

1. Summaryⁱ

11	11,4 million	77 MSEK	31 MSEK	14,6 MSEK	122,6 MSEK
Humanitarian crisis ranking (Sida's initial allocation analysis) ⁱⁱ	Number of people with humanitarian needs (Sida's initial allocation analysis) ⁱⁱⁱ	Initial allocation for 2026	Additional allocation in 2026	Flexible funding in 2026	Total Sida funding in 2026

Venezuela has suffered from a protracted humanitarian crisis, stemming from brutal political repression and ongoing economic collapse driven by the decline of the oil industry, hyperinflation, systemic corruption, political instability and prolonged repression. The situation has further deteriorated in 2026. Following the U.S seizure of President Maduro in January, acting president Delcy Rodríguez is governing under Washington's pressure. Six months later, in June 2026, the country was struck by two earthquakes, measuring 7.2 and 7.5 on the Richter scale, resulting in more than 6 500 deaths and more than 200 000 people injured. The direct physical damages are estimated to USD 37 billion. ¹The crisis has caused widespread poverty, acute malnutrition, and severely limited access all essential services such as water, electricity, healthcare and education as well as the largest displacement crisis in Latin America.²

While the official number of People in Need (PiN) remains to be estimated to 7.9 million, the Humanitarian Country Team has increased the target population from 5.5 million to 6.2 million people, raising the total funding requirements from USD 632 million to USD 931 million. The targeted population for the earthquake response is 1,3 million people, which includes nearly 600 000 people with pre-existing humanitarian needs and 750 000 people not previously targeted in the response plan.³

Sida's initial humanitarian allocation to Venezuela was SEK 77 million and the second allocation of SEK 31 million is directed towards addressing the most acute and severe humanitarian needs including mitigating critical protection risks. Swedish humanitarian assistance is delivered through

¹ Venezuela Humanitarian Response Plan Addendum, June 2026, p. 7.

² Nearly 56 per cent of the population lives in extreme poverty, according to the European Civil Protection and Humanitarian Aid Operations, *Venezuela* (November 2025), p.1

³ Venezuela Humanitarian Response Plan Addendum, June 2026.

UN agencies, international non-governmental organisations (INGOs), local organisations and the Red Cross movement.

2. Humanitarian needs & affected population

Nearly 56 per cent of the population lives in extreme poverty, lacking access to basic services like food, clean water, and electricity.⁴ 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 earthquakes that struck north-central Venezuela on the 24th of June 2026 caused widespread destruction to homes, public infrastructure, healthcare facilities, schools and essential services in seven states across the country: La Guaira, the Capital District, Miranda, Aragua, Carabobo, Falcón and Yaracuy. The earthquakes have exacerbated the needs of a population that was already facing significant challenges in accessing basic services and economic opportunities. A combination of assessments confirm a multi-sectoral deterioration in living conditions and highlights urgent needs in health, safe water, food security, protection shelter and psychosocial support. Prior to the earthquakes, the loss of public health system services affected 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 water⁵, 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.⁶ 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.⁷ 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.⁸

Since 2024, 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

⁴ European Civil Protection and Humanitarian Aid Operations, *Venezuela* (November 2025), p.1

⁵ UNICEF, *Venezuela's November updates*, 2025

⁶ HumVenezuela, *Reporte de Diagnósticos Comunitarios*, p 15-16

⁷ UNICEF, *Venezuela's November updates*, 2025

⁸ Centro de Documentación y Análisis Social de la Federación Venezolana de Maestros, CENDAS-FVM, March 2025 bulletin, p. 2

and adolescent girls reporting sexual assault.⁹ 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, 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 activities¹⁰. 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 has the largest forced displacement crisis documented 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.¹¹ 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 2025.¹²

⁹ HumVenezuela, *Reporte de Diagnósticos Comunitarios*, p 24-27, p. 30-33

¹⁰ HumVenezuela, *Reporte de Diagnósticos Comunitarios*, p.22-23

¹¹ UNHCR, *Emergency appeal, Venezuela situation*, p.1

¹² HumVenezuela, *Reporte de Diagnósticos Comunitarios*, 2025, p 18-20

3. The humanitarian response

Following the earthquake an Addendum to the Humanitarian Response Plan (HRP) for 2026 was established and targets 6.2 million people. The main needs identified following the earthquakes are in health, access to safe water, food security, psychosocial support, shelter, and sanitation. These needs stem both from the direct impact of the earthquakes and from

disruptions to basic services and reduced access to essential resources. During the six-month implementation period, the response will focus on the most severely affected areas and prioritize people who are unable to safely return to their homes, as well as women, children and adolescents, elderly, disabled, indigenous, people on the move, and others facing protection risks. The response will be implemented in two phases. The initial phase will prioritize life-saving activities and the immediate stabilization of living conditions, including healthcare, access to safe water and sanitation, food assistance, protection, and emergency shelter. The second phase will focus on stabilizing living conditions and supporting early recovery, combining the continuation of life-saving assistance with support to essential services such as education, livelihoods, shelter, and community recovery.

6.2 mn	\$931 bn	43,1%
People targeted in the response plan (HNRP 2026)	Required to reach the target (HNRP 2026)	Of the funding secured (HNRP 2026)

The response will be implemented through the existing humanitarian architecture, in support of efforts led by the authorities, while strengthening intersectoral coordination, local coordination and response mechanisms, and the participation of affected communities.

The addendum is based on a Rapid Needs Assessment (RNA) conducted across the seven affected states, complemented by secondary data analysis, statistical modelling, satellite imagery assessment and expert judgment. The findings confirm the need for a multisectoral response and highlight three main impacts: deteriorating living conditions, loss of livelihoods and purchasing power, and loss of housing, with consequences for shelter and community cohesion¹³.

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 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

¹³ OCHA, Venezuela, Addendum to the Humanitarian Response Plan 2026, Key Messages, July 2026.

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 September 2026 the HRP, including the addendum for 2024–2026 is 43,1 per cent funded, which is significantly higher than in December 2025. The increase is likely due to the additional funding to the response to the earthquake.

Major funding reductions in 2025 significantly affected humanitarian operations in Venezuela, particularly in Protection, Education, Shelter and livelihood-related interventions. Protection services, including gender-based violence and child protection programmes, experienced severe constraints. Although Health, Food Security and WASH received relatively higher levels of funding, resources remained far below identified needs. As a result, humanitarian organizations reduced operational capacity, scaled back services and faced increasing challenges in reaching vulnerable populations, particularly in high-risk and hard-to-reach areas.

4. Sida's humanitarian allocation

In light of evolving needs, Sida is allocating an additional 31 MSEK to Venezuela in September 2026. The allocation will primarily focus on the effects from the devastating earthquakes in June 2026. Sida has also approved four rapid response mechanism projects in response to the earthquakes with additional 12,7 MSEK. The response includes ACF, and also Premiere Urgence (PUI) Internationale, International Rescue Committee (IRC) and Solidarite International (SI) that currently are not part of the humanitarian portfolio.

Sida's humanitarian allocation aligns with the priorities set forth in the 2024–2026 HRP, the Addendum to the Humanitarian Response Plan and Sida's humanitarian strategy. Recognising the severe and complex needs in Venezuela, Sida's allocation will prioritise the impact of the 24 June earthquakes and 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. Relief efforts for the earthquakes are ongoing, but substantial needs remain, especially in the hardest-hit areas such as La Guaira and surrounding coastal regions, where affected families continue to rely on humanitarian assistance for protection, shelter, and access to essential services. 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
TOTAL	77,000,000

FLEXIBLE FUNDING & ADDITIONAL ALLOCATIONS (SEK)		
PARTNER	FLEXIBLE FUNDING ¹⁴	ADDITIONAL ALLOCATION
Action Against Hunger (ACF)	3,000,000	8,000,000
International Committee of the Red Cross (ICRC)	-	10,000,000
Norwegian Refugee Council (NRC)	-	8,000,000
UN World Food Programme (WFP)	-	5,000,000
International Rescue Committee (IRC)	5,000,000	-
Premiere Urgence Internationale (PIU)	3,100,000	-
Solidarites International (SI)	1,600,000	-
Swedish Civil Defence and Resilience Agency (MCF)	580,000	-
OCHA Field Coordination ¹⁵	1,300,000	-
TOTAL	14,580,000	31,000,000

¹⁴ Flexible funding includes a mix of allocations such as Rapid Response Mechanism and other flexible funding mechanisms.

¹⁵ Sida provides flexible funding to OCHA's field coordination, and this preliminary allocation is therefore subject to change.

ⁱ The 2026 mid-year 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.

ⁱⁱ Sida's mid-year allocation analysis consists of three dimensions that are assessed for each of the 25 crisis-affected countries that were included in the initial allocation for 2026: 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, based on available data. For more information please see Mid-year Allocation_Methodology.

ⁱⁱⁱ Sida uses the most inclusive estimate of humanitarian needs which is available from recent sources and supported by triangulation.. For Venezuela, the selected source is Food Security Cluster 2026.