



FOLLOW-UP REPORT ON THE IMPACTS OF THE COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA FOLLOWING THE CONFINEMENT DUE TO THE COVID PANDEMIC



**Updated assessment as of March 2022 with
contributions on the triple nexus and human rights**

Follow-up report on the impacts of the Complex Humanitarian Emergency in Venezuela following the confinement due to the covid pandemic

**Updated as of March 2022 and evolution compared to
March 2020 and June 2021**

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Introduction

We present a new update of the Complex Humanitarian Emergency (CHE) measurements conducted in HumVenezuela since 2019. The CHE arrived in its seventh year in 2022, causing massive, multiple and severe deprivations of rights manifested in poverty, hunger, violence, collapse of basic services, absenteeism and school dropout, poor health, preventable deaths and the largest and fastest forced migration occurred so far in Latin American and Caribbean countries.

In March 2020, the unanticipated arrival of the COVID pandemic caused a more severe situation of overlapping emergencies that exacerbated pre-existing deprivations during the course of 2020 and much of 2021. The easing of mobility restrictions across the territory as coverage of the first dose of COVID vaccination increased, and the consequent resumption of activities amidst the ravages of the pandemic, had a slightly ameliorative effect on CHE impacts during the first quarter of 2022, but left a scale of deprivation greater than that observed prior to the pandemic.

The data in this new measurement show that the CHE is still far from evolving towards an early exit, which is happening in a context that still shows no signs of change in the factors that originated it and have maintained it during the last few years. The report is structured in five parts. The first part deals with the pandemic, economic and political context of the CHE, as well as reviews some relevant events on the humanitarian response and the efforts of international bodies to change the severe setbacks in the country, in terms of rule of law, democracy and justice.

The second part addresses HumVenezuela's evaluation model and methodology, to explain how the measurement results are organized, processed, analyzed and presented, as well as the description of the sources of information used, with links where they can be reviewed in greater detail. In the third part, a special topic is developed, referring to the "triple nexus" approach, taking into consideration that it has been adopted by the United Nations actors for the humanitarian response in the country, and that it represents a strategic change in the conception and planning of the response. The fourth part presents the results of the measurement of the impacts of the CHE on living conditions, showing the main conditions of vulnerability affecting the population, as well as the impacts on food and nutrition, health, water and sanitation and basic education, identifying the affected population, the people with humanitarian needs and, of these, those with the most severe needs.

HumVenezuela is a humanitarian information platform created between 2018 and 2019 by Venezuelan civil society organizations, which measures the impacts of the Complex Humanitarian Emergency on the deprivation of rights of the population living in Venezuela.

The purpose of HumVenezuela is to contribute to guaranteeing the rights of all affected people to be assisted and protected, providing regular and independent measurement data to ensure a response that is proportionate to the scale and severity of the needs, accessible to all people and effective in protecting rights, in accordance with the principles and mandates of the humanitarian system and the universal norms of international law.

HumVenezuela involves 90 organizations working to achieve this purpose, at the national and local levels, by monitoring, collecting, cross-referencing and reviewing data from HumVenezuela and a wide variety of other sources of information.

Part 1.

Context of Complex Humanitarian Emergency

In the assessment period of this report, from June 2021 to March 2022, the COVID pandemic remained a critical circumstance in the context of the CHE, which continued to spread to the population, with relatively low rates of transmission and case fatality, compared to other countries in the region. The intensity of the pandemic declined as vaccination, initiated in February 2021, progressed, with peaks of increased cases due to the circulation of COVID variants, including Omicron between late 2021 and early 2022. Vaccination against COVID had a slow pace during 2021, waiting for new vaccine lots, and accelerated from September of that year when enough arrived in the country to conduct mass vaccination of the first dose. Public information on cases was scarce and with high underreporting, due to a highly deficient epidemiological surveillance and the lack of effective tests to confirm cases. Also, the vaccination plan was never published.

With the COVID pandemic, the CHE presented significant deteriorations in all sectors until June 2021, especially in the period of confinement of the population in their homes for months and the decrease to the minimum of the economic and social activity of the country. It intensified poverty, loss of livelihoods, lack of access to essential services (health, education and food), and vulnerabilities to abuse and/or violence. In mid-2021, the confinement or "quarantine" measures were relaxed, interspersed between weeks, until they ceased in November 2021. The lifting of these measures slightly mitigated the overload of damage caused to the CHE during the time they were applied to contain the transmission of the COVID virus. But, until March 2022, they also left a much higher scale of impacts than those recorded before the arrival of the pandemic.

In the context of the pandemic, there were positive signs in the economy that, for many analysts, are still far from indicating a real recovery process. In March 2022, price indexes were registered that marked the end of a hyperinflationary behavior for more than three years in a row, with annual inflation figures of 4 digits; attributed to measures to reduce public spending, permissiveness to transactions at dollarized prices and incentives to private sector imports. For the first time, the levels of economic activity decrease were reduced, especially in the trade and services sectors, and international oil prices increased. Based on these signs, a possible economic recovery was predicted, with a tendency towards positive growth, but at incipient levels, in an economy that lost more than 70% of its size during a decade and that, in order to become a sustained economic development, would require structural reforms to restore the country's productive capacities, within a framework of democratic governance, rule of law and guarantees of economic and social rights.

During the period, uncertainty reigned in the political panorama. The negotiations initiated in August 2021, in Mexico, to find solutions to the internal conflicts, showed no possibility of progress on issues such as political rights, electoral guarantees, sanctions, respect for the Constitution, political and social coexistence, the renunciation of violence and reparations for victims, the independence of the judiciary, the end of human rights violations, the protection of the economy and the social protection of the most vulnerable populations in the CHE. In addition, the risks for civil society were accentuated, as new regulations were issued with sanctioning, disqualification and censorship purposes, which violate the freedoms of association, expression and peaceful assembly and do not guarantee a safe and favorable environment for the legitimate, autonomous and independent performance of humanitarian, human rights and development organizations, journalists and independent media, professional guilds, workers' unions, leaders, social activists and members of community organizations.

The human rights crisis that crosses the CHE justified since 2019 resolutions of the UN Human Rights Council (HRC) that mandated the UN High Commissioner for Human Rights (OHCHR) to document violations in the country, for which she presented oral updates and 6 reports until 2021¹, in addition to the presence of a team of her Office in the country in order to support the implementation of the recommendations of the reports and assess the human rights situation on the ground². The HRC also created in 2019 an International Independent Fact-Finding Mission (FFM)³ which has examined serious human rights violations, determining in 2020 indications of crimes against humanity. In November 2021, the International Criminal Court (ICC) opened an investigation⁴ into these crimes in Venezuela, subsequent to a preliminary examination opened in 2018.

Venezuela participated in the 3rd Cycle of the Universal Periodic Review⁵, conducted by the HRC, between January/June 2022. The State agreed to implement 67% of 328 recommendations, made by 115 countries. Some 33.8% referred to fulfill commitments of access to the country and support to international mechanisms activated to protect human rights and respond to the CHE; 23%, to take measures to democratize institutions, ensuring a protective environment for civil society; 22.6%, to end violations of civil and political rights; and 20.4%, to guarantee economic, social, cultural and environmental rights. Among those not accepted were: implementing the recommendations of the OHCHR, accepting a permanent office in the country and working with the FFM and ICC; inviting special procedures without restrictions; supporting humanitarian organizations; removing restrictions on civic and democratic freedoms; promoting participation to overcome the political crisis; combating impunity for violations of the right to life and personal liberty; and addressing the presence of armed groups and corruption.

In the area of humanitarian response, Venezuela has had a humanitarian architecture in place since 2019, led by a UN Resident/Humanitarian Coordinator, who with a Humanitarian Country Team and support from OCHA have carried out three annual humanitarian response plans between 2019 and 2021; but facing refusals of CHE recognition, access restrictions⁶ and impediments to independent humanitarian needs assessment. This has caused an underestimation of 7 million people with these needs, with no change until 2021, despite the fact that, in 2019, the World Food Program estimated a total of 9.3 million people with food insecurity assistance needs⁷, and that the COVID pandemic since 2020 exacerbated the CHE. In these response plans, however, increased the target for assistance to people, from 2.6 to 4.5 million between 2019⁸ and 2021⁹ ¹⁰, with funding requirements, from \$ 223 to \$ 708.9 million, with a collection of no more than 40%¹¹.

At the time of writing, Mr. Martin Griffiths (Under-Secretary-General for Humanitarian Affairs, Relief Coordinator and Head of OCHA) made a three-day visit between July/August 2022, where he stated that the humanitarian needs in the country remained significant¹². In November 2019, also occurred the visit of Mr. Mark Lowcock, who previously held this position¹³. At the end of Mr. Griffiths' visit, OCHA published the fourth humanitarian response plan, a two-year plan for the years 2022-2023, with a "dual nexus"¹⁴ approach (between humanitarian action and development), emphasizing technical assistance to institutions and capacity building of health and education personnel, rehabilitation of basic health, school feeding and water infrastructure, and livelihoods. This plan maintains the number of people with humanitarian needs at 7 million, and the target for assistance has been raised to 5.2 million, with a request for funds of US\$ 795 million, receiving only 14.3% up to August¹⁵.

The growing and rapid forced migration of people from Venezuela due to the CHE, generated the creation of the Interagency Coordination Platform (R4V)¹⁶ in 2018 which, during the period, published updates on the number of refugees and migrants from Venezuela, reaching some 6.1 million people in 2021 and 6.8 million by the end of this report in 2022. In February of that year, IECAH conducted a study to address the challenge of applying the triple nexus approach (between humanitarian action, development and peace), due to the need for a long-term rethinking of the response to Venezuela's migratory flows, given that humanitarian actors considered that their magnitude and causes will be protracted in nature¹⁷. In the list of underfunded world crises¹⁸, in May 2022, international humanitarian organizations warned that the humanitarian needs of 7 million people in Venezuela and more than 6 million in host countries were at risk of being forgotten, due to lack of funding and international support¹⁹.

Part 2.

HumVenezuela's assessment model and methodology

Since 2016, Venezuelan civil society organizations have made a great effort to collect and document, analyze and publish humanitarian information in order to have evidence based on documented data from various sources that are relevant and provide open access for the evaluation of the profile, magnitude, dimensions and behavior of the CHE in Venezuela and the requirements for a response that guarantees the rights of affected people to receive assistance and protection, in accordance with the standards of the humanitarian system and international human rights law. This work of the organizations has become increasingly important throughout the country, as actors that play a fundamental role in decision-making to contribute to the protection of the population, in the face of the multiplicity of damages and adversities produced by CHE, in a context of denial of access to public information, wide gaps and information vacuums left by the deep institutional weaknesses of the State, censorship and official veto to independent information.

The evaluation model²⁰ that guides HumVenezuela's work is comprehensive, multidimensional and multisectoral. It contemplates measurements at the layers of CHE impacts, CHE response and CHE complexity, which correspond to the three main aspects that define the nature of CHE, and twelve dimensions that place the focus of the evaluation on the way in which the situation of people's rights is expressed in each of the levels. The layer that has demanded the most effort and to which the results of the third measurement presented in this March 2022 report refer to, has been the impacts on the dimensions of the scale of the CHE's effects on the population and the humanitarian needs presented by people, by levels of severity; the intensity of human damages and other losses caused to people and their homes; and the relations of the scale, severity and intensity with the depth of the country's capacity losses or deficits, including the preserved capacities.

HumVenezuela works with a system of collection, processing and systematization of data and evidence from various sources of information, which are reviewed, cross-checked and aggregated to feed a catalog of standardized indicators, following a process of verification of quality, consistency and coherence and consultations with experts by sectors, populations and states of the country. These sources are gathered through monitoring, documentation, collection of primary information and follow-up of transcendent events in a chronological order. The data are recorded in Excel Tables, according to criteria of disaggregation of indicators, by dimensions, categories and severity of impacts. The following sources of information were used in this report:

- **Sectoral records and statistics:** the monitoring work reviewed more than 3,000 sources of secondary information available for the period evaluated, related to living conditions in the areas of economy, basic services, housing, violence and migration, and in the sectors of food, water and sanitation, health and basic education, from official national and international institutions, the academic community, the media and civil society organizations. These sources of information are listed in the references of each of the indicators presented in the data tables, which are published in Excel format and can be downloaded from the HumVenezuela website²¹.
- **Consultations to the GIEHC:** in the documentation work, 60 organizations of the HumVenezuela community consulted 80 actors informed of the problems affecting populations in the sectors of food, water and sanitation, health and education, using a methodology that brings together organizations and actors in Interdisciplinary Working Groups to address the Complex Humanitarian Emergency (GIEHC) at the national

and state level. The task of the GIEHCs is the exchange and validation of available data and evidence to broaden the vision of the problems and reach a reasonable consensus on the most critical dimensions or aspects. As a result of these consultations, national reports on water and sanitation, food, health and education, and sectoral reports on eighteen states were prepared and published on the HumVenezuela web page²². In addition, a Special Bulletin on Basic Education in Venezuela was drafted, based on 14 interviews and a review of the latest studies and reports on this topic²³.

- **Community diagnostics:** in the work of collecting primary information, between February/March 2022, HumVenezuela's community organizations carried out a second experience of community diagnostics²⁴, aimed at collecting information in the field on the humanitarian situation of families and communities in terms of food, water, sanitation and other basic services, health, education, exposure to events of abuse and/or violence and human mobility. In these diagnoses, 6,459 family groups were surveyed, comprising 20,186 members, residing in 145 municipalities in 18 states of the country. The results were compared with those of the first diagnostic experience, carried out in May/June 2021, in which 4,489 family groups were surveyed, residents of 125 municipalities in 16 states, gathering data from 15,175 people. The place of residence of the surveyed family groups was distributed as follows: 50.5% in popular neighborhoods or communities, 37% in urban developments or neighborhoods, 12% in the countryside or rural areas and 1.5% in indigenous settlements or communities. In both diagnoses, information was collected on the most vulnerable populations: women, children and adolescents, the elderly, people with disabilities, indigenous peoples, LGBTI people, producers and peasants, and people with chronic and acute health problems, including COVID. The survey was answered 71% by women and 29% by men.
- **Demographic information:** the population data and demographic information in this report correspond to the projections estimated by CELADE²⁵ (Population Division of the Economic Commission for Latin America and the Caribbean - ECLAC), because the country's census statistics do not consider the impacts of migration on changes in the size and composition of the Venezuelan population and households. For the entities of the country's political-territorial division, the estimates made by the National Survey of Living Conditions (ENCOVI) for 2021²⁶ were used, which also take CELADE's projections as a basis.

All data presented in this report and on the HumVenezuela website are referential in nature and serve to help ensure that CHE responses maintain levels of coverage, scope, flexibility and effectiveness commensurate with the scale, severity and intensity of the humanitarian needs of the Venezuelan population, guaranteeing the inclusion of all affected populations in the response. The sources of information corresponding to the data in this report can be found in tables by sector and state, available for download on the HumVenezuela website.

Part 3.

The "triple nexus" and its interdependencies with human rights

Currently, the "triple nexus" is an approach to addressing international cooperation, assistance and protection responses in contexts where major humanitarian crises, protracted tensions or conflicts, which take violent forms, and deep structural fragilities persist, generally in a correlated and cyclical manner. Although there is a definition, to a certain extent agreed upon, its implementation varies according to the context, as long as it is relevant, possible and appropriate. It has antecedents in the 80's and 90's, and it raised debates, criticisms and cautions due to its concepts and implications for the appropriate performance of the mandates of the actors involved, reappearing a few years ago as an approach in the management of responses, since its adoption by the UN system, agencies and donor countries.

"With international cooperation, assistance and protection systems under enormous pressure due to problems of overflow, attrition and continuous failures, the reappearance of the 'triple nexus' is due to the concern of finding lasting and responsible solutions to the great challenge of exiting and putting an end to crises, conflicts and fragilities, but not at the cost of unprotecting societies, underestimating humanitarian needs or abandoning assistance to vulnerable populations, serving political or economic power interests, or giving up on the enforceability of rights, allowing abuses, deprivation and

The "triple nexus" position is marked by a growing concern to find lasting and responsible solutions to the great challenge of "exiting and ending crises, conflicts and fragilities in countries" so that they are not prolonged or repeated, but not at the cost of leaving without protection populations and societies from the grave dangers they face; underestimating humanitarian needs or abandoning assistance that sustains the most vulnerable populations; nor allowing responses to be instrumentalized to serve the interests of power (political, economic, military or otherwise) or giving up on the enforceability and defense of rights, allowing suffering, violence, abuses, deprivation and impunity to continue or be normalized.

Today, international cooperation, assistance and protection systems, despite almost 20 years of reviews and reforms to strengthen them, are under enormous pressure due to problems of overflow, attrition and continuous failures in mandates and operational and financial capacities, due to the accelerated increase of more recurrent, interconnected, multi-causal and transnational crises, conflicts and fragilities, which are generating devastating impacts of greater scale, duration, frequency and severity in people's lives.

Since the 1980s²⁷, warnings had already been raised about trends in the recurrence and prolongation of humanitarian crises, highlighting the shift from one-dimensional and sudden crises, caused by disasters or wars, to multidimensional and refractory crises, almost always driven by conflicts of a political nature, known as "complex emergencies"²⁸, and for which the "triple nexus" has become increasingly necessary, even though it continues to produce reserves and precautions, not only because it is under construction and the response and financing systems require time to adapt their working models and instruments, but also because it is essential to take **responsible action, in favorable and safe conditions, so that there is an appropriate implementation in each context**^{29 30} and to avoid aggravating them due to the failures of the systems themselves.

What are nexuses?

"The nexuses guide, articulate and modulate the interrelationships between humanitarian action, development cooperation and peacebuilding (or HDP) efforts; three areas of international response to unstable, complex and protracted contexts of crisis, conflict and country fragilities, which must work contiguously, according to each specific context. They also contemplate transitions, where linkages can avoid discontinuity or gaps between responses, as well as the requirement to remain differentiated, so as not to prejudice or interfere with the purposes, spaces and instruments of each response area, as long as

As expressed in agreements and recommendations of DAC³¹, UN, IASC³², EU and other interested actors, "nexus" is understood as the position of adopting formulas of understanding, operational functioning and action that allow, in each of these levels, the interrelation of humanitarian action, development cooperation and peacebuilding efforts, as the main areas of international response, which require working contiguously or simultaneously in unstable, complex or prolonged contexts of conflict, crisis or fragility, given that no area "by itself" could resolve all the causes and consequences of these situations to exit from them and put an end to them. The nexuses present different variants, of "double nexus", when it involves only two areas or, of "triple nexus", which

interrelates the three, according to the specific contexts.

At the level of understanding, the nexuses guide the work of each area towards common commitments and combined efforts to achieve **collective results in reducing the needs, vulnerabilities and risks of the people affected, and to overcome the underlying causes of the conflicts** in an effective and sustainable manner. At the operational level, the nexuses must facilitate greater **collaboration, coherence and complementarity** between the different areas, requiring a joint work in coordination spaces, joint context analyses, effective multi-year plans and shared, sufficient, flexible and adequate financing. At the action level, the nexuses allow the actions and contributions of the respective areas to be modulated or changed in order to achieve the best results, according to their **comparative advantages³³, relevance and the conditions** required for their purposes. In addition to these concepts, the following aspects should be considered:

First. - It is important not to confuse nexuses with the merging of the areas of response, the absorption of all of them into one, or the predominance of one over the others. Conceived for contexts that require the contiguous or simultaneous action of the three areas, it is recognized that, when establishing nexuses among them, it is necessary to ensure respect for the mandates, guiding principles and work modalities of each area, and that their structures, operations and actions remain differentiated and independent, so that they **do no harm or interfere with the purposes, spaces and instruments of each one, as long as there are minimum interrelationships**.

Second. - Given that the responses of each area play different roles in different time frames and the contexts dictate the conditions on which the entry strategies, their scope and effectiveness depend. The nexuses don't rule out transitions, in which the nexuses must avoid discontinuities or gaps in response, creating the best way to mesh the contribution efforts of each field in a way that **"prioritizes prevention, mediation and peacebuilding, investing in development wherever possible, while ensuring that immediate humanitarian needs continue to be met"**³⁴.

Third. When reaching the point of having mutual understandings and spaces for coordination, analysis, plans and financing favorable to the nexus, the functioning of collaboration, coherence and complementarity to couple efforts (also called the "3Cs"), can be seen as **operational modalities of the nexuses**, in a wide range of possibilities, being the minimum to be expected and less complicated: of collaboration, between humanitarian action and development; of coherence, involving all three areas, but which above all must be achieved in the interrelation of development and peace; and of complementarity, between humanitarian action and peace³⁵.

Fourth. On minimum interrelationships, as a product of the experiences of the "triple nexus" in countries in various parts of the world and in observance of the responsibilities of the international community in providing cooperation, assistance and protection to States, populations and societies in serious difficulties, consensus has also been reached on minimum commitments with **common nexuses to the three areas**, which guide their contributions: (a) for all to contribute to peace building, adopting "**conflict sensitivity**" approaches, derived from the imperative to "do no harm"; (b) for all to contribute to development, ensuring that "**leave no one behind**" is fulfilled in the enjoyment, exercise and effective realization of their rights; and (c) for all to contribute to humanitarian action, placing "**respect for human dignity**" at the center of all efforts.

Fifth. - There are many similar definitions of circumstances in which crises, conflicts and fragilities occur at the same time, requiring multiple international responses, where the "triple nexus" could be relevant. In addition to the fact that each of these circumstances has multifaceted concepts, the difficulty in finding a common term is that each response domain also constructs definitions with emphasis on the object of their mandates and competencies. The **contexts** where these circumstances occur are the key piece to make more complete and integral characterizations, and to determine the need and possibility of the nexus.

"**Complex emergencies**" is used here as the most commonly term, with variants of meaning for each area: a) in the humanitarian field: it is a humanitarian crisis or emergency of major scale in contexts of complex socio-political tensions or conflicts³⁶; b) in the development field: it is a "state or situation of profound internal fragility or dismantling³⁷, in contexts of instability or political conflict of long evolution, with the presence of violence and humanitarian crisis"; and c) in peacebuilding, it is a "situation of internal tensions or conflicts, sustained or prolonged, with a medium to high spectrum of political, armed and/or social violence, and humanitarian consequences, in contexts of profound resulting and/or causing fragility".

Sixth. - Although **human rights violations** are at the core of any of the circumstances of crisis, conflict and fragility, included in the general term of "complex emergencies", and although human rights have become more central to the mandates, principles and response systems of the three areas involved in this type of circumstances, very often they are treated in a general way, only to refer to instruments of international law and covenants ratified by States, or residually when addressing protection approaches and issues.

The lags, gaps and possible failures that this insufficient treatment may bring to the responses requires **a look at the "triple nexus" in its interdependencies with human rights**, considering the following: (a) as the framework of universal norms, which support and guide the actions of all areas of response, when people are at risk; (b) as a fourth specific area of international response, represented in the international human rights protection system, with which links must be built; and (c) as a transversal line of the nexus, concretely included in all its levels in an express manner.

All these aspects and the contributions of the areas to the nexuses are detailed below:

Humanitarian action in the nexus

Humanitarian action, according to its specific scope of response, is at the front line of assistance and protection of people with severe difficulties to safeguard their lives, dignity, integrity, safety and well-being, and to meet pressing and immediate needs that cannot or will not be met by States or other national actors, in any of the contexts and typologies of humanitarian crises, whether or not they originate in conflicts and/or fragilities or disasters of a certain magnitude and/or intensity.

While humanitarian action is subsidiary to national capacities, when these are overwhelmed by crises that pose serious threats to people, States must comply with international obligations to call upon and/or activate the response of accredited agencies, ensuring access to the field, rapid and independent needs assessments, and the

deployment of activities for as long as necessary to provide assistance and protection, both to affected populations in crisis areas or countries, and to displaced persons fleeing or being arbitrarily expelled, focusing on their rights and based on their needs, with adherence to the principles of humanity, impartiality, neutrality and independence, and to the instruments of the various branches of international law. Sovereignty, security or other internal reasons should not be used to deny humanitarian assistance and protection, when necessary, nor should their actions be interpreted as external interference.

After the creation of the principles of international humanitarian assistance in 1991³⁸, under the leadership and coordination of the UN, in 2005 a broad reform called "new humanitarian architecture"³⁹ was undertaken due to the increase of humanitarian crises in contexts of "complex emergencies", which generate a greater number of people with humanitarian needs, inside and outside the countries, in order to improve the predictability, flexibility, speed, effectiveness and accountability of the response, and to focus its reception as a right, not only to survival but to the protection of people at risk and the most vulnerable groups and respect for humanitarian principles and the performance of the response in a space that is not subordinated to political, strategic, military or economic interests or objectives or to any of the parties, if crises occur in the context of tensions or conflicts.

The "new humanitarian architecture" was implemented on four pillars: a) a multi-sectoral response, with a large number of humanitarian actors, organized in sectors or Clusters, under the leadership of seven UN agencies⁴⁰; b) support to the figure of the Humanitarian Country Coordinator, a function exercised almost always by the UN Resident Coordinator, to lead and coordinate the response, with a Humanitarian Country Team where cluster leaders and partners, international and local, participate; c) new common funding mechanisms; and d) partnership between international humanitarian organizations and national or local civil society, under principles of equality, autonomy, transparency, results orientation, accountability and complementarity.

To this reform was added in more recent years the need to strengthen the protection of the rights of people and communities caught up in crises and exposed to violence, abuse, deliberate deprivation, restrictions of access or any other form of violation, reflected in the guiding principle of "centrality of protection"^{41 42 43 44}, which includes: a) the imperative to "do no harm" as a result of actions; b) "impartiality and non-discrimination" in access to the response; c) the "protection of people's lives, dignity, integrity, safety and health", including "self-protection" from risks of violence, coercion and deliberate deprivation; d) "support for victims of rights violations" to obtain redress and recover from the harm suffered.

The greater scale, recurrence and severity of crises in contexts of tension or conflict have given rise to approaches and working modalities in humanitarian action that have favored nexus with development and peace, based on the **comparative advantages of assistance and protection of people on the ground, in an independent manner, rapid, flexible and multisectoral**, within their specific field of response or beyond it, when the actors exercise mandates in several fields (or multi-mandate actors), to implement **responses to humanitarian needs, collaborative or integrated with development and complementary to peace**.

In particular, the contribution of humanitarian action to the nexus has led to transcend its role of mitigating the impacts of crises by focusing only on meeting survival needs, to direct efforts towards reversing cycles of vulnerability⁴⁵ and facilitating the recovery of capacities, as much as possible, as well as reinforcing the protection of rights in the face of risks of violation, in contexts⁴⁶ of poverty, violence, inequality, injustice, non-democratic political environments or structural fragilities, which originate crises and make them persistent, violate human dignity, aggravate needs and leave after-effects of trauma and exclusion in societies. Among these modalities, six stand out, the first three of which are more closely linked to development and the last three to peace:

- **support to local and national systems** that provide essential services (health, nutrition, education, water and sanitation, communications, among others), to avoid disruptions, ensure access and reduce aid dependencies^{47 48}, including the **rehabilitation** of basic infrastructure.
- **resilience**⁴⁹ of affected populations and communities, from inclusive and cross-sectional approaches, through their active role in coping strategies that positively improve livelihoods, food security, anticipation and management of disaster risks, among others⁵⁰.
- **localization**⁵¹ of assistance and protection capacities in communities and civil society organizations, national or local, with greater effectiveness and autonomy, under their leadership, design and implementation, and their greater participation in the coordination and decision making of the response⁵².
- **empowerment** of women⁵³ and groups discriminated against or excluded because of their identity or social location, to overcome inequalities, and their protection in the face of rights violations, including gender and sexual violence, exploitation, human trafficking and smuggling, and other forms of violence.
- **peace experiences** in communities, for the peaceful or non-violent transformation of conflicts, in the tissue of relationships of equality, equity and justice, with the promotion of the rights to peace, democracy and development, and the prevention of all forms of violence, even in the absence of direct violence.
- **impartial dialogue** with all actors responsible for guaranteeing rights, to promote, urge and advocate for the fulfillment of their obligations, including the defense of humanitarian assistance and protection, without compromising this right and the perception of humanitarian identity.

However, it is essential that these ways of contributing humanitarian action to the collective results of the nexus do not jeopardize humanitarian principles or overlap with the mandates and activities of their specific field, leading to the discontinuity or weakening of the response when it is still necessary, especially in contexts where States are party to conflicts, violate human rights or have not shown willingness to fulfill their obligations to guarantee humanitarian assistance and protection to all affected people. It is therefore necessary to maintain its differentiated character⁵⁴ from development cooperation and peacebuilding, and to ensure a gradual and adequate exit strategy, based on verifiable evidence of reduction of needs, risks and vulnerabilities, by availability and sufficient access to essential goods and services, provided locally, in accordance with rights, in stable and safe conditions.

Development cooperation in the nexus

Today, development cooperation has become a global response that involves the efforts of all countries, regardless of their capacities and levels of development, to achieve collectively, simultaneously and integrally, a set of objectives of economic, social, institutional and environmental transformation, considered "universal" because they can only be achieved by making effective the human rights associated with each of them, with the maxim of "leaving no one behind", including civil, political, cultural, economic, social and environmental rights, the right to development, peace, justice and democracy.

The synthesis of this collective effort is the 2030 Agenda⁵⁵, a plan of 17 Sustainable Development Goals (SDGs) and 169 objectives, which UN member states committed to achieve between 2015 and 2030, to eradicate poverty, end hunger and achieve food security, ensure healthy lives and quality education, achieve gender equality, ensure access to water and energy, promote sustained economic growth, counteract climate change, and promote just, peaceful and inclusive societies, with populations free from fear and violence, in contexts where access to justice and strong (legitimate, effective and inclusive) institutions, at all levels, that respect the rule of law and are accountable.

The response in this area is guided by the United Nations Sustainable Development Cooperation Frameworks⁵⁶, adapted to the specific challenges of each country, under the responsibility and direction of national authorities and implemented through multi-stakeholder partnerships. As the 2030 Agenda is a global effort to comprehensively achieve its goals, each linked to universal human rights that no State can avoid, national authorities must commit to actions or measures in all 17 SDGs and 169 targets, based on comprehensive analyses of the fragility of capacities that cause vulnerabilities and risks to the population, in consultation with a broad participation of affected populations and civil society.

Today, however, development cooperation responds to differentiated commitments and strategies to help countries with "fragile states or situations"⁵⁷, defined as those with state structures lacking the political will, legitimacy and/or capacity to fulfill their basic functions of reducing poverty, procuring development and protecting security and human rights. In 2005, the Paris Declaration and Accra Agenda for Action⁵⁸ was signed to increase the effectiveness of development aid, adopting five commitments: a) country ownership of their development policies and strategies, with the participation of civil society and the private sector; b) alignment with national development priorities, strengthening capacities for effectiveness, accountability and transparency; c) harmonization of provisions and procedures, and between development aid and humanitarian assistance in "fragile states", to fulfill international commitments to support their transition to "legitimate, effective and resilient states and institutions"; d) results-oriented management, with performance evaluation frameworks; and e) mutual accountability of donors and partner countries in the use of aid resources.

In 2007, specific principles for assistance to **fragile states and situations of fragility**⁵⁹ were established, highlighting: (a) analysis of the specific contexts of fragilities, differentiated by state capacity, willingness and/or legitimacy, and between situations of "protracted crisis or fragility", "weak or improving governance" or "post-conflict/crisis or political transition"; (b) appropriate, harmonized and phased responses that "do no harm", e.g., aggravate social divisions, corruption, abuses or human rights violations; c) focus on state capacities and state-society relations, strengthening democratic governance, human rights, civil society leadership and peace building, to reduce poverty, ensure security and justice, mobilize revenues, provide services and generate jobs; d) prioritizing the prevention of risks of conflict, instability or crisis; e) coherence between political, security and development objectives to reduce tensions and risks of conflict in the short term, with priority development advances for the long term, involving all key development and humanitarian actors, preserving their principles; and d) promoting non-discrimination, to avoid fragilities, conflicts and failures in the provision of services, including promoting the voice and participation of women, youth, minorities and other excluded groups.

Since 2015, in the face of a global scenario of protracted conflicts and fragilities, emphasis was placed on the concept of "**fragile contexts**"⁶⁰ that have multidimensional causes (economic, environmental⁶¹, political, social, security and human capital⁶²), with different levels of risks to deep fragilities and insufficient capacities of States, systems and communities to manage, absorb or mitigate those risks, brought together in the notion of "resilience"⁶³; or also seen as intersections between **fragility, risk and resilience**, in different intensities, with consequences of violence, poverty, inequality, restrictions on rights and freedoms, displacement and environmental degradation. To this concept were added measurements of "**fragility, conflict and violence**" (FCV⁶⁴) country by country, to define more effective differentiated aid strategies, prioritizing political capacities and legitimacy in each specific context, considering: the fragility of governance and institutions, which affects public confidence in governments; conflict, which encompasses situations where organized groups or institutions, including the State, use violence to settle power conflicts; and its effects on interpersonal violence and other forms of violence, gang violence, gender violence and violence against children.

Between meeting the commitments of the 2030 Agenda, which requires maintaining the efforts of all countries in the **effective and sustainable advancement of the SDGs, as effective rights** of all people to "leave no one behind" and, the increasing circumstances that deteriorate their conditions for development, for lack of democracy, rule of

law, equality, equity, security, peace and justice, causing "fragile states and contexts" with levels of depth and active conflicts for a long time, development cooperation faces difficult challenges to work in these contexts, where it is more necessary due to its **comparative advantages of helping to restore fragile capacities** (institutional, economic, social and environmental, among others), when these conditions allow it, without doing harm, in **cooperation nexus with humanitarian action and coherent with peace building**.

The difficulties of instability, insecurity and uncertainty in these contexts make the development response more transitional in nature, with greater possibilities of being implemented and achieving better positive results in countries that are in the process of exiting or have exited these contexts, or in those with displaced populations, when in their places of origin, the causes of fleeing are not expected to be resolved in the short term. However, it can also play a transformative role by **routing early recovery processes, in the short term, with rehabilitation and/or reconstruction efforts with an achievable vision of the future, in the long term**, as national authorities are politically willing, fulfill commitments and obligations under international law, and effective and transparent progress is made in restoring basic capacities in safe and stable transitions. From this perspective, development cooperation can contribute to the collective results expected from the nexus in the following ways:

- **closing the gaps between humanitarian needs and development capacities**, in development cooperation frameworks that define strategic priorities and guide multi-year (3-5 years) plans and programs, focused in the short term on **resilience capacities** of society and institutions, and based on the **broadest stakeholder participation** in context and fragility analyses and **partnerships** for combined efforts, especially in livelihood restoration, food security, accessibility to essential social systems (health, education and basic services) with special attention to critical skilled personnel, and the environment.
- **coordination of stakeholders in an inclusive dialogue to provide development solutions** through support, in the medium term, for **structural reforms** (economic, institutional, redistributive, social protection and security) aimed at having a positive impact on reducing poverty, vulnerability and inequality of the **populations most affected by the aftermath of humanitarian crises and conflicts** in their living environments, including incentives for greater participation of the **private sector** as a source of growth, employment and service provision, together with the strengthening of local economies and infrastructure investment projects.
- **strengthening coping, management and disaster risk reduction capacities**, including access to digital communication technologies, in communities, areas and populations most exposed and vulnerable to humanitarian crises and development fragilities, which can cause, aggravate or make recurrent serious functional disruptions and human, material, economic and environmental losses and impacts, considering the threats of climatic events, environmental degradation, human, socio-natural or multiple origins, so that they can recover from their effects in a timely and effective manner, which includes preserving and restoring their basic structures and functions.
- **supporting a comprehensive effort to address the key drivers of fragility**, in line with SDG 16⁶⁵, by **assisting national and local public administrations** in democratic, inclusive, effective, transparent and accountable **governance capacities**; **a culture of legality and the rule of law**; legislation and policies that guarantee **human rights**, without discrimination or disparities, and put an end to their violations, considering critical sectors of rights protection, with gender equality, including development, security, freedoms, democratic participation, justice, public information, and a free and safe space for civil society, the media and the defense of human rights, in accordance with the instruments of international law⁶⁶.
- **interacting, as appropriate, with peacebuilding efforts** in the areas of security, diplomacy, mediation and other conflict prevention and mitigation efforts, whether or not directly linked to conditions of fragility⁶⁷, to

prevent them from becoming violent⁶⁸ or from increasing the risks of violence against conflict-affected populations, in particular those related to exclusion from access to power, natural resources, security and justice; continuously monitor conflict trends and risks of violence, and support peace processes, if necessary, within the limits of development response mandates and competencies.

- **building environments that are favorable to the restitution of trust in society's relations with public institutions**, as they make effective commitments to fulfill their obligations to promote sustainable, rights-based development with full citizen and civil society participation in decision-making, listening to the voices of women, youth and the most excluded populations, which translates into long-term policies to address their aspirations and into processes where societies can peacefully address conflicts and find solutions to their root causes, in justice, equality, inclusion and coexistence⁶⁹.

Peacebuilding in the nexus

Peacebuilding is an area of international response in contexts of internal tensions, armed conflict and other situations of violence, generally called "conflicts", when force is used or abused by countries to settle disputes or controversies related to the exercise or control over power and/or resources. The principle that preventing and reducing the risks of "violent conflicts" must always be a priority task in any context⁷⁰, given their notable increase in the world, even in States not considered fragile⁷¹, and because of the resurgence of State conflicts, has become increasingly important in international commitments. Moreover, the task is not only to prevent the risks of violence, but also the human rights violations that are involved in, occur in or are a consequence of vulnerabilities to violence.

The UN has termed the current landscape as "a new era of conflict and violence"⁷², which highlights longer and more lethal "entrenched conflicts" due to regional tensions, breakdown of the rule of law, absence or usurpation of state institutions, illicit economic gains and resource scarcity, as well as "interpersonal violence" with high death rates, organized crime, gang violence and gender-based violence. Currently, international response systems warn that conflicts have become the main drivers of humanitarian crises, generate an exponential increase in humanitarian needs⁷³ and are the reason why these crises become chronic, consuming most of the financial resources of international aid.

It has been the mandate of this area to create the conditions to move towards peace, its consolidation and sustainability, as early as possible, before violent conflicts break out, when they are still active or in phases where they are emerging from them. This mandate is fulfilled through processes, essentially political as the way to resolve them, and not through violence, comprising a wide range of actions through programs, measures and mechanisms, aimed at preventing the outbreak, escalation, recurrence or continuation of conflicts. Among the actions are⁷⁴:

- Preventing the risks of violent conflicts and atrocity crimes⁷⁵; crisis management, to reduce escalations and confrontations; and building trust between opposing parties (**in conflict risk prevention** processes).
- Establishing measures to limit, curb and protect the civilian population from violence, adapted to the threat profile and to prevent atrocity crimes within the framework of international security norms and the Responsibility to Protect^{76 7778}, guaranteeing respect for international law (**in peacekeeping** processes⁷⁹).
- Conflict resolution through political solutions, involving mediation processes or facilitation of negotiations (**in peacemaking** processes).
- Creating conditions for a democratic political transition; transitional justice processes^{80 81} for accountability and reparations for victims of crimes and serious human rights violations; social reconciliation and peace education (**in peacebuilding and peace sustaining** processes⁸²).

Since its foundation, the UN has led peacebuilding and security processes^{83 84}, for which it has structures for preventive diplomacy, political mediation and peacemaking, under the responsibility of the Department of Political Affairs and Peacebuilding⁸⁵; the use of the "good offices" of the Secretary-General and his special envoys; the Security Council⁸⁶, as the body responsible for peace and security in the UN, and its Committees, Working Groups and special bodies; the UN-led multinational Peace Support Operations⁸⁷; and the Peacebuilding Fund, designed to provide rapid and flexible funding for peace-sustaining activities in conflict-affected countries. At the regional level, the OAS has a Department of Democratic Sustainability and Social Missions, as well as a Peace Fund, through which member countries can make use of conflict resolution mechanisms, as provided for in the OAS Charter⁸⁸.

However, peacebuilding is not limited to the work of political, security or diplomatic actors. Going to the root causes of conflicts, from the place of the affected populations, in order to achieve lasting peace, has led to the emergence of alternative approaches and a broad community of **social peace actors** around the world, who use "**transformative approaches**" such as: (a) those that integrate prevention, security, human rights, justice and participation, especially of women in all activities and decision-making in peacebuilding processes⁸⁹; b) those that focus on the appropriation of rights and active engagement in "peaceful or non-violent conflict transformation", including transitions with justice for victims of atrocity crimes and human rights violations, and c) those that emphasize the restoration of the rule of law, justice and democratic, inclusive, effective and transparent institutions to build peaceful societies (Goal 16 of the 2030 Agenda).

Specifically, in regard to violence. As in other disciplines, it has been proposed to transcend approaches centered on policies for maintaining order and security, in which peace is understood as the "absence of violence" (known as "**negative peace**"), by adopting approaches that are oriented towards the "presence of peace" (or "**positive peace**")⁹⁰, based on the fact that today the contexts of violence confirm: (a) that its absence alone, especially direct violence against people's physical integrity, does not mean that other forms of violence and human rights violations, such as oppression, exclusion, discrimination, deliberate deprivation and censorship, among others, have disappeared; and (b) that preventing risks of violence or minimizing it, requires the internalization of peace in relationships, behaviors, the culture and conflict resolution. Thus, a conclusion of the "positive peace" approaches is that "**peaceful action**" should be the main instrument for the transformation of violent conflicts, and that "security" is a dimension of human life, for which it is as necessary "to be free from fear of any form of violence" as "to live in conditions that guarantee the greatest possible unfolding of life", wrapped in concepts such as "**human security**"⁹¹.

It has also been said that these nexuses have been the least developed⁹². Among other reasons because of the extreme caution that they do not politicize or divert the objectives of humanitarian and development responses towards political or security agendas. In this regard, a consensus so far is that all responses in conflict contexts should ensure, at a minimum, "**conflict sensitivity**"⁹³ approaches to "do no harm", as it is highly likely that all response systems in these contexts will have some effect on conflicts, even if they are unrelated to their processes, and even if their own shortcomings have a negative influence on their evolution. This approach requires always weighing the risks of negative impacts, especially in order not to "reinforce the power structures that generate conflicts" and, on the positive side, to enhance everything that favors peaceful solutions. For its application, it is critical to consider the interests and relationships of all parties involved and affected, and to avoid at all times that achieving "capacity to work", through "good relations" with the actors, does not overshadow the responsibility to "do no harm".

The approaches outlined above facilitate the linkages of peacebuilding with humanitarian action and development in some modalities, most of which are **actor-centered**, such as the following:

- **comprehensive conflict analysis**, with input from actors at all levels of response, to support peacebuilding, including, as good practices: conflict roots and drivers (past and immediate); actors and their interests in the conflict; "dividers" (conflict markers) and "connectors" (peace-enabling)⁹⁴; risks and threat patterns; conflict

triggers and drivers; potential conflict escalation; opportunities and capacities for peace; levels of societal support, trust, security and participation; asymmetries between populations and actors with power; the presence and work of international and national actors on the ground and their relationship to interests in the conflict.

- **coherence of responses among all actors**, especially between actors with political, security and diplomatic functions and development actors, in close linkage with State policies, ensuring visions and actions in line with principles, norms and basic conditions of legitimacy such as respect for human rights, the rule of law, justice, democratic governance, gender equality and the greatest possible participation of all stakeholders, mainly involving the voices of affected populations and communities, in compliance with obligations under international law; and that, in advancing agreements in the areas of peace, development and humanitarian action, the actors ensure their transparency, accountability and appropriate follow-up⁹⁵.
- **enabling and safe environment for the actors**, according to each context, as a priority in the agendas, in which the freedoms and civil and political rights of the population are guaranteed, and inclusive spaces and/or platforms, for the meeting and interaction of all relevant actors, within each of the areas of response, and also in the mechanisms of coordination and shared or joint programming, respecting the autonomy and independence of each actor, with the aim of contributing to inclusive, representative and open dialogues, democratic power structures, the reconstruction of fabrics and the restitution of trust between society and the State, in possible legitimate political transitions, with justice and effective institutions.
- **transformative approaches towards lasting peace**, allowing peacebuilding, humanitarian action and development actors to address the complexity of conflict contexts, according to the contributions of their respective areas of response, in order to prevent crises or violent escalation of conflicts and protect populations that may be or have been victims of human rights violations. Some approaches are: a) the "third party" approach in the assistance, protection and security of people, in the face of human rights violations as a consequence of conflicts; the "multilateralism" approach, in the face of power asymmetries, internal closure or isolation and the systematic violation of universal and international norms; and the "restorative" approaches, of greater relevance in transition processes, to reestablish institutional frameworks, justice and social cohesion.
- **strengthening of actors and structures committed to peace**, identifying in all areas of response actors from national and local institutions, civil society and the private sector, and social and community initiatives that have a firm commitment to prevent a resumption of the conflict, promote the cessation of violence and all human rights violations, and support the continuity of peacebuilding processes, together with the strengthening of their liaison and/or support capacities to incorporate the needs and priorities of conflict-affected populations into peacebuilding agendas, for which access to public information, freedom of expression and information, and independent and impartial investigations in processes of memory, truth and justice will be fundamental.
- **Recovery and Peacebuilding Assessments (RPBAs)** ⁹⁶, in countries experiencing conflict or in the process of transition from a conflict-related crisis, to assess with multiple stakeholders the immediate and medium-term recovery and peacebuilding needs, also laying the foundation for a longer-term recovery and peacebuilding strategy, through "concerted", "partnered" and "coordinated" political, security, humanitarian and development assistance responses, and all stakeholders. They address at a minimum: the conflict and security situation, the capabilities and position of the host government, institutional interests and available resources. It should be based on a thorough understanding of the causes and dynamics of the conflict, including its impact on different sectors (political, economic and social) and population groups.

Interdependencies of the nexuses with human rights

Although they have a central place in the three areas of response implied in the concept of the nexus and in the description of the realities for which they are conceived (Humanitarian Charter and Sphere Minimum Standards, 1997; Agenda 2030 and Sustainable Development Goals, 2015; Centrality of Protection, 2017; and peacebuilding frameworks, measures and programs), human rights often appear in a general form and as conventional norms (limited to covenants) and not always as universal norms, binding on all States in international law, or appear in specific protection approaches. Without ignoring the relevance of these treatments, their nature seems insufficient for the importance they should have in the strategic and practical orientations of the response areas and their interrelations, starting with not assigning any role to the international human rights protection system, in the responses and in the contexts where the nexus applies, unless reference is made to treaties and other fundamental instruments of international law.

These treatments, which seem generalist or residual of human rights, can have consequences of failures in the responses, and leave wide flanks of weakness before the arbitrary or undue handling of power, against its primary function of protecting people, such as:

- a) to reinforce the non-compliance with international commitments and obligations when they are more necessary and urgent to save or protect people whose lives are in danger, allowing States to evade their responsibility to activate them, to ignore the situation affecting the people for whom they are required or not to consent to their presence or activity in the field;
- b) leaving aside or off the radar in responses, the use of the tools and capacities of the international human rights protection system, in its relationship with States, to prevent, deter, examine and hold accountable human rights violations, including the right of individuals to the assistance, protection and cooperation they can provide, when facing threats to their lives;
- c) result in the omission or inappropriate application of human rights by the same actors in charge of the responses, even though they are part of their mandates and priorities for action, and are vital for the safety and protection of the people and organizations carrying out the work.

An even more worrying aspect is that such consequences may lead to the deterioration or loss of the resource for the defense of human rights in the societies and populations affected in these contexts, often the only one they can count on, causing their lack of protection against abuses or violations of their rights and compromising the principle of "do no harm", as well as the responsibility of the actors in international norms, measures and commitments, such as:

- the **International Declaration on Human Rights Defenders**⁹⁷, in 1998, which reaffirmed the right to defend human rights, as action or work to promote, protect or strive for the protection and realization of human rights and fundamental freedoms by peaceful means and in accordance with universal principles and norms. It involves individuals, groups and institutions that "promote development, fight against poverty, carry out humanitarian actions, foster the reconstruction of peace and justice, and promote civil, political, economic, social, cultural and environmental rights"⁹⁸.
- the "**Human Rights Up Front**"⁹⁹, in 2014, as a set of measures of collective responsibility across the UN system (Secretariat, agencies, funds and programs) to place the protection of rights, above any other priority, ensuring coherent strategies for action and capacity to respond to human rights violations, in

any context, maintain communications and report serious violations to the system, facilitating early and coordinated action.

- the "**Agenda for Humanity**"¹⁰⁰, in 2016, which resumed the nexus in order to improve response capacities in complex contexts, placing human rights as one of the main commitments between States, civil society, private sector and international organizations, referred to as the "rules that protect humanity", for which it established as responsibilities "to continue monitoring, investigating, analyzing and denouncing violations and abuses committed against international human rights law and international humanitarian law".

Certainly, the spheres of response obey different mandates, principles and working models, but the aforementioned has among its particular manifestations of tensions between humanitarian, development and peace actors and human rights defenders, in many cases greater than those that may exist between the first three. Regarding the relationship between human rights defenders and peacebuilders, it has been said that: "These two groups start from different assumptions, apply different methodologies and have different institutional limitations. Hence, they tend to be suspicious of each other"¹⁰¹. On the relationship between humanitarian and human rights defense actors, in 2018 several organizations developed a special regulation to harmonize work on protection, expressing: "The gap that previously separated humanitarian and human rights personnel has narrowed (...) although there remain differences in their approaches and aspirations (...) despite recognizing the differences between the two actors, (...) they have in common sufficient elements to lay and share a solid foundation on which to base their protection work in armed conflict and other situations of violence, as well as the possibility of maximizing their complementarity, in order to provide more effective assistance to those who need it"¹⁰².

In this sense, the following is a proposal to make human rights more visible in the nexus, identifying three axes of interdependence:

- Axis of interdependence in human rights standards:** is the interdependence between the human rights norms on which each of the areas of humanitarian action, development and peacebuilding are based, as set out in instruments of international law applicable to the contexts in which they are relevant (international humanitarian law, international refugee law and international human rights law), and which in turn can combine or complement each other, due to the interdependent nature of human rights in any context, especially when humanitarian crises, violent conflicts and development fragilities intersect, creating complex circumstances in which human rights violations are more structural, massive, flagrant and diversified¹⁰³. On this type of interdependence, OHCHR has stated that "human rights often play a bridging role between the various stages of a crisis and strengthen the continuity of efforts undertaken by humanitarian, development and peacebuilding partnerships." Between 2020 and 2021, in the context of the COVID pandemic, this role was affirmed with the Human Rights Call to Action and the Common Agenda for a Better, Rights-Based Recovery¹⁰⁴.
- Axis of interdependence as a specific area of response:** refers to the protection of human rights as a specific area, together with humanitarian action, development and peace-building, made up of bodies, mechanisms and programs of the international human rights protection system, responsible for monitoring the implementation of instruments in countries, promoting international cooperation to strengthen the obligations of States, making demands on States and carrying out independent investigations of serious violations of rights, among other functions. Field work as a specific area in contexts that merit it may take the form of visits by special procedures (special rapporteurs and working groups) or permanent missions or offices of the OHCHR. In the nexuses: a) from each of the areas to the human rights protection area, for example, by reporting potential or gross violations or participating in country reviews (including treaty reviews and the Universal Periodic Review); and b) from the human rights protection area to the other

areas, providing capacities to recognize, act on and document violations, and provide protection to victims, as well as to adequately monitor and evaluate compliance with human rights standards.

- **Axis of interdependence in the nexus concept:** it is about human rights being expressly integrated into the nexus levels, incorporating the "eradication of human rights violations" among the collective results sought by the interrelation between the areas of reduction of "needs, vulnerabilities and risks of the people affected, and underlying causes of conflicts"; in the operational functions, the requirement that human rights be transversal in all the modalities of nexus (collaboration, coherence and complementarity) in a way that implies common capacities for their protection, in any of the modalities; and, in action, as an area with its own comparative advantages, including the ability to work at different scales and in all the ways in which human rights violations can occur; to speak out to States to demand compliance with their obligations; to conduct investigations into human rights violations and periodic in-depth or thematic reviews of their situation; as well as to put in place processes and mechanisms of redress for victims of violations; and to create protection and support programs for individuals and organizations that defend human rights and humanitarian, development and peace organizations, in enabling and safe environments for the legitimate performance of their work.

HA - HUMANITARIAN ACTION		HRP - HUMAN RIGHTS PROTECTION		PB - PEACEBUILDING		
When necessary, to be in the front line of assistance and protection of people to safeguard their lives, integrity and security, responding to pressing needs that cannot or will not be met by States or other actors.	COMMON NEXUS: RESPECT FOR HUMAN DIGNITY		At all times and in all contexts, promote and protect all human rights, monitoring, demanding and supporting compliance with the universal and conventional standards that protect them and acting in defense of the victims and the community of rights defenders.		COMMON NEXUS: RESPECT FOR INSTRUMENTS OF INTERNATIONAL LAW	
	HA/PB NEXUS		HRP and HA/PB/DC NEXUS	HA/DC/PB and HRP NEXUS	PB / HA NEXUS	
	Empowerment of women and other excluded or discriminated groups.		Ability to evidence violations and protect victims	Notification of the occurrence of rights violations	Comprehensive conflict analysis with all relevant stakeholders	
	Positive peace experiences in affected communities		Assessment of compliance with rights standards	Participation in human rights country reviews	Transformative approaches to a culture of Lasting Peace	
	Impartial dialogue with rights duty bearers		TRIPLE NEXUS + HUMAN RIGHTS Interrelationships between humanitarian action, development cooperation, peacebuilding and human rights protection to achieve the collective results of reducing needs, vulnerabilities and risks for people affected by "complex emergencies", according to each specific context, as well as overcoming the underlying causes of conflicts and eradicating human rights violations.		Strengthening of structures committed to peace	
	HA/DC NEXUS				PB/DC NEXUS	
	Support to local and national systems of essential services		DC/HA NEXUS	DC/PB NEXUS	Coherence between political actors, security, diplomacy, and development.	
	Resilience of affected populations and communities		Bridging gaps between humanitarian needs and development capacities	Effort to address drivers of fragilities, with emphasis on democratic governance	Creation of enabling and secure environments	
	Localization of assistance and protection capacities		Inclusive stakeholder dialogues for development solutions	Interaction with peacebuilding, where appropriate	Recovery and Peacebuilding Assessments (RPBA)	
	Coping with, preventing and managing disaster risks		Enabling environments for trust between society and state			
COMMON NEXUS: LEAVE NO ONE BEHIND		DC - DEVELOPMENT COOPERATION		COMMON NEXUS: CONFLICT SENSITIVITY		
		When possible, assist countries in the rehabilitation and early recovery of fragile capacities, in the short term, and in their reconstruction, in the long term, in order to achieve sustainable economic, social, institutional and environmental transformation objectives, making effective the human rights associated with each of them.				

The impacts of the Complex Humanitarian Emergency, from March 2020 to March 2022

As of March 2022, CHE in Venezuela continued to impact more than 90% of the population, affecting their living conditions, based on an estimated total of 28.7 million people residing in the country until 2021. People with humanitarian needs reached over 19.1 million in health, water and sanitation and 18.7 million in the food sector, including households with 6.2 million children and adolescents who have serious difficulties in receiving basic education or are out of the education system. Most of these people live in environments of multidimensional poverty, a situation that affects 68.7% of the population. On average, for more than 50% of these people, humanitarian needs present high levels of severity: 65.7% in food, 56% in health, 55.5% in water and sanitation and 54.8% in education.

"In a total estimated population of 28.7 million people by 2021, the results of HumVenezuela's measurement of the impacts of the Complex Humanitarian Emergency in Venezuela until March 2022, show an increase of people with humanitarian needs of 19.1 million in health and water and sanitation, and 18.7 million in food, which also include the households of 6.2 million children and adolescents with serious difficulties to receive basic education or are out of the education system. Of these people, more than 50% have severe humanitarian needs: 65.7% in food, 56% in health, 55.5% in water and sanitation, and 54.8% in education".

Making a retrospective comparison with previous HumVenezuela measurements in March 2020 and June 2021, the results presented in this report, through March 2022, show that the impacts of the CHE have not shown signs of improvement. On the contrary, the deterioration spike observed through June 2021, as a consequence of the long period of confinement following the COVID pandemic, left a further worsening of the scale, severity and intensity of the CHE compared to the levels reached at the beginning of the pandemic in March 2020.

At present, the CHE continues to have devastating impacts on multiple areas of people's lives and the functioning of the country, at the national level, due to the effect of the deep structural and generalized fall of the internal capacities to guarantee the rights of the population, severely violated by widespread deprivations, due to the dismantling of the capacities, many in a condition of prolonged collapse.

In addition, during 7 years of the CHE, the difficulties people face on a daily basis to survive are more complex, due to a greater number of interconnected problems and the exhaustion of strategies to overcome them, causing more losses and damages to the life, integrity, security and livelihood of people, in thousands of cases irreparably.

At the same time, as the vulnerabilities accumulated over time are greater, the "rebound effect" that explains the improvement of some economic indicators, once the restrictions of confinement were relaxed by COVID, does not permeate towards the needs of the affected population, making the inequality gaps wider, between favored groups and a majority in generalized poverty, as observed in the increase of needs, even with improvements in the economy.



Living conditions

As of March 2022, in a population of 28.7 million people, 19.7 million lived in multidimensional poverty. Mobility was difficult for 13.1 million due to lack of transportation and 8.8 million spent months without domestic gas for cooking.

Some 5.9 million people suffered severe power failures, 3.8 million lived in inadequate housing and 6.4 million were victims of abuse and/or violence.

As of June 2021, members of 2.1 million households had migrated and some 900,000 intended to migrate out of the country. As of March 2022, there was migration in 1.8 million households and intention to migrate to other countries in 700 thousand

Widespread poverty

In the context of the CHE, Venezuela continues to present a profound drop in economic capacities expressed in a reduction of 72% of GDP and 48% in formal employment levels. In 2022, the Venezuelan population continues to face dramatic problems of access to sources of income and a cost of living that exceeds the purchasing power of the minimum wage by more than 90%, despite efforts to stabilize inflation¹⁰⁵, dollarization of transactions and positive expectations of economic reactivation, with the lifting of restrictions due to the COVID pandemic. HumVenezuela's March 2022 community diagnostics show that 94.5% of the population did not have sufficient income to cover the cost of food and other basic goods and services such as housing, health, education, transportation and clothing.

According to ENCOVI¹⁰⁶, since 2016 at least 12.7 million people fell into economic poverty, reaching 94.5% of the population in 2022, of which 75.4% are in extreme poverty. Added to this is the considerable decrease in households that received remittances from abroad in the last 2 years, going from 32% in 2020 to 11.9% in 2022. The multi-causal effect of the deterioration of living conditions increased multidimensional poverty, affecting 68.7% of the population, after being aggravated by the confinement measures to face the COVID pandemic between 2020 and 2021. Under these conditions of poverty, 19.7 million people in Venezuela are trapped between severe economic impoverishment and the collapse of basic services.

The structural causes of the deep economic fragility in Venezuela, which are based on an institutional framework devastated by political conflict and the absence of the rule of law, do not allow for significant changes to be expected in the medium term. In these circumstances, the focus of efforts on maintaining the extreme dependence on importations, which leaves the country's supply at the mercy of external economic problems, aggravated by COVID and conflicts, added to the non-transparent management of public resources due to the lack of institutional counterweights, have exacerbated the levels of inequality in the population.

The severe economic vulnerabilities of the population due to the depletion of the main sources of income, the exaggerated gaps between the resources received and the cost of covering the needs of essential goods and services, and the inequalities accentuated in reduced poles of wealth and a population in generalized poverty, have become in recent years the main factors driving forced migration, which continues to increase steadily among members of Venezuelan households.

People in multidimensional poverty
19,7 M
People without transportation service
13,1 M
People without electricity service
5,9 M
People without gas cylinders
8,8 M
People in inadequate housing
3,8 M
Victims of abuse and/or violence
6,4 M
Households where there is an intention to emigrate
722 K

Inadequate housing and collapse of basic services

In addition to economic vulnerabilities, the Venezuelan population faces a chronic housing deficit that has not undergone significant changes since 2019, due to the lack of investment in the construction sector. According to estimates of the Venezuelan Chamber of Construction the housing deficit affects 29.8% of the population. Thirty percent of the housing units do not have minimum conditions of occupancy and habitability, so at least 3.8 million people live in inadequate housing and 2.5 million suffer from overcrowding. The lack of new housing units and adequate physical structures for habitability seems to be a minor problem in the face of the great collapse of basic public services related to housing. As of March 2022, the deficit of public services reached 67.7% of the population. These deficits are presented with failures or lack of access to water services through aqueducts, sanitation and/or electricity, domestic gas, communications, information and public transportation. During 2021, 6,560 social protests for basic services were reported throughout the country, representing a 22% increase, compared to the 5,375 reported in 2019, according to OVCS data¹⁰⁷.

Between March 2020 and June 2021, the drop in electricity generation capacity went from 71% to 75% and 190,006 blackouts were recorded in 2021, during which year the highest number of blackouts occurred in the states of Zulia (355.9), Mérida (288.6), Táchira (275.6) and Miranda (246.9). According to HumVenezuela's community diagnostics, as of March 2022, 20.7% of the population suffered severe electricity failures, affecting more communities in the states of Mérida (75.2%), Táchira (69.5%) and Nueva Esparta (46.4%). The severe fragility of the capacities of the national electric system has led public authorities to implement rationing measures, in order to avoid the levels of collapse recorded in 2019¹⁰⁸, although in an erratic manner for not always being announced. For their part, the commercial and industrial sector, especially large companies, and the residential sector, on a much smaller scale, have had to resort to sources of electric self-generation, at a high cost depending on fuel availabilities.

Natural gas production in the country has been reduced by 40%, aggravating the difficulties of access to gas cylinders for domestic purposes, which are used by more than 80% of households for cooking¹⁰⁹. Access to these cylinders had a significant decline during the COVID confinement, associated with fuel shortages and mobility restrictions. By June 2021, at the height of the pandemic, 43.4% of the population was not receiving gas cylinders in their community. In March 2022, this percentage dropped to 30.8% who continued not receiving them, affecting more the communities of Amazonas (78.8%), Yaracuy (53.9%) and Aragua (52.2%). By 2020, the lack of access to gas cylinders increased to 17.2% the percentage of households using firewood, diesel or coal for cooking, with high risks of adverse health effects. In 2020, this percentage dropped significantly to 7.6%.

Mobility, communications and information

As of March 2022, some 18.2 million people faced mobility restrictions in Venezuela due to lack of public transportation, mainly caused by 70% of inoperative units, an 86% drop in domestic diesel production, lack of operational routes, high deterioration of the vehicle fleet and shortage of cash. These restrictions have generated that, as of March 2022, around 10 million people will report the need to walk to carry out their daily activities. During the COVID confinement, the transportation situation reached its most critical point due to fuel shortages and measures to limit vehicle traffic on public roads, especially for intercity transportation. At that time, 57.7% of the population reported severe lack of public transportation in their community, which continued for 45.8%, after the period of confinement. The communities most affected by the lack of public transportation were those located in the states of Amazonas (75.7%), Zulia (73.2%), Táchira (65%) and Trujillo (60.5%).

As of March 2022, 77% of the population reported serious communication problems due to lack or failure of landline, cell phone and/or Internet services. This percentage has been decreasing, having reached 90% in 2020 and 89.5% in 2021, due to the fact that the population had no choice but to look for means to communicate during the COVID confinement. Although the National Telecommunications Commission (CONATEL) has not published information on the number of subscriptions to these services since 2019, available data indicate that the proportion of the population with fixed telephony has decreased considerably, making access to mobile telephony an essential need to maintain communications and receive public information. However, as of March 2022, 41.6% of people reported a poor quality of mobile telephony, and 10.7% of people still did not have this service, having to borrow telephones from their neighbors.

In addition to the difficulties in communicating via mobile telephony, there are also difficulties in accessing the Internet. As of March 2022, 52.2% of people had no connectivity service at home and, of those who did, 42.4% reported daily service failures. The low coverage, regularity and quality of the Internet in the country aggravates the lack of access to public information, in a context of policies of closure and censorship of independent media, harassment against journalists and non-publication of information by State institutions. To this must be added the policies of surveillance and control over the circulation of information on the Internet, which have led to the blocking of media websites. According to VE Sin Filtro, during 2021, 59 websites were blocked, of which 45 correspond to digital media. VPN (Virtual Private Network) services are used by the population to circumvent censorship, but websites of these services have also been blocked by national Internet providers¹¹⁰.

Violence and abuse of power

Interpersonal and institutional violence continues to occur in the country at worrying levels. As of March 2022, 22.2% of the population, that is, at least 6.3 million people, reported having been victims of some act of abuse and/or violence in the last 12 months. Approximately 46% of the population is exposed to this type of events in the states with the highest proportion of affected population: Monagas (47%), Guárico (38.5%), Bolívar (36%), Aragua (31%), Sucre (30.6%), Zulia (28%) and Distrito Capital (27%). Of the total number of victims, 49.3% were victims of violence by officials and 27% by criminals or armed groups, which represents high levels of institutional decomposition combined with weak internal security functions. Some 54% of these acts or events are not reported to public institutions. As a consequence of violence, according to the Venezuelan Observatory of Violence (OVV)¹¹¹, during 2021 there were 11,081 deaths due to violent causes, and Provea¹¹² recorded a total of 1,414 people killed by security forces. At the same time, 244 people have been victims of persecution policies against dissident political activities, being arbitrarily deprived of their liberty, according to Foro Penal¹¹³, making a total of 15,769 arbitrary detentions registered since 2014, of which 5.2% have been processed before the military criminal jurisdiction.

Forced migration

The sum of economic deprivation, lack of access to essential service systems, in addition to exposure to abuses and violence, drive the forced displacement of the population to other countries, rising to 6.8 million people by September 2022 and more than 1 million in pendular migration. Of these people, 75% have humanitarian needs and only 199,206 refugee applications have been approved, according to the R4V Platform¹¹⁴. As of March 2022, in 8.3% of households, one of the members had the intention to migrate from the country; 78% due to risks to their lives, safety or livelihood. The economic, transportation and access to documents difficulties for regular migration have led to the use of dangerous routes, with a total of 94 Venezuelan persons having died or disappeared in the attempt to migrate during 2021¹¹⁵.



Food and nutrition

In the food sector, as of March 2022, 18.7 million people had irreversibly lost or exhausted their livelihoods and 15.4 million were dependent on bonds, remittances or the assistance of third parties because they had lost all or most of their sources of income.

Because most people face difficulties in accessing food, especially for economic reasons, 12.3 million are food insecure and 2.1 million are severely food insecure in this group.

The number of people undernourished or chronically hungry due to food consumption deficits is estimated at 10.9 million. In these severe circumstances, some 4.3 million people have had to deprive themselves of food, including going entire days without food.

Depletion of livelihoods

The loss of livelihoods is one of the main causes of the population's deprivation in access to food. Most people spend more than half of their household expenses on food, and 77.9% have very tight budgets for food. As of March 2022, at least 18.7 million people had had to sacrifice their assets (savings, property or means of production) to survive economically and 15.4 million suffered the loss of their sources of income from work or business.

The COVID confinement measures raised the proportion of people with a lack or irreversible loss of these livelihoods from 59.4% in March 2020 to 69% in June 2021. After exiting these measures, this proportion decreased to 65.2% in March 2022, leaving the population worse off than in 2020.

In this scenario, as of March 2022, 94% of the population resorted to the use of survival strategies and 45% exhausted those related to the use of their own assets or sought alternative economic support to eat: 55.3% received bonuses or aid, 31.4% had to spend their savings, 13.6% sold family assets, 39.3% borrowed money and 19.7% worked in exchange for food or got it as a gift.

However, these strategies are not viable for the most vulnerable populations due to age, health condition or disability. In the state of Lara, the GIEHC has reported an increase in the number of deaths of retired and pensioned persons due to lack of means to access food and medicines¹¹⁶.

Inaccessibility to food

Shortages are no longer the main reason for restricting access to food, as they were in previous years. Availability has improved over the last three years. Up to March 2020, it was 27.3%; in June 2021 it rose to 32.5%, while by March 2022, it stood at 44.4%. This improvement, however, does not imply a stabilization or structural improvement of supply capacities for the population.

The last 3 years show a sustained deterioration of agricultural production and manufactured food in the country, which barely cover 30% of the national demand. Meanwhile, food availability has increased from 34.7% to 61.8%, due to imports. But now, 79.4% of the population faces an insufficient amount of food due to its costs.

For this reason, 84.9% have reduced the variety and quality of food and 57.2% have reduced food portions. Food deficiencies are also observed in the fall of consumption by food groups: 69.5% in beef, 44.6% in milk and its derivatives, 57% in corn flour, 82.6% in rice and 86.2% in vegetables.

People with irreversible loss of livelihoods
18,7 M
People with loss of their sources of income
15,4 M
Food insecure people
12,3 M
Moderate food insecure people
10,2 M
Severe food insecure people
2,1 M
Chronically hungry people
10,9 M
People who have gone through food deprivation
4,3 M

The structural problems of availability and deprivation of access to food have not been solved by the food subsidy programs implemented by the State, the largest of which is the one in charge of the Local Supply and Production Committees (CLAP), created in 2016 and widely questioned for discrimination as it is used for political purposes. As of March 2022, 60% of the population reported buying food from this program. However, the quantity and quality of the food distributed is very poor. Some 73% of those who use it receive boxes or bags every two months or without a defined periodicity, with a quantity of food that lasts less than two weeks¹¹⁷.

Food insecurity

With severe livelihood depletion and high economic inaccessibility to sufficient food, the number of people using multiple coping strategies for food availability has increased in recent years. As of March 2022, HumVenezuela's community diagnostics found that 11.8 million people used more than one strategy. The highest levels of use of several strategies were recorded in Zulia (59.3%), Amazonas (54.7%) and Anzoátegui (54.3%). It was also found that the most common strategies ever used by people to eat were: reducing health and education expenses, among others (31%), lowering the number of meals per day (22.3%) and eating once a day (10%). Some 4.9% went entire days without eating and 2.9% had to resort to begging. According to the types of strategies most frequently used, as of March 2022, food insecurity affected 12.3 million people, representing 42.8% of the population. These levels of food insecurity include 32.3% of people in moderate food insecurity and 7.2% in severe food insecurity. The states of Zulia (86.1%), Anzoátegui (69.1%) and Amazonas (66.2%) had percentages of food insecurity much higher than the national level.

Common strategies associated with marginal food security (In crisis or stress) (%)										
	Buy cheaper types of food	Spending savings on food purchases	Borrowing money to buy food	Borrowing food or asking for help from others	Buying food on credit	Reducing adult meals for children to eat	Reducing expenses for productive activities	Prioritize feeding of working members	Send people to eat elsewhere	Transferring children to a cheaper school
Jun 21	84,0	39,5	19,2	18,2	18,0	15,4	11,0	8,4	6,0	1,9
Mar 22	84,9	31,4	16,8	14,5	18,1	12,2	8,4	6,4	4,2	1,5

Frequent strategies associated with moderate food insecurity (%)								
	Reducing food portion sizes	Reduce the number of meals per day	Reduce health, education or other expenses	Selling household goods to buy food	Consuming production input reserves	Appeal for humanitarian assistance	Selling means of production or transportation	Withdrawing children from school
Jun 21	41,1	27,4	27,2	6,7	8,5	8,0	2,4	1,0
Mar 22	34,8	22,3	20,8	4,4	6,5	6,6	1,4	0,7

Frequent strategies associated with severe food insecurity (%)						
	Remaining hungry	Going a whole day without eating	Begging	Sell house or land	Ordering food from restaurants or food outlets	Search for discarded food
Jun 21	9,2	7,1	1,1	0,8	0,6	0,5
Mar 22	7,2	4,9	0,8	0,4	0,4	0,4

Chronic hunger and malnutrition

Estimates of food insecurity in Venezuela since 2019, coupled with a reduction in caloric intake estimated at 30.8%, between 2015 and 2022, and protein intake per person per day, which dropped from 77.7% to 17.9%, during the same period, indicate that undernourishment or chronic hunger would be affecting more than 10 million people in 2022. This means that, compared to the data available for 2014, about 8 million people suffered a severe deterioration of their nutritional status, exposing them to damage to their health and lives.

In assessments conducted by civil society organizations that provide humanitarian assistance in child health and nutrition, Caritas Venezuela found during 2021 an average of 10.6% of children under 5 years of age with global acute malnutrition (GAM). At least 65 thousand (2.9%) of these children suffered from severe global acute malnutrition. Likewise, research on the nutritional situation of the child and adolescent population by the Bengoa Foundation and the Observatorio Venezolano de la Salud (OVS) shows that at least 34.8% of children under 5 years of age are chronically malnourished or stunted.

Different studies in the country have also estimated that 47% of pregnant women would have suffered from acute malnutrition, putting their health and lives at risk, before, during and after childbirth, as well as those of their babies. International and national estimates indicate that maternal mortality at the national level has remained at a rate of 124 per 100,000 live births (NV). But, studies by the Laboratorio de Desarrollo Humano (Ladeshu), in Lara state, have found maternal death rates on the rise, from 121.3 in 2020 to 144 in 2021. This pattern of increase could place the national maternal mortality rate at 169.4.



Health

As of March 2022, 19.1 million people in the health sector required recovery of inoperative services in the health system, with 10.7 million people with serious health conditions requiring it more urgently. Of these, 8.4 million faced major difficulties in receiving medical care and 4 million did not receive it in the last 6 months.

In addition, medicines were inaccessible for 9.3 million, and 3.1 million had no treatment in the same period. In the goal of achieving complete vaccination against COVID, 6.5 million still did not have the first dose, in addition to 15 million who had not received the second dose.

Collapsing public health system

Decades of defunding and dismantling of the public health system undermined its institutional and operational capacities to fulfill the functions of guaranteeing universal access, continuous and quality health services to the entire population, despite having the greatest availability of facilities, beds and personnel at the national level.

The year 2016 marks the collapse of the public health system in Venezuela, on which 89.7% of the population depends for the care of their health needs; 91.5% had no financial protection for sickness expenses and in the midst of widespread poverty, at least 58% did not have minimum economic resources to cover those out-of-pocket expenses, as of March 2022.

The collapse of the public health system is evidenced by the deprivation of health services that, before the pandemic, came to reduce their capacities by 70% and, after going through the emergency care of COVID cases during 2021, rose to more than 80%. As of March 2022, healthcare facilities reported inoperative services on a scale of 82.8% in hospital care, 87% in specialized ambulatory care and 92% in primary care, affecting 19.1 million people who lost the possibility to seek these services and to pay the high costs of private medicine. As a result, 68% of the population stopped receiving care in hospitals, 75% in outpatient clinics and 87.3% in primary health care centers.

The effects of the collapse that have had the greatest impact on the inoperability of services are the following:

a.- the departure of trained health personnel, which between 2014 and 2022, accumulated a loss of 71% of medical personnel and 78% of nursing personnel, with a rebound aggravated by the inadequate response policies to the demands of the personnel in the peak months of the pandemic in 2021, during which some 823 of its members died by COVID criteria, in the exercise of their functions of care for the most serious cases in health centers;

b.- the permanent shortage of basic supplies and materials for health care, which most of the time people must buy in order to be attended. For example, due to the fact that 90% of laboratories and 89% of blood banks have serious operational difficulties, as of March 2022, the drop in the number of tests reached 96%;

c.- the infrastructure of the health centers presents wide and deep deficiencies: 95% have a very deteriorated infrastructure¹¹⁸; 68% face sanitation problems due to continuous water and hygiene failures¹¹⁹; and 23% suffer from frequent electrical interruptions¹²⁰.

Added to this is the indefinite suspension of health programs in critical areas for populations with serious health conditions¹²¹, weak surveillance and disease detection capabilities, which generate considerable

People with loss of health services
19,1 M
People without financial means to cover health care expenses
16,6 M
People without guaranteed medical care
10,7 M
People with health problems without medical care
8,4 M
People with health problems without medication
9,3 M
Pregnant women without adequate obstetric care
400 K
Persons not vaccinated with 2nd dose against COVID
15 M

underreporting of cases, and which represented a major problem for the monitoring of COVID pandemic behavior, as well as the refusal to publish epidemiological bulletins, service statistics and health spending, since 2016.

Serious health problems without guaranteed care

The deprivation of health services, for several years, has negatively impacted the health status of the population, increasing the prevalence of undiagnosed and untreated diseases. Estimates as of March 2022 show that up to 71.8% of the population is affected by some physical and/or mental health problem, including some 15.5 million people with chronic health problems and 11.4 million with acute health problems. The states of the country with the highest number of people with health problems were: Amazonas (78.7%), Nueva Esparta (77%) and Mérida (75.9%).

Of this number of people with some illness, 10.7 million had serious health problems (35.9% with chronic problems and 13.9% with acute problems) with high risks of complications, irreparable disabilities or loss of life, due to the lack of guaranteed health care. HumVenezuela's community diagnostics found that 81.5% of people with health problems had difficulties in accessing the health system. Among people with serious health problems, 40.8% faced severe difficulties in accessing medical care and 37.7% had never received it in the last 6 months, affecting more people with chronic problems (31.7%) than people with acute problems (22%).

The last official mortality statistics were published in 2016. Until that year, a total of 190,474 people died¹²², which represented an increase of 117% compared to the 162,125 recorded in 2014¹²³. With the collapse of the public health system, trends indicate a proportionally greater rise in mortality, with crude rates that have been increasing, from 6 deaths per 1,000 inhabitants in 2014, to 7.3 in 2019, 7.5 in 2020 and 7.7 in 2021, which exceeds 200 thousand deaths due to causes in which non-transmissible or chronic diseases have greater weight, with a rate of 5.4 deaths x 1,000 Inhab. and lower in transmissible diseases or due to external causes, with a rate of 2.3 deaths per 1,000 Inhab.

Acute deterioration of care in public hospitals

During the last few years, the country's hospitals became the center of priorities of the public health system's activity. However, hospital capacities have suffered a remarkable decline with the collapse of the system. As of March 2022, the reduction of operational beds in public hospitals reached 63.1% and beds in Intensive Care Units (ICU) reached 84.8%. Likewise, surgical activity in these hospitals has decreased by 70.8% and, in general, there is a severe shortage of basic or surgical supplies (85%), damaged or inoperative medical equipment (83%) and inoperative operating rooms or wards (74.5%).

In fact, most of the complaints of violations of the right to health registered by Provea¹²⁴ are concentrated in public hospitals. This organization has observed a pronounced escalation of complaints, with an inter-annual average of 1,576 between 2012-2016, 8,039 between 2017-2018, and 41,268 between 2019 and 2021. This last year there were 71,186 complaints in total, which represents an increase of 400%, when compared to 2020. Among the complaints with the highest increase were: lack of nursing staff (1,165%), lack of medical staff (864%), infrastructure problems (539%), damaged or obsolete equipment (403%), lack of basic supplies and medicines (299%) and lack of surgical supplies (265%).

Economic inaccessibility to medicines

The shortage of medicines was the main reason for their inaccessibility to the population until 2018, due to a drop of more than 90% in imports and 80% in domestic production, in addition to the fact that 12.3% of private pharmacies closed. The distribution of medicines increased, from 16.8% to 26.6%, between 2020 and 2022, even

though shortages persisted until March 2022, when 26% shortages were reported for Diabetes and Hypertension medicines and 31.2% for Acute Respiratory Infections and Diarrhea medicines, according to ConviteAC monitoring¹²⁵.

Also, the high levels of drop in the availability of high-cost medicines for people with chronic health problems continued, estimated at 79%. As of 2020, the difficulties in accessing medicines for economic reasons were accentuated. HumVenezuela's community diagnostics showed that, as of March 2022, 57.7% of the population did not have sufficient income to buy medicines and 45.1% could not afford to buy them. As a result, 3.1 million people with serious health problems did not have access to medicines, of which 21.9% were people with chronic problems and 17.8% with acute problems.

Women's and children's health

The profound loss of institutional, financial and operational capacities in the public health system also involves sexual and reproductive health services for women, including a shortage of contraceptives that reached 61.7% by March 2022. Similarly, it has affected maternity and obstetric centers which, as of March 2022, reported 62% of services inoperative or with serious failures, causing 55.8% of pregnant women to be unable to receive adequate obstetric care, with greater risks to the health of adolescents, who represent 24.7% of all pregnant women.

In addition, at least 1.7 million children under 5 years of age were exposed to health risks because 79% of pediatric care services were closed or inoperative. In addition, half of the children under 1 year of age had an incomplete vaccination scheme due to a reduction in the coverage of vaccines against Diphtheria, Tetanus and Pertussis (DPT3) by 40.2% and against Measles by 30.4%. The deprivation of health services, in addition to malnutrition, has increased the infant mortality rate to 25.7, mostly newborns, and the under-five mortality rate to 29.4.

COVID Care and Vaccination

The pandemic impacted the Venezuelan population with a public health system without conditions to respond to the care of affected persons, with multiple vulnerabilities due to CHE, in the face of which policies focused on containment measures from the moment of notification of the first cases. As of March 2022, 76.2% of public hospitals designated to treat severe COVID cases did not have adequate care capacities and the deficit of PCR tests for case detection rose from 65.8% in June 2021 to 82% in March 2022.

Vaccination against COVID began in February 2021 and progressively advanced as more than 40 million doses were acquired through Russia, China and the COVAX mechanism of the Pan American Health Organization (PAHO). The vaccination plan was never published and the process was only known through announcements by a Presidential Commission or the Ministry of Health¹²⁶. Despite having achieved by December 2021 a vaccination coverage of 77.2% of the population, by March 2022, some 6.5 million people had not received any dose of the vaccine and 52.4% had not yet received the second dose, in order to have the complete vaccination schedule. Some 10.5% of the health personnel had also not completed it.

Despite vaccination, the new variants of COVID in early 2022 maintained the same transmission and case fatality rates as in 2021, accumulating 521,880 cases of infection and 5,699 deaths through March 2022, but severe cases decreased, with lower hospital bed occupancy rates, which dropped from 59.2% to 20% between June 2021 and March 2022. With the lifting of the confinement measures, prevention measures were relaxed, and community diagnostics found that 44.5% of the population did not have sufficient means of protection against COVID, as did 55% of health personnel.



Water and sanitation

As of March 2022, in the water and sanitation sector, 19.1 million needed connection to a water service supplied on a regular basis. More affected were 15.9 million who went weeks and even months without receiving it and had to resort to unsafe alternative sources of supply, such as public standpipes, springs, rivers and streams.

In addition, some 21.2 million people were exposed to water with signs of contamination and 4.4 million did not have the means to use potabilization methods. In sanitation, 4.4 million had no connection to sewers and 1.3 million had no connection to septic tanks.

Deficiencies in access to water

The main water sources in Venezuela are at risk from gold and other mineral exploitation activities, as well as constant oil spills. Protected areas are being used commercially for tourism, mining and timber extraction¹²⁷. At the same time, the aqueduct systems and treatment plants have not been properly maintained and rehabilitated, directly impacting the population's access to drinking water.

As of March 2022, 90% of the population was affected by water access deficiencies. At least 19.1 million people reported severe interruptions in water supply or lacked connection to the piped water system. The most affected states were Amazonas (98.9%), Monagas (98.4%) and Bolivar (87%).

Although 66.9% of the population lived in households connected to the piped water system, 43.4% did not have stable access to water: 3.2 million received piped water once a week, 2.3 million every two weeks, 2.6 million once a month, and 4.4 million went two months or more without receiving it or never received it at all.

Due to these high levels of failure, as of March 2022, 75.9% of the population had to resort to alternative sources for water supply, which, although slightly decreased compared to 77% in June 2021, is much higher than the 65.1% that had to do so before the pandemic. Among the States that had to resort to other water sources the most were Guárico (98.9%), Zulia (98.8%) and Amazonas (98.1%).

Water contamination

As of March 2022, 82% of the population was exposed to unsafe water consumption, as a result of the lack of coverage of operational treatment plants and the depressurization of the aqueduct system. The problems of access to water have been the result of policies of deprivation of the right to water and sanitation, which have been influenced by corruption. Of the 76 dams destined for the collection of raw water, 90% were found to be inoperative, mainly due to contamination.

For decades, the installed infrastructure was not properly maintained and the required replacement of pipes or equipment was not done, having been developed in the second half of the last century. By March 2022, the water supply network showed a 60% reduction in the amount of water distributed, decreasing from 350 to 140 liters per person per day, in a system with 74% of the pipes not pressurized, which causes leaks and exposes the inhabitants to the consumption of contaminated water.

The documentation reports of the GIEHCs of the states of Amazonas¹²⁸ and Bolivar¹²⁹ state that, in addition to the lack of investment and equipment in the water and sanitation systems, the water basins are seriously affected by

People with severe water access restrictions
19,1 M
People with severe piped water interruptions
12,5 M
People who go a month or more without water from pipes
6,9 M
People without connection to water pipes
6,7 M
People reporting signs of contaminated water
21,2 M
People who do not use water purification methods
4,4 M
People without sewer connection
4,4 M

mining activity, seriously deteriorating the water bodies due to contamination and the rupture of ecological balances. In the case of the state of Monagas, the report states that the water service is the worst evaluated by the population, which has had to resort to the use of river water and the payment of tanker trucks, whose cost varies, but can reach US\$11 per 200 liters of water¹³⁰.

Most of the dams used for drinking water production are eutrophicated, clogged and contaminated, and the water collected is not subjected to adequate purification processes, since only the La Mariposa purification plant in the state of Carabobo, which restarted operations in 2022¹³¹, is in operation, which is why 52.8% of the water used by the population has visible signs of contamination by solid waste or chemical substances due to the lack of safe purification.

As of March 2022, 74% of the population reported signs of water contamination, registering an increase of 4 points since June 2021. The states with the highest presence of signs of contaminated water were Amazonas (99%), Aragua (97.8%) and Trujillo (96%). These signs were perceived by people in the water they drink mainly by its color (43.7%), odor (14.5%) and taste (13.2%). Despite the significant presence of signs of contamination, 15.2% of the population did not use water purification methods, a proportion that has been increasing since 2020, when it stood at 12.2%.

The low use of water purification methods is associated, among other causes, with the difficulty of 30.8% of the population to boil water because they do not have access to gas cylinders on a regular basis. The use of contaminated water results in exposure to hydrological diseases, which becomes visible in the gradual increase of people suffering from diarrhea, from 5.4% in March 2020 to 6.9% in March 2022.

Deficiencies in access to sanitation

As of March 2022, some 4.4 million people were not connected to the sewerage system and 1.3 million did not have access to minimum sanitation services. At least 15.3% of households were not connected to the sewerage system, 13.6% used septic tanks, 1.2% used latrines and 2.8% had to defecate in the open. According to the national water and sanitation GIEHC, Venezuela treated 84% of its sewage. Currently, 74% of the population has deficient sewage collection services.

In addition, 39.4% of the population did not have urban sanitation or report failures in this service. The GIEHC report of Nueva Esparta¹³² states that there are serious urban sanitation problems in health centers, where the stench of accumulated waste can be perceived due to the delay in its collection, which is the responsibility of the Mayor's Office. In the GIEHC of Táchira state, the report documents that solid waste collection is the responsibility of the Communal Councils, for which up to 20,000 Colombian pesos (COP) must be paid weekly to the leaders of these organizations so that the urban sanitation service can enter and collect the waste¹³³.



Education

In a population of 9.2 million children and adolescents, as of March 2022 some 2.9 million children were not attending school regularly and, with a high deficit of teachers who have withdrawn from the education system to ensure their livelihoods and severe connectivity problems for distance education, the closure of schools due to the COVID pandemic resulted in at least 2.4 million children barely receiving 50 days of school or less.

Of 6.4 million children attending school, 6.2 million lacked sufficient and adequate school meals. It is estimated that 1.3 million children and adolescents do not attend school due to dropping out or migrating from the country.

At least 541,000 children and adolescents dropped out of school due to economic difficulties at home and 200,000 dropped out to work. More than 900,000 children between 0 and 2 years of age, most of whom are not enrolled, require support in the maternal education stage because their households are in a situation of multidimensional poverty.

Dismantled education system

The education system has undergone long processes of institutional dismantling that have led to a profound decline in its capacity to perform its functions of guaranteeing the coverage, access, continuity, efficiency and quality of education at all stages and levels, on a national scale¹³⁴. In reference to basic education, neither the budget nor the actual enrollment is known, curricula are poor in content and respond to indoctrination purposes, and planning and evaluation systems have been dismantled.

During the temporary closure of schools to combat the COVID pandemic in 2020 and 2021, an improvised and discontinuous model of "distance education" was implemented, which further worsened the deterioration, observed as of March 2022 in 75.9% of schools with a deficit of teachers, 56.7% with excess of children per classroom or overcrowding, 58.9% without enough desks, 92.5% without enough computers and 93.3% without regular internet connection or service, in addition to the closure or inoperability of at least 1,584 schools, out of the 30,687 that existed in 2016.

As a result of the loss of skills in the education system, as of March 2022, at least 62.6% of children and adolescents between 0 and 17 years of age were at risk of dropping out of school or out of the education system, in addition to children affected by irregular attendance, school dropout and non-schooling, especially among the youngest children:

a. - Until June 2021, during the distance education period due to the COVID pandemic, irregular attendance of children and adolescents reached extraordinary levels of 61.3%, compared to the 40% registered until March 2020. With the resumption of in-person classes in 2022, the percentage of irregular attendance stood at 44.8%, affecting 2.9 million children. The highest levels of irregular attendance were observed in the states of Yaracuy (60.2%), Amazonas (59.3%) and Guárico (57.8%).

b.- There was also an increase in the number of children and adolescents who stopped attending school due to dropout or forced migration of their families out of the country¹³⁵. As of March 2022, there was an estimated 16.8% dropout or withdrawal from school, affecting 1.3 million children and adolescents, mainly due to lack of food at home (45.6%), economic difficulties at home (41.3%), lack of teachers or loss of classes (32.7%) and having to work and obtain economic resources for the household (15.6%).

c.- Low levels of attendance, school dropout and non-schooling affected mainly the youngest children, of which at least 925 thousand children between 0 and 2 years of age who do not attend school, require support in the maternal stage of basic education since they are in households immersed in multidimensional poverty levels.

Children attending irregularly
2,9 M
NNA with severe loss of classes
2,4 M
Children not attending school
1,3 M
Children without regular school feeding
6,2 M
Children in deteriorated schools
4,9 M
Children and adolescents behind in school
1,8 M
Children who left school to work
200 K

Poor infrastructure and lack of school feeding

The decline in the capacities of the education system is also observed in the deterioration of school infrastructure. As of March 2022, at least 4.9 million children and adolescents attended basic schools with severe infrastructure problems and 1.6 million did not attend regularly due to inadequate school conditions. The main causes of deterioration were the poor condition of buildings or physical spaces (74.7%) and of desks and sanitary facilities (66.4%), in addition to irregular electricity service (67.6%), interrupted water supply (78.5%), and lack of or insufficient availability of school transportation (93.8%).

The CHE Interdisciplinary Group of the state of Zulia¹³⁶ reported gender disadvantages in basic education in that state due to inadequate infrastructure and the lack of policies against exclusionary and discriminatory stereotypes. Eighty-nine percent of female students in vulnerable communities in the city of Maracaibo stated that the school did not have comfortable bathrooms to change during menstruation, 86% said that there was no water regularly in the bathrooms, and 95% stated that the bathrooms were not clean and had no privacy¹³⁷.

In a context of food insecurity affecting almost half of the population, 40.8% of basic education schools did not have school meals, and schools enrolled in official programs could not guarantee a sufficient and regular quantity and quality of food to some 5.5 million children and adolescents, increasing the risk that they would not attend school or would do so irregularly because they did not have food every day. In fact, as of March 2022, at least 28% of those who attend irregularly were doing so due to lack of school meals. The GIEHC report of Sucre showed that the supplies of the School Feeding Program (PAE) in that state were reduced by more than 90%. Schools only receive rice or pasta with some seasoning for flavoring¹³⁸.

Inappropriate learning environment

The departure of teachers from the education system, which started to be significant as of 2016, reached 56% in March 2022. The insufficient number of teachers affected 4.9 million children and the lack of qualified teachers affected some 2.4 million students. At least 850,000 children between the ages of 3 and 17 reported not receiving classes on a continuous basis due to the lack of teachers. Most teachers receive impoverished salaries, equivalent to US\$26 per month, which places them below the international poverty thresholds. In addition, they have to teach in a way that is not in line with the universal objectives of the right to education and far from the standards of quality education, without equipment and support resources for the performance of teaching tasks.

In addition to this, there are wide digital gaps that worsen the education of the child and adolescent population. As of March 2022, at least 3.8 million children and adolescents and 310 thousand basic education teachers did not have a regular Internet connection for school activities, which is much more necessary in a context of a pandemic that has not yet ended and of severe difficulties of availability and access to quality and continuous education due to the deterioration of the capacities of the educational system, which could be compensated with the combination of in-person and distance education modalities, if there were greater Internet connectivity.

The loss of teachers and of the quality of educational programs, together with the generalized deterioration of schools and the fact that these cannot guarantee adequate school attention in terms of food, Internet and transportation, among other basic services, results in the majority of children between 3 and 17 years of age performing activities in an inappropriate teaching environment, which seriously compromises the results of education. Studies indicate that at least 54.3% of children and adolescents in basic education were promoted without the competencies established in the curricular program¹³⁹, with deficiencies in basic skills such as reading and decoding¹⁴⁰, logic-mathematics and science, and that at least 1,900,000 children and adolescents were behind in school¹⁴¹.

Summary of people in humanitarian need by sector (as of March 2022)

Living conditions	Food and nutrition	Health	Water and sanitation	Education
People in multidimensional poverty	People with irreversible loss of livelihoods	People with loss of health services	People with severe water access restrictions	Children attending irregularly
19,7 M	18,7 M	19,1 M	19,1 M	2,9 M
People without transportation service	People with loss of income sources	People without financial means to cover health care expenses	People with severe piped water interruptions	Children with severe class loss
13,1 M	15,4 M	16,6 M	12,5 M	2,4 M
People without electricity service	Food insecure people	People with serious health problems without guaranteed care	People who go a month or more without piped water service	Children not attending school
5,9 M	12,3 M	10,7 M	6,9 M	1,3 M
People without gas cylinders	Moderate food insecure people	People with serious health problems without medical care	People without connection to water pipes	Children without regular school feeding
8,8 M	10,2 M	8,4 M	6,7 M	6,2 M
People in inadequate housing	Severely food insecure people	People with serious health problems without medication	People reporting signs of contaminated water	Children in deteriorated schools
3,8 M	2,1 M	9,3 M	21,2 M	4,9 M
Victims of abuse and/or violence	Chronically hungry people	Pregnant women without adequate obstetric care	People not using water purification methods	Children behind in school
6,4 M	10,9 M	400 K	4,4 M	1,8 M
Households where there is an intention to emigrate	People who have gone through food deprivation	Persons not vaccinated with 2nd dose (COVID)	People without sewer connection	Children who have to work
722 K	4,3 M	15 M	4,4 M	200 K

M = Millions / K = Thousands

See March 2022 Tables available at: <https://humvenezuela.com/tabla-de-datos-2022/>

Summary of capacity falls by sector in % (as of March 2022)

Living conditions	Food and nutrition	Health	Water and sanitation	Education
Cumulative contraction of nominal GDP	Fall in the real minimum wage	Public hospitals with inoperative or closed services	Drop in the quantity of water distributed	Schools with a shortage of teachers
72%	91,1%	82,8%	60%	75,9%
Fall of the occupation	Falling food demand covered by agricultural production	Public hospitals with shortage of basic or surgical supplies	Inoperative raw water collection dams	Teachers who left the education system
48%	70%	85%	90%	56%
Uninhabitable housing	Falling food demand covered by livestock production	Loss of trained medical personnel in health centers	Eutrophicated, clogged and polluted dams	Schools without sufficient number of desks
30,2%	60%	71%	90%	58,9%
Fall in electricity generation	Fall in agricultural and livestock imports	Loss of nursing personnel in health centers	Non-pressurized aqueduct system pipelines	Schools without regular Internet connection or service
75%	49,4%	78%	74%	93,3%
Inoperative public transportation units	Fall in food, beverages and tobacco imports	Drop in drug distribution	Amount of water safely untreated	Physically deteriorated schools
70%	38,2%	73%	99,2%	74,7%
Fall in natural gas production	Drop in food availability	Maternity and obstetric centers with inoperative services or serious failures	Waters with signs of contamination by solid wastes or chemicals	Schools without regular water supply
40%	55,6%	62%	52,8%	78,5%
Unreported events of abuse and/or violence	Drop in protein intake	Drop in DPT vaccination coverage	Shortage of hygiene implements at home	Schools without sufficient quantity and quality of school meals
54,8%	77%	40,2%	23,3%	94,2%

See March 2022 Tables available at: <https://humvenezuela.com/tabla-de-datos-2022/>

Conclusions and recommendations

In this third measurement of the impacts of the CHE in Venezuela, HumVenezuela reports an increase in the number of people with humanitarian needs, compared to the measurements of March 2020 and June 2021. This increase amounts to 19.1 million people with humanitarian needs in health and water and sanitation, and 18.7 million with humanitarian needs in food; in addition to 6.2 million children and adolescents with serious difficulties to receive a continuous and quality basic education, in accordance with their rights, or who are out of the education system. Of these people, an average of 55% have severe humanitarian needs: 65.7% in food, 56% in health, 55.5% in water and sanitation, and 54.8% in education. This happens in a context of a COVID pandemic, which is still active and affects a population with a collapsing health system; an incipient improvement of some economic indicators, which is not reflected in the needs of the majority of the population, in a state of generalized poverty; a political negotiation process without concrete advances, in a panorama of uncertainty that does not contribute to its credibility and, a greater complexity of the problems faced by the people, due to the exhaustion of their survival strategies and the accumulation of vulnerabilities in 7 years of CHE.

The numbers of people with humanitarian needs by sector, presented in this report, represent more than double the 7 million estimated in the humanitarian response plans for the last 3 years. Moreover, the number of people for whom these needs are more severe, estimated at some 10.5 million people, is also double the target of 5.2 million people set in the two-year plan for the years 2022 and 2023. These numbers show an underestimation of needs in the plans, which is mainly due to the persistence of restrictions to carry out the response in the country. These include: the non-official recognition of the CHE, limitations on access of humanitarian organizations to the country, problems of internal mobility without adequate logistical support, the refusal to allow independent needs assessments and the veto of those that have been attempted, in addition to the refusal to provide access to public information, in an environment of censorship, harassment, criminalization and intent to ban Venezuelan civil society organizations, through arbitrary regulations that violate the freedoms of association, expression, peaceful assembly and public participation.

The report contains a special chapter on the "triple nexus" approach, as it has been announced since 2021 as one of the novelties of the humanitarian response, coordinated by the UN, and presented in the new 2022-2023 plan, with the purpose of aiming at a reduction of humanitarian needs in the country in the short term, while addressing the immediate needs included in its attention goals. In its adoption, "dual nexus" activities that can contribute to development were added to this plan, such as strengthening human capital in the health and education systems, basic infrastructure for access to food in basic schools, and improving water supply systems. At the time this plan was published in August 2022, with 8 months of the first year elapsed, only 14.3% of the requested funds had been raised, which seems to indicate that the humanitarian response in Venezuela will continue at worrying levels of underfunding, not even enough to achieve the goals of the plan, for a population whose needs are underestimated.

The application of the "triple nexus" in contexts of "complex emergencies" such as Venezuela's, presents considerable difficulties that are warned by the same actors who have been working with them in other parts of the world. Although it may represent a solution with great potential to face the challenges of reducing the impacts of the CHE in the country and brings with it contributions of great value and strength to find solutions that improve the quality of life of the people; it may also cause considerable setbacks that put at stake the efforts made to have a humanitarian response in the country that guarantees in its mandates and principles an assistance and protection of vulnerable populations and communities, with the support of the local civil society, centered on the people and independent of political, economic and other interests. Maintaining the response is even more necessary today in a context where the conflicts at the origin of the CHE continue and where "purely economic" solutions do not seem

to offer the population real and sustainable improvements over time, without the conflicts being able to move towards political, peaceful and lasting solutions.

Added to this is the State's lack of willingness to carry out internal reforms that would allow for the reestablishment of democratic institutions and structures, which could lead to the restoration and transformation of profoundly fragile capacities that would set the country on the path to development. There is also no willingness to comply with obligations to respect freedoms and human rights, including ensuring that victims of violations and their families obtain justice, despite receiving a large number of recommendations issued by bodies and mechanisms of the international human rights protection system, which have been repeatedly disregarded.

The larger scale of the affected population and of people with severe humanitarian needs in multiple essential sectors indicates that the implementation of development solutions will take time, even with available resources, as long as it is not possible to overcome the huge gaps in institutional capacities in the country, which is closely linked to an eventual solution to the internal conflict. This requires maintaining a humanitarian response for as long as necessary, with sufficient operational and financial capacities, and strong interdependencies with the effective protection of human rights. These are areas in which the Venezuelan society can rely on and reinforce resilience capacities to face needs, risks and vulnerability.

Thus, with the impact results and context analysis considerations, we present the following set of recommendations:

1. Address strategies with all stakeholders to overcome obstacles and restrictions to humanitarian access, independence in needs assessment, logistical support and protection of organizations working in the humanitarian space, in particular by reaching **formally established and public agreements for the presence, deployment and security of humanitarian response activity throughout the country**, subscribed to at the highest level of Venezuelan State institutions and the United Nations, in accordance with humanitarian principles and Venezuela's commitments under international law, to overcome the deficiencies in terms of population scope, financial collection and operational mobilization that the humanitarian response currently presents.
2. In any of the agreements reached with the Venezuelan State in the area of development cooperation, within its own scope or in connection with the humanitarian response, **ensure that humanitarian assistance and protection is maintained in the country for as long as necessary**, as stipulated in the recommendation of the Development Assistance Committee (DAC) regarding the "triple nexus", and **ensure that this response is not further weakened**, consuming the reduced resources raised or shifting strategic and operational priorities to development solutions, which require a context that guarantees structural reforms, standards of effectiveness and transparency, an enabling and secure environment for all actors, and progress in political solutions to the conflict.
3. Focus priorities on adding greater efforts and finding solutions to **reduce the gaps of unmet humanitarian needs in the response plan targets**, through approaches oriented towards the localization and expansion of local capacities for humanitarian assistance and protection, environments with strengthened essential service systems, so that they do not interrupt their functions, including communications through digital platforms, and the strengthening of populations and communities in greater poverty, with vulnerability to risks of violence or disasters and/or more exposed or affected by human rights violations, which result from good practices of contribution to the nexus with other areas of response.

4. Guarantee **a more active role for all the agencies, programs and organizations of the United Nations system and local partners in the protection of human rights**, from their own spheres of response and in permanent liaison with the bodies and mechanisms of the international protection system and the OHCHR team in the field, and strengthen internal capacities to fulfill this responsibility in an adequate and timely manner, To this purpose, it is essential to **maintain fluid communication with national civil society**, open coordination spaces for the participation of its actors to address human rights issues, as well as to regularize this participation in needs assessments, country context analyses and fragility assessments.

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de una organización, comunidad o sociedad para gestionar y reducir los riesgos de desastres y reforzar la resiliencia. Puede abarcar infraestructuras, instituciones, conocimientos y habilidades humanos, así como atributos colectivos como las relaciones sociales, el liderazgo y la gestión. Incluye la capacidad de afrontamiento, la evaluación de la capacidad y el desarrollo de la capacidad, que involucra todos los aspectos de generación y la conservación del incremento de la capacidad con el tiempo (aprendizaje, instituciones, concienciación política, recursos económicos, sistemas tecnológicos y un entorno propicio en conjunto. Disponible en: https://www.preventionweb.net/files/50683_oiewgreportspanish.pdf

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