

Community diagnostics

Introduction

The community diagnostics are an initiative of civil society organizations that are part of HumVenezuela. They were conducted between May and June 2021, 15 months after the COVID pandemic arrived to the country, with the objective of increasing the availability of information from primary sources and collected in the field, on the scale and intensity of the impacts of the Complex Humanitarian Emergency in the different states of the country and vulnerable populations in those states.

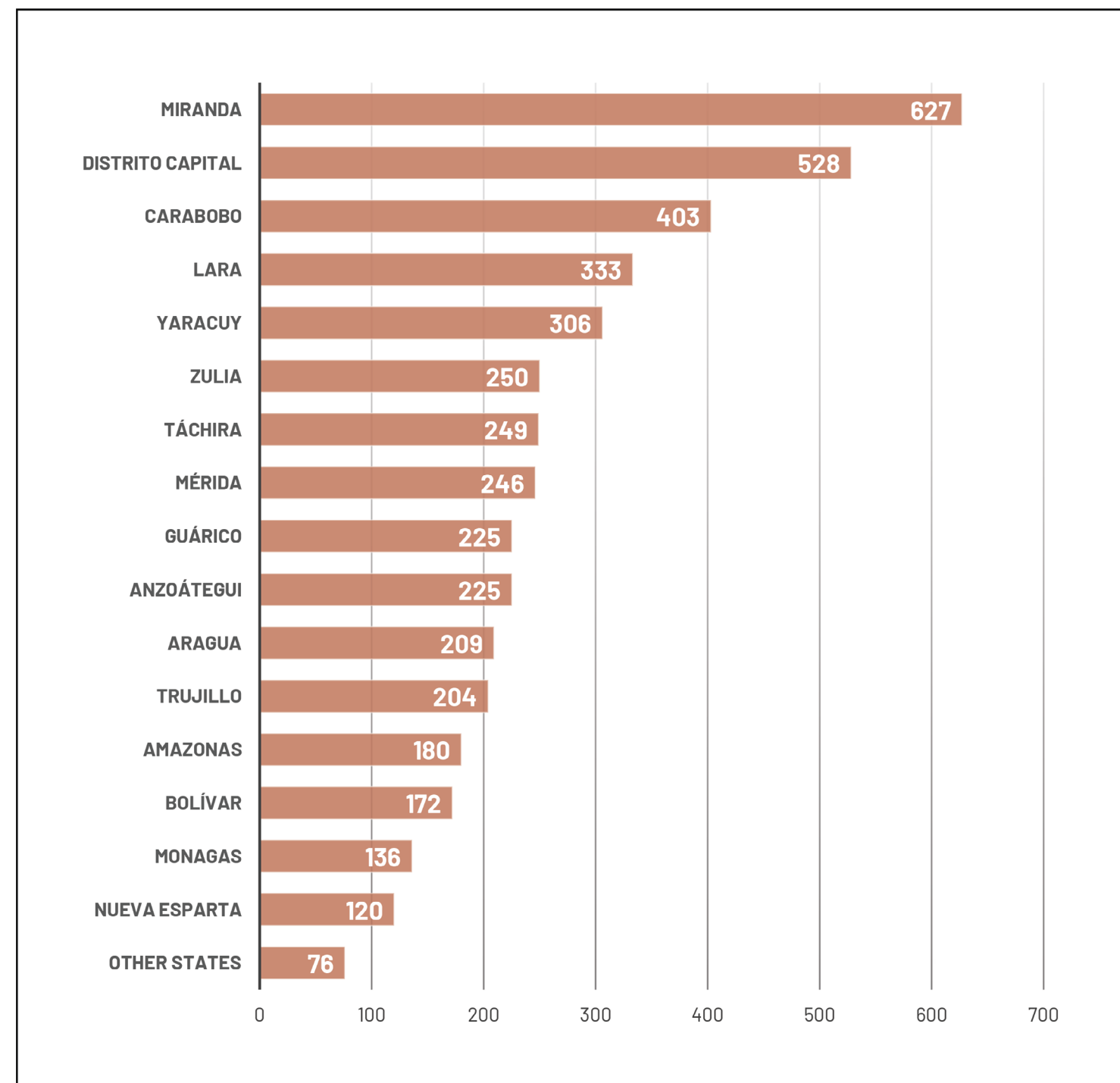
The collection of information is carried out using a single questionnaire agreed among the participating organizations, in sectors or areas especially relevant for humanitarian work because they compromise people's rights and point to situations or circumstances of vulnerability that may endanger their lives, integrity, welfare and security.

In these diagnoses, **4,489** family groups were surveyed in **16** states of the country, whose total populations represent **86%** of the national population, and data were collected from **15,175** members of the groups surveyed in the sectors of food, water and other basic services, health, basic education, human mobility, violence and community problems. The sample included different populations, including women, children and adolescents, the elderly, people with disabilities, indigenous peoples, LGBTI people, producers and farmers, and people with chronic and acute health problems, including COVID.

Sectors

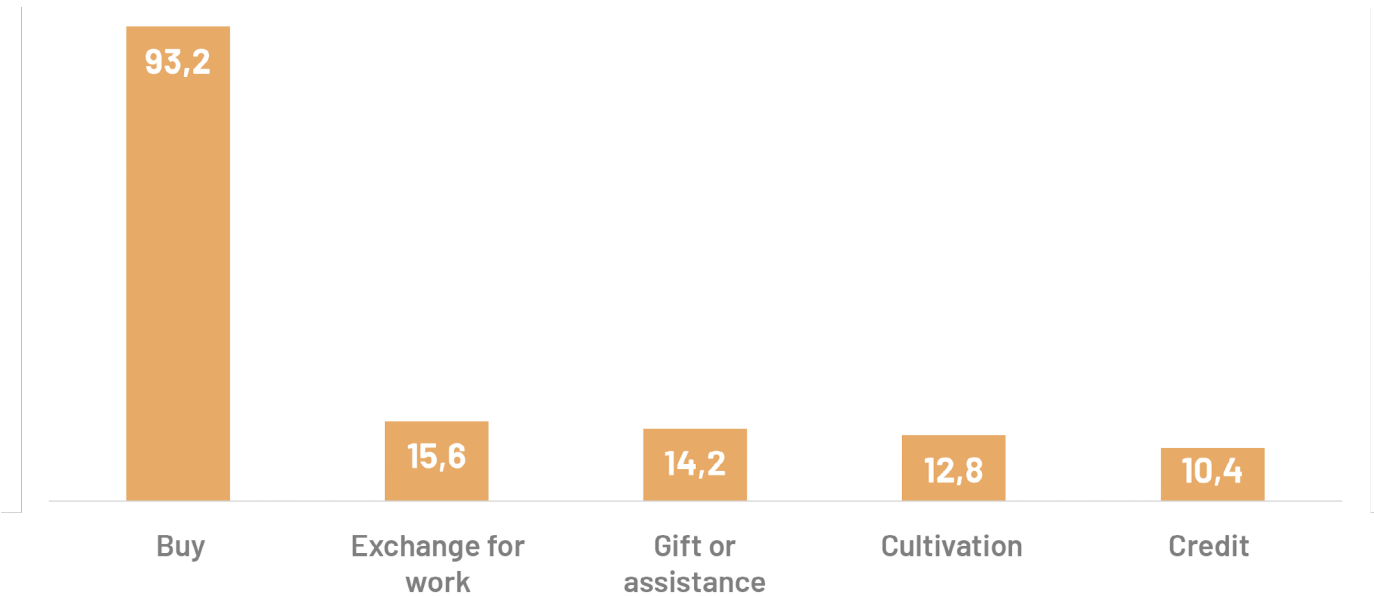
To view information for each sector click on the corresponding icon.

N° of family groups surveyed, by state



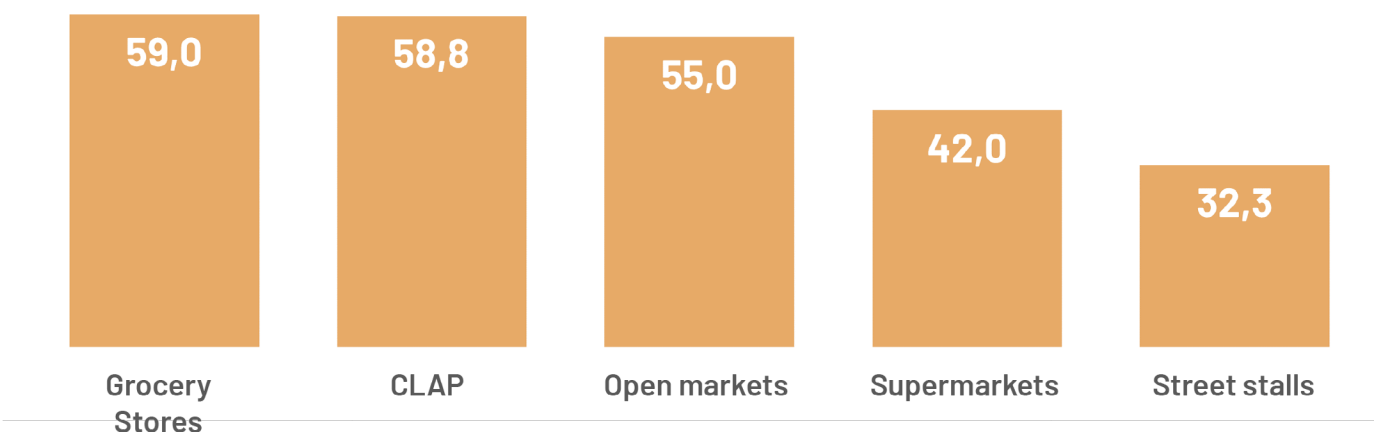
1. Forms of food supply (%)

93.2% of households buy food and **53%** had to cover accessibility shortfalls, since they could not buy all the food they needed, with other forms of supply such as receiving it in exchange for work (**15.6%**), obtaining it as a gift or assistance (**14.2%**), growing it (**12.8%**) or asking for it on credit (**10.4%**).



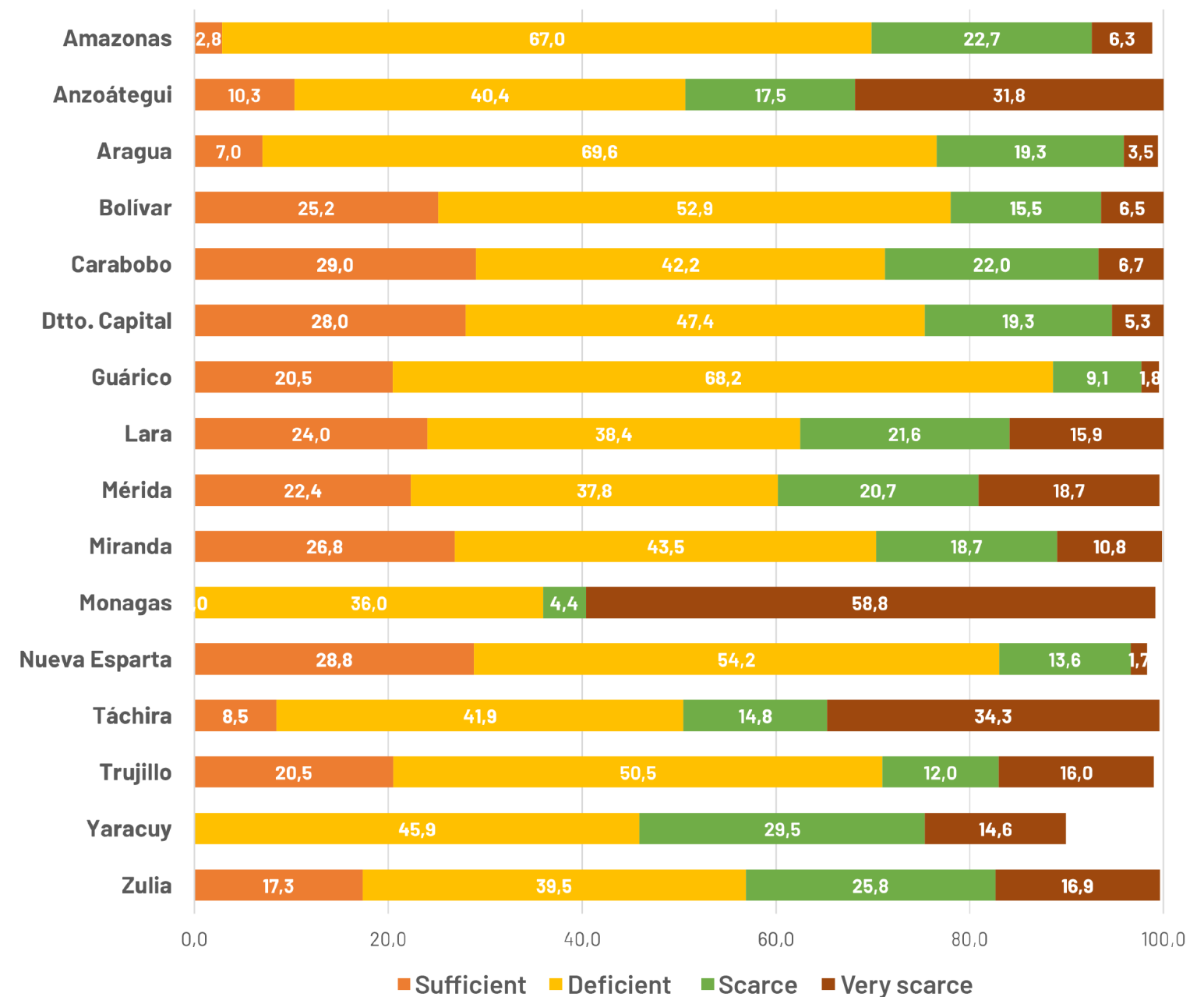
2. Places of food supply (%)

59% of the households obtained their food supplies from establishments or sales outlets. A **58.8%** resorted to the payment of food boxes distributed by the Local Supply and Production Committees (CLAP), even though most of these boxes are received with irregular frequency.



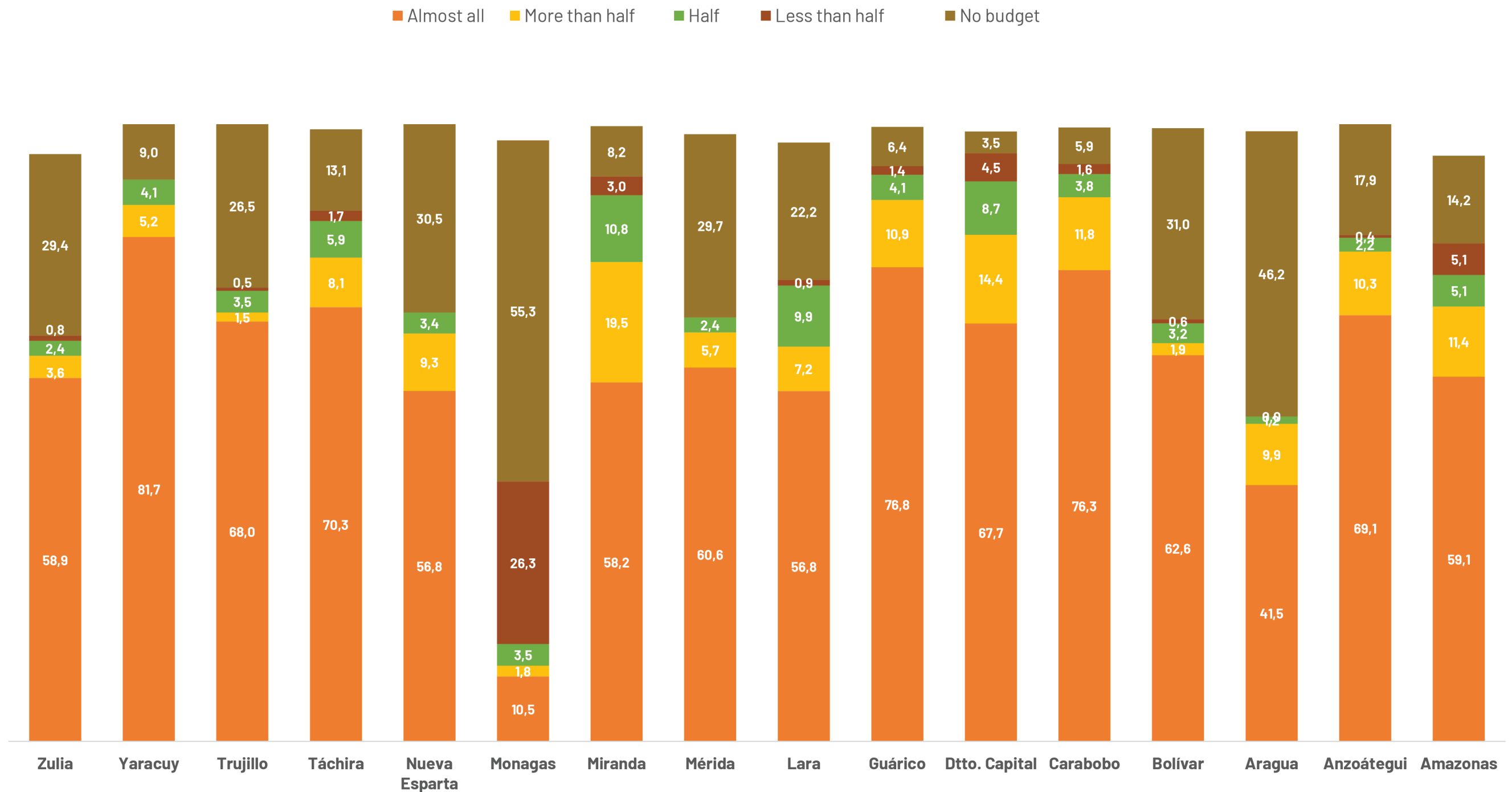
3. Quantity of food obtained for consumption by state (%)

79.8% of the households considered that the amount of food obtained for consumption was deficient (**46.6%**), scarce (**19.2%**) or very scarce (**14%**). In the states of Yaracuy, Monagas and Amazonas, almost **100%** of the households placed the amount of food obtained in one of these three categories.



4. Household food budget by state (%)

62.9% of the family groups spend almost the entire family budget on food purchases and 10% spend more than half of it. Some 17.7% do not have a minimum budget sufficient to have access to food.



5. Survival strategies often used to eat (%)

Often, **84%** of the households had to buy cheaper food and **39%** had to spend their savings to eat. Even using their livelihoods intensively, **41.1%** still had to reduce the size of their food portions, **27.4%** the number of meals per day and **27.2%** their health and/or education expenses. Some **9.2%** often went hungry and **7.1%** went a whole day without eating.

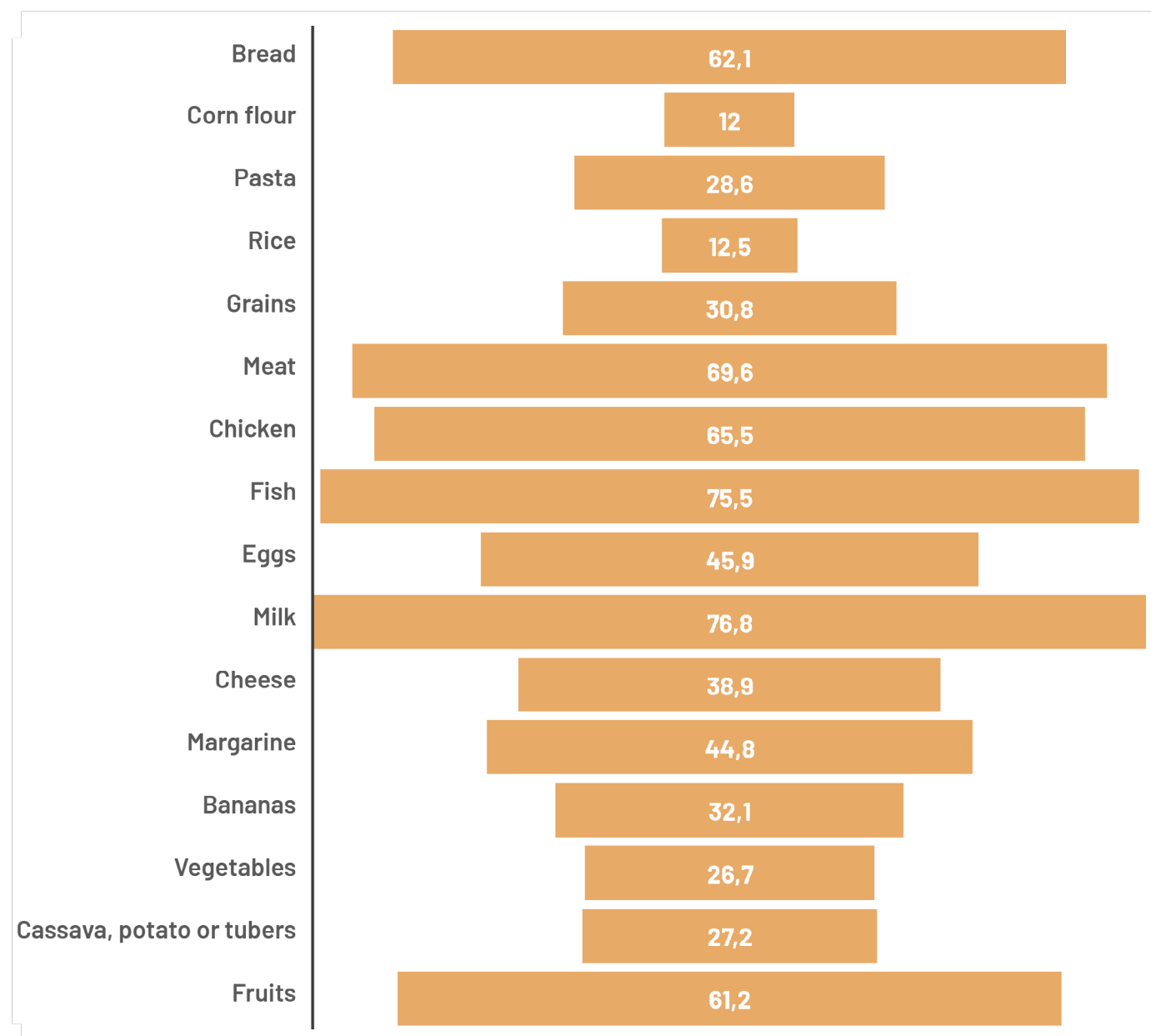
Marginal security (stress)									
Buy cheaper types of food	Spending savings on food	Borrowing money to buy food	Borrowing food or asking for help from others	Buying food on credit	Reducing adult meals for children to eat	Reducing expenses for productive activities	Prioritize feeding working members	Sending the person to eat elsewhere	Transferring children to a cheaper school
84,00%	39,50%	19,20%	18,20%	18,00%	15,40%	11,00%	8,40%	6,00%	1,90%

Moderate insecurity (crisis)							
Reducing portion sizes at meals	Reduce the number of meals per day	Reducing expenses for health, education or other expenses	Selling household goods to buy food	Consume stocks of inputs to produce food	Resorting to humanitarian assistance	Selling means of production or transportation	Withdraw children from school
41,10%	27,40%	27,20%	6,70%	8,50%	8,00%	2,40%	1,00%

Severe insecurity (emergency)							
Staying hungry	Going a whole day without food	Most of the people in the household migrated	Begging	Selling their house or land	Selling the last means of production or transportation	Begging for food from restaurants or food stores	Scavenging for discarded food
9,20%	7,10%	4,40%	3,00%	2,00%	1,90%	1,30%	1,20%

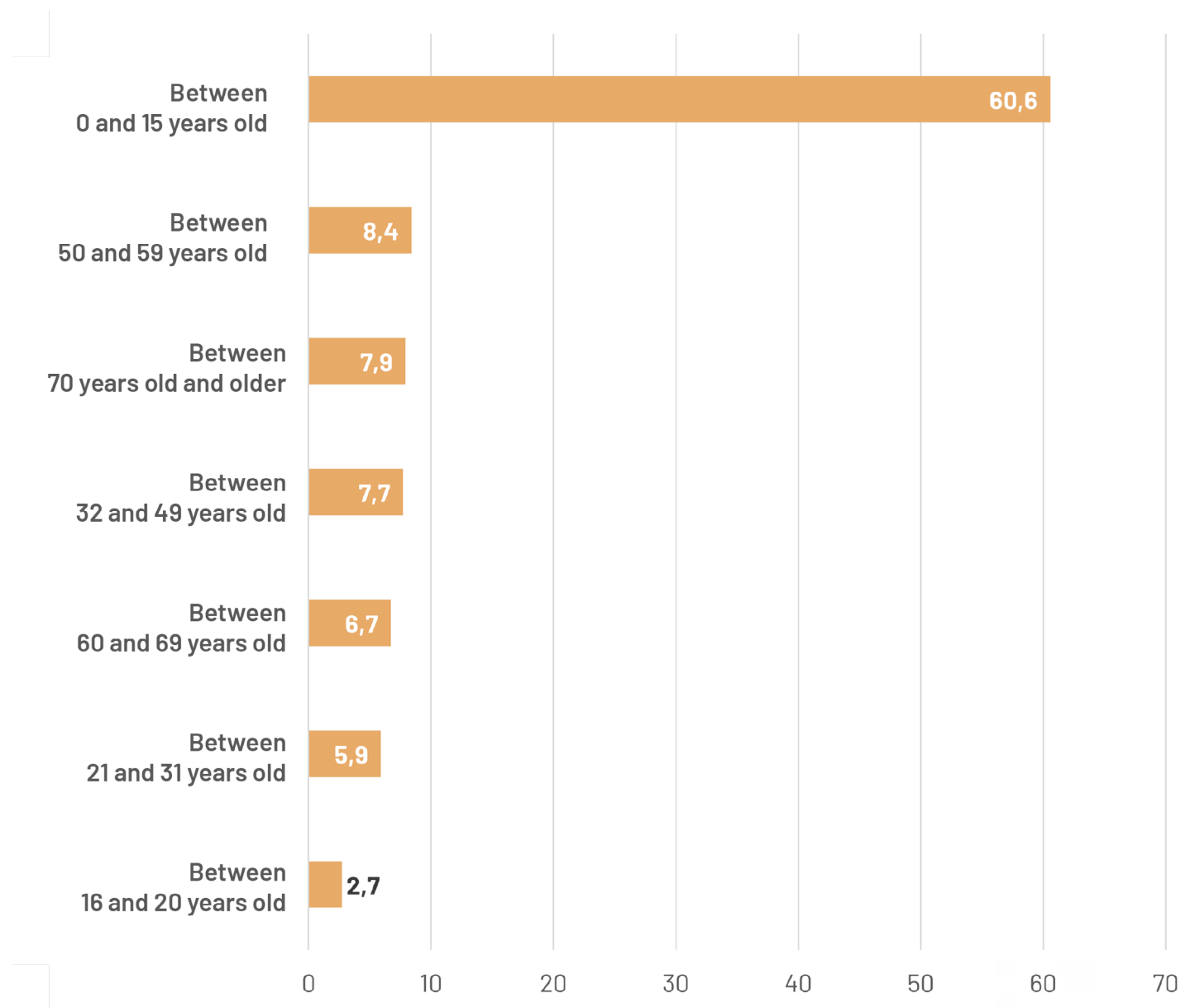
6. Foods frequently lacking or never eaten in household groups (%)

The consumption of foods with high protein value decreased considerably due to shortages or economic inaccessibility. During the last 6 months, households reduced their consumption of meat by **69.6%**, chicken by **65.5%**, fish by **75.5%**, milk by **76.8%** and eggs by **45.9%**.



7. Ages of household members with some degree of nutritional deficit (%)

Due to the severe feeding difficulties, **10.8%** of the family groups reported members with some degree of nutritional deficit. **60.6%** of these people were between 0 and 15 years of age.

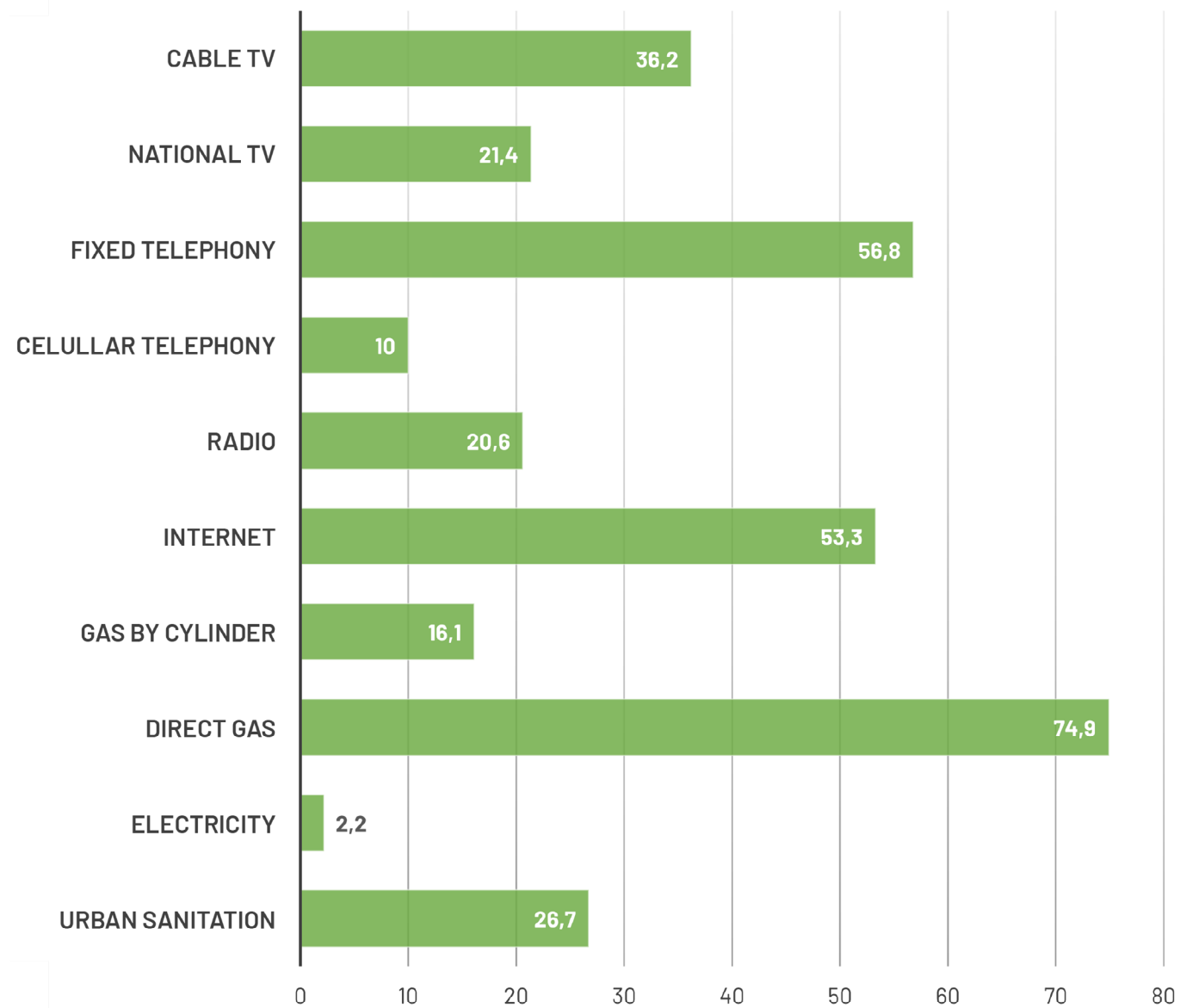




Basic services

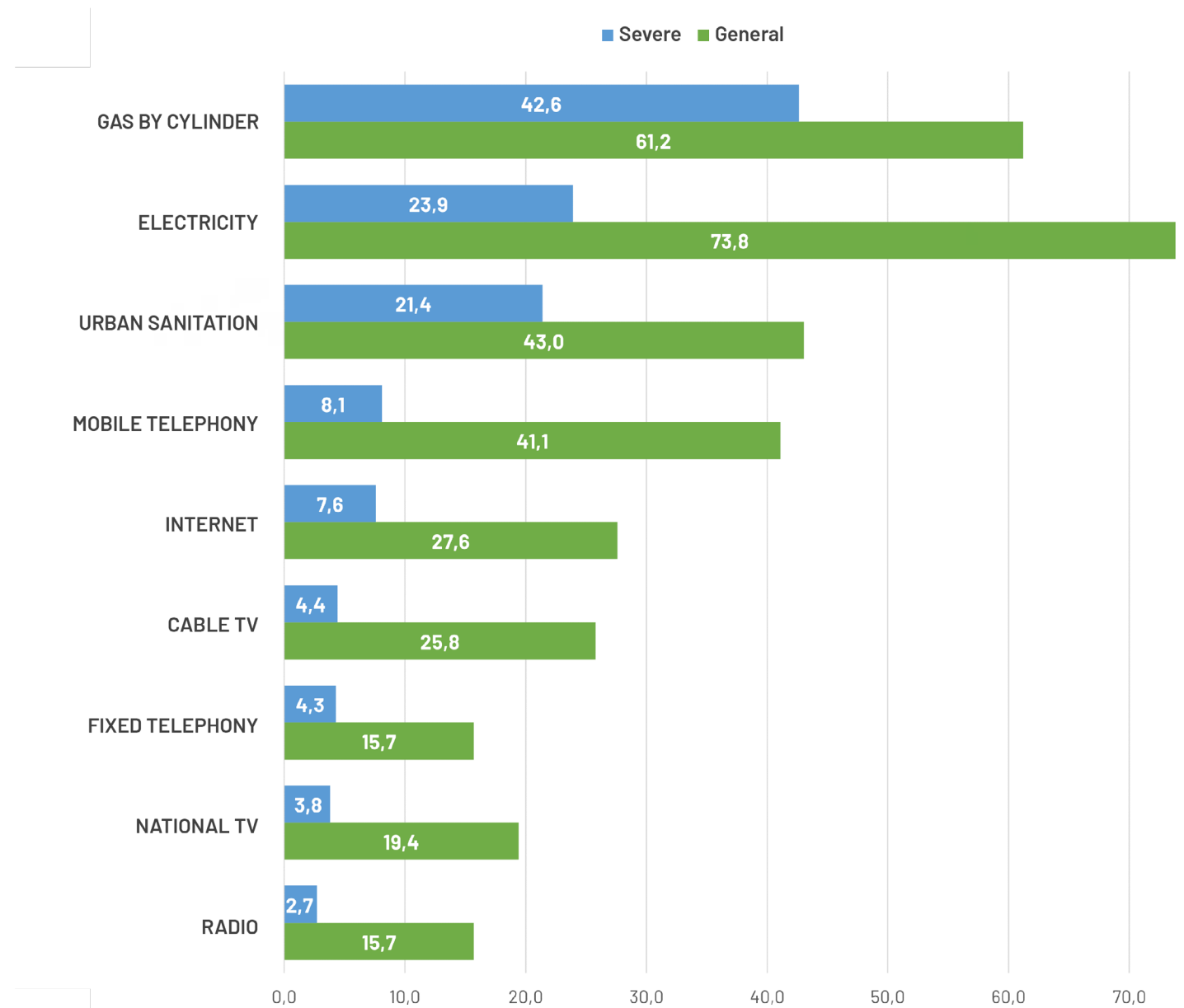
1. Households without basic services, by type of services (%)

74.9% of the family groups do not have direct gas for cooking and **16.1%** do not have gas cylinder distribution. A total of **26.7%** do not have urban sanitation services in the community and **2.2%** do not have electricity service. In communications and information, **56.8%** do not have a fixed telephone, **53.3%** do not have Internet, and between **20.6%** and **36.2%** of the groups do not have national or cable television or radio service.



2. Households with basic service failures (%)

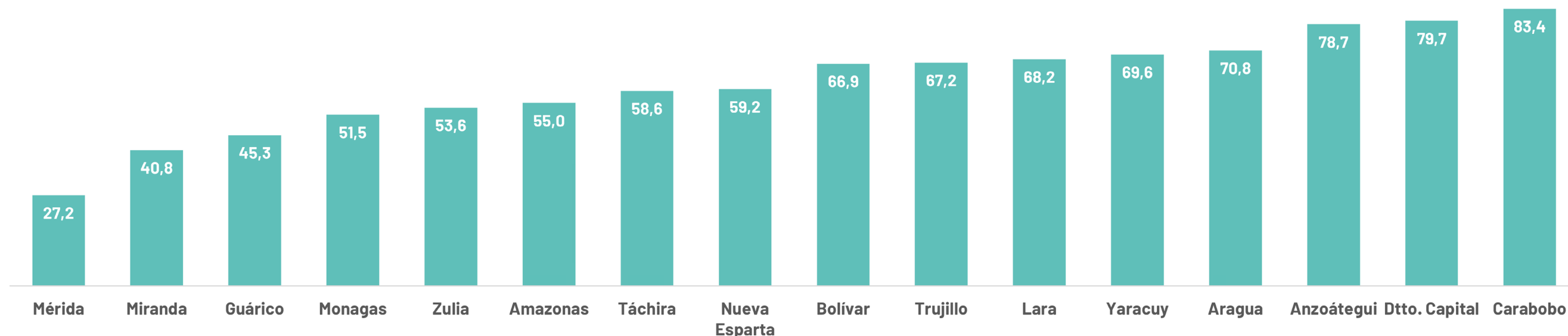
Households reported failures in almost all basic services. The most unstable were: electricity service with **73.87%** of failures (**23.9%** recurrent or severe), gas service with **61.2%** of failures (**42.6%** severe) and urban sanitation service with **43%** of failures (**21.4%** severe).



Water and Sanitation

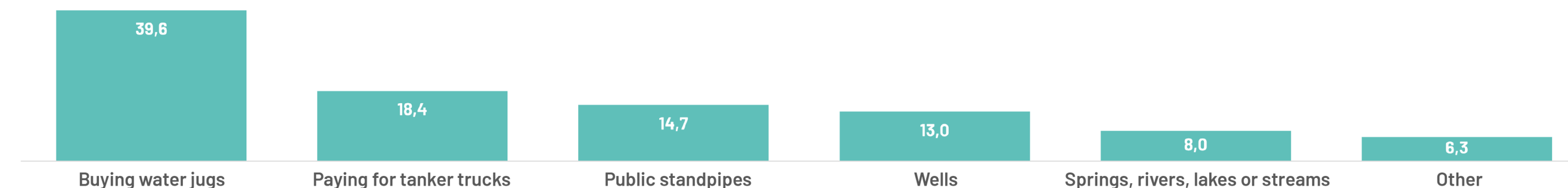
1. Recurrent water supply interruptions, by state (%)

At the national level, **20.3%** of people lived in homes without connection to the water distribution system by aqueduct. In the states where diagnostics were carried out, **17.5%** of households reported not having a connection. More than **60%** of the people connected to the aqueduct system in the country suffered frequent water interruptions. In the diagnoses, Carabobo, Distrito Capital, Anzoátegui and Aragua were the states with the highest percentages of frequent water failures.



2. Alternative water sources used due to lack of access (%)

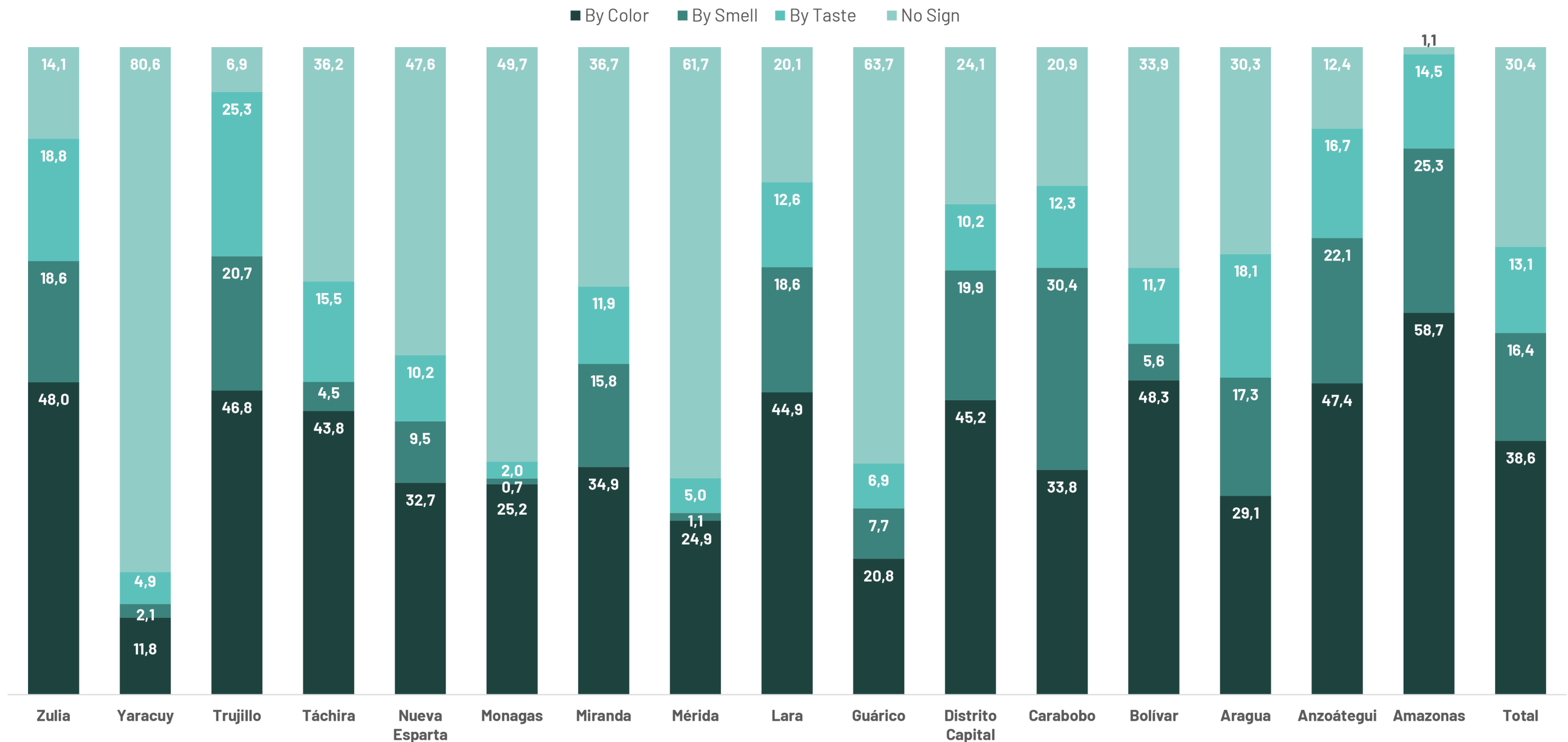
The water that arrives through aqueducts presents high probabilities of contamination, due to the profound potabilization deficiencies in the country. In addition, due to persistent failures, about **80%** of people nationwide resorted to alternative sources of water supply, some of which do not guarantee safety for consumption, as reported by the states. These sources are: the purchase of jugs, tanker trucks, public standpipes, wells, the use of springs, rivers, lakes or streams, and even the collection of rainwater or water from the beach, and that which friends or neighbors can give as a gift, to whom it arrives with a little more frequency.



Water and Sanitation

3. Signs of water contamination, by state (%)

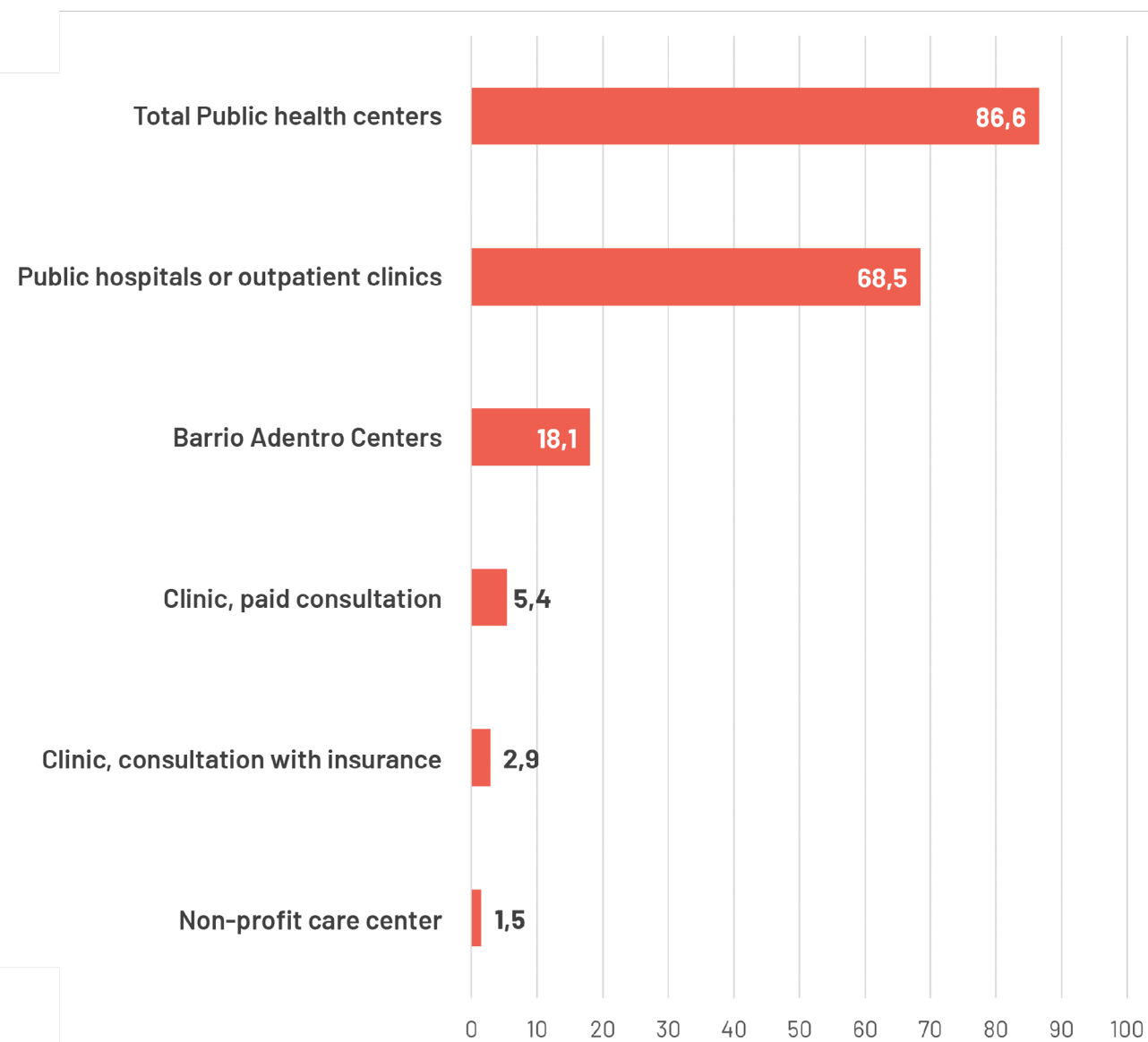
At the national level, it is estimated that water with signs of contamination affects about **70%** of the population. In the diagnoses, the states where most signs of water contamination were reported were Amazonas, Trujillo, Anzoátegui and Zulia.





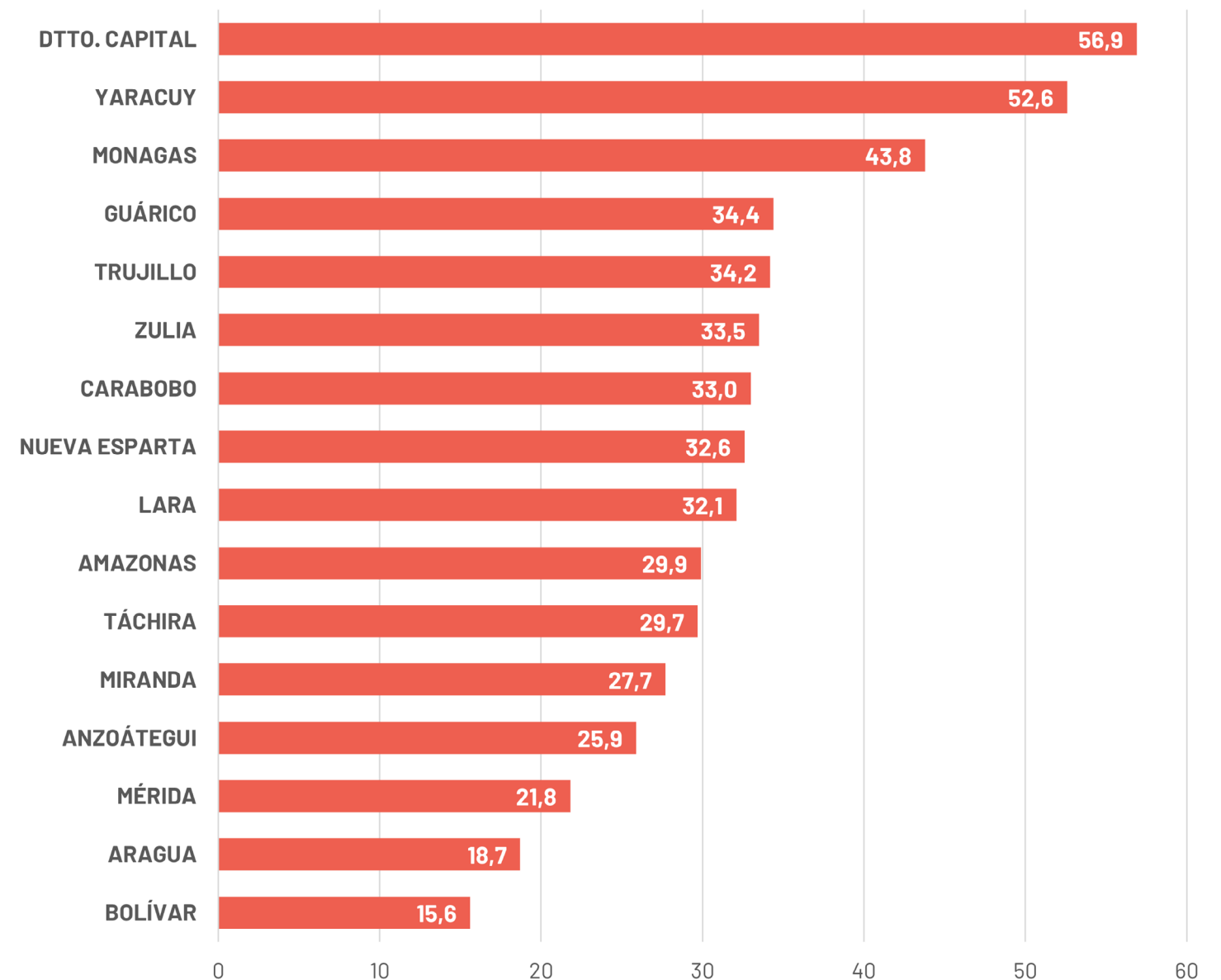
1. Centers on which health care needs depend (%)

86% of the people in the surveyed households were only able to go to public health centers, mainly hospitals and urban outpatient centers, if they had any health needs. Private clinics were an alternative for only **8.3%** of people and non-profit centers with some health services, **1.5%**.



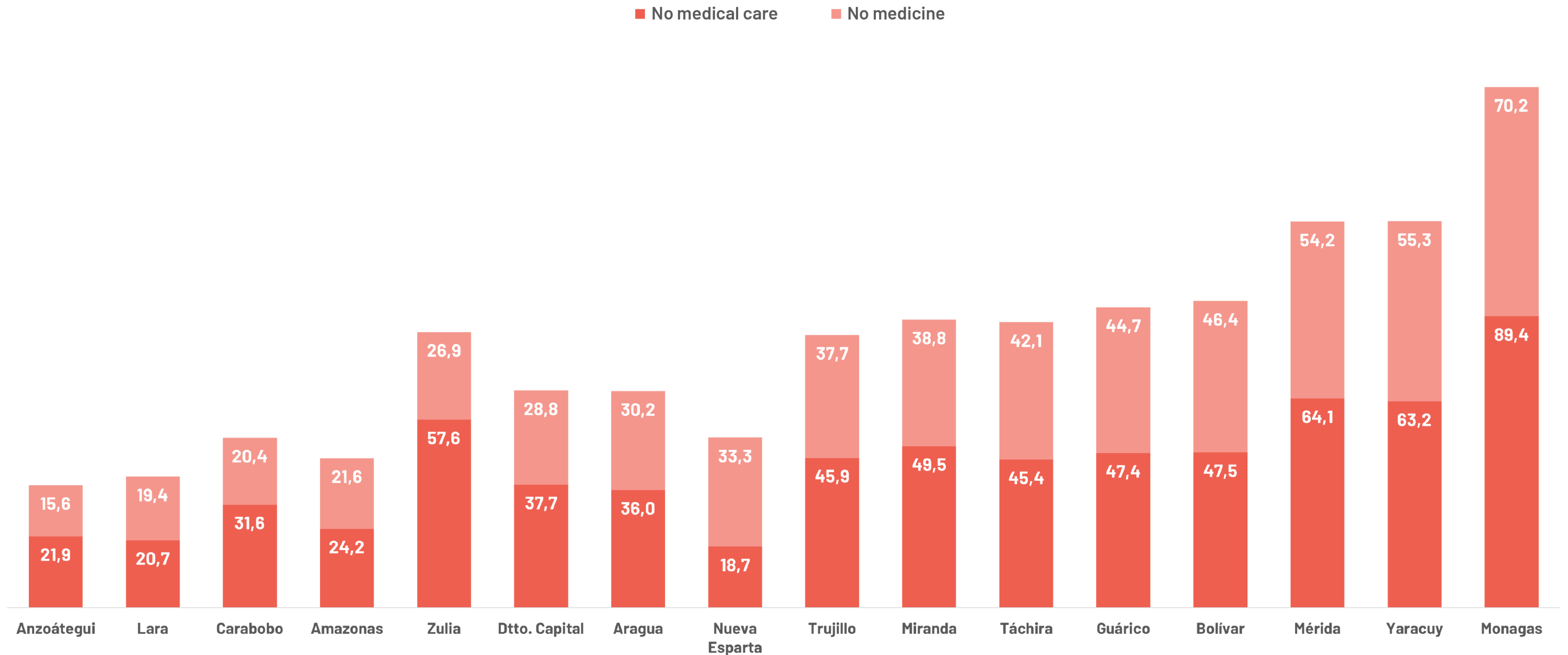
2. People with serious chronic health problems, by state (%)

People with serious chronic health problems, whose lives are at risk without access to adequate medical care, have been increasing in recent years due to lack of diagnosis and treatment. The states with the highest proportion of people living with these conditions were Distrito Capital (**56.9%**), Yaracuy (**52.6%**) and Monagas (**43.8%**). The states of Aragua (**18.7%**) and Bolivar (**15.6%**) presented the lowest proportions, even though they represent more than **15%** of the populations of these states.



3. People with serious chronic health problems without medical care or medicines, by state (%)

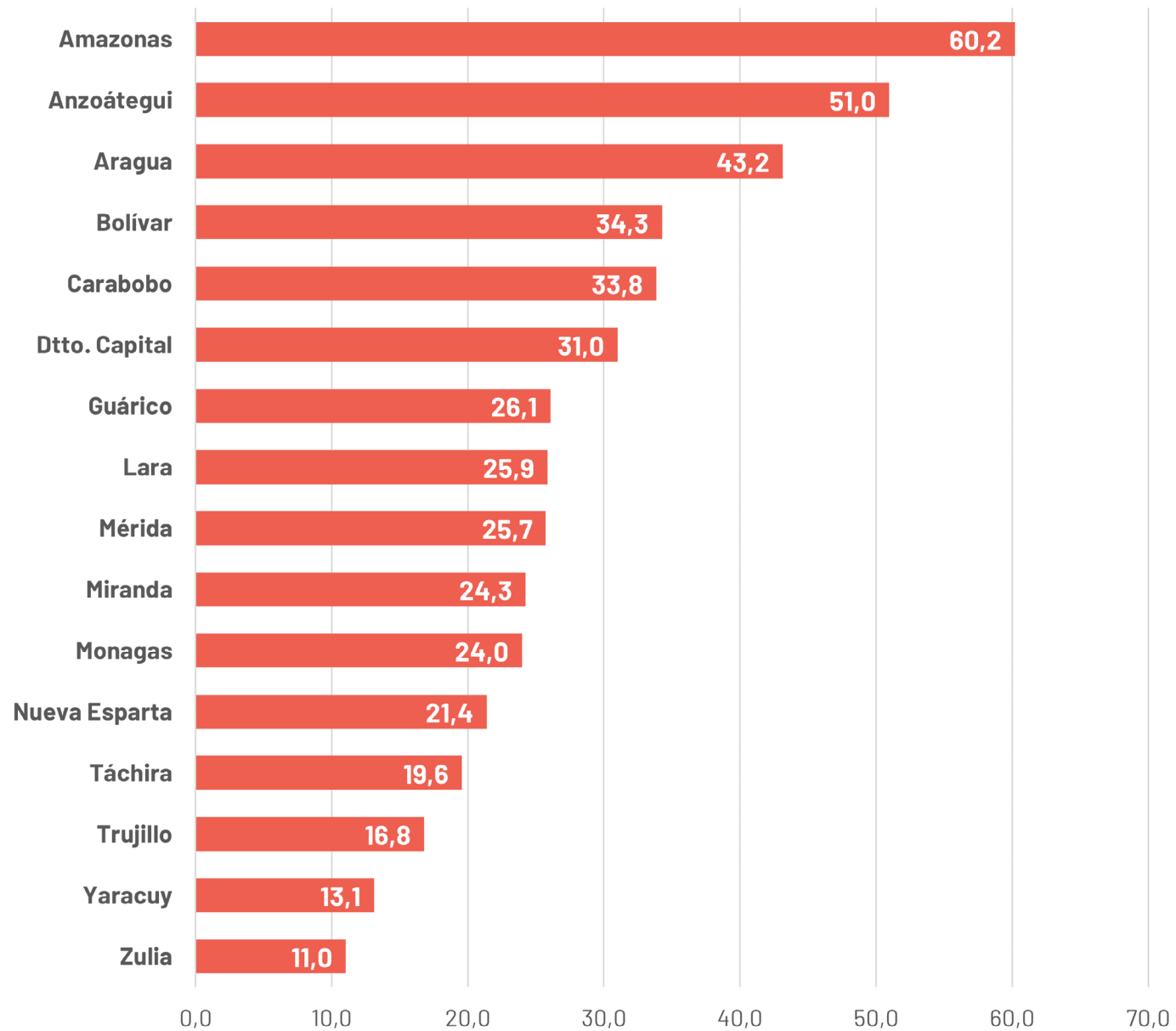
Of the total number of people with serious chronic health conditions, more than **30%** did not receive medical attention and a similar percentage did not receive medicines during the last 6 months. The states with the highest proportion of people in these circumstances were: Monagas, Yaracuy, Aragua, Zulia and Táchira.





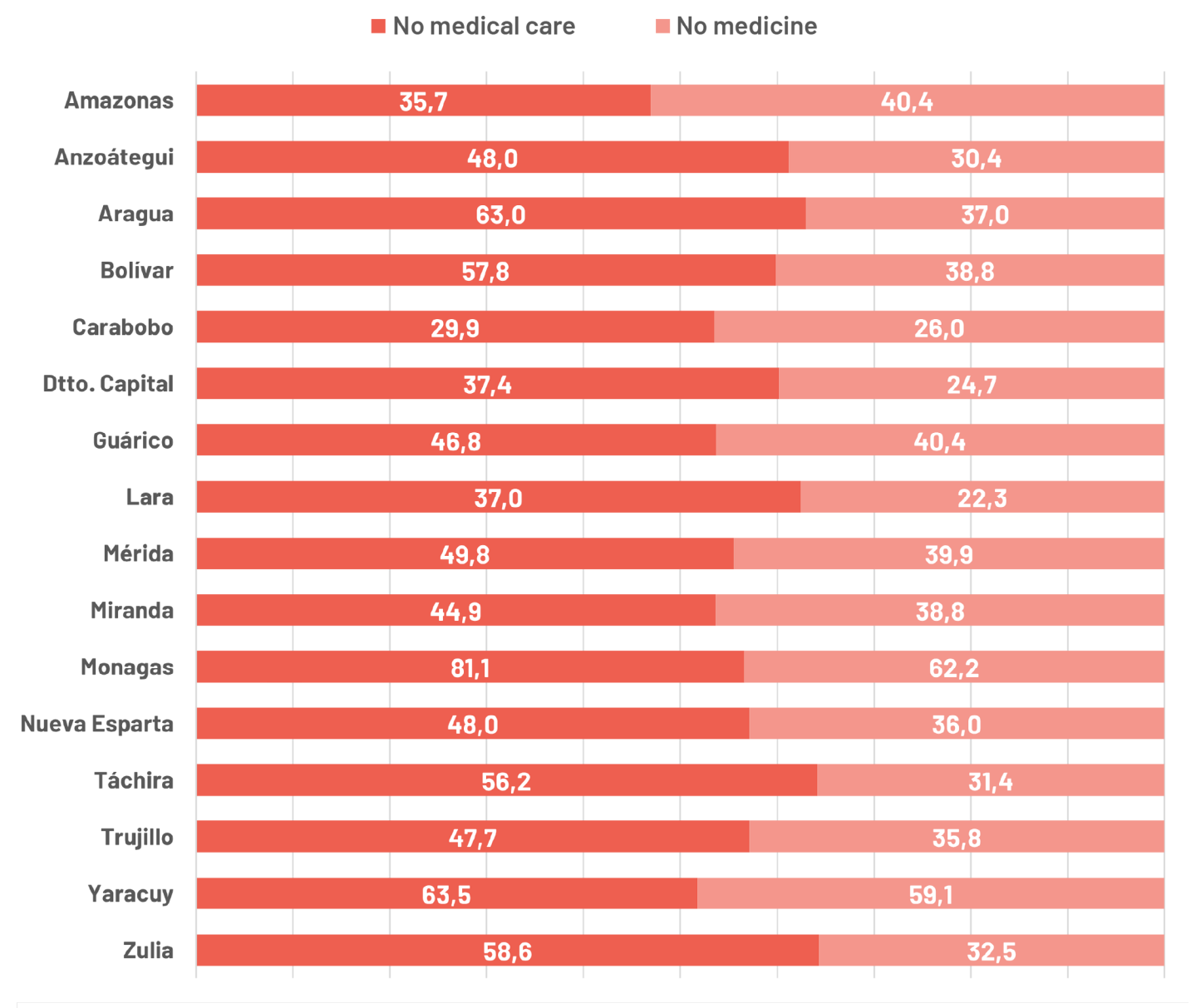
4. Persons with severe acute health problems, by state (%)

In the case of people with severe acute health conditions, the panorama by states changes, placing Amazonas, Monagas and Bolivar as the states with the highest proportion of people who presented this type of problems during the last 6 months, being Amazonas and Bolivar the states with the greatest extension of endemic zones due to mining activities.



5. Persons with severe acute health problems without medical care and medicines, by state (%)

These persons also had little access to medical care and medicines during the last 6 months of the pandemic. Again in these aspects, the states with the most affected populations were Monagas, Yaracuy, Zulia, Bolivar, Tachira and Trujillo.

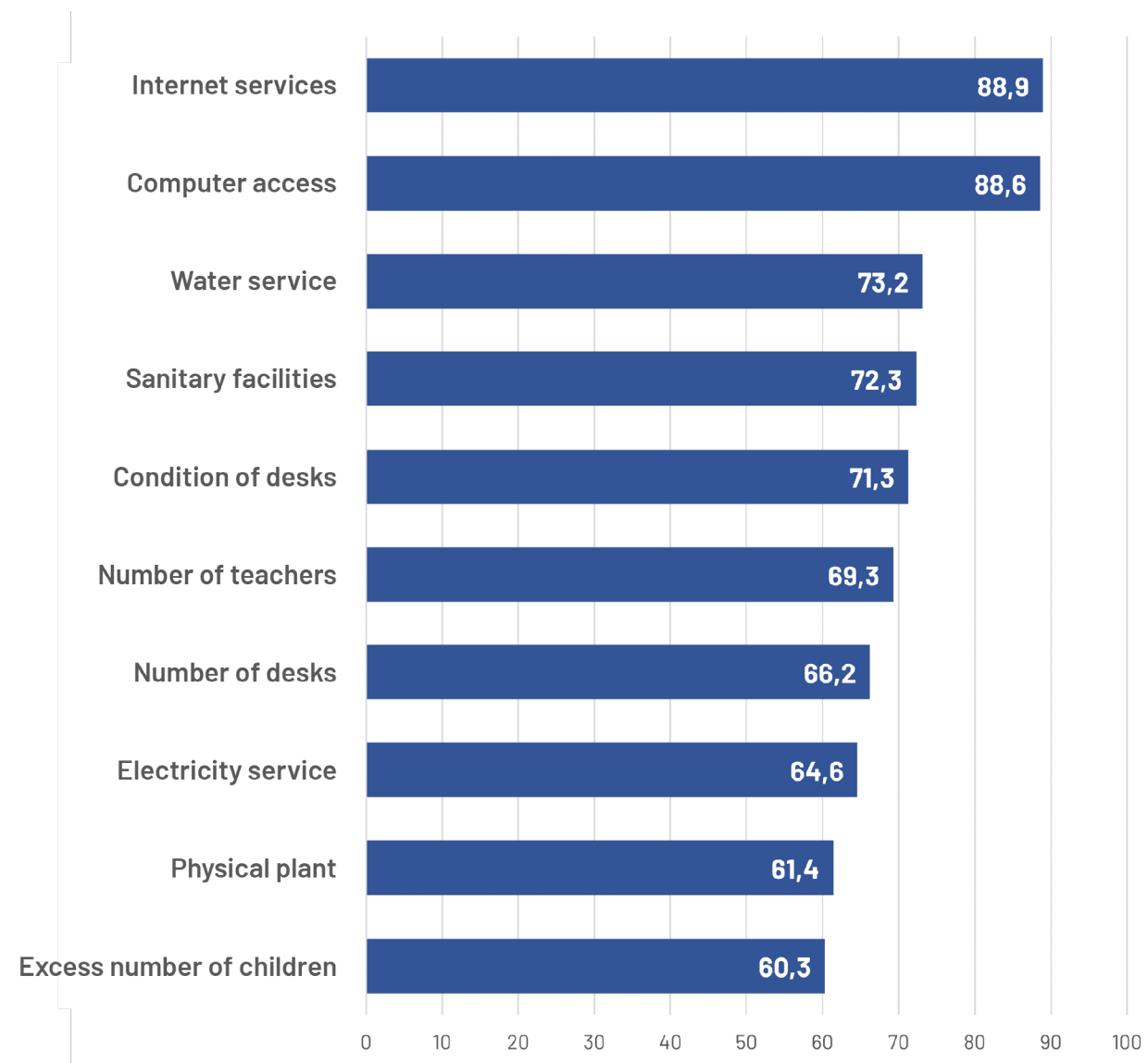




Education

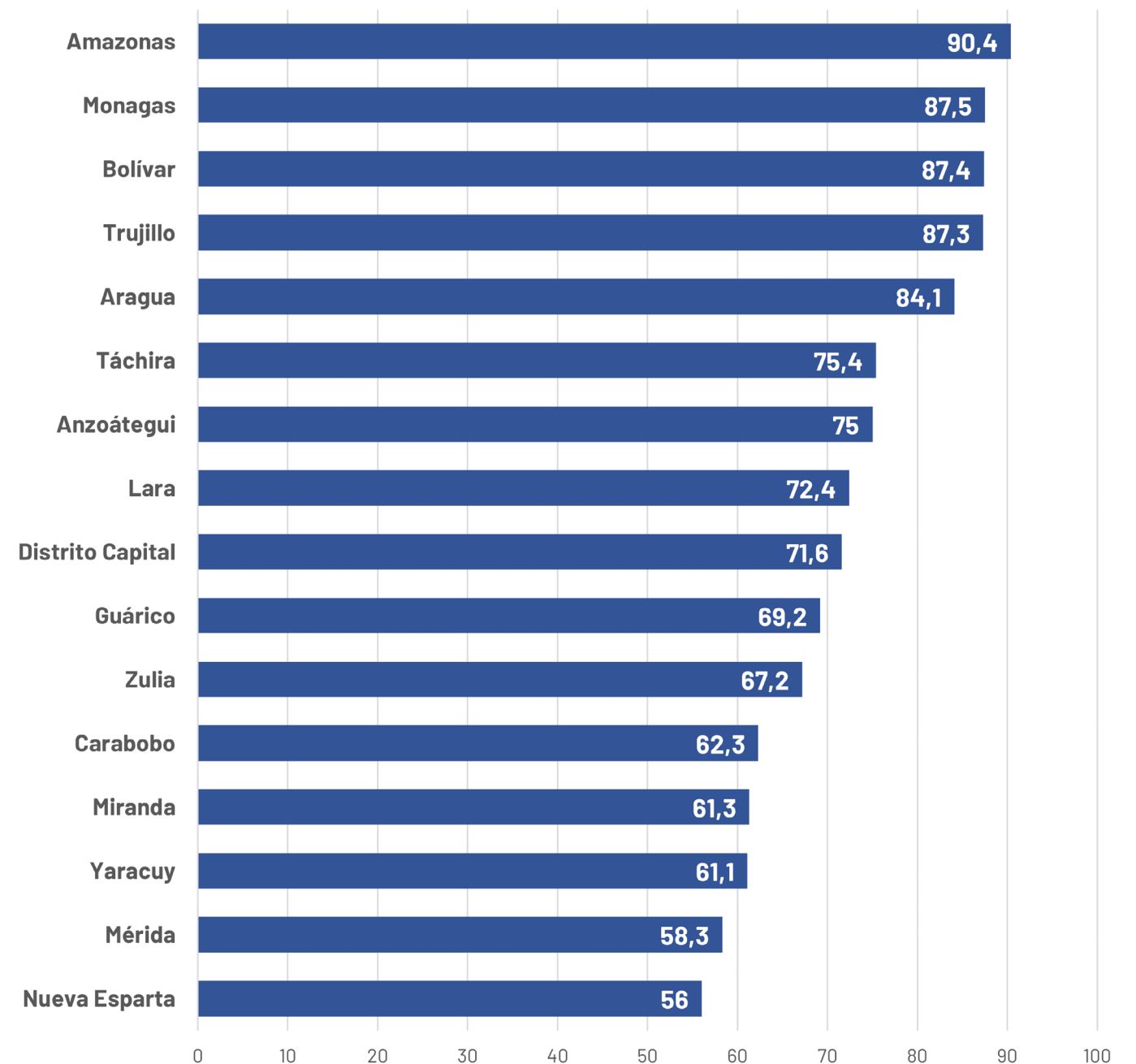
1. Deficits of basic schools (%)

More than **80%** of children and adolescents attend public basic schools. Most of these schools were severely deteriorated before the pandemic due to high deficits in infrastructure and personnel. Households reported deficits of **61.4%** in physical plant, **72.3%** in sanitary facilities, between **64.6%** and **73.2%** of basic services, **66.2%** of desks. In addition, they reported a **69.6%** deficit of teachers, **60.3%** excess of children in classrooms and more than **88%** lack of computers and Internet connection.



2. Schools with teacher shortages, by state (%)

In relation to high teacher deficits in all states, those reporting the highest proportions were Amazonas (**90.4%**), Monagas (**87.5%**), Trujillo (**87.3%**), Bolívar (**87.4%**), Aragua (**84.1%**)

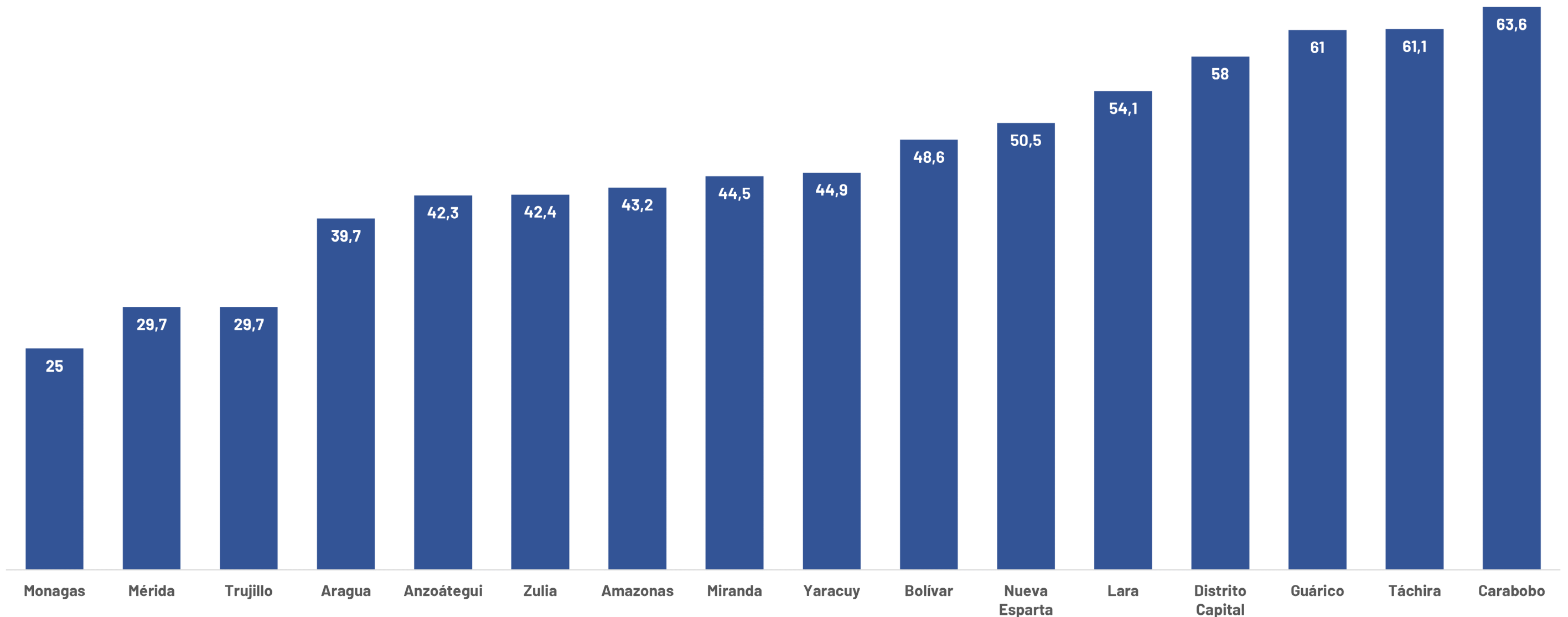




Education

3. Children and adolescents who did not receive school meals (%)

With the COVID pandemic, children and adolescents had to face the challenges of continuing to carry out educational activities at home, due to the temporary suspension of classes in schools. In these circumstances, at least **42.4%** of children and adolescents did not receive school meals, in a context of widespread poverty and increased levels of food insecurity. The states with the highest number of children without school meals were Táchira, Guárico and Carabobo.



Human mobility

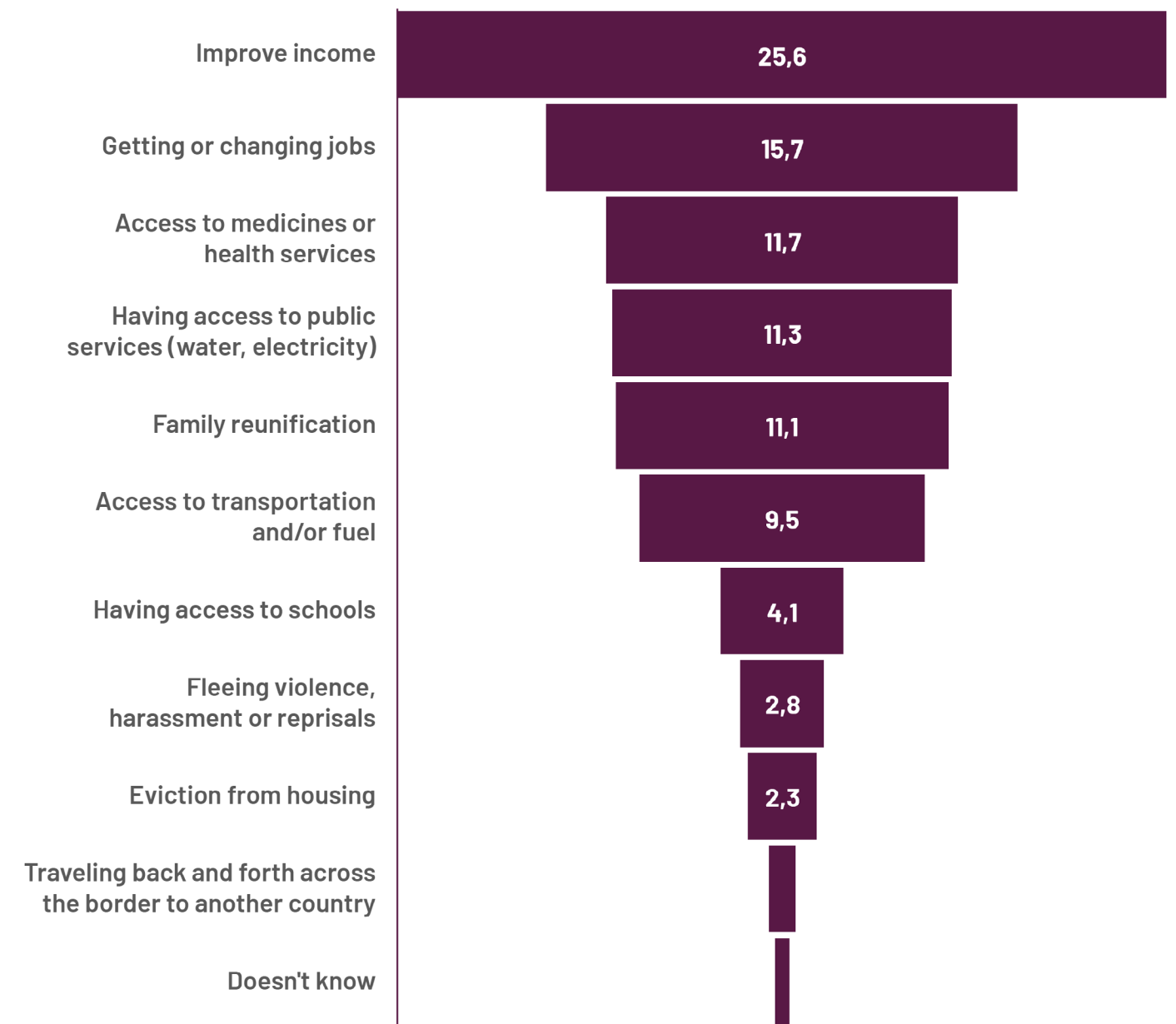
1. Migration, intention to migrate and destination (%)

In **24.4%** of the family groups, at least one of the members migrated and **91.6%** of these persons migrated outside the country. In **24.5%** of the cases, the migrant was the head of household. In addition, **11%** of the groups reported the intention of one of the members to migrate, **54.3%** to other countries, **18.3%** to other municipalities within the state and **19.5%** to other states.



2. Reasons for migrating (%)

The main reasons for migrating were: to improve income (**25.6%**), to get or change jobs (**15.7%**), to have access to medicines and health services (**11.7%**) or basic services (**11.7%**), and to reunite with family members who migrated (**11.1%**). Some **2.8%** stated that the intention of migrating was to flee violence, harassment or reprisals in the country.



Human mobility

3. Intention to migrate and to emigrate to another country, by state (%)

The intention to migrate was higher in the states of Bolívar (24%), Lara (16.4%) and Mérida (14.8%). Regarding destination, in general, with very high percentages outside the country, the highest percentages of international migration were found in Bolívar (96.8%), Aragua (95.5%), Yaracuy (81.8%) and Lara (74.1%).

■ Intention to emigrate ■ Intention to emigrate to another country

