

HUMANITARIAN RESPONSE PLAN

WITH HUMANITARIAN NEEDS

OVERVIEW

VENEZUELA

ANNEXES

HUMANITARIAN
PROGRAM CYCLE

2020

JULY 2020



Part 4

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4.1

Methodology

Needs analysis

The 2020 Humanitarian Response Plan considers that the humanitarian situation, including the COVID-19 pandemic, has affected people in various ways and with different severity degrees.

At the intersectoral level, using the IASC Intersectoral Analysis Framework¹, the analysis differentiates the impact on people and services and identifies critical needs that affect people's physical and mental well-being, living standards, and protection.

At the sectoral level, the needs and severity analysis was carried out based on available data from the authorities and humanitarian partners participating in Clusters, including United Nations agencies and national and international NGOs.

The identification of sectoral, intersectoral, geographic and population needs is based on:

1. Key indicators available from Government data, such as the Household Sample Survey, conducted by the National Institute of Statistics (INE), data from the Ministry of People's Power for Health (MPPS), the National Institute of Nutrition (INN), as well as registries of the Ministries and other public sources of information.
2. Primary data from the United Nations (UN) from 2019, including WFP's food security assessment, UNFPA's profiling of women on the move in border areas, IOM's Mobility Tracking Matrix pilot, FAO's SOFI report and UNHCR's participatory assessment in communities, among others.
3. Secondary data from civil society organizations, academia and the UN.
4. Workshops with experts in the four field coordination hubs focused on partners' perceptions of the needs Caracas, Ciudad Guayana, Maracaibo and San Cristobal focused on partners' perceptions of the needs and their severity at the sectoral and intersectoral level in the states of coverage.
5. UN consultations with communities through 19 focus group discussions in 9 states, 16 key informant interviews in 7 states, and a telephone survey on accountability to affected populations conducted from January to March 2020, interviewing some 7,900 people in all states about their perceptions of the humanitarian response.

Humanitarian access

Humanitarian access includes the capacity of humanitarian actors to

reach populations in need of assistance and the capacity of affected populations to access humanitarian programmes.

To provide a baseline for the analysis of humanitarian access and to identify the main constraints faced by humanitarian organizations, OCHA led an access monitoring exercise between September and October 2019. The exercise included: a national online survey with the participation of 31 organizations; five workshops with partners held in Zulia, Falcon, Tachira, Bolivar and Caracas; and a national level discussion with partners and the Humanitarian Country Team on the preliminary results. In total, over 150 actors contributed to the analysis and mapping of the severity of humanitarian access.

In January 2020, OCHA launched an online tool for reporting incidents on humanitarian access, which allows for regular monitoring of the situation and providing evidence-based information to seek solutions.

Response approach

The response approach was defined by the Inter Cluster Coordination Group together with Cluster members, and was endorsed by the Humanitarian Country Team. The approach is based on consultations with the Government of Venezuela, facilitated by the Ministry of Foreign Affairs between January and March 2020 and involving relevant Ministries. The National Assembly's Special Commission to Monitor Humanitarian Aid and international donors were also consulted.

The needs and situation analysis identified the critical priority needs that the Humanitarian Response Plan aims to address. Specific objectives were defined to respond to critical needs. Based on its sectoral focus and operational capacity, each cluster defined its response framework, objectives and activities to contribute to the specific objectives.

Geographic prioritization is based on the severity of needs at the state level. The response focuses on states with the most severe needs at the intersectoral level and/or the largest number of people with different humanitarian needs.

Financial requirements

The total financial requirement represents the sum of the estimated costs to implement 234 projects presented by 129 humanitarian organizations, including 43 projects for the COVID-19 response. Likewise, the financial requirements per cluster correspond to the sum of the costs of the approved projects.

Partners submitted project proposals to the clusters' coordinators for review using jointly defined criteria, which allowed them to evaluate

the quality, relevance and effectiveness of the proposals. The criteria included: 1) contribution to the achievement of intersectoral and sectoral objectives; 2) the inclusion of cross-cutting issues (accountability to affected populations, centrality of protection, inclusion of people with disabilities, protection against sexual exploitation and abuse, gender and age approach); 3) logistical and operational capacities; and 4) commitment to the Joint Operating Principles for Venezuela.

The revision process by the Cluster Coordinators and the final approval by the Humanitarian Coordinator ensured: 1) aligning project proposals with coordinated strategies and sectoral frameworks (using the activities and indicators of each cluster's framework); 2) fostering alliances between partners and avoiding duplication in planned projects; and 3) strengthening the organizations' capacities to design projects with individualized feedback for each project. The multi-sectoral projects were jointly reviewed to ensure an integrated approach and to establish synergies where possible.

To enhance budget consistency and cost transparency, four budget lines were defined and used for all projects: human resources, purchasing and acquisitions, operations, and administrative matters. The approval process also included a budget review, to ensure that project costs are in line with the average cost per beneficiary of each cluster.

The preventive measures adopted to respond to the COVID-19 pandemic involve adapting the operating modalities to ensure responsible implementation, which may increase operational costs. This is not currently reflected in the average costs of the Plan.

There are sectoral factors that influence the cost of the response: in the Education Cluster, the inclusion of school feeding programmes in most projects is a key component of the estimated cost. This component makes the proposals more expensive but favours school permanence and retention. In the Health Cluster, some specialized medical equipment and supplies increase program costs. In the Food Security and Livelihoods Cluster, the cost of the response varies with the type of intervention provided: the different Basic Food Baskets developed by the Cluster target different modalities, such as soup kitchens, family assistance or cash transfers.

CLUSTER	ESTIMATED AVERAGE COST PER BENEFICIARY
Health	\$19
Food Security and Livelihoods	\$133
Education	\$70
Water, Sanitation and Hygiene	\$34
Protection	\$77
Shelter, Energy and NFIs	\$29
Nutrition	\$26

4.2

Summary of the Intersectoral COVID-19 Preparedness and Response Plan

NUMBER OF COVID-19 CASES
(UNTIL 6 JULY)

7.411

TRENDS OF COVID-19 CASES
(UNTIL 6 JULY)



DEATHS
(UNTIL 6 JULY)

68

SENTINEL HOSPITALS AND
HEALTH CENTRES FOR COVID-19

50

FINANCIAL REQUIRE-
MENTS (US\$)

\$87,9M

In March 2020, the Government of Venezuela officially requested the support of the UN System to combat the virus and the associated socio-economic impacts. In April 2020, given the significant number of Venezuelans returning from neighbouring countries due to the impact of the pandemic, the Government requested additional support to scale up the response to the needs of returnees, who require particular attention to ensure compliance with health protocols.

The Humanitarian Country Team completed on 10 April the second iteration of the Intersectoral COVID-19 Preparedness and Response Plan, to help reduce vulnerabilities and prevent high levels of morbidity and mortality associated with the pandemic.

The Plan is organized around six components and aims to achieve the following objectives:

- Strengthen the capacity of the health system for early detection and patient care and to reduce the spread of the virus.
- Strengthen infection prevention and control (IPC) in health facilities and prioritized communities.
- Provide multi-sectoral assistance and ensure safe and decent conditions in temporary shelters for the most vulnerable returnees and reduce the risk of people on the move being a vector for the spread of the virus.
- Provide timely and adequate information to the population on prevention and control of the virus.
- Ensure a coordinated and timely response at the national and sub-national levels and across sectors.
- Ensure the continuity of other key programmes under the Humanitarian Response Plan and mitigate the impact that the preventive measures may have on the most vulnerable population.

Components of the Plan

1: Risk communication and community engagement

Risk communication and community engagement are vital aspects to share information about COVID-19: what is and what is not yet known, as well as ongoing and recommended actions. The Humanitarian Country Team created an inter-agency communications taskforce on COVID-19. Activities under this component include the development of joint messages on personal protection and infection prevention measures, as well as how to manage stress during quarantine, among others. A public platform has been created to compile all joint communication materials developed around COVID-19: <https://trello.com/b/snT6vSCu/covid-19>

Efforts are also focused on ensuring accessibility of messages, including for indigenous populations, people with disabilities, homeless people and children, among others.

2: Epidemiological surveillance and laboratory services

This component focuses on the provision of technical support to the MPPS and other actors to strengthen the national epidemiological surveillance system capacities for the detection, report and investigation of COVID-19 suspected cases. It also includes support to strengthen the functional capacities of the epidemiology and laboratory services.

3: Points of Entry

Since mid-March, there has been a significant increase in the number of people returning to Venezuela. This component focuses on providing multi-sectoral assistance in temporary shelters where the returnees comply with their preventive quarantine, in line with the health protocols established by the authorities to prevent them from being a vector for the spread of the virus. Under this component, the plan also includes technical support on preparedness at points of entry for timely detection of suspected cases and contacts of confirmed cases of COVID-19.

4: Infection prevention and control (IPC), and case management

This component focuses on scaling up water, hygiene and sanitation (WASH) and IPC activities in sentinel hospitals and health centres, and strengthening the case management of suspected and confirmed COVID-19 cases. Beyond health facilities, IPC is also implemented at community and household level with a focus on the most vulnerable groups. Activities to support water distribution and technical support for IPC in other sectors, such as in temporary shelters, are also ongoing and/or scaled up.

5: Coordination

This component focuses on ensuring a coordinated and timely response, including national coordination with the Presidential Commission established by the Government of Venezuela for COVID-19 prevention, response and control, and other relevant authorities and actors at national and sub-national levels. The Humanitarian Country Team and the Inter-Cluster Coordination Group continuously monitor the evolution of humanitarian needs and the impact on the humanitarian response, as well as response implementation.

6: Continuity and adaptation of humanitarian operations and humanitarian access

The measures taken to prevent the spread of COVID-19, including distance measures and preventive social quarantine, have created challenges for the continuity of humanitarian operations. The UN has activated Business Continuity Plans with remote working modalities. Some humanitarian actors in the field have suspended operations to minimize the risks of infection to staff and beneficiaries. Other organizations report continuity of activities but face logistical and access challenges due to the shortage of fuel and movement restrictions within the country. This component aims to ensure that essential humanitarian activities can be implemented in this new context, including with the establishment of special movement authorizations agreed with relevant authorities to facilitate movements; and the development of guidelines to implement alternative solutions and reorganize humanitarian activities to prevent the spread of the virus and mitigate preventive measures.

Financial requirements

The financial requirements to implement the 43 projects aiming at responding to the impact of the pandemic and providing assistance to returnees in temporary shelters amount to US\$87.9 million. These correspond to the response to new needs, and do not include the costs associated with the reprogramming or operational adjustments to response activities previously included in the 2020 HRP.

Until 18 June, the response to the COVID-19 pandemic in Venezuela received US\$16.3 million.

CLUSTER	FINANCIAL REQUIREMENTS
Health	\$47.2 M
Water, Sanitation and Hygiene	\$23.5 M
Food Security and Livelihoods	\$10 M
Shelter, Energy and NFI	\$6.6 M
Protection	\$600 K
TOTAL	\$87.9 M



CARICUAO, CARACAS
Photo: OCHA/ Gema Cortés

4.3

Participating Organizations

ORGANIZATION	
1001 Ideas Para Mi País	Asociación Civil Kinyivi Tere por los DDHH
Acción Ciudadana Contra el SIDA	Asociación Civil Opción Venezuela
Acción Solidaria	Asociación Civil Planeación y Desarrollo Salesianos de Don Bosco
Agency for Technical Cooperation and Development	Asociación Civil Red Ciega
Aid for Aids Venezuela	Asociación Civil Tinta Violeta
Aliadas en Cadena A.C.	Asociación Civil Uniandes
Alimenta La Solidaridad	Asociación Civil Vida y Luz
Asociación Civil Acción Campesina	Asociación Cooperativa Quebrada Azul
Asociación Civil Atravesando	Asociación Cruzada de Ayuda Comunal
Asociación Civil Auyantepuy	Asociación de Mujeres por la Igualdad de Género Ambiente y Sostenibilidad
Asociación Civil Centro de Animación Juvenil	Asociación de Promoción de la Educación Popular
Asociación Civil de Planificación Familiar	Asociación Larense de Planificación Familiar
Asociación Civil El Paraguero	Asociación Nacional de Consejeros y Consejeras de Protección de Niños, Niñas y Adolescentes
Asociación Civil Esperanza Activa	Asociación para el Desarrollo de la Educación Integral y Comunitaria
Asociación Civil Fe y Alegría Venezuela	Asociación para el Desarrollo de la Familia y la Comunidad
	Asociación Venezolana de Educación Católica

Asociación Venezolana para la Conservación de Áreas Naturales	Fundación Casa Bonita
Caritas Venezuela	Fundación Centro de Estudios sobre Crecimiento y Desarrollo de la Población Venezolana
Centro de Desarrollo Sucre Integral	Fundación Centro de Formación Guayana
Centro de Formación Popular Nuevo Pueblo	Fundación Comparte Por Una Vida
Centro de Formación Popular Renaciendo Juntos	Fundación de Aprendizaje Integral y Producción Social
Centro de Justicia y Paz	Fundación de Atención Social "Habla"
Centro de Resolución de Conflictos del Colegio de Abogados del Estado Lara	Fundación Degania
Cooperativa dos Trabalhadores da Reforma Agrária Terra Livre LTDA	Fundación Don Bosco Mérida
Cooperazione E Sviluppo - CESVI	Fundación Econciencia
COOPI Cooperazione Internazionale	Fundación Emprendedores Solidarios
Dividendo Voluntario para la Comunidad	Fundación EnSanaPaz
Equipo de Formación, Información y Publicaciones	Fundación Flor de la Esperanza
Equipo de Proyectos y Asesoría Social A.C.	Fundación Género con Clase
Éxodo Asociación Civil	Fundación Hábitat LUZ
Fomento del Desarrollo Popular	Fundación Intercambio de Saberes de los Pueblos
Food and Agriculture Organization (FAO)	Fundación Jose Gabriel Iriarte Saudin
Foundation Vivienda Popular	Fundación Latinoamericana por los Derechos Humanos y el Desarrollo Social
Fundación "tomate un tiempo para ti"	Fundación Loto Azul
Fundación Acción Contra el Hambre	Fundación Lucianita Valeska
Fundación Agroinlaca	Fundación mas que una Sonrisa
Fundación Amigos del Niño que Amerita Protección	Fundación Musical Kantoría

Fundación nacional de protección a los familiares y víctimas del Sicariato Campesino	INTERSOS Humanitarian Aid Organization
Fundación Nativo	Joint United Nations Programme on HIV/AIDS (UNAIDS)
Fundación Nena	Madres y Padres Por Los Niños En Venezuela
Fundación Pais	Meals4Hope
Fundación Paz Positiva (Mamá Maestra)	Médicos del Mundo Argentina
Fundación Privada Techo	Movimiento SOMOS
Fundación Proyecto Buena Nueva	Norwegian Refugee Council
Fundacion Proyecto Maniapure	Office for the Coordination of Humanitarian Affairs (OCHA)
Fundación Renaciendo en Familia	Ojo Ciudadano Asociación Civil
Fundación Santa Teresa de Avila	Otro Enfoque
Fundación Sembrando Esperanza	Pan-American Health Organization (PAHO)
Fundación Shapers for Venezuela	Prepara Familia
Fundación Sólo Faltas Tú	Primeros Auxilios LUZ
Fundación Tierra Viva	Primeros Auxilios Margarita
Fundación Vanessa Peretti	Proyecto Esperanza
Fundación Venezolana por el Derecho a la Vivienda	Redes Integrales de Salud - Venezuela
HEKS - Hilfswerk der Evangelischen Kirchen Schweiz	RET International (Former The Foundation for the Refugee Education Trust till 2014)
iMMAP	Sociedad Anticancerosa de Venezuela
Instituto Radiofónico Fe y Alegría	Sociedad Anticancerosa Del Estado Trujillo
International Medical Corps	Sociedad Venezolana de Ingenieros Agrónomos y Afines
International Organization for Migration (IOM)	Superación Personal a través de la Tecnología

Un Techo para mi país

United Nations Children's Fund (UNICEF)

United Nations Development Programme (UNDP)

United Nations High Commissioner for Refugees (UNHCR)

United Nations Population Fund (UNFPA)

Universidad Central de Venezuela

Universidad del Zulia, Escuela de Nutrición y Dietética

Universidad del Zulia, Unidad de Investigaciones Zootécnicas

Universidad Simón Bolívar

Venezuelan Red Cross

Venezuelan Red Cross - Falcón Section

Voces de Género Venezuela A.C / A.C. Soy Mujer

World Food Programme (WFP)

World Vision International

Some additional organizations do not have projects in the 2020 HRP while they formalize their registration in country, but their response is complementary and coordinated through the relevant Clusters. Those organizations include Solidarités International and Première Urgence Internationale.

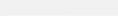
4.4

Planning Figures by Cluster

CLUSTER	PEOPLE TARGETED BY THE 2020 HRP	REQUIREMENTS (US\$)	PARTNERS	NUMBER OF PROJECTS	BY GENDER WOMEN / MEN(%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	PEOPLE WITH DISABILITIES (%)
 Health	4.0 M 	\$251.9 M 	40	55	57 / 43	45 / 54 / 1	15.3%
 Food Security and Livelihoods	1.1 M 	\$158.1 M 	52	66	53 / 47	37 / 53 / 10	11.8%
 Education	1.5 M 	\$106.1 M 	37	42	56 / 44	87 / 12 / 1	12.7%
 Water, Sanitation and Hygiene	2.7 M 	\$105.1 M 	28	33	50 / 50	35 / 60 / 5	18.1%
 Protection	1.6 M 	\$69.3 M 	39	56	59 / 41	58 / 35 / 7	13.9%
 Shelter, Energy and NFI	1.1 M 	\$42.5 M 	24	29	59 / 41	34 / 61 / 5	15.3%
 Nutrition	700 k 	\$19.0 M 	30	29	60 / 40	54 / 46 / 0.1	15.1%
 Coordination		\$10.5 M 	7	8	53 / 47	47 / 51 / 2	2.8%
Total	4,5 M	\$762.5 M	129	234	53 / 47	47 / 51 / 2	13.9%

4.5 Planning Figures by State

STATE	PEOPLE TARGETED BY THE 2020 HRP	WOMEN	MEN	CHILDREN	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERLS (%)
Amazonas	89 k 	47 k	42 k	21 k	57 / 43 	47 / 51 / 2 
Anzoátegui	379 k 	200 k	178 k	176 k	57 / 43 	47 / 51 / 2 
Apure	169 k 	89 k	79 k	78 k	57 / 43 	47 / 51 / 2 
Aragua	86 k 	45 k	40 k	40 k	57 / 43 	47 / 51 / 2 
Barinas	117 k 	61 k	55 k	54 k	57 / 43 	47 / 51 / 2 
Bolívar	307 k 	162 k	144 k	142 k	57 / 43 	47 / 51 / 2 
Carabobo	132 k 	69 k	62 k	61 k	57 / 43 	47 / 51 / 2 
Cojedes	22 k 	11 k	10 k	10 k	57 / 43 	47 / 51 / 2 
Delta Amacuro	48 k 	25 k	23 k	22 k	57 / 43 	47 / 51 / 2 

Distrito Capital	229 k 	121 k	108 k	106 k	57 / 43		47 / 51 / 2	
Falcón	77 k 	41 k	36 k	36 k	57 / 43		47 / 51 / 2	
Guárico	218 k 	115 k	103 k	101 k	57 / 43		47 / 51 / 2	
Lara	170 k 	90 k	80 k	79 k	57 / 43		47 / 51 / 2	
Mérida	65 k 	34 k	31 k	30 k	57 / 43		47 / 51 / 2	
Miranda	236 k 	124 k	111 k	109 k	57 / 43		47 / 51 / 2	
Monagas	285 k 	150 k	134 k	132 k	57 / 43		47 / 51 / 2	
Nueva Esparta	44 k 	23 k	20 k	20 k	57 / 43		47 / 51 / 2	
Portuguesa	56 k 	29 k	26 k	26 k	57 / 43		47 / 51 / 2	
Sucre	361 k 	191 k	170 k	168 k	57 / 43		47 / 51 / 2	
Táchira	398 k 	210 k	188 k	185 k	57 / 43		47 / 51 / 2	
Trujillo	42 k 	22 k	20 k	19 k	57 / 43		47 / 51 / 2	

Vargas	44 k 	23 k	20 k	20 k	57 / 43		47 / 51 / 2	
Yaracuy	49 k 	26 k	23 k	23 k	57 / 43		47 / 51 / 2	
Zulia	901 k 	476 k	425 k	419 k	57 / 43		47 / 51 / 2	
TOTAL	4.5 M	2.4 M	2.1 M	2.1 M	57 / 43		47 / 51 / 2	

4.6

Joint Operating Principles

1. Introduction

Coordinated by the United Nations (UN) system, the Venezuela Humanitarian Response Plan (HRP) involves the participation of various humanitarian organizations (UN, national and international NGOs), which are operational in all states across the country².

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

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

2. The Normative Framework

All humanitarian organizations which are part of the HRP adhere to the substantive principles of humanity and impartiality, and are guided by the operational principles of neutrality and independence. These principles are the cornerstone of any humanitarian response and are confirmed in the international legal framework guiding humanitarian action and UN General Assembly Resolution 46/182.³ They are part of codes of conduct and organizational mission statements guiding humanitarian organizations in their daily operations.

3. The Joint Operating Principles

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

a. Needs-based assistance

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

The Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP)⁴ articulate a shared vision of the humanitarian situation and how to respond to the assessed and expressed needs of the affected population. These two documents are the result of joint needs assessment and analysis processes, as well as of consultations with the authorities.

b. Principled engagement with all actors

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

The delivery of humanitarian assistance in Venezuela is based on humanitarian principles and adopting the highest ethical and professional standards; humanitarian actors do not take sides in

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

disputes or adopt political positions.

Collaboration between humanitarian actors is governed by clear and coherent agreements which respect their mandates, obligations and independence, recognizing their respective limitations and commitments to the people and communities they assist.⁵

c. Centrality of Protection

Protection is defined as all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law, including International Human Rights Law, International Humanitarian Law and International Refugee law. Protection is also guided by principles and guidelines, which include the Guiding Principles on Internal Displacement⁶ and operational IASC guidelines⁷.

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

In line with the IASC Policy on Protection in Humanitarian Action (2016)⁸ humanitarian actors ensure that protection is a shared, system-wide responsibility and an expected collective outcome of humanitarian action. This translates into the following:

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

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

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

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

Financing strategies and tools support collective protection priorities and outcomes;

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

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

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

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

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

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

Humanitarian actors mainstream gender in their interventions, including the prevention of and response to gender-based violence (in line with the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian action⁹, age (in line with the 2019 Minimum Standards for Child Protection in Humanitarian Action¹⁰ and inclusion (in line with the 2019 IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action¹¹).

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

d. Transparent and principled response modalities

i. Partnership

Acknowledging that the State has the primary responsibility to provide assistance and protection to the affected people in its territory, humanitarian actors make their contribution complementing and in no way substituting State efforts¹².

Acknowledging diversity as an asset of the humanitarian community and recognizing the interdependence among humanitarian organizations, humanitarian actors in Venezuela commit to building and nurturing effective partnerships with local and national authorities, civil society and the private sector. These efforts are based on the Principles of Partnership: Equality, Transparency, Results-Oriented Approach, Responsibility and Complementarity.¹³

As stated in the HRP, the principle of subsidiarity guides humanitarian operations in Venezuela ("as local as possible, as international as necessary"¹⁴). Local humanitarian actors are engaged in both field level coordination mechanisms (Centros de Coordinación del Terreno) and in strategic decision-making at the national level (HCT), as well as in Clusters and Areas of Responsibility (AoRs).

ii. Information-sharing

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

Information-sharing policies must promote a culture of open communication.¹⁵ No data or information obtained within the framework of humanitarian coordination may be used for public denunciation or undermining of humanitarian efforts, or for personal

or political purposes. The use of shared data requires the consent of organizations which provided the information.

iii. Supporting and strengthening individual and institutional capacities

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

iv. Monitoring, risk management and due diligence

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

- Results monitoring takes place through internationally established practices, such as cluster and AoR monthly monitoring against targets, surveys, interviews and focus group discussions, as well as through complaints and feedback mechanisms. All these tools contribute to tracking the relevance, timeliness and adequacy of the response.
- Humanitarian actors have a strict zero tolerance approach towards the diversion of humanitarian assistance and other forms of corruption, fraud and conflicts of interest. All organizations are committed to doing their utmost to ensure that the support they provide is consistent with the purposes and principles as set out in the Charter of the United Nations and relevant General Assembly resolutions.
- The humanitarian community, at both the inter-agency and the individual organization level, implements a host of “checks and balances” to ensure that humanitarian assistance reaches people most in need and to monitor service delivery, which further strengthens transparency and accountability to all stakeholders. These measures include system-wide guidance, monitoring and data collection on incidents of interference, outreach and advocacy with parties who potentially may interfere in humanitarian activities, and promoting due diligence with partners.
- Risk management and due diligence measures applied throughout the humanitarian programme cycle include: regular needs assessments; independent targeting methodologies; regular programme monitoring; and a set of measures applied on operational procedures including partner selection; procurement; recruitment and financial transactions, including regular screening of partners and suppliers.
- Humanitarian organizations are committed to carrying

out regular training for humanitarian staff and partners on monitoring and procurement mechanisms and to raise awareness on risks of aid diversion. Furthermore, regular trainings are also conducted internally on codes of conduct and/or the Joint Operating Principles; protection mainstreaming including age, gender and diversity (gender-based violence, child protection, disability, sexual and ethnic diversity among others) with the view of providing a comprehensive response; integrity issues (such as fraud and corruption prevention, PSEA, issues linked to conflict of interests, etc).

e. Accountability to Affected Populations (AAP)

As outlined in the HRP and in line with the IASC Commitments on AAP and PSEA (2017)¹⁶, accountability to affected populations is an active commitment of the humanitarian community in Venezuela and encompasses the following:

- Putting affected people at the centre of the response;
- Ensuring that affected communities and people know their rights, have access to information about humanitarian assistance and participate in relevant decision-making;
- Establishing principled and transparent monitoring mechanism at organizational and cluster and AoR level, considering the relevance of access to information about needs and humanitarian response as a right;
- Ensuring community engagement and systematic communication with and inclusion of affected populations throughout all the phases of the Humanitarian Programme Cycle (needs assessment, response, monitoring and evaluation).
- This implies ensuring that affected people and communities are informed of existing needs assessments; that they are regularly consulted to learn their priority needs, their perception and satisfaction with received assistance, and the risks in each step of the work; that corrective measures are adopted on the basis of consultations if required; and that feedback and complaints mechanisms exist which are confidential and accessible at the community level.

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

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

f. Protection from sexual exploitation and abuse (PSEA)

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

Humanitarian actors in Venezuela commit to the six IASC Core Principles Related to Sexual Exploitation and Abuse¹⁷:

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

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

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

Any sexual relationship between those providing humanitarian assistance and protection and a person benefitting from such humanitarian assistance and protection that involves improper use of rank or position is prohibited. Such relationships undermine the credibility and integrity of humanitarian aid work.

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

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

g. Acceptance and protection of humanitarian aid workers

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

The interaction of the humanitarian community with armed actors is guided by relevant humanitarian civil-military coordination (CMCoord) guidelines, including the IASC Reference Paper on Civil-Military Relationship in Complex Emergencies (2008)¹⁸, the Oslo Guidelines on the Use of Foreign Military and Civil Defence Assets in Disaster Relief (2007)¹⁹ and the Guidelines on the Use of Armed Escorts for Humanitarian Convoys (2013)²⁰. Humanitarian organizations do not accept military or armed escorts, except in special circumstances and when agreed in advance with clearly defined parameters (principle of last resort).

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

4. Implementation and adherence to the JOPs

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



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Photo: OCHA/ Gema Cortés

Endnotes

- 1 <https://www.humanitarianresponse.info/en/programme-cycle/space/document/step-step-practical-guide-humanitarian-needs-overviews-humanitarian>
- 2 3W, as of 30 September 2019. Available in: <https://www.humanitarianresponse.info/en/operations/venezuela/infographic/venezuela-humanitarian-operational-presence-3w-september-2019>
- 3 UNGA Res. 46/182 (1991): <https://undocs.org/es/A/RES/46/182>; UNGA Res. 58/114 (2004): <https://undocs.org/es/A/RES/58/114>.
- 4 https://reliefweb.int/sites/reliefweb.int/files/resources/20190814_HRP_VEN_EN.pdf
- 5 <https://corehumanitarianstandard.org/files/files/Core%20Humanitarian%20Standard%20-%20Spanish.pdf>
- 6 <https://www.unhcr.org/en-us/protection/idps/43ce1cff2/guiding-principles-internal-displacement.html>
- 7 The Inter-Agency Standing Committee (IASC) has been the primary mechanism for coordination of humanitarian assistance since 1992. It includes key humanitarian actors from the UN system and beyond (more information here: <http://www.humanitarianinfo.org/iasc/>).
- 8 https://interagencystandingcommittee.org/system/files/iasc_policy_on_protection_in_humanitarian_action.pdf
- 9 https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf
- 10 <https://spherestandards.org/resources/minimum-standards-for-child-protection-in-humanitarian-action-cpms/>
- 11 <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>
- 12 <https://undocs.org/en/A/RES/46/182>
- 13 See <https://www.icvanetwork.org/principles-partnership-statement-commitment>
- 14 https://interagencystandingcommittee.org/system/files/grand_bargain_final_22_may_final-2_0.pdf
- 15 <https://corehumanitarianstandard.org/files/files/Core%20Humanitarian%20Standard%20-%20English.pdf>
- 16 https://interagencystandingcommittee.org/system/files/iasc_caap_endorsed_nov_2017.pdf
- 17 <https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse>
- 18 https://interagencystandingcommittee.org/system/files/legacy_files/civil_military_relationship_in_complex_emergencies_an_iasc_reference_paper.pdf
- 19 https://www.unocha.org/sites/unocha/files/OSLO%20Guidelines%20Rev%201.1%20-%20Nov%2007_0.pdf
- 20 https://www.unocha.org/sites/unocha/files/Armed%20Escort%20Guidelines%20-%20Final_1.pdf

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