

### 1. Summary<sup>i</sup>

<b>13</b>	<b>9.9 million</b>	<b>77 MSEK</b>	<b>0 MSEK</b>	<b>0 MSEK</b>	<b>77 MSEK</b>
Humanitarian crisis ranking (Sida's initial allocation analysis) <sup>ii</sup>	Number of people with humanitarian needs (Sida's initial allocation analysis) <sup>iii</sup>	Initial allocation for 2026	Additional allocation in 2026	Flexible funding in 2026	Total Sida funding in 2026

Venezuela is facing a complex and protracted humanitarian crisis, characterised by mass displacement, widespread poverty, acute malnutrition, and severely limited access to healthcare and education. The main causes of Venezuela’s humanitarian crisis include economic collapse, political instability, systemic corruption, and the decline of the oil industry. Over time, these factors have deepened and contributed to an increasingly volatile situation. In 2025, intensified political repression, growing military and diplomatic tensions, and continuing deportations from the United States further isolated the country and reduced the civic space. On January 3, 2026, U.S forces seized President Maduro during a military operation. This took place against the backdrop of an already high fragile humanitarian landscape, and the outlook for the country remains extremely unclear, as political, economic, and social dynamics continue to shift unpredictably.

The official number of People in Need (PiN) is estimated to be 7.9 million and the Humanitarian Response Plan targets 5.5 million people. This figure might be much higher according to local organisations. Furthermore, nearly 56 per cent of the population lives in extreme poverty.<sup>1</sup>

Sida’s allocation amounts to SEK 77 million and is directed towards addressing the most acute and severe humanitarian needs, as well as mitigating critical protection risks. Swedish humanitarian assistance is delivered through UN agencies, international non-governmental organisations (INGOs), local organisations and the Red Cross movement.

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<sup>1</sup> European Civil Protection and Humanitarian Aid Operations, *Venezuela* (November 2025), p.1

## 2. Humanitarian needs & affected population

Humanitarian needs in Venezuela remain severe and multidimensional, driven by the prolonged economic crisis, deep structural fragility, political repression, widespread collapse in essential services and persistent protection risks. Nearly 56 per cent of the population lives in extreme poverty, lacking access to basic services like food, clean water, and electricity.<sup>2</sup> The most acute needs include Food security, Health, Nutrition, Water, Sanitation, and Hygiene (WASH), Education, and Protection, particularly in areas affected by violence, displacement, and collapsing services.

The loss of public health system services affects more than 70 per cent of the population. Outbreaks of diseases such as malaria and dengue continue to hit the most vulnerable. 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<sup>3</sup>, 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. Food access remains difficult, with 10 per cent of the population facing severe food needs and 40 per cent facing critical food needs.<sup>4</sup> The food crisis has an adverse impact on children's nutrition, as malnutrition rates remain high despite ongoing humanitarian interventions. Almost 90 per cent of municipalities are classified with high or very high nutritional severity.<sup>5</sup> The cost of the basic monthly food basket remains far beyond the reach of most families, requiring more than 150 times the minimum monthly wage to afford.<sup>6</sup>

Since the 2024 elections, Venezuela's humanitarian vulnerabilities have worsened dramatically. Moderate acute malnutrition has surged from 30 per cent to 75 per cent, reflecting the collapse of food security systems. Reports of gender-based violence (GBV) have escalated, with 10 per cent of women engaging in survival sex to secure food and essentials, and 25 per cent of women and adolescent girls reporting sexual assault.<sup>7</sup> These risks are compounded by rising maternal mortality rates and the prevalence of unsafe abortions, underscoring the urgent need for integrated Nutrition, Protection, and Health interventions to safeguard women, children, and other vulnerable groups.

Additionally, access to water remains inconsistent for three-quarters of the population, exacerbating malnutrition and public health risks, including recurrent outbreaks of diphtheria,

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<sup>2</sup> European Civil Protection and Humanitarian Aid Operations, *Venezuela* (November 2025), p.1

<sup>3</sup> UNICEF, *Venezuela's November updates*, 2025

<sup>4</sup> HumVenezuela, *Reporte de Diagnósticos Comunitarios*, p 15-16

<sup>5</sup> UNICEF, *Venezuela's November updates*, 2025

<sup>6</sup> Centro de Documentación y Análisis Social de la Federación Venezolana de Maestros, CENDAS-FVM, March 2025 bulletin, p. 2

<sup>7</sup> HumVenezuela, *Reporte de Diagnósticos Comunitarios*, p 24-27, p. 30-33

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. 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<sup>8</sup>. Risks faced by 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.

Needs differ significantly by gender and age. Women and girls face heightened risks of GBV and limited access to sexual and reproductive health services, while men and adolescent boys are more exposed to violence, forced recruitment, and arbitrary detention in some areas. Children, especially Indigenous and disabled children, are disproportionately affected by malnutrition, school dropouts, and protection risks. People living in remote or border areas, such as Zulia, Apure, Táchira, and Bolívar, experience the highest severity of needs due to insecurity, limited services, and restricted humanitarian access. 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.

Venezuela is the country with the largest forced displacement crisis ever in Latin America and one of the largest in the world. Since 2015, nearly 8 million Venezuelans are displaced globally, with the majority, more than 6.7 million, hosted in Latin American and Caribbean countries.<sup>9</sup> The human mobility landscape in 2025 is marked by a dual phenomenon, while the exodus of Venezuelans decelerates, the number of people returning to the country is steadily increasing. It is estimated that 31,000 migrants have returned, in contrast to 22,000 people who have emigrated up to September 2025.<sup>10</sup>

### 3. The humanitarian response

The Humanitarian Response Plan (HRP) for 2026 identifies 7.9 million people in need of humanitarian assistance and targets 5.5 million people. In the HRP, a model of hyper-prioritization is employed. Nine states – Apure, Bolívar, Delta Amacuro, Falcón, Miranda, Sucre, Táchira, Distrito Capital and Zulia, are identified as facing the most acute humanitarian needs due to limited access to basic services and fragile infrastructure. Within these

<b>5.5 million</b>	<b>\$617 billion</b>	<b>7,9%</b>
People targeted in the response plan (HNRP 2026)	Required to reach the target (HNRP 2026)	Of the funding secured (HNRP 2026)

<sup>8</sup> HumVenezuela, *Reporte de Diagnósticos Comunitarios*, p.22-23

<sup>9</sup> UNHCR, *Emergency appeal, Venezuela situation*, p.1

<sup>10</sup> HumVenezuela, *Reporte de Diagnósticos Comunitarios*, 2025, p 18-20

states, the HRP will focus on around 39 municipalities, classified at severity level 5, 4 and 3. The HRP for 2026 is an extension of the HRP for 2024–2025, and will continue to focus on the same core sectors, reflecting the areas where humanitarian needs remain most acute. The response will target Health, Food Security, Nutrition, Protection (including GBV, child protection, and legal identity), Human Mobility, Emergency Preparedness and Response, and Essential Services, including Education.

The humanitarian landscape in Venezuela is dominated by a combination of UN pooled funds, the EU (ECHO), and a limited number of bilateral donors. The donors channel funds through UN agencies, INGOs, and through local NGOs via the Venezuela Humanitarian Fund (VHF). Most funding goes to Food Security, Health, WASH, and Protection, with strong emphasis on locally-led humanitarian action, gender, and hard-to-reach areas. Humanitarian actors in Venezuela operate in a highly constrained environment, and current response capacity is insufficient to meet the most acute needs. The HRP remains severely underfunded, forcing partners to reduce geographic coverage, phase out programmes, and prioritise only the most urgent needs.

Local and national NGOs play a central role in Venezuela's humanitarian response. As first responders in hard-to-reach areas, they bring deep contextual knowledge and community acceptance that often enables access where international actors face restrictions. Through the VHF, local actors now implement over 75 per cent of funded projects, making them vital for service delivery, protection monitoring, and community-based programming. They also contribute to cluster coordination, needs assessments, and area-based interventions in priority municipalities. Despite this growing role, local NGOs face structural barriers such as limited direct funding outside the VHF, heavy administrative and compliance burdens, restricted humanitarian space due to bureaucratic and political obstacles, heightened security risks in border and mining areas, and unequal power dynamics in coordination structures still dominated by UN agencies and INGOs.

Armed groups and paramilitary factions exert strong territorial control in border areas, creating significant access constraints for both local populations and humanitarian actors. Armed violence, arbitrary detentions, and intimidation in some areas create protection risks for both communities and humanitarian staff. Restrictions on independent monitoring reduce the ability to target assistance effectively.

As of December 2025 the HRP for 2024–2025 is 16 per cent funded, which is one of the lowest levels globally and the lowest funding level since the HRP was established in 2019. Funding cuts in 2025 have disproportionately affected Protection, Education, Shelter, and Livelihoods, creating major gaps in services for the most vulnerable. Protection needs, GBV services, and child protection, are severely underserved due to funding cuts and access barriers. Food security, Health, and WASH remain relatively better funded but still far below needs. The most serious consequences are reduced access in high-risk areas, weakened protection systems, and reduced opportunities for communities to recover and rebuild their livelihoods. Due to severe funding shortfalls in 2025, operational capacity has sharply declined, with up to 45 per cent fewer partners active in key sectors compared to 2024. This reduction has forced humanitarian organisations to cut staff, close field offices and scale back essential activities.

## 4. Sida's humanitarian allocation

Sida's humanitarian allocation aligns with the priorities set forth in the 2024–2026 HRP and Sida's humanitarian strategy. Recognising the severe and complex needs in Venezuela, Sida's allocation will prioritise multisectoral approaches focused on Protection, Health, WASH, Food Security, and Nutrition. 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. Emphasis will be placed on hard-to-reach areas where humanitarian needs are most critical, particularly according to the hyper-prioritisation for 2026 by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

The combination of UN agencies, ICRC, INGOs, and a national humanitarian fund provides a balanced portfolio composition that covers both acute life-saving needs and more structural, resilience-oriented interventions. This is essential in a protracted and politically sensitive crisis like Venezuela. Given the restricted humanitarian space and uneven access across regions, having multiple partners with different operational modalities reduces risk and increases the likelihood that assistance reaches the most vulnerable populations.

The allocation strategy will emphasize flexibility, with Sida primarily providing non-earmarked support to allow partners to adapt their multi-sectoral country programs to the constantly shifting access constraints. This flexibility is essential to ensure that partners can respond effectively to changing conditions and emerging needs. Under the new Strategy for Sweden's humanitarian assistance provided through Sida 2025–2029, and with the inclusion of new partner groups, Sida will limit commitments to one-year agreements in 2026. From 2027 onward, however, Sida aims to expand multi-year funding to 30–40 per cent, strengthening predictability and sustainability in the response.

PARTNER	INITIAL ALLOCATION
Action Against Hunger (ACF)	16,000,000
International Committee of the Red Cross (ICRC)	20,000,000
Norwegian Refugee Council (NRC)	16 000 000
UN World Food Programme (WFP)	12 000 000
Venezuelan Humanitarian Fund (VHF)	13,000,000
<b>TOTAL</b>	<b>77,000,000</b>

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<sup>i</sup> The 2026 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.

<sup>ii</sup> Sida's initial allocation analysis consists of three dimensions that are assessed for each crisis-affected country: 1) magnitude and severity of humanitarian needs 2) capacity of the humanitarian system to respond to needs and 3) capacity of the crisis-affected country to respond to needs. The qualitative and quantitative analysis produces an index scoring for each country, where the highest ranked country is found to have the greatest proportion of unmet severe humanitarian needs globally, based on available data. Sida's initial allocation for 2026 includes a total of 25 countries with the highest scores. For more information please see [Initial Allocation\\_Methodology](#).

<sup>iii</sup> The number of people with humanitarian needs according to Sida's allocation analysis is based on the most inclusive estimate of humanitarian needs that is available from recent sources and supported by triangulation. For Venezuela, the selected source is ACF 2025.