

1. Crisis overviewⁱ

4 / 5	7.9 million	5.1 million	\$606 million	3.4%
Inform severity index	People in need of humanitarian aid (HRP 2025)	People targeted in the response plan (HRP 2025)	Required to reach the target (HRP 2025)	Of the required funding secured (HRP 2025)
123 MSEK	-	-	123 MSEK	
Initial allocation	Additional allocation	Flexible funding	Total Sida funding 2025	

The protracted socio-economic, institutional, and political crisis in Venezuela, alongside chronic inflation and localised armed violence, has led to a severe humanitarian situation. Millions are unable to access essential services such as healthcare, food, water, sanitation, and education. Many families have resorted to negative coping mechanisms, including reducing food intake and taking on debt, increasing exploitation and protection risks. The official number of people in need (PIN) is projected at about seven million, representing around 25 per cent of the population. However, this is likely a conservative estimate, with local humanitarian organisations and ECHO suggesting 19.7 million people need humanitarian assistance. The Humanitarian Response Plan (HRP) for 2025 targets 5.1 million people.

Following the elections in July 2024, food security and protection needs have significantly worsened. Increased political instability and rising violence in border and mining areas, fuelled by non-state armed groups, have further hindered humanitarian efforts. Venezuela's climate crisis also continues, with extreme weather events such as El Niño and La Niña exacerbating food insecurity and displacing populations. The number of refugees and migrants has reached 7.7 million, making Venezuela's displacement crisis one of the largest globally. While pendular movements dominate, the country continues to face a complex and evolving situation that requires continued international support and coordinated humanitarian action.

2. Humanitarian needs & affected population

The humanitarian crisis in Venezuela has caused widespread needs across multiple sectors, particularly in food security, healthcare, water, sanitation, and hygiene (WASH), and protection. The country's ongoing political and economic collapse has left 53 per cent of the population in poverty and 30 per cent in extreme poverty, with the cost of the Basic Food Basket 175 times higher than the monthly minimum wage. This disparity severely limits access to essential goods, with approximately 4 million people facing severe food insecurity. Additionally, access to water remains inconsistent for three-quarters of the population, exacerbating malnutrition and public health risks, including recurrent outbreaks of diphtheria, malaria, and yellow fever. These conditions are particularly dire in hard-to-reach rural and border areas, where infrastructure is fragile and basic services are often absent.

Vulnerabilities are particularly acute among women, children, and the elderly. Over 500,000 children and 150,000 pregnant women lack access to primary health services, including skilled birth attendance. Nearly 70 per cent of the population experiences recurring and prolonged restrictions in accessing safe drinking water, with 86 per cent relying on contaminated water resources. More than 70 per cent of healthcare centres report water supply failures, and 80 per cent are technically non-operational due to a lack of maintenance, inadequate basic services, and the absence of equipment and supplies. Following the 2024 elections, vulnerabilities have intensified: cases of Moderate Acute Malnutrition rose from 30 per cent to 75 per cent. Gender-based violence (GBV) has also escalated, with 10 per cent of women reporting engagement in survival sex for food and essentials, and 25 per cent of women and adolescent girls reporting incidents of sexual assault. This is compounded by rising maternal mortality rates and unsafe abortions. The collapse of the education system has similarly left 31 per cent of adolescents aged 12 to 17 out of school, primarily due to economic hardship, exposing them to exploitation and recruitment into criminal activities.

The risks to these vulnerable groups are further heightened by violence, forced displacement, and human trafficking, particularly in border regions where armed groups, including those from Colombia, exacerbate insecurity. Venezuela also serves as a key trafficking route for drug cartels operating in Colombia, further compounding instability in these areas. Indigenous communities face unique challenges, including displacement due to land exploitation and resource extraction. Arbitrary violence, property destruction, and human trafficking are common in these areas, increasing the risks for affected populations. Humanitarian access is severely constrained by logistical challenges, such as damaged infrastructure, roadblocks, and bureaucratic restrictions imposed by local authorities. These obstacles impede timely delivery of assistance, leaving many communities without adequate support.

In response to these challenges, Venezuelan communities have demonstrated resilience by relying on informal support networks and remittances. However, these coping mechanisms are proving increasingly inadequate, as migration and limited access to sustainable income sources expose households to additional vulnerabilities.

3. The humanitarian response

The global freeze and scale-back of U.S. humanitarian funding announced in January 2025 is having major consequences on aid operations, and the Humanitarian Country Team is adapting the response in light of the new funding landscape. In Venezuela, the U.S. contributed the majority of the funding in 2024 (56 percent of the HRP). The humanitarian community estimates that over 2.5 million people could be without humanitarian aid in Venezuela if the funding is withheld. The suspension is expected to particularly affect sectors where U.S. funding corresponds to 50 per cent or more, including the sectors of health, food security, WASH, nutrition, child and youth protection and GBV protection. One million people would stop receiving critical health services, including medical care and medicines. Lack of health assistance would increase the burden on an already struggling health system. Around one million people, mostly school-aged children, would stop receiving food assistance. More than 185,000 children would be at higher risk of suffering severe physical and psychological harm, or even death due to violence, abuse, exploitation, and neglect. Other possible effects of a sudden and significant loss of funding for the Venezuela humanitarian response is that the sudden suspension of services will affect access. Once programs are closed, resuming them will take longer, and there will be a loss of credibility and trust in humanitarians. An increased risk of attacks and stigmatization of humanitarian organizations and advances made in building resilience and social structures of communities will be at risk of being reversed.

The 2024-2025 Humanitarian Response Plan (HRP) for Venezuela builds upon the previous cycle (2022-2023), continuing its focus on three key strategic objectives: i) to contribute to the well-being of the prioritised population through a multi-sectoral humanitarian response; ii) to reduce their vulnerability and strengthen their recovery capacities and resilience; and iii) to strengthen institutional and community mechanisms to prevent, mitigate, and respond to protection risks.

In 2025, intersectoral activities will continue to be developed in the following strategic areas: population health, food security and nutrition, access to and provision of basic services, education, risk management and protection, human mobility, and emergency preparedness and response. These actions will be implemented in complementarity with national efforts, with the aim of strengthening the operational presence of partners and optimizing coordination with state institutions, ensuring greater efficiency in interventions. Additionally, an integrated approach will be promoted under the humanitarian-development nexus framework, with the objective of ensuring the impact and sustainability of actions. This approach will include the promotion of gender equality, the centrality of protection, and the strengthening of the localization of responses.

The geographical coverage of the HRP prioritises nine states: Amazonas, Apure, Bolívar, Delta Amacuro, Falcón, Miranda, Sucre, and Zulia. These regions face the most acute humanitarian needs, with limited access to basic services and infrastructure. The HRP also takes a multi-year approach, ensuring sustained support that enables predictability in aid provision and

strengthens the capacity of local institutions to manage and respond to the protracted crisis. However, armed groups and paramilitary factions exert strong territorial control in border areas, creating significant access constraints for both local populations and humanitarian actors. These constraints sometimes challenge partners' ability to deliver aid to the most vulnerable communities in a principled manner. Additionally, logistical challenges, including poor infrastructure and international market restrictions, also complicate the delivery of assistance.

4. Sida's humanitarian allocation

Sida's humanitarian allocation aligns with the priorities set forth in the 2024-2025 HRP and Sida's humanitarian strategy. Recognising the severe and complex needs in Venezuela, Sida's allocation will prioritise multisectoral approaches focused on Protection, WASH, Food Security, and Nutrition. Emphasis will be placed on hard-to-reach areas where humanitarian needs are most critical, particularly in OCHA-designated priority regions. Protection interventions will target essential services such as child protection and initiatives aimed at mitigating GBV, particularly for vulnerable groups, including those on the move. In addition, the allocation strategy will prioritise flexibility, with Sida largely providing non-earmarked support to enable partners to adapt their multi-sectoral country programs to the constantly shifting access constraints on the ground. This flexibility is essential to ensure that partners can respond dynamically to changes in accessibility and emerging needs.

Sida has significantly increased its humanitarian funding in 2025, reaffirming its commitment to addressing severe humanitarian needs across Venezuela through coordinated multi-sectoral efforts that address critical gaps identified by the HRP and the inter-cluster coordination group.

INITIAL ALLOCATION (SEK)		
PARTNER	SECTOR	INITIAL ALLOCATION
AAH	Protection, Health, WASH, Nutrition	22,000,000 ¹
ICRC	Protection, Health, WASH, Shelter	30,000,000
NRC	Protection, Health, WASH, Shelter	22,000,000 ²
Oxfam	Protection, WASH, Food security	12,000,000
VHF	Multi-sector	13,000,000
WFP	Food security	24,000,000
TOTAL		123,000,000

¹ Of which SEK 10 million already committed in 2023

² Of which SEK 15 million already committed in 2023

ⁱ The 2025 initial allocation of humanitarian funding is based on Sida's humanitarian allocation analysis methodology. The analysis reflects the current humanitarian situation across crises and is being updated continuously with the latest available data. The information in the HCA is based on reports, data, and information from partner organisations and other entities, as well as observations from field visits and dialogue with partners.