

HUMANITARIAN RESPONSE PLAN VENEZUELA

HUMANITARIAN
PROGRAMME CYCLE

2022 - 2023

August 2022



Adición y sustracción con decimales

$$+ 315,4$$

$$- 329,6 + 3,23$$

Ordena y resuelve los
siguientes ejercicios

- a) $415,423 + 34,3 + 12,23$ $\begin{array}{r} 415,423 \\ + 34,300 \\ \hline 452,723 \end{array}$
- b) $323,123 + 21,3 + 8,3$ $\begin{array}{r} 323,123 \\ + 21,300 \\ + 8,300 \\ \hline 352,723 \end{array}$
- c) $625,24 + 14,3 + 3,2$
- d) $425,2 + 34,3 + 12,40$

About

OCHA has developed this document on behalf of the Humanitarian Country Team and its partners in coordination with the authorities. The document provides a common understanding of the situation and presents a joint planning strategy for the humanitarian response.

PHOTO ON COVER

Teacher beneficiary of an education project in the state of Amazonas implemented by ASEINC and financed by the Venezuela Humanitarian Fund.

Photo: OCHA/Héctor Pereira

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The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

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MIRANDA STATE, VENEZUELA

An elderly woman receives medical assistance during one of the care days organized by the NGO Convite as part of a project funded by the Venezuela Humanitarian Fund (VHF).

Photo: OCHA/Hector Pereira.

Part 1: Response Plan Overview

TARGET POPULATION	REQUIREMENTS (US\$) - 2022	OPERATING PARTNERS	PROJECTS
5.2M	\$795M	125	145

The 2022-2023 Humanitarian Response Plan (HRP) provides the framework for action in Venezuela and aims to respond to the priorities established and presented in the plan. It focuses on providing assistance and strengthening the provision of essential services, livelihoods, and protection, as prioritized by level of vulnerability.

According to the UN Economic Commission for Latin America and Caribbean (ECLAC) estimates, 2021 saw Venezuela close a cycle of accelerated recession following a cumulative contraction of 75 per cent in the last eight years. While in 2022 the economy is expected to grow, it will take time for this to result in significant improvements in access to basic services, restored livelihoods, and reduced protection risks.

Thus, the HRP seeks to address the most pressing needs by focusing on six priority areas: public health, nutrition, food security and livelihoods, human mobility, protection risks, the provision of and access to services, and access to education.

The multi-year plan's activities and projects also seek to build capacities at the institutional, community, and individual levels to improve the provision of essential services, restore livelihoods, and strengthen resilience and the capacity to recover of the most vulnerable people. This is particularly important in a context where the economy stabilized in 2021 and moderate growth is expected for 2022. The focus of the HRP, as outlined in the sectoral plans, seeks to promote the link between humanitarian action and development, including actions that may help Venezuela achieve

the Sustainable Development Goals (SDGs). With its focus on assisting the most vulnerable population, humanitarian action is an instrument that contributes to sustainable development under the fundamental premise of leaving no one behind.

The HRP 2022-2023 has been developed under the framework of the UN General Assembly Resolution 46/182, that respects the sovereignty and territorial integrity and national unity of States, with assistance provided in line with the humanitarian principles of humanity, impartiality, independence and neutrality. In this regard, all the humanitarian organizations that are part of the Plan are committed to the Joint Operating Principles for Venezuela (see annex) and the national legal framework. The humanitarian response places the most vulnerable population at its center and considers the needs differentiated by age group, gender, and diversity.

This document has been prepared by the Inter-Cluster Coordination Group (ICCG), under the supervision of the Humanitarian Country Team (HCT). It is based on consultations since the end of 2021 with the authorities of the Government of Venezuela, as well as other key stakeholders.

Based on demonstrated operational capacity, HRP partners will seek to assist 5.2 million people over the next two years, including 50 per cent women and girls and 50 per cent men and boys. Children and adolescents represent 40 per cent of the target population. Most of the plan's activities will take place in eight states: Amazonas, Apure, Bolivar, Delta

Amacuro, Falcon, Miranda, Sucre, and Zulia. The geographic prioritization will be revised periodically and coordinated with the national authorities.

Giving continuity to the previous HRPs, the three strategic objectives of the 2022-2023 plan are: 1) contribute to the well-being of the prioritized population by age group, gender, and diversity through a multisectoral humanitarian response and with a rights-based approach; 2) reduce vulnerability and strengthen recovery capacities and resilience of the prioritized population by age group, gender, and diversity; and, 3) strengthen institutional and community mechanisms to prevent, mitigate, and respond to the protection risks of the prioritized population. These three objectives will be promoted in line with humanitarian principles, a rights-based approach and gender equality.

Additionally, the HRP will seek to promote preparedness, risk mitigation, and response to natural or man-made disasters. In 2021, Venezuela experienced heavy rains and floods that affected some 95 municipalities. With forecasts that climate change will continue to affect weather patterns, there is a need to complement the State's efforts, both in response to these situations and in building capacity for

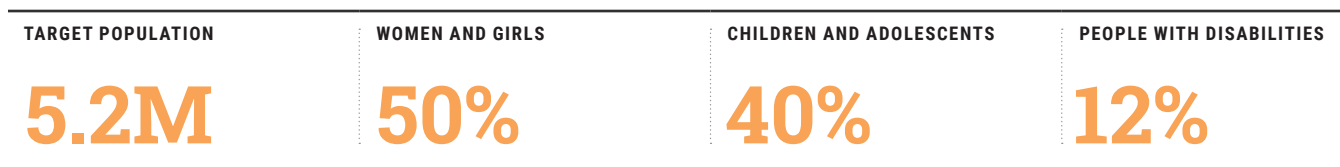
preparedness and risk mitigation, integrating gender and intersectoral approaches.

The 2022-2023 HRP seeks to achieve these objectives through 145 projects carried out by 125 organizations (United Nations agencies and national and international non-governmental organizations (NGOs)). These work in a coordinated manner through eight Clusters and two Areas of Responsibility (AoR), under the leadership of the HCT, and in coordination with the national authorities and in line with the national legal framework.

Implementing these projects requires mobilizing US\$795 million in 2022. Efforts are ongoing with the donor community to facilitate resource mobilization and rapidly increase funding for the response. The plan's implementation also requires maximum support from and coordination with the authorities to increase its impact.

The HRP's objectives and approach will be the basis for the response in 2022 and 2023, with an update of the plan scheduled for the end of 2022 to revise the projects and financial requirements for 2023, considering possible changes in the context.

Target Population of the 2022-2023 Plan



STATE	TARGET POPULATION
Zulia	805K
Miranda	379K
Bolivar	372K
Tachira	311K
Apure	311K
Distrito Federal	302K
Carabobo	282K
Lara	250K
Falcon	237K
Anzoategui	236K
Aragua	209K
Sucre	199K
Nueva Esparta	156K
Monagas	149K
Trujillo	145K
Merida	125K
Yaracuy	119K
Barinas	116K
Portuguesa	115K
Guarico	114K
Delta Amacuro	86K
Amazonas	80K
Cojedes	63K
La Guaira	57K

HUMANITARIAN RESPONSE BY SEX

SEX	TARGET POPULATION	% TOTAL
Boys	1.05M	20.09%
Girls	1.04M	19.94%
Men	1.54M	29.44%
Women	1.59M	30.53%

HUMANITARIAN RESPONSE BY AGE

AGE GROUP	TARGET POPULATION	% TOTAL
Children and adolescents (0-17)	2.08M	40%
Adults (18-60)	2.33M	45%
Elderly (60+)	795K	15%

HUMANITARIAN RESPONSE FOR PEOPLE WITH DISABILITIES

	TARGET POPULATION	% TOTAL
People with disabilities	626k	12%

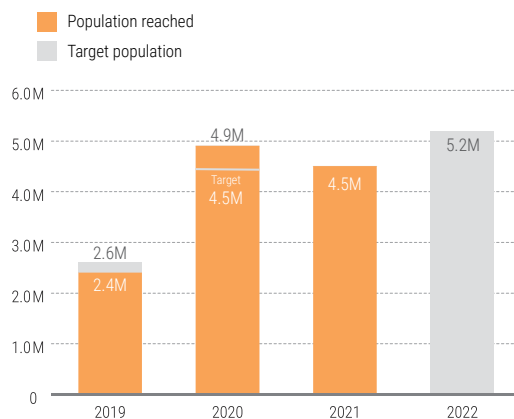
Key Figures of the Humanitarian Response Plan

FINANCIAL REQUIREMENTS BY CLUSTER

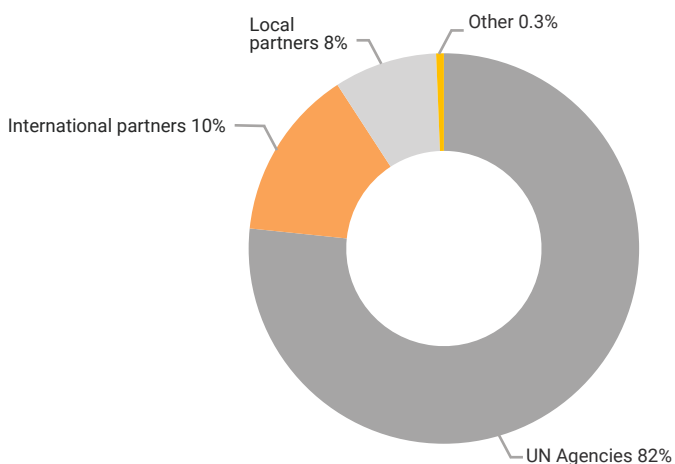
CLUSTER	FINANCIAL REQUIREMENTS (US\$)
Health	\$190.3M
Food Security and Livelihoods	\$186.3M
Water, Sanitation, and Hygiene	\$125.1M
Education	\$111.1M
Protection*	\$79.1M
General Protection	\$24.9M
CP AoR	\$24.9M
GBV AoR	\$29.3M
Shelter, Energy, and Non-food Items	\$53.9M
Nutrition	\$39.3M
Coordination and Logistics	\$9.9M

* The Protection funding requirement includes all the AoR requirements, which form part of the Protection Cluster (Child Protection and Gender-based Violence).

PEOPLE REACHED AND TARGET POPULATION 2019 - 2022



FUNDING REQUIRED BY TYPE OF ORGANIZATION



Humanitarian Response 2019-2021

Since 2019, under the framework of successive HRPs, the humanitarian community has managed to ensure a coordinated response, together with the State and among UN agencies and their partners. The response has focused on the most critical problems, the most vulnerable groups, and prioritized states. During this period, more than US\$800 million have been mobilized from international donors to work on:

Health, including the refurbishment of delivery and emergency rooms, the distribution of medicines and personal protective equipment (PPE), support for vaccination campaigns and epidemiological surveillance (such as for measles, diphtheria, and malaria outbreaks).

Food security and nutrition, distributing food, advancing the creation and protection of livelihoods and agricultural production for the most vulnerable individuals and families, and therapeutically addressing the prevention and treatment of acute malnutrition in children under five years of age and of underweight in pregnant and lactating women.

Water, sanitation, and hygiene, rehabilitating water treatment plants, ensuring water supply in health, educational, and community premises, and supporting communities in the safe storage and management of water.

Human mobility, supporting vulnerable people involved in mixed migratory flows: people leaving, returning, or involved in pendular migrations. This includes support for the State's response during the pandemic to assist the return of Venezuelans and improve the quarantine conditions at Comprehensive Social Care Points.

Education, supporting the safe return to class with the refurbishment of educational centers, providing educational kits to children and adolescents, training for academic staff, and support for school meals.

On **Protection**, and in coordination with state institutions and humanitarian partners, specialized services have been strengthened and expanded for vulnerable populations, including children and adolescents and women survivors of different types of violence, including Gender Based Violence (GBV).

With these actions, between four to five million people in almost all states have been reached with some kind of assistance each year. The focus has always been on the most vulnerable groups.

In 2021, US\$390.1 million was received for humanitarian action, including \$279.3 million for the HRP, representing an increase of 50 per cent compared to 2020 and allowing for the scale up of the response. This is due to increased donor confidence in the effectiveness of the humanitarian response, increased operational capacity of humanitarian organizations, and an increased number of donors, with 18 contributing countries.

At the same time, the Venezuelan Humanitarian Fund (VHF) was expanded in 2021, mobilizing US\$19.9 million since 2020 with the support of nine donors, and has proven to be an important mechanism to address response priorities and strengthen the capacities of local partners in coordination with the authorities.

US\$8 million were also received from the Central Emergency Response Fund (CERF) as part of the underfunded emergencies window, including US\$1 million to assist people with disabilities.

Nonetheless, funding remains a challenge. The HRP was 39 per cent funded in 2021 and, consequently, not all the proposed objectives were achieved, nor were all the needs addressed with a multisectoral approach. In many cases, the population reached received goods or services as part of a specific sectoral activity, for example, the distribution of a hygiene kit or participation in a health support day. More resources and better access are required to meet needs in a comprehensive and continuous manner (e.g., accessing safe water regularly or receiving

comprehensive medical treatment), to strengthen the multisectoral approach of the response, and to support people to address their vulnerability, integrating gender, age, and disability approaches.

In this regard, it is important that agreements are reached to access new sources of financing, as well as facilitate the State's access to frozen funds abroad, which can be used to address the most urgent humanitarian and social needs, including the recovery of basic services.

AMAZONAS STATE, VENEZUELA

A child reads during a class at a school in the state of Amazonas, where UNICEF supports school feeding programs. Photo: OCHA/Hector Pereira



Focus of the response in 2022-2023

The 2022-2023 HRP promotes three strategic objectives: 1) Contribute to the well-being of the prioritized population by age group, gender, and diversity through a multisectoral humanitarian response and from a rights-based approach; 2) reduce vulnerability and strengthen recovery capacities and resilience of prioritized population by age group, gender, and diversity; and, 3) strengthen institutional and community mechanisms to prevent, mitigate, and respond to the protection risks of the prioritized population. It promotes 11 specific objectives to strengthen the link and complementarity at the strategic level and in intersectoral interventions.

Building on the previous plans, the 2022-2023 plan promotes a more intersectoral response, which entails addressing the most pressing needs with activities from multiple sectors. For example, water and sanitation actions promote improvements in health services, interventions in food security favor school attendance, and the restoration of livelihoods, such as agricultural production, helps foster an overall better protection environment for families and the community. Sixty-one per cent of the projects in the plan focus on two or more sectors, but it also seeks to strengthen the **complementarity** between activities and organizations. This has been achieved through collaborative planning processes between UN agencies, funds, programs, and other partners, in coordination with the Venezuelan authorities. The multi-year HRP facilitates more **sustainable** activities, focused on strengthening capacities at the institutional, community, and individual levels to guarantee and maximize the impact in the provision of essential services, the restoration of livelihoods, and the promotion of resilience and the capacity to recover of the most vulnerable people.

The response is based on **humanitarian principles**, promotes **gender equality** and the empowerment of

women, girls, and LGBTI individuals, and has a **zero-tolerance policy for sexual exploitation and abuse**. The plan includes creating and/or strengthening confidential and secure reporting channels together with mechanisms that facilitate **accountability to affected populations**, communication with communities, and community empowerment.

Furthermore, consultations are underway with the national authorities on the possibility of implementing cash-based transfers and agreeing associated on coordination and communication mechanisms, in line with the country's legal framework.

The prioritization process has also been strengthened to improve the impact of the HRP. The Plan focuses on six priority thematic areas: a) health of the population; b) nutrition, food security, and livelihoods; c) human mobility; d) protection risks; e) provision of and access to essential services; and f) access to education. Geographically, the HRP will strengthen its focus on the prioritized states and the most vulnerable population groups, taking into account the drivers of need. The revision of the prioritization process will be coordinated with the national authorities and will be based on updated information provided by the National Geographic Statistical System.

If the Plan's financial requirements are mobilized, the humanitarian community, in coordination with the State, expects to reach 5.2 million people in 2022-2023, addressing their needs in an intersectoral manner and building recovery and resilience capacities. The financial requirement in 2022 is US\$795 million. The HRP will be updated at the end of 2022, with a revision of the projects and their financial requirements for 2023, considering possible changes in the context.

Priority population groups

The prioritization methodology used to determine the most vulnerable groups takes into account age, gender and diversity, which in general, impact the level of people’s vulnerability in a differentiated way. In addition, different drivers of need that affect the priority groups were identified, as people are often affected by one or more factors. The identification of the vulnerable groups will be periodically revised in consultation with the national authorities and based on the information provided by the National Geographic Statistics System.

VULNERABLE GROUPS

PRIORITIZED GROUPS

AGE



Children



Adolescents and youth



The elderly

GENDER



Women

DIVERSITY



People with disabilities



Indigenous populations



LGTBI



Refugees

VULNERABILITY INDICATORS/NEED DRIVERS



On the move



Communicable and non-communicable diseases with lack of access to medicines and health care, including people with HIV and COVID-19



Extreme socio-economic vulnerability and limited access to essential services



Living in rural/isolated areas, areas affected by or at risk of natural disasters, with presence of non state armed groups/criminal gangs



Lack of documentation



Food insecurity or malnutrition

Geographic focus

In 2022, the response has mainly focused on eight states: Amazonas, Apure, Bolivar, Delta Amacuro, Falcon, Miranda, Sucre, and Zulia. Beyond these eight states, response actions have also been implemented in Caracas and seven other states in the country: Anzoategui, Carabobo, Lara, Monagas, Tachira, Trujillo, and Yaracuy. Additionally, activities have taken place in other states to address specific sectoral needs.

The geographic prioritization will be revised in coordination with the national authorities and be based on the information provided by the National Geographic Statistics System.

Humanitarian principles

In line with UN General Assembly Resolution 46/182, the organizations that are part of the Venezuela HRP are guided by the humanitarian principles of humanity, neutrality, impartiality, and independence, the national legal framework and the Joint Operating Principles for Venezuela. The latter defines common standards, including the centrality of protection, accountability to affected people, protection against exploitation and sexual abuse, and strengthening capacities and institutions.

Centrality of protection

As in previous plans, the 2022-2023 HRP seeks to mainstream protection in all its activities. This has been done through the promotion (including specific training) and the evaluation of the centrality of protection in the projects that are included in the plan. This will be monitored throughout the plan’s implementation. Through this approach, the HRP seeks to strengthen the protection environment and place protection at the center of humanitarian action.

The HCT developed a Protection Strategy in 2022 that focuses on critical priorities and promotes a coordinated, coherent, and multisectoral approach to the response and advocacy. The strategy identifies 18 key actions within four protection priorities, whilst promoting a comprehensive humanitarian response: Prevention and response to all forms of violence,

***Most of the refugees are from Colombia and receive attention from the National Commission for Refugees, which is supported by UNHCR.*

access to rights and essential services, promotion of sustainable livelihoods, and protection for people on the move. The HCT will regularly monitor its implementation throughout the humanitarian program cycle in coordination with the national authorities.

Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse

Protection from Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations (AAP) are collective responsibilities for humanitarian actors. They contribute directly to the principle of “do no harm” and are an inherent part of the centrality of protection. The AAP working group and the PSEA Inter-agency Network will work jointly to maximize synergies between the two areas.

In 2022, the HRP proposes a multisectoral approach to AAP and PSEA issues, that avoid working in silos and put communities at the center of humanitarian response. Both themes have been included in the monitoring framework, with differentiated indicators for AAP and PSEA. The allocation of specific resources for AAP and PSEA will be vital to achieving the inter-agency objectives set out in the two cross-cutting areas.

Accountability to Affected Populations – AAP

In 2021, the work on accountability to the affected populations focused on implementing the Collective Framework, the main objective of which is to outline minimum actions needed to put AAP into practice throughout the humanitarian program cycle in Venezuela.

The Collective Framework aims to harmonize the implementation of AAP, provide a set of operational actions to guide and monitor individual and collective progress, and support humanitarian partners in achieving individual and collective AAP commitments.

In this first phase of implementation of the Collective Framework, considerable efforts have been made to strengthen capacities and incorporate AAP in the needs assessment tools.

One of the most significant advances has been the implementation of the Interagency Contact Line, a collective information, feedback, and complaints mechanism. The Contact Line provides communities with a multi-channel system to express their opinions, complaints, and suggestions and request information on humanitarian action. It also receives reports on gender-based violence, which are referred accordingly. The Contact Line complements the mechanisms implemented by UN agencies and other humanitarian actors, according to the 2017 Inter-Agency Standing Committee (IASC) guidelines and commitments on accountability to affected people and the protection against sexual exploitation and abuse.

AAP collective priorities for 2022 and 2023 include: 1) alignment and coordination of communication processes with communities, ensuring the inclusion of information on feedback mechanism and accessible language and formats for different population groups, 2) integration of AAP in needs assessment tools and monitoring frameworks; 3) integration of different feedback mechanisms according to the referral flowchart of the Venezuela AAP Collective Framework; and 4) periodic inter-agency analysis of the feedback received to inform changes in the response.

Protection against Sexual Exploitation and Abuse (PSEA)

In 2021, the PSEA strategy focused on strengthening the Interagency Network (composed of UN agencies, national and international NGOs, and representatives of the Protection Cluster), strengthening staff capacities, and piloting the Interagency Contact Line as a mechanism for reporting suspected sexual exploitation and abuse. The Interagency Complaints Protocol was also implemented and priority was given to conducting informative briefings at the community level.

Despite the achievements made in the last two years, there are still challenges in PSEA. Thus, in 2022, the HCT PSEA Action Plan and the Interagency Network work plan focus on areas of collective interest that will be prioritized throughout the HRP. These include risk analysis and participatory diagnosis on PSEA; community awareness differentiated by age

groups, gender, ethnicity, and disability; inclusive and accessible reporting mechanisms with national coverage; victims' access to services and assistance, and support for investigation processes from a victim-centered and human rights-based approach. These actions have been included in an inter-agency project to strengthen and implement PSEA collective commitments, in line with the current legal framework.

Additionally, all HRP projects include PSEA standards around risk analysis, community awareness, and inclusive, accessible, and safe reporting mechanisms. The Network will continue to provide technical support and build the capacities of clusters, focal points, and partners. The Network will also prioritize coordination with Venezuelan authorities.

Gender equality in humanitarian action

Women and girls often face more significant protection risks, and at the same time, are the population most affected by food insecurity and limited access to water, hygiene and sanitation, health, mental health, menstrual hygiene, and energy services. In general, they are also most affected by educational exclusion, due to gender roles and the impact of care work that usually falls on them.

In terms of guaranteeing the full inclusion and protection of vulnerable groups, a key priority is to promote the livelihoods of the LGBTI population and address their food security, health, shelter, documentation and education needs.

Within the HRP and in coordination with state institutions, women's organizations have played a key role in providing services, especially those related to sexual and reproductive health and gender-based violence.

According to the Gender and Age Marker (GAM), all 145 projects in the HRP 2022-2023 completed the marker. Most projects plan to respond to identified gender and age differences in order to promote an effective, adapted, and equitable response.

Incorporating a transformative gender perspective and promoting the participation of women, girls, and

LGBTI people are essential in all humanitarian sectors. Accordingly, the HCT will develop a Roadmap that will seek to strategically guide actions on gender equality in the next two years around five lines of action: 1. leadership, 2. programming, 3. coordination, 4. localization, and 5. accountability. Through this work plan, the HCT intends to strengthen decision-making on gender, systematically generate evidence, and build capacities to improve gender integration in humanitarian coordination, evaluation, analysis, planning, and monitoring of the clusters, ICCG, and partners.

The HCT will promote gender coordination mechanisms along with the integration of gender commitments across the humanitarian-development nexus and through the meaningful participation of various organizations committed to gender equality, especially women, feminists, and LGBTI people, in line with the Inter-Agency Standing Committee (IASC) Policy on Gender Equality and Empowerment of Women and Girls.

Inclusive humanitarian action

In 2022, efforts will be conducted to strengthen the inclusion of people with disabilities in humanitarian action and mainstream the protection principles linked to disability, in coordination with the relevant authorities. Forty-seven per cent of all the HRP 2022-2023 projects report having consulted people with disabilities or specialized organizations as part of the needs assessment conducted for the project design. It is estimated that 12 per cent of the target population are people with disabilities.

Humanitarian-development nexus

The HRP covers a period of two years, with the aim of promoting projects and activities that are more sustainable and have a greater impact. This means focusing on providing institutional technical assistance and capacity building, ranging from training for health and education personnel and repairing and refurbishing basic infrastructures, such as hospitals, outpatient clinics, school kitchens, canteens, or water purification plants. The plan also seeks to provide

tools and support for households and communities to strengthen their livelihoods.

The plan promotes an approach that seeks to help reduce vulnerabilities and strengthen the recovery and resilience of vulnerable people and institutions. Thus, the HRP's focus, as outlined in the sectoral plans, seeks to promote the link between humanitarian action and development, including humanitarian efforts to help Venezuela achieve the Sustainable Development Goals.

Furthermore, in a context where the economy began to stabilize in 2021, with forecasts of growth in 2022, efforts will be made to coordinate the Plan's objectives with development actors and promote actions that can reduce needs under the fundamental premise of not leaving anyone behind.

Humanitarian communication

In 2022, the HCT communication strategy will continue to be implemented. This initiative has gradually increased the visibility of the humanitarian response in Venezuela and supported the acceptance of principled humanitarian action, as well as promoted and advocated for the non-politicization of aid. Some of the activities include joint social media campaigns, high-level visits by UN officials, press releases, and workshops on humanitarian communication.

The Humanitarian Communication Group (HCG) has developed a new communication strategy for 2022,

including strengthening a common narrative among humanitarian actors, carrying out educational activities on humanitarian work, and giving greater visibility to humanitarian organizations' work on the ground.

In collaboration with the AAP working group, as part of the efforts to strengthen communication with communities, the HCG will carry out initiatives to inform the population, especially people with pressing needs, considering their gender, age, and diversity, of where and how the humanitarian response is being implemented and feedback channels available to beneficiaries.

Comprehensive risk management, disaster preparedness and response

In 2022, a key priority is support to preparedness and risk mitigation and management efforts. This includes reinforcing the relationship and coordination with Civil Protection and strengthening its institutional capacities and those of volunteer corps with response capabilities.

Also, joint efforts will be made with the authorities at all levels to design contingency plans in response to the main natural and man-made disaster risks in different geographical areas of the country. These will promote adaptive measures and anticipatory actions to reduce and mitigate the impact of these on the livelihoods and humanitarian needs of households vulnerable to natural disasters (corrective disaster risk management).



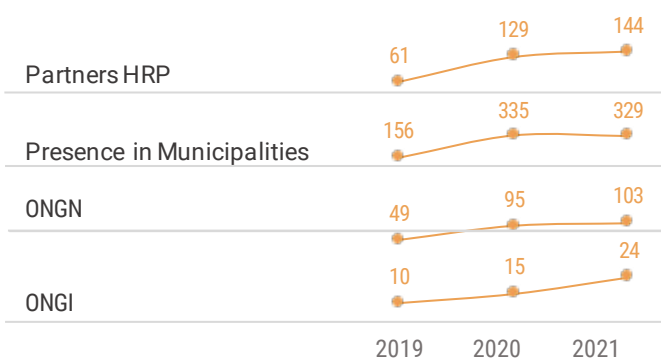
BOLIVAR STATE, VENEZUELA

A woman participates with her daughter and another group of women in one of the workshops offered at the Brisas de Macagua Safe Space, San Felix, Bolivar. Photo: UNFPA

Humanitarian Access and Operational Capacity

In 2021, the humanitarian operation in Venezuela expanded due to an increase in humanitarian funding, the consolidation of partner presence across the country, the start of the World Food Program's (WFP) operations, and the establishment and rapid growth of the VHF.

In 2021, US\$390.1 million was mobilized for the humanitarian response, representing a 50 per cent increase from 2020. There was also an increase in the number of partners participating in the HRP. At the same time, response actions were reported in almost all municipalities of the country.



In July 2021, WFP began operations in the state of Falcon. At the end of 2021, it had expanded to Barinas, Trujillo, and Yaracuy, and soon it will be implementing its programs in Anzoategui, Delta Amacuro, Monagas, and Sucre.

On the other hand, the VHF has financed 31 projects, supporting 21 national NGOs, 9 international NGOs, and 22 national sub-implementing NGOs, allocating US\$11.5 million in 2021. The Fund has benefited 132,000 people, 56 per cent of whom are women and girls, prioritizing projects that assist women and girls, indigenous communities, the elderly, and people with disabilities.

To continue expanding humanitarian access, the relationship with authorities has been strengthened,

including the establishment of technical working groups in various states, in coordination with the national authorities.

Despite the achievements, humanitarian partners in Venezuela continue to experience multiple access challenges. These will be systematically addressed in an effort to find solutions in coordination with the relevant authorities.

The main challenges identified are related to regulatory and operational aspects:

Regulatory challenges: various national and international organizations have highlighted a number of regulatory challenges. International NGOs are waiting to receive information on the Special Automated Registry of Non-Domiciled Non-Governmental Organizations process (REGONG, for its acronym in Spanish). This registry is important because it facilitates the operations of international NGOs, including their coordination with State institutions.

Operational challenges: the main operational difficulties identified by humanitarian partners include access to fuel, the importation of supplies and security related issues.

To address these, there is a need for greater contact and interaction between humanitarian partners with the authorities (at the national, regional, and local level), as these would contribute to creating spaces of trust and mutual understanding.

ORGANIZATIONS PER CLUSTER BY STATE IN 2021

	Shelter, Energy & NFI	Water, Sanitation & Hygiene	Education	Nutrition	General Protection	AoR Child Protection	AoR Protection GbV	Food Security & Livelihoods	Health	Total by State
Amazonas	1	4	4	1	3	2	5		3	12
Anzoategui	1	7	5	8	16	2	11	6	6	30
Apure	4	8	7	4	7	6	9	6	10	25
Aragua	1	4	5	7	11	5	5	3	6	26
Barinas	2	4	8	5	6	10	4	6	7	20
Bolivar	5	13	10	6	10	12	14	14	13	35
Carabobo	2	5	4	8	15	5	11	7	11	35
Cojedes			2	2	3				3	8
Delta Amacuro	1	2	5	2	5	2	4	4	10	17
Distrito Capital	5	20	10	17	24	11	24	17	16	67
Falcon	5	4	9	4	5	6	8	8	4	29
Guarico		3	1	2	4	1		4	3	12
La Guaira	3	6	3	4	7	4	6	3	6	24
Lara	2	9	6	11	15	5	11	11	7	37
Merida	5	7	5	5	11	8	10	7	9	30
Miranda	9	22	15	16	24	13	25	21	16	71
Monagas		2	3	3	5		3	2	3	13
Nueva Esparta	1	2	3	2	5		2	1	4	12
Portuguesa	1	2	3	4	5	4		5	4	18
Sucre	4	4	7	6	9	7	9	6	8	29
Tachira	10	11	10	6	13	12	13	7	13	38
Trujillo			4	2	3	1		3	3	13
Yaracuy		1	3	2	3	1		3	4	11
Zulia	6	15	16	15	19	19	24	19	16	132
	23	46	31	35	52	37	53	43	36	132

MUNICIPALITIES WITH GREATER PRESENCE OF ORGANIZATIONS IN 2021



Objectives of the humanitarian response

Strategic Objective 1

To contribute to the well-being of prioritized population by age group, gender, and diversity through a multisectoral humanitarian response and from a rights-based approach

STRATEGIC OBJECTIVE 1 SPECIFIC AND SECTORAL OBJECTIVES

Specific objective 1.1:

To reduce the vulnerability of prioritized population to mortality and morbidity risks from communicable, non-communicable, and mental health diseases by improving their access to essential health goods and services, safe water and sanitation, food, protection, and psychosocial support and ensuring decent living conditions, integrating gender, age, and diversity approaches

Water, Sanitation, and Hygiene:	To ensure access of the most vulnerable population (with a focus on children and adolescents, lactating and pregnant women) to essential of water, sanitation, hygiene, and environmental hygiene services at health and nutritional care premises
Shelter, Energy, and Non-food Items:	To assist in the construction, expansion, repair, access to energy, equipping, or improvement of critical services in health facilities with a gender, age, and diversity approach
Protection:	To strengthen the capacities of service providers in providing emergency assistance
Health:	To strengthen the operational and functional capacity of critical and essential services of health establishments (hospitals)
Food Security and Livelihoods:	To provide immediate food assistance and support for short-term production activities to guarantee access to food for the most vulnerable people, considering gender, age, and diversity approaches
Coordination:	To guarantee an effectively coordinated, timely, and efficient response through structures established nationally and regionally
	To ensure effective humanitarian information management to support needs analysis, response, monitoring, and identification of gaps and access limitations
	To promote an inclusive humanitarian response based on humanitarian principles, incorporating cross-cutting issues such as the centrality of protection, gender and age, disability, prevention of sexual exploitation and abuse (PSEA), and accountability to affected people (AAP)

Specific objective 1.2:

To promote the comprehensive well-being of children and adolescents and the most vulnerable women through food security interventions, access to sexual and reproductive health services, including maternal and child health and nutrition, and access to education

Water, Sanitation, and Hygiene:	To empower the population to adopt adequate and evidence-based practices for access to safe water, basic sanitation, personal and environmental hygiene, and water treatment and conservation at home
Education:	To help vulnerable children to acquire fundamental skills and abilities through alternative education opportunities, including adolescents in vulnerable situations
Nutrition:	To improve access to outpatient health services and nutrition programs at the community level for children under five years of age and pregnant and lactating women to prevent acute malnutrition and micronutrient deficiencies
	To improve access to health services to manage acute malnutrition as part of efforts to reduce infant morbidity and mortality

**STRATEGIC OBJECTIVE 1
SPECIFIC AND SECTORAL OBJECTIVES**

To promote and support appropriate practices for feeding infants and children under five years of age in emergencies from a multisectoral approach through effective coordination mechanisms, high-quality services, and qualified technical support

To improve access to outpatient health services and nutrition programs at the community level for children and adolescents aged 5 to 15 to prevent weight loss and micronutrient deficiencies

Health: To strengthen the operational and functional capacity of critical and essential services at health establishments (hospitals)

Food Security and Livelihoods: To promote adequate nutrition for children and adolescents and the most vulnerable women to help guarantee their comprehensive well-being

Strategic Objective 2

To reduce vulnerability and strengthen recovery capacities and resilience of prioritized population by age group, gender, and diversity

**STRATEGIC OBJECTIVE 2
SPECIFIC AND SECTORAL OBJECTIVES**

Specific objective 2.1:

To reinforce the food security of the most vulnerable people, improving their access to food and supporting the restoration, maintenance, and protection of livelihoods through gender, age, and diversity approaches

Protection: To contribute to restoring livelihoods and improving the resilience of people with specific protection needs through livelihood programs and strategies and income-generating activities for economic empowerment.

Food Security and Livelihoods: To contribute to the restoration, maintenance, and protection of livelihoods and improve the resilience of the most vulnerable households and communities by protecting or creating production assets or basic infrastructure without damaging customs or habitats and considering ethnic and gender approaches

Specific objective 2.2:

To improve equitable and continuous access to essential goods and services of water and sanitation, education, electricity, alternative energy sources, and temporary shelter, as well as access to the required legal documentation for the most vulnerable populations, with the necessary quantity and quality, considering gender, age, and diversity approaches

Water, Sanitation, and Hygiene: To guarantee access to safe water, sanitation, and environmental hygiene for vulnerable communities

To guarantee access for the most vulnerable population to essential services of water, sanitation, hygiene, and environmental hygiene at educational institutions and learning spaces, shelter/quarantine centers, and community centers/spaces

Shelter, Energy, and Non-food Items: To assist in the construction, expansion, repair or improvement of spaces that provide essential services and safe and decent shelter to the target population, including educational centers, Safe Spaces for Women and Girls, community centers, Temporary Shelters (TS), other institutions and individual shelters, and ensure access to people who benefit from them, considering gender, age, and diversity

To assist in improving access to energy in communities, community centers, and spaces or institutions that provide services to the target population, including educational centers, safe areas, Temporary Shelters (TS), and other institutions that provide essential services to vulnerable people, through an age, gender, and diversity approach

To assist the target population in improving their access to basic goods and equipping spaces and institutions that provide essential services, including educational centers, safe areas, Temporary Shelters (TS), and other institutions, catering to the differentiated needs identified from an age, gender, and diversity approach

Education:	To help vulnerable children and adolescents to have access to safe schools equipped with material conditions to improve the quality of education and learning outcomes
	To support the improvement of teaching conditions so that teachers can provide quality education, and strengthen the capacity of the education system and communities to provide a safe and inclusive educational response for the return to schools
Protection:	To facilitate access to legal documentation for affected people
Health:	To strengthen access to quality health services at the outpatient and community levels to meet priority needs related to CD, NCD, MH, and SRH, from an age, gender, and diversity approach and with community participation

Specific objective 2.3:

To strengthen institutional and community capacities to prevent, mitigate, and respond to adverse events of natural or anthropogenic origin

Water, Sanitation, and Hygiene:

To ensure a minimum capacity for initial responses in WASH

Shelter, Energy, and Non-food Items:

To assist institutions and communities in preventing, mitigating, and responding to emergencies resulting from natural disasters or other adverse man-made events, providing temporary shelter and improving shelter conditions and access to energy and essential goods

Strategic Objective 3

To strengthen institutional and community mechanisms to prevent and mitigate the protection risks of prioritized population, in accordance with humanitarian principles and respect for human rights

**STRATEGIC OBJECTIVE 3
SPECIFIC AND SECTORAL OBJECTIVES**
Specific objective 3.1:

To prevent and mitigate protection risks faced by the prioritized population and guarantee effective access to rights

Protection: To strengthen the capacities of communities to prevent and mitigate protection risks and guarantee their access to rights

To strengthen the capacities of State institutions and civil society to prevent and mitigate protection risks and guarantee access to rights for the most vulnerable people

Specific objective 3.2:

To prevent and mitigate risks associated with gender-based violence, with an emphasis on sexual exploitation and abuse

Protection: To strengthen the empowerment of communities to prevent and mitigate risks associated with GBV, with an emphasis on sexual exploitation and abuse

To strengthen the capacities of State institutions and civil society to prevent, mitigate, and respond to protection risks, including those associated with GBV, with an emphasis on sexual exploitation and abuse

Specific objective 3.3:

To prevent and mitigate violence, abuse, neglect and exploitation of children and adolescents

Protection: To strengthen the capacities of State institutions and civil society to prevent, mitigate, and respond to violence, abuse, neglect, and exploitation of children

To strengthen the empowerment of communities and families to prevent, mitigate, and respond to violence, abuse, neglect, and exploitation of children

Part 2:

Objectives and Response of Clusters / Sectors

AMAZONAS STATE, VENEZUELA










Girls have lunch at a public school that is supported by a UNICEF school feeding program in the state of Amazonas

Photo: OCHA/Hector Pereira



Sector Response Overview

Eight clusters remain active: Shelter, Energy, and Non-food Items; Water, Sanitation, and Hygiene; Education; Logistics; Nutrition; Protection (with AoRs for Child Protection and Gender-based Violence); Health; and Food Security and Livelihoods.

CLUSTER / AOR	REQUIREMENTS (US\$)	OPERATING PARTNERS	PROJECTS	TARGET POPULATION	
Health	\$190.3M 		39	43	3.5M
Food Security and Livelihoods	\$186.3M 		61	57	2.0M
Water, Sanitation, and Hygiene	\$125.1M 		63	55	4.6M
Education	\$111.1M 		42	38	1.8M
Protection	\$79.1M 		76	74	2.8M
Protection General	\$24.9M 		53	50	0.9M
Protection: Gender-Based Violence	\$29.3M 		65	62	0.6M
Protection: Child Protection	\$24.9M 		51	52	1.3M
Shelter, Energy, and Non-food Items	\$53.9M 		26	25	0.3M
Nutrition	\$39.3M 		35	33	0.9M
Coordination and Logistics	\$9.9M 		12	10	



2.1 Health

TARGET POPULATION	WOMEN	BOYS AND GIRLS	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.5M	1.7M	1.0M	\$190.3M	39	43

The response will focus on reducing the vulnerability of the prioritized population with regards to risks associated with avoidable mortality and with morbidity from communicable and non-communicable diseases and mental health. In this regard, it will seek to improve access to essential health supplies and services, safe water and sanitation, food, protection, and psychosocial support, ensuring decent living conditions, integrating gender and diversity approaches, and considering the most vulnerable age groups.

Objectives

The activities in the 43 projects proposed by 39 partners are focused on two strategic objectives aimed at the prioritized population taking into account age group, gender, and diversity, and two sectoral objectives. The first strategic objective is to contribute to the well-being of people through an intersectoral humanitarian response from a rights-based approach. The second strategic objective is to reduce the exposure to vulnerability of the prioritized population and strengthen their resilience and capacity to recover.

Sectoral objective 1 focuses on strengthening the operational capacity of critical and essential services at health facilities (hospitals and primary care units) with a primary health care (PHC) approach that reinforces resilience and operational safety.

Sectoral objective 2 focuses on strengthening access to quality health services at the outpatient and community levels, with the aim of addressing priority needs related to Communicable Diseases

(CDs), Non-communicable Diseases (NCDs), mental health, and reproductive sexual health. It does so with a gender and diversity approach, promoting community participation and prioritizing the most vulnerable age groups.

The response plan for the sector covers the 24 states of the country, with greater emphasis on the priority states.

Improvements will be made to critical services in health establishments, hospitals, outpatient clinics, CDCs, and community clinics, focusing on saving lives and strengthening integrated health service networks at the community level. Over two million people are expected to benefit from these interventions.

The plan includes health activities focused on treating, preventing, and controlling existing NCDs, particularly those that represent a risk factor for severe forms of COVID-19 in community and hospital contexts. To this end, medicines and supplies will be delivered, health units repaired and refurbished, and campaigns carried out to train and strengthen capacities in health personnel and patients, among other health promotion and disease prevention interventions. Over four million people in the 24 states of the country are expected to benefit from these activities.

The proposed activities will also seek to update emergency preparedness and response plans, including a) health-focused contingency plans, b) information management and patient referral and counter-referral, c) procedures and protocols including



MIRANDA STATE, VENEZUELA

Pregnant woman receives her vaccination card during Vaccination Week of the Americas 2021.

Photo: PAHO/Alejandro Pico

triage, diagnosis and treatment, infection control, and patient referral, and d) training personnel in the management of and response to emergencies and in the registration, handling, monitoring, and reporting of medicines and humanitarian supplies.

Response

One of the priorities of the Health Cluster response through 19 projects is to strengthen maternal and child health services at all levels, manage Sexual and Reproductive Health (SRH), and respond to GBV. Furthermore, nine projects focus on care for non-communicable diseases and mental health, four on assisting indigenous communities in hard-to-reach areas, and two on improving access to malaria prevention and care in endemic areas.

Vaccination and disease control activities are also required in response to outbreaks of COVID-19 and vaccine-preventable diseases, such as yellow fever, measles, and diphtheria. More than four million people are expected to benefit from these interventions.

Activities will also focus on responding to the health needs of adolescents and women of reproductive age through intersectoral strategies for providing essential SRH and GBV prevention and response services that save lives and promote well-being. Approximately 500,000 women are expected to be reached.

There will be a particular focus on access to timely diagnosis and treatment for 18,000 people living with HIV/AIDS from indigenous populations in the states of Amazonas, Delta Amacuro, and Zulia.

The interventions of the Health Cluster seek to promote essential services that strengthen institutional capacities and human resources. The efforts of partner organizations, in line with health policies and strategies and humanitarian principles, will be coordinated, including with relevant ministries, other state institutions, and national and international NGOs. This will be carried out with the aim to strengthen direct support to the most vulnerable populations.



2.2 Food Security and Livelihoods

TARGET POPULATION	WOMEN	BOYS AND GIRLS	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2M	1.1M	1.2M	\$186.3M	61	57

Objectives

In line with the objectives of the HRP 2022-2023, the Food Security and Livelihoods Cluster has established the following objectives:

Sectoral objective 1: To provide immediate food assistance and support short-term production activities that guarantee access to food for the most vulnerable people, considering age, gender, and diversity approaches.

Sectoral objective 2: To promote adequate nutrition for children, adolescents, and the most vulnerable women to help guarantee their well-being in a comprehensive manner.

Sectoral Objective 3: To contribute to the restoration, maintenance, and protection of livelihoods and improve the resilience of the most vulnerable households and communities or those affected by natural disasters. This will be achieved by protecting or creating productive assets and/or basic infrastructure without damaging customs or habitats, considering ethnic and gender approaches.

Response

Based on these objectives, and together with its partners, the Cluster has developed a strategy focused on guaranteeing immediate access to food for the most vulnerable individuals or families through the distribution of prepared or unprepared food; or the provision of agricultural, livestock or fishing supplies to produce nutritious food in the short term. The goal is

to rapidly increase both the availability and access to food at the family and community levels.

The focus of providing comprehensive support to children, adolescents, and vulnerable women will continue through the promotion of balanced nutrition and food. To this end, Cluster partners plan to provide food assistance in schools (school meals), which not only reduces food insecurity but is also an incentive for children to attend school and improve their learning performance. School meals will be complemented with school and community orchards, which have a didactic function for students, staff and parents, and also supply the kitchen with fresh food at a reduced cost, improving sustainability and self-sufficiency.

The distribution of food and/or food supplements to pregnant and lactating women and children under five years of age with nutritional problems significantly helps recovery and prevents relapse after receiving dietary treatments. These activities will be complemented with education in healthy eating practices and training in nutritious cooking techniques and in handling, processing, and preserving food to ensure the maximum benefit in the use of available products and to strengthen household resilience.

The link between humanitarian action and development will be promoted together with building resilience through support for food production and the restoration, maintenance, and protection of livelihoods. Productive activities will be promoted in rural and urban contexts to guarantee sufficient family income

to meet food needs and revitalize the local economy. In this regard, equipment and supplies will be delivered, and technical assistance will be provided on the management of different productive systems.

Additionally, the prevention and reduction of disaster risks have been incorporated into the strategy by identifying and anticipating risks with the aim of

reducing and mitigating their impact on livelihoods and the humanitarian needs of most vulnerable households. This will be achieved by identifying and categorizing disaster-prone areas, implementing adaptive measures and anticipatory actions, preparing contingency plans, and supporting the organization and management of responsibilities and resources to comprehensively address emergencies.

FALCON STATE, VENEZUELA

A mother prepares food for her children with rice received in one of the food kits delivered by WFP to schools in the state of Falcon.

Photo: WFP/Alexis Masciarelli





2.3 Protection

TARGET POPULATION	WOMEN	BOYS AND GIRLS	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.8M	1.8M	1.4M	\$79.1M	76	74

Objectives

For this Cluster, the activities under the first strategic objective are related to the provision of specialized assistance, including multisectoral response services, to guarantee, in the short term, the physical, mental, and psychosocial well-being of people affected by different forms of violence, exploitation, neglect, and abuse.

The organizations will prioritize providing specialized legal assistance and individual and group psychosocial care. Given identified needs, the organizations will also prioritize building the capacities of service providers in the provision of emergency assistance, including psychological first aid.

The activities under the second strategic objective focus on promoting the sustainability of essential services and reinforcing resilience in the most affected and at-risk populations, especially communities of origin, those in transit, or those of reception in terms of human mobility. In this regard, Protection Cluster partners have proposed an approach that, on the one hand, seeks to develop livelihood programs and strategies that will generate income and improve the protection environment, especially where shorter-term interventions have already been implemented, and on the other, community projects that empower participants and

encourage their development in the longer term.

These initiatives will focus on the most vulnerable populations, encouraging the participation of LGBTI and indigenous populations, and promote universal access, including the participation of people with disabilities.

Under the third strategic objective, the Protection Cluster plans to carry out interventions that strengthen institutional and community mechanisms that prevent, mitigate, and respond to the protection risks of the most vulnerable, in accordance with humanitarian principles and a rights-based approach. Recovery programs and projects facilitate the ability of communities and families to build their resilience. Thus, the organizations, through training sessions of protection issues, will work to strengthen the capacity of people from the communities in preventing and mitigating protection risks.

Response

In 2022, the Protection Cluster seeks to provide specialized protection services and information and build the capacities of communities, humanitarian partners and the Venezuelan State. The objectives have been set with a focus on the most vulnerable populations, ensuring a rights-based approach for people with specific protection needs, with a focus on both short-term and long-term interventions.



ZULIA STATE, VENEZUELA

Female community promoters walk to a training workshop that UNICEF organized in an indigenous community in La Guajira, Zulia State.

Photo: UNICEF/Pocatererra

2.2.1 Protection: Child Protection

TARGET POPULATION	WOMEN	BOYS AND GIRLS	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.3M	761k	1.0M	\$24.9M	51	52

In 2022, the Child Protection AoR will focus on strengthening access to quality services, with an age, gender, and diversity approach, to prevent, mitigate, and respond to violence, abuse, neglect, and exploitation of children. This will be done in collaboration with other clusters and the GBV AoR. The strategy will focus on strengthening protection services for children and adolescents, through appropriate referrals and quality case management. These aim to ensure that the most vulnerable have access to the needed support and assistance, including children and adolescent survivors of GBV, legal support to ensure birth registration and other identity documents, and the strengthening of mental health and psychosocial care programs for children and adolescents and caregivers.

Another central focus is on prevention, which will be achieved through empowering and building resilience of children and adolescents, families, and communities

in dealing with child protection issues. This includes positive parenting, prevention and response to violence, abuse, exploitation and neglect, as well as preventing family separation. Furthermore, efforts will aim at strengthening the capacities of State institutions and humanitarian partners, at the national and local levels, to deal with child protection issues. In 2022, providing technical assistance to state institutions and humanitarian partners on child protection issues in emergencies, with a particular focus on case management, will complement the work at the community level and will strengthen the response capacity to ensure the protection of children and adolescents at risk.

Child protection interventions will focus on children and adolescents on the move, those with disabilities, those from indigenous and afro-descendant communities, and those in urban areas that face security issues, among others.

MIRANDA STATE, VENEZUELA

Two children participate in one of the activities of the child-friendly spaces implemented by Save the Children in Petare.

Photo: Save the Children/Daniela Gomez



2.2.2 Protection: Gender-Based Violence

TARGET POPULATION	WOMEN	BOYS AND GIRLS	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
565k	432k	172k	\$29.3M	65	62

The GBV AoR strategy for 2022 focuses on contributing to the survival and well-being of people affected by gender-based violence. This will be carried out through the prevention, mitigation, and humanitarian response to GBV, with a multisectoral focus and rights-based approach.

In this regard, the GBV AoR response will focus on three objectives:

- In line with strategic objective 1, provide specialized assistance for the physical, mental, and psychosocial well-being of people affected by violence. GBV AoR partners will focus on providing multisectoral GBV services such as GBV case management, including material assistance and support to providers so they can cover the basic needs of GBV survivors, provide

legal guidance, and carry out individual and group psychosocial support.

- In line with strategic objective 2, support the restoration of livelihoods and build the resilience of vulnerable people in communities. This will be carried out through livelihood programs and strategies and income-generating activities that promote economic empowerment.
- In line with strategic objective 3, build the capacities of State institutions, humanitarian partners, and communities to prevent and mitigate GBV associated risks, with an emphasis on sexual exploitation and abuse. These actions will help build community and institutional resilience, including multisectoral capacities to prevent and mitigate GBV risks.

MIRANDA STATE, VENEZUELA

Women participate in a GBV project implemented by Aliadas en Cadena and funded by the VHF.

Photo: OCHA/Juan Barreto





2.4 Nutrition

TARGET POPULATION	WOMEN	BOYS AND GIRLS	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
917k	616k	614k	\$39.3M	35	33

Objectives

Under strategic objective 1 of the HRP, the Nutrition Cluster aims to support specific objective 1.2: promote the comprehensive well-being of children and adolescents and the most vulnerable women, through Cluster partner activities and strengthening healthcare capacities: Community Healthcare Network, Specialized Primary Healthcare Network, and Hospital Healthcare Network.

The Cluster projects will focus on the eight states: Bolivar, Delta Amacuro, Falcon, Guarico, Monagas, Sucre, Trujillo, and Yaracuy.

More specifically, the nutrition sector strategy is based on:

1. Technical assistance that builds the capacities of community health personnel and humanitarian partners in the prevention and management of acute malnutrition, micronutrient deficiency, nutritional care for pregnant and lactating women (PLW), education and support for parents, caregivers, and staff involved in the care of children under five years of age, prioritizing critical practices in health, nutrition, adequate eating habits, water, sanitation, and hygiene.
2. Provision of nutritional supplements to prevent acute malnutrition and micronutrient deficiency, mainly anemia and other deficiencies in children aged 6 to 59 months and adolescents, including deworming to prevent intestinal parasitosis.
3. Strengthening early detection, treatment, and follow-up programs for acute malnutrition cases in children under 59 months and underweight PLW. Additionally, interventions aimed at children of school age will be carried out, including nutritional screening, intestinal deworming, and nutritional care for vulnerable cases.
4. Providing essential supplies such as anthropometric equipment, micronutrients, nutritional supplements, therapeutic formulas for cases of acute malnutrition in children aged 6 to 59 months, deworming tablets, multiple micronutrients, and nutritional supplements for underweight PLW. Also, the dissemination of material with key messages on health care and nutrition for infants and children under five years of age, and others aimed at providing nutrition services.
5. Strengthening information and referral systems and monitoring mechanisms that verify the efficiency of nutrition programs.

Response

In 2022, the Nutrition Cluster will continue its efforts to improve the health status and maternal and child nutrition. Through the coordinated efforts of humanitarian partners, WFP and UNICEF, with support from the State, access to health services will be improved to prevent and treat cases of acute malnutrition. Additionally, support will be provided to parents, caregivers, and staff responsible



CARACAS, VENEZUELA

Mother with her recovered daughter after she received treatment for malnutrition at a care center in the capital.

Photo: OCHA/Gema Cortes

for children and girls under five years of age so as to improve adequate nutrition treatment and education, health, adequate food practices and water, sanitation, and hygiene.

The Nutrition sector response prioritizes children under five years of age, with a focus on the first 1,000 days of life. Pregnant and lactating women are also included, to protect and ensure adequate nutrition for infants and young children through breastfeeding.

Children under five years of age with acute malnutrition are exposed to diseases that rapidly deteriorate their health and increase their risk of death. The recurring appearance of acute malnutrition in a child's life can compromise their adequate

physical and cognitive development, with devastating consequences for the rest of their lives.

Pregnant women are prioritized due to nutritional vulnerability at this stage of their life cycle and to prevent the birth of premature and/or low-weight babies, and their impact on chronic malnutrition, which may start during pregnancy, threatening child survival and limiting optimal childhood development.

Children over five and adolescents have been included in the target population of the sector response given the deterioration of their nutritional condition, according to reports from the Cluster organizations, and because it is a population group minimally covered by nutritional recovery programs.

2.5 Shelter, Energy, and Non-food Items



TARGET POPULATION	WOMEN	BOYS AND GIRLS	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
346k	156k	90k	\$53.9M	26	25

Objectives

The Cluster activities will benefit more than 346,000 people directly, mainly through the distribution of essential goods and standardized kits, training in safe construction and renewable energies, and access to safe and decent temporary shelters. They will reduce vulnerability and strengthen people’s recovery capacity and resilience, in alignment with strategic objectives 2.2 and 2.3 of the Plan.

It is also planned to strengthen community spaces and institutions that provide essential services to the population through constructions, extensions, repairs, access to energy, and equipment, focusing on critical services in health establishments and educational centers, aligned with strategic objectives 1 and 2 of the Response Plan. These actions will indirectly benefit more than 1.5 million people.

Response

The Cluster projects are planned in 17 states of the country, mainly in Amazonas, Apure, Bolivar, Delta Amacuro, Falcon, Miranda, Sucre, and Zulia.

Improvements will be made to support critical services in health establishments, hospitals, outpatient clinics, Comprehensive Diagnostic Centers (CDC), and community clinics, focusing on saving lives and strengthening the health care network for the most vulnerable people.

Actions will also be carried out in construction and infrastructure repair in community spaces and centers

for the most vulnerable communities with the aim of building resilience, social cohesion, and integration. Educational centers will be supported to improve the conditions of disadvantaged children and adolescents in situations of abandonment, violence, lack of home protection, or any other condition that prevents them from leading a dignified life and effectively accessing their rights. The response will also focus on supporting temporary shelters through interventions that provide overnight access and essential services to improve the conditions of people and families on the move.

Solutions will be provided on clean energy from renewable sources such as solar energy, biomass, and biogas, amongst others. Furnaces and stoves will be delivered to improve cooking conditions and allow sustainable management of agricultural and forestry waste, promote carbon capture and reduce greenhouse gases. This response will build the capacities of communities to perform daily activities safely and in a dignified manner, including training through different workshops (optimal use of renewable energy and maintenance of solar installations, among others). The impact of these actions is expected to respond to the immediate need for access to energy, protect people’s health conditions, strengthen the livelihoods of families, and contribute to reducing global warming and soil degradation.

For people on the move and host communities, essential goods, adapted to the geographical context and culture of each population group, will be distributed

in support of the most vulnerable communities in managing the impact of human mobility and the lack of access to goods.

Finally, the response will be focus on emergencies caused by natural disasters or other man-made events. This includes actions that favor early preparedness and building the response capacity of

partner organizations, in coordination with the relevant authorities. The response will also focus on developing joint contingency plans, training for communities located in high-risk areas, improvements in emergency and individual shelters, and distribution of essential goods. Actions that provide initial relief in a sudden disaster are also planned.

CARABOBO STATE, VENEZUELA

Red Cross volunteers in Puerto Cabello work with Vivienda Popular to install one of the four modular shelter units that ACNUR donated in response to the COVID-19 pandemic.

Photo: UNHCR/Tatiana Font





2.6 Education

TARGET POPULATION	WOMEN	BOYS AND GIRLS	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.8M	901k	1.7M	\$111.1M	42	38

Objectives

The Education Cluster has three sectoral objectives encompassing a comprehensive response that supports schools, teachers, other educational personnel, and children and adolescents.

Sectoral objective 1: To ensure that the most affected children and adolescents have access to safe schools equipped with materials to improve the quality of education and learning outcomes.

Sectoral objective 2: To support the improvement of teaching conditions so that teachers can provide quality education and strengthen the capacity of the education system and communities to provide a safe and inclusive educational response in the context of the pandemic.

Sectoral objective 3: To help affected children and adolescents acquire fundamental skills and abilities through alternative education opportunities, including adolescents in vulnerable situations.

These sectoral objectives are expected to contribute to improve access for children and adolescents to inclusive, equitable, and quality education and learning opportunities throughout their life.

The sector’s objectives, activities, and indicators are aligned and harmonized with achieving the SDGs, the Plan de la Patria 2019-2025, and the National Plan for the Progressive and Safe Return to Classes of the Ministry for Popular Power of Education (MPPE). The Cluster has also incorporated cross-cutting issues¹ and aspects related to strengthening the national education system for a progressive recovery of the country.² All its activities have been designed from a complementary approach to achieve collective results between sectors.³

Response

The sectoral strategy initially proposes an intersectoral support package for schools to improve access, attendance, and retention capacity and provide services for the comprehensive development of children and adolescents. This integrated programming includes: school meals; educational materials, an important incentive in the learning process for students and teachers; and the improvement of educational facilities through water, sanitation, hygiene, and biosafety interventions, including repairs, to provide safe and effective learning environments. This support for the public education system and its operations has proven to increase the scale of the response, ensure durable and sustainable solutions that improve learning outcomes, and reduce protection risks.

¹They are: Accountability to Affected Populations, Prevention of Sexual Exploitation and Abuse, Centrality of Protection, Mitigation of Gender-based Violence, Safeguarding of Children, Inclusion of People with Disabilities, Interculturality, and Social Justice in humanitarian response

²These are: The nexus between Emergency and Development, Technical Support for Recovery, Durable Solutions, Resilience, and Localization.

³The Cluster activities are grouped in the intersectoral lines of: Durable solutions in educational centers, comprehensive development of children and adolescents, capacity building, and prevention and care of non-communicable diseases, including mental health.

These efforts are complemented by supporting an environment that is conducive to learning through socio-emotional learning activities that include referral routes to psychosocial support and mental health services. There is ample evidence about the positive impact of the latter on indicators of long-term well-being in children. This sectoral programming, when coordinated with health, nutrition, and protection services in schools, maximizes the impact of the response on the comprehensive well-being of children and adolescents and makes educational and other sectoral operations more effective. It also makes the school a center for multiple services and a local space for social cohesion and community recovery.

Secondly, in support of education staff, a set of actions will be carried out that helps build their capacities and the quality of education. These focus on fundamental skills (reading and arithmetic) and, in a cross-cutting manner, global citizenship education and sustainable development education. Teachers are a key factor in ensuring the retention and continued education of students. Also, teaching skills promote an improved school climate for learning. Furthermore, this is accompanied by capacity-building for all education staff on Education in Emergency issues, with a particular focus on child protection, disaster risk reduction, PSEA, and mitigation of GBV.

Finally, the pandemic has caused a loss in fundamental learning, increased protection risks, and weakened

academic and life perspectives, especially for the most vulnerable. With the commitment to “leave no one behind,” it is essential to train caregivers and representatives of children in poverty in protecting and promoting early childhood education and development. This includes offering alternative education programs (accelerated education, recovery, reinforcement, or reinsertion) and remote education, to children out of school or at risk of dropping out with the aim of promoting fundamental learning and life skills. Furthermore, adolescents and young people at risk should participate in flexible education programs (skills for life and technical and vocational education and training) that develop their skills for work and full citizenship. It has been proven that these modalities facilitate entry, permanence, or reinsertion in the school system, offer adolescents livelihood options, and reduce exposure to protection risks for children. All this is complemented at the intersectoral level with programs and services for child protection, food security, and sexual and reproductive health.

In addition to the objectives of the humanitarian response, the Cluster has included collaboration and technical assistance with the MPPE as a cross-cutting issue in its work, prioritizing support for education information and management systems, curricular adaptation in emergencies, the strengthening of the National Teacher Training System, and technological updating for Educational Planning.



2.7 Water, Sanitation, and Hygiene

TARGET POPULATION	WOMEN	BOYS AND GIRLS	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
4.6M	2.4M	1.7M	\$125.1M	63	55

Objectives

The Water, Sanitation, and Hygiene (WASH) Cluster strategy contributes to strategic objectives 1 and 2 of the HRP and is organized around the following areas:

Institutional (Sectoral Objectives 1 and 4):

To guarantee access of the most vulnerable population (children and adolescents, PLW, the elderly, people with disabilities) to essential services of water, sanitation, hygiene, and environmental hygiene in health care and nutritional care centers, educational institutions and learning spaces, shelter/quarantine centers, and community centers/spaces.

Vulnerable households (Sectoral Objective 2):

To empower the most vulnerable population to adopt good evidence-based practices for access to safe water, basic sanitation, personal and environmental hygiene, and in the home, water treatment, storage, rational use, and conservation.

Community (Sectoral Objective 3):

To guarantee access to essential services of safe water, sanitation, and environmental hygiene in vulnerable communities.

Contingency (Sectoral Objective 5):

To ensure a minimum capacity for initial WASH responses to natural disasters, outbreaks, or other emergencies.

These objectives focus on improving the quality of WASH services at the community level and in

critical institutions, without losing sight of the needs of vulnerable households as well as on prevention and adequate responses to public health risks and natural disasters. Together, these response areas seek to reduce the mortality and morbidity of the most vulnerable people and build capacities for the operation and ongoing maintenance of WASH services.

Response

The response of the WASH Cluster members seeks to integrate WASH aspects with other sectoral interventions to ensure a comprehensive, impactful, and sustainable response focused on the most vulnerable population groups over time. It also promotes and trains implementing partners in cross-cutting approaches, putting the most vulnerable people at the center of the response, and integrating the principles of the Core Humanitarian Standard for quality and accountability into the design, implementation, and assessment of WASH responses. This ultimately aims to empower community members who may be excluded or marginalized.

Health centers: To ensure adequate conditions for infection prevention and control in critical health services and other institutions or places where emergency and specialized services are provided. This is done through participatory processes that identify priorities and implement joint prevention plans (Hospital Safety Index / WASH-Fit). These interventions are complementary with those of the health, nutrition, and shelter, energy and NFIs sectors.

Educational Centers: Actions will be carried out and material support provided to ensure hygiene conditions that allow the return to class and for safe school meals, complementing the response from the education and food security sectors. WASH infrastructure repairs and improvements will be made based on the 3-star scale and other participatory processes.

Community centers/shelters: Actions will be carried out and material support provided to improve WASH services and conditions, minimizing the potential transmission of water, sanitation or vector related diseases, complementing actions of the shelter, energy and NFIs and protection sectors.

Vulnerable households: Material support and training related to WASH will be provided for vulnerable individuals and households, in collaboration with

other sectors. This will strengthen their resilience and mitigate impacts on health and negative coping mechanisms.

Community: At the community level, and to complement the other lines of action described above, the Cluster will seek to support water, wastewater, and solid waste management service providers to reduce WASH needs in institutions and, at the same time, expand the potential impact of interventions at the institutional or household level (e.g., changes in hygiene behaviors).

Contingency: Actions will be carried out to strengthen local capacities in the mitigation and response to natural disasters and ensure an initial response capacity that supports basic access to water and sanitation services and hygiene items in shelters and affected communities.

AMAZONAS STATE, VENEZUELA

A woman from the Piaroa (Wotunja) ethnic group washes a baby in a tub near their home.

Photo: OCHA/Hector Pereira





2.8 Coordination and Logistics

REQUIREMENTS (US\$)	PARTNERS	PROJECTS
\$9.9M	12	10

Objectives

In Venezuela's constantly evolving operational context, humanitarian coordination and adequate planning are key to ensuring a rapid, effective, and principled response to reach the most vulnerable groups in priority states.

In 2022-2023 efforts will focus on:

1. Ensuring an effectively coordinated, timely, and efficient response through established national and regional coordination structures, including the HCT, the Inter-Cluster Coordination Group (ICCG), and the Field Coordination Hubs (CCT, for their Spanish acronym). The link between these coordination structures and the authorities will be strengthened, including the Ministries of Popular Power for Foreign Affairs and Planning, and other State institutions at different levels.

The Logistics Cluster will be further strengthened, and it will continue supporting humanitarian organizations to identify solutions that facilitate a better implementation of the response.

It also contemplates strategic coordination at the national and local levels and support for interagency preparedness, together with the authorities, to address natural or man-made disasters and to develop contingency plans.

2. Ensuring effective humanitarian information management to support needs analysis, response, monitoring, and the identification of gaps and access constraints. This includes the creation, dissemination and implementation of monitoring tools and systems for the response. Monitoring and mitigating humanitarian access constraints, including logistical difficulties, will also help achieve this goal. Response monitoring information will be coordinated with the National Geographic and Statistics System.

Promoting an inclusive humanitarian response, based on humanitarian principles, incorporating cross-cutting issues such as the centrality of protection, gender, age and diversity, disability, PSEA, and AAP. The development of training on cross-cutting issues, communication products, and exchange of good practices will be key to for the humanitarian response to be inclusive and incorporate the agreed cross-cutting issues.

Response

Coordination ensures that the response, based on humanitarian principles, reaches the most vulnerable people in a differentiated way. Coordination favors the optimal implementation of the response, promoting the effectiveness of coordination between United Nations agencies, national and international humanitarian actors and other entities, including state institutions. Coordination between clusters will be promoted to

develop a coherent understanding of needs and an intersectoral response strategy.

The nexus between humanitarian action and development will be supported by a strategy that promotes sustainability through strengthening

capacities that improve the provision of essential services and strengthen livelihoods for the most vulnerable people. These, in turn, contribute to efforts to achieve the SDGs, promote gender equality, and leave no one behind.

FALCON STATE, VENEZUELA

The WFP logistics team unloads the first truck arriving with food to be delivered to state schools in Falcon.

Photo: WFP/Alexis Masciarelli



Parte 3:

Response Monitoring

During 2022-2023, OCHA, under the guidance of the HCT, the ICCG, and the Information Management Working Group (IMWG), will continue monitoring the response, improving the availability of information in real time. Response monitoring information will be coordinate with the National Geographic and Statistics System.

One of the most useful monitoring tools is the 5W. The information required for its preparation (who does what, where, when, and for whom) seeks to better track the number of people reached with the activities implemented by humanitarian partners and to identify gaps and avoid duplication in the response.

In 2022-2023, the preparation and monthly publication of this report will continue, which, together with the Periodic Monitoring Report, will improve intersectoral monitoring of key indicators related to the HRPs specific objectives and cluster level indicators.

Another key element for monitoring is the OCHA network of community monitors established in 2020, as they are able to collect more precise available information on needs and response in priority areas.

Similarly, efforts have progressed on the launch, implementation and support of various digital platforms that aim to improve coordination and increase the effectiveness of the response. This includes interactive public and private platforms that improve information management and intersectoral coordination on humanitarian presence, temporary shelters, and returnees. The data visualization tools and platforms, accessible to all clusters, help facilitate strategic and operational decision of the humanitarian response.

In 2022-2023, a key priority is to carry out coordinated and multi-sectoral humanitarian needs assessments, in collaboration with the authorities. These will provide an up-to-date and accurate overview of the needs in the country, including thematic priorities, the most vulnerable groups, and the most affected geographical areas.

Finally, the use of OCHA's online tools (HPC Tools) will continue to be promoted and improved, particularly the reporting of funds received by humanitarian actors to the Financial Tracking Service (FTS), that aims to monitor the level of funding and identify potential gaps that may limit the humanitarian response and expected outcomes.

Part 4:

Annexes

AMAZONAS STATE, VENEZUELA

An indigenous community leader in the community of Sabaneta.

Photo: OCHA/Hector Pereira



4.1 Joint Operating Principles

1. Introduction

Coordinated by the United Nations (UN) system, the Venezuela Humanitarian Response Plan (HRP) involves the participation of various humanitarian organizations (UN, national and international NGOs), which are operational in all states across the country.

This document presents the shared values and operating principles of these humanitarian organizations while providing an opportunity for awareness-raising and dialogue with all relevant actors (including national and local authorities, the affected population, donors and others) regarding humanitarian action in Venezuela.

This document has been prepared by the Humanitarian Country Team (HCT), in consultation with the Inter-Cluster Coordination Group (ICCG) and humanitarian organizations. It applies to all organizations which are part of the HRP. They all commit to abide by the principles and values outlined in this document.

2. The Normative Framework

All humanitarian organizations which are part of the HRP adhere to the substantive principles of humanity and impartiality, and are guided by the operational principles of neutrality and independence. These principles are the cornerstone of any humanitarian response and are confirmed in the international legal framework guiding humanitarian action and UN General Assembly Resolution 46/182. They are part of codes of conduct and organizational mission statements guiding humanitarian organizations in their daily operations.

3. The Joint Operating Principles

Operations carried out by humanitarian organizations in Venezuela are based on international policies and standards, and are guided by the following operating principles:

a. Needs-based assistance

Humanitarian actors provide assistance to the most vulnerable persons, on the basis of independent needs assessments and verified information, without any other requirement to access assistance.

The Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) articulate a shared vision of the humanitarian situation and how to respond to the assessed and expressed needs of the affected population. These two documents are the result of joint needs assessment and analysis processes, as well as of consultations with the authorities.

b. Principled engagement with all actors

Humanitarian actors engage with all relevant actors - including the State authorities (national Government, local authorities, Bolivarian Armed Forces) and non-state groups - solely for humanitarian purposes, such as facilitating safe and timely access to people in need.

The delivery of humanitarian assistance in Venezuela is based on humanitarian principles and adopting the highest ethical and professional standards; humanitarian actors do

HUMANITY	NEUTRALITY	IMPARTIALITY	INDEPENDENCE
Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.	Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.	Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.	Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

not take sides in disputes or adopt political positions. Collaboration between humanitarian actors is governed by clear and coherent agreements which respect their mandates, obligations and independence, recognizing their respective limitations and commitments to the people and communities they assist.

c. Centrality of Protection

Protection is defined as all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law, including International Human Rights Law, International Humanitarian Law and International Refugee law. Protection is also guided by principles and guidelines, which include the Guiding Principles on Internal Displacement and operational IASC guidelines.

Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid, ensuring accountability to vulnerable populations and their participation and empowerment. Protection mainstreaming enables people to access and enjoy their rights within any sector program.

In line with the IASC Policy on Protection in Humanitarian Action (2016) humanitarian actors ensure that protection is a shared, system-wide responsibility and an expected collective outcome of humanitarian action. This translates into the following:

Protection is fully incorporated into the Humanitarian Program Cycle (HPC), including in coordinated assessments and strategic planning;

Protection is mainstreamed across all sectors and not exclusively in the protection sector;

Protection mainstreaming in programs implies that humanitarian actors commit, when it is appropriate and feasible, to include protection objectives in their activities;

Inter-sectoral analysis and monitoring of protection risks and the factors at their root, as well as of vulnerabilities and capacity to respond to those risks by those responsible for responding to protection risks and safeguard human rights;

Financing strategies and tools support collective protection priorities and outcomes;

Effective, independent and impartial post-distribution monitoring mechanisms are established to monitor any harm/protection concerns related to the delivery of humanitarian assistance;

When possible, humanitarian actors prevent and minimize any possible unintended negative effects of their interventions, which may increase people's vulnerability to physical and psychosocial risks;

Humanitarian actors ensure that all people in need have effective access to assistance and that their programs take into account specific vulnerabilities associated with gender, age and diversity;

Appropriate mechanisms are implemented through which vulnerable populations can request appropriate interventions and communicate problems and complaints;

Mechanisms are established for participation and empowerment to support the development of self-protection capacity, and to help people demand their rights including, but not limited to, the rights to housing, food, water and sanitation, health and education.

In order to protect the privacy and dignity of those receiving humanitarian assistance, humanitarian organizations do not accede to requests to provide beneficiary information revealing personal details. People's personal data and sensitive information are always protected and anonymized. External communications need to be precise, ethical and respectful towards the vulnerable communities and people as dignified human beings.

Humanitarian actors mainstream gender in their interventions, including the prevention of and response to gender-based violence (in line with the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian action, 2015), age (in line with the 2019 Minimum Standards for Child Protection in Humanitarian Action, 2019), and inclusion (in line with the 2019 IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action).

The HCT and the ICCG, together with humanitarian actors, develop and implement a comprehensive protection strategy to address protection risks preventing and halting violations of international human rights law and international humanitarian law.

d. Transparent and principled response modalities

I. Partnership

Acknowledging that the State has the primary responsibility to provide assistance and protection to the vulnerable people in its territory, humanitarian actors make their contribution complementing and in no way substituting State efforts.

Acknowledging diversity as an asset of the humanitarian community and recognizing the interdependence among humanitarian organizations, humanitarian actors in Venezuela commit to building and nurturing effective partnerships with local and national authorities, humanitarian actors and the private sector. These efforts are based on the Principles of Partnership: Equality, Transparency, Results-Oriented Approach, Responsibility and Complementarity.

As stated in the HRP, the principle of subsidiarity guides humanitarian operations in Venezuela (‘as local as possible, as international as necessary’). Local humanitarian actors are engaged in both field level coordination mechanisms (Centros de Coordinación del Terreno) and in strategic decision-making at the national level (HCT), as well as in Clusters and Areas of Responsibility (AoRs).

II. Information-sharing

Humanitarian actors in Venezuela commit to sharing relevant information and data among themselves to strengthen joint needs analysis and deliver a better and more coordinated response.

Information-sharing policies must promote a culture of open communication. No data or information obtained within the framework of humanitarian coordination may be used for public denunciation or undermining of humanitarian efforts, or for personal or political purposes. The use of shared data requires the consent of organizations which provided the information.

III. Supporting and strengthening individual and institutional capacities

Maintaining functional institutions is critical to ensuring sustainable delivery of basic social services, scaling response and avoiding further deterioration of the situation. The humanitarian community commits to supporting relevant institutions and technical departments, in line with the humanitarian principles, in their efforts to respond to the needs of the affected population. This support entails strengthened coordination, information-sharing and capacity building.

IV. Monitoring, risk management and due diligence

Humanitarian operations in Venezuela are subject to a thorough monitoring process to ensure that humanitarian assistance delivered to vulnerable populations in line with the objectives set out in the HRP, humanitarian principles and Centrality of Protection. The monitoring takes place at the strategic, sector, inter-sectoral and project level, and gauges the evolution of humanitarian needs over time while considering the perception of vulnerable people.

- Results monitoring takes place through internationally established practices, such as cluster and AoR monthly monitoring against targets, surveys, interviews and focus group discussions, as well as through complaints and feedback mechanisms. All these tools contribute to tracking the relevance, timeliness and adequacy of the response.
- Humanitarian actors have a strict zero tolerance approach towards the diversion of humanitarian assistance and other forms of corruption, fraud and conflicts of interest. All organizations are committed to doing their utmost to ensure that the support they provide is consistent with the purposes and principles as set out in

the Charter of the United Nations and relevant General Assembly resolutions.

- The humanitarian community, at both the inter-agency and the individual organization level, implements a host of “checks and balances” to ensure that humanitarian assistance reaches people most in need and to monitor service delivery, which further strengthens transparency and accountability to all stakeholders. These measures include system-wide guidance, monitoring and data collection on incidents of interference, outreach and advocacy with parties who potentially may interfere in humanitarian activities, and promoting due diligence with partners.
 - Risk management and due diligence measures applied throughout the humanitarian program cycle include: regular needs assessments; independent targeting methodologies; regular program monitoring; and a set of measures applied on operational procedures including partner selection; procurement; recruitment and financial transactions, including regular screening of partners and suppliers.
 - Humanitarian organizations are committed to carrying out regular training for humanitarian staff and partners on monitoring and procurement mechanisms and to raise awareness on risks of aid diversion. Furthermore, regular trainings are also conducted internally on codes of conduct and/ or the Joint Operating Principles; protection mainstreaming including age, gender and diversity (gender-based violence, child protection, disability, sexual and ethnic diversity among others) with the view of providing a comprehensive response; integrity issues (such as fraud and corruption prevention, PSEA, issues linked to conflict of interests, etc).
- e. Accountability to Affected Populations (AAP)**
- As outlined in the HRP and in line with the IASC Commitments on AAP and PSEA (2017), accountability to affected populations is an active commitment of the humanitarian community in Venezuela and encompasses the following:
- Putting vulnerable people at the center of the response;
 - Ensuring that vulnerable communities and people know their rights, have access to information about humanitarian assistance and participate in relevant decision-making;
 - Establishing principled and transparent monitoring mechanism at organizational and cluster and AoR level, considering the relevance of access to information about needs and humanitarian response as a right;
 - Ensuring community engagement and systematic communication with and inclusion of vulnerable populations
 - Throughout all the phases of the Humanitarian Programme Cycle (needs assessment, response, monitoring and evaluation).

- This implies ensuring that vulnerable people and communities are informed of existing needs assessments; that they are regularly consulted to learn their priority needs, their perception and satisfaction with received assistance, and the risks in each step of the work; that corrective measures are adopted on the basis of consultations if required; and that feedback and complaints mechanisms exist which are confidential and accessible at the community level.

Humanitarian actors commit to establishing mechanisms to allow vulnerable people to identify their priorities and needs, as well as their perspectives on the adequacy and relevance of the response (for example, consulting their views through assessments and complaints mechanisms).

Accountability mechanisms should be adapted to the needs of different groups: adults (men and women), minors (boys, girls and adolescents), older persons, persons with disabilities and indigenous communities among others.

f. Protection from sexual exploitation and abuse (PSEA)

The humanitarian community has a zero-tolerance policy on sexual exploitation and abuse and commits to creating and maintaining an environment in which sexual exploitation and abuse are not tolerated and prohibited for all interactions.

Humanitarian actors in Venezuela commit to the six IASC Core Principles Related to Sexual Exploitation and Abuse:

Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.

Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defense.

Exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior is prohibited. This includes exchange of assistance that is due to beneficiaries.

Any sexual relationship between those providing humanitarian assistance and protection and a person benefiting from such humanitarian assistance and protection that involves improper use of rank or position is prohibited.

Such relationships undermine the credibility and integrity of humanitarian aid work.

Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.

Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment.

g. Acceptance and protection of humanitarian aid workers

Respect for and protection of humanitarian relief personnel is a priority. The humanitarian community coordinates with relevant authorities (civilian and military actors) to advocate for and ensure the safety and security of humanitarian workers, premises and assets.

The interaction of the humanitarian community with armed actors is guided by relevant humanitarian civil-military coordination (CMCoord) guidelines, including the IASC Reference Paper on Civil-Military Relationship in Complex Emergencies (2008), the Oslo Guidelines on the Use of Foreign Military and Civil Defense Assets in Disaster Relief (2007) and the Guidelines on the Use of Armed Escorts for Humanitarian Convoys (2013). Humanitarian organizations do not accept military or armed escorts, except in special circumstances and when agreed in advance with clearly defined parameters (principle of last resort).

Humanitarian organizations do not accept the entry of any type of weapons into facilities offering humanitarian assistance or into humanitarian partners' vehicles, offices or other facilities.

4. Implementation and adherence to the JOPs

The HCT, in collaboration with the ICCG, will work with partners and stakeholders to ensure effective dissemination, implementation of and adherence to these Joint Operating Principles. This document is valid at all times and for all humanitarian organizations that are part of the HRP. Any revision of this document is subject to the endorsement of the HCT. The document is available in English and Spanish.

4.2 Acronyms

AAP	Accountability to Affected Populations	MPPS	Ministry of Popular Power for Health
AoR	Area of Responsibility	NGO	Non-Governmental Organization
CDC	Comprehensive Diagnostic Centers	OCHA	United Nations Office for Coordination of Humanitarian Affairs
CERF	Central Emergency Response Fund	PLW	Pregnant and Lactating Women
ECLAC	Economic Commission for Latin America and the Caribbean	PSEA	Protection Against Sexual Exploitation and Abuse
FCC	Field Coordination Center	SDG	Sustainable Development Goals
FTS	Financial Tracking Service	SEN	Shelter, Energy, and Non-food Items
GAM	Gender and Age Marker	SRH	Sexual and Reproductive Health
GBV	Gender-based Violence	STD	Sexually Transmitted Disease
GDP	Gross Domestic Product	TS	Temporary Shelter
HCT	Humanitarian Country Team	UN	United Nations
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome	UNHCR	United Nations High Commissioner for Refugees
IASC	Inter-Agency Standing Committee	UNICEF	United Nations Children's Fund
ICCG	Inter-Cluster Coordination Group	UNS	United Nations System
IMWG	Information Management Working Group	VHF	Venezuela Humanitarian Fund
IPC	Infection Prevention and Control	WASH	Water, Sanitation, and Hygiene
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex	WFP	World Food Program
MPPE	Ministry of Popular Power for Education		
MPPP	Ministry of Popular Power for Planning		

4.3

How to contribute?

Contribute to the response plan

The best way to contribute is to promote the financing of the projects that have been prioritized by the clusters in this response plan. Donor support is essential to ensure that funds directed to their partners contribute to the plan.

To check the list of projects, go to:

<https://fts.unocha.org/>

Contribute through the CERF

The Central Emergency Response Fund (CERF) is a humanitarian fund managed by OCHA globally to enable rapid and effective humanitarian assistance to people affected by natural disasters and armed conflicts and to underfunded emergencies.

For more information, go to:

<https://cerf.un.org/donate>

Contribute through the VHF

The FHV, established in October 2020, is a humanitarian financing mechanism managed nationally by OCHA under the leadership of the Humanitarian Coordinator and in consultation with humanitarian coordination structures. Donor contributions are pooled in a single, common-use fund, through which allocations are made to humanitarian organizations related to the Humanitarian Response Plan.

For more information, contact: ocha-vhf@un.org

**HUMANITARIAN
RESPONSE PLAN**
VENEZUELA