

# HUMANITARIAN RESPONSE PLAN

## VENEZUELA

HUMANITARIAN  
PROGRAMME CYCLE

2019

JULY - DECEMBER 2019



PHOTO: UNICEF / Parraga

Venezuela: Target population per state



Source: Humanitarian Country Team  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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**NOTE:** The 2019 Humanitarian Response Plan has been prepared by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) under the leadership of the Humanitarian Coordinator (HC) and the Humanitarian Country Team (HCT) in cooperation with Cluster Coordinators and other partners in-country. The response outlined in the Plan is based on the March 2019 Humanitarian Needs Overview, which includes an analysis of humanitarian needs, based on the best secondary data available to the United Nations and partners at the time. The HRP will be monitored directly, and both achievements and challenges will inform its ongoing implementation. It will be updated as the humanitarian situation evolves and as additional and complementary information becomes available through new needs assessments.



# Foreword by the Humanitarian Coordinator

**This Humanitarian Response Plan (HRP) is a collective effort to coordinate and scale up the ongoing humanitarian response. It is an opportunity to significantly mitigate the humanitarian impact of the ongoing crisis on the most vulnerable people in Venezuela.**

The HRP aims to reach 2.6 million people by the end of this year, which only represents a limited number of all the people in need, and includes 1.2 million girls and boys, in the areas of health, water, sanitation and hygiene, food security, nutrition, protection, shelter and non-food items, and education. The HRP has three strategic objectives to assist the most vulnerable population groups. First, to provide vital assistance by improving access to basic goods and services. Second, to promote people's protection and dignity by strengthening community and institutional mechanisms. And third, to build resilience, support livelihoods and contribute to the sustainability of basic service provision. To meet these objectives, the United Nations and its partners are seeking US\$223 million.

In 2018, the United Nations began scaling up the provision of humanitarian assistance, complementing the actions of national and international Non-Governmental Organizations (NGOs). Between April 2018 and March 2019, the UN supported the vaccination of 8.5 million children against measles and 4.7 million children against diphtheria, helping to contain the spread of communicable diseases. Over the past year, the UN distributed 348 tons of medicines and medical supplies to 41 priority hospitals and 23 health facilities in 18 states. Some 83,000 children under five and pregnant and lactating women have received preventative

treatments for severe malnutrition and some 185,000 people have been provided with access to safe water since January 2019. These are a few of the key achievements of the ongoing humanitarian response.

During the first half of 2019, the UN set up a humanitarian coordination architecture in line with international standards as outlined in UN General Assembly Resolution 46/182 (1991) and based on the humanitarian principles of humanity, neutrality, impartiality and independence. The structure includes the designation of the Humanitarian Coordinator who leads the Humanitarian Country Team for strategic decision making, the activation of eight thematic clusters to operationalize the response and four field coordination hubs to ensure the effective delivery of assistance as close to the people in need as possible. This coordination structure is essential in bringing together all humanitarian actors, including national and international NGOs, UN agencies, funds and programmes and the Red Cross and Red Crescent Movement as an observer, all of whom have considerably increased their capacities to be able to respond to the current situation. The UN Office for the Coordination of Humanitarian Affairs (OCHA) has also established a presence to support the whole structure.

In a complex context, with acute humanitarian needs, it is critical that national and international stakeholders

focus their attention on meeting the needs of the Venezuelan people. This HRP provides an internationally recognized framework for a principled, transparent, well-coordinated and effective response, targeting the most vulnerable people. I urgently call on donors to support this plan. At the same time, I call on Venezuelan authorities and all segments of society and the international community to work together and jointly commit to helping Venezuelans in need of assistance, including by creating consensus on ways to finance the plan.

The HRP is an important tool to facilitate a coordinated response to meet humanitarian needs in Venezuela. The plan is realistic in terms of operational capacities to deliver, yet at the same time modest in terms of responding to the scale of needs. It will be revised and expanded for 2020 based on new available information on needs and capacities. In the meantime, we will continue to seek financing to allow the scale up of the humanitarian response in Venezuela with a focus on the most affected people.



**Peter Grohmann**

Humanitarian Coordinator for Venezuela

# Humanitarian Response Plan at a Glance

## Summary

### POPULATION IN NEED

7M

### POPULATION TARGETED

2.6M

### REQUIREMENTS (US\$)

\$223M

### PARTNERS

61

### PROJECTS

98

### STRATEGIC OBJECTIVES



#### SO 1

Ensure the survival and well-being of the most vulnerable people by age, gender and diversity, improving their access to goods and essential services in quantity, quality, continuity and territorial coverage under a rights-based approach.



#### SO 2

Promote and reinforce the protection and dignity of the most vulnerable groups through a humanitarian response that strengthens institutional and community mechanisms, according to humanitarian principles and respect for human rights.



#### SO 3

Strengthen the resilience and livelihoods of the most vulnerable people by age, gender and diversity and contribute to the sustainability of essential services.

### TARGET POPULATION BY SEX AND AGE

#### WOMEN

54%  
1.4M


#### MEN

46%  
1.2M

#### Girls and boys

0-4 years



0.56M

#### Girls, boys and adolescents

5-19 years



0.7M

#### Adults

20-59 years



0.7M

#### Older adults

&gt;60 years

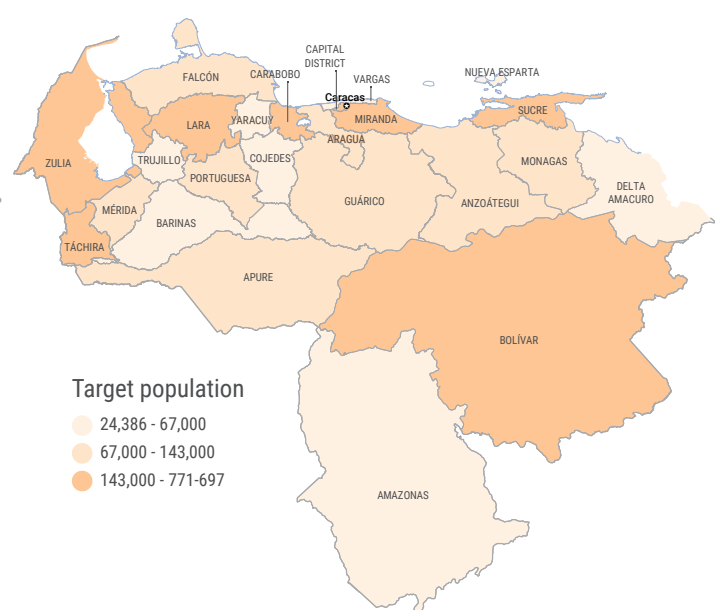


0.6M

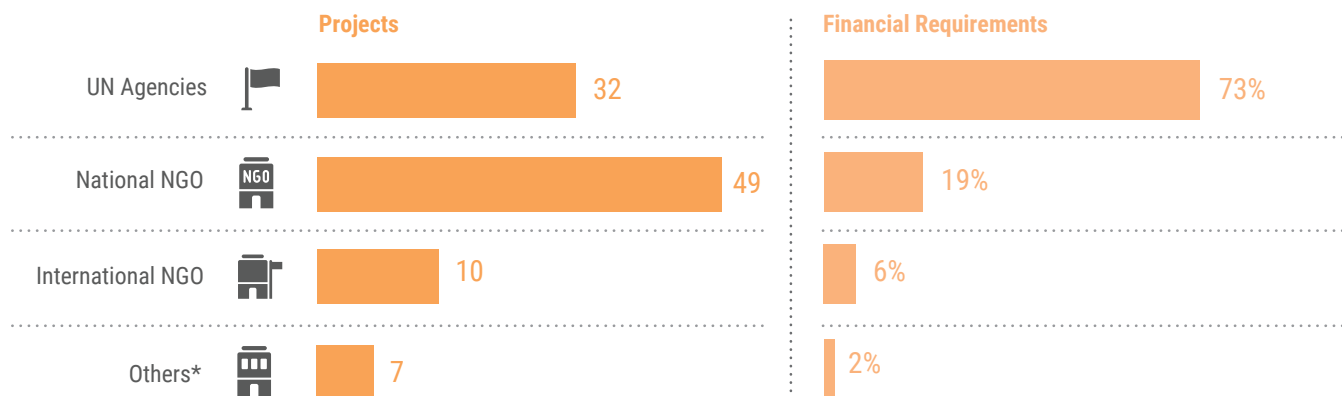
### PRIORITIZED STATES



### TARGET POPULATION BY STATE



## NUMBER OF PROJECTS AND FINANCIAL REQUIREMENTS BY TYPE OF ORGANIZATION



Others\*: academic and church

## POPULATION IN NEED AND TARGET BY CLUSTER

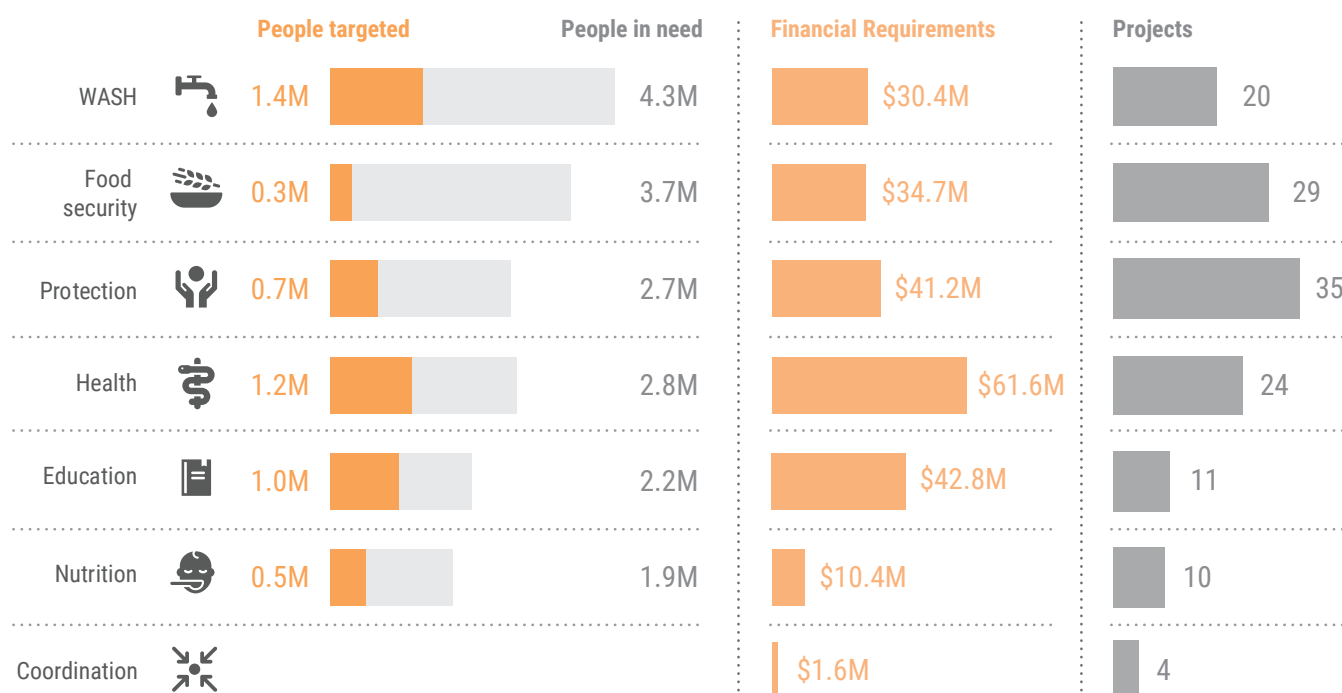






FOTO: UNICEF Venezuela

It is estimated that seven million people require some form of humanitarian or protection assistance in Venezuela, according to the findings of the Humanitarian Needs Overview (March 2019).

This Humanitarian Response Plan (HRP) targets 2.6 million people, which only represents a limited number of all people in need, and includes 1.2 million girls and boys for the remainder for 2019. The financial requirement to achieve this goal is US\$223 million.<sup>1</sup> The HRP

builds on the United Nations scale-up strategy, which was initiated in October 2018 to respond to the most pressing humanitarian needs, and the efforts of other humanitarian partners. It seeks to strengthen the capacity of humanitarian organizations and open the operational space in country, thus laying the foundation to widen the response and reach a larger target population in 2020. The HRP will be updated as and when evidence becomes available, including information from new needs assessments on food security.

<sup>1</sup> The HRP reflects consultations with the Bolivarian Republic of Venezuela, other State institutions and key stakeholders in accordance with United Nations General Assembly Resolution 46/182 (1991).


# The Humanitarian Response by the United Nations and Humanitarian Partners


The United Nations and other humanitarian actors are currently responding to the evolving humanitarian situation in Venezuela. In October 2018, the United Nations developed a scale-up strategy with a budget of \$123 million to respond to urgent humanitarian needs, with a focus on health, nutrition and protection. The scale-up was


underpinned by a first Central Emergency Response Fund (CERF) allocation of \$9 million and, to date, a total of \$71 million has been mobilized, allowing the United Nations and partners to provide humanitarian and protection assistance to vulnerable groups across the country. Key achievements include:


## Key humanitarian achievements in Venezuela as of July 2019

### Health


 **8.5 M**  
Children between 6 months and 15 years old vaccinated against measles between Apr '18 - Mar '19<sup>a</sup>

 **4.7 M**  
Children between 7 and 15 years old vaccinated against diphtheria Apr '18 - Mar '19<sup>a</sup>


 **6**  
Generators delivered to prioritized hospitals in different states, benefiting about 24K people by June 2019<sup>g</sup>


 **348 tons**  
of medicines and medical supplies imported and distributed in 41 hospitals and 23 health centers in 18 states May '18 - July 2019<sup>g</sup>

 **9**  
Emergency kits delivered to hospitals benefiting approximately 90K people by June 2019<sup>g</sup>

 **22 tons**  
of antiretroviral drugs imported and distributed between July 2018 - May 2019<sup>c</sup>

### Protection

 **8,424**  
Women benefited with 10K Dignity Kits in Border States January - June 2019<sup>e</sup>

 **11,721**  
People sensitized against gender-based violence in border states October 2018 - January 2019<sup>e</sup>

Sources: a. UNICEF b. FAO. c. UNAIDS w/ PAHO/WHO d. IOM e. UNFPA f. UNHCR g. PAHO/WHO



**5,200**

People oriented at information desks and referred to specific protection services

January to June 2019<sup>f</sup>



**11,940**

Children reached with psychosocial support programmes in community spaces Jan to June 2019<sup>f</sup>

## Education



**203**

Supported educational centers, benefiting an estimated 85K students May - June 2019<sup>a</sup>



**33,475**

Children reached with psychosocial support activities in educational centres May - June 2019<sup>a</sup>

## Nutrition



**87,644**

Boys and girls under the age of five, female-pregnant and lactating women screened to detect malnutrition January - June 2019<sup>a</sup>



**83,852**

Preventive treatments and 4.5K curative treatments for acute malnutrition January - June 2019<sup>a</sup>

## Food security



**19,000**

People benefited from support in agroproduction systems May - June 2019<sup>b</sup>



**12,132**

People reached with food assistance May - June 2019<sup>b</sup>

## WASH



**185.000**

People accessing safe water January - June 2019<sup>a</sup>

## Shelter, Energy and Non-Food Items



**5,.185**

People reached at six transit centers in three states between January-June 2019<sup>d</sup>



**11,600**

People benefited with NFIs January - June 2019<sup>f</sup>

Sources: a. UNICEF b. FAO. c. UNAIDS w/ PAHO/WHO d. IOM e. UNFPA f. UNHCR g. PAHO/WHO






# Part 1

## Country strategy

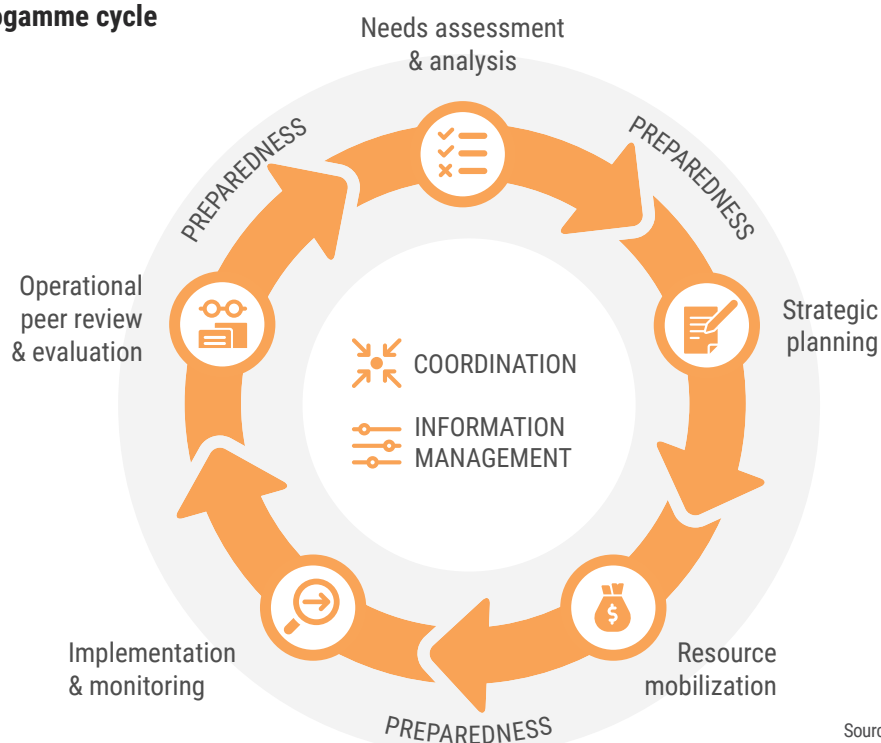
### A. Strategic objectives

The HRP has three strategic objectives, representing three main pillars of action for 2019, through which it seeks to meet the humanitarian and protection needs of the most vulnerable population groups. The Plan focuses on the identified urgent needs of 2.6 million people across these three strategic cross-cutting objectives.

#### STRATEGIC OBJECTIVES

S01		Ensure the survival and well-being of the most vulnerable people by age, gender and diversity, improving their access to goods and essential services in quantity, quality, continuity and territorial coverage under a rights-based approach.
S02		Promote and reinforce the protection and dignity of the most vulnerable groups through a humanitarian response that strengthens institutional and community mechanisms, according to humanitarian principles and respect for human rights.
S03		Strengthen the resilience and livelihoods of the most vulnerable people by age, gender and diversity and contribute to the sustainability of essential services.

#### Humanitarian programme cycle



Source: OCHA

## B. Response strategy

The HRP builds on the recent response and achievements under the framework of the United Nations scale-up and the efforts of national and international NGOs to respond to humanitarian and protection needs. The Plan seeks to significantly expand these efforts under the three strategic objectives and with a clear prioritisation strategy, that targets the most vulnerable groups in the most severely affected locations across the country.

### Most affected persons and geographic areas

There are significant humanitarian needs in the areas of health, food security, nutrition, water, sanitation and hygiene, protection, shelter and non-food items and education. The HRP provides assistance across these sectors and to the most vulnerable population groups as identified in the Humanitarian Needs Overview. These include: indigenous people, pregnant and lactating women, girls and boys at risk, the elderly, people on the move, such as internally displaced persons or those in transit to other countries, people in need of international protection, persons with chronic health conditions and serious illnesses, persons with disabilities and people with

dependencies, particularly those living in hospitals, retirement homes and mental health institutions. Sex, age and gender variables have been considered while prioritising people and activities under the Plan.

The ten priority states (Amazonas, Apure, Bolívar, Carabobo, Delta Amacuro, Capital District, Miranda, Sucre, Tachira and Zulia) were determined through a vulnerability analysis workshop held in Caracas in November 2018, whereby thresholds to define the vulnerability scale were established.<sup>2</sup> The most affected areas were identified in terms of multi-sectoral needs, taking into account the number and percentage of people in need as well as the severity of those needs. A combination of indicators for the education, health, protection and nutrition clusters and a number of cross-cutting indicators (based on poverty rates and natural disasters) was also considered. Activities are also planned in other states, beyond the ten most prioritised, based on the needs identified by individual clusters and their specific prioritization process.

### Vulnerable groups



<sup>2</sup> Humanitarian Needs Overview, Venezuela, March 2019

## Priority states



Source: Humanitarian Country Team, June 2019

### Promotion of dignity, security and inclusion

Protection is the primary focus of the humanitarian response in recognition of the important and substantial responsibility of the entire humanitarian community to work under a rights-based approach to provide services that promote and guarantee the dignity, safety and inclusion of affected people. All clusters and partners, while planning and implementing activities, will seek to substantially reduce and mitigate protection risks, including those related to gender-based violence and similar threats faced by children and other vulnerable groups. The clusters will also consider and address the risks and barriers people with disabilities face to access services and will promote non-discrimination in the provision of assistance.

### Accountability to affected people

In line with global humanitarian standards in terms of quality and accountability,<sup>3</sup> the humanitarian partners that are part of the HRP are committed to put affected people at the centre of the response, to make sure they are engaged in every stage of the Humanitarian Programme Cycle. To increase their role in the design and improvement of intervention strategies, mechanisms will be established to allow affected people to identify their priorities and needs, as well as their perspectives on the adequacy and relevance of the response.

<sup>3</sup> Guidance on the Core Humanitarian Standard on Quality and Accountability available at <https://corehumanitarianstandard.org/the-standard>.



## Core Humanitarian Standard



Source: Sphere

### Protection against exploitation and sexual abuse

Adhering to the policy established by the Secretariat of the United Nations<sup>4</sup> and the principles of the Inter-Agency Standing Committee<sup>5</sup> (IASC), the humanitarian organizations participating in the HRP are committed to Preventing Sexual Exploitation and Abuse (PSEA). The HCT is responsible for ensuring the implementation of the PSEA strategy through a series of measures articulated in four main pillars: participation with and support of the local population; prevention; response; and management and coordination<sup>6</sup>.

### Cash and/or voucher assistance

The Plan seeks to improve the design and coordination of programmes that use cash transfers and/or vouchers, in line with the commitments made by the Grand Bargain,<sup>7</sup> in an effort to support affected people, identify their most urgent needs and then decide how to address them.

There are some cash and/or voucher assistance in Venezuela, albeit with a limited geographical coverage and mostly being implemented in

the border area with Colombia. In a context of economic contraction, high inflation rates and where the lack of supplies are causing severe needs, these interventions need to be carefully designed with the necessary flexibility and safeguards. Likewise, local market constraints will be considered as well as the implications for livelihoods. A Cash and Vouchers Working Group was established in June 2019 and is being led by the Food and Agriculture Organization (FAO) and the Norwegian Refugee Council (NRC).

### Humanitarian-development nexus

While the humanitarian effort is focused on addressing humanitarian needs and alleviating suffering, it has been developed to support, where appropriate, the 2030 Agenda. However, it must be emphasized and acknowledged by all partners that humanitarian action is not a substitute for the wider efforts needed to address the political, economic and development challenges Venezuela faces today.

<sup>4</sup> United Nations policy on PSEA available at <https://www.un.org/preventing-sexual-exploitation-and-abuse/>.

<sup>5</sup> IASC Six Core Principles Relating to Sexual Exploitation and Abuse, 2002 available at <https://interagencystandingcommittee.org/principals/documents-public/iasc-six-core-principles-relating-sexual-exploitation-and-abuse-2002>.

<sup>6</sup> PSEA task force background on pillars for addressing exploitation and abuse available at [http://www.pseatastaskforce.org/en/addressing\\_it](http://www.pseatastaskforce.org/en/addressing_it).

<sup>7</sup> <https://www.agendaforhumanity.org/initiatives/3861>

More specifically, the Plan, through Strategic Objective 3, seeks to operationalize the nexus between humanitarian action and development, ensuring that all activities include a resilience focus and aim to strengthen individual and institutional capacities, especially at the local and community levels. While seeking complementarity with development efforts, the implementation of these activities will be carried out in accordance with humanitarian principles.

### **Localisation**

The HRP seeks to ensure that the response strategies and coordination mechanisms are guided by the principle of subsidiarity, “as local as possible, as international as necessary”. It recognizes the significant role played by local partners and institutions in humanitarian response, ensuring they have a direct role in developing the strategies and humanitarian interventions that affect them, have a voice in established coordination mechanisms and provide vital information about the needs on the ground. As a result, local actors are being engaged in both field level coordination mechanisms and in strategic decision-making at the national level. At the same time, it is understood that international expertise and technical advice will be required to ensure the response is delivered according to international humanitarian standards and principles.

### **Refugees**

During 2019, meeting the urgent basic needs of asylum seekers, refugees and persons at risk of statelessness in the country is a priority, as well as the strengthening of institutions for access to asylum and durable solutions. In collaboration with Government counterparts, the National Commission for Refugees (CONARE) and the Ombudsman’s Office, the Office of the United Nations High Commissioner for Refugees (UNHCR) is working in line with the 2014 Brazil Declaration and Plan of Action.

UNHCR has been expanding its work in communities that host refugees, asylum seekers and people at risk of statelessness, integrating these groups gradually into protection and assistance programmes with a community-based approach. Community projects are being developed for protection, health, water and sanitation, nutrition, food security and education, to promote resilience and social cohesion and provide humanitarian assistance to people with specific needs.

## C. Operational capacity and challenges

### Humanitarian actors

The Plan includes national and international humanitarian partners with ongoing or planned response activities in Venezuela, with diverse operational capacities and specializations. All participants in the HRP are committed to adhering to international humanitarian principles and have signed the HCT Code of Conduct (see annex 3), requiring a demonstrable commitment to the humanitarian principles, the non-politicisation of humanitarian aid and quality and accountability in humanitarian action, including do no harm and PSEA.

In terms of current operational presence, and according to information reported through the 3W (who is doing what and where) data collection tool, there are 44<sup>8</sup> operational actors that have reported on the implementation of humanitarian activities across seven of the activated clusters; of these, 30 are national NGOs, 8 are UN agencies, funds and programmes, 5 are international NGOs and one is a member of the International Red Cross and Red Crescent Movement. The actors currently have operational presence in 129 of 335 municipalities, across 23 of the 24 states.

In terms of the main reported response activities, the UN has been carrying out large-scale vaccination campaigns against communicable diseases, distributing safe water and hygiene kits, providing generators to hospitals, preventative and curative treatments for acute malnutrition, strengthening protection networks, providing services to enhance child protection and address the impact of gender-based violence and supporting education centres to retain children in schools.

National NGOs have been engaged in the distribution of medical supplies, providing malnutrition treatments, psychosocial, medical and legal aid services to victims of sexual and gender-based violence and facilitating safe access to water among other activities across clusters. Many national NGOs have long-standing experience in providing services and have the widest presence across the country among humanitarian partners, with established links with communities and public institutions. Many of them are reviewing their operational capacity and work modalities, based on their thematic specialization and geographic presence, to expand their coverage and capacity to adapt to humanitarian work.

Best practices and practical requirements indicate a need for a broader presence of international NGOs, which is currently limited, given some of the challenges in the registration process to work in Venezuela. Those that are currently present often work with national NGO partners across clusters. The activities that both actors collaborate on include ensuring response efforts are carried out in accordance with humanitarian principles, strengthening protection networks, providing education support to retain children in schools, procuring and distributing medical supplies and strengthening food security through food distributions and agricultural and livelihoods projects. To further expand their presence and capacity it is important that international NGOs and their staff are formally recognized in the country. The Government is considering options to facilitate the entry and registration of international NGOs that are committed to support the implementation of the HRP.

### Humanitarian principles

#### HUMANITY

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.

#### NEUTRALITY

Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.

#### IMPARTIALITY

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.

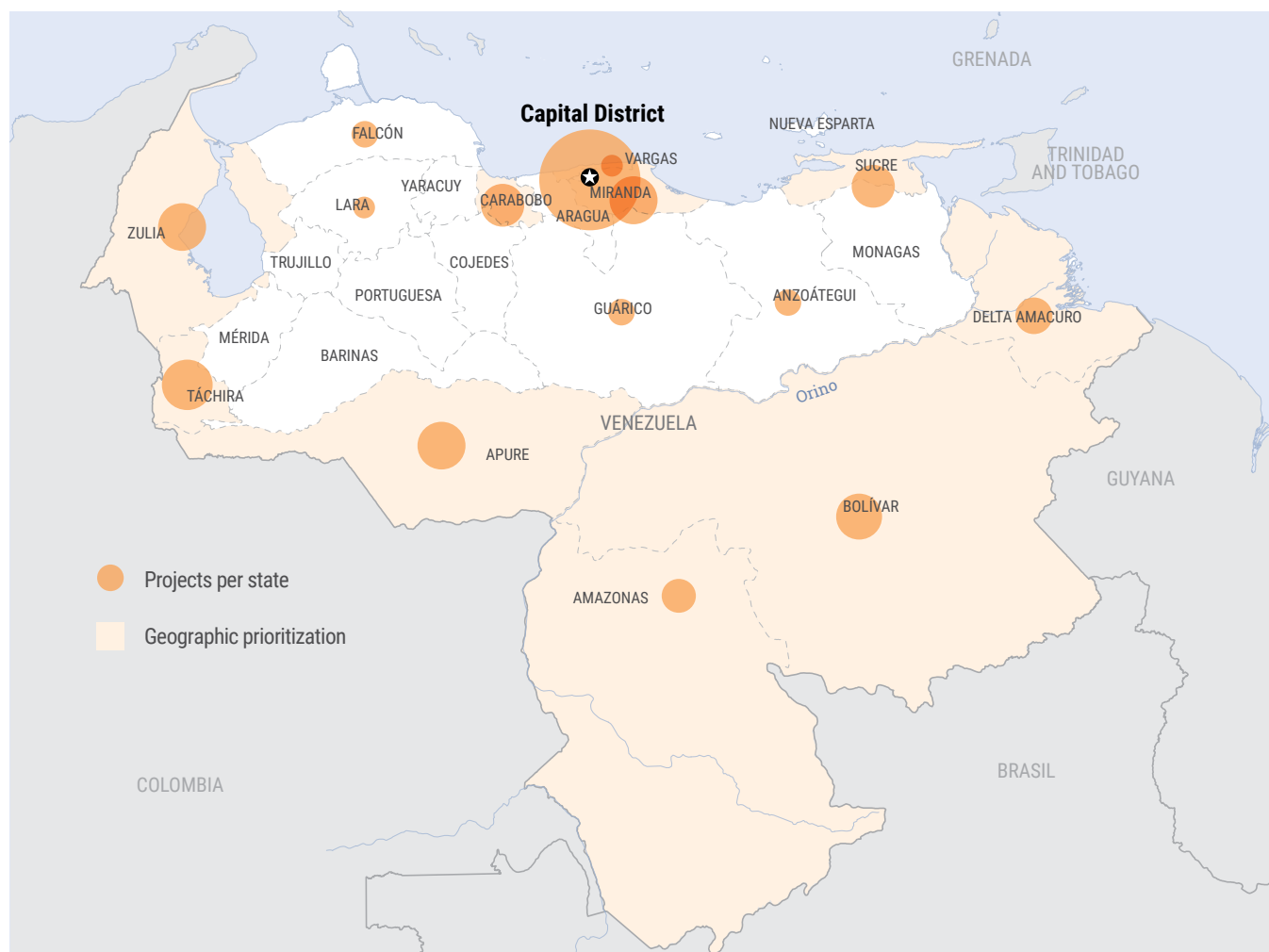
#### INDEPENDENCE

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.

<sup>8</sup> Whilst the Plan includes 61 humanitarian organizations, 44 represents the number of organizations that are currently reporting to the 3W tool. As part of the HRP, all organizations are committed to reporting to the 3W.



## Operational Humanitarian Presence



Source: Humanitarian Country Team, June 2019

Many national NGOs have a background in implementing development and/or human rights activities but have limited humanitarian experience. Thus, the UN and international NGOs are also building the capacity of national NGOs to implement humanitarian activities in line with humanitarian principles. OCHA has organized trainings and workshops on humanitarian principles, coordination and information management for some 50 national NGOs and the civil protection authorities, which includes firefighters.

### Implementation capacity

As of July 2019, UN agencies have more than doubled their staffing capacity in Venezuela compared to the level in 2017, bringing in significant experienced capability for strategic direction and programme management in humanitarian settings. The IASC emergency systems have been established, and the main clusters have been activated (as detailed below).

The UN and other agencies now have the required capacity in-country to deliver the expanded programmes set out in the HRP. As of July 2019, 70 per cent of the resources raised for the scale up of the response have been implemented. Most agencies now face acute resource problems, and even the limited current ongoing programmes cannot be sustained without additional financing.

It is important to note that the expansion envisaged in the current HRP remains modest in relation to the overall humanitarian needs of the Venezuelan population, as outlined in the Humanitarian Needs Overview. A revised Humanitarian Needs Overview for 2020 will be produced later in 2019 to provide the basis for the HRP for 2020. It is expected that the 2020 HRP will be substantially larger in scale to make a sizable contribution to address critical needs across the country. The implementation of the 2020 HRP will also require additional humanitarian capacity in Venezuela to the extent that resources become available.

### Humanitarian access

The operational environment for humanitarian organizations has improved in recent months. In line with United Nations General Assembly Resolution 46/182, the UN has been engaging with the Government of the Bolivarian Republic of Venezuela to enhance the operational space for humanitarian organizations and facilitate humanitarian access to people in need.

In the last several months, there have been positive trends, towards a greater recognition by the Government of the need for humanitarian assistance and for the UN and its partners to further scale up its response and establish humanitarian coordination structures in

line with IASC guidelines and principles. This opening has also enabled the development of this HRP, for which state institutions, including relevant line ministries and the National Assembly's Special Commission on Humanitarian Aid were consulted. The Special Commission has also shown its support for strengthening the international humanitarian response system in-country.

Despite these improvements, there are several access and operational challenges that impact the ability of humanitarian organizations to reach many affected people and/or carry out activities. These are related to the ongoing situation within the country, and include a number of logistical challenges, high levels of insecurity in some locations, particularly in border states, the presence of non-state armed groups in some locations and the emigration of professionals and technicians, many of whom were working with national service providers, impacting effective delivery of services across key sectors.

The main operational challenges include:

1. Importation of most humanitarian supplies, including vaccinations and medicines, is required. Maritime and air shipments are often delayed, and customs clearances can take time prolonging the delivery of assistance. Humanitarian supplies are sometimes not exempt from taxes and customs clearance, especially for NGOs, and/or there are delays in getting taxes reimbursed.
2. The ability to move supplies in country and to carry out programme activities is constrained. There are limited road transportation fleets and the lack of fuel and spare parts can cause significant delays in the distribution of supplies. Regular interruptions in electricity and communications services, including fixed and mobile telephones and internet, also affect day-to-day work and programming outside of the capital.
3. Access to remote locations and border areas, which have

significant humanitarian needs, can be challenging due to long distances, poor road conditions, reduced air transport and the lack of services along the way. This increases costs and causes delays in the implementation of programmes.

4. Insecurity is affecting staff and organizational assets and the delivery of supplies to communities, both in urban and border areas. Some organization headquarters, schools and other institutions have been subject to theft or harassment. Frequent demonstrations and roadblocks organized by communities to protest the lack of basic services can also impact programming, and the presence of irregular groups in border areas can impact access to some priority areas of intervention and some of the most vulnerable groups. The measures taken to mitigate these risks (recruitment of security personnel, vehicles and warehouses) can significantly increase operational costs.

The Government has undertaken to address these constraints to improve the operational environment for the UN and other humanitarian actors and to increase the timeliness, efficiency and effectiveness of humanitarian programming. This would need to include support in facilitating access to fuel for humanitarian activities, the easing of custom clearances and the importation of goods, facilitating the transportation of goods and physical access to remote locations, enhancing security, promoting the formal registration of international NGOs and recognizing the role of national partners in the response. In addition, the UN and partners are developing contingency plans, working with line ministries at the national level to overcome these challenges and seeking to improve dialogue with civil and military stakeholders at the regional and local level. This includes efforts to further enhance the understanding of humanitarian action, the actors involved, and the principles guiding the response to gain more acceptance and improve access.

## D. Humanitarian Coordination Architecture

To ensure a coherent and coordinated approach throughout the Humanitarian Programme Cycle, a humanitarian coordination structure has been established in-country according to international IASC guidelines. A Humanitarian Coordinator was appointed in May 2019 and is supported by a Deputy Humanitarian Coordinator and by OCHA. An HCT was established in June 2019, superseding the Assistance and Cooperation Coordination Team (ECCA, per its Spanish acronym), which was established in early 2019. The HCT provides overall strategic direction to the humanitarian community in support of the response and includes representatives from UN agencies, national and international NGOs and the Red Cross and Red Crescent Movement as observers.

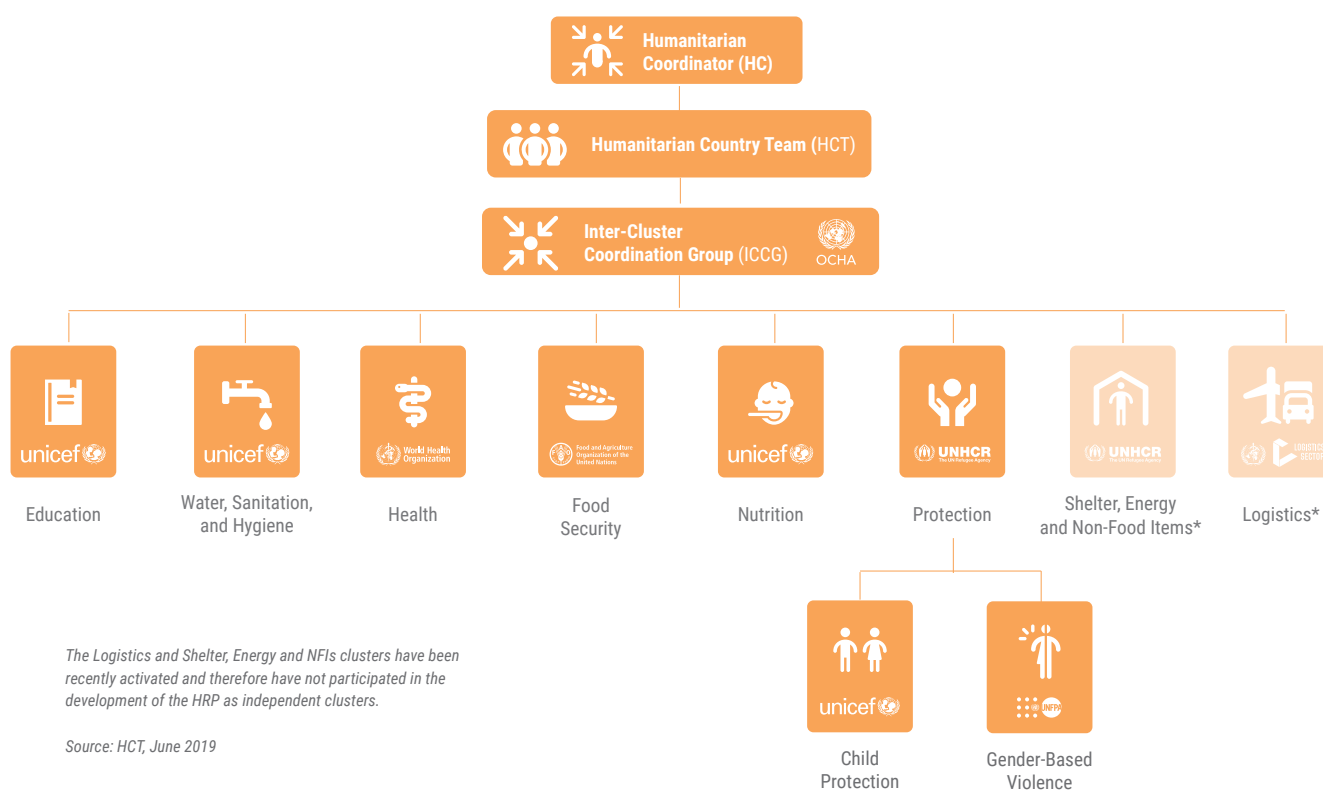
The HCT is supported by an Inter-Cluster Coordination Group (ICCG), which is chaired by OCHA and brings together the cluster coordinators to ensure operational coordination and coherence in terms of needs assessments, response priorities and monitoring of the response. Inter-cluster coordination takes place at the national and sub-national level, encouraging synergies between clusters, ensuring roles and responsibilities are clearly defined, closing potential gaps

and eliminating duplication through each step of the Humanitarian Programme Cycle (from assessment of needs to evaluation of response).

Eight clusters and two Areas of Responsibility (AoR) have been officially activated by the IASC based on a request by the Humanitarian Coordinator. Out of these, the following six clusters and AoRs are operational and have contributed to the HRP. The activated and operational clusters to date include the following:

1. Health led by the Pan American Health Organization/World Health Organization (PAHO/WHO);
2. Food Security and Livelihoods led by FAO
3. Nutrition led by the United Nations Children's Fund (UNICEF)
4. Water, Sanitation and Hygiene led by UNICEF
5. Education led by UNICEF
6. Protection led by UNHCR. This cluster includes the AoRs, Child Protection led by UNICEF and Gender-Based Violence (GBV) led by the United Nations Population Fund (UNFPA).

### Humanitarian Architecture

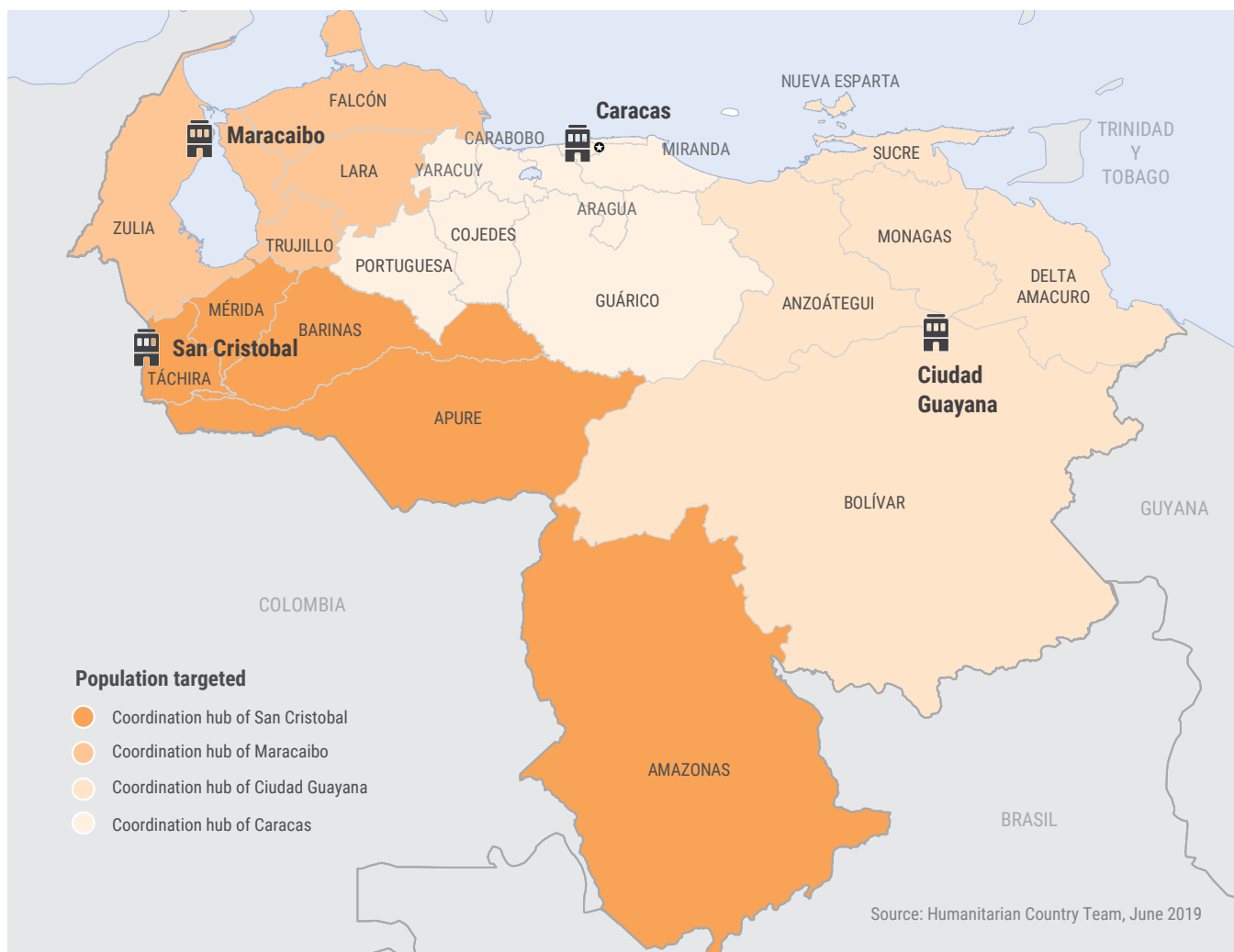


The Logistics Cluster (globally led by WFP) and the Shelter, Energy and Non-Food Items Cluster (led by UNHCR)<sup>9</sup> have recently been activated, with the latter reflected in the HRP in the Protection Cluster as a Working Group. These clusters will be operational in the coming period and will contribute to the implementation of the HRP. Operationalizing the Logistics Cluster is a priority going forward given the operational challenges faced by the humanitarian community as outlined in this plan. Given WFP is not currently operational in-country, alternative coordination arrangements will be put in place to ensure the cluster is operational as soon as possible.

Field coordination hubs are currently being activated in four locations,

based on geographic priorities, scale of the response and operational presence. These include Caracas (which covers Capital District, Aragua, Carabobo, Cojedes, Guárico, Miranda, Portuguesa, Vargas and Yaracuy), San Cristobal (covers Táchira, Apure, Amazonas, Barinas and Merida), Ciudad Guayana (covers Bolivar, Nueva Esparta, Sucre, Delta Amacuro, Anzoátegui y Monagas) and Maracaibo (covers Zulia, Lara, Falcon and Trujillo). These hubs aim to ensure there is a common understanding of the needs among partners and to develop appropriate responses ensuring these are timely, effective and efficient, in line with the HRP's strategic objectives and adhere to humanitarian principles.

## Coverage of humanitarian coordination hubs



<sup>9</sup> Given the recent activation of these two clusters they have not participated in the elaboration of this Plan to the same extent as other partners.



## E. Response monitoring and accountability

The UN and partners have a strict zero tolerance approach towards the diversion of humanitarian assistance. The humanitarian community, at both the inter-agency and the individual agency level, implements a host of “checks and balances” to monitor service delivery to ensure that humanitarian assistance reaches people most in need, further strengthening transparency and accountability to all stakeholders. This includes system-wide guidance, monitoring and data collection on incidents of interference, outreach to parties who potentially interfere in humanitarian activities, and promoting due diligence with partners. Humanitarian actors are committed to following monitoring standards in their response activities, in line with international standards. The humanitarian principles of humanity, neutrality, impartiality and independence underpin all areas of the response, throughout the humanitarian programme cycle.

In an effort to ensure accountability, respect for humanitarian principles and that humanitarian partners achieve the targets set out in this HRP, a number of due diligence and risk management measures and monitoring mechanisms are being put in place.

### Promoting a principled response

All partners that are part of the HRP have signed a Code of Conduct ensuring respect for humanitarian principles and global standards in the provision of humanitarian assistance. The humanitarian principles and accountability standards are also being sensitized among key stakeholders, including state institutions, such as line ministries and the National Assembly's Special Commission on Humanitarian Aid. In consultations with these institutions, there has been a commitment to support a principled approach to humanitarian action in Venezuela.

The capacity building of partners is another element of ensuring accountability in the response, with a commitment by the HCT to support partners in ensuring adequate institutional, managerial, financial and technical expertise.

### Due diligence and risk management

UN implementing partners are vetted to ensure they comply with the core humanitarian principles as well as the principles of partnership, and good governance, including transparency, accountability and sound financial management. Vetting process are also applied to contractors to ensure they do not contravene UN core standards and policies or breach humanitarian principles. The UN and its humanitarian partners also have systems in place to ensure compliance with business ethics and to avoid conflicts of interest, fraud and corruption with procurement procedures.

In addition, all UN agencies carry out risk management planning. This includes identification and monitoring of risks, implementing risk mitigation and response plans, as well as continuous evaluation of the effectiveness of risk management processes throughout the project lifecycle. This applies to financial, security, partner implementation capacity and other types of risks related to programme design and implementation.

### Monitoring

The HRP has various levels of response monitoring, which includes monitoring overall objectives and targets at the strategic, cluster and inter-cluster level; and monitoring the implementation of a project. This is to ensure humanitarian assistance reaches its intended beneficiaries.

The methodologies used are based on IASC level agreements, incorporating global best practices and adapted to the Venezuelan context. The overall aim is to promote accountability to affected people and ensure a timely and effective response that reaches those most in need according to humanitarian principles. In particular, the monitoring ensures humanitarian partners can keep track of the progress made in relation to the objectives set out in the HRP and adopt corrective measures where necessary under the leadership of the Humanitarian Coordinator and the HCT.

The monitoring approach in Venezuela includes four lines of action, focused on monitoring results, humanitarian needs, project implementation and feedback from affected communities.

### Results monitoring

The overall impact of the Plan will be monitored against its objectives, indicators and cluster targets with the help of an official monitoring tool managed by OCHA. The tool will build on existing efforts vis-a-vis delivery of current projects and will focus on the monitoring of the key indicators shown in Annex 1. Regular reports will be published, as well as a periodic more in-depth joint analysis to gauge progress and identify gaps and shortcomings requiring corrections.

To complement this basic effort, the HCT has committed to evaluate the feasibility of practical mechanisms associated with an independent monitoring system implemented by a third party.

### Humanitarian needs monitoring

In addition to monitoring the progress of the response, efforts will be made to ensure the latest evidence is gathered on humanitarian needs as these evolve and influence response priorities, particularly in relation to the most vulnerable groups, the number of people in need, the most affected areas and the type of assistance required to reduce their vulnerability and enhance their protection.

To this end, OCHA will establish an assessment registry in which partners will indicate the assessments and surveys planned and completed, when appropriate. An additional household level food security assessment may be completed by September 2019. Ongoing assessments by all clusters, a displacement tracking monitoring mechanism being rolled out by the International Organisation for Migration (IOM) and a tool to monitor people in transit by UNHCR will be used to inform an understanding of needs and the implementation of the Plan.

### **Project monitoring**

The projects outlined in the HRP will have their own specific monitoring arrangements. An initial survey of 37 humanitarian partners to assess the type of monitoring in place indicates that 83 per cent of the organizations have established an internal monitoring mechanism. The remaining 17 per cent have opted for a third-party monitoring solution. Partners have various kinds of solutions and includes arrangements such as monitoring carried out by NGOs, civil society representatives (e.g. university professors, students and technical associations, such as from the medical field) and by donors, including UN agencies and international NGOs. About 70 per cent of the organizations monitor during the implementation of their activities, while 30 per cent do so once the activities are completed, or during both periods.

In terms of internal monitoring systems put in place by partners, these include daily or weekly monitoring by staff, project evaluations, internal audits, the setting up of activity registries, field visits to directly engage with implementing partners and the carrying out of beneficiary surveys, interviews and focal group discussions.

Partners highlighted several monitoring challenges, including the difficulty to obtain fuel to go on field visits, access constraints to visit remote communities, the lack of qualified personnel and adequate budgets for human resources, high levels of insecurity in some locations and the lack of internet connection.

All organizations and agencies implementing the HRP will continue to monitor project objectives and activities, timeframe compliance

and financial control adherence and seek to strengthen these on a continuous basis. The partners also commit to providing regular reporting through the monitoring instruments and mechanisms developed as part of the Plan.

The humanitarian community has a zero-tolerance approach to the diversion of humanitarian assistance. Whenever a case is reported, there is transparency in reporting the incident to donors and immediate efforts undertaken to recover any aid. Immediate efforts are made to address issues that led to the incident so that they are rectified and do not reoccur.

### **Communication with affected communities**

Community feedback will be obtained through surveys, interviews and focal group discussions with beneficiaries and key informants and through complaints and feedback mechanisms. Through these aspects such as the relevance, timeliness and adequacy of the response will be verified with corrective action taken when needed. In line with commitments made as part of the Grand Bargain, humanitarian partners associated with this Plan will seek to achieve the proactive participation of affected communities in the development of needs assessments and response strategies, ensuring their concerns, including gender dimensions, are adequately reflected throughout the Humanitarian Programme Cycle, including in what regards to age, gender and diversity.

## F. Funding strategy







As noted above and notwithstanding ongoing operational challenges, humanitarian actors including UN agencies, funds and programmes have established the capacity to implement the activities envisaged in this HRP and demonstrated the capacity to reach people with acute needs with the limited resources that have been available.

However, the scale of the response to date is modest in relation to the scale of humanitarian needs of the Venezuelan population. In addition, most of the limited funds that have been available to date for humanitarian action have now been exhausted. There is therefore an urgent need for additional financing on a more significant scale. It is also important to note that some of the activities in the HRP are time sensitive, including seasonal agricultural support to promote food security and support to schools and families to ensure that children return to school for the new school year.

To date the humanitarian funding environment has been constrained, partly due to the political context and the fact that Venezuela has previously been a middle-to-high-income country. In the current circumstances, however, given the scale of needs, the deterioration in humanitarian indicators and the economic projections for the remainder of 2019, there is a need for humanitarian donors to review the prioritisation accorded to Venezuela alongside other humanitarian requirements at the global level.

Notwithstanding and in addition to that, consideration also needs to be given to the scope for accessing Government of Venezuela and other Venezuelan resources, in order to finance the programmes of humanitarian agencies set out in the HRP. Such an approach would require discussion and agreement among a variety of relevant stakeholders and would need to be in line with humanitarian principles. The UN will take appropriate consultations forward.

## G. Summary of needs, target population and requirements

	TOTAL <sup>1</sup>		SEX AND AGE		TARGET POP. DISAGGREGATION			REQUIREMENTS
	People in Need	Target Population	0 - 4 years old	5 - 19 years old	20 - 60 years old	Over 60 years old	% Target population / Needs	Total
 WASH <sup>2</sup>	4.3M	1.4M	118K	374K	749K	19K	33%	30.5M
 Education	2.2M	1.0M	396K	657K			45%	42.8M
 Nutrition	1.9M	0.5M	425K	27K	83K		26%	10.4M
 Protection	2.7M	0.7M	48K	281K	233K	165K	26%	41.2M
 Health	2.8M	1.2M	465K	60K	90K	633K	43%	61.6M
 Food Security	3.7M	0.3M	28K	67K	177K	19K	8%	34.7M
<b>TOTAL</b>	<b>7.0M</b>	<b>2.6M</b>	<b>560K</b>	<b>706K</b>	<b>756K</b>	<b>639K</b>	<b>38%</b>	<b>\$223M<sup>3</sup></b>

1. The total of people in need and the total target population do not correspond to the sum of the totals of each cluster but to the sum of the highest value of each cluster per state in order to avoid double counting of people in need.

2. Water, Sanitation and Hygiene

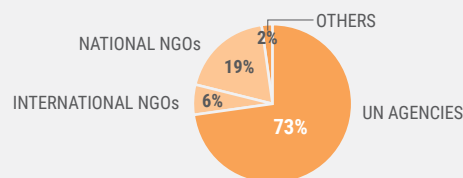
3. The total requirement includes \$1.6 million that corresponds to the Coordination Cluster

**98**  
PROJECTS\*

**61**  
PARTNERS

\*The portfolio of 98 projects can be accessed at  
<https://fts.unocha.org/appeals/827/projects>

### FINANCIAL REQUIREMENTS BY TYPE OF ORGANIZATION





### TARGET POPULATION BY SEX


**WOMEN**  
**54%** 


**MEN**  
**46%** 

### TARGET POPULATION BY AGE

**GIRLS AND BOYS 0-4 YEARS** **21%** 

**ADULTS 20-59 YEARS** **28%** 

**GIRLS, BOYS AND GIRLS ADOLESCENTS 5-19 YEARS** **27%** 

**OLDER ADULTS >60 YEARS** **24%** 

PART 2

# Consolidated operational response plans by cluster

2.1

## Water, sanitation and hygiene (WASH)



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	# OF PARTNERS
4.3M	1.4M	\$30.5M	18

Cluster lead agency: **UNICEF**

<b>OBJECTIVE 1</b>	Ensure access to basic water, sanitation and hygiene services for vulnerable populations (especially children, adolescents, pregnant and lactating women) in health and nutrition facilities, educational institutions and protection centers.
<b>OBJECTIVE 2</b>	Ensure access to water, sanitation and hygiene services in communities and enable the population to adopt adequate hygiene practices and WASH services.

Contact: **Hugues Burrows**. [hburrows@unicef.org](mailto:hburrows@unicef.org)

Access to water is a serious problem for those most affected by the crisis, in terms of quantity, quality and the supply of water services. This also affects sanitation and hygiene, including environmental sanitation, waste management and vector control. Current hygiene practices are far from optimal in terms of standards, mainly due to a lack of water, hygiene products and home water treatment systems. The most affected population includes boys, girls and pregnant women. The negative impact on these groups has resulted in acute and long-term malnutrition and stunting. The lack of water and sanitation services has also impacted communities and health, nutrition and education centres, which in turn limits children's attendance in schools.

There is a critical need to ensure adequate water, sanitation and hygiene services in health, nutrition, education and protection facilities, since this will directly contribute to the objectives of the other clusters and ensure their services are maintained. A goal of the WASH Cluster is to ensure that its interventions will also support people's rights to access other basic services.

The cluster aims to increase access to water, sanitation and hygiene services, especially to drinking water, and build capacity in the implementation, functioning and management of these services in

the above-mentioned facilities and in communities. The effort will primarily focus on boys, girls and pregnant women and will be carried out in cooperation with the health, nutrition, education and protection clusters, and in close coordination with the relevant local authorities.

The cluster also aims to promote hygiene at the community level, in schools, health facilities and protection centres (e.g. latrines, waste management, including solid and hospital waste). This component, as well as capacity building efforts, will be integrated in all projects. It will include the distribution of essential items such as personal hygiene products (e.g. soap for hand washing) and for cleaning homes and health, nutrition, education and protection facilities. Furthermore, basic items will be distributed for water storage and treatment in homes, communities and institutions.

Efforts will be made to maintain strong links between the authorities and communities. These will include capacity-building efforts focused on strengthening the resilience of the most vulnerable groups in the community and of services providers in the areas of water, health, education and protection. Proposed solutions will include resilience efforts such as awareness-raising and training workshops and the provision of water, sanitation and hygiene solutions such as the installation of double pumping systems, the improvement of distribution networks and the creation of strengthened mechanisms to deal with pump failures. Projects will also seek to generate information

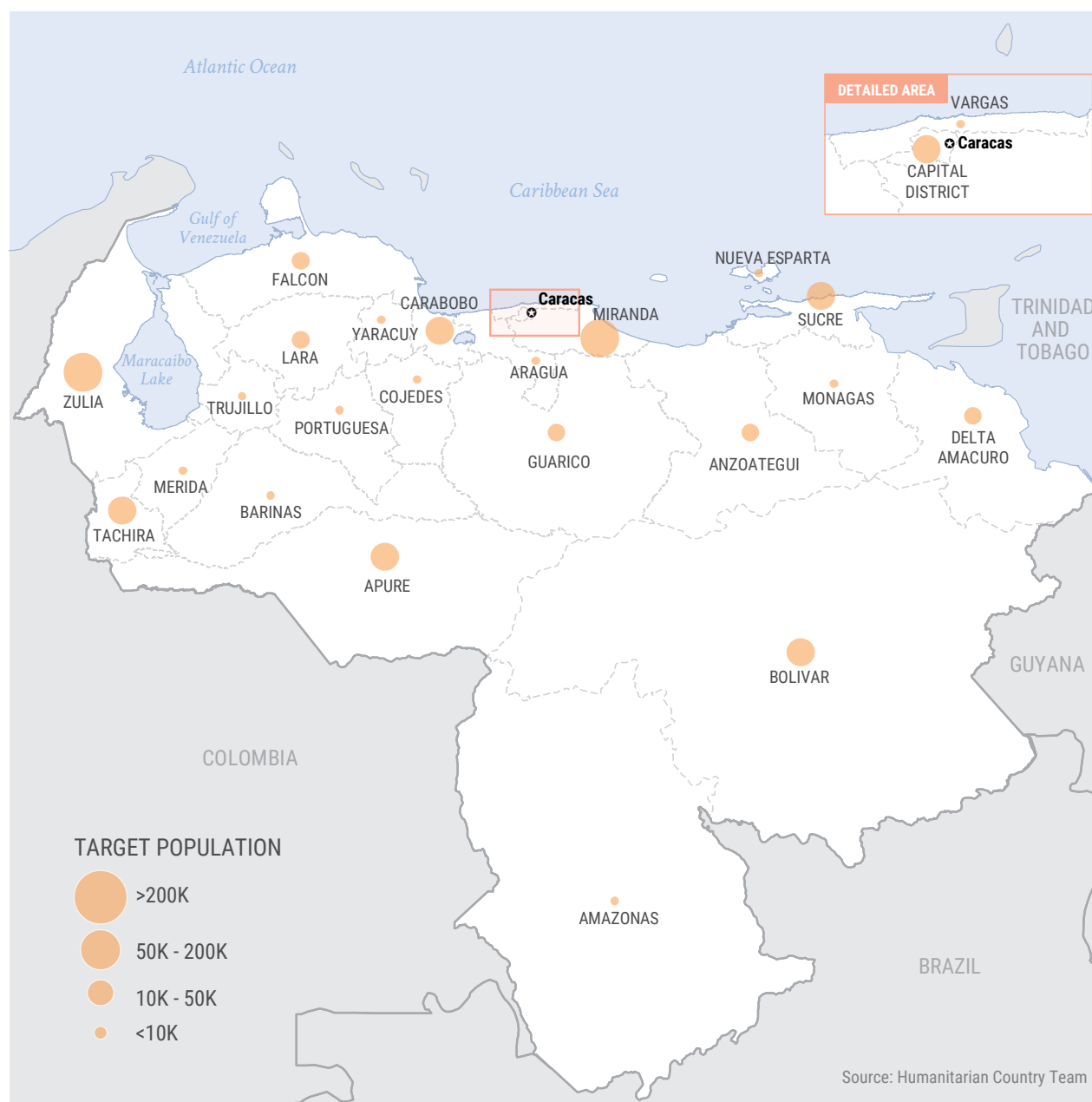


and data that can support other projects outlined in the HRP as well as future planning initiatives. Partners and other key actors will seek

to work with local NGOs, with the aim of helping them increase their preparedness and response capacities.

TOTAL		SEX AND AGE	DISAGGREGATION OF THE TARGET POPULATION				REQUIREMENTS (US\$)
People in Needs	People Targeted	0 - 4 years	5 - 19 years	20 - 60 years	Older than 60 years	% pop. in need targeted	Total
4.3M	1.4M	118K	374K	749K	160K	33%	30.5M

## WASH: Target population by state



## 2.1 Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	# OF PARTNERS
<b>2.2M</b>	<b>1.0M</b>	<b>\$42.8M</b>	<b>11</b>

Cluster lead agency: **UNICEF**

<b>OBJECTIVE 1</b>	Improve conditions to access education and the provision of affected educational services, with the aim of ensuring school retention and quality learning for children.
<b>OBJECTIVE 2</b>	Strengthen the institutional and technical capacities of educational centres, to ensure quality services that contribute to maintaining affected schools as protective spaces for the rights of children.
<b>OBJECTIVE 3</b>	Promote resilience in educational centres through the development of sustainable programmes that are tailored to the needs of vulnerable groups and ensure the continuity of affected educational services.

Contact: **David Reyes**. [jreyes@unicef.org](mailto:jreyes@unicef.org)

The aim of the Education Cluster is to increase access and reduce school dropout and absenteeism rates by improving the quality of education and the provision of complementary services, such as school feeding in educational spaces for children and vulnerable young people in the prioritized states across Venezuela.

The Education Cluster will improve the conditions for the provision of educational services, ensuring inclusive access, promoting permanence and quality learning for children. The education strategy includes identifying and implementing priority actions that are context specific, to increase access to schools and of retention, taking into account the educational needs of the most vulnerable population and to encourage the continued presence of teachers.

This includes the supply of educational materials, the provision of incentives to teachers (such as trainings and the provision of learning materials) and other members of the educational community, conducting minor repairs to educational spaces, with a focus on water and sanitation infrastructure, promoting school-feeding programmes and initiatives, as well as the promotion of inclusion with a special focus on the reintegration of children outside the school system. All these actions will be reinforced by communication and awareness-raising initiatives that promote schooling.

There are cross-cluster synergies with water, sanitation and hygiene in schools, both at the level of training and through the provision of hygiene and grooming materials and the identification of prioritised schools in terms of infrastructure repairs to access safe water and improve sanitary facilities. There are also synergies with the health and nutrition clusters in terms of identifying children with deficient

or excess weight, and other forms of malnutrition, so these can be referred to specialized health services on a case-by-case basis.

To help children access safe schools, the cluster will build the capacity of teaching staff and of the educational community, with a focus on promoting relevant pedagogical and curricular policies that facilitate inclusive education.

This strategy includes the establishment of coordination spaces at all levels of governmental and civil society institutions, which promote the development of curriculums focused on children's educational needs and context, as well as identifying protection risks that hinder children staying in schools and/or promote desertion from the school system, whilst developing actions to overcome them.

Through the Worldwide Initiative for Safe Schools, efforts will be sought to implement the Comprehensive School Safety Framework, with its three pillars: Safe Learning Facilities, School Disaster Management and Disaster Risk Reduction and Resilience.

The cluster will also support the creation of sports and recreational spaces to promote a culture of peace and coexistence in schools and during holiday periods. Similarly, educational reinforcement activities will be carried out to strengthen good study habits and learning.

Working closely with the Child Protection AoR, partners will ensure access to specialized referral pathways and legal protection that provide adequate psychosocial support and the prevention of sexual violence. The parents of teenage children will receive support in education for livelihoods and for learning technical skills and entrepreneurship.

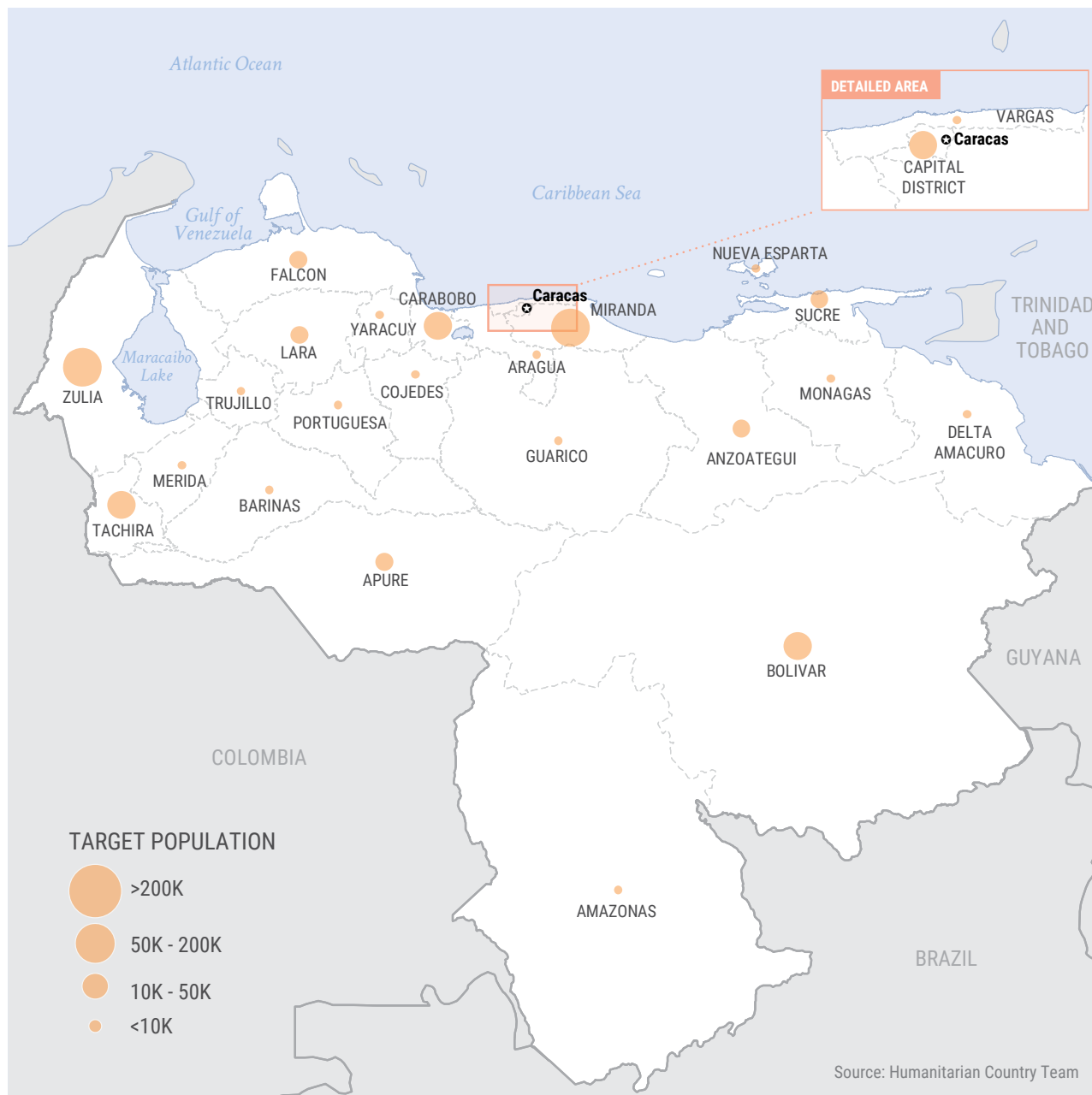
Finally, it should be noted that the lack of recent official data on school desertion, absenteeism rates and shortages of teaching personnel, represents a challenge for the cluster in terms of planning the most suitable response based on the context.

The objectives and activities of the cluster seeks to strengthen and create the conditions for the continuous improvement of quality education, developing strategic actions in states and municipalities with the most vulnerable populations.

The strategy includes conducting field assessments with state institutions and other relevant actors. These will allow the cluster to have a real overview regarding school dropout and/or non-attendance rates, the causes and trends in relation to the barriers to educational access and retention and monitoring the number of out-of-school children who are reintegrated back into the education system among other aspects. These will generate up-to-date information for decision-making and promote actions to protect and strengthen educational services for the most vulnerable population groups, including the indigenous population and children in mining and border areas.

TOTAL		SEX AND AGE	DISAGGREGATION OF THE TARGET POPULATION				REQUIREMENTS (US\$)
People in Needs	People Targeted	0 - 4 years	5 - 19 years	20 - 60 years	Older than 60 years	% pop. in need targeted	Total
2.2M	1.0M	396K	657K	--	--	45%	42.8M

## Education: Target population by state



## 2.3 Nutrition



POPULATION IN NEED*	TARGET POPULATION	REQUIREMENTS (US\$)	# OF PARTNERS
<b>1.9M</b>	<b>0.5M</b>	<b>\$10.4M</b>	<b>10</b>

Cluster lead agency: **UNICEF**

<b>OBJECTIVE 1</b>	Improve access to outpatient health services and nutrition programmes at the community level for children under the age of five and pregnant and lactating women for the prevention of acute malnutrition and micronutrient deficiencies.
<b>OBJECTIVE 2</b>	Improve access to and provision of outpatient, hospital and community health services for the management of acute malnutrition as part of efforts to reduce child morbidity and mortality.
<b>OBJECTIVE 3</b>	Strengthen the capacities of governmental and non-governmental organizations on issues related to diagnosing acute malnutrition and nutritional care among highly vulnerable populations.

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The Nutrition Cluster will focus its efforts on improving access to health services and nutrition programmes at the community level to prevent acute malnutrition and micronutrient deficiencies. This includes nutrition screening to identify and refer cases of acute malnutrition, deworming, micronutrient supplements, preventive case management and counseling to improve the quality of food for vulnerable groups (breastfeeding and complementary feeding for children under two years of age, feeding for mothers during pregnancy and breastfeeding) and appropriate child care practices. This involves the use of supplies such as anthropometric equipment, deworming medications, micronutrient supplements for pregnant and breastfeeding women, micronutrients in powder for children under two years of age, and nutritional supplements for preventive management of cases at risk of malnutrition.

In addition to linkages with the health and water, sanitation and hygiene clusters in the provision of health services, links will also be sought with education and protection programmes at the community level, especially in identifying and referring malnutrition cases, for example, in schools or community centres.

The Nutrition Cluster will also work at the national and state level, in updating and promoting the adoption of management protocols, in line with international standards, for addressing acute malnutrition with and without medical complications in children under the age of five.

In addition, training will take place for relevant staff (paediatricians, doctors, nurses and nutritionists) and supplies provided (therapeutic formulas F75 and F100, anthropometric equipment, ready-to-eat therapeutic foods). At the institutional level, efforts will be carried out to improve access to treatment and monitoring of moderate acute and uncomplicated severe malnutrition cases in primary health facilities, and of acute malnutrition cases with medical complications in Level III and IV hospitals. Efforts will also be undertaken to facilitate access to outpatient and community services that identify, treat and monitor uncomplicated acute malnutrition cases, provided that trained health and nutrition personnel are available.

Partners reaffirm the important linkages between the efforts of the nutrition, health and water, sanitation and hygiene clusters in the health system and in communities to maximize the response. Outpatient and hospital health services will be mapped in the prioritised states to determine actions with the water, sanitation and hygiene and health clusters related to capacity building and the provision of supplies for these services. Efforts will also be carried out with the Food Security Cluster to prioritise families with children under the age of five with acute malnutrition in food assistance/security programmes, as well as low weight pregnant and breastfeeding women, who will be supported with caloric and/or micronutrient supplements.

\*Of the total number of people in need, 0.6 million are estimated to be in acute need. This estimate was made on the number of people with needs from three vulnerable groups: children under the age of five, pregnant and breastfeeding women. Based on results from the Life Conditions Survey (ENCOVI, per its Spanish acronym), the prevalence of acute malnutrition (4.3%) was applied in the number of children under the age of 5, considered as a population in need of care (identification, treatment and monitoring of cases of acute malnutrition); prevalence of children at risk of malnutrition (12.8%) in the number of children under the age of 5, considered as a population that needs access to nutritional interventions to prevent deterioration of their nutritional status; and the prevalence of underfeeding (11.7% during 2015-2017) to the number of pregnant and breastfeeding women, considered to be the population most at risk of malnutrition.



The Nutrition Cluster will go beyond improving access to services related to the prevention and treatment of malnutrition at the institutional and community level, but also seek to improve the quality of these services. The Nutrition Cluster response will ensure actions that strengthen institutional and community capacities. It will seek to build the capacity of staff working with vulnerable groups and train staff working in community centres, schools or parishes to detect cases of acute malnutrition and refer these to care services and health staff (paediatricians, doctors, nurses and nutritionists) for preventative and curative treatments of malnutrition.

On the other hand, the cluster will seek to strengthen the capacities of nutrition organizations in the design, implementation and monitoring of projects or interventions related to nutritional care. This will contribute to better planning and more effective and timely nutritional interventions that seek to address the prevention and treatment of malnutrition and will allow interventions to be better documented.

The Nutrition Cluster will work at different levels to ensure that nutrition services are accessible to vulnerable groups:

- At community level: Through NGOs, local associations and community structures, the cluster will support the preventive component of the strategy, which includes the screening of children under the age of five, detection of cases of acute malnutrition and referral of cases of acute malnutrition to health services, delivery of micronutrient supplements and counseling on infant and young child feeding. Uncomplicated acute malnutrition cases will also receive

immediate care in community centres which will be transformed into care units with trained health and nutrition personnel, in addition to identification, accompaniment and follow-up.

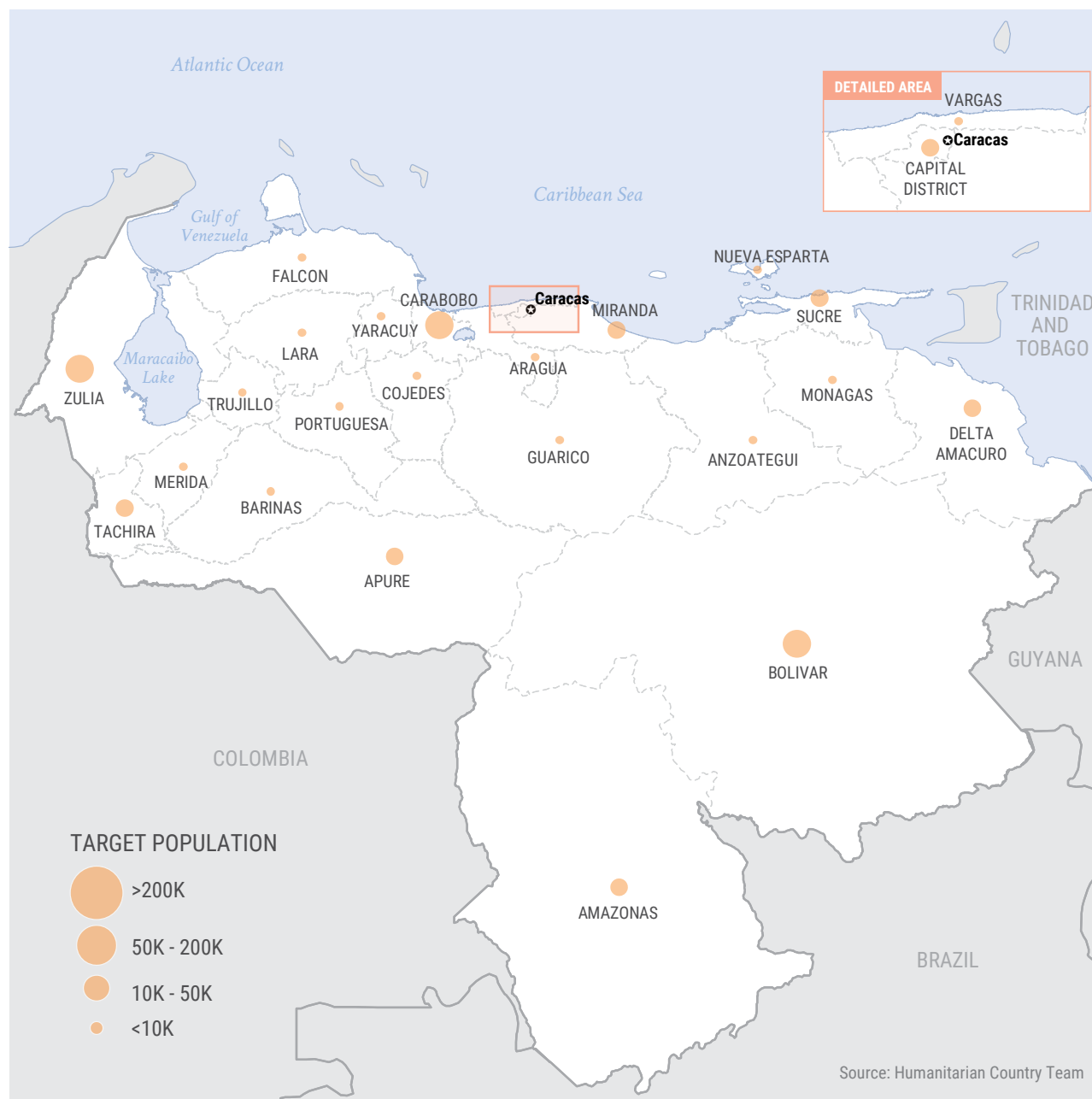
- At the primary level: Through outpatient health centres, the aim is to offer a package of preventive and treatment services, including diagnosis and referral of acute malnutrition cases with complications to specialized health services, outpatient treatment of uncomplicated acute malnutrition cases, growth control and nutritional counseling, micronutrient supplements and deworming.

- At the hospital level: Children identified with acute malnutrition with complications will be referred here, with efforts to strengthen the management of complicated cases, providing supplies, equipment and training in case management.

The Nutrition Cluster will continue to be strengthened at the national level, and additional coordination forums at the state level will be created to better articulate nutrition actions at the sub-national level. The strategy of the Nutrition Cluster will also seek to work with relevant institutions, like the National Institute of Nutrition, to align national nutrition policies with international standards.

TOTAL		SEX AND AGE	DISAGGREGATION OF THE TARGET POPULATION				REQUIREMENTS (US\$)
People in Needs	People Targeted	0 - 4 years	5 - 19 years	20 - 60 years	Older than 60 years	% pop. in need targeted	Total
1.9M	0.5M	425K	27K	83K	--	26%	10.4M

### Nutrition: Target population by state



## 2.4 Protection



POPULATION IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)	# OF PARTNERS
<b>2.7M</b>	<b>0.7M</b>	<b>\$41.2M</b>	<b>35</b>

Cluster lead agency: **UNHCR**

(UNICEF for the AoR for Child Protection and UNFPA for the AoR for GBV)

<b>OBJECTIVE 1</b>	Establish a coordinated protection monitoring mechanism to assist the response and advocacy with authorities to support affected populations with a differential approach to gender, age and diversity.
<b>OBJECTIVE 2</b>	Provide specialized protection assistance and services to the target population.
<b>OBJECTIVE 3</b>	Strengthen resilience and support mechanisms for crisis-affected communities, families and people that promote a favorable protection environment.
<b>OBJECTIVE 4</b>	Strengthen the capacities of state institutions, humanitarian organizations and civil society to assess, analyze, prevent and respond to protection needs.
<b>OBJECTIVE 5</b>	Contribute to increasing the target population's access to safe housing, energy and NFIs, whilst strengthening their resilience under a protection approach.

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**Maria Ysabel Cedeño** [cedeno@unfpa.org](mailto:cedeno@unfpa.org)

**Adriana Duran** [coord.venezuela@sheltercluster.org](mailto:coord.venezuela@sheltercluster.org)

The strategy of the Protection Cluster, the AoR for Child Protection and GBV and the Shelter, Energy and NFIs Working Group<sup>10</sup> is focused on vulnerable groups and communities with specific protection needs. These include indigenous populations and communities, girls and boys at risk, women-headed households and girls and women at a reproductive age (between 15 and 49 years), youth at risk (between 15 and 24 years), people on the move, people in need of international protection (refugees and asylum seekers), the elderly (over 60 years), people with disabilities; people with HIV, those who identify as LGBTI and survivors of GBV, human trafficking and smuggling; mostly in areas with high urban density, border areas and areas with indigenous communities.

People on the move (e.g.: internally displaced persons or those in transit to other countries), especially women and children, are

particularly vulnerable to the risks associated with displacement, including the lack of documentation, family separation, extortion, fraud, harassment, intimidation, gender-based violence, trafficking and sexual and labour exploitation. People with disabilities are often disproportionately affected as they can face challenges in accessing the limited services available.

In the current humanitarian context, in which the availability, access to and quality of specialized protection services have been reduced, the most vulnerable people, with specific needs, are not sufficiently identified and supported. Deteriorating socio-economic conditions have exacerbated the situation of the most vulnerable, such as those mentioned previously, who are exposed to risks of marginalization, violence, including gender-based violence, discrimination, exploitation, abuse and neglect. The entities that provide specialised services to

<sup>10</sup> As mentioned earlier, the Shelter, Energy and NFIs working group has now been activated as an independent cluster.

people in need of protection, including survivors of gender-based violence and children at risk, need to be supported and strengthened as they work in precarious conditions and often lack the institutional, human and financial resources to meet the high demand for services. For example, hospitals often lack post-exposure prophylaxis (PEP) to treat cases of rape and there is a lack of safe houses or alternative care solutions, especially family based care, for survivors of gender-based violence, including children.

The Protection Cluster and its Areas of Responsibility have 35 partners that cover 18 states. In collaboration with various state and civil society actors, and with a rights based approach, the cluster seeks to improve the protection of affected people and strengthen the overall protection environment and system including services. The strategy is based on five pillars:

1. The establishment of a coordinated protection monitoring mechanism to assist the response and advocate with relevant institutions to support the affected population, with a differential approach to gender, age and diversity. To this end, the needs and risks of individuals and communities will be fully assessed through specific tools and, in coordination with the appropriate institutions, ensure they can fully and effectively exercise their rights.
2. Map and increase the quality and quantity of protection services, establishing community centres that provide group and individual psychosocial care, legal advice, material assistance, support in the issuance of documents, including birth certificates, strengthened case management for children and adult survivors of sexual violence and other forms of gender-based violence, and specialised services to the most vulnerable communities, especially in border areas.
3. Strengthen the resilience and capacities of communities to prevent, address and positively recover in an efficient and effective manner in the face of increasing risks related to insecurity, violence, abuse, exploitation, discrimination, and the deterioration of protection services. At the community level, the aim is to strengthen safety networks, community spaces and develop awareness-raising interventions with communities. This will be done through the establishment of mobile information desks in communities, which provide individual guidance to people on the move, share information about the risks during travel and of safe routes, and identify people with specific needs and promptly refer them to available services.
4. Support and collaborate with national institutions, humanitarian organizations and civil society to increase their capacity in assessing, analyzing, preventing and responding to the specific protection needs of vulnerable groups. Existing protection authorities will be mapped and engaged in the strategy at the outset of the response.
5. Support the target population to increase their access to safe housing, energy and NFIs, while strengthening their resilience under a protection approach.

In addition to the implementation of its own response strategy, the Protection Cluster will promote and support the integration of protection in all sectors of the humanitarian response, working closely with other clusters to ensure that the assistance provided does not increase the risk or the vulnerability of people in need. Specifically, this includes efforts to improve the understanding of protection risks; strengthen prevention and mitigation measures in the planning and delivery of each cluster response; promote collective protection outcomes; and work to ensure that all humanitarian activities incorporate the following four main protection elements:

- Prioritize the safety and dignity of affected populations and avoid doing harm.
- Facilitate non-discriminatory access to assistance and services.
- Ensure accountability to affected populations, establishing feedback mechanisms to measure the adequacy of interventions and address any concerns and complaints.
- Promote the participation and empowerment of affected people, supporting community-based protection strategies.

As noted above, and in accordance with a decision by the HCT, the Shelter, Energy and NFI Cluster has been set up as a specific working group within the Protection Cluster, pending its activation as an independent cluster. It will support people living in collective and individual shelters, through support in their construction, improvement, expansion or equipping and through the provision of basic and emergency NFIs, such as hygiene kits and solar lamps.

## Child Protection AoR

CHILDREN IN NEED	CHILDREN TARGETED	REQUIREMENTS (US\$)	# OF PARTNERS	# OF PROJECTS
<b>1.3M</b>	<b>0.3M</b>	<b>14.5M</b>	<b>12</b>	<b>14</b>
<p>Partners of the Child Protection AoR will prioritize their interventions towards the most vulnerable groups of children, which include child survivors of sexual and GBV, unaccompanied and separated children, children with disabilities, from indigenous populations and Afro-descendants, working as labourers and at risk and victims of violence, abuse, exploitation, neglect and trafficking. At least 26,400 children will be reached with actions such as mapping and referral to specialized protection services or other sectors, case management, free legal assistance and material support. Nearly 38 service pathways at the municipal level will be developed to ensure children have access to quality services.</p> <p>Thirty-six child friendly spaces and community centres will be used as entry points to reach the most vulnerable children where they will be provided with individual and group psychosocial support services, reaching an estimated 114,000 children. Sessions on different child protection issues, including prevention of family separation, will be organized for children, parents and caregivers affected by the crisis.</p> <p>Partners will also expand their support for the issuance of birth certificates and legal assistance for children, including those detained who require specialized assistance. In 2019, partners will strengthen the protection environment at the family and community level; attention will be given to the training of community members and caregivers on positive parenting and the prevention and response to child protection risks, thus contributing to positive changes towards boys and girls. Partners will work with state authorities and civil society to strengthen and establish links among the different comprehensive mechanisms of child protection. To optimize the child protection response, the AoR plans to improve systematic data collection and analysis, including information disaggregated by age and gender to generate evidence and improve programming and advocacy.</p>				

## Gender-based violence AoR

POPULATION IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)	# OF PARTNERS	# OF PROJECTS
<b>2.7M</b>	<b>0.3M</b>	<b>10.7M</b>	<b>10</b>	<b>8</b>
<p>Partners of the GBV AoR plan to develop effective and inclusive protection actions, as well as mechanisms that promote a holistic approach to prevention, mitigation and response to GBV, with an emphasis on survivors in situations of vulnerability and mobility. Through the design of communication strategies, with key messages on the identification and prevention of GBV, and in engagement with state institutions, humanitarian organizations, the private sector, civil society and communities on GBV prevention, the cluster will reach an estimated 300,000 people. Similarly, material assistance will be provided to children and women survivors of GBV, who will also benefit from the establishment and strengthening of safe spaces. The strengthening of differentiated care and response services to GBV survivors in health, psychosocial, legal and juridical areas is a key focus as well as supporting case management mechanisms.</p> <p>Similarly, information, sensitisation and capacity building strategies, under a community-based approach, will be developed on GBV prevention for people at risk and GBV survivors across the identified priority states. The GBV AoR will also continue to advocate with state institutions for coordinating strategies and enhancing the sustainability and non-discrimination of actions. This will be done by strengthening the capacities of health personnel and case management organizations, as well as through the production and updating of protocols and dissemination materials on GBV protection.</p> <p>It is important to highlight that the data and information gathered through the implementation of GBV interventions, will help support the evaluation and design of public policies and provide an up-to-date assessment of the situation. In addition, all information will be handled in line with internationally accepted guidelines to protect and respect the privacy of affected people.</p> <p>To ensure the sustainability of basic protection services, the partners of the cluster, its AoRs for Child Protection and GBV and the Shelter, Energy and NFI Working Group will collaborate with local authorities, state institutions, civil society and other humanitarian actors to build their capacities to provide sustainable and quality services under the existing protection system. Community-based activities will be enhanced to enable families and communities to develop their own</p>				



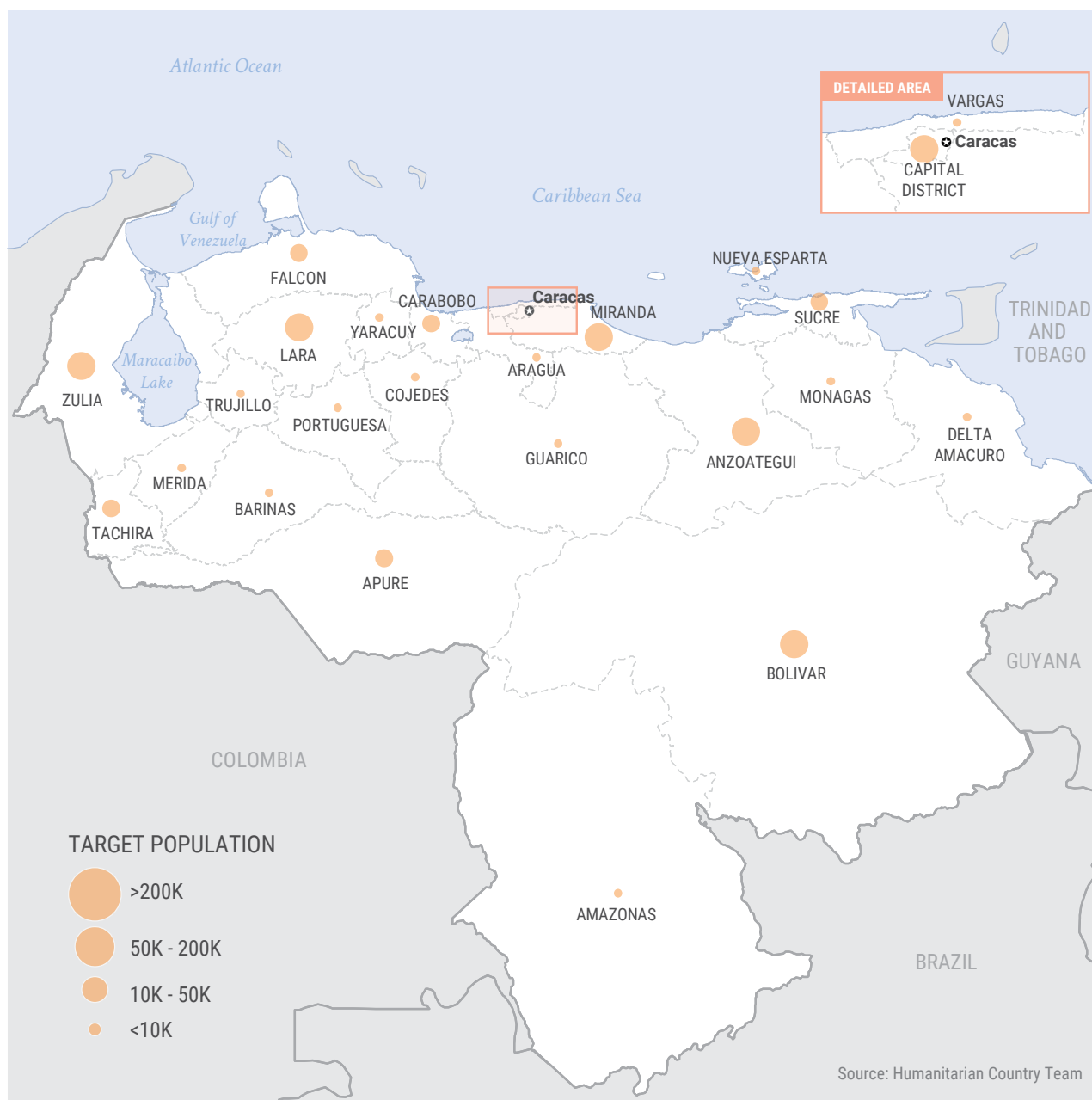
capacities, while strengthening institutions and other community actors to meet their needs.

The interventions undertaken in the Protection Cluster and its AoRs will seek to contribute to the strengthening of state institutions and

civil society organizations, with the aim of ensuring an adequate response, both in terms of reach and the quality of prevention and response services. In this regard, it is necessary to strengthen their capacities in urban and border areas and in indigenous and afro-descendant communities.

TOTAL		SEX AND AGE		DISAGGREGATION OF THE TARGET POPULATION			REQUIREMENTS (US\$)
People in Needs	People Targeted	0 - 4 years	5 - 19 years	20 - 60 years	Older than 60 years	% pop. in need targeted	Total
2.7M	0.7M	48K	281K	233K	165K	26%	41.2M

## Protection: Target population by state



## 2.5 Health



POPULATION IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)	# OF PARTNERS
<b>2.8M</b>	<b>1.2M</b>	<b>\$61.6M</b>	<b>24</b>

Cluster lead agency: **Pan American Health Organization**

<b>OBJECTIVE 1</b>	Ensure access to critical and essential health services including by strengthening the operational and functional capacity of critical and essential health facilities.
<b>OBJECTIVE 2</b>	Respond to priority needs related to communicable and non-communicable diseases, women, maternal, neonatal and children's health, with an emphasis on community participation.

Contact: **Dr. Alejandro Santander**, [santande@paho.org](mailto:santande@paho.org)

Access to health care, especially critical and essential services, has been impacted by the migration of health care workers and specialists, reduced maintenance of medical equipment, disruption in the supply and continuous distribution of medicines and medical supplies, and interruptions in public services, including electricity, water, communications and transportation. These limitations have disproportionately affected the most vulnerable populations such as indigenous peoples, particularly those under the age of five, pregnant women, adolescents and the elderly, and people with chronic diseases such as HIV/Acquired Immunodeficiency Syndrome (AIDS) and non-communicable diseases that require continuous and specialized care.

An assessment of the capacities of hospitals nationwide indicate that emergency rooms, surgical theatres and intensive care units only operate intermittently. There is also a shortage of medicines commonly used in emergency rooms and in operating theatres. The situation has been exacerbated by water and electricity cuts across the country.

Environmental conditions, vector presence, and the poor quality of water and sanitation, has increased the risk of diseases transmitted through water, vector and food. The risk of diseases such as HIV/AIDS and tuberculosis (TB) and vaccine-preventable diseases, mainly measles and diphtheria, are also on the rise, requiring sustained vaccination programmes and responses to active outbreaks. Maternal and perinatal mortality and morbidity continue being public health risks, which require the continued strengthening of sexual and reproductive health services.

Based on assessments of hospitals, diagnostic centres, and selected clinics, the planned interventions will:

i) Contribute to building the capacity at the community level to provide the initial response to urgent medical needs.

ii) Strengthen health services and the various levels of management and care of the integrated health network by training health personnel in prevention and promotion, diagnosis, case management and rehabilitation.

iii) Maintain ongoing procurement of medicines, contraceptive methods, supplies and medical equipment to contribute to the uninterrupted supply of basic and specialized medical services.

iv) Apply urgent measures to streamline and mobilize existing resources to ensure the functioning of hospital services on a priority basis and address gaps in primary care to respond to immediate challenges.

v) Strengthen nutritional surveillance and the delivery of nutritional supplements, as well as strengthen maternal and child health services at all levels and the management of sexual and reproductive health.

vi) Strengthen epidemiological surveillance, outbreak research, laboratory techniques and results analysis, addressing the determinant factors for outbreak control and disease onset, as well as the prevention and continuity of treatment of chronic communicable diseases such as HIV/AIDs and non-communicable diseases.

Specific interventions will:

i) Strengthen the ability of hospitals and other health services such as outpatient clinics, and first level care facilities to enhance the diagnosis and care capacities of critical services, especially the provision of medicines and medical supplies. Provide support so that priority hospitals have the backup capacity to provide essential services in case of an eventuality, especially for emergency care.

ii) Improve emergency response and operational continuity of critical services including through the replenishment and maintenance of basic stocks of medicines and medical supplies, support to emergency, intensive and intermediate care services, neonatal care, delivery rooms, surgical centres, sterilization, laboratories, X-rays and ultrasounds, cold chain systems, replenishment and maintenance of biomedical equipment, and support to critical infrastructure including water, energy, medicinal gas, communications and information management systems.

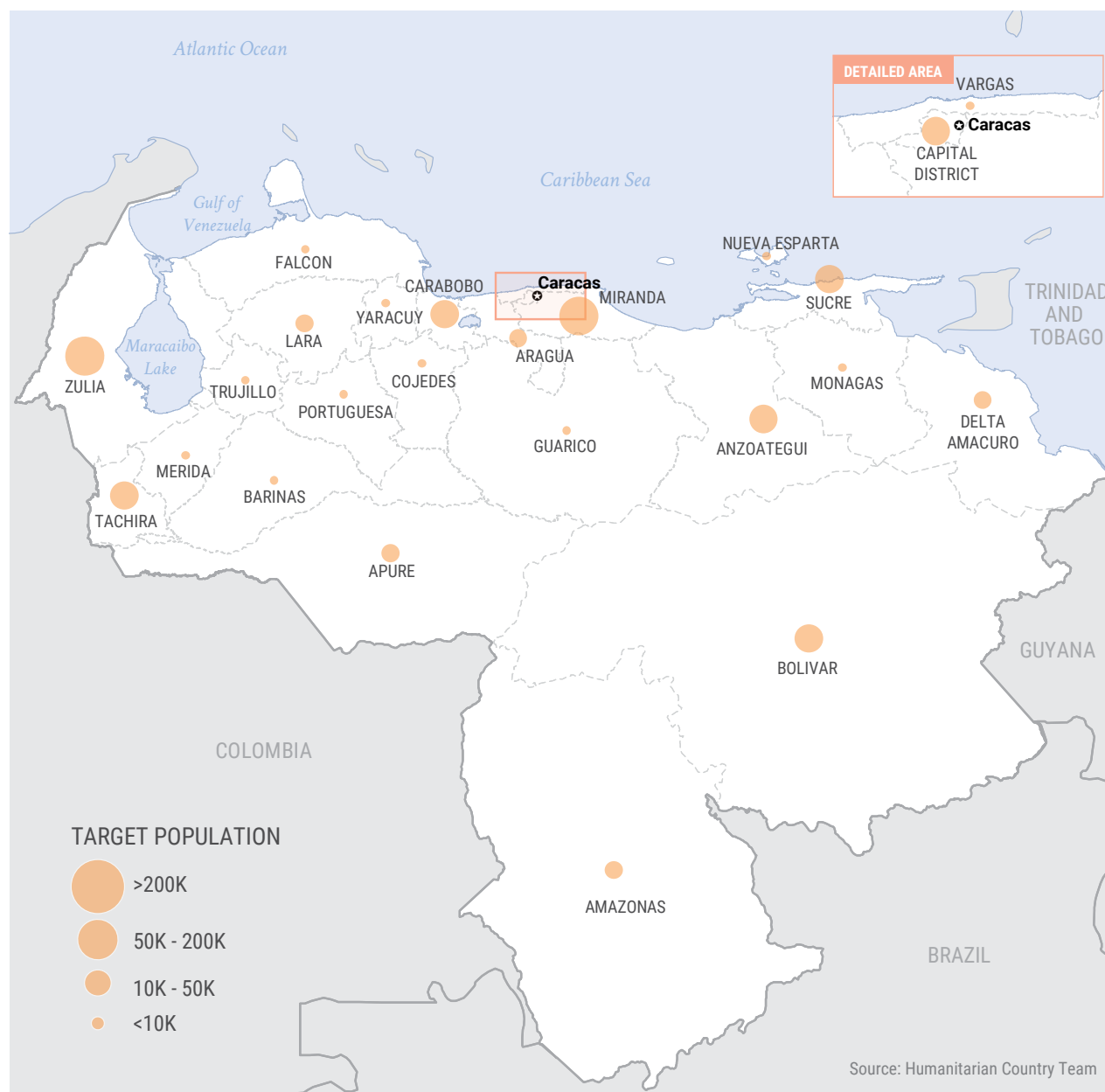
iii) Update emergency response plans including a) information management, and patient reference and counter-reference, b) procedures and protocols including triage, diagnosis and treatment,

infection control and referral of patients and c) training of staff in the management and care of emergencies, as well as in the registration, management, monitoring and reporting of medicines and humanitarian supplies.

Health Cluster interventions are linked to improving basic services and strengthening institutional capacities to ensure the continuity of health care with an emphasis on the most vulnerable groups and essential services, including emergency services. These interventions will seek to promote the coordination of partner organizations, including line ministries, other state institutions and national and international NGOs, within the framework of agreed health policies and strategies and humanitarian principles.

TOTAL		SEX AND AGE	DISAGGREGATION OF THE TARGET POPULATION				REQUIREMENTS (US\$)
People in Needs	People Targeted	0 - 4 years	5 - 19 years	20 - 60 years	Older than 60 years	% pop. in need targeted	Total
2.8M	1.2M	465K	60K	90K	633K	44%	61.6M

## Health: Target population by state



## 2.6 Food security and livelihoods



POPULATION IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)	# OF PARTNERS
<b>3.7M</b>	<b>0.3M</b>	<b>\$34.7M</b>	<b>29</b>

Cluster lead agency: **FAO**

<b>OBJECTIVE 1</b>	Provide timely and immediate food assistance to stabilize or improve food consumption for affected households and/or vulnerable individuals without damaging their common practices and habitat.
<b>OBJECTIVE 2</b>	Improve and strengthen the right to food for the most vulnerable, taking into account access to other basic rights, such as education and health.
<b>OBJECTIVE 3</b>	Contribute to the restoration, maintenance and protection of livelihoods and strengthen the resilience of households and communities through activities that contribute to improving access, protecting or creating productive assets and/or basic services, including community and market infrastructure without damaging common practices and habitat.

Contact: **Mauricio Pretto**. [mauricio.prettopereiraneves@fao.org](mailto:mauricio.prettopereiraneves@fao.org)

The cluster aims to:

- Reduce food insecurity through the distribution of cooked or uncooked food to vulnerable individuals and/or families with limited access to food. For people on the move, food and portable and energy-efficient food preparation equipment will be delivered.
- Increase food availability and contribute to the resilience and economic empowerment of families by stimulating production of food by families, with mechanisms that allow short-cycle production such as vegetables, and with an emphasis on cereals, legumes and root crops, which represent the population's food base.
- Reduce malnutrition rates (which are largely caused by the under-utilization of nutrient-rich foods in favour of caloric foods) through nutrition education and awareness and the promotion of nutrition-focused agriculture.
- Reduce reliance on imports of seeds, cereals and root crops by stimulating small-scale seed production amongst rural populations and larger-scale agricultural initiatives.

Given the key role played by women in food security as food producers and suppliers, a gender perspective will be included in all interventions. The cluster will also aim to encourage young people's involvement in agriculture as an economic opportunity. The use of cash assistance or coupons will be considered, where appropriate and feasible.

Immediate food assistance is sought through the distribution of cooked and uncooked food to vulnerable people, with particular care for pregnant women, infants and families with acute malnourished children under the age of five and the elderly. Support will be given to initiatives by local institutions and community groups in the production of nutritionally enriched foods aimed at vulnerable populations, that support local production and agri-food production chains and decrease dependency on food imports. As part of these efforts, at both small and large scales, partners will distribute seeds and supplies for food production and will stimulate, rehabilitate and protect small scale farming agriculture and promote resilience and sustainability. Efforts will be carried out to support displaced people with food supplies and portable equipment that strengthen knowledge on including traditional, hygienic and energy efficient cooking methods.

To improve and strengthen nutrition, the cluster will promote access to nutritionally balanced meals for school-age children to cover some of their caloric and nutrient requirements. It will also promote the supply of food to cover some of the caloric and nutrient requirements for vulnerable populations, such as people with chronic diseases in hospitals, prisons, foster care homes, protection centres and/or shelters.

Training and information will be provided to educational communities and community leaders, in schools and other community spaces, on issues related to the recovery of traditional meals with high nutritional value, hygiene and food preservation, consumer rights and food processing that enhance families' resilience in the face of declining dietary diversity and access to food.

To contribute to the restoration of livelihoods and improve the resilience of households and communities, activities will focus on the recovery, rehabilitation and protection of productive spaces in communities for the planting of cereals, vegetables, root crops and legumes, and in the development and implementation of strategies that increase water availability in communities to ensure food

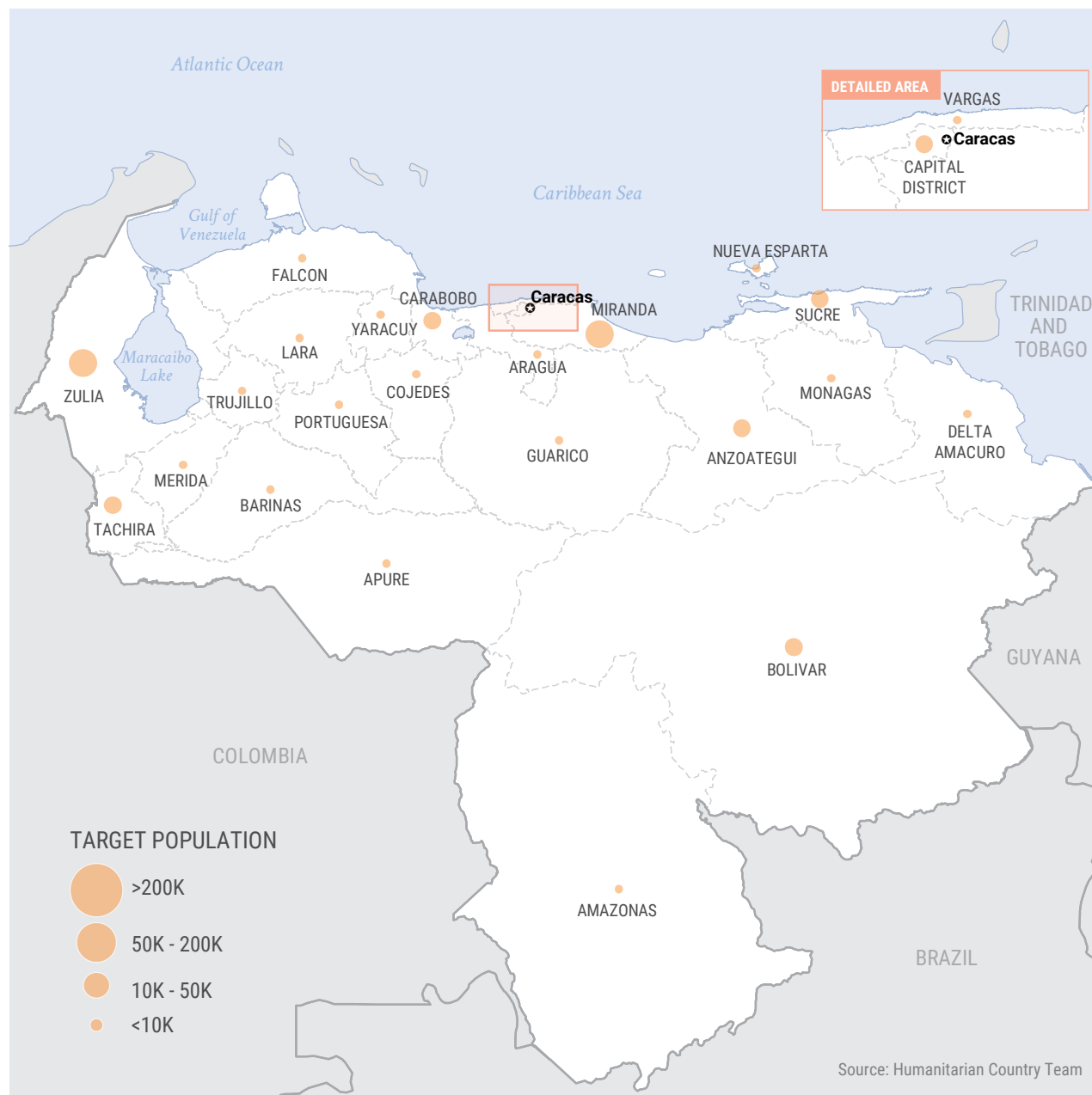
production. Small-scale production of seeds and bio-inputs (organic fertilizers and bio-pesticides) will also be encouraged to stimulate resilient food production. Efforts will be carried out to promote and develop cooperative centres for animal production for backyard livestock with small species to ensure the availability of animal protein and training in the production of animal food, balanced with locally sourced raw materials.

Food production is a structural problem in Venezuela's economy, exacerbated by import related challenges. Encouraging local production will increase access to food and will promote good practices for its production and preservation; the revenue generated by food production will also benefit household livelihoods.



TOTAL		SEX AND AGE	DISAGGREGATION OF THE TARGET POPULATION				REQUIREMENTS (US\$)
People in Needs	People Targeted	0 - 4 years	5 - 19 years	20 - 60 years	Older than 60 years	% pop. in need targeted	Total
3.7M	0.3M	28K	67K	177K	19K	8%	34.7M

## Food Security and Livelihoods: Target population by state



## 2.7 Coordination


**REQUIREMENTS (US\$)**
**\$1.6M**
**# OF PARTNERS**
**61**

 Lead agency on coordination: **OCHA**

<b>OBJECTIVE 1</b>	Achieve a well-coordinated and timely humanitarian response through strategic and operational structures established at the national and regional levels.
<b>OBJECTIVE 2</b>	Ensure effective humanitarian information management and the establishment of data collection systems to support needs, response and gap analysis.

 Contact: **Barbara Batista** [batistab@un.org](mailto:batistab@un.org)

In a complex and fluid operational environment, humanitarian coordination, which is new to Venezuela, is key in ensuring a timely, effective and principled response to the 2.6 million people targeted for humanitarian assistance in this Plan.

Coordination efforts will ensure the response, based on humanitarian principles, reaches those most in need in a differentiated manner. It will seek to promote the effective implementation of the response, enhancing coordination among United Nations agencies, national and international humanitarian actors, and other entities including government institutions. At the same time, it will seek to ensure coherence among the different clusters to develop a common understanding of needs and an appropriate response strategy.

Strategic and operational coordination mechanisms will be pursued, with a focus on promoting localisation. In this regard, critical field coordination hubs are being established in Caracas, San Cristobal, Ciudad Guayana and Maracaibo, with the aim of ensuring a sustained presence and response in these locations.

In 2019, efforts will focus on: 1) establishing and strengthening strategic and operational coordination structures at the national

and regional levels; (2) ensuring a response based on humanitarian principles that meets the urgent needs of Venezuela's most vulnerable groups; (3) strengthening an information management system that produces data to inform a timely multi-sectoral analysis of needs and response monitoring; and 4) strengthening local capacity through the training of humanitarian actors and public institutions, both on basic implementation and monitoring tools and on issues related to the humanitarian coordination architecture and humanitarian principles.

## Part 3

# Annexes

### Annex 1: Key response monitoring indicators

The 2019 Venezuela HRP will be monitored on a monthly basis, with related products published and disseminated at agreed intervals. Under each of the clusters, a number of key indicators have been defined and will be reported on at the municipality level and with disaggregated sex and age data against each objective.

#### WASH

<b>OBJECTIVE 1</b>	Ensure access to basic water, sanitation and hygiene services for vulnerable populations (especially children, adolescents, pregnant and lactating women) in health and nutrition facilities, educational institutions and protection centers.
	<ul style="list-style-type: none"> <li>• Number of health, nutrition, education, protection and migration centres that receive WASH assistance.</li> </ul>
<b>OBJECTIVE 2</b>	Ensure effective humanitarian information management and the establishment of information collection systems to support needs, response and gap analysis.
	<ul style="list-style-type: none"> <li>• Number of people accessing basic WASH services in communities</li> <li>• Number of people that receive hygiene products and information on basic hygiene and domestic water treatment and conservation</li> <li>• Number of water quality control systems strengthened</li> </ul>

#### EDUCATION

<b>OBJECTIVE 1</b>	Improve conditions to access education and the provision of affected educational services, with the aim of ensuring school retention and quality learning for children.
	<ul style="list-style-type: none"> <li>• Number of children receiving school kits</li> <li>• Number of out of school children reintegrated into the formal and informal education system</li> </ul>
<b>OBJECTIVE 2</b>	Strengthen the institutional and technical capacities of educational centres, to ensure quality services that contribute to maintaining affected schools as protective spaces for the rights of children.
	<ul style="list-style-type: none"> <li>• Number of teachers benefiting from training activities</li> </ul>
<b>OBJECTIVE 3</b>	Promote resilience in educational centres through the development of sustainable programs that are tailored to the needs of vulnerable groups and ensure the continuity of affected educational services.
	<ul style="list-style-type: none"> <li>• Number of children supported with psychosocial programs</li> </ul>

## NUTRITION

<b>OBJECTIVE 1</b>	Improve access to outpatient health services and nutrition programs at the community level for children under 5 years of age and pregnant and lactating women for the prevention of acute malnutrition and micronutrient deficiencies.
	<ul style="list-style-type: none"> <li>• Number of children under 5 years of age, pregnant and lactating women who are screened for malnutrition.</li> <li>• Number of children aged 6-59 months and pregnant and lactating women receiving micronutrient supplementation</li> </ul>
<b>OBJECTIVE 2</b>	Improve access to and provision of outpatient, hospital and community health services for the management of acute malnutrition as part of efforts to reduce child morbidity and mortality.
	<ul style="list-style-type: none"> <li>• Number of children with moderate and severe acute malnutrition without complications that are treated in specialized health centres</li> </ul>

## PROTECTION

<b>OBJECTIVE 1</b>	Establish a coordinated protection monitoring mechanism to assist the response and advocacy with authorities to support affected populations with a differential approach to gender, age and diversity.
	<ul style="list-style-type: none"> <li>• Number of children, women and men who receive specialized protection services</li> </ul>
<b>OBJECTIVE 2</b>	Provide specialized protection assistance and services to the target population
	<ul style="list-style-type: none"> <li>• Number of community members who receive protection related information</li> </ul>
<b>OBJECTIVE 3</b>	Contribute to increasing the target population's access to safe housing, energy and NFIs, whilst strengthening their resilience under a protection approach
	<ul style="list-style-type: none"> <li>• Number of people who receive shelter assistance</li> <li>• Number of people who receive assistance to improve their access to energy/electricity</li> <li>• Number of people that receive NFIs</li> </ul>





























## HEALTH

<b>OBJECTIVE 1</b>	Ensure access to critical and essential health services including by strengthening the operational and functional capacity of critical and essential health facilities
	<ul style="list-style-type: none"> <li>Number of health facilities receiving essential equipment, medicines and/or supplies</li> </ul>
<b>OBJECTIVE 2</b>	Respond to priority needs related to communicable and non-communicable diseases, women, maternal, neonatal and children's health, with an emphasis on community participation.
	<ul style="list-style-type: none"> <li>Number of health professionals trained that are part of the networks and programs</li> <li>Number of persons vaccinated</li> </ul>











## FOOD SECURITY

<b>OBJECTIVE 1</b>	Provide timely and immediate food assistance to stabilize or improve food consumption for affected households and/or vulnerable individuals without damaging their common practices and habitat.
	<ul style="list-style-type: none"> <li>Number of people who received food assistance through food/cash or any other intervention modality</li> </ul>
<b>OBJECTIVE 2</b>	Improve and strengthen the right to food for the most vulnerable, taking into account access to other basic rights, such as education and health.
	<ul style="list-style-type: none"> <li>Number of community centres, school canteens and other spaces of social support strengthened through rehabilitation and/or training in the promotion of nutrition and sustainable and resilient agriculture.</li> </ul>
<b>OBJECTIVE 3</b>	Contribute to the restoration, maintenance and protection of livelihoods and strengthen the resilience of households and communities through activities that contribute to improving access, protecting or creating productive assets and/or basic services, including community and market infrastructure without damaging common practices and habitat.
	<ul style="list-style-type: none"> <li>Number of households that received support in promoting and/or restoring their livelihoods through supplies, seeds and training for food production.</li> </ul>

## Annex 2: Disaggregated Target Population by Cluster and State (in thousands)

		BY SECTOR					BY SEX AND AGE		TOTAL		
		WASH	Education	Nutrition	Protection	Health	Food Security	% women, men	% children, adults, elderly*	Target	Pin
	AMAZONAS	8.2	6	10.3	7.7	16.3	5.2	52% 	62   28   10% 	20K 	73.1K
	ANZOATEGUI	40.9	15.4	-	67.6	62.7	-	54% 	49   23   28% 	107.8K 	412.9K
	APURE	51.2	21.3	34	18.8	27.1	6.4	53% 	57   32   11% 	74.7K 	158.1K
	ARAGUA	-	-	-	-	14.7	-	55% 	36   1   62% 	14.7K 	441.1K
	BARINAS	-	-	-	-	3.8	-	52% 	59   2   39% 	3.8K 	229.3K
	BOLIVAR	136.2	110.1	65.4	81.6	125.9	26.8	54% 	49   29   22% 	254.4K 	455.8K
	CARABOBO	156.9	58.1	71	38.7	152.1	36.6	55% 	35   32   34% 	276.3K 	580.3K
	COJEDES	-	-	-	-	1.5	-	53% 	57   1   42% 	1.5K 	92.2K
	DELTA AMACURO	10.4	9.4	11.6	7.3	16.4	3.4	53% 	66   22   13% 	21.4K 	60.4K
	FEDERAL DEP.	-	-	-	-	-	-	-	-   -   -	- 	0.5K
	CAPITAL DIST.	135.1	137.9	45.6	57.5	118.7	24.7	55% 	46   25   29% 	299.2K 	456.6K
	FALCON	25.3	10.4	-	29.6	4.3	-	54% 	46   35   19% 	36.7K 	256K
	GUARICO	23.7	-	-	-	7.8	-	53% 	43   44   13% 	26.7K 	339K
	LARA	32.3	37	-	62.3	23.7	-	54% 	54   25   20% 	71.8K 	483.3K
	MERIDA	-	-	-	-	4	1.5	54% 	41   18   41% 	5.2K 	243.6K
SUBTOTAL		620.2	405.6	237.9	371.1	579	104.6	54% 	47   23   29% 	1,214K 	4,185K

\*Children (<18 years old), adult (18-59 years), elderly (>59 years)

		BY STATE					BY SEX AND AGE		TOTAL		
		WASH	Education	Nutrition	Protection	Health	Food Security	% Women	% children, adults, elderly*	Target	PiN
	MIRANDA	276.2	209.5	41.6	91.9	218.3	67.9	<div><div></div><div></div></div> 56%	41   31   28% <div><div></div><div></div><div></div></div>	514.5K <div><div></div><div></div></div>	813.4K
	MONAGAS	-	-	-	-	4	-	<div><div></div><div></div></div> 54%	47   5   48% <div><div></div><div></div><div></div></div>	4K <div><div></div><div></div></div>	241K
	NUEVA ESPARTA	-	-	-	-	2.4	-	<div><div></div><div></div></div> 54%	39   2   59% <div><div></div><div></div><div></div></div>	2.4K <div><div></div><div></div></div>	146.4K
	PORTUGUESA	-	-	-	-	4.1	-	<div><div></div><div></div></div> 53%	57   1   42% <div><div></div><div></div><div></div></div>	4.1K <div><div></div><div></div></div>	262K
	SUCRE	73.4	18.6	46	38.7	63.9	15.1	<div><div></div><div></div></div> 54%	50   29   21% <div><div></div><div></div><div></div></div>	125.5K <div><div></div><div></div></div>	281.9K
	TACHIRA	100.9	80.7	43.3	49.6	51.3	10.1	<div><div></div><div></div></div> 54%	52   31   17% <div><div></div><div></div><div></div></div>	167.1K <div><div></div><div></div></div>	277.9K
	TRUJILLO	-	-	-	-	3.4	-	<div><div></div><div></div></div> 54%	46   2   52% <div><div></div><div></div><div></div></div>	3.4K <div><div></div><div></div></div>	210.5K
	VARGAS	5.8	-	-	-	3	-	<div><div></div><div></div></div> 55%	34   42   24% <div><div></div><div></div><div></div></div>	7.6K <div><div></div><div></div></div>	87.4K
	YARACUY	-	-	-	-	3	-	<div><div></div><div></div></div> 53%	55   1   44% <div><div></div><div></div><div></div></div>	3K <div><div></div><div></div></div>	183.3K
	ZULIA	326.1	339	167.3	176.9	317.7	95.2	<div><div></div><div></div></div> 56%	55   27   19% <div><div></div><div></div><div></div></div>	621.2K <div><div></div><div></div></div>	1,037.3K
TOTAL		1,402K	1,053K	536K	782K	1,250K	292.9	<div><div></div><div></div></div> 54%	47   2   31% <div><div></div><div></div><div></div></div>	2,663K	7,726K

\*Children (<18 years old), adult (18-59 years), elderly (>59 years)



### **Annex 3: Code of Conduct/Rules of Engagement in the Humanitarian Country Team, Inter-Cluster Coordination Group, the Clusters and participants in the HRP**

The HCT has been established as a space for dialogue, information exchange and strategic and operational coordination among actors who carry out humanitarian work in Venezuela. They undertake to follow certain rules that allow them to work in an open, participatory and objective manner, putting affected people at the center of the response at all times. The HCT is led by the Humanitarian Coordinator, with support from OCHA, and includes United Nations agencies, two international NGOs, three national NGOs and several members as observers. The Inter-Cluster Coordination Group brings together the coordinators of seven operational clusters: Food Security (led by FAO), Water, Sanitation and Hygiene (led by UNICEF), Nutrition (led by UNICEF), Education (led by UNICEF), Health (led by PAHO/WHO), Shelter, Energy and NFIs (led by UNHCR) and Protection (led by UNHCR and with Areas of Responsibility for Child Protection (led by UNICEF) and Gender-Based Violence (led by UNFPA)).

To achieve the objectives set out, the HCT, ICCG and the Cluster and Areas of Responsibility coordinators must follow the humanitarian principles that guide their work:

- **Humanity:** 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.
- **Neutrality:** Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.
- **Impartiality:** 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.
- **Operational independence:** 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.
- **Do no harm:** Humanitarian actors have a responsibility to analyse the social, economic, environmental and human impact and consequences of their actions, with a commitment to "do no harm".

The following considerations need to be taken into account in terms of performance and engagement in the HCT and Clusters:

HCT members and partners are to promote a participatory approach and make positive contributions in coordination forums and strive to promote effective partnerships through the following Principles of Partnership:

- **Equality:** Equality requires mutual respect between members of the partnership irrespective of size and power. The participants must respect each other's mandates, obligations and independence and recognize each other's constraints and commitments. Mutual respect must not preclude organizations from engaging in constructive dissent
- **Transparency:** Transparency is achieved through dialogue (on equal footing), with an emphasis on early consultations and early sharing of information. Communications and transparency, including financial transparency, increase the level of trust among organizations.
- **Result-oriented approach:** Effective humanitarian action must be reality-based and action-oriented. This requires result-oriented coordination based on effective capabilities and concrete operational capacities.
- **Responsibility:** Humanitarian organizations have an ethical obligation to each other to accomplish their tasks responsibly, with integrity and in a relevant and appropriate way. They must make sure they commit to activities only when they have the means, competencies, skills, and capacity to deliver on their commitments. Decisive and robust prevention of abuses committed by humanitarians must also be a constant effort.
- **Complementarity:** The diversity of the humanitarian community is an asset if we build on our comparative advantages and complement each other's contributions. Local capacity is one of the main assets to enhance and on which to build. Whenever possible, humanitarian organizations should strive to make it an integral part in emergency response. Language and cultural barriers must be overcome.

Humanitarian organisations are also committed to the effective implementation of policies for the prevention of abuse, with HCT member and Cluster and AoR partners required to have:

**Zero Tolerance Policy on Sexual Exploitation and Abuse:** Partners commit to implementing a zero tolerance policy for sexual harassment, exploitation and abuse of people affected by emergencies. All HCT members are expected to be proactive in raising awareness and understanding their obligations to prevent sexual harassment, exploitation and abuse within the framework of humanitarian assistance.

In a highly politicised environment and based on recent experiences in-country, partners are required to adhere to the following in terms of information and communication:

In terms of managing information, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed. This is to facilitate a safe and secure space and environment of trust.

Partners will also avoid the inappropriate use of mass media, partial information, discussions and/or photographs of events or meetings convened by the HCT, the ICCG and Clusters.

Cluster partners, in their use of information and communication, will recognise the dignity of affected people or those targeted by their programmes and not as objects to seek compassion. When communicating with the public, partners will provide an objective picture of the emergency, highlighting people's aspirations and not simply their vulnerability and fears. Information and communication activities will take into account the protection of children, as established by the Convention on the Rights of the Child.

# List of acronyms

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<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>AoR</b>	Area of Responsibility
<b>CERF</b>	Central Emergency Response Fund
<b>CONARE</b>	National Commission for Refugees
<b>ECCA</b>	Assistance and Cooperation Coordination Team
<b>ENCOVI</b>	Life Conditions Survey
<b>FAO</b>	Food and Agriculture Organization
<b>FTS</b>	Financial Tracking Service
<b>GBV</b>	Gender-based violence
<b>HCT</b>	Humanitarian Country Team
<b>HC</b>	Humanitarian Coordinator
<b>HIV</b>	Human immunodeficiency virus
<b>HRP</b>	Humanitarian Response Plan
<b>IASC</b>	Inter-Agency Standing Committee
<b>ICCG</b>	Inter-Cluster Coordination Group
<b>INN</b>	National Institute of Nutrition
<b>LGBTI</b>	Lesbian, gay, bisexual, transgender and intersex
<b>MAM</b>	Moderate acute malnutrition
<b>NRCI</b>	Norwegian Refugee Council
<b>NFI</b>	Non-food items
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>IOM</b>	International Organization for Migration
<b>WHO</b>	World Health Organization
<b>PAHO</b>	Pan American Health Organization
<b>PSEA</b>	Preventing sexual exploitation and abuse
<b>SAM</b>	Severe acute malnutrition
<b>SDG</b>	Sustainable Development Goals
<b>SO</b>	Strategic Objective
<b>TB</b>	Tuberculosis
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>WFP</b>	World Food Programme

# Guide to giving



## Contribution to this appeal

To donate directly to organizations participating in the HRP, visit the web page:

<https://reliefweb.int/country/ven>



## Donations through the Central Emergency Response Fund (CERF)

CERF provides immediate funding for vital humanitarian aid when an emergency occurs and for crises that have not received adequate funding. CERF is managed by OCHA and receives year-round contributions from governments, private companies, foundations, charities and individuals. Visit:

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



## Donation of in-kind resources and services

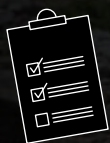
The United Nations urges donors to make contributions in cash rather than in-kind contributions for reasons of agility and flexibility and to ensure that the donations correspond to the needs identified in the HRP. If it is not possible to make cash contributions, please contact: [logik@un.org](mailto:logik@un.org)



## Registration and recognition of your contributions

OCHA administers the Financial Tracking Service (FTS), which records all humanitarian contributions (cash, in kind, multilateral and bilateral) for emergencies. It aims to give credit and visibility to donors for their generosity, as well as to present the total amount of funding and resource gaps in humanitarian appeals. Please report your contributions to the FTS, either by email to [fts@un.org](mailto:fts@un.org) or through the online contribution information form found at

<https://fts.unocha.org/content/report-contribution>



## List of projects

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



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This document is produced on behalf of the Humanitarian Country Team and partners. This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning. The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries

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