



 Hum
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FOLLOW-UP REPORT ON THE COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA



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INDEX

		Pag.
	INTRODUCTION	5
	METHODOLOGICAL NOTE	7
1	SCALE AND SEVERITY OF THE EMERGENCY	10
2	PROFILE OF THE STATES	16
3	LIVING CONDITIONS	18
	Multidimensional poverty	18
	Access to livelihoods	19
	Access to basic services	21
	Abuse and violence	23
	Housing and disaster risks	24
	Forced migration	25
4	FOOD	26
	Budget and feeding strategies	27
	Food availability	28
	Food consumption	29
	Food insecurity and hunger	30
5	WATER AND SANITATION	31
	Regular access to water	32
	Alternative water sources	33
	Water pollution	34
	Access to sanitation services	35
6	HEALTH	36
	Access to health services	37
	Attention to health problems	38
	Access to health care and medicines	39
7	BASIC EDUCATION	40
	School attendance	41
	Difficulties in the environment and at home	42
	Access to school meals	43
	Dropout and non-enrollment	44
8	CONCLUSIONS AND RECOMMENDATIONS	45
	REFERENCES	48

INTRODUCTION

This report was prepared by HumVenezuela, according to the follow-up activities of the platform to the Complex Humanitarian Emergency (CHE) in Venezuela on an annual basis. The report is the product of a systematic process of gathering, processing and analysis throughout the year of a large volume of primary and secondary data from a system of monitoring, documentation and use of field collection instruments, including a household survey applied between July/August 2023 in 20 of the 24 states of the country by organizations from the platform, in addition to an exhaustive review, verification and referencing of the best available secondary information from a wide variety of national and international sources.

The period of analysis of this report, from March 2022 to November 2023, passed between expectations of economic recovery, as a result of a slight growth of the Gross Domestic Product (GDP) in 2022, and new setbacks in the economy during 2023, due to accelerated inflation and currency depreciation¹. These setbacks further deteriorated the limited purchasing power of the incomes of most Venezuelan households. In relation to the root causes of the CHE, originated in a sustained political conflict that has kept the country in permanent instability and caused the undermining of institutions and a structural collapse of the country's capacities², during 2023 the negotiation mechanisms between government, opposition and facilitating countries were reactivated, leading to a progressive lifting of sectoral economic sanctions, tied to decisions to effectively advance in a process of democratic, peaceful, electoral and constitutional transition to solve the conflict.

The Humanitarian Country Team, under the United Nations (UN) Resident/Humanitarian Coordinator, conducted the second year of a two-year humanitarian response plan modality in the country, initiated in 2022. As of October 2023, this plan had reached a total of 2.1 million people with some type of response to their humanitarian needs in the 24 states of the country, according to reports published by the Office for the Coordination of Humanitarian Affairs (OCHA) in Venezuela³. This total number of people reached was lower than in previous years, having reached 2.8 million in 2022 and 4.5 million in 2021 and 2020, with the additional assistance received during these two years due to the Covid pandemic. The 2.1 million people were assisted in 2023 with funding that, as of July, represented 66.8% less than that raised during the previous years. As of the close of this report, funding for the plan had risen to 50.3%⁴. With these operational estimates, the response gaps stood at 49.46% when compared to the target population of 5.2 million people and 50.3% in relation to the required funding, which reached a total of US\$719.6 million.

The underfunding of the humanitarian response in 2023⁵, warned by OCHA in July 2023, is of great concern, as a sign of weakening of the response, in a context where the CHE continues to have impacts of high scale and severity on the Venezuelan population, as indicated by the data presented in this report. At the close of this report, OCHA's Global Humanitarian Overview had

reduced the population targets to be reached by 2024 from 5.2 million to 4.6 million and the required funding from US\$720 million to US\$650 million⁶.

The results of the CHE measurement as of November 2023 show a total of 20.2 million people with humanitarian needs, of whom 14.2 million had critical needs in different areas of their lives, with different degrees of severity, with a total of 4.2 million people reaching severe needs thresholds. The number of people included above the 14.2 million represents a larger group of people who, within the universe of the entire affected population, are at risk of falling into critical or severe situations, as long as the CHE continues its course, without substantive changes in the recovery of the dropped capacities, which place these people in a situation of need.

The report is organized in eight sections in which a combined analysis of the data is made to produce both integrated and sectoral measurements of the scales and severities of CHE in the population in need, including descriptions of the capacities dropped in each sector that do not allow them to be met without external assistance. The sections are accompanied by 28 tables, showing the most relevant data, at the national level and in the 20 states or federal entities where primary data were collected, out of a total of 24 that make up the political-territorial division of the country, according to the Venezuelan Constitution.

METHODOLOGICAL NOTE

Within the humanitarian field, there is no precise concept of People in Need (PiN). Each context sets the models and assessment criteria that allow for the best possible measurement and understanding of the most pressing or priority needs of people in humanitarian crises or emergencies, according to the scale, intensity and severity of each crisis.

In the experiences and conventions of international practices, a common definition of the term PiN refers to all persons who are in a state of survival and/or human insecurity for which assistance and protection are required to safeguard them from threats to their lives, integrity, security, freedoms and livelihoods. In a more specific sense, the PiN are all those people who, in the larger universe of populations affected by crises or emergencies, need external assistance to avoid succumbing to the extreme deprivations and hardships they suffer, with damage, trauma, sequelae or irreparable losses.

Thus, it is a premise of humanitarian response to be informed of needs through a continuous and systematic assessment of the populations affected by crises or emergencies, from holistic and prospective approaches, in order to be able to reach PiN with greater certainty and in an appropriate manner, considering the following:

- In accordance with its ethical frameworks, mandates, norms and operational methods, it is the duty of a humanitarian response to attend both to people who are suffering extreme deprivation or hardship and to those who are at greatest risk of suffering such deprivation or hardship. Under this logic, the response can fully fulfill its dual mission of assisting in a relevant and timely manner through direct or indirect aid and protecting each person's rights when faced with situations that are contrary or unacceptable to human dignity.
- A humanitarian response should not be guided solely by available capacities, especially because it operates in circumstances where the decline, fragility or collapse of local capacities is a permanent challenge. It is essential to assess needs in all their dimensions and scales of affectedness in order to build appropriate PiN profiles in each context, coordinating and advocating for all relief efforts to reach the greatest number of people in these affected profiles, wherever they may be.

For four years, the organizations of HumVenezuela have provided data and information on the scale, severity, intensity and depth of the CHE in Venezuela, in addition to documenting the most relevant events of the humanitarian response, generating knowledge about the emergency and supporting civil society organizations in their capacity to assist and protect the affected population and communities from a rights perspective, as recipients of the humanitarian response that the country receives, with the support of the international community, and to guarantee the right to enjoy full and dignified lives, as an obligation of the Venezuelan State.

HumVenezuela's work emerged in 2018 as a result of urgent requests for information and documentation from the EHC based on evidence, to support people and communities in humanitarian need through the assistance and protection deployed by Venezuelan civil society organizations since it emerged in 2016. Since that date, the CHE has continued its course in a context of restrictions on access to public information and the free circulation and dissemination of information from independent sources, which has a high strategic value to give visibility to populations in need and advocate for their rights to be included, assisted and protected in the processes of planning and operational implementation of the response, without exclusion or interference unrelated to humanitarian purposes. In this context, the generation of publicly available data and information has been vital for its use by all actors and parties involved in the response and the rights of people in need.

In accordance with international assessment methodologies used by the humanitarian community in crises and emergencies, HumVenezuela's partner organizations follow a model for measuring the impacts of CHE built by consensus, in five sectors (living conditions, food, water and sanitation, health and basic education), which has a national scope and by states of the country. This model includes measurements of the scale, severity, intensity and depth of the CHE, which allow presenting estimates of people in need, their groupings by severity levels and the relation of their situation with the fallen capacities of systems, programs, goods and services, as a product of the factors that originate the CHE.

SECTORS AND AREAS OF CHE MEASUREMENT - 2023	
Sectors	Areas
LIVING CONDITIONS	General, extreme and multidimensional poverty
	Housing and basic services
	Mobility, communications and information
	Violence and abuse of power
	Forced migration
FOOD	Food expenses
	Livelihood strategies
	Availability and access to food
	Food consumption
	Nutrition in women and children under 5 years of age
HEALTH	Access to the public and private healthcare system
	Health status and access to health services
	Access to medical care
	Access to medicines
	Women's and children's health
WATER AND SANITATION	Access to drinking water
	Water quality
	Access to sanitation services
BASIC EDUCATION	Access to education
	Learning environment
	School infrastructure and care

Within this model, the preparation of this report followed a process of collecting, processing and analyzing a large volume of data through the following stages:

- 01. Primary data** collection through a household survey applied until August 2023 in a sample of 11,000 households in 20 states and 195 municipalities of the country⁷. The survey is a modality of community diagnostics that also includes community assessments and consultations by the organizations with informed stakeholder groups.
- 02.** Exhaustive review of **secondary data** from some 1,000 referenced national and international sources which, cross-referenced with primary data, feed a catalog of 600 sensitive and standardized indicators for measuring and analyzing the impacts of the CHE on sectors and areas essential to people's lives.
- 03.** Sectoral and integrated analysis of the indicators, which allow to estimate the scale, severity, intensity and depth of the CHE, at national and state level, and the publication of results in reports and tables of indicators for the period evaluated and comparative with previous measurements, downloadable from the [HumVenezuela](https://humvenezuela.com) website.

For each annual measurement, an analysis of the available sources of demographic information is performed, using up to the present the projections estimated by CELADE⁸ (Population Division of the Economic Commission for Latin America and the Caribbean - ECLAC), published in 2019. For the distribution of the population by states, from 2023 onwards, statistical analyses began to be carried out based on census data and other past estimates from the National Survey of Living Conditions (ENCOVI) for 2020 and 2021⁹, which are also based on CELADE projections. **In this measurement, CELADE's population projections for Venezuela for the year 2023 were used, which was estimated at a total of 28,838,496 people.**

All data presented in this report and on the HumVenezuela website are referential in nature and serve the purpose of contributing to ensure that responses to CHE in Venezuela achieve coverage, flexibility and effectiveness in accordance with the needs of the Venezuelan population, guaranteeing the inclusion of all affected people. All HumVenezuela data and information products can be found on the website: <https://humvenezuela.com/en/inicio/>

1

SCALE AND SEVERITY OF THE EMERGENCY

In measuring the scale of the impacts of the CHE on key populations, recognized as suffering deprivations that damage or put at risk their lives, integrity, security, freedoms and human dignity, the data collected by HumVenezuela during 2023 show that 20.2 million people went through this situation, with broad assistance and protection needs, of which 14.2 million experienced more critical needs and, of these, 4.2 million reached a severe state of need. The situations in each of the sectors and themes evaluated that had the greatest impact on these populations were:

- a) In terms of **living conditions**, widespread multidimensional poverty has reached 69.6% of the population and has been aggravated by the regressive deterioration of income for economic subsistence and the worsening of deficits in basic services, particularly electricity.
- b) In **food**, the reduction of livelihoods and the exhaustion of existing ones, even sacrificing productive assets, which affected 69.7% of the population, as a survival strategy to cope with food consumption deprivation.
- c) In **health**, the most pronounced loss of services in the public health system, which are not available to 69.9% of the population, increasing the risk of physical and mental health conditions and mortality, due to lack of medical care and medicines.
- d) In **water**, the most frequent and prolonged restrictions of stable access for 69% of the population and the worsening of water insecurity conditions due to contaminated or decomposed water to which people are exposed without safe alternative sources.
- e) In **basic education**, the recurrence of irregular attendance and dropping out of school for 61.6% of the child population, due to increased deficiencies in the educational system in terms of teaching staff, services, infrastructure, equipment and school meals.

Under these major effects, which are already serious, 49.4% of the population found themselves in more critical situations of need, worsening their conditions of poverty and inaccessibility to essential goods and services as a result of severe difficulties in getting around due to the lack of **public transportation in their community**. Also on this scale, 45% of the population feared **disaster risks**, without preparation or means to protect themselves from possible damage, and 41% were exposed to **insecurity**, due to threats of abuse of power or violence in their community environments, of which 24.8% of the people were victims.

In these situations, 45.2% of the population had to go without food because of increased **food insecurity**; 39.9% of people with serious chronic and/or acute conditions almost never received

attention in the public health system due to the inoperability of the services; 49.9% had scarce **water and used unsafe sources**; and 38.0% of children and adolescents were outside the education system or had their **basic education** interrupted by the loss of classes, as a result of the structural failures of the education system.

The most severe situations of need were found in 14.6% of people with serious health conditions, who spent almost the entire year without receiving medical attention or being able to take **medicines for their treatments**, and 16.4% who constantly had access only to scarce amounts of water and had to drink **contaminated water** from the water sources used. On this scale, the **intention to migrate** increased in 13.4% of the population that, due to further economic deterioration and the lack of essential services, intends to move, 72.4% outside the country and 25.6% with family to meet again in the countries of destination, in very uncertain conditions due to lack of documents, housing where to arrive and economic means for the transfer.

In addition, 9.5% of people were in a state of permanent **hunger** and often went entire days without eating and 34.7% of children and adolescents faced high **risks of nutritional deficit**, being in or out of the school system, as a result of not having continuous and adequate food in households with high levels of poverty or not receiving food in schools, 56.6% without access to the School Feeding Program (PAE), including 44.8% of children under 5 years of age with chronic or acute malnutrition.

TABLE 1 - SCALE AND SEVERITY OF IMPACTS OF THE CHE IN VENEZUELA – 2023

PEOPLE IN NEED (PiN)		M = Millions of People	20.2 M	
LIVING CONDITIONS	1	In multidimensional poverty	20.1 M	69.6%
FOOD	2	With depleted livelihoods	20.1 M	69.7%
HEALTH	3	With loss of health services	20.2 M	69.9%
WATER AND SANITATION	4	With high deficits in access to water	19.9 M	69.1%
BASIC EDUCATION	5	Children and adolescents out of school or at risk of dropping out	5.8 M	61.0%
PEOPLE WITH CRITICAL NEEDS (PCN)			14.2 M	
LIVING CONDITIONS	6	In poverty and with limited mobility	14.2 M	49.4%
FOOD	7	In food insecurity	13.0 M	45.2%
HEALTH	8	With little attention to serious health conditions	11.5 M	39.9%
WATER AND SANITATION	9	With scarce safe water	14.2 M	49.9%
BASIC EDUCATION	10	Out-of-school or high irregular attendance	3.6 M	38.0%
PEOPLE WITH SEVERE NEEDS (PSN)			4.2 M	
LIVING CONDITIONS	11	Intending to move	3.9 M	13.4%
FOOD	12	Severe food insecurity	2.7 M	9.5%
HEALTH	13	With deprivation of medical care	4.2 M	14.6%
WATER AND SANITATION	14	In severe water insecurity	4.7 M	16.4%
BASIC EDUCATION	15	Out-of-school or in-school children and adolescents with severe food deficits	3.3 M	34.7%

The 19.7 million people with humanitarian needs in 2022 were joined by about 400,000 people in 2023. The scale of the emergency increased in 2022, compared to the levels reached in 2020, due to

the effects of the COVID pandemic in 2021. However, during 2020 and 2021, certain needs were alleviated due to the effect of the slight signs of recovery of economic activity in the country and the fact that the population recovered its daily dynamics after more than 20 months of confinement measures.

Specifically, between 2021 and 2022, the levels of affectation in the food sector were reduced. In this sector, the proportion of the population in need dropped from 66.3% to 65.2%. The proportion of children and adolescents between 3 and 17 years of age who were irregularly in attendance also decreased from 67.2% to 54.4%. These lower scales had a favorable impact on the critical and severe needs of these two sectors. The scales of critical and severe needs in the living conditions sector also decreased due to better access to services such as public transportation and domestic gas.

In 2023, this relief was reversed, not only because of the increase in the population in need, but also, or worse, because of the greater number of people who fell into situations of more severe deprivation. The population in critical need increased by 1.1 million people, and the number of people in severe need increased by 1.6 million. Multidimensional poverty continued to deteriorate, due to growing deficits in housing conditions and electricity services, and the scales of health, water and sanitation needs worsened.

TABLE 2 – EVOLUTION OF THE CHE SCALES IN VENEZUELA – 2020/2023

	2020		2021		2022		2023	
PEOPLE IN NEED (PiN)								
LIVING CONDITIONS	18.4 M	64.8%	18.7 M	65.2%	19.7 M	68.7%	20.1 M	69.6%
FOOD	13.1 M	53.6%	19.8 M	66.3%	18.7 M	65.2%	20.1 M	69.7%
HEALTH	14.8 M	52.2%	18.8 M	65.5%	19.1 M	66.7%	20.2 M	69.9%
WATER AND SANITATION	16.9 M	59.6%	17.4 M	60.5%	19.2 M	66.8%	19.9 M	69.0%
BASIC EDUCATION	4.7 M	48.4%	6.4 M	67.2%	5.1 M	54.4%	5.8 M	61.0%
PEOPLE WITH CRITICAL NEEDS (PCN)								
LIVING CONDITIONS	14.1 M	49.5%	19.3 M	67.3%	13.1 M	45.8%	14.2 M	49.4%
FOOD	9.3 M	32.3%	14.4 M	50.3%	12.3 M	42.8%	13.0 M	45.2%
HEALTH	7.9 M	27.7%	9.6 M	33.7%	10.7 M	37.4%	11.5 M	39.9%
WATER AND SANITATION	12.1 M	42.4%	12.7 M	44.4%	13.6 M	47.6%	14.2 M	49.9%
BASIC EDUCATION	3.7 M	38.2%	4.5 M	46.7%	3.3 M	34.9%	3.6 M	38.0%
PEOPLE WITH SEVERE NEEDS (PSN)								
LIVING CONDITIONS	-	-	3.2 M	10.6%	2.3 M	8.0%	3.9 M	13.4%
FOOD	2.3 M	7.9%	2.6 M	9.2%	2.1 M	7.2%	2.7 M	9.5%
HEALTH	2.8 M	10.0%	4.4 M	15.4%	4.0 M	14.1%	4.2 M	14.6%
WATER AND SANITATION	2.9 M	13.3%	3.1 M	13.9%	4.4 M	15.3%	4.7 M	16.4%
BASIC EDUCATION	2.6 M	26.8%	3.6 M	37.4%	3.0 M	32.2%	3.3 M	34.7%

In summary, the following tables indicate the total number of affected populations by state, based on the dimensions and indicators in **Table 1**.

TABLE 3 – PEOPLE IN NEED (PiN)

M = Millions of People / K = Thousands of People

	Living conditions		Food		Health		Water and Sanitation		Basic education	
	1		2		3		4		5	
National	20.1 M	69.6%	20.1M	69.7%	20.2 M	69.9%	19.9 M	69.1%	5.8 M	61.0%
Amazonas	142,606	77.9%	102,951	56.2%	144,696	79.0%	181,328	99.0%	54,682	29.9%
Anzoategui	1,180,344	75.0%	1,328,269	84.4%	1,259,383	80.0%	1,221,602	77.6%	158,045	10.0%
Apure	450,414	79.0%	440,309	77.2%	359,191	63.0%	387,128	67.9%	157,435	27.6%
Aragua	1,117,009	67.7%	1,296,788	78.6%	1,088,960	66.0%	1,007,649	61.1%	322,805	19.6%
Bolivar	1,267,947	72.6%	848,105	48.6%	1,344,541	77.0%	1,682,504	96.4%	272,735	15.6%
Carabobo	1,450,653	64.4%	1,693,728	75.2%	1,441,969	64.0%	1,491,537	66.2%	495,960	22.0%
Capital District	976,321	53.1%	1,420,925	77.3%	1,378,984	75.0%	1,206,152	65.6%	258,968	14.1%
Falcon	707,076	71.4%	436,290	44.0%	742,942	75.0%	769,007	77.6%	205,052	20.7%
Guarico	584,165	70.2%	815,473	98.1%	557,155	67.0%	593,745	71.4%	236,906	28.5%
La Guaira	238,066	70.0%	168,347	49.5%	227,863	67.0%	181,761	53.4%	60,934	17.9%
Lara	1,289,495	68.8%	1,475,114	78.7%	1,424,276	76.0%	1,394,291	74.4%	480,531	25.6%
Merida	612,344	69.1%	310,074	35.0%	699,907	79.0%	185,165	20.9%	196,888	22.2%
Miranda	1,735,889	58.2%	2,188,802	73.4%	2,326,450	78.0%	2,020,156	67.7%	525,218	17.6%
Monagas	685,031	73.2%	598,683	64.0%	598,683	64.0%	531,069	56.8%	232,545	24.9%
Nueva Esparta	347,467	60.6%	478,929	83.5%	470,326	82.0%	471,932	82.3%	86,293	15.0%
Sucre	733,884	74.0%	721,590	72.8%	634,711	64.0%	542,206	54.7%	286,281	28.9%
Tachira	742,779	72.0%	777,855	75.4%	732,463	71.0%	670,565	65.0%	294,688	28.6%
Trujillo	539,601	70.0%	587,338	76.2%	454,807	59.0%	385,430	50.0%	95,095	12.3%
Yaracuy	464,375	69.3%	457,650	68.3%	388,654	58.0%	522,673	78.0%	133,618	19.9%
Zulia	2,891,988	75.1%	3,012,681	78.2%	2,079,957	54.0%	3,659,184	95.0%	756,556	19.6%

TABLE 4 - PEOPLE WITH CRITICAL NEEDS (PCN)

M = Millions of People / K = Thousands of People

	Living conditions		Food		Health		Water and Sanitation		Basic education	
	6		7		8		9		10	
National	14.2 M	49.4%	13.0 M	45.2%	11.5 M	39.9%	14.2M	49.9%	3.6 M	38.0%
Amazonas	157,687	86.1%	47,270	25.8%	92,823	50.7%	129,446	71.6%	27,923	35.9%
Anzoategui	503,624	32.0%	1,061,212	67.4%	677,135	43.0%	872,073	56.1%	166,952	31.2%
Apure	508,049	89.1%	502,404	88.1%	207,542	36.4%	276,361	49.1%	198,154	77.5%
Aragua	809,054	49.0%	365,049	22.1%	560,348	34.0%	719,338	44.2%	83,366	18.1%
Bolivar	998,619	57.2%	646,937	37.0%	661,100	37.9%	1,201,101	69.7%	212,500	37.2%
Carabobo	549,601	24.4%	832,114	36.9%	960,537	42.6%	1,064,774	47.9%	206,859	31.5%
Capital District	234,921	12.8%	684,549	37.2%	1,025,677	55.8%	861,044	47.4%	86,286	18.4%
Falcon	661,264	66.8%	499,614	50.4%	307,122	31.0%	548,976	56.1%	171,915	49.4%
Guarico	293,145	35.3%	323,725	38.9%	290,913	35.0%	423,861	51.6%	176,729	56.5%
La Guaira	46,569	13.7%	194,743	57.3%	99,362	29.2%	129,755	38.7%	51,178	42.8%
Lara	756,113	40.3%	749,385	40.0%	697,214	37.2%	995,352	53.8%	220,256	33.4%
Merida	464,073	52.4%	178,743	20.2%	357,745	40.4%	132,185	15.1%	129,864	40.3%
Miranda	1,483,614	49.7%	2,277,698	76.4%	1,644,406	55.1%	1,442,143	49.0%	248,535	34.4%
Monagas	248,662	26.6%	697,975	74.6%	459,919	49.2%	379,118	41.1%	140,626	45.9%
Nueva Esparta	279,498	48.7%	100,155	17.5%	303,692	52.9%	336,902	59.5%	32,978	20.6%
Sucre	337,079	34.0%	335,009	33.8%	399,453	40.3%	387,068	39.5%	172,302	43.4%
Tachira	730,318	70.8%	691,452	67.0%	270,421	26.2%	478,701	47.0%	140,668	37.5%
Trujillo	340,822	44.2%	147,328	19.1%	174,923	22.7%	275,149	36.2%	67,737	25.0%
Yaracuy	588,827	87.9%	308,755	46.1%	234,422	35.0%	373,124	56.4%	94,213	40.0%
Zulia	2,569,132	66.7%	1,822,643	47.3%	1,675,247	43.5%	2,612,207	68.7%	573,349	40.9%

TABLE 5 - PEOPLE WITH SEVERE NEEDS (PSN)

M = Millions of People / K = Thousands of People

	Living conditions		Food		Health		Water and Sanitation		Basic education	
	11		12		13		14		15	
National	3.9 M	13.4%	2.7 M	9.5%	4.2 M	14.6%	4.7 M	16.4%	3.3 M	34.7%
Amazonas	12,130	6.6%	9,891	5.4%	30,372	16.6%	36,213	19.8%	28,910	37.2%
Anzoategui	433,137	27.5%	222,796	14.2%	317,122	20.1%	154,724	9.8%	119,267	22.3%
Apure	28,800	5.1%	174,995	30.7%	85,151	14.9%	182,446	32.0%	175,995	68.8%
Aragua	209,992	12.7%	96,269	5.8%	170,561	10.3%	160,280	9.7%	104,392	22.7%
Bolivar	361,973	20.7%	231,867	13.3%	326,349	18.7%	209,539	12.0%	199,856	35.0%
Carabobo	236,233	10.5%	101,868	4.5%	229,780	10.2%	350,193	15.5%	180,452	27.5%
Capital District	193,042	10.5%	160,567	8.7%	293,560	16.0%	302,589	16.5%	92,286	19.7%
Falcon	361,209	36.5%	71,322	7.2%	104,315	10.5%	343,027	34.6%	155,459	44.6%
Guarico	78,427	9.4%	43,324	5.2%	94,651	11.4%	74,129	8.9%	131,366	42.0%
La Guaira	11,289	3.3%	14,112	4.1%	39,910	11.7%	25,653	7.5%	48,925	40.9%
Lara	232,204	12.4%	185,779	9.9%	191,288	10.2%	511,883	27.3%	259,792	39.4%
Merida	168,027	19.0%	22,398	2.5%	127,943	14.4%	61,764	7.0%	112,669	35.0%
Miranda	348,830	11.7%	768,292	25.8%	951,395	31.9%	402,229	13.5%	260,942	36.1%
Monagas	87,698	9.4%	164,713	17.6%	198,164	21.2%	122,944	13.1%	104,788	34.2%
Nueva Esparta	55,151	9.6%	5,463	1.0%	63,610	11.1%	44,574	7.8%	50,568	31.6%
Sucre	59,846	6.0%	57,659	5.8%	105,139	10.6%	232,350	23.4%	121,023	30.5%
Tachira	286,129	27.7%	112,916	10.9%	114,547	11.1%	152,093	14.7%	149,339	39.8%
Trujillo	62,364	8.1%	13,134	1.7%	58,210	7.6%	69,598	9.0%	55,447	20.5%
Yaracuy	36,104	5.4%	33,002	4.9%	122,548	18.3%	227,449	33.9%	57,839	24.5%
Zulia	575,937	15.0%	401,226	10.4%	566,360	14.7%	453,409	11.8%	583,636	41.7%

2 PROFILE OF THE STATES

None of the states in Venezuela is exempt from the impacts of the CHE, given that it is based on a general and deep structural fragility, as a product of factors of institutional destructuring and prolonged political instability. Although impacts are high in all states, each one has different profiles, which are also associated with underlying vulnerabilities. In order to present an analysis of the scales of the CHE impact in the 20 states where household surveys were conducted in 2023, the dimensions and indicators of the CHE affectations with the most power to rank the states according to their highest scales and severities were identified. The dimensions were: economic subsistence, access to basic services, food security, regular access to school and health services, and non-exposure to violence, based on the perception of this hazard in the community.

DIMENSIONS AND INDICATORS OF THE CHE SCALE FOR STATES - 2023		
ECONOMIC LIVELIHOOD	People in multidimensional poverty	69.6%
	People with severe income deficits	72.1%
ACCESS TO BASIC SERVICES	People with severe water deficits	69.1%
	People with severe electricity deficits	61.9%
ACCESS TO FOOD AND EDUCATION	People in severe food insecurity	9.5%
	Children from 6 to 11 years with irregular school attendance	55.1%
ACCESS TO HEALTH AND NON-VIOLENCE	People with chronic conditions without medical care	38.9%
	People exposed to violence in their community	41.0%

In a range of three levels (low, medium and high), the states were classified according to the population affected in each dimension. While all of the conditions have severe impacts on people's lives, the classification is only intended to provide an integrated approach to condition profiles. The ranking showed that 8 of the 20 states showed up to 6 dimensions where populations in need reach high levels. In alphabetical order, these were Anzoategui, Apure, Bolivar, Falcon, Guarico, Miranda, Monagas and Tachira, with Apure standing out with high levels in almost all dimensions. These were followed by Amazonas, Lara and Zulia with high ranks in 5 dimensions, Sucre and Yaracuy with 4, and Aragua, Carabobo, Merida, La Guaira, Trujillo, Capital District and Nueva Esparta with 3 or less dimensions at high levels.

The dimension with the greatest contrast or differentiation among the states, with high and low levels of affected population, was the one related to electricity deficits, with the highest levels of affected population in the state of Merida, followed by the states of Falcon and Miranda. With less contrasts or in a more homogeneous manner in all the states, were the dimensions associated with poverty and violence. Regarding the latter, the highest levels of insecurity as a priority problem in the communities were found in the states of Amazonas, Apure, Bolivar, Capital District, Carabobo, Guarico, Monagas and Sucre.

TABLE 6 – STATE CLASSIFICATION BY SCALES OF THE CHE IMPACT - 2023

	Poverty	Income	Water	Electricity	Food	Education	Health	Violence
	69.6	72.4	69.1	61.9	9.5	55.1	37.9	41.0
Amazonas	77.9	75.8	99.0	59.5	5.4	70.2	26.7	61.9
Anzoátegui	75.0	78.5	77.6	72.8	14.2	16.9	59.5	38.6
Apure	79.0	91.9	67.9	48.7	30.7	48.8	45.9	40.6
Aragua	67.7	46.2	61.1	69.5	5.8	69.2	39.7	35.9
Bolívar	72.6	67.7	96.4	45.4	13.3	32.4	49.0	57.9
Carabobo	64.4	73.1	66.2	52.9	4.5	74.8	18.4	49.6
Capital District	53.1	65.1	65.6	18.3	8.7	46.2	27.6	47.5
Falcon	71.4	67.7	77.6	79.0	7.2	40.7	34.1	33.3
Guárico	70.2	67.7	71.4	64.0	5.2	84.5	40.4	59.7
La Guaira	70.0	81.2	53.4	45.2	4.1	31.8	38.7	38.9
Lara	68.8	73.1	74.4	69.4	9.9	71.1	30.0	29.0
Merida	69.1	59.7	20.9	81.0	2.5	62.0	22.9	32.9
Miranda	58.2	73.1	67.7	78.7	25.8	63.2	57.8	33.5
Monagas	73.2	81.2	56.8	65.6	17.6	68.2	52.3	47.3
Nueva Esparta	60.6	57.0	82.3	63.9	1.0	49.8	24.2	39.0
Sucre	74.0	77.2	54.7	37.1	5.8	68.7	30.0	55.7
Táchira	72.0	81.2	65.0	91.7	10.9	78.2	40.5	33.1
Trujillo	70.0	79.8	50.0	61.0	1.7	28.1	37.8	24.8
Yaracuy	69.3	86.6	78.0	63.9	4.9	57.3	45.9	22.2
Zulia	75.1	65.1	95.0	70.1	10.4	42.9	36.8	38.5

Low

Medium

High

In a profiling of the states within each of the dimensions, the states of Apure and Falcon stood out with the highest levels of people in multidimensional poverty; and the states of Apure, La Guaira, Monagas, Táchira and Yaracuy with the highest levels of population in extreme economic deprivation due to low household income. The states of Amazonas, Bolívar, Nueva Esparta and Zulia also stood out, with very high levels of population affected by severe water deficits; and the states of Apure, Miranda and Bolívar, with the highest levels of population affected by severe food insecurity, due to extreme deprivation of food consumption.

Regarding basic education, in which the irregularity of school attendance of children between 6 and 11 years of age obtained the most significant correlations with the deficiencies of the educational system, the states with the most affected population of children were Amazonas, Aragua, Carabobo, Guárico and Táchira. In health, the highest levels of population with chronic conditions without medical attention were observed in Anzoátegui, Miranda and Monagas. Finally, the highest levels of population at risk due to exposure to violence were observed in Amazonas, Bolívar, Guárico and Sucre.

3 LIVING CONDITIONS

During 2023, poverty continued to affect the population in a generalized manner. In an estimated total of 28.8 million people residing in Venezuela, 94.4% were in poverty without available income, equivalent in dollars, to acquire a basic basket of essential goods and services for an average of 3 people per household.

The median household income was US\$102.5 per month as of August 2023, which represented only 12.8% of the cost of a basket of basic goods and services, with prices ranging between US\$700 and US\$900 per month at the end of the year. For 76.4%, income was not enough to purchase a basic food basket, placing them in extreme poverty.

As a consequence of economic deprivation, at least 9.3 million people (32.1%) performed some type of low-income informal work and around 5 million (17.3%) were employed in work that was hazardous to their life, integrity and safety, including illicit activities of exploitation in all its forms, human trafficking and smuggling, among others.

Of this total population, 20 million people (69.6%) were in multidimensional poverty, with pressing economic needs due to lack of income and essential social needs, due to deprivation of access to food, health, drinking water, sanitation, education, public transportation and other basic housing services (electricity, domestic gas, communications).

KEY POPULATIONS	PEOPLE	%
People in multidimensional poverty	20,071,593	69.6%
People with severe power failures	17,851,029	61.9%
People with severe lack of public transportation	14,246,217	49.4%
People with severe mobile phone failures	10,468,374	36.3%
People with severe domestic gas failures	10,492,862	36.9%
People at high risk of disasters in their community	12,977,323	45.0%
People who resorted to precarious informal jobs	9,257,157	32.1%
Persons who resorted to risky jobs	4,989,060	17.3%
People who have been victims of abuse or violence	7,151,947	24.8%
People intending to migrate	3,864,358	13.4%
Persons intending to migrate to another country	2,855,011	9.9%

Multidimensional poverty

Multidimensional poverty affected 69.6% of the population in 2023, estimated at 28.8 million people. This poverty is characterized by severe concurrent deprivations, in which the reduction of income and its low purchasing power, in addition to severe failures of continuous access to basic services had significant contributions. As of August 2023, households reported a median income equivalent to \$102.5 per month. This income represented a mere US\$3.4 per day and less than US\$1 per person per month, with which households had to meet essential expenses at costs that were more than 80% higher than those of their own households.

Similarly, 68.2% of the population faced greater deficiencies and interruptions in basic housing services, including electricity, drinking water and gas for domestic use, in addition to constant difficulties in accessing means of transportation, communications and information, which deepened the poor living conditions. The consequences of the deterioration of income and basic services was an increase in food insecurity, with a state of hunger, hidden or evident¹⁰, and a scarce budget to meet the educational needs of children and adolescents (C&A) and of members with health problems.

TABLE 7

	People in multidimensional poverty		Monthly income \$	People with deficits in public services		Households with insufficient income for common expenses of its members	
National	20,071,593	69.6%	102,5	19,667,854	68.2%	26,473,739	91.8%
Amazonas	142,606	77.9%	90	161,753	88.3%	180,734	98.7%
Anzoategui	1,180,344	75.0%	80	968,999	61.6%	1,541,862	97.9%
Apure	450,414	79.0%	30	455,833	80.0%	499,581	87.6%
Aragua	1,117,009	67.7%	200	1,142,398	69.2%	1,517,521	92.0%
Bolivar	1,267,947	72.6%	120	1,215,659	69.6%	1,440,365	82.5%
Carabobo	1,450,653	64.4%	100	1,501,259	66.6%	2,169,309	96.3%
Capital District	976,321	53.1%	130	771,394	42.0%	1,687,524	91.8%
Falcon	707,076	71.4%	120	778,431	78.6%	909,778	91.8%
Guarico	584,165	70.2%	120	515,551	62.0%	777,239	93.5%
La Guaira	238,066	70.0%	70	196,977	57.9%	328,663	96.6%
Lara	1,289,495	68.8%	100	1,188,227	63.4%	1,734,885	92.6%
Merida	612,344	69.1%	150	572,588	64.6%	799,100	90.2%
Miranda	1,735,889	58.2%	100	2,235,478	74.9%	2,782,933	93.3%
Monagas	685,031	73.2%	70	592,662	63.4%	863,926	92.4%
Nueva Esparta	347,467	60.6%	160	399,664	69.7%	459,385	80.1%
Sucre	733,884	74.0%	85	625,067	63.0%	905,619	91.3%
Tachira	742,779	72.0%	70	842,820	81.7%	1,013,674	98.3%
Trujillo	539,601	70.0%	75	452,250	58.7%	713,869	92.6%
Yaracuy	464,375	69.3%	50	549,607	82.0%	637,091	95.1%
Zulia	2,891,988	75.1%	130	2,548,836	66.2%	3,128,824	81.2%

Access to livelihoods

In a survivalist household economy, between 2022 and 2023, the population that reported receiving state aid vouchers rose from 50.1% to 55.2%. These transfers were the second source of household income, almost on a par with own earnings, which were the first, and above wages, ranked third. With an estimated value of 4.5 dollars per month, bonuses represented only 4.4% of household income and at the end of the year exceeded the official minimum wage. The number of people with access to remittances from abroad also grew, from 11% to 13%, as a way of compensating for the low value of income.

The greater number of people receiving bonuses and remittances does not reduce poverty, which continues to stagnate due to the constant loss of livelihoods. In addition, the State's bonus policy has had regressive effects on wages and is questioned for reproducing the economic dependence of the population on the State for political purposes. Rather, they indicate the worsening of the economic situation, in which precariousness is perpetuated and causes a greater number of households to reach more extreme levels of poverty.

In 2023, formal and informal employment continued to fall, from 48% to 49.7%. The proportion of people who irreversibly lost their livelihoods also increased, from 65.2% to 69.7%, and their sources of income, from 54% to 65%. By the end of 2023, wages had lost 98.8% of their value, leading more people to engage in informal trade or service, with incomes only enough to cover some of the day's expenses. In 10 of the 20 states, between 30% and 40% of people performed precarious informal jobs; 11.3% frequently.

	People in extreme poverty		People with loss of livelihood		People with loss of income sources		People in precarious informal jobs	
National	21,253,972	73.7%	20,100,432	69.7%	18,745,022	65.0%	9,257,157	32.10%
Amazonas	144,696	79.0%	102,951	56.2%	91,214	49.8%	18,563	10.1%
Anzoategui	1,212,156	77.0%	1,328,269	84.4%	1,075,723	68.3%	581,525	36.9%
Apure	456,115	80.0%	440,309	77.2%	440,309	77.2%	365,913	64.2%
Aragua	1,146,708	69.5%	1,296,788	78.6%	1,332,644	80.8%	438,390	26.6%
Bolivar	1,379,464	79.0%	848,105	48.6%	847,400	48.5%	462,218	26.5%
Carabobo	1,605,470	71.3%	1,693,728	75.2%	1,556,724	69.1%	633,407	28.1%
Capital District	1,204,993	65.5%	1,420,925	77.3%	1,218,455	66.3%	680,864	37.0%
Falcon	742,942	75.0%	436,290	44.0%	351,920	35.5%	375,741	37.9%
Guarico	600,397	72.2%	815,473	98.1%	718,178	86.4%	345,182	41.5%
La Guaira	246,909	72.6%	168,347	49.5%	220,381	64.8%	35,280	10.4%
Lara	1,424,276	76.0%	1,475,114	78.7%	1,380,633	73.7%	652,653	34.8%
Merida	655,609	74.0%	310,074	35.0%	590,639	66.7%	208,461	23.5%
Miranda	1,989,413	66.7%	2,188,802	73.4%	1,660,984	55.7%	1,324,463	44.4%
Monagas	729,646	78.0%	598,683	64.0%	589,300	63.0%	242,295	25.9%
Nueva Esparta	360,774	62.9%	478,929	83.5%	446,108	77.8%	149,701	26.1%
Sucre	783,471	79.0%	721,590	72.8%	672,269	67.8%	244,382	24.6%
Tachira	773,728	75.0%	777,855	75.4%	735,425	71.3%	494,060	47.9%
Trujillo	561,185	72.8%	587,338	76.2%	466,915	60.6%	186,906	24.2%
Yaracuy	509,271	76.0%	457,650	68.3%	332,195	49.6%	229,092	34.2%
Zulia	3,000,531	77.9%	3,012,681	78.2%	2,617,192	67.9%	1,389,018	36.1%

Access to basic services

The electricity crisis worsened in 2023, with a constant daily power fluctuation in all states of the country. The population suffering intermittent and prolonged power failures increased from 25.9% to 61.9% between 2022 and 2023. The drop in electricity generation capacity in the country is estimated at 80% (60% generated by hydroelectric plants and 40% by thermoelectric plants), as a consequence of a high fragility of equipment, transmission and distribution systems and lack of trained staff. Recurrent "blackouts" increased by 155.9%, from 147,500 thousand to more than 230,000 between 2022 and 2023, occurring more frequently in the states of Merida, Tachira, Falcon, Miranda, Zulia and Anzoategui, and affecting between 70% and 90% of their populations. Due to these failures, 67.4% of households included battery-operated lamps or flashlights in their needs.

In terms of access to public transportation, the situation continues to be critical for more than 80% of the population, who do not have their own means of transportation, whether automobiles or motorcycles, and also for those who do have such means, as they face a permanent fuel shortage crisis due to the deficit in domestic production to cover the national demand for gasoline, which increased from 35% to 56.7% between the years 2022 and 2023. With nearly 70% of public transportation units inoperative for several years, in 49.4% of households 28.1% reported not having public transportation in their community and 21.3% reported facing severe failures in the regularity of access to transportation. In this critical situation, between 2022 and 2023, the number of people who must walk to carry out their daily activities increased from 56.7% to 60%.

TABLE 9

	Severe power failures		Severe failures of public transportation	
	Population	Percentage	Population	Percentage
National	17,851,029	61.9%	14,047,354	49.4%
Amazonas	108,899	59.5%	157,687	86.1%
Anzoategui	1,145,371	72.8%	503,624	32.0%
Apure	277,519	48.7%	508,049	89.1%
Aragua	1,146,231	69.5%	809,054	49.0%
Bolivar	791,956	45.4%	998,619	57.2%
Carabobo	1,191,037	52.9%	549,601	24.4%
Capital District	336,244	18.3%	234,921	12.8%
Falcon	782,568	79.0%	661,264	66.8%
Guarico	532,166	64.0%	293,145	35.3%
La Guaira	153,819	45.2%	46,569	13.7%
Lara	1,301,164	69.4%	756,113	40.3%
Merida	717,204	81.0%	464,073	52.4%
Miranda	2,348,037	78.7%	1,483,614	49.7%
Monagas	613,212	65.6%	248,662	26.6%
Nueva Esparta	366,446	63.9%	279,498	48.7%
Sucre	368,291	37.1%	337,079	34.0%
Tachira	946,390	91.7%	730,318	70.8%
Trujillo	469,978	61.0%	340,822	44.2%
Yaracuy	428,019	63.9%	588,827	87.9%
Zulia	2,698,838	70.1%	2,569,132	66.7%

In 2023, approximately 87.8% of the population did not have direct gas in their homes for cooking. Most rely on domestic gas services that households pay for by filling gas cylinders at state plants, one per family per month. The capacity of each cylinder averages about 25 days and cannot always be replenished regularly. Between 2022 and 2023, households reported an improvement in access to domestic gas service, reducing from 71.6% to 69.4%, the number of households that indicated that suffered availability failures. In 36.9% of these households, severe domestic gas service failures were reported and 13.5% had no service and had to use other energy sources for cooking, such as firewood, diesel or coal. The latter was reported in 5.6% of households, with polluting and harmful effects on health.

Communications are also deficient. Access to landline telephony has decreased considerably, from 62.2% to 74.7% of people who do not have the service. In addition to being very deficient in quality, landline Internet in homes is not available to 51.5% of the population. About 19.6% with Internet service reported frequent interruptions. As a result, 90% of people use mobile phones to communicate and connect to the Internet, of which 36.3% reported severe service failures. In addition, between 20% and 30% have no television or radio signal or equipment, and 14% reported severe signal failures. The population also faces severe restrictions on access to information, with no printed newspapers in most of the states, 46% of the media closed due to economic difficulties and state suspension measures, and the rest censored^{11 12}, in addition to a policy of blocking websites¹³.

TABLE 10

	Severe domestic gas failures		Severe mobile phone failures		Households without Internet service	
	Number	Percentage	Number	Percentage	Number	Percentage
National	10,492,862	36.9%	10,322,246	36.3%	4,641,195	51.5%
Amazonas	138,835	75.8%	134,814	73.6%	34,873	60.9%
Anzoategui	567,202	36.0%	555,954	35.3%	334,409	59.5%
Apure	146,530	25.7%	220,154	38.6%	121,070	80.7%
Aragua	904,231	54.8%	602,149	36.5%	194,527	35.4%
Bolivar	664,869	38.1%	696,180	39.9%	255,923	48.4%
Carabobo	697,596	31.0%	566,866	25.2%	418,629	57.6%
Capital District	641,280	34.9%	241,185	13.1%	230,314	42.6%
Falcon	465,561	47.0%	407,736	41.2%	143,027	52.0%
Guarico	254,871	30.6%	229,730	27.6%	134,879	53.5%
La Guaira	72,676	21.4%	59,270	17.4%	70,513	62.2%
Lara	323,340	17.3%	371,098	19.8%	239,185	40.8%
Merida	223,708	25.3%	419,403	47.3%	87,745	27.7%
Miranda	1,162,244	39.0%	1,429,711	47.9%	698,833	72.6%
Monagas	324,090	34.6%	494,364	52.8%	235,637	63.0%
Nueva Esparta	143,137	25.0%	100,905	17.6%	74,920	36.6%
Sucre	250,196	25.2%	390,008	39.3%	167,146	57.3%
Tachira	322,949	31.3%	454,533	44.1%	143,822	47.4%
Trujillo	215,130	27.9%	238,575	30.9%	107,501	40.4%
Yaracuy	274,647	41.0%	312,235	46.6%	126,936	58.7%
Zulia	2,890,819	75.1%	1,236,419	32.1%	397,520	33.0%

Abuse and violence

The insecurity of the population due to exposure to incidents of violence against people or their property in community environments has decreased. In 2020 it affected 51.9% and, in 2023, 41% of people in surveyed households identified insecurity as one of the highest risks to their lives and integrity. Being besieged by insecurity generates isolation and rupture of the social fabric to face common difficulties or adversities in the context of the CHE. Even with this decrease, from 23.7% to 24.8% increased the proportion of people who were victims of acts of abuse and/or violence by third parties between 2022 and 2023. In 39.9% of the cases, people attributed the acts to officials and, in 26.2%, to criminal or armed groups. 56.6% of the acts were reported or denounced to institutions or other supporting actors.

Likewise, in the cases of violence monitored in the country by different civil society organizations, the levels of lethality in registered acts of violence have been decreasing in recent years, despite the fact that threats are part of the daily problems in the communities, at the social, state and parastatal levels¹⁴. Until 2023, the rate of people killed by violent causes, including homicides and deaths related to law enforcement, decreased from 40.4 to 26.8¹⁵. There has also been a decrease in the number of people killed by State security forces¹⁶. However, acts of arbitrary deprivation of liberty, including forced disappearances, have continued, within a revolving door system in which some releases are followed by new detentions or disappearances^{17 18}.

TABLE 11	Population at high risk of insecurity		Victims of abuse or violence		Victims of abuse or violence committed by public officials		Victims of abuse or violence committed by criminals	
	Population	%	Population	%	Population	%	Population	%
National	11,823,783	41.0%	7,151,947	24.8%	2,853,627	39.9%	1,873,810	26.2%
Amazonas	113,385	61.9%	33,885	18.5%	14,198	41.9%	16,400	48.4%
Anzoategui	608,118	38.6%	210,947	13.4%	83,324	39.5%	52,104	24.7%
Apure	231,396	40.6%	175,604	30.8%	85,870	48.9%	53,868	30.7%
Aragua	592,185	35.9%	442,184	26.8%	91,974	20.8%	202,520	45.8%
Bolivar	1,010,947	57.9%	619,886	35.5%	228,118	36.8%	172,948	27.9%
Carabobo	1,117,139	49.6%	331,202	14.7%	98,698	29.8%	189,779	57.3%
Capital District	873,892	47.5%	459,661	25.0%	212,364	46.2%	121,810	26.5%
Falcon	329,379	33.3%	291,233	29.4%	89,700	30.8%	82,128	28.2%
Guarico	496,083	59.7%	424,103	51.0%	167,521	39.5%	72,522	17.1%
La Guaira	132,297	38.9%	20,746	6.1%	2,967	14.3%	-	-
Lara	544,327	29.0%	256,744	13.7%	137,615	53.6%	42,106	16.4%
Merida	291,122	32.9%	109,859	12.4%	58,884	53.6%	18,017	16.4%
Miranda	1,000,499	33.5%	581,612	19.5%	346,641	59.6%	132,608	22.8%
Monagas	442,778	47.3%	396,628	42.4%	179,672	45.3%	74,566	18.8%
Nueva Esparta	223,811	39.0%	170,027	29.6%	21,253	12.5%	106,267	62.5%
Sucre	552,833	55.7%	473,058	47.7%	279,104	59.0%	36,425	7.7%
Tachira	341,010	33.1%	258,941	25.1%	80,531	31.1%	73,021	28.2%
Trujillo	191,484	24.8%	94,045	12.2%	53,323	56.7%	12,508	13.3%
Yaracuy	148,760	22.2%	125,308	18.7%	39,722	31.7%	9,147	7.3%
Zulia	1,484,158	38.5%	866,649	22.5%	394,325	45.5%	214,062	24.7%

Housing and disaster risks

There is no updated data on the housing deficit in the country¹⁹. As of 2017²⁰ estimates, it could reach 25.4% nationwide. The physical conditions of housing have been subject to fatiguing deterioration for years, without regular maintenance, which families cannot solve due to lack of resources or because the problems are associated with the general deterioration of urban infrastructure. In the 20 states of the country where surveys were conducted, 39.4% of households expressed the need for repairs and/or rehabilitation of their homes due to their fragile conditions. In addition, 24.4% also indicated the need for new housing and 31.3% for goods and belongings that have been lost due to power failures and/or disasters.

A relevant finding of the survey results was that 45% of households identified disasters as the second highest risk to their lives, after insecurity, in community environments. Among the disaster threats with the highest probability and distributed in different combinations of incidence in each of the states, households indicated: floods (24.5%), landslides (18.2%), epidemics (12.8%), droughts (9.7%) and fires (4.1%), among others²¹. Heat waves were identified as an additional threat in almost all states, with 27.9% of households being particularly concerned. The states most vulnerable to these disasters, including the impacts of heat waves, were Apure (96.9%), La Guaira (68.6%), Yaracuy (57.3%), Zulia (57.3%) and Tachira (54.8%).

	Population in fragile dwellings		People in need of new dwelling		People at high risk of disasters		People who have lost property and belongings	
	Population	%	Population	%	Population	%	Population	%
National	11,362,367	39.4%	7,036,593	24.4%	12,977,323	45.0%	9,026,449	31.3%
Amazonas	65,938	36.0%	48,843	26.7%	27,108	14.8%	58,611	32.0%
Anzoategui	853,208	54.2%	441,625	28.1%	637,563	40.5%	672,953	42.7%
Apure	187,124	32.8%	131,572	23.1%	552,469	96.9%	312,848	54.9%
Aragua	569,424	34.5%	316,655	19.2%	801,871	48.6%	372,209	22.6%
Bolivar	671,367	38.4%	448,582	25.7%	609,409	34.9%	626,208	35.9%
Carabobo	851,531	37.8%	510,256	22.6%	599,318	26.6%	573,209	25.4%
Capital District	858,035	46.7%	569,815	31.0%	702,363	38.2%	642,698	35.0%
Falcon	270,907	27.3%	276,380	27.9%	444,774	44.9%	243,543	24.6%
Guarico	298,351	35.9%	156,158	18.8%	376,703	45.3%	58,401	7.0%
La Guaira	178,621	52.5%	82,880	24.4%	233,305	68.6%	85,738	25.2%
Lara	762,694	40.7%	290,550	15.5%	685,901	36.6%	484,250	25.8%
Merida	255,714	28.9%	185,974	21.0%	360,585	40.7%	284,127	32.1%
Miranda	921,307	30.9%	967,782	32.4%	957,424	32.1%	1,104,475	37.0%
Monagas	447,110	47.8%	345,638	36.9%	214,216	22.9%	174,405	18.6%
Nueva Esparta	224,929	39.2%	70,290	12.3%	271,298	47.3%	154,638	27.0%
Sucre	358,048	36.1%	204,599	20.6%	494,876	49.9%	252,907	25.5%
Tachira	505,292	49.0%	294,754	28.6%	565,337	54.8%	463,184	44.9%
Trujillo	324,960	42.2%	177,729	23.1%	316,052	41.0%	259,757	33.7%
Yaracuy	224,815	33.5%	230,617	34.4%	383,964	57.3%	285,733	42.6%
Zulia	1,641,841	42.6%	608,667	15.8%	2,207,066	57.3%	1,267,277	32.9%

Forced migration

Taking as a reference the latest data from August 2023 of 7.7 million people in forced migration out of the country since 2015²² and the results of migrants and refugees reported in HumVenezuela's community diagnostics between the years 2021 and 2023, it is estimated that the displacement of Venezuelan people to other countries represents 25% of the population that existed in 2015. The states where households reported the highest number of migrants to other countries are Tachira, Falcon, Aragua and Zulia. A second group is made up of Carabobo, Trujillo, Anzoategui and Merida, and a third group is made up of Bolivar, Apure, Lara and Sucre. The displacement within the country is estimated at around 4%.

The intention to migrate increased from 8% to 13.4%, between 2022 and 2023, which equates to an estimated 3.9 million people in total, of which 2.8 million intended to move to another country (9.8%) and more than 1 million to other states or municipalities in the same state, within the country (3.6%). Most people relate their reasons for migration to the need to improve their income (71.5%) and/or get better jobs (45.7%), but family reunification (25.6%), access to health care services and medicines (13.7%), and access to fuel (10.7%) also stand out. However, 92.2% of people reported difficulties in migrating; 77.7% because of economic constraints, 37.5% because of lack of documents, and more than 12% because they did not have safe transportation or housing to reach in the countries or places of destination.

TABLE 13

	People displaced to another country		Internally displaced persons		People intending to migrate		Persons intending to migrate to another country		Persons intending to migrate within the country	
	Number	%	Number	%	Number	%	Number	%	Number	%
National	7,746,962	25.3%	1,224,816	4.0%	3,864,358	13.4%	2,813,253	9.8%	1,051,106	3.6%
Amazonas	38,150	20.4%	11,524	6.5%	12,130	6.6%	3,639	2.0%	8,491	4.6%
Anzoategui	499,426	28.6%	47,488	2.9%	433,137	27.5%	327,452	20.8%	105,685	6.7%
Apure	138,491	23.1%	10,624	1.9%	2,880	0.5%	2,880	0.5%	-	-
Aragua	686,362	36.1%	39,718	2.2%	209,992	12.7%	182,063	11.0%	27,929	1.7%
Bolivar	430,505	23.3%	51,136	2.9%	361,973	20.7%	303,333	17.4%	58,640	3.4%
Carabobo	823,843	32.0%	33,930	1.4%	236,233	10.5%	172,687	7.7%	63,547	2.8%
Capital District	348,212	15.9%	42,684	2.1%	193,042	10.5%	106,173	5.8%	86,869	4.7%
Falcon	421,901	39.5%	14,177	1.4%	361,209	36.5%	300,526	30.3%	60,683	6.1%
Guarico	93,933	10.3%	20,515	2.4%	78,427	9.4%	68,310	8.2%	10,117	1.2%
La Guaira	207,864	10.1%	39,915	2.0%	11,289	3.3%	7,056	2.1%	4,234	1.2%
Lara	87,175	22.6%	17,885	4.9%	232,204	12.4%	133,053	7.1%	99,151	5.3%
Merida	279,394	27.3%	61,894	6.4%	168,027	19.0%	99,808	11.3%	68,219	7.7%
Miranda	580,809	17.5%	55,062	1.7%	348,830	11.7%	175,810	5.9%	173,019	5.8%
Monagas	181,330	17.8%	69,630	7.2%	87,698	9.4%	84,453	9.0%	3,245	0.3%
Nueva Esparta	107,739	18.5%	40,525	7.3%	55,151	9.6%	44,121	7.7%	11,030	1.9%
Sucre	237,192	21.9%	81,875	8.0%	59,846	6.0%	44,885	4.5%	14,962	1.5%
Tachira	535,001	41.0%	61,590	5.0%	286,129	27.7%	262,380	25.4%	23,749	2.3%
Trujillo	252,844	29.5%	28,099	3.5%	62,364	8.1%	47,022	6.1%	15,342	2.0%
Yaracuy	73,941	10.2%	65,738	9.5%	36,104	5.4%	19,677	2.9%	16,427	2.5%
Zulia	1,510,255	35.1%	43,063	1.1%	575,937	15.0%	453,263	11.8%	122,675	3.2%

4 FOOD

In 2023, 91.6% of households used survival strategies to feed themselves, most of them by reducing their budget or increasing their workload in the face of higher spending levels. 41.1% had to combine several strategies, sacrificing other expenses, exhausting their livelihoods or resorting to various forms of consumption deprivation.

The quality and variety of the food was reduced in 87.6% of the households, and 83.6% did not have sufficient quantities due to high costs. Although 61.9% reported paying for access to the state subsidy program bags distributed by the Local Supply and Production Committees (CLAP), the products in the bags did not meet nutritional standards, were few in number and did not arrive regularly.

At more extreme levels, 13.8% of the households reported that a member worked for food, and from 10.3% to 12.3%, the proportion that received donated or donated food increased. In 9.5% of households, at least one member migrated to obtain food; in 4%, expired food was purchased; in 3.5%, several members had to eat outside the home; and in 1.5%, sex was exchanged for food.

As a consequence of food deprivation, malnutrition in children under 5 continued to be a serious problem in the country, affecting 1.4 million children with some degree of nutritional deficit or at risk of having it. Within this total, in 2023, an estimated 9.5% of children with acute malnutrition and 35.4% with chronic malnutrition, due to stunted growth in height for age, were undernourished.

KEY POPULATIONS	PEOPLE	%
People who lost their livelihoods irreversibly	20,100,431	69.7%
People who can only afford cheap food	19,985,078	69.3%
People who have borrowed food	18,831,538	65.3%
People who have spent their savings on food	15,486,272	53.7%
People with protein-deficient diets	14,880,664	51.6%
People who use various strategies to eat	11,852,622	41.1%
Food insecure people	13,035,000	45.2%
People in moderate food insecurity	10,295,343	35.7%
People in severe food insecurity	2,739,657	9.5%
Children < 5 years old with some degree of nutritional deficit or at risk of nutritional deficit	1,465,360	64.7%
Children < 5 years with acute or chronic malnutrition	1,014,654	44.8%

Budget and feeding strategies

Not being able to have the economic resources required to purchase the amounts of food that each household needs on a daily basis has been the main cause of food inaccessibility for the majority of the Venezuelan population in recent years. Monthly household income, equivalent in dollars, represented 72.4% less than the cost of a basic food basket for a family of 3 in 2023. The availability of food in the country has been increasing, as domestic production and imports have been growing slightly, without significantly reducing the high levels of consumption contraction.

In 2023, for 86% of households, the budget was insufficient to buy food. 15% used more than half of the budget for food expenses, 50.6% spent almost all of it, and 20.3% did not have a budget for these expenses. 75% of people thought they would eventually run out of food. Among the strategies to cope with the lack of budget, 69.2% of households frequently bought the cheapest, 65.3% went so far as to borrow food, 56.6% bought food on credit, 54.4% borrowed money to buy food, and 41.3% reduced health, education or other expenses. Lacking a budget, 32.3% had to buy food on a daily basis.

Having exhausted the strategies of budgeting and reducing expenses, 53.7% of households had to use their savings to buy food. Between 2020 and 2023, the number of households that decreased productive expenditures increased from 8.4% to 17.3%, those that sacrificed inputs from 11.5% to 21.9%, and those that sold their assets for production increased from 3.9% to 8.4%.

TABLE 14

	Population without sufficient budget to buy food		People who have exhausted their means of livelihood to buy food		People who reduced expenses to buy food		People who buy food on a daily basis due to lack of money	
National	24,801,107	86.0%	16,466,781	57.1%	11,910,299	41.3%	9,314,834	32.3%
Amazonas	131,002	71.5%	33,869	18.5%	61,878	33.8%	44,253	24.2%
Anzoategui	1,504,003	95.5%	1,146,357	72.8%	980,956	62.3%	594,382	37.8%
Apure	433,990	76.1%	359,761	63.1%	369,747	64.9%	203,220	35.6%
Aragua	1,312,513	79.5%	1,050,525	63.7%	645,629	39.1%	642,972	39.0%
Bolivar	1,480,809	84.8%	631,954	36.2%	531,563	30.4%	410,860	23.5%
Carabobo	1,985,763	88.1%	840,223	37.3%	682,394	30.3%	1,027,616	45.6%
Capital District	1,694,315	92.2%	753,917	41.0%	805,592	43.8%	470,643	25.6%
Falcon	851,697	86.0%	511,665	51.7%	387,157	39.1%	312,679	31.6%
Guarico	770,377	92.6%	634,492	76.3%	461,047	55.4%	362,913	43.6%
La Guaira	310,336	91.3%	145,901	42.9%	32,457	19.5%	69,148	20.3%
Lara	1,650,558	88.1%	948,201	50.6%	904,472	48.3%	723,480	38.6%
Merida	584,832	66.0%	407,936	46.0%	140,698	15.9%	171,236	19.3%
Miranda	2,769,400	92.9%	2,029,486	68.0%	1,373,372	46.0%	1,028,671	34.5%
Monagas	638,477	68.3%	841,940	90.0%	437,151	46.7%	366,431	39.2%
Nueva Esparta	504,527	88.0%	271,298	47.3%	201,961	35.2%	64,932	11.3%
Sucre	949,831	95.8%	516,798	52.1%	377,939	38.1%	240,850	24.3%
Tachira	972,614	94.3%	884,727	85.8%	510,686	49.5%	530,111	51.4%
Trujillo	713,721	92.6%	428,889	55.6%	239,823	31.1%	239,197	31.0%
Yaracuy	654,411	97.7%	422,713	63.1%	332,171	49.6%	244,320	36.5%
Zulia	3,054,033	79.3%	1,930,936	50.1%	1,780,256	46.2%	1,269,064	32.9%

Food availability

Based on the reports given to the press by the chambers of producers and companies in the food sector, the indicators of falling food supply being monitored improved between 2022 and 2023, from 44.4% to 48.4% of available quantities. Domestic livestock production increased from 35.0% to 44.4% and agricultural production remained at 30.0%. Manufactured food production also increased from 26.4% to 36.2%. Both agricultural and livestock imports increased from 50.6% to 62.3%, and food, beverages and tobacco imports increased from 61.8% to 64.8%. However, according to the chambers, the problems of low investment, excessive taxes and bureaucratic obstacles²³, inactive productive land, lack of agricultural inputs, shortages and high fuel prices²⁴, power outages and security problems persisted²⁵.

The greater availability of food in 2023 did not translate into a significant reduction in the contraction of consumption due to the loss of livelihoods and the high accumulated food inflation during the year, considered one of the highest in the world^{26 27}. The amount of food obtained was insufficient for 83.6% of households: 41.7% considered the amount to be deficient and 41.9% quite deficient, being scarce for 22.3% and very scarce for 18.5%. The number of households that reduced their food portions increased from 57.2% to 62.3%, and 35.7% of the people in these households ate smaller amounts on a frequent basis. With the same trend, from 37.2% to 47.4%, the number of households that reduced the number of meals per day increased and, from 22.3% to 25.7%, those that had to deprive themselves of some daily meal on a frequent basis. Some 22.8% of households, representing 6.5 million people, went without food.

	Population with insufficient food		People with scarce food availability		People with less daily meals		People who have run out of food	
National	24,108,983	83.6%	12,083,330	41.9%	7,411,493	25.7%	6,575,177	22.8%
Amazonas	150,409	82.1%	58,223	31.8%	18,818	10.3%	26,863	14.7%
Anzoategui	1,454,260	92.4%	1,068,018	67.8%	574,859	36.5%	755,143	48.0%
Apure	491,114	86.1%	327,409	57.4%	256,847	45.0%	64,917	11.4%
Aragua	1,280,630	77.6%	464,959	28.2%	151,688	9.2%	114,247	6.9%
Bolivar	1,275,379	73.0%	385,182	22.1%	254,767	14.6%	373,769	21.4%
Carabobo	1,911,880	84.9%	1,267,723	56.3%	487,473	21.6%	521,797	23.2%
Capital District	1,437,715	78.2%	491,767	26.7%	377,158	20.5%	395,340	21.5%
Falcon	841,608	85.0%	376,371	38.0%	320,562	32.4%	233,853	23.6%
Guarico	737,051	88.6%	398,438	47.9%	257,536	31.0%	340,573	41.0%
La Guaira	306,226	90.0%	143,940	42.3%	131,240	38.6%	98,783	29.0%
Lara	1,564,422	83.5%	817,131	43.6%	301,891	16.1%	327,842	17.5%
Merida	654,514	73.9%	318,547	36.0%	69,682	7.9%	99,826	11.3%
Miranda	2,515,469	84.3%	1,352,707	45.4%	1,301,510	43.6%	1,111,074	37.3%
Monagas	834,794	89.2%	245,702	26.3%	393,244	42.0%	163,331	17.5%
Nueva Esparta	377,068	65.7%	191,189	33.3%	72,706	12.7%	46,822	8.2%
Sucre	821,804	82.9%	234,005	23.6%	210,709	21.2%	237,902	24.0%
Tachira	985,674	95.5%	786,496	76.2%	418,784	40.6%	291,828	28.3%
Trujillo	685,654	88.9%	278,672	36.2%	102,916	13.4%	102,513	13.3%
Yaracuy	611,639	91.3%	441,977	66.0%	196,580	29.3%	233,820	34.9%
Zulia	3,002,422	77.9%	1,235,418	32.1%	1,060,203	27.5%	914,685	23.7%

Food consumption

As a product of the difficulties of economic accessibility to food, between 2022 and 2023, the percentage of people who consumed diets that were not very varied, healthy and nutritious increased from 85.8% to 87.6%. However, with slightly greater food availability, the apparent consumption of several food groups also increased in household diets. Measured in kilograms per person per year, consumption of beef (from 30.4% to 42.9%), milk and its derivatives (from 55.4% to 60.0%), corn flour (from 43.0% to 50.0%), rice (from 17.4% to 21.8%), and vegetables (from 13.8% to 30.0%) increased.

In the household survey conducted by HumVenezuela in 20 states, these improvements were observed in a decrease from 55.6% to 51.6% in the consumption deficit of high-protein foods. The deficit in meat consumption remained at 62%, but the deficits in chicken (from 56.7% to 51.4%), fish (from 67.1% to 63.3%), eggs (from 42% to 36.6%), milk (from 69.7% to 62.6%), cheese (from 35.6% to 33.7%) and grains (from 29.7% to 28.4%) were reduced. On the other hand, the consumption of rice fell (from 88.2% to 86.8%), corn flour (from 89.8% to 88.5%) and the consumption of bananas remained stable at 65.7%.

TABLE 16

	People with unvaried, unhealthy and unnutritious diets		People with protein-deficient diets		Consumption deficits by type of food					
					Beef	Chicken	Eggs	Vegetables	Rice	Corn flour
National	25,262,522	87.6%	14,880,664	51.6%	62.1%	51.4%	36.6%	28.8%	13.2%	11.5%
Amazonas	140,422	76.7%	77,024	42.1%	49.7%	43.7%	39.7%	23.2%	14.6%	26.6%
Anzoategui	1,458,522	92.6%	1,097,185	69.7%	82.8%	60.5%	59.7%	36.8%	41.6%	38.7%
Apure	488,291	85.6%	235,678	41.3%	45.0%	56.9%	34.7%	31.7%	4.5%	5.9%
Aragua	1,448,015	87.8%	566,988	34.4%	43.1%	22.9%	15.3%	10.6%	2.6%	2.9%
Bolivar	1,360,975	77.9%	904,095	51.8%	70.0%	42.3%	53.2%	39.8%	15.9%	7.5%
Carabobo	1,888,121	83.8%	1,175,175	52.2%	58.3%	53.0%	35.9%	28.1%	9.7%	7.7%
Capital District	1,634,701	88.9%	787,597	42.8%	57.0%	30.1%	19.3%	26.4%	8.0%	3.8%
Falcon	930,155	93.9%	524,167	52.9%	67.0%	57.0%	35.1%	34.0%	13.3%	11.4%
Guarico	677,535	81.5%	501,884	60.4%	66.4%	58.3%	58.2%	59.2%	18.5%	17.5%
La Guaira	324,571	95.4%	137,764	40.5%	50.8%	27.0%	19.5%	27.1%	3.7%	1.7%
Lara	1,657,811	88.5%	1,025,242	54.7%	65.1%	52.7%	28.1%	12.9%	8.9%	4.5%
Merida	763,671	86.2%	478,260	54.0%	59.8%	56.8%	36.4%	20.5%	7.9%	13.9%
Miranda	2,652,657	88.9%	1,796,351	60.2%	70.1%	55.1%	42.3%	38.6%	18.3%	13.5%
Monagas	923,564	98.7%	467,626	50.0%	60.3%	56.6%	36.0%	36.5%	13.3%	10.5%
Nueva Esparta	517,967	90.3%	209,938	36.6%	55.1%	47.7%	16.7%	25.6%	14.0%	2.5%
Sucre	834,090	84.1%	451,129	45.5%	62.8%	46.3%	36.9%	32.9%	12.6%	5.1%
Tachira	980,440	95.0%	801,051	77.6%	84.2%	85.5%	49.8%	32.6%	26.1%	26.9%
Trujillo	654,275	84.9%	350,920	45.5%	53.3%	47.7%	25.0%	13.2%	14.0%	6.8%
Yaracuy	587,401	87.7%	492,166	73.4%	87.4%	85.1%	53.7%	30.5%	11.5%	16.6%
Zulia	3,251,882	84.4%	1,788,961	46.4%	52.6%	43.0%	36.2%	17.0%	4.9%	6.4%

Food insecurity and hunger

During 2023, the percentage of people who had to eat less by reducing the amounts or number of daily meals needed to lead a healthy life remained in similar proportions to those observed in 2022, affecting about 2.7 million people, representing about 35.7% of the population in moderate food insecurity.

Nevertheless, in the year 2023, a higher number of people fell into unacceptable situations of food deprivation at levels of extreme undernourishment and undernourishment. Between the years 2022 and 2023, the percentage of people who during certain periods of the year went permanently hungry increased significantly from 14.4% to 22.3%. Of this group, people who remained hungry all the time increased from 7.2% to 9.5%. There was also an increase, from 10% to 15.5%, in the number of people who ever went entire days without eating and, from 4.9% to 5.7%, those who very often during the year were unable to eat for entire days.

These results indicate an increase in the percentage of people with severe food insecurity in 2023. Added to those who are in a moderate situation due to frequent food intake below nutritional needs, the total food insecurity affectation amounts to 45.2% of the population, which is equivalent to 13 million people. During the survey conducted in the 20 states, 13.8% of people in the total number of households surveyed expressed the need for treatment for malnutrition problems.

TABLE 17	People in food insecurity						People without treatment for malnutrition	
	People that do not eat what they need on a daily basis		People with permanent hunger		People who often do not eat for entire days			
Nacional	10,295,343	35.7%	2,739,657	9.5%	1,643,794	5.7%	3,979,712	13.8%
Amazonas	37,380	20.4%	9,891	5.4%	1,255	0.7%	10,917	6.0%
Anzoategui	838,416	53.3%	222,796	14.2%	73,562	4.7%	164,165	10.4%
Apure	327,409	57.4%	174,995	30.7%	129,835	22.8%	45,160	7.9%
Aragua	268,781	16.3%	96,269	5.8%	24,028	1.5%	116,716	7.1%
Bolivar	415,070	23.8%	231,867	13.3%	34,407	2.0%	71,330	4.1%
Carabobo	730,246	32.4%	101,868	4.5%	71,716	3.2%	89,202	4.0%
Capital District	523,983	28.5%	160,567	8.7%	106,861	5.8%	457,312	24.9%
Falcon	428,292	43.2%	71,322	7.2%	58,115	5.9%	252,245	25.5%
Guarico	280,401	33.7%	43,324	5.2%	25,272	3.0%	146,607	17.6%
La Guaira	180,631	53.1%	14,112	4.1%	14,112	4.1%	47,613	14.0%
Lara	563,606	30.1%	185,779	9.9%	48,767	2.6%	380,376	20.3%
Merida	156,346	17.6%	22,398	2.5%	7,466	0.8%	146,419	16.5%
Miranda	1,509,406	50.6%	768,292	25.8%	584,120	19.6%	574,375	19.3%
Monagas	533,262	57.0%	164,713	17.6%	162,143	17.3%	100,968	10.8%
Nueva Esparta	94,693	16.5%	5,463	1.0%	2,744	0.5%	5,311	0.9%
Sucre	277,350	28.0%	57,659	5.8%	37,588	3.8%	208,933	21.1%
Tachira	578,536	56.1%	112,916	10.9%	48,759	4.7%	91,928	8.9%
Trujillo	134,194	17.4%	13,134	1.7%	11,099	1.4%	200,483	26.0%
Yaracuy	275,753	41.2%	33,002	4.9%	37,387	5.6%	141,147	21.1%
Zulia	1,421,417	36.9%	401,226	10.4%	137,350	3.6%	341,259	8.9%

5 WATER AND SANITATION

The water crisis in the country, also associated with electricity, worsened further in 2023, due to restrictions on access to water and higher levels of contamination reported by households, with a drop of more than 60% in the amount of water distributed and 90% in the functioning of infrastructure, equipment and water management and quality systems^{28 29}.

Severe restrictions were exacerbated by the frequency and duration of rationing or interruptions in household water supply, which affected 69.1% of the population, including those living in households not connected to the water supply system.

These restrictions caused more people to resort to alternative sources of supply. Most covered supply deficiencies through the purchase of bottles and the payment of tanker trucks, but a significant proportion also had to use unsafe sources due to exposure to contaminants.

Contamination of water used by households became a more severe problem in 2023. 86% of the population was exposed to contaminated water sources, with signs of contamination from the color and odor of water used by households reaching higher levels. Although on a much smaller scale, water problems were compounded by sanitation problems, increasing the percentage of people in households without access to sewage and sanitation services in the community.

KEY POPULATIONS	PEOPLE	%
People with severe water access restrictions	19,927,401	69.1%
People connected to the aqueduct system with severe water interruptions	13,121,516	45.5%
People not connected to the aqueduct system	6,805,885	23.6%
People who have reduced their fluid intake due to lack of drinking water	9,632,058	33.4%
People who obtain water at neighbors' or relatives' homes	6,921,239	24.0%
People who collect or gather rain water	6,027,246	20.9%
People reporting signs of contaminated water by its color	16,668,651	57.8%
People reporting signs of contaminated water by its odor	13,006,162	45.1%
People reporting signs of contaminated water by taste	6,805,885	23.6%
People in homes without connection to the sewerage system	6,892,401	23.9%
People who report severe failures or lack of urban wastewater services	14,851,825	51.5%

Regular access to water

More severely, the population was subject to water access deficiencies on a regular basis during 2023. Between 2022 and 2023, the number of people affected by recurrent and prolonged access restrictions increased from 66.8% to 69.1%. Within this total affected population, the percentage of people who suffered interruptions or rationing of the water supply that reaches their homes through the aqueduct system increased from 43.5% to 45.5%. In order of greater to lesser severity, 16.9% did not receive water for two or more months or never received it, 9.9% received it once a month, 8.7% every two weeks, and 12.4% once a week. In addition to this population, there are people living in homes not connected to the aqueduct system, representing 23.6% of the population, most of whom live in areas with little infrastructure or urban facilities.

Under these difficult conditions of lack of water, 49.1% of people used the little water they received for various household hygiene activities, including personal hygiene and those related to food hygiene or cooking utensils. Also, worryingly for its consequences for life and health, 33.4% of people reduced their daily fluid intake due to severe water shortages or for fear of drinking contaminated water without sufficient purification methods or products, thus increasing the risk of dehydration or other diseases.

TABLE 18

	People with severe water access restrictions		People who have aqueducts with severe water interruptions		People not connected to the aqueduct system		People who reuse water for hygiene		People drinking less fluids due to lack of drinking water	
	Number	%	Number	%	Number	%	Number	%	Number	%
National	19,927,401	69.1%	13,121,516	45.5%	6,805,885	23.6%	14,159,702	49.1%	9,632,058	33.4%
Amazonas	181,328	99.0%	82,422	45.0%	98,906	54.0%	18,948	10.3%	16,421	9.0%
Anzoategui	1,221,602	77.6%	1,016,952	64.6%	204,650	13.0%	1,323,999	84.1%	684,172	43.5%
Apure	387,128	67.9%	119,160	20.9%	267,968	47.0%	194,752	34.2%	245,557	43.1%
Aragua	1,007,649	61.1%	895,917	54.3%	111,732	6.8%	933,979	56.6%	446,803	27.1%
Bolivar	1,682,504	96.4%	1,071,350	61.4%	611,155	35.0%	535,488	30.7%	430,719	24.7%
Carabobo	1,491,537	66.2%	1,322,556	58.7%	168,981	7.5%	772,953	34.3%	414,435	18.4%
Capital District	1,206,152	65.6%	1,134,445	61.7%	71,707	3.9%	1,057,938	57.5%	873,118	47.5%
Falcon	769,007	77.6%	366,518	37.0%	402,489	40.6%	725,908	73.3%	484,812	48.9%
Guarico	593,745	71.4%	244,483	29.4%	349,262	42.0%	310,038	37.3%	100,943	12.1%
La Guaira	181,761	53.4%	108,830	32.0%	72,931	21.4%	203,770	59.9%	120,540	35.4%
Lara	1,394,291	74.4%	1,038,222	55.4%	356,069	19.0%	1,077,227	57.5%	864,585	46.1%
Merida	185,165	20.9%	151,499	17.1%	33,666	3.8%	27,608	3.1%	45,176	5.1%
Miranda	2,020,156	67.7%	1,043,920	35.0%	976,237	32.7%	2,133,095	71.5%	1,524,395	51.1%
Monagas	531,069	56.8%	467,721	50.0%	63,347	6.8%	420,798	45.0%	251,268	26.9%
Nueva Esparta	471,932	82.3%	462,869	80.7%	9,063	1.6%	544,304	94.9%	90,717	15.8%
Sucre	542,206	54.7%	396,694	40.0%	145,511	14.7%	462,810	46.7%	422,566	42.6%
Tachira	670,565	65.0%	495,186	48.0%	175,378	17.0%	517,125	50.1%	658,159	63.8%
Trujillo	385,430	50.0%	308,344	40.0%	77,086	10.0%	231,258	30.0%	250,529	32.5%
Yaracuy	522,673	78.0%	254,636	38.0%	268,038	40.0%	370,996	55.4%	207,068	30.9%
Zulia	3,659,184	95.0%	1,540,709	40.0%	2,118,475	55.0%	1,886,828	49.0%	1,685,526	43.8%

Alternative water sources

Due to severe water scarcity, 86% of the population used alternative water sources in 2023. This percentage increased, compared to that recorded in 2022, when 75.9% of the population had to make use of these sources. Some 53.7% of people carried water on foot, most of them walking long distances, and 60.2% stored it in jerry cans or small containers. Among the most widespread strategies for the use of alternative water sources, 48.9% of the population used the purchase of water bottles and 16.9% paid for water tankers, generally among several families or by donation from regional governments or private initiatives. Both sources increased their use in relation to the data for 2022, when 41% of the population used water bottles and 14.7% used tanker trucks.

The proportion of people using groundwater wells for water supply increased from 10.7% to 18.2%. Many of these wells are inadequately constructed or managed because of the locations in which they are drilled and the methods of water treatment, in addition to electrical interruptions that damage the pumping plants. Similarly, the use of public taps or outlets increased from 15.9% to 16.9%; the use of water collected from springs, rivers or pipes increased from 9.3% to 12.1%; and, very significantly, the practice of seeking help from neighbors or relatives increased from 1.9% to 37.9%. With the extraordinary increase in the frequency of rainfall in the country during almost the entire year, the use of rainwater collection increased from 0.9% to 20.9%.

TABLE 19

	People who must obtain water from alternative sources		People who obtain water at neighbors' or relatives' homes		People who collect or gather rain water		People who collect water from public taps or fountains		People who collect water from springs, rivers or streams	
National	24,801,107	86.0%	10,929,790	37.9%	6,027,246	20.9%	4,873,706	16.9%	3,489,458	12.1%
Amazonas	167,391	91.4%	16,982	9.3%	31,537	17.2%	23,890	13.0%	35,836	19.6%
Anzoategui	1,513,212	96.1%	793,216	50.4%	872,538	55.4%	126,954	8.1%	241,212	15.3%
Apure	570,144	100.0%	406,439	71.3%	138,302	24.3%	155,237	27.2%	90,320	15.8%
Aragua	1,565,056	94.9%	679,075	41.2%	68,969	4.2%	380,325	23.1%	53,134	3.2%
Bolivar	1,554,993	89.1%	399,448	22.9%	199,724	11.4%	153,790	8.8%	128,158	7.3%
Carabobo	2,133,882	94.7%	401,193	17.8%	148,267	6.6%	666,100	29.6%	61,392	2.7%
Capital District	1,691,429	92.0%	933,418	50.8%	397,799	21.6%	279,202	15.2%	115,767	6.3%
Falcon	846,455	85.4%	644,669	65.1%	393,091	39.7%	202,411	20.4%	92,005	9.3%
Guarico	824,396	99.1%	363,739	43.7%	40,681	4.9%	80,864	9.7%	3,621	0.4%
La Guaira	264,990	77.9%	68,019	20.0%	107,697	31.7%	52,742	15.5%	58,198	17.1%
Lara	1,581,445	84.4%	682,738	36.4%	494,637	26.4%	206,393	11.0%	129,340	6.9%
Merida	223,351	25.2%	44,670	5.0%	7,445	0.8%	19,688	2.2%	187,036	21.1%
Miranda	2,746,482	92.1%	636,568	21.3%	1,036,989	34.8%	314,988	10.6%	928,238	31.1%
Monagas	846,635	90.5%	396,675	42.4%	76,967	8.2%	189,705	20.3%	81,769	8.7%
Nueva Esparta	565,565	98.6%	213,421	37.2%	128,052	22.3%	100,104	17.5%	24,350	4.2%
Sucre	875,892	88.3%	350,357	35.3%	158,226	16.0%	367,902	37.1%	156,758	15.8%
Tachira	786,496	76.2%	500,498	48.5%	347,284	33.7%	200,968	19.5%	113,882	11.0%
Trujillo	515,913	66.9%	146,544	19.0%	106,395	13.8%	76,486	9.9%	161,970	21.0%
Yaracuy	557,221	83.2%	594,369	88.7%	254,321	38.0%	180,410	26.9%	168,383	25.1%
Zulia	3,652,799	94.8%	1,223,539	31.8%	279,157	7.2%	513,570	13.3%	-	-

Water pollution

In 2023, in addition to the restrictions on access to a stable water supply, there were greater problems of contamination of the water received by households through aqueducts. These problems are a consequence of the operational deficiencies of most of the drinking water treatment plants. In addition, households observed worrying levels of contamination in water collected from unsafe alternative sources, as a consequence of environmental damage, the use of which increased due to access restrictions³⁰. In reference to the latter, the number of people who reported contamination risks near the location of the sources from which they obtain water increased from 52.8% to 55.6%, 27.7% because they are outdoors, 35.8% because of the presence of solid waste and 9.2% because they are near chemical substances.

Contamination in all water sources increased significantly in 2023. In total, it is estimated that 86% of the population is exposed to water unfit for human consumption. Between 2022 and 2023, people who identified signs of contamination increased from 73.7% to 82.5%. According to the type of sign, the number of people who reported water contaminated by color increased from 50.8% to 57.8%; those who detected water contaminated by odor increased from 29.6% to 45.1%; and those who found signs of contamination by taste increased from 17.1% to 23.6%. In addition, the number of people who do not have access to a purification method increased from 15.2% to 27.1%, and 12.5% even drank contaminated water because of its scarcity. Water contamination problems cause diseases such as diarrhea, which increased from 6.9% to 9.3% between 2022 and 2023.

TABLE 20

	People reporting signs of water pollution		People reporting contamination by color		People reporting contamination by odor		People who report contamination by taste		People who do not use water purification methods	
National	23,791,759	82.5%	16,668,651	57.8%	13,006,162	45.1%	6,805,885	23.6%	7,815,232	27.1%
Amazonas	180,718	98.7%	162,463	88.7%	125,831	68.7%	15,202	8.3%	101,348	55.3%
Anzoategui	1,416,806	90.0%	1,143,454	72.6%	1,032,694	65.6%	535,301	34.0%	287,289	18.2%
Apure	510,279	89.5%	245,557	43.1%	257,705	45.2%	228,622	40.1%	50,805	8.9%
Aragua	1,589,538	96.3%	627,041	38.0%	806,821	48.9%	566,870	34.4%	201,600	12.2%
Bolivar	1,708,672	97.9%	981,340	56.2%	836,409	47.9%	365,475	20.9%	957,385	54.8%
Carabobo	2,027,769	90.0%	1,603,991	71.2%	1,307,534	58.0%	639,724	28.4%	1,130,899	50.2%
Capital District	1,759,584	95.7%	1,484,095	80.7%	862,325	46.9%	470,643	25.6%	272,508	14.8%
Falcon	778,603	78.6%	528,874	53.4%	415,057	41.9%	170,695	17.2%	185,572	18.7%
Guarico	648,629	78.0%	347,598	41.8%	410,798	49.4%	92,305	11.1%	260,392	31.3%
La Guaira	161,205	47.4%	107,625	31.6%	131,276	38.6%	49,314	14.5%	198,976	58.5%
Lara	1,643,539	87.7%	1,255,612	67.0%	822,707	43.9%	678,900	36.2%	416,197	22.2%
Merida	599,794	67.7%	349,247	39.4%	248,954	28.1%	142,639	16.1%	218,387	24.6%
Miranda	2,353,293	78.9%	1,848,736	62.0%	1,261,652	42.3%	725,800	24.3%	357,093	12.0%
Monagas	558,459	59.7%	368,948	39.4%	361,081	38.6%	113,299	12.1%	246,482	26.3%
Nueva Esparta	458,854	80.0%	436,029	76.0%	196,734	34.3%	125,834	21.9%	29,209	5.1%
Sucre	968,805	97.7%	657,346	66.3%	521,664	52.6%	514,445	51.9%	134,094	13.5%
Tachira	906,810	87.9%	790,303	76.6%	368,295	35.7%	137,905	13.4%	186,410	18.1%
Trujillo	761,609	98.8%	451,723	58.6%	218,153	28.3%	111,775	14.5%	183,442	23.8%
Yaracuy	247,265	36.9%	235,263	35.1%	182,936	27.3%	117,266	17.5%	337,190	50.3%
Zulia	3,543,631	92.0%	2,260,990	58.7%	2,314,915	60.1%	1,140,125	29.6%	896,866	23.3%

Access to sanitation services

Access to sanitation services also showed greater deterioration, although not on the same scale as the restrictions on access to water. An estimated 74.6% of the population had deficient sewage collection services through the sewage system, as well as domestic or residential urban sanitation services in their community. In terms of access to the former, the population with no connection to the sewage system increased from 20.3% to 23.9%, a percentage that also includes a large part of the population with no connection to the aqueduct system. Of this total percentage of people, 18.4% used septic tanks, which includes 16.4% with a toilet (or pit) and 1.9% with a latrine. About 5.5% of people did not have minimum sanitation services in their homes, including 1.2% who used a latrine without a septic tank and 4.3% who used methods such as excreta disposal in buckets or in the outdoors, among other methods.

With respect to urban sanitation, 24% of people in the households surveyed said that this service is not available in their community. Severe failures due to irregular waste collection increased from 24.9% to 27.5%, with occasional failures dropping from 27.1% to 13.1%. In total, 51.5% of people face severe problems with access to urban sanitation, frequently living in unhealthy environments that many families solve by burning garbage, which increases contamination levels and health problems. In terms of sanitation, households also expressed a need for disinfection products (32.5%), toilet paper (18.2%) and soap for personal hygiene and washing clothes (between 11% and 15%).

TABLE 21

	People in homes without connection to the sewerage system		People using septic tanks		People without access to minimum sanitation services		People who report severe failures or lack of urban sanitation	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
National	6,892,401	23.9%	5,294,653	18.4%	1,586,117	5.5%	14,851,825	51.5%
Amazonas	86,496	47.2%	30,405	16.6%	56,092	30.6%	123,724	67.5%
Anzoategui	277,427	17.6%	192,419	12.2%	85,008	5.4%	916,289	58.2%
Apure	456,121	80.0%	318,146	55.8%	137,975	24.2%	378,214	66.3%
Aragua	100,089	6.1%	90,190	5.5%	9,900	0.6%	776,830	47.1%
Bolivar	643,673	36.9%	581,098	33.3%	62,575	3.6%	1,052,659	60.3%
Carabobo	211,576	9.4%	164,017	7.3%	47,559	2.1%	983,570	43.7%
Capital District	22,299	1.2%	16,014	0.9%	6,286	0.3%	651,131	35.4%
Falcon	336,513	34.0%	274,333	27.7%	62,180	6.3%	653,423	66.0%
Guarico	176,515	21.2%	153,333	18.4%	23,182	2.8%	392,384	47.2%
La Guaira	16,766	4.9%	10,203	3.0%	6,563	1.9%	189,131	55.6%
Lara	403,404	21.5%	370,192	19.8%	33,212	1.8%	712,045	38.0%
Merida	142,639	16.1%	142,639	16.1%	-	-	205,979	23.2%
Miranda	562,237	18.9%	507,846	17.0%	54,391	1.8%	1,475,189	49.5%
Monagas	176,538	18.9%	164,377	17.6%	12,161	1.3%	571,461	61.1%
Nueva Esparta	19,076	3.3%	13,766	2.4%	5,311	0.9%	127,460	22.2%
Sucre	115,844	11.7%	106,918	10.8%	8,926	0.9%	507,056	51.1%
Tachira	114,134	11.1%	89,375	8.7%	24,759	2.4%	491,223	47.6%
Trujillo	118,282	15.3%	108,261	14.0%	10,021	1.3%	424,023	55.0%
Yaracuy	483,440	72.1%	380,613	56.8%	102,827	15.3%	491,877	73.4%
Zulia	1,142,883	29.7%	901,315	23.4%	241,568	6.3%	2,360,626	61.3%

6 HEALTH

The majority of the population is exposed to serious risks to their lives, integrity and physical and mental well-being due to lack of health care. In 2023, 87.8% depended on the public health system for access to primary, ambulatory and hospital care services, which are in severe crisis due to the collapse of 80% of their capacities, as a result of a sustained deterioration that, in 2022, reached its first decade³¹.

In 2023, the loss of health care services worsened for 69.9% of the population, 54.8% without economic resources to meet the minimum costs of an illness and in a context where financial protection through the multiple social security systems and private insurance has practically disappeared.

The disease burden remains at high levels, affecting more than 60% of the population in 2023, with peaks during the pandemic period and its recurrences, between 2020, 2021 and 2022. Nearly 40% of people with serious health problems have no guaranteed access to medical care or medicines.

Due to the lack of preventive and specialized services in the public health system and with private medicine with less than 5% of beds, concentrated in the areas of highest urban density and extremely costly, public hospitals remain the center of available care throughout the country, with largely insufficient capacities and with high staff and equipment shortages, operational deficiencies and deteriorated infrastructure.

KEY POPULATIONS	PEOPLE	%
People who lost health services	20,158,109	69.9%
People without financial means to cover health care expenses	15,803,496	54.8%
People with serious health problems without guaranteed care	11,506,560	39.9%
People with serious health problems without medical care	4,211,401	36.6%
People with severe chronic health problems without medical care	3,759,848	37.9%
Persons with severe acute health problems without medical care	2,541,998	35.4%
People with serious health problems without access to medicines	3,762,645	32.7%
People with severe chronic health problems without medication	2,986,053	30.1%
People with severe acute health problems without medication	2,534,817	35.3%

Access to health services

The 87.9% of the Venezuelan population, which depends on the public health system for the attention of its health needs, is affected by the serious and extensive fragility in which the system finds itself. During a long period of defunding, destructuring and weakening, the system's care services have been falling into a state of partial or complete inoperability. Although people continue to use the system in the absence of other options, given that 97.6% have no financial protection and 54.8% lack resources for health expenses, between 2022 and 2023, between 66.9% and 69.9% of the population that did use the system did not manage to obtain the necessary care or stopped using it due to the suspension or closure of services, increased from 66.9% to 69.9%.

By 2023, 87.6% of people no longer had health care insurance plans, both public and private. In the public health system, 86.4% lost primary care services, 74.4% no longer had ambulatory care services, and 60.8% no longer had hospital care services. In 97.8%, services were reported inoperative or closed in primary care centers; 87.9% were reported in specialized outpatient centers; and 74.3% were reported in public hospital services. Public spending on health has decreased by more than 50% in recent years, with an estimated further drop, which is unknown due to the lack of publication of investment and budget management statistics.

TABLE 22

	Population relying on the public health system for health care		Population without financial protection for health expenses		People who lost public and private health services		People without financial means to cover health care expenses	
	Population	%	Population	%	Population	%	Population	%
National	25,320,199	87.8%	28,146,372	97.6%	20,158,109	69.9%	15,803,496	54.8%
Amazonas	160,082	87.4%	181,878	99.3%	144,696	79.0%	121,354	66.3%
Anzoategui	1,545,893	98.2%	1,560,061	99.1%	1,259,383	80.0%	1,264,515	80.3%
Apure	564,442	99.0%	570,144	100.0%	359,191	63.0%	285,348	50.0%
Aragua	1,382,650	83.8%	1,602,092	97.1%	1,088,960	66.0%	775,705	47.0%
Bolivar	1,430,102	81.9%	1,692,026	96.9%	1,344,541	77.0%	878,160	50.3%
Carabobo	1,980,455	87.9%	2,228,293	98.9%	1,441,969	64.0%	637,542	28.3%
Capital District	1,312,793	71.4%	1,726,488	93.9%	1,378,984	75.0%	956,955	52.0%
Falcon	806,339	81.4%	943,040	95.2%	742,942	75.0%	725,464	73.2%
Guarico	814,944	98.0%	830,743	99.9%	557,155	67.0%	237,174	28.5%
La Guaira	326,491	96.0%	336,013	98.8%	227,863	67.0%	174,475	51.3%
Lara	1,351,188	72.1%	1,823,448	97.3%	1,424,276	76.0%	1,228,040	65.5%
Merida	759,266	85.7%	846,090	95.5%	699,907	79.0%	581,903	65.7%
Miranda	2,747,000	92.1%	2,925,958	98.1%	2,326,450	78.0%	2,125,390	71.3%
Monagas	867,156	92.7%	920,476	98.4%	598,683	64.0%	525,480	56.2%
Nueva Esparta	467,458	81.5%	560,376	97.7%	470,326	82.0%	494,892	86.3%
Sucre	897,521	90.5%	980,827	98.9%	634,711	64.0%	244,308	24.6%
Tachira	1,011,005	98.0%	1,029,574	99.8%	732,463	71.0%	751,168	72.8%
Trujillo	733,858	95.2%	770,088	99.9%	454,807	59.0%	277,178	36.0%
Yaracuy	614,476	91.7%	656,022	97.9%	388,654	58.0%	357,644	53.4%
Zulia	2,780,980	72.2%	3,435,781	89.2%	2,079,957	54.0%	1,423,622	37.0%

Attention to health problems

In the year 2023, it was estimated that 65% of the population had suffered or were suffering from one of the most prevalent health problems, distributed in 40.7%, representing those with chronic conditions (among the most common, hypertension, diabetes and pulmonary conditions) and 39%, those who suffer or suffered from acute health problems (among the most frequent, acute respiratory infections and diarrhea). Based on a list of specific serious illnesses, the household survey reported 39.9% of persons suffering from serious illnesses in total, of which 34.4% were chronic and 24.9% acute.

Some 72% of people reported that, when they went to the health system, they did not receive care. Regarding the services that these people did not get or missed during the last year, it was reported that at least 59.8% needed laboratory tests, 53.7% needed regular medical consultations and check-ups, 37.8% needed emergency services, 32.6% needed surgeries, 18.6% needed mental health services, 16.8% needed trauma services and 14.1% needed intensive care. The needs for sexual and reproductive health services in women also stood out: 10.2% needed childbirth care services and 9.8% family planning and contraceptive methods.

TABLE 23

	People who did not receive care when they went to the public health system		People with health problems without guaranteed health care					
			People with severe health problems		People with severe chronic health problems		Persons with severe acute health problems	
National	20,879,071	72.4%	11,506,560	39.9%	9,920,443	34.4%	7,180,786	24.9%
Amazonas	151,766	82.9%	92,823	50.7%	58,611	32.0%	68,868	37.6%
Anzoategui	1,309,444	83.2%	677,135	43.0%	650,519	41.3%	348,991	22.2%
Apure	425,327	74.6%	207,542	36.4%	214,944	37.7%	104,136	18.3%
Aragua	1,097,540	66.5%	560,348	34.0%	538,323	32.6%	442,816	26.8%
Bolivar	1,492,964	85.5%	661,100	37.9%	635,114	36.4%	689,582	39.5%
Carabobo	1,003,520	44.5%	960,537	42.6%	922,782	41.0%	460,005	20.4%
Capital District	1,592,267	86.6%	1,025,677	55.8%	799,811	43.5%	768,382	41.8%
Falcon	759,187	76.6%	307,122	31.0%	394,254	39.8%	298,607	30.1%
Guarico	393,335	47.3%	290,913	35.0%	228,683	27.5%	30,380	3.7%
La Guaira	285,339	83.9%	99,362	29.2%	98,287	28.9%	35,270	10.4%
Lara	1,501,112	80.1%	697,214	37.2%	481,630	25.7%	580,517	31.0%
Merida	679,530	76.7%	357,745	40.4%	343,683	38.8%	140,273	15.8%
Miranda	2,385,506	80.0%	1,644,406	55.1%	1,282,530	43.0%	1,423,734	47.7%
Monagas	602,987	64.5%	459,919	49.2%	430,304	46.0%	253,500	27.1%
Nueva Esparta	501,757	87.5%	303,692	52.9%	235,736	41.1%	156,345	27.3%
Sucre	639,075	64.4%	399,453	40.3%	402,645	40.6%	173,354	17.5%
Tachira	762,999	74.0%	270,421	26.2%	175,378	17.0%	264,816	25.7%
Trujillo	477,933	62.0%	174,923	22.7%	139,110	18.0%	86,978	11.3%
Yaracuy	491,179	73.3%	234,422	35.0%	165,814	24.7%	181,538	27.1%
Zulia	2,059,928	53.5%	1,675,247	43.5%	1,271,085	33.0%	649,461	16.9%

Access to health care and medicines

In 2023, 4.2 million people with serious health problems did not receive medical care and 3.7 million did not receive medicines. 37.9% with chronic problems and 35.4% with acute problems did not receive care. The information collected from health unions, complaints from users and surveyed households show that, during 2023, 81% of beds in public hospitals were not operational and surgical activity fell by 72.5%, due to 91% of basic and surgical supplies missing, 91.2% of damaged equipment, 94.5% of medicine shortage and 60% of operating rooms out of service. The 89.8% of blood banks were not operating, as well as 92.3% of laboratories. As for trained health personnel, it is estimated that 74.6% of medical personnel and 73.5% of nurses were out of service. In addition, 95% of the hospitals had deteriorated physical plant and 77.6% did not have continuous electricity and water.

In terms of medicines, the situation has improved with increased domestic production, after falling by 80% in the quantities distributed in previous years and having reduced imports by more than 90%. This improvement has been observed in the increased availability of essential medicines in pharmacies, which, between 2020 and 2023, increased from 42.2% to 74.3% for those needed to treat acute respiratory infections and diarrhea, and from 47.2% to 76.6% for those used for the treatment of diabetes and hypertension³². However, poverty conditions did not allow most people to have the medicines they need because of their cost. Household reports showed that 30.1% of people with chronic problems and 35.4% of people with acute health problems did not have access to medicines.

TABLE 24

	People with severe chronic health problems without medical care		People with severe acute health problems without medical care		People with severe chronic health problems without medication		People with severe acute health problems without medication	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
National	3,759,848	37.9%	2,541,998	35.4%	2,986,053	30.1%	2,534,817	35.3%
Amazonas	15,667	26.7%	26,659	38.7%	16,646	28.4%	11,108	16.1%
Anzoategui	386,769	59.5%	119,392	34.2%	236,789	36.4%	94,487	27.1%
Apure	98,758	45.9%	37,605	36.1%	104,567	48.6%	49,175	47.2%
Aragua	213,590	39.7%	93,877	21.2%	70,349	13.1%	54,319	12.3%
Bolivar	311,076	49.0%	343,064	49.7%	189,562	29.8%	295,864	42.9%
Carabobo	169,629	18.4%	135,525	29.5%	210,727	22.8%	172,502	37.5%
Capital District	220,541	27.6%	227,964	29.7%	191,899	24.0%	255,595	33.3%
Falcon	134,489	34.1%	100,984	33.8%	130,795	33.2%	107,499	36.0%
Guarico	92,379	40.4%	48,680	24.7%	64,935	28.4%	61,428	31.2%
La Guaira	38,004	38.7%	14,696	41.7%	31,452	32.0%	11,757	33.3%
Lara	144,676	30.0%	144,162	24.8%	72,946	15.1%	96,753	16.7%
Merida	78,761	22.9%	68,188	48.6%	78,703	22.9%	64,292	45.8%
Miranda	740,720	57.8%	825,172	58.0%	716,970	55.9%	926,756	65.1%
Monagas	225,021	52.3%	85,885	33.9%	163,831	38.1%	106,664	42.1%
Nueva Esparta	57,008	24.2%	27,686	17.7%	66,253	28.1%	65,144	41.7%
Sucre	120,793	30.0%	39,250	22.6%	107,237	26.6%	39,250	22.6%
Tachira	71,051	40.5%	117,061	44.2%	53,963	30.8%	114,515	43.2%
Trujillo	52,527	37.8%	25,046	28.8%	27,706	19.9%	21,858	25.1%
Yaracuy	76,164	45.9%	106,419	58.6%	76,164	45.9%	105,793	58.3%
Zulia	467,759	36.8%	200,132	30.8%	280,883	22.1%	188,721	29.1%

7 BASIC EDUCATION

The basic education subsystem, in which C&A from 0 to 17 years of age study, shows a severe deterioration, which has been worsening for more than two decades with the change in the educational model, resulting in no less than 20 attempts to modify the basic national curriculum and resolutions that have adversely affected the working conditions of teachers and the operation of about 28,000 schools, both official and private.

The crisis in basic education is expressed in the systematic and prolonged abandonment of public policies to improve educational coverage and quality. The educational system, including basic education, faces a marked deinstitutionalization, together with multiple curricular deficiencies, a deteriorated infrastructure without adequate services, lack of provisioning and social assistance to students and teachers, and a lack of resources.

In 2023, 61.6% of the C&A aged 0 to 17 were at risk of dropping out of school or out of the educational system. Within the educational environment, 82% of the C&A did not carry out school and quality activities in accordance with the right to education; and more than 90% of the C&A faced problems of deterioration or deficits in infrastructure, equipment and basic services.

C&A irregular attendance, missed school days, dropouts and non-schooling have become recurrent and increasingly serious problems due to causes attributable to the education system, coupled with household economic poverty, insecurity and violence in community environments.

KEY POPULATIONS	PEOPLE	%
C&A from 3 to 17 years old with irregular attendance in basic education	3,415,039	51.6%
C&A from 3 to 17 years old with irregular attendance due to deficiencies in the education sector	3,196,636	48.3%
C&A from 3 to 17 years old with irregular assistance due to disasters	1,745,085	26.4%
C&A from 3 to 17 years old with irregular attendance due to lack of services at home	1,321,620	20.0%
C&A from 3 to 17 years old who received 50 or fewer days of classes	1,197,911	18.1%
C&A from 3 to 17 years old who do not receive school meals	3,745,954	56.6%
C&A from 3 to 17 years old who do not receive adequate daily school meals	2,045,105	71.2%
C&A from 3 to 17 years old out of school	871,678	10.8%
C&A from 13 to 17 years old who dropped out of basic education	581,118	7.2%
C&A from 7 to 17 years old not attending school who work	434,386	29.9%
Children 0 to 2 years old in poverty and need of protection	926,637	69.6%

School attendance

Of some 9.4 million C&A aged 0-17 years in the Venezuelan population estimated for 2023, 72.8% attended basic education schools in the country and 0.5% in bordering countries. A total of 88.3% of the C&A studied in official schools and 11.7% in private schools. During the last few years, the proportion of C&A in private schools has decreased, while it increased in official schools as a consequence of economic difficulties. As an extreme strategy in the face of increased poverty, in 2023, 2.9% of households were reported to have moved their C&A out of school or withdrawn them.

However, C&A education was neither continuous nor complete for 51.6% who attended classes irregularly or less than 5 days a week. Associated with non-attendance, households reported a 61.1% deficit of C&A per classroom. These percentages are higher than the 45.1% irregular attendance and 56.7% deficit per classroom recorded in 2022. Deficiencies in the educational system accounted for 48.2% of the reasons. The suspension of classes and lack of teachers reached the highest percentages, with percentages of 36.3% and 40.7%, respectively.

To the non-attendance was added in 2023 the number of days lost in the school year which, although it was less than those missed due to the extraordinary circumstances of the suspension of classes during the COVID pandemic, upon returning to normality, households reported 18.1% of C&A aged 3-17 years who missed more than 50 days of school, which means not having attended 33% of those established in the school calendar or a complete academic period in accordance with the minimum duration of 180 working days dictated by the Regulations of the Organic Law of Education.

TABLE 25

	C&A aged 3-17 years with irregular school attendance		C&A aged 3-17 years with irregular attendance due to school suspension		C&A aged 3-17 years with irregular attendance due to lack of teachers		C&A aged 3-17 years who received less than 50 days of classes	
National	3,415,039	51.6%	2,400,773	36.3%	2,694,466	40.7%	1,197,911	18.1%
Amazonas	39,497	65.5%	35,778	59.3%	20,826	34.5%	24,394	40.4%
Anzoategui	68,717	15.8%	68,717	15.8%	68,717	15.8%	39,494	9.1%
Apure	52,111	37.1%	23,600	16.8%	44,952	32.0%	9,833	7.0%
Aragua	263,703	68.4%	145,228	37.7%	160,868	41.7%	132,860	34.5%
Bolivar	110,494	29.5%	110,494	29.5%	97,029	25.9%	18,280	4.9%
Carabobo	340,708	73.0%	24,1877	51.9%	165,586	35.5%	180,579	38.7%
Capital District	163,029	48.3%	135,500	40.2%	122,595	36.3%	10,293	3.1%
Falcon	91,476	40.3%	91,476	40.3%	91,476	40.3%	17,910	7.9%
Guarico	146,665	74.0%	74,584	37.6%	146,665	74.0%	75,915	38.3%
La Guaira	23,413	30.3%	2,661	3.4%	23,413	30.3%	2,701	3.5%
Lara	335,880	69.5%	158,463	32.8%	258,385	53.4%	161,942	33.5%
Merida	133,549	53.5%	133,549	53.5%	97,522	39.1%	77,711	31.2%
Miranda	242,013	59.9%	149,223	36.9%	205,915	51.0%	45,451	11.3%
Monagas	146,944	68.9%	146,944	68.9%	136,596	64.1%	20,195	9.5%
Nueva Esparta	55,002	44.7%	18,334	14.9%	49,763	40.4%	47,346	38.5%
Sucre	210,078	68.1%	124,367	40.3%	106,167	34.4%	11,214	3.6%
Tachira	195,152	72.6%	90,029	33.5%	120,038	44.7%	44,456	16.5%
Trujillo	54,216	24.7%	54,216	24.7%	54,216	24.7%	21,474	9.8%
Yaracuy	89,810	47.9%	50,106	26.7%	46,043	24.6%	5,297	2.8%
Zulia	391,490	40.2%	373,744	38.4%	327,367	33.6%	177,476	18.2%

Difficulties in the environment and at home

The setbacks in basic education due to the deterioration of schools, the lack of teachers and the deficiencies in school equipment and equipment have been increasingly pronounced in recent years, and are the main causes of non-attendance and school dropout.

A total of 74.6% of the 28,000 schools have deteriorated conditions in their physical plant, spaces and facilities, including sanitary facilities. In addition, 73.4% do not receive continuous electricity and 80.9% do not receive water. 71.7% did not have enough desks for all students and 95.7% lacked a school transportation service. Likewise, 79.2% of the schools had a shortage of teachers, nearly 60% of whom left the educational system, and 92.9% did not have computers and 93.1% did not have Internet connection.

In the context of the CHE, other difficulties were encountered in the regular access of C&A to school. Among these difficulties, the mention of disasters by households as an obstacle to sending the C&A to classes stood out in 26.4% of the cases. To these reasons were added, in 16.4%, the lack of transportation for the transfer of the C&A; in 14.7%, the lack of school supplies and, in 13.4%, the lack of food, due to economic difficulties at home.

TABLE 26

	C&A from 3 to 17 years old who attend school irregularly							
	Due to disasters		Due to lack of transportation		Due to lack of School supplies		Due to lack of food at home	
Nacional	1,745,085	26.4%	1,085,982	16.4%	969,871	14.7%	884,495	13.4%
Amazonas	9,612	15.9%	10,680	17.7%	4,806	8.0%	5,874	9.7%
Anzoategui	68,717	15.8%	43,400	10.0%	101,267	23.3%	68,717	15.8%
Apure	52,111	37.1%	34,838	24.8%	51,694	36.8%	30,342	21.6%
Aragua	72,614	18.8%	65,911	17.1%	40,217	10.4%	18,991	4.9%
Bolivar	110,494	29.5%	10,600	2.8%	28,538	7.6%	44,845	12.0%
Carabobo	81,492	17.5%	58,085	12.5%	37,278	8.0%	71,956	15.4%
Capital District	75,585	22.4%	43,323	12.8%	7,374	2.2%	9,218	2.7%
Falcon	55,800	24.6%	47,568	21.0%	39,335	17.3%	42,994	19.0%
Guarico	13,015	6.6%	79,089	39.9%	18,521	9.3%	7,008	3.5%
La Guaira	8,514	11.0%	4,789	6.2%	1,064	1.4%	9,046	11.7%
Lara	110,016	22.8%	54,503	11.3%	40,373	8.4%	18,168	3.8%
Merida	54,356	21.8%	28,777	11.5%	7,994	3.2%	6,395	2.6%
Miranda	129,023	31.9%	41,704	10.3%	39,098	9.7%	44,311	11.0%
Monagas	95,203	44.7%	14,487	6.8%	51,741	24.3%	41,393	19.4%
Nueva Esparta	-	-	27,501	22.3%	3,929	3.2%	5,238	4.3%
Sucre	100,100	32.5%	44,489	14.4%	35,389	11.5%	50,556	16.4%
Tachira	34,576	12.9%	22,833	8.5%	28,705	10.7%	21,529	8.0%
Trujillo	37,500	17.1%	32,530	14.8%	4,518	2.1%	3,614	1.6%
Yaracuy	78,544	41.9%	30,244	16.1%	34,758	18.6%	37,918	20.2%
Zulia	316,455	32.5%	128,219	13.2%	144,587	14.8%	118,670	12.2%

Access to school meals

For almost eight decades, the Venezuelan education system has had different programs to meet the nutritional needs of the most vulnerable C&A attending school, including the School Feeding Program (PAE), created in 1996, which until 2008 served 4 million C&A. According to what was reported by households, in 2023 about 3.7 million C&A, representing 56.6% of those studying in 14,300 educational institutions, were not beneficiaries of the PAE. This figure shows a deterioration in access to school meals, compared to 2022, when 44% of C&A did not receive it.

On the other hand, in 43.4% of the beneficiary C&A, only 16.1% received food on a daily basis and only 7.5% in sufficient quantities and adequate quality. The remaining 15.5% received food a few days a week, 8.4% a few weeks a month and 3.4% a few months. 28.5% of households rated the school meals as deficient, both in quality and quantity, contrary to the size, weight and sex requirements of the beneficiary population. 16.2% of the C&A irregular school attendance was attributed to the lack of school meals.

TABLE 27

	C&A aged 3-17 years who do not receive school meals		C&A aged 3-17 years who do not receive adequate daily school meals		C&A aged 3-17 years with irregular attendance due to lack of school meals	
	Number	%	Number	%	Number	%
National	3,745,954	56.6%	2,045,105	71.2%	1,068,907	16.2%
Amazonas	30,972	51.3%	27,234	92.7%	3,738	6.2%
Anzoategui	172,510	39.7%	231,266	88.4%	65,100	15.0%
Apure	91,027	64.8%	19,666	39.8%	35,961	25.6%
Aragua	275,615	71.5%	88,358	80.5%	39,100	10.1%
Bolivar	218,242	58.3%	119,027	76.3%	30,984	8.3%
Carabobo	343,948	73.7%	81,017	66.2%	38,145	8.2%
Capital District	248,391	73.6%	47,873	53.8%	11,983	3.6%
Falcon	97,880	43.1%	100,402	77.8%	41,164	18.1%
Guarico	117,632	59.3%	46,556	57.8%	60,067	30.3%
La Guaira	30,542	39.6%	22,772	48.9%	5,321	6.9%
Lara	338,933	70.1%	122,647	84.9%	56,522	11.7%
Merida	122,286	49.0%	106,293	83.6%	51,159	20.5%
Miranda	233,660	57.8%	136,485	80.1%	42,356	10.5%
Monagas	97,273	45.6%	60,003	51.8%	51,741	24.3%
Nueva Esparta	101,921	82.8%	12,029	56.8%	6,548	5.3%
Sucre	150,585	48.8%	121,484	77.0%	61,678	20.0%
Tachira	145,669	54.2%	115,162	93.5%	24,138	9.0%
Trujillo	112,278	51.2%	92,399	86.5%	20,783	9.5%
Yaracuy	48,534	25.9%	88,123	63.5%	41,980	22.4%
Zulia	689,001	70.7%	180,811	63.5%	137,767	14.1%

Dropout and non-enrollment

Between 2022 and 2023, the number of C&A who did not attend school increased from 25% to 26.7%. Of these C&A, 6.2% dropped out of school and 20.5% never attended school. The levels of non-attendance from 4-17 years of age, as the statutory ages for compulsory education in Venezuela, were 24.2% in the 4-6 age group, 6.9% in the 7-12 age group, and 19.7% in the 12-17 age group. Economic reasons, distance from schools and the special needs of the C&A play an important role in the causes of dropping out and not attending school. 29.9% of the C&A aged 7-17 years who do not attend school are working.

In addition, there are children between 0 and 2 years of age, for whom basic education is also compulsory in the maternal stage, but who constitute the group with the least schooling due to the low number of schools suitable for those ages and the lack of trained teachers. Whether or not they attend educational centers, children of these ages in conditions of extreme poverty, who represent approximately 900,000, should be beneficiaries of policies and programs of assistance and protection in terms of nutritional needs and school readiness appropriate for each age group.

TABLE 28

	C&A aged 3-17 years not attending school		C&A aged 3-17 years who drop out of school		C&A aged 7-17 years not attending school who work		Children 0 to 2 years old in poverty and in need of protection	
National	871,678	10.8%	581,118	7.2%	434,386	29.9%	926,637	69.6%
Amazonas	2,868	4.2%	4,587	6.8%	1,270	16.7%	7,581	77.5%
Anzoategui	15,123	3.1%	35,506	7.3%	4,944	9.5%	37,287	77.0%
Apure	55,865	25.1%	26,460	11.9%	17,898	21.9%	23,598	70.3%
Aragua	18,796	4.6%	7,817	1.9%	3,294	12.5%	32,751	67.7%
Bolivar	72,532	14.6%	48,477	9.8%	15,127	12.5%	41,224	54.0%
Carabobo	65,675	11.4%	44,936	7.8%	40,728	36.8%	44,577	56.7%
Capital District	25,680	6.5%	30,000	7.6%	22,897	40.6%	39,543	53.1%
Falcon	47,794	15.8%	28,004	9.3%	14,663	19.4%	37,992	82.8%
Guarico	42,046	16.4%	16,137	6.3%	10,814	18.8%	32,719	57.6%
La Guaira	13,487	13.4%	9,951	9.9%	2,936	12.5%	14,029	74.1%
Lara	37,261	6.8%	25,652	4.7%	17,188	27.3%	81,694	72.6%
Merida	15,136	5.4%	13,808	5.0%	16,645	57.1%	34,188	78.2%
Miranda	97,348	16.0%	106,022	17.4%	95,218	46.3%	77,551	68.2%
Monagas	43,607	16.2%	12,871	4.8%	23,843	42.9%	30,023	80.1%
Nueva Esparta	15,101	10.5%	6,115	4.2%	8,398	40.0%	10,296	64.9%
Sucre	19,459	5.7%	13,575	4.0%	9,920	30.0%	43,134	77.9%
Tachira	44,120	12.9%	29,413	8.6%	29,413	40.0%	26,003	79.0%
Trujillo	19,403	7.9%	6,984	2.8%	14,201	54.5%	14,822	57.3%
Yaracuy	14,241	6.7%	11,769	5.5%	9,670	37.0%	17,672	79.7%
Zulia	159,184	13.0%	95,209	7.8%	56,087	22.1%	111,279	64.2%

8 CONCLUSIONS AND RECOMMENDATIONS

This fourth measurement of the impacts of the CHE in Venezuela presented by HumVenezuela shows a cyclical process of reproduction of the causes and effects of the emergency on a larger scale, observed in the worsening of deficiencies in access to essential goods and services and in a higher number of people affected in each of the access sectors analyzed. But also, the emergency further aggravated the effects on the population during the year 2023, adding more people in need of assistance and protection or causing those who already had critical or severe needs to fall into extreme levels of deprivation and damage. The factors that reproduced the emergency cycle were due to the stagnation of progress in emergency responses and a more pronounced weakening of the humanitarian response, its funding capacity and its ability to reach the most needy populations.

As of November 2023, about 20.2 million people were in need, with deprivation in one or more areas of access essential to their lives, safety and well-being. This estimate represents an increase of 400 thousand people, compared to the 19.7 million estimated in March 2022. Among the most relevant data of this measurement, it also highlights the increase of 1.1 million people with critical needs and 1.6 million with severe needs, due to a higher level of affectation of the population in terms of basic services, added to a regressive deterioration of economic subsistence and a greater difficulty to maintain or improve livelihoods that, despite their exhaustion through various strategies, failed to stop the worsening of food insecurity.

The situation also worsened for around 4.2 million people with serious, chronic and acute health problems, who spent the year without access to health care services, due to the state of structural collapse of the public health system or lack of economic resources to buy medicines. A greater irregularity in school attendance of about 3.4 million C&A and 1.5 million who do not attend, is the result of the absence of policies to solve the severe problems faced by the educational system throughout the country. In general terms, the measures or policies implemented have been adjusted to the few capacities that are still in place, leaving unresolved the root causes of institutional destructuring, democratic ungovernability and unfulfilled norms and standards in the constitution and national laws, as well as in the instruments of international law.

The number of people in humanitarian need in the sectors presented in this report shows increasing gaps in relation to the number of people in need reached by the humanitarian response. In 2023, the population with access to some form of assistance or protection from the response was much lower than that reached in previous years, as mentioned in the introduction to this report. The more pronounced increase in the gaps between needs and response occurs despite a more closed operating environment in terms of access to information and in which no firm and genuine transition processes are yet in sight, aimed at the recovery and restoration of the country's fallen capacities in all sectors essential to improving people's lives. The consequences of this situation are likely to be an increase in the intention of displacement, mainly outside the country, and a more pronounced lack of protection of the population against threats to life, observed in a population trapped in high levels of poverty and risks of hunger, poor health, disasters and violence.

With these results in 2023 and focused on agreements that make it possible to increase response capacities for the populations that need them most, for the consideration of national and international actors and all interested parties, we present the following recommendations:

Maximum efforts to preserve humanitarian response and space in the country

- In general, make the utmost efforts to preserve the humanitarian response in the country and expand its capacities to provide assistance and protection in all states, without exclusion, at least to the most vulnerable populations with severe humanitarian needs, which in 2023 totaled 4.2 million people. The presence of the response is not only relevant for assistance, but also to respond to the requirement to maintain and extend a humanitarian space, independent of political, military or other pressures and interference, focused on the protection of people and guided by the principles of humanity, impartiality, neutrality and independence and the rules of international law that establish the human right of people to be assisted and protected in all types of crises or emergencies, when circumstances are imposed that exceed the capacities to cope with possible harm, and States are unable or unwilling to resolve the causes that gave rise to those circumstances.

To overcome the unresolved challenges of restricted access in humanitarian response.

- Work on the best strategies, at all necessary levels and instances, inside and outside the country, to overcome the difficulties, obstacles and limitations that maintain a restricted access of the humanitarian response in the country, manifested in the impossibility of carrying out needs assessments and the generation, exchange and communication of data and independent information to measure the scale and severity of the emergency, beyond the vision allowed by existing capacities, since only by recognizing its real dimensions will it be possible to fulfill the mandates of assistance and protection effectively. Underestimates of the emergency conceal the most severe damage to people, generate mistrust and do not allow efforts to be evaluated or to anticipate worsening scenarios, thus weakening activities and putting aid at risk.

Take up the banner of localization in support of the work of national organizations

- Focus efforts to expand humanitarian response capacities in the country, promoting, encouraging and supporting any initiative that allows for effective progress in the localization objectives adopted by the humanitarian community as a top priority in international commitments. Localization is the way to comply with the mandate to strengthen national capacities in circumstances of complex and prolonged emergencies, as in the case of Venezuela, ensuring the greatest possible accompaniment to the affected communities and populations and opening possibilities to build or find solutions to the multiple needs of people, developed from the bases of society itself, as long as their organizations have the support, participation and effective access to decisions, cooperation structures and humanitarian resources, respecting the operational independence.

Maintain an appropriate balance of humanitarian response based on needs

- While humanitarian response prioritizations have a reasonable basis in the context of a large-scale emergency, it is important not to create imbalances in approaches that result in minimizing the

pressing needs of the population and maximizing attention to sustaining deteriorated services whose structural deficiencies are beyond humanitarian mandates. Priorities must be constantly reviewed according to needs, the basis of which is to save lives and safeguard people's dignity. A disproportionate effort in sustaining services may diminish assistance to the immediate needs of a majority of the population who do not have access to these services and whose lives, well-being or safety are at risk. Furthermore, it can also reduce the possibilities of guaranteeing assistance without discrimination to vulnerable population groups and create a false appreciation of the scope of the response.

To promote a rights-based environment and comprehensive protection strategies at all levels.

- Contribute from the humanitarian response to the reestablishment and maintenance in the country of an environment of guaranteed rights for the entire population, including respect for civic space and the defense of rights, in a consistent manner with the mandates of the response and as a fundamental requirement at all times of its operations. This, together with the construction and development of a comprehensive strategy for the protection of the population and its organizations, which in the context of complex emergencies requires the deployment of mobilization efforts in all sectors and at all levels within and outside the country, in the face of scenarios of risks of abuse, insecurity and violence against the population, civil society in general and humanitarian actors. This recommendation implies strengthening the ties between humanitarian response and human rights protection systems, in a coordinated manner at the national and international levels with common frameworks.

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