

# Venezuela in Complex Humanitarian Emergency:

## COLLAPSE AND GAPS OF SOCIAL DEPRIVATION IN COMMUNITIES

*June 2023*



# TABLE OF CONTENTS

	PAG.		
<b>INTRODUCTION</b>	<b>3</b>	<b>COMMUNITY TESTIMONIES</b>	<b>22</b>
<b>METHODOLOGY</b>	<b>5</b>	Amazonas	22
<b>DECLINE AND COLLAPSE</b>	<b>8</b>	Anzoategui	24
A slowly evolving decline	8	Apure	26
Factors and depth of the collapse	12	Aragua	27
Scale and humanitarian severity	16	Bolivar	29
<b>DEPRIVATION GAPS</b>	<b>18</b>	Capital District	30
Size of the gaps	18	Carabobo	31
Length of the gaps	19	Falcon	34
Efforts to reduce gaps	19	Guarico	35
Access to rights	20	La Guaira	36
Access to humanitarian response	21	Lara	37
Coping strategies	21	Merida	38
<b>CONCLUSIONS AND RECOMMENDATIONS</b>	<b>56</b>	Miranda	40
<b>GLOSSARY</b>	<b>58</b>	Monagas	42
<b>REFERENCES</b>	<b>60</b>	Nueva Esparta	43
		Sucre	44
		Tachira	46
		Trujillo	49
		Yaracuy	51
		Zulia	52



## INTRODUCTION

This is a special report of HumVenezuela focused on the evaluation of the profound collapse of the country's internal capacities to guarantee the Venezuelan population's rights to access to dignified living conditions and to be free from risks of threats to their lives, integrity, security, subsistence and freedom of action to seek solutions to the extreme individual or collective problems they face.

For a period of more than 7 years, a large-scale Complex Humanitarian Emergency (CHE) has persisted in Venezuela, causing the displacement of more than 7 million to other countries since 2015 and affecting 19 million people in the country in 2022, many of whom have also moved within the territory, as part of the coping strategies.

The CHE has had devastating impacts on the lives of these people. For most of them, it is not possible to cover a minimum level of vital needs, the size and duration of the deprivations have crossed the thresholds of resistible deterioration and their multiplicity and overlap leave little possibility to overcome them, leaving them highly vulnerable to face risks of harm, including abuse and violence.

*HumVenezuela is a humanitarian information platform created by Venezuelan civil society organizations that, since 2018, has been monitoring, documenting and tracking the impacts of the Complex Humanitarian Emergency on the deprivation of rights of the population living in Venezuela.*

*The purpose of HumVenezuela is contribute to guaranteeing the rights of all affected people to be assisted and protected through an accessible and effective response, based on the scale and severity of needs and the protection of rights, in accordance with the humanitarian principles and mandates and the universal norms of international law.*

*In HumVenezuela, organizations work at the national and local levels, carrying out processes of monitoring, collection and review of a wide diversity of information sources, according to a standardized evaluation model and methodology for humanitarian purposes.*

Behind the CHE is the structural collapse of the capacity to guarantee democratic governance, freedoms and rights, human security and a sustainable development, as a result of slow and sustained processes of instability, undermining and previous setbacks, which had late and not internationally credible warnings for a country like Venezuela with decades of peace and democratic stability, important achievements in rights and broad potential for development throughout the national territory.

One difficulty in understanding the impacts of the CHE is not seeing the depth of the collapse in all its dimensions and as it is experienced daily by people in gaps of social deprivation of great size, length, abandonment, denial, exclusion and inequalities of access across the full range of human rights.

This special report provides a brief retrospective of the processes that led to the collapse, presents some significant data on the dimensions of the fall of capabilities and focuses the evaluation on the social deprivation of the population, from a communitarian perspective.

During these 7 years of CHE, numerous actors have made efforts to provide assistance and protection to people in urgent needs and in the last 4 years with support from the international

humanitarian system. Despite these efforts, humanitarian response capacities have been below their potential, in an unstable, adverse and restrictive operating environment.

Without changes in the factors that generate collapse and social deprivation, the country's situation poses difficult challenges for an exhausted Venezuelan population affected by the effects of the CHE and even more vulnerable to the interrelated crises affecting the region and the entire world today.

The assessment angle presented by HumVenezuela for the first time in this special report is intended to ensure that social deprivations are addressed, analyzed and weighed in the approaches and prioritizations of national and international actors involved in humanitarian response efforts and other processes of change that restore the country's capacities in the spheres of human rights, justice and peace, democracy and development.

Testimonies at the communitarian level paint a fairly clear picture of the state of these deprivations, their association with rights violations and their serious dangers of human insecurity, with no foreseeable changes in the near future.



## METHODOLOGY

This special report was based on an assessment carried out by civil society organizations that are part of the HumVenezuela community between November 2022 and June 2023. The purposes of the evaluation were to characterize the process of decline of the country's capacities and to assess its impacts on gaps of social deprivation suffered by the population, addressed at communitarian level.

A first methodological axis of the assessment was to build a brief retrospective of the collapse of the country's internal capacities, by tracing its most significant causes two decades in the past. Looking at this process allows us to understand the evolution of the collapse as the product of a slow, systematic and cyclical process of decline, increasingly acute and severe political instability and destructuring of the State and of the country's institutional, economic and social functioning capacities.

During these years, the nature and trajectory of the factors most involved in the collapse were taken into account, tracing the patterns that inclined events in that direction. The cumulative effects of fragility that these factors had on the capacities caused an unprecedented structural collapse that resulted in

significant setbacks in the living conditions of the population, affecting several areas of people's vital needs: livelihood, food, public health, education, drinking water, sanitation and other essential services. The collapse has destroyed the basic systems of security, welfare and development for several generations of Venezuelans.

*Conceptually, "collapse" is understood as an extreme situation of partial or total breakdown or destruction, which may be reached abruptly or through a process of involution or collapse. Structural collapses impact structures or systems that fulfill a function for the life of people. These impacts can be seen in the disintegration of governance structures and/or the inability of structures to fulfill their basic functions.*

The levels of collapse are presented through data from HumVenezuela's measurements of the proportions of declines through 2022 and their impacts on millions of people in humanitarian need nationally and by state. In the CHE there is a dynamic of displacement, both outside and inside the country, for which only

general or partial data exist, showing a modification of the geography of the population and increasing inequalities, unprecedented in the recent history of the country.

The data on the evolution of capacities and their decline over the last decades, as well as the scale of the population with humanitarian needs, come from the exhaustive and permanent monitoring and follow-up performed by HumVenezuela on a large amount of information published by civil society, the scientific and academic community, national, public and private institutions, the media and international organizations, together with primary information collected by the organizations themselves in the states of the country where they carry out their work.

The second methodological axis of the assessment was to address the social deprivation gaps currently faced by the population, through exchange sessions with community members. Between November 2022 and May 2023, members of 87 communities from 20 states of the country participated in a qualitative and testimonial assessment of their social deprivation, with the assistance of HumVenezuela's partner organizations.

The communities were chosen for their social, economic, physical or environmental vulnerabilities. Of the communities chosen, 81.6% were in urban

*Social deprivation gaps are measures of deficiencies, shortcomings or deficits in satisfying vital social needs in a sufficient, adequate and timely manner. These measures were of size, seen as the difference between needs and what is possible to satisfy with existing capacities; of length, in reference to the extent of deprivation in units or time references; and of efforts, understood as the responses required to recover fallen capacities, considering the size and length of the gaps and the levels of neglect or absence of response to deprivation. They also include the vulnerabilities and risks associated with the gaps; coping strategies; violations of access to rights and the scope of the humanitarian response.*

areas, 11.5% in rural or semi-urban areas and 6.9% in indigenous settlements. Members of different sectors of the communities who have maintained close ties with their residents and are active in community work to solve their problems participated in the assessments. The object of these assessments was to facilitate fluid dynamics of collective work to identify, relate and measure social deprivation gaps, as measures of shortcomings, deficiencies or deficits which, due to the collapse of institutions

and systems for the provision of goods, services and means of subsistence, do not allow the satisfaction of vital social needs in a timely, sufficient and adequate manner.

The dynamics were of free exchange, in the sense that no pre-established sectors or areas of needs or problems were addressed. The organizations provided the dynamics with the help of an open-ended instrument, sectioned into parts to address the different types of valuations of gaps, vulnerabilities, risks, coping, rights and humanitarian response.

In this manner, people raised the issues they considered most relevant to their deprivations and assessed these deprivations, explaining or recounting the situation in order to reach consensus on the following aspects:

**a)** to identify significant deprivations of needs, as well as the vulnerabilities and risks resulting from these deprivations, including coping strategies and difficulties;

**b)** to relate deprivations to those goods, services and means of subsistence that, because its availability, functioning or activity is no longer available, have caused these deprivations;

**c)** dimensioning gaps by size, duration and level of effort to reduce them, as ways of

assessing the magnitude and severity of deprivation;

**d)** To assess the extent of response by competent bodies and/or humanitarian assistance and protection in the country; and the factors that impede access to these responses due to denial, restriction and inequalities in terms of rights.

Specifically, simple methods were used to measure the gaps by size, duration and efforts, utilizing scales from lowest to highest with numbers from 1 to 10. It was of great importance to assess the degree in which the deprivation gaps have come to weaken or exhaust the survival strategies and resources of people and their families, exposing them to vulnerabilities and dangers to their lives, integrity, security, subsistence and freedom of action. It was also important to inquire about the scope of the humanitarian response in the areas where the communities reside and to evaluate the efforts required to reduce these gaps, considering the factors of collapse at the level of institutional and operational structures in the community contexts.

## DECLINE AND COLLAPSE

The Complex Humanitarian Emergency (CHE) in Venezuela is the product of the confluence of several simultaneous crises, whose combined forces have devastated the living conditions of the Venezuelan population. CHEs are associated with multifaceted crises as it happens, as in the Venezuelan case, in contexts of multifactorial and interconnected fragilities.

These crises were the consequence of long and sustained processes of deterioration of internal institutional, economic and social capacities that led to a structural collapse and a large-scale humanitarian emergency, originating in a variety of factors that have in common their relationship with political instability and the disintegration of the State.

### A slowly evolving decline

The decline of the country's capacities evolved slowly. A period of oil bonanza, which strengthened populist and welfare practices, stood out for many years, overshadowing a context of alteration of democratic institutional<sup>1</sup>, for decisions and reforms contrary to the 1999 Constitution<sup>2</sup> and highly polarized and violent political behavior.

Between 2004-2012, the country received abundant income from oil revenues. During these years, the State allocated substantial financial resources to public spending, prioritizing an economy of consumption and social dependence<sup>3 4</sup>, to the detriment of investment, production, employment and development.

The main signs of this policy were the control of foreign exchange, state intervention in the economy<sup>5</sup>, high foreign indebtedness, the exacerbation of importations<sup>6 7</sup> and the use of parallel and discretionary structures of state management, outside of public scrutiny and outside of the governing and regulatory functions of the State's own institutions.<sup>8 9</sup>

In this context, successive episodes of acute political conflict and an increasingly evident erosion of the rule of law, undermining of human rights<sup>10</sup>, decline in productive activity<sup>11 12</sup> and deterioration of the systems of social goods and services<sup>13</sup>, causing growing discontent among the population<sup>14</sup>, took place.

Venezuela entered into economic unsustainability, accentuated with the fall in oil prices between 2013-2016<sup>15 16</sup>. Its direct effect were drastic measures to reduce resources to finance imports in the order of 75%<sup>17</sup> and the consequent collapse of GDP, based mostly on spending and consumption.

These measures caused high shortages of food, medicines, medical supplies and other basic products<sup>18</sup> that, with a growing and sustained inflation, raised poverty from 48.4% to 81.8% between 2014-2016<sup>19</sup> and generated social and political protests, harshly repressed<sup>20 21</sup>.

The fading of the oil bonanza revealed the profound political-institutional destructuring of the State and the decline of the country's socio-economic capacities. This was compounded by the limited possibilities of obtaining external support without relations with agencies of the multilateral financing systems and the lack of guarantees to such systems<sup>22</sup>.

Since that moment, the spectrum of political conflict factors expanded, creating simultaneous crises of legitimacy, governability and institutionality in the State<sup>23 24</sup>, which increased the serious setbacks in the rule of law, democracy and human rights.

These combined crises plunged the country into a structural collapse. In 2016, deprivations of goods and services spread to the majority of the population<sup>25</sup>. In 2017 began a stage of hyperinflation<sup>26</sup> that, between 37 to 40 consecutive months<sup>27</sup>, pulverized incomes.

The collapse placed millions of people in the pressing need to seek humanitarian

assistance and protection in Venezuela or to forcibly migrate to find it abroad<sup>28 29 30</sup>.

International humanitarian aid encountered strong governmental resistance to recognize the crisis and accept its activities inside the country, while state subsidy and cash transfer programs (CLAP<sup>31</sup> and Bonus<sup>32</sup>), initiated in 2016, were designed with many shortcomings and highly politicized purposes.

In 2017, in the face of a further decomposition of the State due to measures<sup>33</sup> contrary to the constitutional order<sup>34 35</sup> and an increase in abuses and violence against the opposition and protests, the human rights crisis worsened<sup>36 37</sup> and the first sectoral economic sanctions appeared<sup>38 39</sup>, which tightened the barriers to use the international financial system.

Prior to these sanctions, Venezuela's GDP had fallen by 48% and oil exportations by 62%. By 2018, Venezuela appeared among the countries with one of the deepest and longest political, economic and social collapses in the world.

Between 2018-2019, political instability deepened with a questionable presidential election and an interim opposition government. Oil exportations were further reduced due to a wider collapse of the



industry and the application of additional economic sanctions<sup>40 41</sup>.

In addition to the deprivation of goods and services, there was a lack of fuel and power outages<sup>42</sup> and the underground economy grew,<sup>43 44</sup> the illicit part of which represented 21% of GDP in 2022<sup>45</sup>, with high environmental impacts due to mining exploitation in a large part of the country<sup>46</sup> and a greater frequency of reports of cases of modern slavery<sup>47 48</sup>.

In 2020, Venezuela was ranked as the fourth food crisis in the world<sup>49</sup>. The COVID pandemic<sup>50</sup> accentuated the CHE<sup>51</sup>, despite the economic measures adopted by the government in response to hyperinflation, which consisted of making severe cuts in public spending and allowing transactions in dollars, in addition to giving incentives to imports from the private sector and foreign investment, as well as privatizing State assets<sup>52</sup>, in order to reduce shortages of food and basic commodities.

HumVenezuela's data<sup>53</sup> indicate that, between 2020-2021, the population in humanitarian need grew from 59% to 65%. The 21 months of social confinement widened the deprivation gaps and exhausted the population's means and strategies for survival. After confinement, in 2022 the CHE scale experienced a 66%

rise in people with humanitarian needs<sup>54</sup>; at least 55% with severe needs.

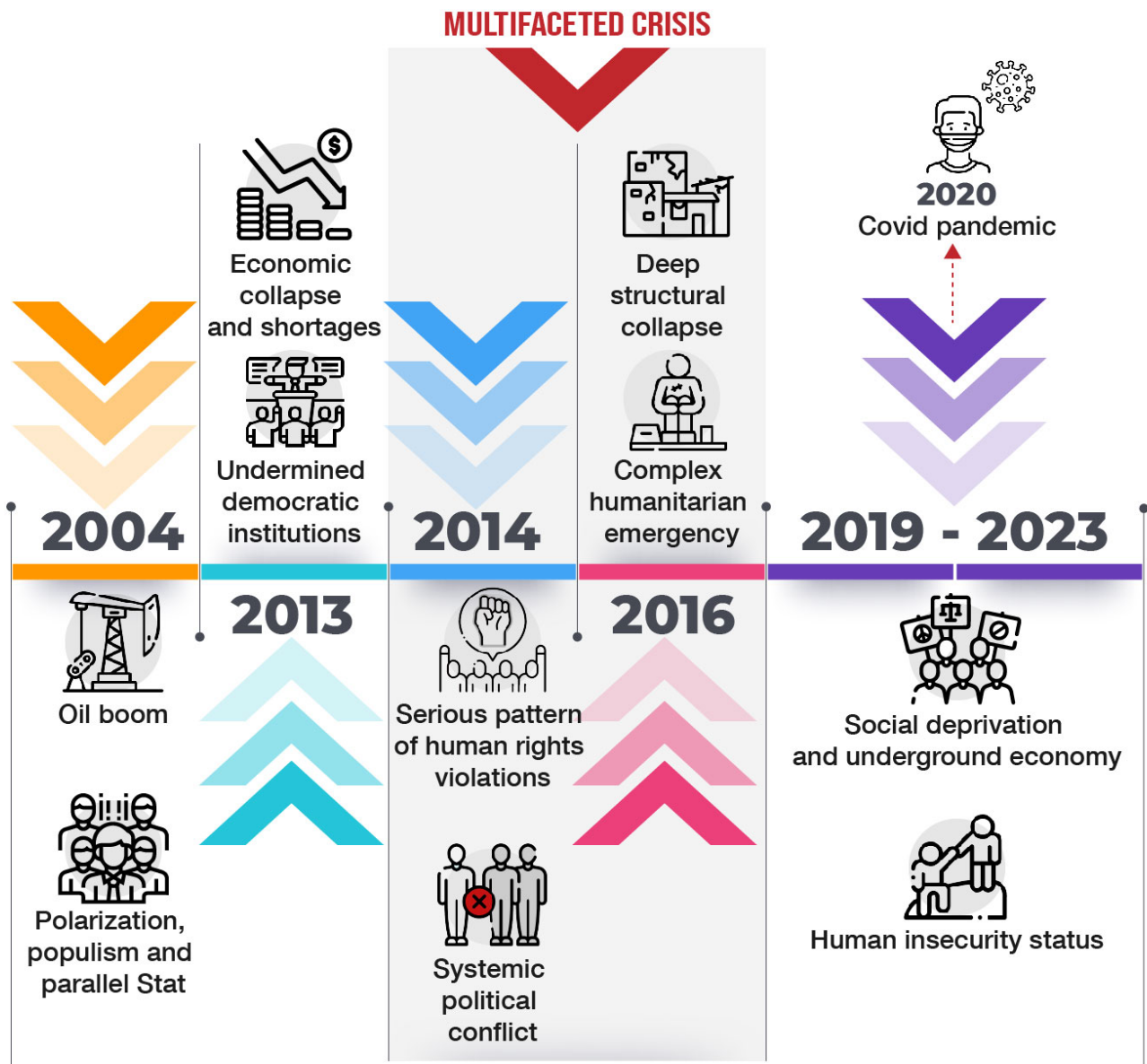
Due to measures against the pandemic, in 2020 displacement to other countries decreased considerably and there was an influx of returnees. This behavior was reversed in 2021 with the opening of borders and the end of confinement.

Between 2020-2022, the displaced population increased from 16% to 25%. In 2022, Venezuela was the second most human-mobile country of origin globally<sup>55 56</sup>. But, escape routes became riskier due to the tightening of countries' restrictions on migration<sup>57</sup>. Some 250,000 people crossed the dangerous Darien jungle in 2022, 60% from Venezuela<sup>58</sup>. Another 100,000 crossed in the first quarter of 2023, of which 30,250 were Venezuelan<sup>59</sup>.

The decline is so deep that, although there is no data on movement within the country, the information collected in communities shows a high level of internal mobility to urban centers, due to the crumbling state of the infrastructure and the lack of basic services.



# DECLINE, COLLAPSE AND MULTIFACETED CRISIS



## Factors and depth of collapse

During 9 years, the country lost about 68% of its economic and social capacities, as a consequence of a prolonged political instability and a generally unstructured State, which is expressed in the following factors:

- **Political:** undermining of legitimacy and democratic governance in the structures, functions and performance of the powers and institutions of the State, disfiguring and fragmenting them into exercises of power that respond to particular interests.
- **Institutional:** by the absence of the rule of law and the lack of guarantees of justice, human rights, civil and political liberties, public safety, public information and accountability, which generate violence in all its forms.<sup>60</sup>
- **Economic:** abandonment of investment and low production, a controlled economy with discretionary resource management, income volatility and sustained inflation, urban economic concentration, multidimensional impoverishment and wide inequalities.

- **Environmental:** large-scale environmental degradation due to illegal resource depredation, deterioration of watersheds and ecosystems<sup>61</sup>, lack of protection against extreme weather events and the effects of climate change<sup>62</sup>.
- **Social:** defunding and deinstitutionalization of social welfare systems and their decomposition through the use of parallel structures of social dependency, used for political purposes.

International indicators<sup>63</sup> registered during these years the marked deepening of fragilities in Venezuela. Between 2013-2022, Venezuela increased its levels of fragility, from 75.3 to 91.6, in the Fund for Peace index<sup>64</sup>, becoming one of the countries with the longest periods of worsening<sup>65</sup> and collective suffering.

In this index, the highest levels of deepening were found in: the fragmentation of state institutions, economic decline, society's loss of confidence in the State and its lack of ability to ensure basic services and protection to the population, the generalized abuses in human rights and the dissolution of the rule of law.

In 2022, Venezuela ranked 43rd out of the 60 countries in the world that are in fragile contexts, according to the OECD<sup>66</sup>.

On the World Bank's governance indicators, on a scale of 0 to 100, Venezuela dropped its performance rank on the list of all countries in the world between 2013 and 2021: from 22.07 to 5.80, in voice and accountability; from 16.59 to 8.96, in political stability and absence of violence; from 5.21 to 0.48, in government effectiveness; from 4.71 to 0.96, in regulatory quality; from 0.94 to 0.00 in rule of law; and from 6.16 to 1.92, in control of corruption<sup>67</sup>.

The data collected by HumVenezuela, during 2022, some of them updated until June 2023, to quantify the level of capacity decline since 2012-2013, evidences the levels of structural collapse in all sectors of goods, services and livelihoods.

## Living Conditions

Between 2013-2022, the economy declined 72.0% due to GDP contraction. Formal employment fell 41.7% and workers' wages lost 95.5% of their purchasing power<sup>68 69</sup>. By 2022, 65.2% of people had suffered the lack or irreversible loss of their livelihoods, making economic, social and territorial inequalities wider and increasing<sup>70 71</sup>.

As a result, 19.7 million people were in severe economic poverty and with widespread deficiencies in basic services. Electricity generation fell by 75.0%, public transportation units by 70.0% and natural gas production by 40.0%.

As a result, 5.9 million people suffered frequent blackouts, 8.8 million went months without household cooking gas, and 13.1 million had mobility problems due to lack of transportation.

### WORLD BANK – GOVERNANCE INDICATORS

#### Venezuela 2013-2021

Indicadores	2013	2014	2015	2016	2017	2018	2019	2020	2021
Voice and Accountability	22.07	19.70	19.70	17.24	14.29	10.14	9.66	7.25	5.80
Political Stability and Absence of Violence	16.59	18.10	15.71	13.81	10.00	9.43	8.49	8.49	8.96
Government Effectiveness	5.21	5.29	5.29	5.29	3.37	0.96	1.44	0.48	0.48
Regulatory Quality	4.74	2.88	2.40	2.40	2.40	0.00	0.48	0.48	0.96
Rule of Law	0.94	0.48	0.48	0.48	0.48	0.48	0.48	0.00	0.00
Control of Corruption	6.16	4.81	4.81	6.73	6.73	4.33	3.85	3.37	1.92

### ECONOMY, LIVELIHOODS AND BASIC SERVICES

<b>Cumulative contraction of nominal GDP</b>	<b>72.0%</b>
<b>Fall of the occupation</b>	<b>41.7%</b>
<b>Real wage fall</b>	<b>95.5%</b>
<b>Fall in electricity generation</b>	<b>75.0%</b>
<b>Inoperative public transportation</b>	<b>70.0%</b>
<b>Fall in natural gas production</b>	<b>40.0%</b>

Although, after 8 consecutive years of contraction, the economy grew for the first time in 2022, throughout this year growth rates slowed from 18.6% to 9.1% and, during the 1st quarter of 2023 were regressive at 8.2%<sup>72 73</sup>.

This pattern confirms that the signs of recovery were not sustainable because they were based on commercial activity, which was pushed to closure or informality by high tax levels. According to the sector, consumption fell between 25% and 30% in the first quarter of 2023<sup>74 75</sup>.

### Food

The national self-sufficiency capacity in agricultural food production had fallen by 63.7%. Manufactured food in Venezuela decreased by 68.5%. At the same time, agricultural and livestock importations fell 49.4% and manufactured food imports did it by 38.2%.

Food availability decreased by 55.6%, while protein intake decreased by 72.7%, due to the economic inaccessibility of the available food for 77.9% of the population.

In these circumstances, 12.3 million people were experiencing food insecurity, 11.8 million used different survival strategies to feed themselves, and 4.3 million had to go without food, including going days without eating.

### FOOD

<b>Fall in food self-sufficiency</b>	<b>66.0%</b>
<b>Fall in agricultural imports</b>	<b>49.4%</b>
<b>Fall in food imports</b>	<b>38.2%</b>
<b>Fall in food availability</b>	<b>55.6%</b>
<b>Fall in protein intake</b>	<b>72.7%</b>

### Health

The public health system was reduced by 80%, with reports of inoperative health services at all levels of care. Prior to the outbreak of the COVID pandemic, the loss of health care workers in the system was 62.0% in medical professionals and 59.0% in nursing. As the most acute months of the pandemic passed, between 2020 and 2021, the retirement of these professionals increased by 71.0% and 78%, respectively.

The distribution of medicines decreased by 72.8% and vaccinations to prevent diseases that had presented epidemic outbreaks in previous years were reduced by 30%. Due to the collapse of the public health system, some 10.7 million people with serious health problems had no guarantee of medical care, and most of them, uninsured and impoverished, had no



financial protection to cover the costs of illness.

#### PUBLIC HEALTH

Hospitals with inoperative services	82.8%
Public hospitals with shortage of supplies	85.0%
Reduction of medical staff	71.0%
Reduction in nursing staff	78.0%
Fall in the distribution of medicines	72.8%
Maternity units with inoperative services	62.0%
Fall in vaccination against diphtheria	35.6%
Fall in Measles Vaccination	26.1%

### Water and Sanitation

The amount of water distributed to households connected to the aqueduct system fell by 60%, affecting 12.4 million people with severely restricted access to the water service. Of these, 9.2 million went up to two weeks or months without receiving it, in addition to another 6.7 million without connection to pipelines.

Due to this enormous drop in supply, 76.0% of the population had to use alternative sources of water. Between 10% and 13% collected water from unsafe places, such as public fountains, springs, rivers and pipes.

Water quality also worsened dramatically. In 2022, 74% of the population reported signs of contaminated water due to high deficiencies in almost all drinking water treatment plants and 52.8% reported the

presence of solid waste or chemical substances in their water supply. In sanitation, 15.9% of the population had no sewage connection and 76.0% lived with a deficient sewage collection service, which was also untreated<sup>76</sup>.

#### DRINKING WATER AND SANITATION

Fall in the amount of water distributed	60.0%
Non-pressurized aqueduct pipelines	74.0%
Inoperative water reservoirs	90.0%
Amount of untreated water	99.2%
Water purification plants with deficiencies	99.3%
Treated wastewater discharge	72.0%
Polluted water	52.8%

### Education

In the public education system, 74.7% of the basic schools were highly deteriorated in their physical infrastructure and 78.5% did not have a regular water supply. 56% of teachers withdrew from the system due to low salaries, poor working conditions and deviation from educational objectives, causing 73.0% of schools to have a shortage of teachers and professors.

The drop in educational capacities, combined with poverty, lack of food and basic services, and forced migration, and the temporary closure of schools between 2020-2021 due to the COVID pandemic, have severely set back school coverage and attendance levels in the country.

In 2022, out of 7.8 million children and adolescents (C&A) between 3 and 17 years of age, at least 2.9 million were not attending school regularly and 1.5 million had dropped out of school.

#### BASIC EDUCATION

Schools with a shortage of teachers	73.0%
Teachers who quit the schools	56.0%
Schools with insufficient number of desks	58.9%
Schools without regular Internet connection	93.3%
Physically deteriorated schools	74.7%
Schools without regular water supply	78.5%
Schools without sufficient food	94.2%

Violence, both interpersonal and on the part of public agencies, worsened in this context. As of March 2022, 22.2% of the population reported having been the victim of some act of abuse or violence, 49.3% of which was committed by public officials and 27.0% by criminals or armed groups. Of these acts, 54% were not reported to public authorities.

Exposure to risks of violence due to high levels of institutional breakdown and weak security functions, coupled with economic deprivation and lack of access to essential service systems, are among the causes of forced displacement of the population within the country and to other countries.

As of March 2022, in 8.3% of households, one of the members intended to migrate from the country, 78% due to risks to their lives, security or livelihood. As of June 2023, a total of 7.3 million people were displaced from Venezuela to other countries<sup>77</sup>.

#### Scale and humanitarian severity

This structural collapse, a product of nearly two decades of political instability and sustained undermining of the country's capacities triggered the large-scale and severe CHE that has been ongoing since 2016.

After the period of confinement during the COVID pandemic, in 2022 the CHE had an increase of 19.7 million people in humanitarian needs, out of a total population estimated by the UN to be over 28 million people<sup>78 79 80</sup>.

The CHE is experienced in all essential areas for the life, integrity and well-being of people, and it extends nationwide, in all states of the country, as shown in the following table, which records the number of people with humanitarian needs for 18 of the 24 states of the country, where HumVenezuela has conducted diagnoses, in which 85.4% of the population lives.

## PEOPLE WITH HUMANITARIAN NEEDS IN VENEZUELA- 2022

(m=millions, k=thousands)

	Population (1)	Living conditions	Livelihoods and food	Public health	Water and Sanitation	Basic Education
National	28.7m	19.7m	18.7m	19.1m	19.1m	4.4m
Zulia	3.8m	3.1m	2.8m	2.5m	2.7m	734k
Miranda	2.9m	1.6m	1.2m	2.0m	1.5m	368k
Carabobo	2.2m	1.4m	890k	1.5m	1.2m	313k
Bolivar	1.7m	1.2m	775k	1.2m	1.5m	391k
Aragua	1.6m	1.2m	813k	1.1m	1.0m	206k
Lara	1.8m	1.2m	910k	1.3m	1.3m	387k
Anzoategui	1.5m	1.2m	1.1m	1.0m	1.3m	195k
D. Capital	1.8m	847k	748k	1.2m	1.3m	228k
Tachira	1.0m	777k	506k	693k	290k	164k
Sucre	987k	765k	473k	623k	550k	270k
Monagas	931k	663k	647k	620k	920k	156k
Trujillo	767k	594k	414k	508k	440k	142k
Merida	881k	593k	479k	591k	140k	209k
Guarico	827k	565k	530k	553k	360k	251k
Yaracuy	667k	443k	359k	447k	300k	164k
N. Esparta	571k	336k	288k	384k	470k	78k
La Guaira	339k	245k	230k	224k	290k	54k
Amazonas	182k	138k	121k	119k	106k	62k

(1) Population in 2021.

## PEOPLE WITH MODERATE AND SEVERE HUMANITARIAN NEEDS IN VENEZUELA - 2022

(m=millions, k=thousands)

	Population (1)	Living conditions	Livelihoods and food	Public health	Water and Sanitation	Basic Education
National	28.7m	15.4m	12.3m	10.7m	15.9m	1.5m
Zulia	3.8m	2.9m	2.3m	1.7m	2.1m	203k
Miranda	2.9m	1.5m	1.0m	1.4m	988k	98k
Carabobo	2.2m	960k	787k	1.1m	895k	108k
Bolivar	1.7m	898k	688k	825k	1.1m	103k
Aragua	1.6m	857k	668k	509k	701k	58k
Lara	1.8m	1,0m	709k	668k	910k	100k
Anzoategui	1.5m	901k	1,0m	647k	975k	73k
D. Capital	1.8m	723k	714k	902k	779k	53k
Táchira	1.0m	761k	351k	332k	231k	49k
Sucre	987k	508k	315k	369k	456k	50k
Monagas	931k	315k	473k	295k	687k	48k
Trujillo	767k	464k	233k	246k	309k	37k
Merida	881k	454k	312k	319k	126k	42k
Guarico	827k	395k	175k	278k	296k	59k
Yaracuy	667k	435k	268k	179k	215k	28k
N. Esparta	571k	265k	277k	248k	309k	20k
La Guaira	339k	107k	184k	93k	214k	16k
Amazonas	182k	127k	108k	103k	74k	16k

(1) Population de 2021.

## DEPRIVATION GAPS

In all communities, multiple deprivations were identified in livelihoods and food, public health services, drinking water, basic education, protection and safety, and basic services such as electricity, domestic gas, public transportation, urban sanitation and communications. By multiplying in different areas of need, deprivations are overlapping, accentuating the difficulties in coping with them and the risks of damage, trauma and sequels, often irreversible.

*The lack of water, for example, makes washing food and cooking impossible. Neither can hygiene be maintained and it generates insalubrity. People deteriorate physically if they do not drink it daily, and its contamination can worsen malnutrition or cause frequent illnesses. Without continuous electricity, it is not possible to refrigerate food or pump water. It increases unsafety and limits possibilities for study and work. Facing these deprivations means more expenses, with no stable sources of work and a meager income, which is barely enough to buy a few days' worth of food.*

## Size of the gaps

In 83% of the communities, the participants indicated that the deprivation gaps are of a larger size. This means that they rated on a scale of 8 and 10, the level of dissatisfaction of needs in relation to available capacities, sufficiency, adequacy and timeliness.

These larger deprivations are related to children and adolescent's access to basic education schools in 88.2% of the communities; to access to drinking water in 88.1%; to public health services in 87.2%; and to livelihoods and food in 86.5%.

On a scale of 7 to 8, which places the gaps in a medium/high size, deprivations linked to access to protection and security were identified in 76.9% of the communities, and to electricity, domestic gas, public transportation, urban sanitation and communications services in 71.7%.

	Small	Medium	High
SIZE OF THE GAPS (%)	1-3	4-7	8-10
	5.8	11.1	83.1
<b>Livelihoods and food</b>	2.7	10.8	86.5
<b>Public health</b>	5.1	7.7	87.2
<b>Drinking water</b>	7.1	4.8	88.1
<b>Basic Education</b>	0.0	11.8	88.2
<b>Protection and safety</b>	1.4	7.7	76.9
<b>Basic services</b>	4.3	23.9	71.7

## Length of the gaps

The large extent of these gaps is not recent. 73.7% of the participants rated the duration of deprivation on a longer time scale, from 8 to 10. To estimate these gaps, most participants used units of time expressed in years. On average, these deprivations have been sustained for 10 years or more.

The most longstanding deprivations are related to access to livelihoods and food in 89.2% of the communities; to public health services in 86.5%; to drinking water in 85.0%; and to children and adolescent's access to basic education schools in 76.5%.

Moreover, in several communities, deprivations lasting 20 years were identified, mainly associated with projects or infrastructure works in aqueducts, electricity and sewage that did not continue, or major repairs of services that were paralyzed, with the aggravating factor of an almost complete absence of response from the competent authorities.

In periods of less than 10 years, deprivations were identified related to protection and security services; children and adolescent's access to basic education schools; and electricity, domestic gas, public transportation, urban sanitation and communications services, due to more recent acute failures in time.

	Small	Medium	High
LENGTH OF THE GAPS(%)	1-3	4-7	8-10
	8.7	17.7	73.7
<b>Livelihoods and food</b>	0.0	10.8	89.2
<b>Public health</b>	2.7	10.8	86.5
<b>Drinking water</b>	7.5	7.5	85.0
<b>Basic education</b>	0.0	23.5	76.5
<b>Protection and safety</b>	37.5	25.0	37.5
<b>Basic services</b>	4.3	28.3	67.4

## Efforts to reduce gaps

The recovery of fallen capacities requires responses on a larger scale, from 8 to 10, in 63.6% of the communities. This implies overcoming the absence or abandonment of the institutional, technical and financial actions needed to reduce the deprivation gaps due to shortages, lack or deficits in jobs, infrastructure, management systems, trained employees and financing that guarantees resources and continuous budgets for the provision of inputs, decent payments to labor, and other operating expenses.

For the participants, the greatest efforts to reduce deprivation gaps are associated with livelihood recovery and access to food in 77.3% of the communities; to drinking water in 65.9%; to public health services in 64.1%; to the basic services of electricity, domestic gas, public transportation, urban sanitation and communications in 62.5%; to protection and safety in 56.3%; and to basic education schools in 55.6%.



	Small	Medium	High
EFFORTS TO REDUCE GAPS(%)	1-3	4-7	8-10
	18.3	18.2	63.6
<b>Livelihoods and food</b>	6.8	15.9	77.3
<b>Public health</b>	15.4	20.5	64.1
<b>Drinking water</b>	17.1	17.1	65.9
<b>Basic education</b>	22.2	22.2	55.6
<b>Protection and safety</b>	31.3	12.5	56.3
<b>Basic services</b>	16.7	20.8	62.5

### Access to rights

Deprivations are rights that are not fully and sustainably guaranteed. In the factors associated with deprivations, the assessments in the communities showed the destructuring, dismantling or dysfunctionality of the institutional and operational capacities of the competent State agencies to fulfill obligations established in national and international norms to guarantee access to an adequate standard of living, health, food and education, and access standards based on human dignity.

The size and duration of the deprivation gaps, and the absence or abandonment of efforts to reduce them, cause violations of the rights to life, integrity, protection and safety of people. The situation of these deprivations reveals a serious picture of human insecurity in which people are exposed to abuse, exclusion and violence due to the inaction or action of the structures with which the State operates at a community level. This was expressed

in situations of denial, restriction or inequity as follows:

- **Denial of rights**, to the communities or to certain groups or sectors of the community due to the absence or inability of the competent authorities to respond or because they do not have militant bonds with the government party or with the pro-government communal entities, to which State functions have been transferred in the adjudication of the benefits of social programs that are subsidized by the State, particularly domestic gas, economic aid vouchers and food products distributed by the CLAP.
- **Restrictions on rights**, to individuals or families in the communities for exercising their rights to complain, denounce or protest peacefully in the absence of a response to the deprivations. Access to limited public goods and services is often conditioned to support on political activities or retaliation is threatened if the official communal entities are not used to fulfill community initiatives or requests for a response to State agencies. For this same reason, independent social organizations have been discredited, excluded and blocked in their activities in the communities.
- **Inequities in rights**, Due to response actions that give preference to or

discriminate against families or sectors of the community because of political reasons. In addition, access to public programs and services does not respond to criteria of need, vulnerability or risk and tends to be concentrated in sectors close to pro-government community entities or to be managed for the benefit of these structures.

### **Access to humanitarian response**

Only in 11 out of 87 communities, in 8 of the 20 states, was mention the existence or that there had been some type of humanitarian assistance or protection, but in all cases specifying its limited nature or low coverage. In peri-urban or rural communities, humanitarian aid was reported to be concentrated in the city.

It was also reported that humanitarian assistance received, before or during the COVID pandemic, decreased, ended or changed in priority or area, despite the fact that deprivations remained or worsened. In some cases, it was reported that direct assistance programs were replaced by a humanitarian response support to the services managed or provided by State entities that did not continue, due to their structural fragilities.

### **Coping strategies**

Participants also reported how communities rely on their diminished capacities to cope with deprivation. In addition to those specific to each type of deprivation, participants highlighted common strategies such as:

- Meeting and frequent communication to keep informed, in a context where personal insecurity, lack of public transportation, scarce access to communications media and lack of landline phones, increase vulnerabilities due to isolation.
- Mobility along with others or in groups, even to carry out regular surveillance activities at high risk hours to protect their homes, household goods or public property such as schools or other facilities that provide services to the community.
- Requesting help from friends, family or neighbors when livelihood, food or other strategies are exhausted, or when emergency situations occur in which health or life is in imminent danger. This often involves transfers to health centers outside the area, access to medicines or first aid.
- Collaboration in collective activities to assist people in the community who are unable to move due to age, disability or illness. Also to those who are alone or take care of children and

adolescents or the elderly, when most of the family members have migrated.

- Self-employed or informal, small-scale entrepreneurship to supplement insufficient income, compensate for the loss or lack of sources of work, or to stop working in jobs that demand mobilization or strenuous workdays for incipient or in-kind payments.
- The self-management of water, electricity or sewage services through artisanal connections or connections in public or private systems of other residences or communities, which generates conflicts among inhabitants and is done in unsafe conditions that can cause serious accidents.

In the strategies, it was constant to gather expressions in which the mood of the communities has declined. People feel alone and the physical and mental exhaustion is worrisome. The humanitarian response to mitigate the needs does not seem to be present or has been withdrawn, the state institutions do not respond and there is a great distrust towards them.

## COMMUNITY TESTIMONIES

### Amazonas



Indigenous community of Puerto Ayacucho with 120 inhabitants - Municipality Atures

Community whose subsistence is based on traditional practices such as fruit gathering, fishing and agriculture, depending on the season. They also barter for food and other goods in exchange for the natural resources they collect. This is how they are able to mitigate hunger. However, these natural resources are being depleted. They now have to walk further to find them, at the risk of facing difficulties along the way. Solidarity among the inhabitants has enabled them to cope with the emergency.

Handicrafts, carried out by women, have become a survival strategy, but they are very poorly paid. They work long hours to get only 3 dollars a month. They also

migrate to Colombia or to the mines, which allows them to acquire some goods for their families. As a means of economic survival, some indigenous people prioritize the sale of agricultural products from conucos (fruits and vegetables) to Colombian towns located on the border, as they consider that they receive better payment. These procedures can take weeks, making it a pendular mobility, which exposes women and girls in particular to other risks.

They must cook with firewood because they have no access to gas. The lack of food is putting people's lives at risk. The type of processed products distributed by CLAP are the only ones they have, they can even be used to pay for transportation, because they barter them in order to travel to the places where they have to run errands.

They also do not have enough 'chinchorros' or hammocks to sleep in. children and adolescents sleep with other people or on mats on the floor, which increases the danger of animal bites and stings.

The children and adolescents are left in the care of other children, who are usually their siblings. The other option for care are the elderly in situations of extreme poverty, who depend on the solidarity of neighbors to feed themselves. They are also exposed to all kinds of risks,

especially at night or when they have to go to the river or the forest for hygiene activities.

The houses have no running water or sewage. There have never been aqueducts that allow them to receive piped water in their homes. Hygiene deficiencies for personal hygiene and food preparation are now much more severe. In the past, the community had clean water from a well, but now the well has no cover and, when it rains, waste falls down and contaminates the water.

The pipe or branch of the river, where they get water, is 300 meters away. The children, adolescents and women are at risk of being intercepted by people or animals that endanger their lives, integrity and safety. Water storage conditions are inadequate and increase the risk of vector-borne diseases. Water shortages favor the proliferation of diseases, compromising the health of children, adolescents and the elderly, and endangering the nutrition of the community's inhabitants. There is a high risk of skin and gastrointestinal diseases.

The community has no health services. When they spend money on medicines, their income is no longer enough to eat. When emergencies arise, they must go to a nearby community where there is an outpatient clinic, but it is now closed due to lack of medical staff, supplies and

medicines. The probability of death due to the lack of health services is high.

Only a few communities have schools. Children and adolescents from several communities must go to schools in larger communities and, to get there, they must walk up to 10 kilometers, in conditions of exposure to the sun and rain, in addition to the dangers inherent to the jungle.

School dropout rates are very high and the education they receive is not of high quality. Lack of income makes it very difficult to buy school supplies and uniforms. The lack of access to school limits the development of life skills.

### Anzoategui



Urban communities of Puerto La Cruz and Guanta with 11,000 inhabitants - Municipalities of Sotillo and Guanta

Impoverished urban communities that once had average purchasing power. Now, people go out daily to buy food; cars are in storage, not running; houses no longer

receive basic maintenance; and many young people have emigrated. The needs cannot be met by people without help.

The apartment blocks and houses are in an advanced state of physical deterioration, mainly in roofs and walls. Leaks are common. There is no accessible credit to fix the houses. There is still a lot of walking to see relatives or run errands due to lack of public transportation.

The streets, sidewalks and sidewalks are permanently flooded, making them impassable, causing personal and vehicle accidents and reducing the amount of water reaching homes. Lighting is also scarce. The creeks are not cleaned and there are large trees that could possibly fall. They are afraid of rains.

Las fuentes de trabajo han disminuido. En algunas familias la alimentación se basa en carbohidratos y grasas, sardina y piel de pollo. Se realiza todo tipo de actividad informal. Algunas personas se emplean en actividades de comercio, mantenimiento y labores domésticas.

Most people work outside the municipality. Young people are the most affected by unemployment and are exposed to deceptive proposals in which trafficking networks may operate. There are adults, children and adolescents in street situations, looking for food in the garbage or begging.



They have no direct domestic gas. Families pay for gas cylinders that arrive irregularly. Water service is also very unstable. They go for days without receiving it. Electricity is frequently lost due to the theft of electrical materials and there is no access to 220 V. There is also no constant sanitation service. Garbage accumulates and people burn it, polluting the air.

Communications are very limited due to malfunctioning or lost telephone lines. Some families have not had service for 10 years. Some families in the community do not have a cell phone and if there's an emergency they must rely on neighboring families. Emergency telephone numbers do not work. There is also no Internet connection for studying or working virtually.

There are no hospitals nearby. The outpatient clinics provide appointments without supplies, equipment or medicines, or with scarce availability. The physical structures of these health centers are deteriorated. There is a lack of furniture, air conditioning, and hygiene and cleaning materials.

In one of the areas there is a local clinic, where emergencies and childbirths are attended, outpatient appointments, outpatient operations and hospitalizations are performed for a short period of time.

Medicines are provided when available, and if not, people must bring their own.

Vaccine vaults are required. Many people have stopped being immunized because they have no way to maintain the cold chain. There is no 24-hour emergency medical system or affordable health insurance.

A police station serves as a detention center. The prison population is involved in drug trafficking and forced sex work in the surrounding area. The community can no longer walk through the area and has little confidence in the officials because of disrespect for neighboring families. Theft of people and property has increased, as well as interpersonal and intra-family violence and depression.

Schools require infrastructure repairs, cleaning and furniture for students and teachers. Canteens require repairs and regular provision of food and utensils. The PAE program does not provide protein. School violence, migration of students and teachers, and school absenteeism have increased.

The communities are home to a large number of elderly people with chronic conditions and different types of disabilities. Some are bedridden because of their health condition. They use medicinal plants and purchase

inexpensive medicines of dubious origin when their pensions arrive.

Many people live alone, with family members outside the country, and depend on outside assistance to avoid isolation. They suffer greatly from loneliness. They do not have canes, wheelchairs, adequate mattresses and mosquito nets. Some have died of malnutrition.

### Apure



Rural/border community of Guasdalito with 430 inhabitants - Páez Municipality

Rural community settled on the margins of roads where once there was an important commercial traffic that was a source of employment. The road is in complete disrepair. The houses were built on landfills in flood-prone areas. There is no public transportation. The most common means of transportation is bicycles and people generally walk home.

Most people are extremely vulnerable. They generally have no formal or

permanent income. They live on what they can earn per day. They clean the yards and pastures of nearby farms, wash and iron other people's clothes, sell some fruits or vegetables that they produce in their yards or in other communities or towns, do small-scale fishing in wells or in the river, or have small-scale distilleries. They do not have the resources to undertake any type of agricultural or livestock enterprise.

Often, they can only eat one meal a day, with food that does not guarantee balanced nutrition. They have no access to potable water, electricity or roads. The water they use and consume is extracted from subway sources through artesian wells. Some families do not even have these systems to extract water.

In addition, 40% of the houses do not have electricity and few people have mobile telephones, radio or television. Difficult access to the area, with no communications, makes it very difficult to receive help in the event of accidents or disasters.

There are no health centers or health facilities in the area. Most people have not had a medical check-up and express ailments that require immediate attention. Health conditions have deteriorated, causing partial memory loss, low physical capacity, malnutrition and death.

Due to transportation difficulties, children and adolescents cannot go to the nearest school, located about 7 kilometers away, which offers preschool, primary and secondary education. Illiteracy and school dropout rates are high.

### Aragua



Urban communities of Turmero with 2,700 inhabitants - Mariño Municipality

Urban communities in the second most populated municipality in the state of Aragua. They live in 50-year-old self-built housing developments that were developed thanks to a local policy of allocating plots of land with basic services such as drinking water, sewage, electricity and technical and social support.

Economic activities in these communities have declined significantly due to the closure of companies, services and businesses. The construction sector is paralyzed. They now have no sources of employment. Most people receive incomes equivalent to the minimum wage.

There are small makeshift vending stalls, some intermittent, start-ups and garage sales. They borrow money, pawn goods or utensils, hold raffles and organize bazaars. The families used to have a deep well that supplied 25 liters of water per second with proper sanitary standards. Now they have no permanent, quality water service due to the collapse and dismantling of all the well's equipment, which stopped working 23 years ago.

The housing development was connected to the regional aqueduct in the center, but they only receive water once a week, which is not enough for the families' needs. They buy bottles that they refill in public water tanks, in the homes of relatives or neighbors. Sometimes they can pay for tanker trucks among several families. Women, the elderly and children carry water from neighboring communities or travel distances of 1 km to reach a deep well without any guarantee of quality.

The water cannot be consumed because of its bad odor and color. Technical evaluations show that the water is contaminated as a result of the transfer of saline and dirty water from Lake Valencia to the reservoirs since 2007. Furthermore, the water treatment plants were not designed to treat contaminated water.

Sewage runs through the streets due to the collapse of the sewage system's

collectors. Families must unclog the manholes in their homes to drain this water, causing a great deal of contamination. The drains do not work because they are clogged due to lack of maintenance.

Almost all the sewers are broken, causing the collapse of the streets when it rains or the flooding of homes by rain and sewage water. There is no budget for repairs. Sewage is mixed with garbage due to the failure of the sanitation service to collect it, causing bad odors and flies.

Power outages have worsened. They are happening between 2 and 3 times a week, lasting between 4 and 8 hours. When the power fails, purchases cannot be made because debit cards do not work; there is no access to water for food preparation and other necessities; household appliances are lost; and food cannot be refrigerated. In addition, power failures cause people to change their work schedules; they go to study at neighbors' or relatives' homes; and, in health centers, nebulizers for respiratory assistance have been paralyzed.

When the electric phases are damaged, the neighbors collect money to buy spare parts and wait for the state-owned electric company's technicians to attend to them, because generally many communities are affected at the same time and the company does not have enough units or

personnel to attend to all the failures. During the rainy season, power interruptions are intensified due to the lack of adequate maintenance.

Street and avenue lighting has deteriorated. Families improvise lighting in front of their homes to prevent theft from passersby who travel early in the morning to work or study. Most of them walk up to 16 blocks to take transportation, because there are no longer any routes in the area, and they wait up to two hours for the few operational units to arrive. They also look for other alternatives for transportation in unsuitable units such as trucks.

Due to the lack of public transportation, people reduced mobility and abandoned routines for food and medicine purchases. The lack of diesel and gasoline, the deterioration of the roads, the high prices of spare parts and the undervalued fares prevent the provision of transportation services.

Despite being close to a gas filling plant, families must pay for gas cylinders through communal structures. The cylinders are carried with the risk of bursting inside the houses. Only one gas cylinder can be requested per family group, which lasts about 25 days. They wait more than 2 weeks and up to a month to receive them. During this time they must resort to dollarized gas cylinders,



## Bolivar

cook with firewood, use improvised diesel or electric stoves.

The resources are not enough to cover the cost of medicines and medical treatment. They have an Integral Diagnostic Center (CDI, in Spanish) and an outpatient clinic, but they have no supplies, medical and surgical material or medicines.

In addition, there is a lack of medical and nursing staff. Radiology, ultrasound and laboratory equipment fail frequently and the infrastructure is in poor condition, with no air conditioning, adequate bathrooms, internal and external lighting, police surveillance or ambulance service. There are also no rehabilitation services because there have been no physiatrists for more than a year.

Tuberculosis and malaria have reappeared. There are constant cases of Diarrhea and Dengue, as well as respiratory diseases, Hypertension and Diabetes. In addition, the levels of anxiety and depression have increased, with suicide attempts. People with disabilities lack wheelchairs and have many chronic diseases that need support at home and for their transfer to health centers.



Urban/rural community of Ciudad Bolivar with 5,500 inhabitants - Angostura del Orinoco Municipality

A rural community in extreme poverty located on the outskirts of the city. They maintain an agricultural culture, but do not have the resources to produce or market their products.

They do not have access to inputs, subsidies or credit that would allow them to have machinery for large-scale agricultural activities. They are limited to planting certain crops only during the rainy season, because the lack of water causes them to lose what they harvest.

Many families have had to abandon farming and there are no other livelihood options. They have lost the ability to sustain themselves as farmers.

Crop theft is frequent. They have had to mobilize in groups in order to enter and leave the community, as a security measure.



They feel unprotected due to the absence of police forces. The police module is now a communal house.

They are isolated because the access roads are deteriorated or some sections have disappeared. They have to walk to get around, which is physically exhausting. The community improvises rubble or debris fillings in the breaks in the main roads.

They have not had access to piped water service for more than 20 years. They have had to drill wells manually or collect rainwater. Due to the lack of water, skin diseases and infections have increased.

Food is scarce and of poor quality. Attention to children and adolescents with nutritional deficits disappeared 5 years ago. They try to apply agroecological survival techniques, exchange what they produce and organize solidarity pots.

A minority of the community, specifically the population under 5 years of age and nursing and pregnant mothers, received sporadic nutritional and health care. Currently, some families continue to receive support for sustainable productive development in order to generate livelihoods. This has helped minimally to resist the food crisis.

Although there is an outpatient clinic, it has not had a doctor for 4 years. There is

only a nurse, a maintenance person and an immunization service. There are also no supplies, equipment or medicines.

People suffer from exhaustion, physical and mental stress. They become recurrently ill or are complicated by treatable illnesses. Some newborns have problems due to unassisted births.

Many people suffer from chronic diseases, without medical controls for a long time. They use self-medication as a habitual habit and go to external medical assistance only in case of emergency.

### Capital District



Urban and indigenous/urban communities in Caracas with 23,000 inhabitants - Libertador Municipality

Community settled in a popular neighborhood, between housing developments and residences. Economic poverty creates conditions of great hardship and complicated coexistence. It is home to an indigenous community displaced from their habitat. They have almost no source of employment that

generates stable income. Most of them work in the informal economy.

There is a risk of landslide disasters during the rainy season. There is a severe lack of public services. Access to public transportation has decreased significantly. They walk long distances to save money because they cannot afford the fares.

The power supply is very unstable and many household appliances have been lost. The wiring and power poles are badly damaged and there is danger of electrocution. Access to drinking water is not regular and is of poor quality or contaminated. Families are limited in their ability to properly store and treat the water they receive. Illnesses have increased due to lack of personal hygiene.

Lack of access to domestic gas creates limitations for cooking. Purchasing it outside of the State system is too expensive. The community is located on the edge of a former solid waste landfill, where there are 4 fumaroles that release methane gas. Families use this for cooking.

Food is insufficient. Families spend a lot of time looking for food at lower prices. Adults frequently lower their food portions or stop eating so that children and adolescents can eat. CLAP products do not provide essential nutrients. Malnutrition among children, adolescents, pregnant women and the elderly is high.

Insecurity is very high. Police presence is practically nonexistent and there is no program for young people. They cannot move freely at certain hours for fear of robbery, kidnapping and risk of rape.

The schools do not receive school meals. Their capacities have greatly deteriorated due to the withdrawal of teachers and the continuous interruption of classes. Education is not of high quality due to a lack of adequate learning tools and high staff turnover.

There are no outpatient clinics and the health centers outside of the area are not well equipped or stocked with supplies and medicines. They rely on the knowledge of medical aid of some neighbors. Among the main illnesses are chronic diseases.

### Carabobo



Urban communities of Puerto Cabello, Valencia and Parapara with 40,000 inhabitants - Municipalities Puerto Cabello, Valencia and Los Guayos

Communities in sharp economic decline. Most people work in the informal economy. Formal work does not generate enough income to buy basic commodities.

Although almost all homes are connected to water, electricity and transportation systems, and there are schools and health centers, all of these services are either severely deficient or no longer functioning.

As salaries and pensions are not enough to cover food needs, many families borrow food or money as a loan.

The CLAP appears every 4 months or is delayed longer. It is common for families to reduce the portions of food or the times they eat per day. In addition, the food consumed does not guarantee a balanced diet. Children, adolescents and elderly people have fallen into begging, begging for food, house by house.

Drinking water supply is intermittent. It arrives every 15 days. Families must buy bottles of water or carry it from distant places. Power outages occur 3 or more times a week and last for hours. Constant power outages damage food and household appliances, further affecting low budgets. Lack of electricity causes the time between meals to become longer.

Domestic gas cylinders are received every 4 months. Only one state company offers

gas cylinder refills. Since there is no gas continuously, families must cook with firewood. Electric stoves are not an option due to service interruptions. Public transportation does not provide good service. There are very few buses and they only run until 6 pm.

The few health centers available do not have supplies, equipment, medicines or sufficient nursing staff because they have resigned. In addition, they are unable to provide care at night. Emergencies are referred to hospitals outside the area, without safe transportation to travel long distances. Hospitals also do not have the capacity to meet the high demand of people in need of care. There has been an increase in diabetic, hypertensive and asthmatic people, as well as an increase in respiratory diseases among children and adolescents. Medicines are unaffordable for most of them, and they have to resort to help from neighbors.

Absenteeism and dropout rates have increased. Many children and adolescents arrive with broken shoes or uniforms in poor condition. Most students are represented at school by their grandparents, uncles, aunts, older siblings, cousins and even neighbors, because their parents cannot leave their jobs or have migrated to other countries.

Schools do not receive the PAE with the necessary products for a balanced diet.

The few times it arrives are carbohydrates such as rice and pasta. Very few times some sort of legumes are offered. They are never accompanied by animal protein,

vegetables and fruits, foods that are very necessary for the nutrition of children and adolescents.

In this community, having to carry food from home to school decreases school attendance when children and adolescents are unable to do so. Non-attendance at school is also related to the lack of transportation or resources to pay for transportation. For this reason, especially the attendance of adolescents to high schools outside the area is very irregular.

In one of the communities, people live in overcrowded housing in poorer conditions due to lack of water, electricity and transportation services. Economic conditions are very adverse and there are many cases of illness due to malnutrition, thinness and short stature in children and adolescents.

This community has very high levels of unemployment and underemployment, juvenile delinquency, malnutrition and neglect of children, adolescents and the elderly. There was a feeding center and another for the elderly with government subsidies that were closed. The latter still sporadically holds solidarity pots. The only existing public school lacks school

furniture (desks, chairs, tables, desks, etc.) and the infrastructure is very deteriorated. Many have to sit on the floor to receive classes or sit on desks that can cause accidents. There is a lack of water and electricity, and they do not have canteens or the PAE.

The community is connected to the electrical system using improvised cables. The company that provides these homes did not complete the electrical wiring. Nor are they connected to potable water pipes. A few families are able to buy water trucks. The other families bring water from nearby communities using hoses, for which they receive water only 2 days a week.

Because of the lack of sewage services, families have improvised outdoor pipes that run through the streets and into a river. They defecate in the outdoors or in backyards. Without piped water and unable to buy it, some families have to draw directly from this river for cooking, bathing and even drinking.

There is only one open health center, which does not meet the needs of care. There are almost no supplies, equipment or medicines. One outpatient clinic is dismantled. Dental services are also closed. People with cardiovascular and renal problems do not have access to appointments.



They have no public transportation or telephone services. They must go out to other communities to find cell phone reception. Very few people have Internet. Flooding is common during the rainy season. They live with inmates in the area's prisons and are at risk due to gang confrontations.

### Falcon



Urban community of Punto Fijo with more than 1,300 inhabitants - Carirubana Municipality

Community belonging to a popular neighborhood. The number of people has dropped considerably due to migration. The rains have caused damage to homes that families cannot repair.

There is a high level of insecurity due to acts of vandalism, crime and violence. Although there is a police station in the area, the inhabitants have no support from the officers or other police forces.

Also, there is no street lighting. Residents avoid going out late at night because of the

lack of safety. Some neighbors patrol the school without any knowledge of self-defense or accompaniment from public agencies.

The lack of regular piped water supply limits daily chores and creates hygiene problems. Women, children, adolescents and the elderly spend a lot of time carrying water. Some families collect rainwater. Others may eventually be able to buy water bottles or tanker trucks. Families have no way to treat water.

Improvised connections are made in the community to receive electricity without safety measures. The school has no electrical service. The classrooms have no lighting and the little food that arrives cannot be refrigerated.

The physical structure of the school is very deteriorated and there are risks of accidents. Educational and recreational spaces are inadequate.

Teacher retirements have decreased the quality of education. Dropouts have increased due to poor food service. They do not have a complete menu of nutrients. Only carbohydrates are eaten.

The area does not have an assigned clinic. People with chronic illnesses and disabilities resort to natural medicine because they do not have the resources to



buy medicines. Many families have moved to surrounding communities in search of medical care or schools.

### Guarico



Rural and urban communities of Calabozo with more than 20,000 inhabitants - Francisco de Miranda Municipality

Communities of peasants, informal workers and very few entrepreneurs who have had to resort to subsistence agriculture.

The houses are located in an area of natural water drainage. It is populated around a lagoon that, during the rainy season, collects water from surrounding areas, exposing the area to flooding.

Housing collapse is highly possible in the presence of deteriorated roofs, eroded walls, insufficient drainage, lack of sewers, uncovered drains and scarce water

service. The saturation of soils combined with the poor quality of housing materials and the lack of toilets in them, creates an unhealthy habitat.

Although they are agricultural communities, the food is very deficient. Many people are elderly or have disabilities. They do not have the means to work. The low income does not allow them to buy proteins or other products for an adequate diet.

The sanitary infrastructure is very poor and medicines are inaccessible. Garbage and sewage accumulate, causing parasitic diseases.

The water they use and consume is not drinkable. Water wells have been drilled and are mixed with sewage. Prolonged water shortages increase unsanitary conditions and contamination.

The schools are in very deteriorated conditions due to the obsolescence of the physical structures. There is overcrowding, the bathrooms are collapsed and the spaces are full of weeds.

### La Guaira



Urban and rural communities of Catia La Mar with 1,500 inhabitants - La Guaira Municipality

Communities of buildings and houses built with bricks. Most of the families live in economic poverty. Many houses are built on hills. In the rural areas there are houses built with bricks and waste materials. The area is exposed to landslides and flooding during the rainy season.

Public transportation operates with small buses. There are not enough units and several sectors do not have routes in their areas. People walk or use alternative transportation such as cabs or motorcycle cabs, which reduces income.

Solid waste collection is very infrequent. Streets are often full of flies and rodents, creating a risk of disease.

Water is received every 40 days, which

impedes sanitation and hygiene. Due to

the lack of water, people have reduced their water consumption or drink it in inadequate conditions. Families ration consumption, wash essential clothes and reuse water. For their water supply, they collect rainwater, fetch water from wells or springs and, among several families, they pay water tankers.

The amount of food that can be purchased is reduced. Caloric and protein intake has decreased. Families share food, barter, sell household belongings, reduce food portions or skip meals. People's health has deteriorated due to poor nutrition. People are underweight or thin.

Domestic gas cylinders can only be purchased on specific days, limiting access. Filling gas cylinders is risky because of inadequate installations and deteriorated cylinders. Electric power is intermittent and damages electronic equipment.

There are public and private schools. Children and adolescents can walk to school. However, the dropout rate has increased due to economic difficulties. In some sectors there are health centers that lack staff. Diseases have increased and some that were eradicated have appeared, without attention.

## Lara



**Urban and rural communities of Barquisimeto with 55,000 inhabitants - Iribarren Municipality**

Communities in sectorized housing developments. At its foundation, some houses were delivered and others were invaded by inhabitants of neighborhoods in the area without finished service facilities.

Many properties are overcrowded with several related families who do not have access to their own homes. In several communities the houses have deteriorated or are unfinished. Unbuffered streams run around the area.

There is a risk of housing collapse and loss of life and household property.

Communities are also exposed to flooding in times of rain.

The roads in some communities are not paved or are in very poor condition. Transportation service has been suspended due to broken roads. Residents

have moved because they must walk to get to their homes. Several streets have been unlit for several years, increasing levels of insecurity.

The sewage system is also very deteriorated, and sewage overflows and collapses have increased. In some communities that do not yet have sewers, sanitation problems are worse.

There is a severe water service deficit. More than 60% of the families are not connected to the aqueducts and those that have pipes receive water once a week, at best. Main water pipe breaks are frequent. The water is of very poor quality. It is cloudy and salty. Most of the water wells that used to exist are no longer working.

Families must use their meager incomes to buy water, travel long distances to get water from freshwater springs or collect rainwater. Buying water tankers among several families is a viable option.

Due to the lack of water, there has been an increase in improvised water withdrawals through hoses or pumps connected to the main pipe. Some people try to hoard water for planting in nearby areas, which further reduces the available flow. These practices have caused many conflicts between communities. Hygiene conditions have deteriorated due to lack of water. Drinking water treatment and tank distribution programs have disappeared. Poor water



quality has generated new diseases and aggravated existing ones.

Income is not enough to buy food with the necessary nutritional quality. Community dining halls are few and have limited coverage. In addition, low-cost food programs and suppliers have disappeared. Families now depend on CLAP, but their products are of poor quality and do not have a defined periodicity.

Families try to receive remittances from relatives abroad, consume less food, eliminate protein from the diet, or reduce rations or meals. Eventually, some ask neighbors for food. Lack of access to food has increased cases of malnutrition and exposure to spoiled food. The communities have schools that are underfunded and enrollment has declined. Some have closed. Teachers have left their jobs or changed schools due to the lack of transportation in the community. Classroom walls have fallen down due to seepage problems.

In some schools, representatives buy water for bathrooms and lunchrooms, replace light bulbs and have taken charge of repairs to walls and desks. In addition, schools have reduced their schedules due to lack of water. The PAE is deficient and is now maintained with contributions from the representatives. Due to all these deficiencies, absenteeism and school dropout rates have increased.

In addition, the deterioration of health services has worsened. They lack supplies, equipment and health workers. Of every 10 people who go to the hospital, at least 7 leave without receiving care. Services have been closed in the available primary care, dental, laboratory and specialty health centers.

Private health services have emerged in the area that are beyond the economic reach of the majority. Health centers in other areas do not allow access to community residents. The prevalence and aggravation of chronic diseases and preventable deaths is higher. The prices of medicines are inaccessible and cannot be spent on them when there are other essential needs that cannot be covered. When someone becomes seriously ill, neighbors organize their own transportation and know where health workers are located to provide first aid.

## Merida



Urban/rural community of Merida with 1,600 inhabitants - Libertador Municipality

Semi-rural community founded by several families. Almost all of the people work in other areas and a minority carry out agricultural activities on their plots of land. The area is susceptible to landslides during the rainy season that affect the houses and put all the inhabitants at risk.

Difficulties of geographic access, lack of transportation, and deteriorating infrastructure conditions create high vulnerabilities in which they can become disconnected, isolated, and unassisted. Although the access road is paved, the deterioration is very visible. Vehicles can reach only until a certain point.

People must walk or climb stairs, where accidents occur frequently due to their poor condition. Distances and access limitations increase the difficulties to enter and leave the community, including the impossibility to carry out economic and educational activities.

Public transportation is scarce. The existing line has been withdrawn. Families with vehicles charge for transportation services or provide support in case of emergencies. They are still waiting for the activation of a rural line with rustic units by the mayor's office.

Repairs and maintenance of roads,

infrastructure and housing services are the responsibility of the community, due to the lack of public support. Families join together and employ people from the same community. Ditches are cleaned and retaining walls are built with rubber to canalize water.

The sewer system is inoperative. Pipes were connected to the sewer in another neighborhood, but the residents have blocked it. Sewage runs through the street.

Water does not arrive regularly. Rainwater is collected. There is no pump that can increase its reach to the entire area. The lack of water creates problems for personal hygiene and food preparation. Families do not have the resources to adequately treat the water, causing water-related illnesses. Families do not have the capacity to store water. Water stagnation increases vector-borne diseases.

There is one elementary school and one technical high school in the area. The latter has a high shortage of teachers. There is also a private educational center. There is a Barrio Adentro module for health care, but it is surrounded by sewage, which endangers the health of children and adolescents and the people who come to the module.



## Miranda



Urban and rural communities in Caracas, Santa Teresa del Tuy and Guarenas, with more than 90,000 inhabitants - Sucre, Paz Castillo and Ambrosio Plaza Municipalities

Communities living in poor neighborhoods. Families live within an unplanned urban structure. The population has grown as a result of internal displacements from other states to Caracas.

The instability of the terrain and the action of the weather put homes and people at risk, including the effect of the rains that cause failures and landslides. Several families have been affected.

Most dwellings are located in steep alleys, with narrow steps, if any. People with mobility problems tend to stay in their homes, limiting work and training activities or even going to health centers.

Some houses are in the process of consolidation and others are in very precarious conditions. Many have

structures with no separation between rooms, with bathrooms outside the building and shared by several families. Overcrowding is another common problem.

The state of poverty is pronounced, general and multidimensional. Sources of employment are scarce and incomes are too low to meet basic needs. Most people work in the informal economy and live on what they earn per day. Power failures are frequent and lighting in the area is very poor. Power poles and wires are not maintained. There are not many voltage regulators or electricity measuring devices in the area.

For the past 20 years, most have not had piped water service. People have to walk long distances over steep terrain to get water from public taps or springs. This work falls mainly on women. Children and the elderly also participate in carrying water, despite their mobility difficulties.

They also collect rainwater for water supply, but the storage is inadequate, leading to the spread of disease-causing vectors. The water they do get is contaminated. Sometimes they may buy tanker trucks when they go too many days without supply.

Public transportation is very scarce. People move around on foot to avoid spending money on private

transportation. People who work late at night must walk upstairs or wait long hours to take public transportation.

In some communities there is a metro cable system that frequently fails and leaves people stranded in a vacuum for hours at a time. In the stations of this system, people are exposed to robberies, muggings and sexual violence.

Access to domestic gas cylinders, on which almost the entire community depends for cooking food, is very irregular. Instead, families light fires. Due to gas service deficiencies, people are exposed to gas cylinder explosions caused by improper handling, fires, and inhalation of toxic substances.

Food consumption is based on rice, precooked corn flour, pasta and lentils. Many families have reached the point of going several days without food. Chronic malnutrition is the main problem in the community and is compounded by the caloric and protein deficit of the food they manage to acquire.

In general, they buy the CLAP bags, which bring 3 kilos of rice, 1 kilo of sugar, 1 kilo of lentils, two packages of pre-cooked corn flour and 2 kilos of pasta. The products are of very low quality. Some families may consume vegetables or fruit from gardens. Others occasionally organize solidarity pots.

Although there are public schools, families must pay a monthly dollar amount for each student. School dropout rates are increasing in low-income families.

Access to health care is very poor, especially for people with chronic diseases, those in need of emergency assistance, and pregnant women. The number of medical appointments is very low.

Hospitals lack supplies, staff, equipment and medicines to meet the health needs of the community. People have to carry supplies and materials to be treated. Pregnant women requiring cesarean sections are being forced to give birth due to the lack of medical resources. Some medicines are subject to charges.

Many children and adolescents are in the care of grandfathers and grandmothers due to paternal migration. Those with disabilities are at greater risk of child abuse.

There is a high incidence of gender-based violence and sexual abuse against women and girls, child abuse of children, and excessive use of force by security agencies, as well as extrajudicial killings, which affects young men more than boys.

Insecurity is very high. People limit their nightlife. The community lives under abuses of power. Security forces carry out

raids on homes, where people are intimidated, threatened and mistreated. While walking through the streets, armed officers stop people and ask for money.

### Monagas



Urban community of Maturin, with 2,600 inhabitants - Municipality of Maturin

Urban community in the process of expansion. People live with extensive deficiencies in basic services such as water, electricity, gas and public transportation, limiting people's mobility.

There are frequent power outages and blackouts for several hours, which damage household appliances. There is also no street lighting. Families have created handmade lamps, many with flammable products.

Public transportation has declined for multiple reasons. There are no routes, fuel is scarce, and the units are in poor condition and are no longer suitable for

transportation. Phone services do not exist or are very deficient.

The community faces severe problems of access to water due to frequent interruptions and the impossibility to obtain water due to the lack of means of transportation. Women travel long distances, carrying heavy volumes of water in containers.

The little water available is not enough for drinking, cleaning, food preparation and personal hygiene. Moreover, it is not safe. It is cloudy and has a bad odor. It is reused several times for waste management due to the lack of sewers.

The accumulation of solid waste promotes the burning of garbage. The urban sanitation service is very deficient. Due to the lack of access to domestic gas, inadequate energy sources are used, such as firewood and plastic, which causes deforestation, environmental contamination and respiratory diseases.

Food is insufficient. Income, pensions and retirement pensions are not enough to cover all expenses. There are no hospital or outpatient services in the area either.

There has been an increase in the use of medicinal plants and prescriptions to manage them without specialist supervision. Medicines are expensive and

are not available in the health centers, which are located outside the community.

There is no police surveillance. There is constant personal and property insecurity at homes.

Domestic violence, the presence of gangs, drug and alcohol consumption, control of sectors and collection of vaccinations, family violence, early sexuality in children and adolescents, early pregnancy, school dropout, child labor and children in street situations are more common. Many children and adolescents are cared for by relatives as a result of the separation of one or both parents, who have migrated to other countries.

lighting is regularly damaged due to power outages.

The high frequency of power outages, without notification or outside of a schedule, has resulted in the loss of household appliances. Community residents are more likely to be victims of muggings at night.

Residents' mobility is significantly diminished because there are very few public transportation units to get to or from the area. People must adjust their schedules, wait long hours, walk, pay high costs for private transportation, or not leave their homes to avoid running risks due to the lack of lighting.

### Nueva Esparta



Rural/urban community of Margarita Island, with more than 260 inhabitants - Arismendi Municipality

The community is vulnerable economically and in terms of infrastructure and basic services. There are limited access roads and street

The houses are not connected to the aqueduct system. They have a pump that supplies water, but it is constantly damaged due to lack of maintenance. They receive water every 21 to 60 days and must go to water taps in inaccessible places.

Water tankers are an alternative, but the cost is so high that most people cannot afford them. Those who work with the tankers constantly increase their costs and charge them in dollars. They claim that they do not charge for the water but for the fee they have to pay to fill the tankers and transport the liquid to the community.



The water is also unsuitable for human consumption and they cannot always treat it adequately, exposing them to diseases.

They do not have frequent access to domestic gas. Gas cylinders take a month to arrive after being paid for. When the gas runs out, they cook with firewood, exposing them to respiratory diseases. Electric stoves are expensive and break down quickly.

They have a nearby health care center, but it has severe infrastructure and quality of care deficiencies due to a lack of supplies, equipment and specialized staff. The economic resources are not sufficient for them to comply with the prescribed treatments. Herbal teas are the most accessible option instead of paying for preventive appointments. There are no health days in the area to alleviate the lack of medical attention.

There are very few landline and internet services. The community's location, surrounded by mountains, makes it difficult for internet service providers to offer service. The public telephone lines have been damaged for 5 years.

Frequent complaints have not solved the problem, despite the fact that they must continue paying for the service in order not to lose the lines. Connectivity in the area is almost non-existent, becoming a barrier for the education of children and

adolescents, work and access to information.

## Sucre



Urban and fishing communities of Cumana and the Araya Peninsula, with more than 30,000 inhabitants - Sucre and Cruz Salmeron Acosta Municipalities

Communities living in prefabricated or self-built houses, most of which are crossed by pipes. Several sectors show marked deterioration due to the age of the buildings. Many houses are uninhabitable and people live in overcrowded conditions. In addition, they are in danger of collapse due to the instability of the land and are in unsanitary conditions due to the poor functioning of drinking water, sewage, sanitation and electricity services.

There are fishing communities that are extremely impoverished. They live mainly from artisanal fishing. There is insufficient land and maritime transportation. The boats are deteriorated and risk the lives of



passengers. More use is made of motorcycles, bicycles or walking.

Social and economic inequalities are growing between families with some stable income and those who have to work to meet the day's needs. There are severe difficulties in accessing gasoline and oil. Fishermen prefer to sell the fuel allocated to them. A few go out to fish, monopolizing sales. Family incomes are not enough to improve the boats or buy spare parts.

Access roads are so deteriorated that some communities are unable to transport agricultural products to other areas. Sources of employment are scarce and rising food prices do not allow for sufficient quantities to be purchased. Most of those who are able to work are self-employed, doing domestic or repair work to earn additional income.

Poor nutrition is visible in people's weight and height. To eat, people buy cheaper food to the detriment of the quality of nutrients. Most depend on CLAP, which does not guarantee a balanced diet. The diet is very poor and families reduce the amount of food consumed by adults so that children and adolescents can eat. The pattern of food consumption is high in carbohydrates and reduced portions.

Water service is interrupted very frequently. Pipes are broken or destroyed, causing leaks. They are not repaired but

patched. Household tanks are also in very bad condition. Families do not have the resources to buy water trucks. Pumping systems fail due to lack of maintenance.

In many communities there is a permanent lack of water. In order not to waste it, people bathe, wash their clothes and utensils and flush the toilets with the same water. Because of its color and odor, the water is not safe for human consumption. Many skin and digestive problems are associated with water contamination.

Electrical grids are not maintained and equipment is obsolete. Power failures are recurrent, causing damage to household appliances. Some families have suffered the total loss of their equipment. The lack of electricity makes it impossible to preserve animal protein foods. Street lighting is deficient. At night, many areas are left in darkness. There is a high level of unsafety.

Crime is rampant on the roads and inside homes. Communities organize themselves to go out in groups and not too late at night, due to the constant assaults and robberies, kidnappings and attempts of sexual violence. They even avoid using public transportation to reduce exposure to the risk of safety hazards, and businesses close early.

Official agencies ignore calls for attention

from the population. There is very little police surveillance. Police officers have also been decreasing in number due to low salaries. Police stations have disappeared or are in poor condition and there are no police vehicles.

Families have little basic equipment and lose it due to theft. Neighbors have formed neighborhood watch groups, especially at night. The front of the houses is also illuminated. All community meetings must be in the evening. Public phone services and private operators have recurrent failures and there is no Internet access. There are no public spaces for recreation or sports to improve the quality of life.

The school population is at risk of chronic and acute malnutrition, especially children under 5 years. There is a high shortage of teachers in the schools due to low salaries and wages. There are no teaching materials and violence has increased in the educational environment. School facilities are in a state of disrepair and lack basic services. School absenteeism is frequent due to the lack of transportation and the economic inability of parents to send children and adolescents with food and they show problems of low weight and height. Although many receive the PAE, it is not sufficient and does not guarantee adequate nutrition. School dropouts and child labor have increased.

Public health services lack adequate

infrastructure, supplies, equipment, tests and medicines. Sanitation and hygiene measures are deficient. All health centers have shortages of medical and nursing staff. They left their jobs to pursue other economic activities or moved to the city.

People come out of one illness and then go into another. In case of emergency, they must travel to the capital city (Cumana). There are also no ambulance boats. Families do not have the economic capacity to buy medicines or to access private health appointments. Those suffering from chronic health problems cannot afford the high cost of medicines. Therapeutic indications are not a priority in households, traditional methods are used and the money for medicines is spent on food. Some medicines, painkillers and drugs are sold in warehouses and on the street. No pharmacies are stocked.

### Tachira



Urban community of San Cristobal, with 3,000 inhabitants - San Cristobal Municipality

Community with extreme economic deterioration. The monthly income in most households does not exceed 10 dollars, on average. There are small factories, but the family economy depends on self-employment. Deficits in health care, food, drinking water, education, electricity, public transportation, domestic gas and roads affect all inhabitants.

The houses have large cracks and during the rainy season the families are at risk of land subsidence and landslides. Sewers run underneath the houses. Some houses have collapsed and neighbors are rebuilding them with recycled materials. There are no safe shelter alternatives. At least 20 families are at high risk of losing their homes.

The main access to the community is in good condition, but the roads or "carreras" have steep slopes and significant asphalt damage. Transportation is scarce. Low vehicles do not enter the roads because of the slope and the deterioration of the asphalt. The most common means of transportation is a motorcycle, and not all families own one. To go out, they must walk to the main avenue, which is quite far from their homes. In case of emergency, they only rely on neighbors, who are paid for transportation.

Water service is inconsistent due to leaks and the advanced deterioration of the

main pipe. Families must pay for repairs and replacements when there are breaks. The community has a water treatment plant. Electricity is not provided by the State-owned electric company. The families have connected themselves, with the danger of handling high-voltage cables without safety equipment. There are frequent power failures, forcing the use of candles, which have caused accidents.

Domestic gas cylinders under the State-subsidized system arrive every 6 months and their prices range from 4 to 5 dollars, depending on their size. These cylinders must be transported from the place of delivery to the homes, generating great risk.

There is the alternative of buying gas from private suppliers, but at higher prices. When there is no gas, people cook with firewood, causing respiratory problems, or with electric stoves that can cause overloads and the interruption of electricity service for several days.

Economic poverty is very accentuated. The lack of work and monthly income makes it impossible to eat a balanced and complete diet. Many families go hungry. The CLAP bags arrive every 6 months and the products are not of high quality, nor are they sufficient or distributed equitably. There is a dining room that is not enough for everyone and does not open on weekends.

Large families must deprive themselves of food. If they eat lunch, they don't eat dinner, and if they eat dinner, they don't eat breakfast. Most adults cannot eat three meals a day. Sometimes they can only eat rice and eggs or one piece of bread a day. Many people have sold their blenders, televisions and other household appliances.

They have also gone into debt to buy food, medicines or resolve medical emergencies. Infections and food poisoning have increased. The physical and mental state of people has also worsened significantly.

The school in the area has regressed a lot in the quality of the teaching-learning process. Parents are looking for alternatives to give their children a better education. There are almost no teachers in the nearest institution and those that are there do not meet the schedules.

Families have moved children and adolescents to other schools, which they walk to for about 20 minutes. They get tired, walk in the rain and can be victims of theft. The lack of uniforms is excluding many children and adolescents from the school system. They are not allowed to enter without wearing them. Cases of bullying occur in schools and the institution does not act. In some cases, children and adolescents have suffered

disorders, depression and even attempted suicide due to bullying.

There is a school cafeteria in the school, but the food is not nutritious or balanced. The canteen receives a few bags from CLAP to make lunches for the month. The parents contribute 50 cents a week to buy dressings and vegetables.

The food provided to the children is unpleasant. It is almost always rice with arepa and water. There is no budget to buy meat or chicken, but neither do they provide grains. The food they receive in some dining halls is the only meal of the day. Finishing school generates anguish among parents for losing the food they receive, because there is not enough food for the whole family group.

More than half of the children and adolescents from low-income families do not go to school. They have to work, either selling vegetables or sweets on the street, even in the early morning. There is no activity to get the children back to school.

In the only health center available, there is only one integral doctor, who is often not available. The health centers have neither furniture nor enough supplies, medical equipment, examinations or treatments. People have to carry the supplies and buy their medicines.

There is no possibility of transfer to the hospital. There are no ambulances and renting a private ambulance is unaffordable. The most common means of transportation are motorcycles. Traveling by private cab is also very expensive. Sometimes people decide to walk to the hospital in a half-hour journey on roads where they are exposed to robberies. Health workers, who are scarce, do not go to the homes of sick people who cannot move around. The hospital is overcrowded. Neither are the health personnel sufficient. They earn very little and the demand exceeds the capacity to provide care. In an emergency, people are referred to the city, which requires transportation that is not available.

The family budget is barely enough for food. People do not have the resources to buy medicines or for a private appointment. They resort to naturopathic doctors and alternative medicine. These doctors do go to people's homes. Faced with critical health problems, some families have been on the point of selling their own homes.

Pregnant women should go to the hospital. There have been several cases of maternal and maternal-fetal deaths due to late or erroneous care. There is no guarantee of safe delivery.

Elderly people who are unable to move have no medical care. They are alone and

cannot walk. They lack wheelchairs, canes, medicines and diapers. They suffer from depression due to their state of disability. Many have no family members to support them. They improvise canes that serve as assistive mobility devices.

## Trujillo



Urban communities in the municipality of Valera, Altos de San Luis, Barrio El Milagro, and the neighborhoods of La Beatriz, Morón and Santa Cruz.

Communities in relatively recent and growing settlements. The majority live in improvised single-family and multi-family dwellings. Many families are at risk because their homes are affected by seepage, subsidence, flooding or landslides. Others live in buildings.

There are very few sources of employment and incomes do not cover basic needs. Poverty is widespread. There has been an increase in bakeries, hairdressers, butchers, delicatessens, pharmacies, carpenters, mechanics, blacksmiths, clothing and shoe stores, and handicraft stores.



There is no street lighting, which increases safety concerns. Families use flashlights, place light bulbs outside their houses to illuminate the sidewalks and streets, or do surveillance work. They run the risk of being mugged, stung by poisonous animals or suffering accidents if they walk at night. Crime has increased. There are frequent risks of robbery, rape and drug use. There is no police protection in the area. Families feel threatened. Departure and arrival times must be changed.

People feel abandoned due to the lack of response to the serious problems of access to services. Communities no longer receive piped water. The pumping system constantly fails due to lack of maintenance. Families must buy water bottles or collect rainwater. Many have no means of storage. Some can afford to pay for tanker trucks.

Most of them fetch water and carry it in wheelbarrows or "on their shoulders" from nearby areas. Neither do they have sewers. Pipes and sewers are permanently collapsed. Attempts have been made to create a temporary sewage network.

Due to the lack of water and environmental pollution, families cannot ensure good food hygiene, nor the cleanliness of their houses and clothes. Diarrhea, gastrointestinal and skin diseases have increased, as well as

physical wear and tear from carrying water. Mosquitoes proliferate due to inadequate water storage. There is a lack of transportation units and garbage compactors. Families deposit garbage in inadequate places and burn it when it accumulates.

The consumption of nutritious foods is very low. People eat 1 or 2 meals a day that provide little or no nutrients. Recipes with high consumption of grains are reinvented. CLAP bags are purchased, although they are insufficient, of low quality and variety.

There are few cafeterias and they are limited. The food pantries have closed. Some people have to collect food from house to house. Most schools have a school cafeteria, but the supply of protein food is scarce. Children and adolescents in the afternoon shift do not benefit from the cafeteria, which has increased school dropout rates.

The few health centers do not function and do not even have first aid services. There are not enough health workers, and there is a frequent lack of supplies and medicines. Infrastructure deficiencies and budget deficits are severe. The majority must pay for transportation to go to a health center outside the area because there are no ambulances. Low incomes are not enough to buy medicines.

There is a pronounced deterioration in the condition of health. Most of them are children and young people with few economic resources affected by malnutrition and diseases resulting from unhealthy conditions. The situation causes stress and mental imbalance. Violence and child abuse have also increased.

### Yaracuy



Rural communities of Aroa, with 220 inhabitants - Municipality Bolivar

Communities settled on plots of land on which mud and zinc houses were built. Very few families live in block houses. Most of the houses are leaking due to humidity. With the rains, they flood and lose furniture and appliances.

In addition, the roadway collapses and doesn't allow access for heavy vehicles. There is no pedestrian access. The roads are uneven due to the lack of drainage channels and culverts. Road to this community is gravel. The roads are

unpaved. In warm weather, people breathe a lot of dust that affects health. Families fill the sunken areas with stones and rubble. There are no sewers or drains.

The place where they live was declared a risk zone because of its proximity to a river, but they have never had any problems with overflowing. This has prevented an improvement in living conditions, because urban development projects are not allowed, although plans have been presented to build houses and finish the power line, which only covers a sector of the community.

Drinking water restrictions in the community are severe. The distribution system was installed by the community itself to connect to the main aqueduct. Pipelines run through several communities reducing the volume. They receive water 2 days a week for only 2 hours. The major's office sends a tanker truck once a week, as long as it does not break down and if rains or electricity failures allow it.

The rest of the days or in times of drought, families must collect rainwater or fill and carry containers in wheelbarrows or on their "shoulders", traveling at least 1 km in nearby communities. This affects physical health due to falls and neck injuries. Families don't have storage tanks, they use containers and the structures of refrigerators to store water. Few families

boil or chlorinate it. They reuse water for washing and personal hygiene outside.

There is no sewage drainage system, but each house has a septic tank or drains to a sewage lagoon, generating bad odors and a high presence of mosquitoes. The septic tanks are at risk of collapsing, causing water and waste to spill in the area.

A large part of the community has no public lighting. Families connect clandestinely. They use phones to illuminate the roads when they walk at night. Electrical failures are constant in the sectors that have connections. Voltage variations damage electrical appliances.

When power lines go down or break, families repair them, without safety protocols. The lack of lighting and electricity results in fear of crime and poisonous animals.

### Zulia



Indigenous and urban communities of Maracaibo and San Francisco, with more than 7,000 inhabitants - Maracaibo and San Francisco Municipalities

Indigenous and urban communities in densely populated cities, where inequalities are growing for factors as basic as having an income or pumps to receive water. The severe lack of services, jobs and income to cover basic needs has perpetuated poverty.

In the communities with an indigenous majority, families live in informal settlements or hamlets. Many homes are built with fragile materials. They are multi-family dwellings in which people are overcrowded. Some houses have up to 4 families living in them. The youngest members cannot rent or buy a house and stay with their parents.

The streets are made of dirt and are in very poor condition. The settlements lack infrastructure and essential public services. Weather conditions and the arid characteristics of the ground increase the demand for water. In addition, winds, land conditions and the materials of the houses make them prone to fires.

There is no productive activity within the community and there are no nearby sources of employment. The people who work do so mainly in informal commerce outside of the area. Some work in shrimp farms, masonry, security, and cleaning. Women, children, and adolescents do housework.

A frequent activity is collecting scrap

metal at garbage dumps for exchange or barter for goods or food. People are exposed to work shifts of more than 10 hours in a single shift. And if they clean a house, for example, they want to be paid a kilo of rice for the day's work.

They have no capacity for productive planting due to lack of water, little access to CLAP and the constant increase in food prices. Some families have sold their work tools or clothes. Others ask for credit in warehouses, but the payment of debts impacts the family budget due to inflation.

Migration to other communities has been the only way out when the situation has become unsustainable and the state of health does not allow for fetching and carrying water.

In the urban communities, most of the houses are made of concrete and have deteriorated due to lack of maintenance. Almost all of the streets are paved, but in very poor condition. The main economic activity is formal or informal commerce.

Many households try to sustain themselves with foreign remittances. Jobs have become precarious. People are forced to work up to 12 hours a day for an insufficient salary, which varies between \$80 and \$120 a month. Employment sources such as security, gardening or house cleaning have disappeared. Dealing with the problems of basic services leads

to the loss of employment, educational and recreational opportunities, and generates additional expenses that reduce the family budget.

In general, the communities have lost internal transportation routes. They have been modified because the streets and avenues are very deteriorated or because of lack of gasoline. Some sectors have become isolated. The "per post" cars are no longer profitable. Many times the drivers cannot even fix or maintain the vehicle. They also do not have insurance.

A minimum fare costs 10 bolivars (equivalent to US\$0.3). Waiting time for a vehicle is 20-40 minutes. Transporters have migrated to other cities or countries. Others are engaged in other jobs that generate more income. People must walk or try to own a bicycle or motorcycle.

In the indigenous communities, electricity connections are improvised. They are not connected to the electrical system. There is also no sewage system. They use handmade septic tanks, defecate outdoors or in the backyard to save water or simply because the wells are full, with a permanent risk of contamination and disease. The soil is polluted and fecal gases are released.

In urban communities, power rationing had diminished, but they fear it could come back. When power failures occur



due to transformer explosions, families have had to make irregular connections, even raising more than \$700 to replace or repair the transformer.

Police surveillance is almost non-existent. Crime rates are low, but the feeling of insecurity is high in cases where the police response has not been appropriate.

Urban sanitation is very deficient. A truck passes only once a month on certain roads. Families burn garbage or bury it. The cart drivers, who used to be paid to take the garbage away, are almost non-existent. There are not enough compactor trucks and, in many cases, they do not have fuel.

Access to domestic gas is by cylinder, which is paid for by the community councils or private suppliers. When they are delayed or there is no income to pay for them, families must cook with firewood.

Access to water is unstable. It comes once or twice a month and its use depends on how much storage capacity families have. Only some families can afford to buy tanker trucks. When water does not arrive, they must collect rainwater or collect water from community wells.

In some communities, people walk between 200 and 500 meters a day to collect water. Women, children,

adolescents and the elderly must fetch water at least three times a week. There have been frequent serious accidents (trauma, fractures, dislocations and heat stroke) in the drilling of artesian wells, fetching water in carts and carrying it to homes.

The water sometimes arrives clean and sometimes very cloudy. The pipes are rusty and contaminants accumulate. The water received from tanker trucks is not safe either. It must be boiled, but the lack of piped domestic gas prevents this. There is also no access to water purification tablets.

Some families have chosen to consume the water, regardless of whether it has alterations in odor, color and taste, without any type of treatment. Many families have migrated to other communities due to the serious difficulties in accessing drinking water.

People eat very poorly because of insufficient quantity and quality of food. Few families are able to eat three meals a day and consume protein regularly. Their diet is based on flour, rice, pasta, cassava and sweet potatoes. Only occasionally can they buy eggs, cheese and bananas.

Food is rationed to make ends meet and power failures do not allow for refrigeration. Food depends on CLAP, which does not guarantee adequate



nutrition and is not frequent. In most cases it is received twice a year and, only in small sectors, it arrives every 20 days. There are few products and, at most, they are enough for one week.

They share the food among families to make it yield. Mainly women deprive themselves of food for others to eat. People, usually children and adolescents, wake up late to avoid hunger because they have no food to eat. They eat breakfast at 11 am, lunch after 5 pm and sacrifice dinner.

People get sick and feel weak. They claim to stumble, faint or have permanent stomach problems. Some beg for food on the streets or eat discarded food. There is deterioration of mental health, malnutrition, stunted growth, poor intellectual development and school performance. Children, adolescents and the elderly are the most likely to suffer from malnutrition.

The network of health centers is unable to meet the demand of people with health problems. Many centers no longer have operational services or the possibility of supplying medicines. They work limited hours and people must carry all the supplies. The connection between health workers and the community has been lost. Staff have left or do not treat people well. Private medicine is inaccessible. Families must resort to natural medicine or

remedies without sanitary measures, or travel long distances to get care.

Diseases caused by air and water pollution have increased. Also due to the proliferation of flies and mosquitoes, lack of hygiene and accidents, particularly burns. In indigenous communities, medical, pediatric and psychosocial care is often limited by cultural barriers. A significant number of women, children, adolescents, and elderly and disabled people suffer further obstacles to access to medical, pediatric and psychosocial care.

There are families in which up to 6 children live under the responsibility of grandparents. Violence, exploitation and discrimination have also increased, including sexual violence and abuse. There are no protection agencies. Although some relationships between neighbors have been strengthened, others have deteriorated.

## CONCLUSIONS AND RECOMMENDATIONS

The findings of this study show that the situation in Venezuela has not improved, as the factors that caused the structural collapse of the country's capabilities are still present. The fall of these capabilities has continued to deepen, generating large and overlapping social deprivation gaps that make them unmanageable for the majority of the population.

The community-level assessments paint a bleak picture of human insecurity in which deprivation gaps have exceeded the limits of people's ability to mitigate and avoid harm. Most of the communities that participated in the assessments do not have access to the assistance and protection of the humanitarian response implemented in the country.

The gaps are associated with the absence of the State in its institutional structures and the performance of basic functions, submerging communities in dynamics of control over access to scarce resources, a generalized state of helplessness in the face of denial, restriction and inequity in the enjoyment and exercise of rights, broad inequalities, the siege of multiple threats: poverty, hunger and malnutrition, high deterioration of health and exposure to deaths due to lack of assistance,

abandonment of education, various forms of violence and disasters.

The increasing deterioration of people's physical and mental capacities and the risks faced by women, children and adolescents, the elderly, people with disabilities, indigenous and peasant communities, etc., are worrisome.

In brief:

- The slow decline of capacities in Venezuela did not allow to see the strength of the destructuring factors that caused its collapse in the country.
- The Complex Humanitarian Emergency continues in a context that does not yet offer changes in the complex framework of originating factors.
- Community assessments indicate overlapping social deprivation gaps of large size and duration, beyond what is bearable.
- Recovering livelihoods and food, drinking water and public health capacities requires the greatest efforts in the following priorities.
- The combination of deprivations, vulnerabilities and risks create a picture of human exhaustion and unsafety, in the absence of the State, with serious rights violations.

Based on these findings, the following considerations and recommendations are presented in relation to the humanitarian response that the international community is supporting since 2019:

**a)** The collapse of almost 70% of the country's institutional, economic and social capacities gives capacity recovery efforts a long-term horizon, requiring to maintain the humanitarian response for as long as necessary, while the factors involved in the collapse are still present and its transformation is possible to carry out structural reforms and investments to restore the collapsed capacities. Rushing a decrease or withdrawal of the response, without changes at the level of factors, could have the negative effect of accentuating, reinforcing or normalizing them and leave the population in greater vulnerability and complete helplessness.

**b)** Humanitarian response should strike a reasonable balance between assistance and protection for immediate life-saving needs, strengthening the capacities of individuals and their families to cope with deprivation, and supporting institutional and operational structures that guarantee access to goods, services and livelihoods, without ruling out any of these modalities. In any case, it is necessary to prioritize combinations of response modalities that have the best results in reducing deprivation gaps, in the safest and most sustainable way possible, according to their size, duration, interrelation and

efforts required to recover capacities, based on quantitative and qualitative evidence.

**c)** Efforts to respond to the Venezuelan population to alleviate and reduce the gaps of social deprivation will depend on the scope of human rights protection, in accordance with the mandates and responsibilities of each and every one of the actors under international law. In addition to being the source of imperative standards for efforts to ensure dignified living conditions, rights must be the way to avoid and respond to deprivation itself and to abuses, discrimination and violence resulting from behaviors or measures of denial, restriction and inequity in rights.

It is therefore essential to adopt protection as the focus, framework and mode of action in the entire humanitarian response and in all capacity recovery efforts, in a comprehensive manner, at the highest level and through joint efforts between national and international actors, without which there will be no concrete and real progress, nor will it be possible to ensure universal and equitable access to the benefits of protection for the population.

## GLOSSARY

- **Access to rights:** the degree to which all persons have the structures, means, facilities and conditions to live in dignity, in a sustained and sufficient manner, accessible and with the quality and acceptability, in accordance with standards established in the international human rights norms.
- **Access to humanitarian response:** level of assistance and/or protection of the humanitarian response present in the country that is available to people in need.
- **C&A:** Children and adolescents.
- **CLAP:** State subsidy system for bags or boxes of food products, managed by Local Supply and Production Committees (CLAP, *in Spanish*) at the community level.
- **Communal structures:** are territorial organizations created by the State in 2006, within the framework of laws called "Popular Power" and which have responded to the concept of "Communal State", not constitutionally established in Venezuela. These structures include the Communal Councils, the Communes and a variety of public figures attached to State entities or to the governing party, also grouped under the definition of Organizations of Popular Power.
- **Communities:** a group of households and individuals who are linked to each other by living in the same geographically delimited area, where they share common goods and services.
- **Coping strategies:** actions that individuals or households have had to take to cope with deprivation. These strategies can be negative when they intensify people's risks and vulnerabilities to hazards or irreparable harm.
- **Denial of access to rights:** conscious, intentional and/or deliberate action to deny capacities or instruments for the enjoyment, exercise and realization of rights.
- **Inequities in access to rights:** unjust differences or disparities due to discrimination, exclusion or inequality, as a result of actions that violate equality and universality in the enjoyment, exercise and realization of rights.
- **Needs:** requirements of access to goods, services and facilities essential to safeguard and develop the life,

integrity, security, freedom and subsistence of people.

the enjoyment, exercise and fulfillment of rights.

- **PAE:** School Feeding Program, under the responsibility of the Ministry of People's Power for Food (MINPPAL) and the National School Feeding Corporation (CNAE).
  - **Social deprivation gaps:** measures of size, length and efforts to reduce shortages, gaps or deficits of vital social needs due to loss of capacity to provide goods, services or livelihoods that enable them to be met in a sufficient, adequate and timely manner.
  - **Structural collapse:** an extreme situation of partial or total collapse or destruction, which may be reached abruptly or through a process of involution or collapse. Structural collapses impact structures or systems that fulfill a function for the life of people. These impacts can be seen in the disintegration of governance structures and/or in the inability of structures to fulfill their basic functions.
  - **Restrictions on access to rights:** conscious, intentional and/or deliberate action to obstruct, limit or reduce capacities or instruments for
- **Risks:** probabilities of suffering damage, injury or harm, due to the effect of threats or hazards of different nature, which vary according to the factors that intensify or minimize them.
  - **Vulnerabilities:** absence, weakness or deterioration of conditions or capacities, which expose a greater probability of being affected by the occurrence of threats or hazards, and the damage, injury or harm they may cause if they materialize.



## REFERENCES

- <sup>1</sup> John Magdaleno. La fragilidad política en Venezuela. September 20, 2022. In EstadoLab. Available in: <https://dash.estadolab.org/analysis-detail/9>
- <sup>2</sup> Provea. Annual Report, October 2000 – September 2001. Contexto. Available in: [https://provea.org/wp-content/uploads/2017/08/001\\_contexto-3.pdf](https://provea.org/wp-content/uploads/2017/08/001_contexto-3.pdf)
- <sup>3</sup> Maryhen Jiménez. La democratización en Venezuela pasa también por la reconstrucción del Estado. NUSO Nº 299 / MAY - JUNE 2022. Available in: <https://nuso.org/articulo/democratizacion-venezuela-reconstruccion-estado/>
- <sup>4</sup> Carlos Aponte Blank. El gasto público social venezolano: sus principales características y cambios recientes desde una perspectiva comparada. Cuadernos del Cendes. CDC v.23 n.63 Caracas dec. 2006. Available in: [http://ve.scielo.org/scielo.php?script=sci\\_arttext&pid=S1012-25082006000300005&lng=es&nrm=iso&ting=es](http://ve.scielo.org/scielo.php?script=sci_arttext&pid=S1012-25082006000300005&lng=es&nrm=iso&ting=es)
- <sup>5</sup> Leonardo Vera. ¿Cómo explicar la catástrofe económica venezolana? Nuso Nº 274 / March-April 2018. Available in: <https://nuso.org/articulo/como-explicar-la-catastrofe-economica-venezolana/>
- <sup>6</sup> Miguel Ángel Santos. Diagnóstico de la Situación Macro-Económica de Venezuela. May 2013. Available in: <https://www.slideshare.net/miguelangelsantos/2012-0523-venezuelan-macroeconomic-outlook-i>
- <sup>7</sup> Miguel Ángel Santos. Perspectivas Económicas de Venezuela 2013. October 2013. Available in: <https://www.slideshare.net/miguelangelsantos/perspectivas-economicas-de-venezuela-2013>
- <sup>8</sup> Transparencia Venezuela. Rehenes de la gran corrupción. Estudio de empresas propiedad del Estado en Venezuela 2018. 10 años de opacidad, decadencia y destrucción. Available in: <https://transparenciave.org/wp-content/uploads/2019/05/Capi%CC%81tulo-3.-Rehenes-de-la-Gran-Corrupcio%CC%81n.-TV.pdf>
- <sup>9</sup> Miguel Ángel Santos. Venezuela: Anatomía de un colapso y una hoja de ruta para la reconstrucción. Available in: <https://www.slideshare.net/miguelangelsantos/venezuela-anatoma-de-un-colapso-y-una-hoja-de-ruta-para-la-reconstruccion>
- <sup>10</sup> ICHR, Reports, available in:
  - Informe sobre la situación de los derechos humanos en Venezuela, 2003. Available in: <http://www.cidh.org/countryrep/Venezuela2003sp/indice.htm>
  - Informe de país. Democracia y derechos humanos en Venezuela. 2009. Available in: <http://www.cidh.org/countryrep/Venezuela2009sp/VE09.indice.sp.htm>
  - Informe de país. Situación de los derechos humanos en Venezuela, 2017. Institucionalidad democrática, Estado de Derecho y derechos humanos en Venezuela. Available in: <https://www.oas.org/es/cidh/informes/pdfs/Venezuela2018-es.pdf>
- <sup>11</sup> Gutiérrez S., Alejandro. Venezuela y su crisis agroalimentaria. Documento de Trabajo 1-2016. Mérida (Venezuela), 2016. Available in: [http://www.saber.ula.ve/bitstream/handle/123456789/41608/2016\\_gutierrez\\_1\\_br.pdf?sequence=2&isAllowed=y](http://www.saber.ula.ve/bitstream/handle/123456789/41608/2016_gutierrez_1_br.pdf?sequence=2&isAllowed=y)
- <sup>12</sup> Rodrigo Agudo: Superar la crisis alimentaria tardará mínimo 18 meses. 01.03.16. Available in: <https://www.ovsalud.org/noticias/2016/superar-crisis-alimentaria-tardara-minimo-18-meses/>
- <sup>13</sup> Sistema de salud en Venezuela: ¿un paciente sin remedio? Alejandra Carrillo Roa. CSP Caderno de Saúde Pública, 2018. Available in: <http://www.scielo.br/pdf/csp/v34n3/1678-4464-csp34-03-e00058517.pdf>
- <sup>14</sup> La Gran Aldea. Especial. Dos décadas de protestas en Venezuela 2000-2020. Available in: <https://protestas.lagranaldea.com/>
- <sup>15</sup> Miguel Ángel Santos. Venezuela Macroeconomic Outlook (Noviembre, 2015). Available in: <https://www.slideshare.net/miguelangelsantos/venezuela-macroeconomic-outlook-noviembre-2015>
- <sup>16</sup> José Manuel Puente y Jesús Adrián Rodríguez. Venezuela en etapa de colapso macroeconómico: un análisis histórico y comparativo. 16.12.19. Available in: <https://pdfs.semanticscholar.org/3f13/ee94d267f8784238d16d3a57e80d49a2b028.pdf>
- <sup>17</sup> Miguel Ángel Santos. Venezuela: ¿Cómo llegamos aquí y qué podemos hacer? Panel Plan País 2017. Available in: <https://www.slideshare.net/miguelangelsantos/venezuela-cmo-llegamos-aqu-y-qu-podemos-hacer-panel-plan-pas-2017#>
- <sup>18</sup> Miguel Ángel Santos. Venezuela: Anatomía de un colapso y una hoja de ruta para la reconstrucción. Available in: <https://www.slideshare.net/miguelangelsantos/venezuela-anatoma-de-un-colapso-y-una-hoja-de-ruta-para-la-reconstruccion>
- <sup>19</sup> UCAB. Encuesta Nacional de Condiciones de Vida (ENCOVI). Evolución de la pobreza en ediciones 2014-2016. Available in: <https://www.proyectoencovi.com/>
- <sup>20</sup> Provea. Informe Conjunto. Venezuela 2014 | Protestas y Derechos Humanos. December 2014. Available in: <https://provea.org/publicaciones/protestas/venezuela-2014-%E2%94%82-protestas-y-derechos-humanos/>
- <sup>21</sup> Observatorio Venezolano de Conflictividad Social (OVCS). Conflictividad social en Venezuela en 2014. Available in: <https://www.observatoriodeconflictos.org/oc/wp-content/uploads/2015/01/Conflictividad-en-Venezuela-2014.pdf>
- <sup>22</sup> Transparencia Venezuela. Sanciones internacionales ¿Origen o fin de la crisis? 2020. Available in: <https://transparenciave.org/wp-content/uploads/2020/12/Sanciones-Internacionales-TV-.pdf>
- <sup>23</sup> Comisión Internacional de Juristas (CIJ). Venezuela; el ocaso del Estado de Derecho. Informe Misión 2015. Available in: <https://icj2.wpenginepowered.com/wp-content/uploads/2015/10/Venezuela-OcasoEstadoDerecho-Publications-Reports-2015-SPA.pdf>
- <sup>24</sup> ICJ. Lograr justicia por graves violaciones a los derechos humanos en Venezuela. Estudio de línea de base, Julio de 2017. Iniciativa Global de la CIJ sobre Reparación y Rendición de Cuentas. Available in: <https://www.refworld.org/es/pdfid/5b6b58e94.pdf>
- <sup>25</sup> Human Rights Watch. Crisis humanitaria en Venezuela. October 2016. Available in: <https://www.hrw.org/es/report/2016/10/24/crisis-humanitaria-en-venezuela/la-inadecuada-y-represiva-respuesta-del-gobierno>
- <sup>26</sup> Observatorio Venezolano de Finanzas (OVF). Las cinco hiperinflaciones en América Latina. Pro. José Guerra. May 2018. Available in: <https://observatoriodefinanzas.com/wp-content/uploads/Las-cinco-grandes-hiperinflaciones-en-America-Latina-OVF.pdf>
- <sup>27</sup> Francisco R. Rodríguez. El fin de la hiperinflación venezolana. 17.02.22. Available in: <https://franciscorodriguez.net/2022/02/17/el-fin-de-la-hiperinflacion-venezolana/>
- <sup>28</sup> IRC. This woman walked for 7 days to escape the crisis in Venezuela. December 2018. Available in: <https://www.rescue.org/video/woman-walked-7-days-escape-crisis-venezuela>

- <sup>29</sup> IRC. Venezuela's crisis deepens: 1 million refugees flee to Colombia. November 2018. Available in: <https://www.rescue.org/video/venezuelas-crisis-deepens-1-million-refugees-flee-colombia>
- <sup>30</sup> HRW. La emergencia humanitaria en Venezuela. 04.04.19. Available in: <https://www.hrw.org/es/report/2019/04/04/la-emergencia-humanitaria-en-venezuela/se-requiere-una-respuesta-gran-escala-de>
- <sup>31</sup> Carlos Aponte Blank. Los Comités Locales de Abastecimiento y Producción CLAP y la Gran Corrupción del siglo XXI. Los nuevos programas prioritarios del sector social en Venezuela, 2016-2019. Transparencia Venezuela. Available in: <https://transparenciave.org/wp-content/uploads/2019/08/4-Clap-Informe-Carlos-Aponte.pdf>
- <sup>32</sup> Carlos Aponte Blank. Los bonos sociales: en el rumbo incierto ante el empobrecimiento. Los nuevos programas prioritarios del sector social en Venezuela, 2016-2019. Transparencia Venezuela. Available in: <https://politikaucab.files.wordpress.com/2019/09/programa-iv.pdf>
- <sup>33</sup> Acceso a la Justicia. El Estado de Excepción en Venezuela. 21.05.21. Available in: <https://accesoalajusticia.org/el-estado-de-excepcion-en-venezuela/>
- <sup>34</sup> El Ucubista. ¿Qué dicen las sentencias 157 y 158 del TSJ? 05.04.17. Available in: <https://elucubista.com/2017/04/05/18918/>
- <sup>35</sup> Carlos Ayala Corao. La Asamblea Nacional Constituyente de Maduro-2017: Fraude constitucional y Usurpación de la soberanía popular. Available in: [https://www.hrw.org/sites/default/files/supporting\\_resources/anc\\_2017\\_aya\\_la.pdf](https://www.hrw.org/sites/default/files/supporting_resources/anc_2017_aya_la.pdf)
- <sup>36</sup> OHCHR. Informe: En Venezuela los manifestantes fueron víctimas de vulneraciones y abusos de derechos humanos. August 31, 2017. Available in: <https://www.ohchr.org/es/stories/2017/08/report-protectors-venezuela-subjected-human-rights-violations-and-abuses>
- <sup>37</sup> OHCHR. Violaciones de los derechos humanos en la República Bolivariana de Venezuela: una espiral descendente que no parece tener fin. June 1, 2018. Available in: <https://www.ohchr.org/es/documents/country-reports/human-rights-violations-bolivarian-republic-venezuela-downward-spiral-no>
- <sup>38</sup> Manuel Sutherland. Impacto y naturaleza real de las sanciones económicas impuestas a Venezuela. Provea. Special Report. June 2019. Available in: <https://provea.org/wp-content/uploads/2019/05/SancionesSutherland-1.pdf>
- <sup>39</sup> Nizar El Fakih. Aproximación al régimen de sanciones internacionales y al caso de Venezuela. IDB. December 2020. Available in: <https://publications.iadb.org/es/aproximacion-al-regimen-de-sanciones-internacionales-y-al-caso-de-venezuela>
- <sup>40</sup> Francisco Monaldi. La implosión de la industria petrolera venezolana. Prodavinci. August 15, 2018. Available in: <https://prodavinci.com/la-implosion-de-la-industria-petrolera-venezolana/>
- <sup>41</sup> Crónica Uno. Producción petrolera cayó 45% entre mayo 2019 y mayo 2020. May 17, 2021. Available in: <https://cronica.uno/produccion-petrolera-cayo-45-entre-mayo-2019-y-mayo-2020/>
- <sup>42</sup> HumVenezuela. REPORTAJE | ELECTRICIDAD: Solo 29% de la capacidad eléctrica nacional está operativa. Available in: <https://humvenezuela.com/reportaje-1-electricidad-solo-29-de-la-capacidad-electrica-nacional-esta-operativa/>
- <sup>43</sup> Transparencia Venezuela. De la economía sumergida a la economía ilícita. June 2022. Available in: <https://transparenciave.org/economias-ilicitas/economia-ilicitas-por-region/>
- <sup>44</sup> El Diario. ¿Qué pasa en Venezuela?: impacto de la “economía negra” y la emergencia humanitaria. December 15, 2021. Available in: <https://eldiario.com/2021/12/15/venezuela-economia-negra-emergencia-humanitaria/>
- <sup>45</sup> Asdrúbal Oliveros. “La gente está en el chasis y el consumo crece”: La contradicción que explica el economista Asdrúbal Oliveros. Contrapunto. July 2022. Available in: <https://contrapunto.com/economia/analisis-economia/la-gente-esta-en-el-chasis-y-el-consumo-crece-la-contradiccion-que-explica-el-economista-asdrubal-oliveros/>
- <sup>46</sup> Clima 21. Resumen de la situación de los derechos humanos ambientales en Venezuela 2022. Available in: <https://clima21.net/noticias/resumen-de-la-situacion-de-los-derechos-humanos-ambientales-en-venezuela-2022/>
- <sup>47</sup> Migración, refugio y esclavitud moderna. Hoja informativa EPU. 3er ciclo del EPU de Venezuela. ExamenDDHHVenezuela.org. Available in: <https://drive.google.com/file/d/1nqA8p7CbtV1aDObxvJPZvqXR3gYHUMOU/view>
- <sup>48</sup> CDH-UCAB. Esclavitud moderna. Available in: <https://cdh.ucab.edu.ve/lineas-tematicas/esclavitud-moderna/>
- <sup>49</sup> GRFC. Informe Global de Crisis Alimentarias. 2020. Available in: [https://www.fsinplatform.org/sites/default/files/resources/files/GRFC\\_2020\\_ONLINE\\_200420.pdf](https://www.fsinplatform.org/sites/default/files/resources/files/GRFC_2020_ONLINE_200420.pdf)
- <sup>50</sup> Monitoreo de la respuesta de países sudamericanos frente a la pandemia de Covid-19. Programa Subregional para América del Sur OPS/OMS. Published on June 22, 2020. Available in: <https://www.paho.org/es/documentos/monitoreo-respuesta-paises-sudamericanos-frente-pandemia-covid-19>
- <sup>51</sup> Prodavinci. Asdrúbal Oliveros: “Pasamos ya de una crisis económica a una crisis social de gran envergadura”. April 5, 2020. Available in: <https://prodavinci.com/asdrubal-oliveros-pasamos-yaa-de-una-crisis-economica-a-una-crisis-social-de-gran-envergadura/>
- <sup>52</sup> Venezuela: lujo, desigualdades y «capitalismo bogonero» Benedicte Bull, Manuel Sutherland and Antulio Rosales. NUSO Nº 298 / March-April 2022. Available in: <https://nuso.org/articulo/venezuela-lujo-desigualdades-capitalismo-bogonero/>
- <sup>53</sup> HumVenezuela. Tablas comparadas de marzo 2020, junio 2021 y marzo 2022 en los sectores de condiciones de vida, alimentación y medios de vida, salud, agua y saneamiento y educación básica. Available in: <https://humvenezuela.com/tabla-de-datos-2022/>
- <sup>54</sup> HumVenezuela. Informe de seguimiento a los impactos de la Emergencia Humanitaria Compleja tras el confinamiento por la pandemia de COVID. March 2022. Available in: <https://humvenezuela.com/tabla-de-datos-2022/>
- <sup>55</sup> UNHCR. Informe semestral de tendencias 2022 (Américas). Available in: <https://www.acnur.org/media/65879>
- <sup>56</sup> ONU. La mitad de los refugiados y migrantes de Venezuela en América Latina no puede costearse tres comidas diarias. October 10, 2022. Available in: <https://news.un.org/es/story/2022/10/1516067>
- <sup>57</sup> IRC. Declaración de IRC sobre el incremento de riesgos para venezolanos en movimiento. November 2022. Available in: <https://www.rescue.org/press-release/declaracion-de-irc-sobre-el-incremento-de-riesgos-para-venezolanos-en-movimiento>
- <sup>58</sup> IOM. 2022 duplica el número de migrantes en la peligrosa ruta del Tapón del Darién. Available in: <https://respuestavenezolanos.iom.int/es/news/2022-duplica-el-numero-de-migrantes-en-la-peligrosa-ruta-del-tapon-del-darien>
- <sup>59</sup> Reliefweb. Panamá: cifra récord de 100.000 personas refugiadas y migrantes cruzan el Darién en los primeros meses de 2023. Available in: <https://reliefweb.int/report/panama/panama-cifra-record-de-100000-personas-refugiadas-y-migrantes-cruzan-el-darien-en-los-primeros-meses-de-2023>
- <sup>60</sup> Alerta Venezuela. Una tragedia ignorada. La afectación humanitaria y de derechos humanos por parte de grupos armados irregulares en Venezuela. June 2023. Available in: <https://alertavenezuela.org/blog/2023/06/21/una-tragedia-ignorada-la-afectacion-humanitaria-y-de-derechos-humanos-por-parte-de-grupos-armados-irregulares-en-venezuela/>
- <sup>61</sup> Provea, GIEHC de agua y saneamiento. Reporte del derecho al agua y al saneamiento 2022. Provea/FIDH, February 2023. Available in: <https://provea.org/wp-content/uploads/2023/03/Informe-Agua-21.03.pdf>
- <sup>62</sup> Clima 21. Resumen de la situación de los derechos humanos ambientales en Venezuela 2022. Available in: <https://clima21.net/noticias/resumen-de-la-situacion-de-los-derechos-humanos-ambientales-en-venezuela-2022/>

<sup>63</sup> Índices de fragilidad mundiales. Available in:

- World Bank. Fragility, Conflict, Violence. Available in: <https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/harmonized-list-of-fragile-situations>
- World Bank. Worldwide Governance Indicators. Available in: <https://info.worldbank.org/governance/wgi/>
- Estadolab. Índice de Fragilidad Sudamericano. Available in: <https://estadolab.org/indice-de-fragilidad-sudamericano/>
- IDOS. Available in: <https://www.idos-research.de/statefragility/explainer.html#:~:text=State%20fragility%20is%20defined%20as,state's%20ability%20to%20control%20violence.>
- OECD. State of Fragily, 2022. Available in: <http://www3.compareyourcountry.org/states-of-fragility/overview/0/>
- The Economist. Democracy Index. Available in: <https://ourworldindata.org/grapher/democracy-eiu?country=ARG~AUS~BWA~CHN>
- The Fund for Peace. Fragile State Index. Available in: <https://fragilestatesindex.org/>
- The Global Economy. Venezuela: Fragile state index. Available in: [https://www.theglobaleconomy.com/Venezuela/fragile\\_state\\_index/](https://www.theglobaleconomy.com/Venezuela/fragile_state_index/)
- Transparency International. Corruptions perceptions index. Available in: <https://www.transparency.org/en/countries/venezuela>
- WJP Rule of Law Index. Available in: <https://worldjusticeproject.org/rule-of-law-index/>

<sup>64</sup> The Fund for Peace. Fragile State Index. Country Data. Available in: <https://fragilestatesindex.org/country-data/>

<sup>65</sup> The Fund for Peace. Fragile State Index. Annual Report 2022. Available in: <https://fragilestatesindex.org/wp-content/uploads/2022/07/22-FSI-Report-Final.pdf>

<sup>66</sup> OECD. States of Fragility. 2022. Available in: <http://www3.compareyourcountry.org/states-of-fragility/overview/0/>

<sup>67</sup> World Bank. Worldwide Governance Indicators. Available in: <https://info.worldbank.org/governance/wgi/>

<sup>68</sup> IMF. Panorama de la economía mundial. April 2023. Available in: <https://www.imf.org/en/Publications/WEO/Issues/2023/04/11/world-economic-outlook-april-2023?cid=bl-com-spring2023flagships-WEOEA2023001>

<sup>69</sup> Ronald Balza. ¿Qué esperar de la economía venezolana en 2022? Prodivinci. December 2021. Available in: <https://prodavinci.com/que-esperar-de-la-economia-venezolana-en-2022/>

<sup>70</sup> Omar Zambrano analiza el frenazo económico: es raro un país que apenas empezó a recuperarse vuelve a las puertas de la recesión. Finanzas Digital. May 2023. Available in: <https://finanzasdigital.com/2023/05/omar-zambrano-analiza-el-frenazo-economico/>

<sup>71</sup> Omar Zambrano: Venezuela vive una recuperación no productiva. El Ucabista. UCAB. April 2022. Available in: <https://elucabista.com/2022/04/22/venezuela-vive-una-recuperacion-no-productiva-economista-omar-zambrano-desde-ucab-guayana/>

<sup>72</sup> OVF. Primer trimestre de 2023: Significativa caída de la actividad económica - Observatorio Venezolano de Finanzas. April 2023. Available in: <https://observatoriodefianzas.com/primer-trimestre-de-2023-significativa-caida-de-la-actividad-economica/>

<sup>73</sup> Runrunes. La economía se debilita y crece el riesgo de recesión. June 2023. Available in: <https://runrunes.org/rr-es-plus/503389/la-economia-se-debilita-y-crece-el-riesgo-de-una-recesion/amp/?s=03>

<sup>74</sup> Consecomercio: los altos impuestos empujan al comercio a la informalidad. Tal Cual. April 2023. Available in: <https://talcualdigital.com/consecomercio-los-altos-impuestos-empujan-al-comercio-a-la-informalidad/>

<sup>75</sup> Asdrúbal Oliveros: «El gran desafío de 2023 es el consumo». Efecto Cocuyo. March 2023. Available in: <https://efectococuyo.com/economia/asdrubal-oliveros-el-consumo/>

<sup>76</sup> Grupo Interdisciplinario para abordar la Emergencia Humanitaria Compleja en el Derecho al Agua y Saneamiento. Informe Especial 2022: Derecho al agua y al saneamiento. February 22, 2023. Available in: <https://provea.org/publicaciones/derecho-al-agua-y-al-saneamiento-informe-especial/>

<sup>77</sup> R4V. Plataforma de Coordinación Interagencial para Refugiados y Migrantes de Venezuela. Consultado en Junio 2023. Available in: <https://www.r4v.info/es/home>

<sup>78</sup> UN. UN Population Division Data Portal. Available in: <https://population.un.org/dataportal/>

<sup>79</sup> CEPAL. CEPALSTAT. Available in: <https://statistics.cepal.org/portal/cepalstat/index.html>

<sup>80</sup> CEPAL. Observatorio Demográfico de América Latina y el Caribe 2022. Tendencias de la población de América Latina y el Caribe: efectos demográficos de la pandemia de COVID-19. Available in: <https://www.cepal.org/es/publicaciones/48488-observatorio-demografico-america-latina-caribe-2022-tendencias-la-poblacion>