHE  
in Basic Education**

The Complex Humanitarian Emergency (CHE) in Venezuela has had a major impact on the right to education, affecting 8.8 million children and adolescents out of a total population of 9.3 million between 0 and 17 years of age. As of March 2020, in the Venezuelan education system, 6.5 million (69.5%) of children and adolescents attended severely deteriorated schools; 6.2 million (66.6%) did not receive an education in accordance with the right to education; 4.9 million (52.7%) did not have access to adequate school feeding; and 2.7 million (29.3%) were at risk of dropping out due to absenteeism or irregular attendance. These effects are the result of a collapsed physical and pedagogical infrastructure and a school governance that is beyond its capacities. As a result, more than 1 million of children and adolescents (10.9%) dropped out of school and 960,000 (10.3%) infants between the ages of 0 and 2 have not been enrolled in school, requiring urgent protection from the education system due to the high levels of poverty in their homes<sup>13</sup>.

## Education system

Of the 9.3 million of children and adolescents in Venezuela, who should enjoy the right to education, 5.1 million (54.5%) are at risk of dropping out of the school, as a result of a school system that has lost most of the capacities for which it was created. The risk of dropping out is present in 2.7 million (40.0%) of the children and adolescents, who attend school irregularly, sometimes been absent for long periods. The main cause of absenteeism is the lack of basic services, running water, electricity and sanitation, as well as the shortage of supplies, uniforms and food.

Additionally, 1.1 million children between the ages of 3 and 17 dropped out of school by 2019, and 2.6 million did not enroll in the school system between 2016 and 2019<sup>14</sup>; out of them, 1.3 million did it due to the forced displacement of their parents or family members and

the rest dropped because of economic needs or living conditions that the education system does not meet. Special significance is found in 960,000 children from 0 to 2 years of age who, since the disappearance of the day care programs, are outside the education system and require particular support during the maternal stage, for their physical, cognitive and social development.

As part of a policy that denies the right of access to public information, there are no official references that show the reality of the Venezuelan education system, most of which is dependent on the State, that has only reported 4.2% of the schools that closed or became inoperative between 2016 and 2019, even though there are many that no longer fulfill any pedagogical function.

## Learning environment

In the education system, 6.2 million (91.0%) of children who attend school regularly or irregularly do not receive a continuous education of quality or in accordance with the objectives and standards of the right to education. The main cause of this deficient education lies in the fact that 4.2 million (61%) of those children do not have qualified teachers and for 3.4 million (49.2%) there are insufficient teachers. In addition, 5.2 million (77%) of children attend school without complete and adequate teaching materials; also 1.7 million (25.4%) of children have suffered severe interruptions of the activities scheduled in the school calendar, due to recurrent official suspensions, unjustified in the majority of cases.

The weakening of the learning function has been aggravated by the fact that 5.3 million (77.8%) of children are subject to politicized and indoctrinated training, which contravenes the right to education, through several simultaneous curricular programs, some of which are even unofficial. The dysfunctional nature of the learning environment has led to 2.8 million (41.7%) children being promoted without having achieved the competencies of the respective grade, and 1.9 million

(37.0%) children with a severe school backwardness, including 547,876 (19.0%) children with a severe school backwardness. It is also a factor in school dropout.

The dysfunctional nature of the learning environment has been aggravated by the loss of 276,992 (50.0%) teachers in four years for economic and political reasons. As a condition of not being subject to reprisals, 139,687 (46.8%) teachers must adhere to the established teaching processes that respond to doctrinal and not pedagogical objectives, amongst non-sufficient or adequate educational material, and with a high number of unfulfilled class days, which represented a total of 129 days (66.8%) in the 2019 school calendar.

## School infrastructure and care

6.4 million (95.0%) of children and adolescents study in schools with deteriorated or deficient infrastructure, basic services and equipment. The lack of regular maintenance programs and major repairs has caused 6.4 million (94.0%) of children to put their health and even their lives at risk, since they do not have continuous water, sanitation and electricity services in buildings with severe structural problems. This situation prevents 2.7 million (42.6%) children from attending school regularly and 2.2 million (31.8%) from doing so in overcrowded conditions, while 1.1 million (15.5%) are at risk of suffering from postural diseases due to the lack of appropriate desks.

In a context of massive impoverishment, 2 million (35.0%) of children do not have school feeding programs and 4.9 million (72.0%) do not receive enough food every day in terms of quantity and caloric content<sup>15</sup>. For this reason, 2.2 million (45%) of children do not attend school regularly. In addition, 6.3 million (92.0%) of children do not have health or school insurance programs, school transportation, uniforms and school supplies. As for

schools, only 1,471 (5.0%) have acceptable physical conditions and only 5,225 (17.8%) have continuous water, sanitation and electricity service. In addition, only 732 (2.5%) schools have health services or school insurance and 4,559 (15.5%) enjoy a regular supply of meals, excluding a large number of children in poverty who do not have sufficient food in their homes.

## Protection

The CHE has caused a significant increase in violence, as well as the forced migration of more than 5 million Venezuelans, leaving 3.9 million (41.7%) of school-age children unprotected. Only 2,073 (7.0%) of schools have protection programs. Migration has left 943,117 (10.1%) children without the accompaniment of one or both parents<sup>16</sup>. Violence is found in and around schools, affecting 2.4 million (35.1%) of children who have been victims of violent acts or events. The situation of 769,354 (44.6%) school-age children in the border states who have been recruited by irregular or illegal groups is noteworthy.



# Impacts of the CHE in Basic Education

Affected  
population

**8,8**

Millions of  
people

Affected population  
with increased  
vulnerability

**8,5**

Millions of  
people

People in need of  
humanitarian  
assistance (PIN)

**6,8**

Millions of  
people

People with severe  
humanitarian need

**4,7**

Millions of  
people

People with extreme  
humanitarian needs

**2,7**

Millions of  
people

94.7% children  
69.5% in deteriorated schools  
25.2% outside the school system

91.8% children  
66.6% without adequate  
25.2% outside the school system

73.9% children  
52.7% without adequate school feed  
10.9% dropped out of school  
10.3% 0-2 y/o need school support

50.5% children  
29.3% at risk of dropping out  
10.9% dropped out of school  
10.3% 0-2 y/o need school su

29.3% children  
do not attend school  
regularly

**95%**

Basic schools with  
deteriorated  
infrastructure

**82%**

Basic schools with  
severe water, sanitation  
and electricity  
deficits

**82%**

Basic schools receive  
irregular or do not  
receive a feeding  
program

**50%**

Loss of teaching staff  
in the education  
system





**Impacts of the Complex  
Humanitarian Emergency on Health**

The Complex Humanitarian Emergency (EHC) caused the collapse of the public health system in Venezuela, deteriorated for more than two decades in its physical, institutional and financial capacities, which affects 23.7 million people, 83.4% of the Venezuelan population, in their health needs. The majority lives in poverty, without any financial protection or economic resources to face health expenses.

Venezuela's drop in sanitary capacities has generated a triple impact on the health of the population: an excessive prevalence of diseases, with a greater weight on chronic ones, without diagnosis or not diagnosed in time due to the loss of services, nor treated adequately due to severe exhaustion or lack of treatments; the reappearance of eradicated diseases and their conversion into epidemics; and increasing mortality associated with physical and operational deterioration and lack of sanitation in health centers.

Under these difficult circumstances, at least 18.4 million people with various diseases are highly vulnerable. Of these, 14.8 million lost health services; 11.4 million lack minimum resources for medical expenses; and 7.9 million have serious problems, without guaranteed care in available public health centers, which put their lives and physical integrity at risk.

## Health system

In Venezuela, 23.8 million people depend on the public health system to meet their health needs. The system concentrates the largest number of establishments, services and hospital beds, which are administered by different providers (Ministry of Popular Power for Health, MPPS; Venezuelan Institute of Social Security, IVSS; and Misión Barrio Adentro, among others). Until 2014, 15 million people did not have any type of health insurance, to which 4.5 million people were added in 2018, after losing their insurance policies due to hyperinflation and 4 million insured public workers, with limited plans to cover the costs of the private sector.

Fragmentation, corruption, and underfunding of the system, evidenced by a 63.6% drop in the contribution of public spending<sup>17</sup> to household health spending led to the public health system falling into a crisis with the loss of 40% of its service delivery capabilities, between 2012 and 2016. Between 2017 and 2019, the crisis turned into collapse with the closure or inoperability of 80% of primary care, 60% of specialized outpatient care, and 69.5% of hospital care. In this emergency, 14.8 million people with health problems were deprived of services and, of them, at least 11.3 million did not have financial means to pay for their health needs.

## Health services

The collapse of the public health system directly affects 18.4 million people (65% of the population) with the most prevalent health conditions (48.7% chronic and 35.7% acute). Of this total number, 7.9 million people have serious health conditions (24.4% chronic and 11.4% acute) without guaranteed care in the system due to the fact that health centers lost 46.7% of beds and 80.8% of beds in intensive care units<sup>18</sup>; 51% of the operating rooms or wards; 38.3% of surgical activity; 85% of medical equipment; and 90% of the capacities to perform laboratory tests.

## Care in public hospitals

With the high deficiencies that public hospitals present, at least 900,000 people with serious health conditions face a high risk of dying due to not getting care or receiving it in an inadequate or unsafe way in services. 70% of public hospitals do not have the means for cardiovascular diagnosis and therapy<sup>19</sup>; 57% of medical personnel and 62% of trained nurses left their jobs. In 82% of the public hospitals there was a shortage of surgical supplies and laboratory reagents, and in 50% a lack of basic supplies and medicines<sup>20</sup>. As of March

2020, 55% of public hospitals did not have power generators and 63% had frequent power outages; 80% operated in deteriorated infrastructure; 70% had no regular water supply; and in 88% there were sanitation problems<sup>21</sup>.

## Medicines

Between 2014 and 2019, public and private imports of medicines fell 96% and national production by 89.9%. This severe contraction in the availability of medicines reduced distribution capacities by 83%, causing an average shortage of 71.6% in medicines for acute diseases (Respiratory Infections and Diarrhea) and 60% for chronic diseases (Diabetes and Hypertension) until December 2019<sup>22</sup>. In the case of high-cost drugs, the suspension of State purchases to supply public access-to-treatment programs caused around 71% shortages of medicines throughout Venezuela.

## Women's and children's health

Most of the 749,000 pregnant women and 1.2 million children under 5 years of age are part of the affected populations most vulnerable to health risks due to the ineffectiveness of services and high deficiencies in the public health system. Due to the loss or deterioration of obstetric care in public health centers, 427,000 pregnant women (57%) are at risk; of these, 23% are pregnant teenagers. The risk increases for newborns, 79% of whom are more vulnerable to the severe deficiencies in Venezuela's mother and child services. At the same time, 96% of children under 1 year of age suffer from diarrhea<sup>23</sup>, for which the health services do not have adequate or timely care conditions and at least 40% of these children have not received a full immunization.

## Epidemics

In these last years of the emergency, 20.2 million people (71%) have been exposed to diseases that have expanded or re-emerged as epidemics in most of Venezuela's states due to the weakening of public health and vaccination programs and the internal displacement of the population, incorporated into illegal mining or other informal activities due to the severe economic deterioration. Among these diseases, Malaria stands out, present in 20 of the 24 Venezuelan states, and Measles and Diphtheria, in 17 states. Between 2010 and 2019, Malaria had a rise of 882%, going from 45,000 to 400,000 cases; Diphtheria reappeared with 58 cases in 2016 and increased by 3,078%, accumulating 1,785 cases until 2019; Measles in children and adolescents rose by 970%, growing from 727 cases in 2017 to 7,054 in 2019<sup>24</sup>.



# Impacts of the Complex Humanitarian Emergency on Health

Affected population

**23,8**

Millions of people

Affected population with increased vulnerability

**18,4**

Millions of people

People in need of humanitarian assistance (PIN)

**14,9**

Millions of people

People with severe humanitarian need

**11,4**

Millions of people

People with extreme humanitarian needs

**7,9**

Millions of people

83,4% depends on care provided by a collapsing public health system

64,5% exposed to health problems without health care guarantees

52,2% lost public health services

39,8% without public attention or means to face costs of illness

27,8% with serious health problems

**83,2%**

Drop in medicine distribution

**69,5%**

Public hospitals with inoperative or closed services

**57%**

Loss of trained medical personnel in health centers

**46,7%**

Inoperative beds in the public health system





**Impacts of the CHE  
on Living Conditions**

The Complex Humanitarian Emergency (CHE) that the country is going through has seriously affected other areas of daily life that are essential to ensure people's dignity. The emergency deepens the impacts upon the water and sanitation, food and nutrition, education, and health sectors; therefore, decision-making must assess these situations for the implementation of an adequate humanitarian response consistent with the needs of the context. The breakdown of the country's institutions caused 96.2% of the population to be in a situation of poverty, of which 79.3% are in extreme poverty and 64.8% in multidimensional poverty. This situation exposes people to severe levels of deprivation, in addition to the collapse of basic services that have resulted in 50% of people suffering daily interruptions of electrical services and 24% of the population not receiving domestic gas in cylinders in their community.

## Poverty

During the last 6 years, the Gross Domestic Product (nominal GDP) experienced a cumulative contraction of 65% and, between 2012 and 2018, public spending fell by 27.6%. The real salary fell from 266.50 USD per month to 3.40 USD in the last decade and the loss of purchasing power affected 79.3% of the population. In consequence, in 2019, 27.4 million people lived in poverty with insufficient income to cover a basic basket of goods and services; 16.4 million of these people fell into extreme poverty between 2016 and 2019 and at least 18.5 million fell into a condition of multidimensional poverty, in which they face multiple deficiencies in health, education and standard of living<sup>25</sup>.

In a context of widespread poverty, 5.1 million people depended on State economic assistance in 2019, subject to discriminatory mechanisms of political control. In the midst of the crisis, people who have been

displaced, already vulnerable, also served as support for those who remained in the country. At least 9.1 million Venezuelans received remittances from family and friends abroad, although in extremely low amounts in comparison to the cost of living.

## Housing and basic services

The lack of housing, including physical deficiencies or precariousness and environmental conditions, affected 8.5 million people in 2019; 22% lived in inadequate housing and 1.7 million lived in houses built with non-resistant or precarious materials. According to ENCOVI 2019/2020, 13% of people lived in overcrowded housing. Between 2017 and 2019, the public sector reduced housing construction by 68%, providing 4,820 new homes in 2019<sup>26</sup>. The private sector built 1,000 homes, registering a 99% cumulative construction drop.

Regarding basic services, 90% of the population had poor electricity service. During 2019, the country suffered at least 5 nationwide general cuts (blackouts) in the electricity supply for several days. The National Interconnected Electricity System operated at 12% of its installed capacity<sup>27</sup>, causing at least 14.3 million people to suffer daily interruptions in electrical service, while 26% experienced interruptions several times a day every day. This situation forced at least 70% of the population to have to modify their routine activities.

The 2019 WFP study found that the supply of domestic gas, especially necessary for cooking, was irregular for 72% of the population. At least 13.8 million people received a gas container or "cylinder" every two months or did not receive it at all in their community<sup>28</sup>, generating the need to resort to the use of unconventional sources of fuel and the felling of trees. Due to the lack of domestic gas, 53% of people changed the way they cook their food and 43% decreased the number of meals per day.



## Mobility, communications and information

The deterioration of the public and private vehicle fleet and the shortage of fuel led to severe mobility restrictions for 9 million people due to the lack of public transport, and approximately 190 thousand children and adolescents could not attend school regularly. Regarding fuel, in 2019 gasoline reserves fell by 85%; 93% of service stations that supply the population were closed or inoperative due to shortages and 81% of public transport units were not operative. In addition to restricting the free movement of people, the gasoline shortage also affected supply chains and supply of basic goods and services throughout the country.

In a context of reduced mobility, the loss of connection for communication purposes increased the probability of incommunicado. Between 2016 and 2019, mobile phone service subscriptions decreased by 52%<sup>29</sup> and 17.9 million people had communication problems due to failures or lack of mobile telephony, in addition to the fact that at least 31% were not subscribed to a mobile phone service.

State opacity policies and censorship practices caused independent media to adapt to digital formats, facing institutional blockades of their web pages. In 2019, 60% of households did not have internet service and 35% of people did not use it. These are restrictions on access to information that affect the ability to make informed decisions.

## Environment

Bolívar and Amazonas were the states most affected by the deterioration of environmental conditions caused by gold mining. According to the limited existing data, related to the behavior of mining activity and their spatial locations, currently, the 10 main rivers of these states are contaminated by the presence of mercury.

The exploitation of the Orinoco Mining Arc accentuated the levels of inequality in the region and the vulnerability of people in these locations, especially women, who are exposed to serious situations of violence. Based on the information collected, at least 1.7 million people are potentially affected by mercury poisoning, and it is possible that some 570 thousand have experienced moderate to severe health effects.

At the environmental level, the loss of tropical humid forests in the Venezuelan territory during the 2016-2019 period increased around 190% (54.4 kha) in comparison to the 2002-2015 period (18.7 kha)<sup>30</sup>. 43% of the population lives in the states with the greatest forest loss, 15.8 million live in areas affected by the decrease in river flow and 9.2 million in areas where floods occur.

## Violence and abuse of power

Venezuela is the country with the most deaths of people from violent causes in Latin America. In 2019, 16,506 died from these causes<sup>31</sup>. Of these, 4,582 were young people between 18 and 29 years of age and 494 boys, girls and adolescents under 18 years of age. Between 2014 and 2018, 2,889 people died from suicide and, in 2017, 22% of the population reported having been a victim of violent acts.

During 2019, 2,744 people were arbitrarily deprived of their liberty, with 34,748 arbitrary detentions occurring in the last 5 years. Between 2018 and 2019, 114 people were arbitrarily detained for expressing themselves on social networks and the media<sup>32</sup>. At least 574 people were subjected to torture between 2018 and 2019 and 23 of those died<sup>33</sup>.

According to official figures, between 2016 and 2019, at least 17,849 people were killed by security forces. Of the 4,890 investigations that the Public Ministry reports

having initiated, only 0.3% advanced to the trial phase and only in 1 of the 4,890 cases was the perpetrator convicted (OHCHR). 85.3% of court judges are freely appointed and removed, a situation that compromises their stability and independence. According to figures from the Supreme Court of Justice itself, between 2017 and 2019, the cases resolved by the courts decreased by 72.7%<sup>34</sup>.

## Forced migration

The impact of the CHE on the living conditions of the Venezuelan population caused the forced migration of 5.2 million people<sup>35</sup>, most of them in the last 5 years, to find economic sustenance, access to food and protect themselves from threats to their lives. 41% of the people surveyed in 2019 by the UNHCR who were in transit or within a few months of having left the country stated that violence was one of the reasons for their displacement, having good reasons to believe that their lives would be in danger if they returned to the country. Added to these reasons are all the obstacles and restrictions that they face when moving (lack of identification documents, exposure to risks and xenophobic practices in transit and host countries).

The ENCOVI 2019/2020 indicated at least 1 family member was forced to emigrate in 19% of Venezuelan households. Until 2019, around 11 million people in the country had the intention to migrate and 500 thousand people, of the 2 million in pendular migration, required humanitarian assistance<sup>36</sup>. By August 2019, the IOM confirmed that there were at least 89 deaths of Venezuelans during attempts to emigrate.



# Impacts of the CHE on Living Conditions

Affected population

**27,4**

Millions of people

Affected population with increased vulnerability

**22,6**

Millions of people

People in need of humanitarian assistance (PIN)

**18,5**

Millions of people

People with severe humanitarian needs

**14,3**

Millions of people

People with extreme humanitarian needs

**11,0**

Millions of people

96,2% live in poverty with deficient basic services

79,3% are in extreme poverty and lack basic services

64,8% of people live in multidimensional poverty

50% suffer from daily electrical service interruptions

38.6% of people intend to emigrate

**99%**

Drop in real minimum wage (USD)

**88%**

Drop in electricity generation

**85%**

Drop in gasoline reserves

**81%**

Of public transport units are inoperative





**Humanitarian Response**

The humanitarian response, under the coordination of the United Nations, began in 2019 with significant challenges in humanitarian access, mainly associated with the limited recognition of the emergency by the country's authorities. The systematic violations of human rights merit a commitment from international humanitarian system actors to implement a response framed in the centrality of protection and coordinating with the international systems for the protection of human rights to safeguard lives, dignity and the security of people affected by the emergency.

## Humanitarian Access

Although there are advances in the implementation of an international humanitarian response, these are not proportional to the scale and severity of the situation. The humanitarian response faces severe access constraints; the limited recognition of the emergency by the authorities has hampered the administrative registration processes of international humanitarian organizations, as well as the entry into the country of their work teams and the development of operations. These restrictions are in addition to the prohibition of registering and updating the records of national human rights and humanitarian organizations.

Between July and September 2019, the World Food Program (WFP) carried out a food security assessment in the country with government authorization<sup>37</sup>. This evaluation classified Venezuela as the fourth largest food crisis in the world<sup>38</sup>. However, the results obtained were not recognized by the authorities and to date, WFP has not been allowed to enter the country.

The lack of physical and logistical conditions to carry out humanitarian operations in the country has been identified by national organizations as one of the main limitations regarding access for the humanitarian response. There are serious restrictions on mobility

due to the deterioration of roads to communities, incidents related to abuses of power at military or police checkpoints (alcabalas) and the prohibition of access to areas by State security forces or armed groups in control of those territories. Gasoline and diesel shortages represent a major challenge for humanitarian operations that could be exacerbated by limitations on fuel imports resulting from international sanctions.

During 2019, 58% of the 16,739 protests registered throughout the country were related to the demand of economic, social, cultural and environmental rights<sup>39</sup>. Cuts in electrical services, low levels of connectivity and shortages of water, gas and fuel affect the majority of the population, worsening the conditions for the implementation of the humanitarian response as there are serious deficits in the internal capacities to respond, deepened by the lack of trained personnel and adequate infrastructure.

The absence of security guarantees for the actors that carry out humanitarian work and the people who receive it constitutes one of the greatest concerns for national organizations. As a consequence of the lack of official recognition of the emergency, an environment has been created that allows for the harassment and criminalization of organizations that provide humanitarian aid.

When seeking solutions to cases of attacks on national organizations, the pressure exerted by human rights organizations and independent media, as well as the advocacy of actors of the international humanitarian system, has been key.

A humanitarian space that is open to the participation of all actors is necessary to guarantee free access, without harassment of organizations that carry out humanitarian work, to the affected areas and to ensure that people can receive the protection and assistance they require without fear of retaliation.



## Efficacy of the Response

According to ACAPS, Venezuela went from having slight access restrictions to being an inaccessible humanitarian crisis between 2017<sup>40</sup> and 2018<sup>41</sup>. This organization estimates that by 2019 there are 14.9 million people with humanitarian needs in the country and that high restrictions to humanitarian access remain<sup>42</sup>.

Between 2018 and 2019, funds from the United Nations Central Emergency Response Fund (CERF) were approved for the country<sup>43</sup>, and Venezuela appeared for the first time in the 2019 Global Humanitarian Plan with a call for 738 million USD to be raised to address the regional refugee crisis and Venezuelan migrants.

In January 2019, 135 civil society organizations issued a joint statement to demand from the United Nations agencies a coherent and rights-based operation in addressing the Complex Humanitarian Emergency in Venezuela<sup>44</sup>.

In February 2019, the Cooperation and Assistance Coordination Team (ECCA for its acronym in Spanish)<sup>45</sup> was created to establish a space for coordinating the humanitarian response at the national level. In April, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock, reported to the United Nations Security Council on the development of a humanitarian needs overview (HNO) in which 7 million people were identified to have humanitarian needs. To date, this document is not public in Venezuela<sup>46</sup>.

With advances in the installation of the humanitarian architecture in the country, a Humanitarian Coordinator was appointed and the ECCA was formalized as the Humanitarian Country Team (HCT). Furthermore, education, water, sanitation and hygiene, health, food security and living conditions, nutrition, protection, accommodations, energy, and household goods and logistics clusters were formed and activated, despite the fact that the World Food Program, the latter's global

leader (logistics), has not been authorized to activate its operations in the country.

Similarly, four field coordination centers (CCTs) have been installed in Caracas, Ciudad Guayana, Maracaibo and San Cristóbal to cover large and diverse territorial extensions, making it necessary to establish a greater number of delimited CCTs to less extensive areas and willing to work with civil society organizations present in those areas to achieve effective coordination of the response. According to a study carried out by Avesa and Uniandes, 60% of the civil society organizations consulted at the national level have limited knowledge or do not know the humanitarian architecture<sup>47</sup>.

The non-public HNO served as the basis for the development of the 2019 Humanitarian Response Plan (HRP), designed to provide assistance to 2.6 million people in 10 prioritized states of the country, 37% of the 7 million people in humanitarian need according to the plan.

According to the Financial Tracking Service (FTS), 35% (77 million USD) of the 223 million USD required to finance the HRP was raised<sup>48</sup>. By the end of that year's plan, 2.4 million people were reached with assistance at least once, which does not mean that their needs have been met. It is estimated that 2.3 million people, 96% of the beneficiary population, were reached through the distribution of medicines delivered to 341 health centers in 14 states of the country<sup>49</sup>.

The monitoring, verification and access to information on the humanitarian response received by people, the low stability of humanitarian teams and the weakness in the implementation of integrated, effective and timely actions in the response to humanitarian needs are issues that seriously affect the response efficacy and must be addressed diligently.

It is necessary to promote impartial and independent evaluations that take into account the different sources of information available for the design of



plans based on the scale and severity of people's needs and not on operational capacities. In this sense, the communications, consultation and transparency processes of humanitarian actors with communities and all sectors of society should be strengthened, guided by principles of association of equality, non-discrimination and respect for autonomy in all stages of programming.

## Protection of Human Rights

The establishment of a humanitarian response in Venezuela has occurred in a context of systemic human rights violations that have merited the use of extraordinary mechanisms for the protection of people and the accountability of those responsible for these violations at the regional and universal levels. The dismantling of the rule of law and the absence of independent institutions in the country that can confront and stop abuses of power have caused levels of generalized human suffering that merit coordinated protection and humanitarian assistance actions.

Currently, the United Nations Human Rights Council commissioned an Independent International Fact-Finding Mission to investigate the individual responsibility of the perpetrators of possible crimes against humanity in Venezuela, as well as the presence of officials from the Office of the High Commissioner for Human Rights (OHCHR) in the country to closely monitor human rights violations, protect the victims of these violations and maintain technical cooperation relations with authorities.

During 2019, the United Nations High Commissioner for Human Rights, Michelle Bachelet, and the Under-Secretary-General for Humanitarian Affairs and United Nations Emergency Relief Coordinator, Mark Lowcock, visited the country at different moments to verify the severity of the human rights crisis and the critical humanitarian situation that Venezuelans are experiencing.

The humanitarian response in Venezuela faces serious challenges in providing protection. National organizations suffer attempts to separate and exclude human rights organizations from humanitarian work, damaging the capacities and support networks that society itself has built to protect itself and putting at risk the accompaniment needed by people who have been affected to face and recover from violations of their rights.

The United Nations and other humanitarian actors have a commitment to the protection of people that cannot be relaxed by operational negotiations. Human rights must be at the center of humanitarian action and actors must do everything in their power to confront violence, coercion, deliberate deprivation and abuse of individuals, groups and communities. Protection must not be limited to the survival or physical safety of individuals, but must encompass all activities necessary to guarantee the enjoyment of all rights and put an end to their violations.

Humanitarian response plans must make use of public analysis regarding human rights violations. These will serve the humanitarian architecture at all levels, along with other actors in the humanitarian system, in the application of comprehensive protection strategies which must take into account the risks associated with these violations, the avoidance of repetition and support for victims in claiming their rights and recovering from abuses. These activities should have a rights-based approach that recognizes the specific protection needs of populations in vulnerable situations such as women, children and adolescents, the elderly, people with disabilities, indigenous peoples, LGBTI people, people in prisons, agricultural producers and farmers, people with HIV and people with other chronic health conditions.

It is necessary to establish close cooperation agreements between the humanitarian system and the international mechanisms for the protection of rights, on which the Venezuelan population depends on to attain

the protection and justice that they do not obtain in the country, and to fully include the officials of the OHCHR in Venezuela in the spaces of humanitarian architecture in order to ensure that the response is framed in the centrality of protection.

In January 2020, OCHA launched a tool to report humanitarian access incidents in which 32 access incidents were recorded in 12 states of the country; 27 incidents, between January and March, and 4 incidents that occurred in 2019<sup>50</sup>. In this regard, advocacy efforts must be strengthened that commit the authorities not to obstruct humanitarian activities and protect humanitarian actors, along with their goods and services, so that the affected people can access them without restrictions.

## Response Efforts

The humanitarian response efforts have focused mainly on scaling up operational capacities in the country. It is necessary to strengthen logistical capacities, especially outside the capital and in areas far from the main urban centers, ensure the interaction of national actors in coordination spaces and connect with technical and financial support initiatives to strengthen their assistance programs.

In terms of direct assistance, according to OCHA, it is estimated that 2.4 million people were assisted in 2019, of which 2.3 million were possible beneficiaries of the delivery of medicines to health centers. Fund-raising efforts for the Humanitarian Response Plan (HRP) for 2019 reached 35% of the required funding.

In the HRP 2019, it was established that 73% of the required funding would be destined to projects of the United Nations agencies in Venezuela and 27% to national and international civil society organizations. This already represented a significant gap between the

resources earmarked for agencies and civil society. In this regard, 117 Venezuelan civil society organizations issued a statement in which they expressed their concerns regarding the viability of the HRP 2019<sup>51</sup>.

According to the information published in the Financial Tracking Service (FTS)<sup>52</sup>, of the funds raised for HRP 2019 (77.4 million USD), 85.6% were allocated to United Nations agencies, 7.8% to NGOs without identification of their national or international character, 3.9% to international NGOs and only 0.7% to national organizations<sup>53</sup>. In other words, 12.4% of the financing achieved was destined to international and national civil society organizations.

It is pertinent to highlight that the United Nations agencies work with civil society organizations as implementing partners, so that through their intermediation the organizations receive part of the funds assigned to the agencies.

However, the need to strengthen the mechanisms so that civil society organizations can participate in the fund-raising appeals with real possibilities of obtaining the required funds is evident. In addition, easing the administrative requirements for financing Venezuelan organizations should be a priority.

The international humanitarian system must honor the global commitment that national organizations assume a leading role in the humanitarian response by reducing the access gap of national organizations to humanitarian financing mechanisms directly, especially when the organizations have done hard work and met numerous requirements to include their projects in the HRP in hopes of obtaining funds to assist and protect target populations.

The response capacity for the provision and/or rehabilitation of basic facilities in affected communities is one of the priority issues with the least coverage,



according to national organizations. Verification mechanisms must be established so that the humanitarian aid provided is effectively received by the people who require it and that the capacities of national civil society are strengthened through relationships guided by the principles of association, without exclusion and with respect for their autonomy.

## International Humanitarian Response

Defined humanitarian authorities

3,3

Coordination structure installed

3,0

Stable and experienced  
humanitarian teams

2,9

Human Rights-compatible  
conduct and execution

2,9

Average value

2,4

Coverage of humanitarian needs

2,1

Open humanitarian space

2,0

Seguridad garantizada por  
autoridades

1,7

Physical and logistic conditions

1,5

10





**Complexity of the Emergency**

The complex context in which the CHE occurs in Venezuela is a part of its analysis. Complexity is one of the elements of its profile and, in turn, is the terrain of the problems that make it difficult to respond to humanitarian needs and to find solutions to recover the lost or deteriorated capacities of Venezuelan society. The most notable factors of the complex nature of the emergency in Venezuela are related with the environment of the humanitarian space, the security conditions for assistance and protection work in the humanitarian space, the institutional and practical situation of rights, and the place these three sets of factors have in the institutional and political scenarios that may weaken or facilitate efforts to recover capacities, as well as to urgently assist and protect people from the aggravation of the damage to their lives, including preventing the continuation or deepening of the drop in those capacities.

## Restrictive factors of international regulations

In reference to the environment, Venezuelan civil society and other national and international actors are concerned about the interference of political, economic and military interests in the dynamics of the humanitarian space and the failure to observe international law in its various branches. With respect to the interference, the degree of deterioration that the relations between the country's main actors have reached, invades the spaces and opens the doors to the political use of the efforts, amidst the broad needs and limitations of the response, discussed in the previous chapter. Politicization, in addition to being contrary to humanitarian mandates and principles, accentuates mistrust and undermines the possibilities of reaching agreements focused on people's rights.

Furthermore, the necessary separation from politicization is impeded by the refusal to work in accordance with international regulations, which may be greater, leaving gaps for other views that are not in accordance with international law. Thus, compliance with the international regulations that frame and guide the humanitarian response must be reinforced and at all times invoked as a solid basis on which to support efforts, in particular by adopting the norms of international human rights law, which constitutes the universal framework shared by all actors, regardless of their field of work, and within which human rights and their defense are indivisible from humanitarian work.

## Risk factors associated with the economic decline

Among the factors that have the greatest weight in the assessment of security, the intensification of the economic deterioration and the networks of organized crime and/or the forms of economic depredation occupy prominent positions, and they feed each other. The ways that, within the political and institutional processes, allow solutions to be found to economic difficulties are of the greatest urgency for the population, in the face of the urgent need to resort to survival strategies that have meant the loss of their livelihoods in an irreversible manner for a large number of people. In the absence of such avenues and considering persistent factors of instability and deinstitutionalization in the country, the extreme economic vulnerabilities of the population must be taken into account in order to strengthen capacities with the objective of protecting the autonomy and the rights of people to live without fear or exposure to threats, violence, exploitation and economic slavery.



## Factors of lack of protection due to the absence of institutions

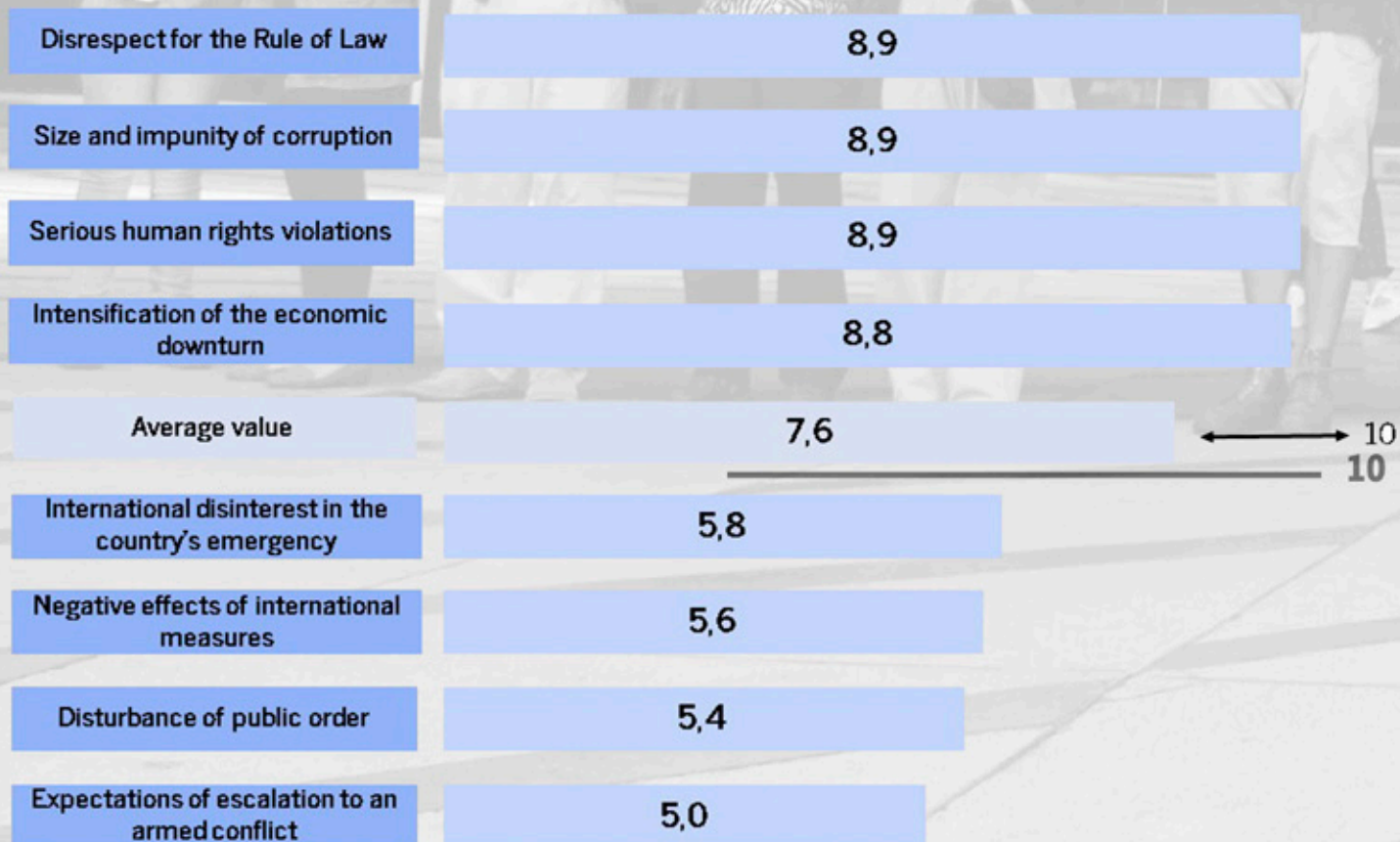
In the field of the factors that intervene negatively, the greatest weight of the complexity of the emergency in Venezuela rests, according to the values and references consulted, in the absence of institutions and the high levels of regression with respect to the conditions that are necessary to guarantee compliance with the human rights of the Venezuelan population. Among these factors, the lack of respect for the rule of law, the size and impunity of corruption, the serious violations of human rights, the breakdown of public institutions, the closure of the exercise of civil and political rights and freedoms, and the absence of accountability on the part of the authorities at the national and international levels stand out.

The caliber of these factors constantly undermines all efforts and generates discouragement and stagnation in the processes of recovery of capacities, giving rise to a situation where the actors and the populations themselves do not believe in the levels of commitment that the actors with decision-making power may have with the protection of their rights, nor that a response other than that which the context of abuses and arbitrariness itself imposes is plausible. Once again, the adoption of the norms of international law and the interdependence of the work of all sectors within their frameworks is a fundamental task in order to establish institutional bases and guide methodologies and actions that have the rights of individuals, communities and populations as their central concern.

## Prolongation factors due to political causes

Finally, among the most important factors that influence the prolongation of the emergency are the resistance to the re-composition of political power in accordance with democratic norms; the obstacles to the advancement of mechanisms for the re-institutionalization of the State; and the behaviors directed at maintaining the causes of political instability, which mark the unwillingness of the actors with decision-making power to exit the crisis. In a scenario of protraction due to these causes, it is crucial to give importance to democratic spaces, inclusion and equality, respect for autonomy, transparency and participation of people, national civil society and institutional actors of the international community in decision-making and implementation of humanitarian processes.

## Factors Intervening in the Complexity





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