Hum Venezuela

# Impacts of the Complex Humanitarian Emergency in Venezuela with the COVID Pandemic

June 2021

# Follow-up Report on the Impacts of the Complex Humanitarian Emergency in Venezuela with the COVID pandemic.

## Updated as of June 2021

Cover photos: Francis Rivera, Tairy Gamboa, Nicola Rocco and Sergio González.

We are grateful to the European Union and Oxfam for making this report possible.

Unión Europea
Protección Civil y
Ayuda Humanitaria

OXFAM

HumVenezuela is a Venezuelan civil society information platform that measures and provides data on the impacts of the Complex Humanitarian Emergency on the human rights and needs of the population. Ninety national and local organizations participate in different activities and processes of data collection and analysis.

The Complex Humanitarian Emergency, through which the whole country has been passing for more than five years, has caused multiple and serious deprivations of rights that are manifested in poverty, hunger, violence, collapse of services, absenteeism and school dropout, damage to health, preventable deaths and forced migration.

During 2020 and 2021, the COVID pandemic generated a more severe situation of overlapping emergencies that intensified its impacts on the lives of people, their homes and communities. The context remains highly complex due to the political, institutional and economic factors that caused the emergency and limits the humanitarian response.

It is the purpose of HumVenezuela to contribute to guaranteeing the rights of all people to be assisted and protected in these circumstances, carrying out independent measurements that generate proportional, inclusive, accessible and effective responses, in accordance with the norms and mandates of the humanitarian system and international law.

# Index

# Introduction

This report is presented by HumVenezuela, an information platform of Venezuelan civil society organizations, created in 2019 for the monitoring and follow-up of the Complex Humanitarian Emergency (CHE) in which the country has been in since 2016. The crisis in Venezuela acquired the profile of a complex emergency by virtue of its factors of origin, scale, multidimensionality and humanitarian consequences, causing deaths and severe widespread damage to the integrity, well-being and security of millions of people for more than 5 years. HumVenezuela's mandate is to contribute to the protection of the human rights of all affected people, based on their needs and demands, including the right to be assisted and protected in all circumstances, wherever they are.

The main purpose of HumVenezuela is to measure the impacts of the CHE and to track the scope of the humanitarian response and the factors that make it complex, based on a set of standardized indicators and data from a wide range of sources, including in-house research. In this opportunity, the HumVenezuela report is focused on updating the scale, intensity and depth impacts of the CHE up to June 2021, making a comparison with previous measurements up to March 2020, in order to observe changes in the situation, before and during the COVID pandemic.

The report is divided into five chapters dedicated to the sectors of food, water and sanitation, health, basic education and living conditions, evaluated by HumVenezuela since the beginning of the measurements, analyzing the most relevant areas and indicators where the CHE has generated the most critical and pressing impacts on people's lives, requiring the greatest attention from the actors who make decisions in the responses and carry out humanitarian assistance and protection work. The updating of data in each of these sectors is done at the national level and, for the first time, in 16 federal entities, which together represent 86 per cent of the country's entire population. At the end, brief conclusions are presented on the results of the measurements and some recommendations on general and specific approaches to the responses to the situation found.

Through extensive monitoring of the information available and collected through our own research in the aforementioned sectors, the impacts of the CHE are measured: (a) in its more substantive and unpostponable dimensions due to its human consequences, estimating the magnitude of the affected population and, within this, the number of people with humanitarian needs and those who have suffered more severe damage, in

order to guide efforts and response priorities; b) in its more conditional or causal dimensions, estimating in the impacts on people their correlative fall or deterioration of internal capacities, which indicate the size of the gaps of deprivation of rights that are being faced, in order to contribute to the adoption of policies and strategies that help reduce them in the shortest possible time so that people can recover.

This report is based on the collection and exhaustive review of information from a large number and diversity of local, national and international sources, including a field diagnosis carried out jointly by organizations that are part of the HumVenezuela community during the months of May-June 2021 in 16 states in different regions of the country. The way the measurements were taken and the results obtained are detailed in the Methodological Note of this report. All the data and indicators collected can be viewed and downloaded directly from the HumVenezuela.com website, along with graphical presentation sheets of the most relevant results to facilitate their analysis. You can also follow the information provided by HumVenezuela through its two twitter accounts: @HumVenezuela and @HumVenezuela_en

# Methodological Note

A humanitarian crisis, by definition, is associated with the loss or severe weakening of one or more essential capacities that leave people stranded or in need of support while those capacities are restored or reconstituted. Each fallen capacity carries with it some of the information generated in its operations.

When what is at stake is the availability of or access to infrastructures, goods or services on which people's lives, well-being or security depend, the information that is lost generates enormous gaps or lacunae that must be covered as far as possible, starting from recoverable statistics and making measurements that allow the best approximation to reality, in a methodical and verifiable manner, through the intersection, validation and reconciliation of abundant information provided by diverse sources and informed actors.

Without information it is not possible to make decisions to activate, plan, implement and evaluate actions in response to a crisis. The large-scale characteristics and multidimensional impacts of most complex emergencies require data with certain levels of aggregation in order to be able to see their magnitude and the dimensions that compromise people's lives. At the same time, these data must be sufficiently disaggregated to identify the specific needs and vulnerabilities of population groups.

HumVenezuela was created with the objective of having relevant information on the situation of people in the CHE that the country has been facing for more than five years and thus be able to contribute to the assessments that determine their profile, magnitudes, dimensions and response requirements, considering the standards and mandates of the humanitarian system and international human rights law.

In Venezuela, the challenge of having sufficient and timely information on the impacts, response and complexity of CHE has demanded a greater involvement of actors and joint efforts because CHE is the product of an enormous depth of capacity decline in sectors and areas essential to the population, which occurred over years of deterioration and dismantling, which also resulted in a great weakening of national and local information systems, many of which today have considerable under-recording.

At the same time, for several years now, the publication of statistics and government documents has disappeared in Venezuela and there is

censorship and veto of information from independent sources, thus restricting the right of access to public information. These difficulties of access to information are increased in facilities and areas of the country where there are greater limitations to reach or have access to the affected communities and populations.

HumVenezuela monitors existing information and generates its own research data to measure standardized categories and indicators of the humanitarian situation. The information collected goes through a rigorous process of review and verification for quality, consistency and coherence. Data are recorded in each dimension and category according to aggregation criteria, and then disaggregated according to the levels of deterioration or severity that the data themselves show. All the information corresponding to the data and its sources of information is available in downloadable Excel tables on the website for your use. Four sources of information were used to update this report:

1) **Sectoral records and statistics**: more than 8,000 sources were reviewed from local, national and international actors, both official and independent, through which studies and research, records, monitoring and situation alerts, statistics and available serial data, reports or journalistic research work are reported. These sources are listed as references for each of the indicators used for the measurements and are cited in the data tables presented in Excel format and downloadable from the HumVenezuela website.

2) **Consultations with informed actors**: during the research processes, 25 of the organizations participating in HumVenezuela carried out consultations with actors who have direct knowledge of the situation through their work, in specific sectors or areas where it was necessary to fill information gaps. This process is carried out under an interdisciplinary work approach in order to exchange, cross-check and validate data and evidence to broaden the scope of the visions and arrive at common approaches to the situation. As a complement to this information, five specific reports were also carried out in the area of basic services (Transport and Fuel, Water, Electricity and Domestic Gas), published in HumVenezuela's Bulletin N°1.

3) **Community diagnostics:** the measurements were strengthened with data collection in the field by conducting community diagnostics in 16 states of the country[1]. These diagnoses were carried out between May and June 2021 in the context of the pandemic, with a single instrument applied by the participating organizations. The instrument was aimed at collecting data on food, water and

[1] The 16 states are: Amazonas, Anzoátegui, Aragua, Bolívar, Carabobo, Distrito Capital, Guárico, Lara, Mérida, Miranda, Monagas, Nueva Esparta, Táchira, Trujillo, Yaracuy and Zulia.

other basic services, education, health, human mobility, violence and community problems. A total of 4,489 people were surveyed and reported on the situation of their family groups, collecting data on a total of 15,175 members of these groups. The sample included different populations, including women, children and adolescents, the elderly, people with disabilities, indigenous peoples, LGBTI people, producers and peasants, and people with chronic and acute health problems, including COVID.

4) **Demographic information**: in reference to population data and demographic information, which is of great importance for the measurement of indicators in all the sectors evaluated, HumVenezuela uses the estimates of CELADE (Population Division of the Economic Commission for Latin America and the Caribbean - ECLAC), because the country's census projections do not consider the migratory impacts on changes in the size and composition of the Venezuelan population and households.

All the data offered in this report and on the HumVenezuela website are strictly referential in nature and serve, according to the sources of information, to help ensure that the responses are proportionate to the situation shown and that the actors with decision-making power do everything in their power to comply with the requirement to include all affected populations in the responses. The sources of information corresponding to the data in this report can be found in tables by sector and state, available for download on the HumVenezuela website.

The report uses four acronyms to identify population groups and the loss or deterioration of capabilities in the country. These acronyms are:

| | |
|---|---|
| **AP** | **Affected population**, which includes all people with some degree of deterioration in their lives due to the impacts of the emergency. |
| **PIN** | **People in humanitarian need**, as a group of the AP who require some form of assistance or protection. |
| **PSH** | **People who have suffered harm**, as a group of HNP who have fallen into humanitarian need or extremely severe conditions of deprivation. |
| **FC** | **Fallen capacities**, which shows the accumulated deterioration or deficits of infrastructure, goods and services essential to the population. |

# Context

In March 2020, the first cases of COVID transmission were reported in Venezuela, which was declared a global pandemic at the beginning of the year. That same month, the national government issued a State of Alarm decree, in addition to the states of emergency decreed continuously since 2016, and health authorities announced a plan to control the pandemic with the support of the Pan American Health Organization (PAHO) and other agencies of the United Nations System present in the country.

The measures taken in response to the pandemic consisted mainly of the declaration of a Health Emergency and restrictions on mobility depending on the behaviour of the cases. These restrictions are called quarantines, which were applied progressively between flexible and restricted weeks. In addition, borders were closed, limiting the movement of the population through forced migration, school activities and public meetings were suspended during restricted weeks, and the requirement of safe-conducts or permits was established for the mobilization of priority sectors of food, health, transportation, and governmental functions, among others.

At the time these measures were taken, Venezuela had been in a nationwide Complex Humanitarian Emergency for more than five years, with devastating impacts on the massive and severe deprivation of rights to livelihoods, food and nutrition, water, sanitation and other basic services, education and health, and an increasing deepening of fallen capacities in each of these sectors. These difficult circumstances did not change during the 16 months of the pandemic up to June 2021. The population coped with the pandemic at the cost of a more severe deterioration in their situation, with a humanitarian emergency exacerbated by the constraints to being addressed and cared for.

In 2019, part of a humanitarian response architecture, coordinated by the United Nations System, was belatedly installed and the first humanitarian response plan was developed, which was based on a needs assessment that was never published. This first plan indicated a total of 7 million people in humanitarian need, an incomplete estimate that was waiting to be updated, which did not happen in the 2020 and 2021 plans, despite the fact that by the end of 2019 studies showed that at least 9.3 million people were living in food insecurity. In 2021, agreements were reached for the World Food Programme (WFP) to start operations in the country, with a plan to provide food assistance to 1.5 million children between 2021 and 2022. However, the response continues to face serious difficulties that undermine efforts and affect both programming and

fundraising, to the point that today the Venezuelan emergency is ranked as one of the largest at the regional and global level, with the least funded response.

In 2020 and 2021, HumVenezuela consulted some 120 civil society organisations about the scope of the humanitarian response in Venezuela and the levels of complexity that hinder or prevent progress in overcoming the emergency. In both consultations, it has been pointed out that the humanitarian response is highly restricted in terms of access and operational scope in a context where the political, institutional and economic factors that gave rise to it continue to intervene. These restrictions can be seen in the limited recognition of the emergency by the authorities, the political conditions that weaken the independence and compliance with humanitarian mandates and principles, and the persistent impediments and obstacles to the work of national and international organizations, increased in 2021 by acts of harassment, criminalization and persecution that put at risk both the humanitarian and civic space in Venezuela, and the protection of the rights of the population as the focus of action in both spaces.

# Living Conditions

The COVID pandemic further aggravated the deteriorating living conditions of the Venezuelan population. At least 1.2 million people fell into poverty and employment levels dropped by 55%, increasing to 27.9 million the population burdened by insufficient income to cover their most basic expenses. In addition, the lack of access to basic services intensified. Confined to their homes, 21.3 million people faced frequent power outages, 58.7% did not have continuous access to gas bottles for cooking or water for consumption and hygiene, and 62% did not have access to the Internet to communicate or carry out remote activities, in addition to not being able to be widely informed of the situation of the country due to the limited availability of independent media. In addition to the mobility restriction measures due to the pandemic, most people had to spend long periods of time to reach their destinations, including walking, due to the absence of public transport, cash and fuel. In 2021, all basic services deteriorated further: electricity generation capacity showed a 75% shortfall; 90% of public transport was paralyzed; and natural gas production fell by 43%[2].

## Poverty

Poverty became widespread in Venezuela several years ago. Between 2014-2020, 12.8 million fell into extreme poverty and, as of March 2020, 18.4 million were in multidimensional poverty, according to the Living Conditions Survey (Encovi). In 7 years, the GDP suffered a 65% contraction and, by the end of 2019, the purchasing power of real wages had been reduced by 98.7%. In these years, imports decreased 76.6%. Having reached a capacity of 620 thousand operating companies across the country, between 2016 and 2019 60% of these companies were closed and employment had fallen 41.9%.

In 2021, only 41.6% of the population had a paid occupation to cope with the country's deep economic crisis, with a major contraction of GDP that rose to 74% and a fall in the value of real wages of 76%. Over the last seven years, 20.3 million people fell into poverty due to insufficient income to cover a basic basket of goods and services, and multidimensional poverty increased due to a greater combination of deprivations, rising from an estimated 64.8% to 70.8% in the pandemic due to an increase in the lack of basic services.

[2] See data in Excel tables by sector and state for March 2020 at https://humvenezuela.com/tablas-junio-2020/ and for June 2021 at https://humvenezuela.com/tablas-junio-2020/.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Population in poverty | 26.729.786 | 94,0% | 27.958.625 | 97,4% |
| PIN | People in multidimensional poverty | 18.426.491 | 64,8% | 20.323.107 | 70,8% |
| PSH | People who fell into poverty | 12.309.162 | 43,3% | 13.538.000 | 47,2% |
| FC | Fall of the occupation | 41,9% | | 55,3% | |

## Basic services and housing

The massive deprivation of basic services has represented one of the greatest impacts on people's lives during more than five years of emergency. During 2019, the country suffered at least 5 general power outages, for several days, nationwide. According to the Venezuelan Observatory of Public Services (OVSP), 13.8 million people received the gas cylinders or "bombona" of gas every 2 months or did not receive it in their community, thus generating the need to resort to the use of firewood to cook food. During the last few years, the national electricity system operated at 12% of its installed capacity, causing a 71% drop in electricity generation, which affected 90% of the Venezuelan population, according to Encovi. By 2019, gasoline stocks had fallen 85% and 81% of public transportation units were paralyzed, largely due to fuel shortages.

Since the beginning of the pandemic, mobility restrictions and fuel shortages have reduced the availability of public transportation to 10%, affecting 19.3 million people. According to the Frente Unido del Transporte por Venezuela, the national diesel production presented a deficit of 86%, reducing cargo transportation and the supply of food and basic necessities. In 2021, the drop in operational capacities in the national electricity system also increased to 75%, causing 21.3 million people to suffer frequent power outages. The Committee of People Affected by Blackouts recorded double the number of power outages in 2021, increasing from 84,720 to 174,900 nationwide. According to data collected in the 16 states of the country, Mérida (69%), Táchira (52%), Aragua (49%), Nueva Esparta (47%), Lara (32%) and Zulia (30%) were the states with the highest number of severe power failures (See table of failures of basic services on pages 18 and 19 of this report).

In the domestic gas service, the shortage of gas cylinders in the communities affected 16.8 million people, caused by the limitations of mobility and transportation for their transfer and by the deficit of 43% in the production of natural gas, registered by Gas Energy Latin America. This situation forced

that 5.4 million people had to resort to the use of firewood, diesel or coal for cooking. According to figures from the Venezuelan Chamber of Construction and Encovi, in 2020, the housing deficit affected 8.5 million people and 21.5% lived in ranches, shelters, shelters or homes with 3 or more members per room or in homes where multiple families live together. At least 2.5 million were living in overcrowded conditions.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Population with a deficit of public services | 20.530.749 | 72,2% | 21.586.125 | 75,2% |
| PIN | People with power outages | 18.341.181 | 64,5% | 21.299.076 | 74,2% |
| FC | Recorded outages | 84.720 | | 174.900 | |
| | Fall in electricity generation | 71,0% | | 75,0% | |

## Communications and information

With reduced mobility, the likelihood of people being cut off from communication increased. According to Venezuela's National Telecommunications Commission (Conatel), between 2016 and 2019, subscriptions to mobile phone service decreased by 52%. 17.9 million people had problems due to equipment failure or lack of equipment, and 31% were not subscribed to any service. State opacity and censorship practices led to a decrease in the number of independent media outlets. Many had to adapt to digital formats, facing frequent blocking of their websites. In 2019, 60% of households had no internet service and 35% of people did not use it. These conditions represented serious restrictions on access to information, affecting the possibility of making informed decisions.

As of June 2021, people's isolation was further exacerbated by household confinement measures to reduce COVID transmission, as well as by mobility restriction measures. 50.5% of the population reported poor quality mobile phone service and 62% were in households without internet service to communicate, access information or continue their school or work activities. Even in this scenario in which access to verified information is vital to reduce infection and lethality rates and combat misinformation, there were cases of censorship and persecution of medical personnel and journalists who reported on the disease in the country.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Population with Internet failures or lack of Internet | 25.686.346 | 90,1% | 25.691.422 | 89,5% |
| PIN | People without Internet service | 16.966.918 | 59,5% | 17.825.776 | 62,1% |
| PSH | People with daily Internet outages | 6.120.923 | 53,0% | 5.831.239 | 53,6% |
| FC | Drop in mobile phone subscriptions | 52,3% | | 52,3% | |

## Violence and abuses of power

In 2019, 16,506 people died from violent causes; 4,582 were young people between 18 and 29 years old and 494 were under 18, according to information published by the Venezuelan Observatory of Violence (OVV). That year, according to monitoring data from Provea and Foro Penal, 2,744 people suffered arbitrary deprivation of liberty, 34,748 arbitrary detentions occurred, 574 people were subjected to torture and 23 died. Between 2016-2019, 17.8 thousand people were killed by security forces. Of 4.8 thousand investigations initiated, only 0.3% advanced to trial and in only one was the perpetrator convicted, as reported by the Office of the High Commissioner for Human Rights (OHCHR). In the justice system, 85.3% of judges were freely appointed and removed, compromising their stability and ability to decide freely on assigned cases. Between 2017-2019, the cases resolved by the courts decreased 72.7%.

This situation continued in the context of the pandemic, even in a context of reduced mobility due to restriction measures to maintain low levels of transmission. Up to June 2021, the number of registered cases of violence had barely decreased by 10%: 5.7 million people had been victims of violent events and 11,891 people had died of violent causes (OVV). During 2020 and the first half of 2021, 452 people were arbitrarily deprived of their liberty and at least 3,034 were killed by security forces, in a situation where the judiciary is not independent and the absence of the rule of law, the dismantling of institutional functions and responsibilities and high levels of impunity continued.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Population exposed to violent events | 14.810.387 | 51,9% | 13.691.198 | 47,7% |
| PIN | Victims of violent events | 6.468.546 | 22,0% | 5.683.581 | 19,8% |
| PSH | Rate of deaths due to violent causes | 16.506 | 58 | 11.891 | 41 |
| FC | Unadjudicated murder investigations | 99,7% | | | |

## Forced Migration

In 2019, 11 million people intended to migrate, most of them out of the country. At least 1 family member in 19% of households was forced to migrate. According to the Coordination Platform for Migrants and Refugees in Venezuela (R4V), the impact of the emergency caused 5.2 million people to flee in 5 years, to find economic sustenance, access to food, health services and medicines, and shelter from threats to their lives. In 2020, the intention to migrate was reduced to 8.4 million people in the country, due to border closure measures and mobility restrictions, coupled with greater difficulties in finding work in other countries, which are also affected by the pandemic, especially informal work.

The main reason people reported for migrating was to flee the difficult economic situation and the extreme deprivations to which they are subjected, threatening their lives and safety. In 2019, 41 per cent of displaced persons, in transit or within a few months of leaving the country, stated that violence was one of the reasons for their displacement, fearing for their lives should they return. According to the Humanitarian Response Plan for Migrants and Refugees in Venezuela 2021, 992,000 people, out of 1.9 million in pendular migration, required humanitarian assistance. By 2021, 5.6 million people had migrated out of the country and 73% required humanitarian assistance and protection. Despite the difficult circumstances of displaced persons, 81.8% had not applied for refuge and only 16.8% of applications had been approved.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Population intending to migrate | 11.507.110 | 40,4% | 9.431.256 | 32,9% |
| PIN | People intending to emigrate | 11.007.110 | 38,6% | 8.439.256 | 29,4% |
| PSH | People displaced to other countries | 4.800.000 | 16,0% | 5.611.000 | 18,7% |
| FC | Unfulfilled refugee claims | 82,8% | | 81,8% | |

## Lack of availability of basic services (%)

| States | Urban Cleaning | Electricity | Direct Spending | Gas for Cylinders | Internet | Radio | Cellular Telephony | Fixed Telephony | National TV | Cable TV |
|---|---|---|---|---|---|---|---|---|---|---|
| Amazon | 40,6 | 4,4 | 93,3 | 4,4 | 37,2 | 5,6 | 11,1 | 42,2 | 11,1 | 16,7 |
| Anzoátegui | 16,4 | 0,0 | 60,0 | 25,8 | 60,4 | 30,7 | 11,1 | 68,0 | 20,0 | 36,9 |
| Aragua | 1,1 | 0,0 | 93,1 | 6,3 | 75,3 | 3,4 | 2,9 | 83,3 | 8,6 | 21,8 |
| Bolivar | 61,6 | 0,0 | 97,1 | 15,1 | 50,0 | 21,5 | 6,4 | 49,4 | 20,9 | 52,3 |
| Carabobo | 11,4 | 0,0 | 73,9 | 9,7 | 58,8 | 27,3 | 7,7 | 60,5 | 20,1 | 38,7 |
| Capital District | 11,6 | 0,0 | 52,5 | 18,8 | 30,1 | 18,9 | 6,3 | 29,9 | 11,2 | 36,4 |
| Guárico | 16,4 | 2,2 | 96,9 | 3,1 | 56,9 | 24,4 | 8,9 | 62,2 | 33,8 | 37,3 |
| Lara | 18,3 | 1,2 | 83,5 | 8,7 | 45,0 | 13,5 | 7,5 | 52,9 | 23,4 | 35,4 |
| Merida | 1,6 | 0,4 | 83,7 | 24,4 | 39,8 | 14,2 | 7,3 | 44,3 | 31,7 | 13,4 |
| Miranda | 13,6 | 1,3 | 70,2 | 15,0 | 53,1 | 25,4 | 11,8 | 53,7 | 21,2 | 30,8 |
| Monagas | 39,7 | 31,6 | 14,0 | 30,1 | 31,6 | 27,9 | 28,7 | 32,4 | 27,9 | 30,1 |
| New Esparta | 0,8 | 0,0 | 89,2 | 4,2 | 15,8 | 1,7 | 1,7 | 23,3 | 0,8 | 0,8 |
| Táchira | 45,8 | 2,4 | 98,8 | 5,2 | 73,1 | 15,3 | 10,0 | 70,3 | 21,7 | 60,2 |
| Trujillo | 1,0 | 0,5 | 94,6 | 3,4 | 57,8 | 19,6 | 12,3 | 52,9 | 24,0 | 14,2 |
| Yaracuy | 78,4 | 6,9 | 99,3 | 23,9 | 77,1 | 18,3 | 13,7 | 93,1 | 41,2 | 75,8 |
| Zulia | 87,6 | 0,0 | 22,4 | 55,6 | 80,8 | 36,4 | 16,8 | 82,8 | 21,2 | 48,4 |
| **Total** | 26,7 | 2,2 | 74,9 | 16,1 | 53,3 | 20,6 | 10,0 | 56,8 | 21,4 | 36,2 |

Source: Community Diagnostics, May/June 2021, See Methodological Note.

## Failure of basic services (%)

| States | Urban Cleaning | | Electricity | | Gas for Cylinders | | Internet | | Radio | | Cellular Telephony | | Fixed Telephony | | National TV | | Cable TV | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | General | Severe | General | Severe | General | Severe | General | Severe | General | Severe | General | Severe | General | Severe | General | Severe | General | Severe |
| Amazon | 47,8 | 38,9 | 22,8 | 2,8 | 86,7 | 69,4 | 13,3 | 2,8 | 1,1 | 0,0 | 9,4 | 2,2 | 8,3 | 3,3 | 15,6 | 2,2 | 11,1 | 1,1 |
| Anzoátegui | 52,9 | 32,0 | 90,2 | 16,0 | 42,2 | 19,6 | 33,3 | 8,0 | 15,6 | 1,3 | 60,9 | 11,6 | 22,7 | 4,4 | 18,2 | 3,6 | 36,9 | 5,8 |
| Aragua | 93,7 | 79,3 | 97,7 | 59,2 | 92,0 | 86,8 | 17,8 | 9,8 | 37,9 | 18,4 | 69,5 | 34,5 | 11,5 | 6,9 | 36,8 | 17,2 | 51,1 | 23,6 |
| Bolivar | 27,3 | 6,4 | 83,7 | 9,9 | 68,0 | 54,7 | 34,3 | 6,4 | 22,1 | 1,2 | 45,3 | 3,5 | 27,3 | 1,7 | 19,2 | 1,7 | 21,5 | 0,6 |
| Carabobo | 51,9 | 22,8 | 92,8 | 21,1 | 77,7 | 63,3 | 25,6 | 2,2 | 9,2 | 0,5 | 49,1 | 2,5 | 13,4 | 3,0 | 27,0 | 1,0 | 23,1 | 0,2 |
| Dtto. Capital | 39,0 | 8,9 | 41,5 | 3,8 | 39,2 | 12,1 | 37,9 | 5,7 | 3,6 | 0,6 | 11,7 | 1,3 | 15,0 | 4,2 | 7,2 | 0,6 | 18,8 | 0,8 |
| Guárico | 72,9 | 26,7 | 92,4 | 25,3 | 90,7 | 40,9 | 37,3 | 13,3 | 40,0 | 5,8 | 68,9 | 14,2 | 27,6 | 4,4 | 44,9 | 6,7 | 40,4 | 6,7 |
| Lara | 49,8 | 24,3 | 85,0 | 31,8 | 81,7 | 65,2 | 43,2 | 17,1 | 15,9 | 1,2 | 42,6 | 9,3 | 18,6 | 3,6 | 15,0 | 2,4 | 26,4 | 5,1 |
| Merida | 76,8 | 56,5 | 93,9 | 69,1 | 70,3 | 62,6 | 41,1 | 10,6 | 19,9 | 4,1 | 60,2 | 20,3 | 15,4 | 3,3 | 21,5 | 3,7 | 48,8 | 3,7 |
| Miranda | 23,3 | 6,7 | 54,2 | 9,9 | 35,4 | 12,8 | 16,9 | 3,3 | 11,0 | 1,8 | 31,1 | 7,5 | 8,8 | 2,2 | 15,5 | 3,7 | 21,4 | 3,8 |
| Monagas | 42,6 | 39,0 | 50,0 | 5,1 | 9,6 | 8,1 | 40,4 | 25,0 | 4,4 | 2,9 | 36,8 | 3,7 | 39,7 | 8,1 | 5,9 | 2,9 | 21,3 | 18,4 |
| New Esparta | 75,0 | 21,7 | 96,7 | 46,7 | 78,3 | 53,3 | 53,3 | 45,0 | 10,0 | 1,7 | 57,5 | 9,2 | 45,0 | 37,5 | 21,7 | 3,3 | 50,0 | 18,3 |
| Táchira | 37,3 | 24,9 | 78,3 | 52,2 | 79,9 | 63,5 | 16,9 | 4,0 | 22,9 | 12,4 | 50,6 | 15,3 | 18,1 | 8,0 | 33,3 | 13,7 | 22,9 | 1,2 |
| Trujillo | 36,8 | 16,7 | 78,4 | 21,1 | 86,8 | 53,9 | 16,2 | 1,5 | 3,9 | 0,0 | 20,1 | 2,9 | 11,3 | 1,0 | 10,8 | 4,4 | 29,4 | 3,9 |
| Yaracuy | 20,3 | 5,6 | 85,6 | 14,1 | 73,9 | 67,0 | 2 1,6 | 2,9 | 35,3 | 1,3 | 60,1 | 5,6 | 4,9 | 1,3 | 19,6 | 1,3 | 11,1 | 1,3 |
| Zulia | 4,0 | 0,4 | 87,6 | 30,4 | 20,0 | 12,8 | 8,4 | 0,8 | 3,2 | 0,0 | 31,2 | 2,4 | 4,8 | 0,8 | 14,4 | 3,2 | 14,4 | 1,6 |
| **Total** | **43,0** | **21,4** | **73,8** | **23,9** | **61,2** | **42,6** | **27,6** | **7,6** | **15,0** | **2,7** | **41,1** | **8,1** | **15,7** | **4,3** | **19,4** | **3,8** | **25,8** | **4,4** |

Source: Community Diagnostics, May/June 2021, See Methodological Note.

# Food and nutrition

In food and nutrition, the situation of livelihoods, food security, food consumption levels and the nutritional status of the most vulnerable population groups[3] deteriorated further. In this sector, the data showed an affected population of 27.6 million people without sufficient economic resources to cover essential expenses and 18.5 million people with humanitarian needs who lost or exhausted their livelihoods irreversibly in order to feed themselves and who also reduced their food consumption to unacceptable levels, with risks to their lives and integrity. Faced with severe food deprivation, at least 15.6 million people depleted their savings and 10.8 million were forced to sell assets or household items to buy food. As of June 2021, the real minimum wage had been reduced by 99.2% and the national production capacity for food self-sufficiency was 20%.

## Livelihoods

Before the pandemic arrived on Venezuelan soil, faced with severely reduced economic resources, with a minimum wage of barely $3 a month, and food shortages and high food costs in a hyperinflation sustained for 28 months in a row, 14.9 million people had irreversibly exhausted their livelihoods[4], and approximately 37% lost their sources of income. As a result, 68 per cent of families did not have access to enough food, 60 per cent spent their savings and 20 per cent sold goods in order to eat.

After 44 months of hyperinflation, a 95.6% drop in the purchasing power of the minimum wage to buy a basic food basket was accentuated, coupled with mobility restrictions due to the pandemic, which intensified the economic difficulties of households. In the period from March 2020 to June 2021, the number of people who passed the threshold of exhausting their livelihoods or no longer having enough to eat increased by 18.5 million, raising to 46.7% the proportion of people who came to run out of sources of income.

[3] See data in Excel tables by sector and state for March 2020 at https://humvenezuela.com/tablas-junio-2020/ and for June 2021 at https://humvenezuela.com/tablas-junio-2020/.
[4] Assets, resources and economic activities to earn a living.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Economically vulnerable population | 26.063.468 | 91,4% | 27.582.862 | 97,0% |
| PIN | People with depleted livelihoods | 14.942.294 | 52,4% | 18.485.990 | 64,4% |
| PSH | People who sold goods to eat | 5.703.165 | 20,0% | 10.821.767 | 37,7% |
| FC | Fall in purchasing power | 92,2% | | 95,6% | |

Among the 16 states that provided data for this report, Aragua, Zulia, Lara, Amazonas and Guárico showed percentages above the national average of the number of people with irreversible depletion of their livelihood strategies, estimated at 64.4%. The loss of sources of income occurred in a greater number of states, with Guárico, Monagas and Táchira registering the highest proportions of people in these circumstances, above the national average of 46.7%.

## Food safety

World Food Programme (WFP) data published in 2019, which would be used to update Venezuela's 2020 Humanitarian Response Plan, confirmed a large-scale acute food crisis in Venezuela, showing that 9.3 million people were food insecure: 24.5% were moderately insecure and 8.1% were severely insecure. These figures placed Venezuela among the countries with the four largest food crises in the world and were expected to worsen due to the effects of the pandemic.

Between 2020 and 2021, even as the quantity of imported products rose slightly, but at unaffordable costs, the more severe drop in domestic food production and sustained price increases raised the number of food insecure people to 14.3 million: 41.1% combined coping strategies in which people often had to go without food and 9.2% went permanently hungry. At the extremes, 27% of people frequently reduced meals; 12.4% ate once a day; 7.1% went days without food; and in 4.4% of households, most members migrated (see table on page 24 of this report).

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Population that reduced diet quality | 21.101.713 | 74,0% | 26.982.657 | 94,0% |
| PIN | Food insecure people | 9.300.000 | 32,6% | 14.352.477 | 50,0% |
| PSH | People with various strategies for survival | 8.982.486 | 31,5% | 13.032.049 | 45,5% |
| FC | Fall in food self-sufficiency | 70% | | 80% | |

Amazonas, Monagas, Zulia and Anzoátegui were the states with the highest percentage of people in moderate food insecurity, of the 16 that participated in the community assessments. Three states in particular stood out for having a high proportion of severely food insecure people, much higher than the national average, estimated at 9.2%, and higher than that found by WFP in its 2019 study. These states were Monagas (30.9%), Zulia (24.9%) and Bolívar (20.1%).

## Food consumption

In 2019, the Food and Agriculture Organization of the United Nations (FAO) updated its statistics, increasing the number of people in Venezuela who were undernourished or chronically hungry from 2.9 million to 9.1 million. WFP data also indicated that 17.8% had reduced food consumption to unacceptable levels; 12.3% had reached the consumption limit and 5.5% had extreme deficits.

With less food availability, which fell 73% between 2015-2019, and greater inaccessibility due to economic deprivation, by the end of 2019 protein intake had decreased by 76.9% and caloric intake by 34%. The apparent consumption of beef decreased by 90%, of poultry by 88%, of milk and its derivatives by 84%, of vegetables by 84%, of rice by 60.5% and of corn flour by 50%. The Venezuelan population had an insufficient and unbalanced diet, at the expense of carbohydrates and fats to satiate the appetite and yield the little available on the family table.

Between 2020 and 2021, the lack of policies to support national production and the acute shortage of fuel during the months of the pandemic further reduced the availability of food for most of the population. This accentuated the reduction in meat consumption to 93.6%, milk and dairy products to 85%, rice to 89.5% and vegetables to 89% (See food consumption table on page 25 of this report). By June 2021, protein intake had decreased by 79.8%. These consumption shortfalls, together with a higher number of food insecure households, probably raised the number of undernourished or chronically hungry people to 13.6 million.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Population that reduced food portions | 17.109.497 | 60,0% | 18.112.826 | 63,1% |
| PIN | Undernourished people | 9.100.000 | 31,9% | 13.600.000 | 47,4% |
| PSH | People who fell into undernourishment | 6.200.000 | 21,8% | 10.700.000 | 37,3% |
| FC | Drop in protein intake | 70% | | 80% | |

## Nutritional status

Several nutritional assessments in the country, between 2016 and 2019, indicated a trend of increasing levels of global acute malnutrition (GAM) in children under 5 years of age, affecting the youngest children between 0 and 2 years, with high risks to their lives. The data showed that approximately 2.2 million children had eaten only once a day or went the whole day without food; and it was estimated that 30% of children under 5 suffered from chronic malnutrition or stunting. Malnutrition also affected 50 per cent of pregnant women, in severely impoverished households with no access to protection systems or programmes.

With reduced availability and access to food, lack of livelihoods to fall back on and a severe deterioration in consumption, nutritional assessments in the pandemic indicated an increase in malnutrition in the population, affecting at least 3.1 million people, including children under 10, pregnant women, the elderly and other vulnerable groups. In half of the country's most populated states, 60% of children under 5 years of age were at risk of nutritional deficit; the proportion of children with global acute malnutrition increased from 8.4% to 14.4%, according to data from Caritas Venezuela; and from 30% to 33% with chronic malnutrition, according to assessments by the Bengoa Foundation.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Population that once had no food | 14.828.231 | 52,0% | 15.414.560 | 53,7% |
| PIN | People with some degree of nutritional deficit | - | - | 3.106.000 | 10,8% |
| PIN | Children under 5 years of age with acute malnutrition | 203.206 | 8,4% | 355.303 | 14,4% |
| PIN | Children aged 0-2 years with severe acute malnutrition | 99.485 | 6,9% | 174.098 | 12,1% |
| PIN | Children under 5 years of age with chronic malnutrition | 725.734 | 30% | 814.235 | 33% |

## Common survival strategies

| Marginal Security (Stress) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Buy cheaper types of food | Spending savings on food | Borrowing money to buy food | Borrowing food or asking for help from others | Buying food on credit | Reduce adult meals for children to eat | Reduce the costs of productive activities | Prioritize feeding of working members | Send people to eat elsewhere | Transferring children to a cheaper school |
| 84,0% | 39,5% | 19,2% | 18,2% | 18,0% | 15,4% | 11,0% | 8,4% | 6,0% | 1,9% |

| Moderate Insecurity (Crisis) | | | | | | | |
|---|---|---|---|---|---|---|---|
| Reduce portion sizes at meals | Reduce the number of meals per day | Reduce health, education or other expenses | Selling household goods to buy food | Consume the input reserves to produce | Reaching out for humanitarian assistance | Sell means of production or means of transport | Withdrawing children from school |
| 41,1% | 27,4% | 27,2% | 6,7% | 8,5% | 8,0% | 2,4% | 1,0% |

| Severe Insecurity (Emergency) | | | | | | | |
|---|---|---|---|---|---|---|---|
| Staying hungry | Going a whole day without eating | The majority of the people in the family group migrated | Begging | Sell house or land | Sell the last means of production or transport | Begging food from restaurants or grocery stores | Search for discarded food |
| 9,2% | 7,1% | 4,4% | 3,0% | 2,0% | 1,9% | 1,3% | 1,2% |

Source: Community Diagnostics, May/June 2021. See Methodological Note. Based on CARI strategy outline.

## Food consumption, sometimes or never (%)

| States | Bread | Corn Flour | Pasta | Rice | Grains | Meat | Chicken | Fish | Eggs | Milk | Cheese | Margarine | Bananas | Vegetables | Cassava, potato or tubers | Fruits |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Amazon | 67,0 | 12,5 | 36,4 | 10,8 | 52,3 | 93,8 | 86,4 | 14,8 | 69,9 | 93,2 | 39,8 | 58,0 | 35,8 | 14,8 | 9,1 | 46,0 |
| Anzoátegui | 70,4 | 27,8 | 44,8 | 35,0 | 49,8 | 85,7 | 80,3 | 61,0 | 56,5 | 86,1 | 57,8 | 49,3 | 40,8 | 35,4 | 36,3 | 70,4 |
| Aragua | 48,5 | 3,5 | 19,9 | 6,4 | 4,7 | 63,7 | 44,4 | 78,9 | 45,6 | 80,7 | 26,9 | 20,5 | 23,4 | 12,3 | 13,5 | 38,6 |
| Bolivar | 65,2 | 10,3 | 27,1 | 15,5 | 50,3 | 42,6 | 40,0 | 41,9 | 55,5 | 70,3 | 34,2 | 36,1 | 39,4 | 33,5 | 10,3 | 56,8 |
| Carabobo | 62,1 | 5,9 | 25,0 | 12,4 | 23,1 | 63,2 | 54,8 | 83,3 | 30,4 | 77,7 | 27,2 | 43,0 | 31,2 | 24,7 | 32,0 | 61,3 |
| D. Capital | 49,1 | 7,1 | 19,3 | 9,9 | 30,0 | 63,5 | 53,6 | 79,7 | 37,9 | 74,6 | 32,1 | 42,2 | 17,8 | 25,6 | 25,6 | 47,9 |
| Guárico | 62,7 | 15,5 | 27,7 | 14,1 | 28,2 | 57,7 | 66,8 | 70,9 | 56,8 | 61,4 | 29,5 | 25,5 | 41,8 | 38,6 | 35,0 | 70,5 |
| Lara | 67,9 | 7,2 | 18,3 | 11,4 | 20,7 | 76,9 | 72,4 | 89,8 | 36,9 | 74,2 | 43,8 | 36,0 | 24,6 | 28,5 | 28,2 | 51,4 |
| Merida | 72,0 | 15,0 | 48,4 | 13,0 | 36,6 | 75,2 | 83,7 | 94,3 | 41,5 | 79,3 | 42,3 | 61,0 | 37,4 | 12,2 | 11,0 | 70,7 |
| Miranda | 53,5 | 12,7 | 20,7 | 10,0 | 31,8 | 56,8 | 48,3 | 70,0 | 32,5 | 69,8 | 29,2 | 39,3 | 26,5 | 33,3 | 36,0 | 55,7 |
| Monagas | 64,0 | 12,3 | 21,1 | 13,2 | 25,4 | 75,4 | 78,1 | 79,8 | 54,4 | 79,8 | 49,1 | 51,8 | 36,8 | 23,7 | 25,4 | 66,7 |
| N. Sparta | 45,8 | 1,7 | 21,2 | 10,2 | 44,9 | 45,8 | 31,4 | 28,8 | 24,6 | 66,9 | 27,1 | 22,9 | 19,5 | 22,0 | 26,3 | 60,2 |
| Táchira | 74,2 | 11,0 | 31,8 | 14,4 | 35,2 | 95,3 | 94,5 | 96,6 | 61,4 | 82,6 | 78,0 | 68,2 | 26,3 | 24,6 | 25,4 | 74,6 |
| Trujillo | 64,8 | 30,7 | 32,2 | 18,1 | 31,2 | 69,3 | 73,4 | 82,9 | 42,7 | 81,9 | 47,2 | 42,7 | 26,6 | 17,1 | 23,6 | 67,3 |
| Yaracuy | 79,1 | 5,6 | 33,6 | 6,7 | 4,5 | 91,4 | 92,9 | 96,6 | 59,3 | 78,0 | 61,9 | 63,4 | 43,7 | 17,5 | 13,4 | 70,9 |
| Zulia | 64,9 | 22,2 | 54,4 | 8,9 | 48,4 | 67,7 | 67,7 | 80,2 | 71,8 | 83,1 | 26,6 | 47,6 | 54,8 | 36,3 | 46,8 | 83,9 |
| **Total** | **62,1** | **12,0** | **28,6** | **12,5** | **30,8** | **69,6** | **65,5** | **75,5** | **45,9** | **76,8** | **38,9** | **44,8** | **32,1** | **26,7** | **27,2** | **61,2** |

Source: Community Diagnostics, May/June 2021, See Methodological Note.

# Water and sanitation

In water and sanitation, both natural and industrial water production and supply systems do not guarantee their quality due to the lack of maintenance and investment in the nationalized water companies. Exposure to unsafe water puts people's lives and health at risk, in addition to not being able to comply with prevention measures against COVIDs, to which must be added the lack of access to personal hygiene products. In the past, Venezuela stood out for having a majority of the population connected to an aqueduct system, but this advantageous situation no longer exists in the country and has worsened in the emergency. Being connected to the piped network does not guarantee access to water. As of June 2021, 20.4 million people faced deficiencies in access to drinking water and at least 15.7 million people suffered from severe access restrictions. As a result of the cumulative 90% deficit in supply capacity, 80% of the population did not receive water through piped water every day, being forced to resort to alternative sources of water without quality control. By 2021, 76% of the population was affected by deficient sewage collection services and some 15.9% remained unconnected to the sewage network[5].

## Access to drinking water

Prior to the pandemic, the problems of water collection, treatment and distribution had been accentuated by major failures in the electricity supply in 2019, when the entire country was without electricity for several days due to problems in the Guri Hydroelectric Plant and the Interconnected System. The failures persisted throughout the year and since then continue to have negative impacts on the collection of water from its sources, its purification and subsequent distribution to the population in much of the national territory. By March 2020, 14.9 million people suffered severe restrictions on access to water, and of the total population in homes connected to the aqueduct system, 25% did not have a stable water supply and 13.3% never received it.

The installed capacity of Venezuela's aqueduct infrastructure, including reservoirs, plants and pipeline system, managed to reach an availability of 350lts/person/day of potable water. As a result of disinvestment and lack of maintenance, the system was subjected to a prolonged deterioration that

[5] See data in Excel tables by sector and state for March 2020 at https://humvenezuela.com/tablas-junio-2020/ and for June 2021 at https://humvenezuela.com/tablas-junio-2020/.

weakened its structures and functioning. By June 2021, 15.7 million people faced severe restrictions on access to drinking water, making it impossible to implement adequate prevention measures against COVID.

With a 90% drop in the operational capacity of water supply at the national level and 75% of the aqueduct system's pipes not pressurized, at least 62.2% of the connected population suffered recurrent interruptions in water supply, while 35% did not have stable access to drinking water and 6.2% never received water service. Of the 16 states that participated in the community diagnostics, the most affected by lack of stable access to drinking water were Aragua (53.6%) and Trujillo (52.9%), Amazonas (41.7%) and Anzoátegui, (43.6%). According to Encovi, 23% of the people were not connected to the aqueduct system and had to obtain water from alternative sources, in many cases walking long distances and depending on the support of third parties for payment, transportation and hauling. In view of the limitations in accessing water, 80% of the population had to resort to these alternative sources of supply, such as buying bottles (39.6%), tanker trucks (18.4%) or even using water from springs, lakes or rivers (8%), without going through water quality control and potabilization processes.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Population with drinking water deficiencies | 19.513.382 | 68,4% | 20.350.090 | 70,9% |
| PIN | People with severe water restrictions | 14.968.244 | 52,5% | 15.730.602 | 54,8% |
| PSH | People without daily water supply | 21.386.872 | 75,2% | 23.185.947 | 80,8% |
| FC | Fall in the quantity of water distributed | 85,7% | | 90,0% | |

## Water Quality

There are no large-scale studies in Venezuela that have measured the safety levels of water distributed by aqueducts. However, the severe deterioration of water purification capacities indicates that the water has a very high probability of being contaminated. It is estimated that 82% of the population is exposed to water that is unsafe for human consumption. By 2020, 12.2% of the population did not use drinking water treatment methods. By neglecting water sources and reservoirs, the quality and quantity of water treated in drinking water treatment plants fell, and the lack of maintenance led to an accumulation of breakdowns and breakages. In 2019, very few water treatment plants were working properly, in addition to a 95% drop in the production of chlorine and 100% of aluminum sulfate. In 2021, 60% of raw water collection reservoirs were eutrophicated, clogged and/or contaminated.

According to the information collected in the 16 states used for this report, in 2021, 19.9 million people observed signs of contamination in the water they use, by color (39%), odor (16%) and taste (13%), with the most affected states being Amazonas, Trujillo, Anzoátegui and Zulia (See table on page 29 of this report). In spite of the signs of contamination reported, 12.7% did not use methods to make their drinking water potable, thus facing the risk of waterborne diseases. Given that 50% of people do not have access to safely managed water service due to lack of connection or stable access to the water system, the chances of contracting diseases are very high. In 2021, at least 6.7% of people suffered from diarrhea compared to 5.4% in 2020. In addition, the severe lack of domestic gas, used by 70% of the population for cooking, represents a major difficulty to at least boil water.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Population exposed to unsafe water consumption | 23.382.980 | 82,0% | 23.382.980 | 82,0% |
| PIN | People reporting signs of contaminated water | - | - | 19.978.648 | 69,6% |
| PSH | People without access to safe water management | 10.023.314 | 35,2% | 14.360.227 | 50,0% |
| FC | Drinking water treatment plants with deficiencies | 99,3% | | 99,3% | |

## Sanitation

The population in the poorest settlements and in rural areas are the least connected to sewage collection and treatment systems. Venezuela had the capacity to collect 84% of wastewater and treat 48%. In 2011, sewage treatment was estimated at 27%, which was reduced by 74% by 2017. Currently, most of the untreated sewage is discharged into water bodies, polluting them and affecting the quality of sources that can be treated for drinking water. Sanitation deficits persisted during the last years of the emergency and continued in the context of the pandemic. In addition, in recent years the capacity for the adequate management of solid waste has severely deteriorated, which also affects the health of the population and generates an irreparable environmental impact on bodies of water. Likewise, due to lack of investment and maintenance, 76% of the population faced deficient sanitation and sewage collection services and 4.6 million people lived in homes without connection to the sewage network, 11% used septic tanks and 2% used latrines.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | Population with sewage collection deficit | 18.905.797 | 64,3% | 21.611.314 | 76,0% |
| PIN | People in homes without sewer connections | 4.534.017 | 15,9% | 4.564.088 | 15,9% |
| PSH | People who defecate in the open | 882.075 | 3,0% | 861.149 | 3,0% |
| FC | Homes not connected to the sewerage network | 15,9% | | 15.9% | |

## Signs of contaminated water (%)

| States | By Color | By Olor | By Sabor | No signal |
|---|---|---|---|---|
| Amazon | 58,7 | 25,3 | 14,5 | 1,1 |
| Anzoátegui | 47,4 | 22,1 | 16,7 | 12,4 |
| Aragua | 29,1 | 17,3 | 18,1 | 30,3 |
| Bolivar | 48,3 | 5,6 | 11,7 | 33,9 |
| Carabobo | 33,8 | 30,4 | 12,3 | 20,9 |
| Capital District | 45,2 | 19,9 | 10,2 | 24,1 |
| Guárico | 20,8 | 7,7 | 6,9 | 63,7 |
| Lara | 44,9 | 18,6 | 12,6 | 20,1 |
| Merida | 24,9 | 1,1 | 5,0 | 61,7 |
| Miranda | 34,9 | 15,8 | 11,9 | 36,7 |
| Monagas | 25,2 | 0,7 | 2,0 | 49,7 |
| New Esparta | 32,7 | 9,5 | 10,2 | 47,6 |
| Táchira | 43,8 | 4,5 | 15,5 | 36,2 |
| Trujillo | 46,8 | 20,7 | 25,3 | 6,9 |
| Yaracuy | 11,8 | 2,1 | 4,9 | 80,6 |
| Zulia | 48,0 | 18,6 | 18,8 | 14,1 |
| **Total** | **38,6** | **16,4** | **13,1** | **30,4** |

Source: Community Diagnostics, May/June 2021, See Methodological Note.

# Basic Education

In basic education, the impacts have been highly disruptive and debilitating for school structures, functions and processes, generating greater deprivations and vulnerabilities for children and adolescents (NNA) in the different stages of schooling. Composed mostly of schools run by public entities, the Venezuelan education system has been dismantled by an excessive lack of resources and the undermining of the objectives of education, causing the massive withdrawal of qualified teachers and a severe reduction of capacities to ensure the coverage and quality of the system. With the temporary suspension of classes in schools due to measures adopted to control the pandemic and the continued migration of families out of the country, data indicate a further decrease of children and adolescents in the school system. Among the children and adolescents with distance education activities, 2.4 million did not attend regularly; 3.6 million did not have sufficient teacher support or receive training content in accordance with the law; and 3.4 million faced severe deficits in infrastructure and basic services in their homes[6].

## Irregular attendance

As of March 2020, an estimated 2.7 million children were estimated to have had irregular school attendance, out of a total of 6.8 million children attending basic education. Among the reasons for continuous non-attendance, 23% of children reported that the main cause was lack of water and other basic services at home and 18% said they had not attended regularly because of a lack of teachers. In addition to non-attendance, 66.2% of school days were lost due to an official practice of taking unnecessary suspension measures, thus reducing the chances of completing the educational programme.

With the temporary closure of schools due to the pandemic, data indicate that 2.4 million children irregularly attended school activities under distance modalities, out of a total of 3.6 million children attending basic education. This significant decrease in school attendance is due to children who did not return to school, did not attend classes or had less than 30 days of activity during the school term, and to a greater increase in dropouts, in addition to the number of children who left the system due to their families' migration out of the country.

[6] See data in Excel tables by sector and state for March 2020 at https://humvenezuela.com/tablas-junio-2020/ and for June 2021 at https://humvenezuela.com/tablas-junio-2020/.

Of the 16 states that contributed data to this report, Amazonas, Yaracuy, Guárico, Zulia, Lara and Nueva Esparta showed the highest percentages of irregular attendance. On average, 37.5% of children and adolescents in these 16 states had no or minimal classes. More than 50% of children and adolescents in Amazonas, Bolivar, Monagas and Yaracuy were in this situation. The main reason for irregular attendance and lack of classes was the lack of internet, cellular equipment or resources to pay for the connection, both for children and teachers, failing to comply with the scheduled activities due to the lack of communication possibilities.

| | | Mar-20 | Jun-21 |
|---|---|---|---|
| AP | Children who attended basic education | 6.807.696 | 3.645.080 |
| PIN | Children with irregular attendance | 2.723.078 | 2.442.204 |
| PSH | Children promoted without competences | 41,7% | 42,6% |
| FC | Teachers without regular distance connection | 60,0% | 75,9% |

## Access to education

For the 2019-2020 school period, ENCOVI reported that at least 1 million children had dropped out of basic education, even though they were still enrolled in school. The number of children and adolescents who dropped out of school represented 13% of children and adolescents aged 3 to 17 years and 10.9% of all children and adolescents aged 0 to 17 years. In addition, 1.3 million children aged 0 to 2 years were outside the education system without access to the maternal stage, of whom 960,000 were in households with extreme poverty conditions. The references consulted indicated that, between 2012 and 2019, school enrolment in basic education would have been reduced by 34%, which adds to the number of children and adolescents who dropped out of school and those who left the country due to forced migration. The increase in irregular attendance and dropouts showed a severe decline in the capacities of the education system.

Between 2020-2021, it is estimated that 1.7 million children and adolescents will drop out of school, representing 21.7% of children and adolescents aged 3 to 17 years and 17.9% of all children and adolescents aged 0 to 17 years. Without access to the maternal stage and in extremely poor households, there were approximately 774,000 children aged 0 to 2 years, with high risks to their health and nutritional status. These two groups totaled 2.4 million children and adolescents in need of assistance and protection through education system programs. During these years, 2.1

million children and adolescents left the education system due to abandonment and migration, which, added to those who had left between 2012 and 2019, gave a reduction of 53.7% of school enrollment.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| PIN | Out-of-school children who are neglected | 1.977.218 | 21,2% | 2.444.383 | 26,2% |
| PIN | Children aged 3 to 17 who dropped out of school | 1.017.242 | 10,9% | 1.670.302 | 17,9% |
| PIN | Children from 0 to 2 in poverty without maternal stage | 959.976 | 10,3% | 774.081 | 8,3% |
| FC | Falling school enrolment since 2012 | 32,6% | | 53,7% | |

## Learning environment

Before the pandemic, 3.3 million children did not have enough teachers in schools and 4.2 million children were taught by unqualified teachers. In addition, 77 per cent of schools did not have complete educational materials and 95 per cent did not have access to Internet connectivity. In school learning environments, 77.8% of children and adolescents were subjected to politicized and indoctrinated education through various curricular programs that contravene the objectives to be achieved by education, according to international legal standards, some of them even of an unofficial nature.

Distance learning activities due to the pandemic have intensified the undermining of the learning environment. The number of teachers who withdrew from teaching increased to 64.3%, increasing the staffing gap to 83% since 2015. All teachers earned salaries below the international poverty line, experiencing a 98.6% drop in real wages. Due to the high teacher shortage, an estimated 64.3% of children did not have sufficient distance support to meet the school curriculum.

| | | Mar-20 | Jun-21 |
|---|---|---|---|
| AP | Children without continuing and quality education | 91.0% | 98,7% |
| PIN | Children without enough teachers | 49,2% | 64,3% |
| PIN | Children and adolescents with education not in accordance with the law | 77,8% | 98,7% |
| FC | Teachers who retired from education | 50.0% | 83,1% |

## School infrastructure and care

According to the data, as of March 2020, 6.4 million children and adolescents were studying in schools with deficits in infrastructure, basic services and equipment. 82% of basic schools had severe deficits in water, sanitation and electricity. 31.8% of children and adolescents received classes in overcrowded conditions, while 15.5% were at risk of suffering from postural diseases due to lack of desks. Ninety-five per cent of official schools showed severe deterioration of their physical plant and sanitary facilities, due to lack of maintenance and major repairs. On the other hand, 35% of children and adolescents did not have school meals and 72.0% of the beneficiaries did not receive food every day or in sufficient quantity and adequate nutritional content.

The temporary closure of schools to reduce the transmission of the pandemic meant that children and adolescents were left at home with a high deficit of basic services due to the continued lack of electricity, water supply and Internet connection, which affected 94.8% of households. The suspension of face-to-face classes also interrupted children's access to school meals, with 95.7 per cent of children not receiving them every day and an increase in the number of children who did not receive them. Eighty-five per cent of the schools were not provided with food or did not receive it in sufficient quantities. The severe deterioration of schools is a major obstacle to the return to school. Most have deficits in physical plant, sanitation facilities, provision of basic services, equipment and teaching staff. Households in the 16 states consulted for this report indicated that the deterioration of schools, as a whole, averaged over 80% before classes were suspended due to COVID (See table on page 34 of this report).

| | | Mar-20 | Jun-21 |
|---|---|---|---|
| AP | Children without adequate infrastructure and services | - | 94,8% |
| PIN | Children who did not receive daily school meals | 75,0% | 95,7% |
| FC | Teachers with salaries below the poverty line | 22,5% | 100,0% |

## Deficits in basic schools (%)

| States | Physical plant | Sanitary installations | Water service | Electricity service | Status of desks | N° of desks | Excess of NNA | N° of teachers | Computer access | Internet Services |
|---|---|---|---|---|---|---|---|---|---|---|
| Amazon | 80,4 | 87,3 | 88,8 | 77,5 | 90,1 | 90,1 | 87,3 | 90,4 | 97,2 | 98,6 |
| Anzoátegui | 70,9 | 75,8 | 70,9 | 70,5 | 76,4 | 75,7 | 76,4 | 75,0 | 83,8 | 84,0 |
| Aragua | 83,9 | 86,0 | 86,0 | 86,0 | 85,1 | 83,3 | 86,0 | 84,1 | 90,9 | 89,4 |
| Bolivar | 64,4 | 82,2 | 88,1 | 77,5 | 80,4 | 73,5 | 75,2 | 87,4 | 91,1 | 91,1 |
| Carabobo | 64,2 | 70,7 | 67,6 | 64,6 | 70,4 | 61,2 | 42,3 | 62,3 | 83,9 | 82,4 |
| Capital District | 40,6 | 62,0 | 75,0 | 41,4 | 63,2 | 58,3 | 60,0 | 71,6 | 87,4 | 87,8 |
| Guárico | 49,6 | 59,0 | 70,9 | 62,4 | 76,9 | 65,0 | 70,9 | 69,2 | 88,9 | 91,5 |
| Lara | 65,9 | 76,0 | 78,7 | 73,7 | 74,6 | 67,2 | 64,0 | 72,4 | 92,0 | 93,3 |
| Merida | 38,0 | 54,1 | 30,8 | 66,9 | 34,2 | 25,3 | 31,4 | 58,3 | 82,3 | 84,2 |
| Miranda | 44,0 | 56,8 | 68,3 | 50,2 | 60,9 | 59,5 | 53,4 | 61,3 | 82,9 | 81,8 |
| Monagas | 37,5 | 75,0 | 100,0 | 50,0 | 100,0 | 100,0 | 100,0 | 87,5 | 100,0 | 100,0 |
| New Esparta | 77,4 | 79,8 | 81,0 | 68,2 | 70,2 | 72,6 | 67,9 | 56,0 | 92,9 | 92,9 |
| Táchira | 69,5 | 87,7 | 86,7 | 93,3 | 70,1 | 57,2 | 31,9 | 75,4 | 98,8 | 92,2 |
| Trujillo | 57,9 | 75,7 | 87,9 | 76,1 | 80,7 | 75,0 | 60,7 | 87,3 | 90,7 | 90,0 |
| Yaracuy | 74,7 | 82,6 | 69,9 | 61,1 | 79,2 | 76,4 | 63,0 | 61,1 | 97,2 | 99,5 |
| Zulia | 74,3 | 79,0 | 68,7 | 52,1 | 77,8 | 71,6 | 67,8 | 67,2 | 82,8 | 88,1 |
| **Total** | **61,4** | **72,3** | **73,2** | **64,6** | **71,3** | **66,2** | **60,3** | **69,6** | **88,6** | **88,9** |

Source: Community Diagnostics, May/June 2021.

# Health

In health, the intensification of the emergency with the pandemic wreaked further havoc on the public health system, which was already collapsing as a result of a prolonged deterioration of its physical, institutional, operational and financial capacities. The system, which concentrates the largest number of facilities and beds in the country, had services that were 70% inoperative at the time of the pandemic. The dedication of most health centers, especially public hospitals, to the care of COVID cases led to an increase in the inoperability of services, mainly due to the lack of trained health personnel. The data indicate that, as of June 2021, the number of people with major health problems, not including COVID, increased to 20.4 million, most of them impoverished, without any financial protection to meet the costs of illness and with difficulties in accessing medicines due to shortages, high costs and indefinite suspension of programs for high-cost treatments. The pandemic worsened the disease picture in Venezuela. COVID case and case fatality rates remained low compared to other countries in the region, but were on the rise at the close of this report, with more than 80% of the population unvaccinated[7].

## Health Services

In Venezuela, the prevalence of diseases has been increasing steadily in recent decades, with chronic diseases outweighing acute ones, due to the growing and prolonged deterioration of the public health system, which left most of the population without access to adequate and timely diagnostic services, care and treatment. The last statistics published in 2016, indicated a collapse of the system due to a severe drop in operational and financial capacities, high hospital mortality, as well as maternal and infant deaths, and recurrence of epidemics, spread to almost all states of the country due to the effect of internal displacement and the expansion of mining activity as the main livelihood. Since that year, there have been no public statistics to know with greater accuracy the impact of the collapse of the system on mortality and morbidity of the population.

As of March 2020, an estimated 14.8 million people had lost health services in the public health system and also access to the private sector because of the cancellation of health insurance due to hyperinflation. 73% of the population had no financial protection for health expenses and 47% had no financial means to cover these expenses. Public hospitals reported

[7] See data in Excel tables by sector and state for March 2020 at https://humvenezuela.com/tablas-junio-2020/ and for June 2021 at https://humvenezuela.com/tablas-junio-2020/.

69% inoperative services. From a capacity of more than 40,000 beds, 46.7% of the beds were out of service. The activity of operating rooms was reduced by 38% and 85% of medical equipment was out of service. Most of the people who were treated in hospitals had to take care of operating costs in the face of an 82% shortage of supplies and only 10% of the capacity to perform laboratory tests. Blood banks and transfusion units had severe operational failures estimated at 79%.

With the pandemic, the number of people who lost health services in the public health system, but also in the private health system, rose to 18.8 million. In addition, the proportion of people without financial protection increased to 91%, and those without financial resources for health expenses to 59%. Public hospitals, which were occupied in the response to the pandemic, reported that 82% of health services were inoperative for illnesses other than COVID, particularly because of the increase from 58% to 70% in the number of medical personnel and from 62% to 88% in the number of nurses. In these centers, the shortage of supplies reached 83%, the number of operational beds continued to decrease, although the number of beds available to treat serious cases of COVID increased as the number of beds increased, but without the necessary clinical equipment. Surgical activity decreased by 41.6%; 94% of medical equipment was not functioning; laboratory testing capacity was reduced to 7%; and blood banks and transfusion units had an operating deficit of 85%.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | People who depend on the public health system | 23.776.311 | 83,4% | 24.858.490 | 86,6% |
| PIN | People who lost health services | 14.882.714 | 52,2% | 18.798.604 | 65,5% |
| FC | Medical staff who retired from the health care system | 57,7% | | 70,0% | |
| FC | Nurses who retired from the health care system | 61,6% | | 88,5% | |

## Medical care care

As of March 2020, 7.9 million people with serious, chronic and acute health problems had no guaranteed health care in the public health system. When going to public hospitals, most people were exposed to late, inadequate or unsafe care due to high operational deficits and a lack of trained staff. Eighty per cent of the country's public hospitals operated in very dilapidated infrastructure, 70 per cent had no regular water supply, 88 per cent had sanitation problems and 63 per cent had frequent electricity failures.

The loss of public health services represented a severe hardship for 10.4 million people with serious health problems, both chronic and acute. As of June 2021, on average, 48% of people with these problems surveyed in the 16 states had not received the health care they needed during the past 6 months. 50.3% of these people had serious chronic health problems (including cardiovascular, diabetic, kidney, lung, cancer and others) and 43.8% had acute health problems (See chart on page 40 of this report). In public hospitals, 90% showed deterioration of their physical plant, 75% had no regular water supply and 73% suffered from electricity failures.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| AP | People with health problems (PS) | 18.379.750 | 64,5% | 20.493.648 | 71,4% |
| PIN | People with severe SP without guaranteed care | 7.919.715 | 27,8% | 10.406.005 | 36,3% |
| PIN | People with severe PS without medical care | 4.996.646 | | | 48,0% |
| FC | Inoperability of hospital services | 69,5% | | 82,0% | |

## Medications

Between 2018-2019, lack of essential medicines and health services was one of the reasons for fleeing the country for 54% of displaced people. At least 2.4 million people with serious health problems no longer have access to medicines. Between 2016-2019 some 44 thousand deaths were reported for this cause. The drop in the distribution of medicines reached 83% due to a drastic reduction of foreign currency for imports since 2014, generating high shortages in pharmacies and health centers. In high-cost treatments, state supply programs were suspended between 2016 and 2017, causing a depletion of more than 70% across the country.

As of June 2021, medicine imports and, mainly, those that can be produced in the country, and their quantities distributed, had a slight improvement, increasing availability by about 20% and reducing shortages from 60% to 33% in medicines for chronic conditions and from 72% to 36% for acute conditions, according to ConviteAC. However, at least 37% of people with serious health problems surveyed in the 16 states did not have access to these medicines because of their unaffordable costs. In particular, those with serious chronic problems were the most affected in the context of the pandemic, as they continued to receive no response from the State due to the suspension of programs aimed at providing high-cost treatments, essential to safeguard their lives. Among the people displaced to other countries, 58% required

health services and medicines that they could not find in Venezuela, many of them with chronic problems.

| | | Mar-20 | | Jun-21 | |
|---|---|---|---|---|---|
| PIN | People with severe SP without access to medicines | 2.391.754 | 30.2% | 3.849.104 | 37,0% |
| PIN | People with chronic PS with life-threatening conditions | 840.579 | 12,1% | 1.234.830 | 13,7% |
| FC | Drop in drug availability | 89,9% | | 70,5% | |
| FC | Falling availability of high-cost treatments | 70.8% | | 90,0% | |

## Epidemics and COVID -19

Between 2018 -2019, epidemics that emerged in 2016 and 2017 that had been eradicated from the country intensified. Malaria, in particular, saw a dizzying increase in the number of cases. The coverage of the official vaccination program had fallen below standards for many years, generating a high lack of protection for vulnerable groups. At least 10.8 million people were more exposed to these epidemics, which spread to 20 states in the country, due to the lack of public health programs and internal displacement, encouraged by mining activity. Among the exposed population were 2 million children and adolescents without full vaccination against diphtheria and measles, nor conditions to protect themselves from malaria and dengue fever.

In 2019, there was a significant decrease in Diphtheria and Measles cases due to vaccination efforts, supported by the United Nations. Similarly, Malaria cases declined, mainly during the pandemic due to travel restrictions. However, during the pandemic, Diphtheria and Measles vaccination efforts also declined, with coverage falling back below international standards.

When the first cases of COVID were reported, 46 public hospitals throughout the country were designated to care for the most severe cases. At that time, a total of 11,000 beds and 1,213 intensive care beds (ICU beds) were reported in public and private facilities. In June 2020, the total number of ICU beds was reported at 206, of which 50% did not have ventilators and 48% were concentrated in the Capital District and the state of Miranda. As of June 2021, there were 237 ICU beds, with an occupancy rate greater than 50% due to the increase in cases in 2021. Many people

with COVID stayed at home so as not to go to health centers, with the risk of getting worse, due to late care, lack of oxygen and / or medicines.

A total of 267,881 cumulative cases of COVID had been reported by June 2021, with an average case fatality rate of 1.1% nationally. Various national and international analyses indicated a significant underreporting, estimated to be 3 to 6 times higher than reported. In terms of the number of cases, the country had a reduced diagnostic capacity due to a deficit of more than 60% of polymerase chain reaction (PCR) tests. In terms of mortality, the practice was maintained of not registering deaths suspected of COVID unless there were confirmed positive results, many of which arrived with great delay, even after the deaths.

The COVID case curve continued to rise through 2021. In the 16 states where data were collected, at least 39.6% of people did not have basic protective equipment or space for home isolation in case of transmission. In addition, several sources indicated that between 8% and 15% of the population was vaccinated, mostly only with the first dose, with a great lack of knowledge about vaccination schedules, available vaccines, and the timing of receiving the second dose. Seventy-eight percent of health personnel did not have a continuous supply of biosecurity equipment and, before the close of this report, more than 700 had died from COVID, contracted in the course of their work.

## People with health problems without medical care or medication (%)

| States | People with serious health problems | | | People with severe chronic problems | | | People with severe acute problems | | | People without sufficient protection against COVID |
|---|---|---|---|---|---|---|---|---|---|---|
| | No guaranteed care | No medical care | No medication | No guaranteed care | No medical care | No medication | No guaranteed care | No medical care | No medication | |
| Amazon | 66,9 | 29,9 | 31,0 | 33,5 | 35,7 | 40,4 | 55,5 | 24,2 | 21,6 | 55,3 |
| Anzoátegui | 43,6 | 34,9 | 23,0 | 36,3 | 48,0 | 30,4 | 21,8 | 21,9 | 15,6 | 58,4 |
| Aragua | 37,9 | 49,5 | 33,6 | 35,6 | 63,0 | 37,0 | 14,7 | 36,0 | 30,2 | 38,4 |
| Bolivar | 53,5 | 52,7 | 42,6 | 29,7 | 57,8 | 38,8 | 41,0 | 47,5 | 46,4 | 47,9 |
| Carabobo | 42,6 | 30,7 | 23,2 | 32,7 | 29,9 | 26,0 | 24,0 | 31,6 | 20,4 | 35,1 |
| D. Capital | 49,0 | 37,5 | 26,7 | 43,8 | 37,4 | 24,7 | 20,8 | 37,7 | 28,8 | 29,0 |
| Guárico | 30,0 | 47,1 | 42,5 | 27,7 | 46,8 | 40,4 | 11,9 | 47,4 | 44,7 | 41,1 |
| Lara | 34,0 | 28,8 | 20,8 | 21,8 | 37,0 | 22,3 | 23,6 | 20,7 | 19,4 | 37,2 |
| Merida | 37,1 | 56,9 | 47,1 | 32,1 | 49,8 | 39,9 | 17,2 | 64,1 | 54,2 | 33,7 |
| Miranda | 43,7 | 47,2 | 38,8 | 35,3 | 44,9 | 38,8 | 22,8 | 49,5 | 38,8 | 31,3 |
| Monagas | 67,9 | 85,2 | 66,2 | 68,5 | 81,1 | 62,2 | 21,2 | 89,4 | 70,2 | 39,6 |
| N. Sparta | 45,2 | 33,3 | 34,7 | 33,0 | 48,0 | 36,0 | 27,4 | 18,7 | 33,3 | 33,5 |
| Táchira | 25,7 | 50,8 | 36,8 | 14,7 | 56,2 | 31,4 | 19,6 | 45,4 | 42,1 | 44,3 |
| Trujillo | 21,9 | 46,8 | 36,7 | 18,7 | 47,7 | 35,8 | 10,4 | 45,9 | 37,7 | 37,3 |
| Yaracuy | 31,5 | 63,3 | 57,2 | 25,9 | 63,5 | 59,1 | 16,0 | 63,2 | 55,3 | 55,9 |
| Zulia | 46,2 | 58,1 | 29,7 | 29,9 | 58,6 | 32,5 | 31,7 | 57,6 | 26,9 | 41,1 |
| **Total** | **41,1** | **47,1** | **36,9** | **31,3** | **50,3** | **37,2** | **23,5** | **43,8** | **36,6** | **39,6** |

Source: Community Diagnostics, May/June 2021

# Recommendations

The data presented in this report show a further intensification of the multiple deprivations suffered by people in their rights and needs for food, water and sanitation, health, basic education and living conditions. This situation is the consequence of 16 months of overlapping emergencies to the detriment of the life, integrity, well-being and security of the Venezuelan population. It has been a constant task of Venezuelan civil society organizations to demand that public authorities and political actors guarantee the rights of protection and assistance to all persons affected by the emergency, and that authorities and humanitarian actors enforce the protection and assistance mandates of international law. The publication of this data seeks to contribute to the fulfilment of these rights and mandates, without arbitrary restrictions or impediments, for which we make the following recommendations:

a) Make use of all **international cooperation and assistance mechanisms** available to the country to guarantee to the entire population its right to a humanitarian response that meets the requirements of availability, financing, access, coverage and effectiveness demanded by the CHE, based on its official recognition and obligation to make all necessary efforts to achieve these objectives.

b) Lift the veto on **statistics, data and publications** on the economic, food, health, education and environmental situation, essential for making appropriate and timely decisions to meet the needs of the population, supporting the contributions of all independent sectors to strengthen the country's information systems and guaranteeing the right of access, free dissemination and wide disclosure of public information.

c) Cooperate with the free **access of** humanitarian, national and international **actors** to persons with humanitarian needs in areas, facilities or locations, wherever they are, facilitating and providing due protection for the integrity of the actors and the goods and services they provide, without unjustified restrictions, arbitrary limitations, the politicization of these actions or their discriminatory or abusive use.

d) Facilitate an open, inclusive and safe **humanitarian space** that guarantees the right of all national actors to take the initiative to contribute to the assistance and protection response needed by people and communities affected by CHE, including participation in decision-making, implementation and evaluation of actions, without fear of being censured, harassed, criminalized or persecuted for their work.

e) Restore the **conditions of institutionality, security, respect for international norms and mandates, and transparency** to guarantee the operability and continuity of the humanitarian response in the country for as long as necessary, in compliance with obligations and commitments to the protection of rights, to overcome the deprivations left by the CHE and to recover the country's development capacities.