

# Operational Update Report

## Venezuela: Health Emergency

<b>Emergency appeal no° MDRVE004</b>	<b>Timeframe covered by this update:</b> 27 January to 31 October 2020
<b>Operation Update n° 3</b> <b>Date of issue:</b> 1 December 2020	<b>Operation timeframe:</b> 24 months
<b>Operation start date:</b> 27 January 2019 (DREF operation) with Emergency Appeal start date: 8 April 2019	<b>Operation End date:</b> 27 July 2021
<b>Overall operation budget:</b> 50 million Swiss francs	<b>DREF amount allocated:</b> 1 million Swiss francs
<b>N° of people being assisted:</b> 650,000 people	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The Venezuelan Red Cross (VRC) has approximately 4,000 volunteers, 24 branches and 11 subcommittees. In addition, it has 8 hospitals, 35 outpatient clinics and approximately 1,400 employees.	
<b>Other partner organizations actively involved in the operation:</b> Humanitarian Country Team (HCT), Ministry of People's Power for Health (MPPS) and the Ministry of Foreign Affairs.	

<Click [here](#) for the financial report<sup>1</sup>, and [here](#) for the contact information.>

**January 2019:** IFRC allocated its Disaster Relief Emergency Fund (DREF) to support the Venezuelan Red Cross.

**March 2019:** The IFRC President visited Venezuela, marking a crucial step for the National Society and IFRC's humanitarian diplomacy in the country.

**April 2019:** IFRC launches the [Emergency Appeal Venezuela: Health Emergency](#) for 50 million Swiss francs to reach 650,000 people.

**August 2019:** [Operation update no. 1](#) published.

**October 2019:** [Six-month update](#) published.

**March 2020:** First COVID-19 cases reported by the Venezuelan Government



Hand disinfection at the Venezuela Red Cross Hospital Triage in Caracas. July 2020. Capital District Branch. Source: VRC

<sup>1</sup> Financial report is from January 2019 to end of October 2020, which covers the period of the DREF operation and the Appeal operation. Appeal coverage does not include bilateral contributions.

## A. SITUATION ANALYSIS

### Description of the context

Venezuela continues to face a critical situation due to the humanitarian needs that have arisen in recent years. The impact of COVID-19 has increased concern about the population's access to essential health services.

COVID-19 has also had an impact on the network of hospitals of the Venezuelan Red Cross (VRC). As part of the health system and service delivery, the 8 hospitals and 33 outpatient clinics of the VRC continue to contribute to responding to the country's health needs. These centres now focus their activities exclusively on emergency care, the referral of suspected COVID-19 cases and obstetric and gynecology consultations.

Derived from the restrictions imposed by the national quarantine since 13 March 2020, which have been extended on a monthly basis, the country carries out its activities under a "7x7" modality; this consists of 7 days of quarantine flexibility, where various economic sectors can work normally in a restricted timeframe (following the corresponding sanitary measures), followed by 7 days of rigorous quarantine, which consists of activating only essential sectors while the rest of the population remains confined. All VRC-IFRC field activities have been reduced to essential actions to guarantee the health and safety of the volunteers and staff of the organization, as well as the proper supply of Personal Protective Equipment (PPE). The implementation of health days, in which the VRC provides assistance in different settings outside the hospital facilities and clinics, has been suspended.

Health information is provided digitally and a small number of home visits are made. The network of VRC hospitals and outpatient clinics remain operational. With the support of the IFRC psychosocial (PSS) delegate, the VRC is implementing actions to contribute to the well-being of the members of the National Society; PSS is provided through phone calls to the most affected volunteers, as well as group debriefing sessions, attention to the families of volunteers who are positive for COVID-19, and other types of access to psychosocial services if necessary.

As indicated in the previous operations update, the outbreaks of vaccine-preventable diseases, such as diphtheria, measles, and malaria, as well as an increase in the incidence of malaria, tuberculosis, and non-communicable diseases (NCDs) in Venezuela, are still latent in the country.

Power outages have increased throughout the country in recent months, which have had an impact on other services, such as water quality, health, and education, disproportionately affecting the most vulnerable population. According to the January 2020 report of the World Food Programme (WFP), approximately 25 per cent of the population does not have access to clean and safe water, increasing the incidence of vector-borne diseases. This situation is linked to delays or suspension of garbage collection and/or lack of personnel to maintain the already deteriorated water and sanitation infrastructure.

The minimum monthly wage for the current period is 800,000 Bolivares (equivalent to approximately 1.80 US dollars). In addition, the Central Bank of Venezuela (BCV) reports that accumulated inflation in the first nine months of 2020 was 844.1 per cent; and the national consumer price index continues to rise, which limits the purchasing power of the most vulnerable. Despite efforts to establish a new price control for food products, local inflation of the US dollar has contributed to food insecurity (Consumer Price Index Phase 4). According to the WFP assessment of the state of Food Security in Venezuela, carried out in the second half of 2019, it

is estimated that 7.9 per cent of the population (2.3M) is in food security and 24.4 per cent (7M) in moderate food insecurity<sup>2</sup>.

In addition to this, the country faces a critical fuel shortage. The service stations supply only official cars of essential sectors (health, fire, security, etc.), and people with safe conduct, but with limitations in the quantity and frequency of supply, which limits operations. At the time of this report, more than half of the pumps managed a subsidized price at the national level have changed to an international payment method. This situation has also represented failures in the distribution of domestic gas in several states nationwide, which has generated, among other things, that a greater number of people have to resort to biomass and firewood for cooking, despite the risk of related respiratory diseases.

The Venezuelan Observatory of Social Conflict (OVCS) registered 1,193 protests in September 2020 alone, which is equivalent to an average of 40 daily protests. As of October 2020, a total of 4,298 protests for basic services, 1,490 protests for gasoline and 7,004 related to other particular situations are reported at the national level. A complex landscape is projected in terms of social conflict, due to the fact that parliamentary elections are scheduled to be held on 6 December 2020, a situation that usually causes tensions due to the highly polarized political context in the country.

In terms of migration, by January 2020, more than 4.8 million people had left Venezuela for other countries by air, land or sea; approximately 4 million Venezuelans were hosted in Latin American and Caribbean countries. This is the largest migratory flow from a single country in the region in recent history. From mid-March to October 2020, it is estimated that more than 120,000 people had returned to Venezuela, the majority through the state of Táchira. The State's Comprehensive Social Care Points (PASI for its Spanish acronym), established in the border states, continue to provide services so that the returnees comply with a quarantine period of at least two weeks, before being transferred to their destination states. During the last days of September, changes were made to the entry protocols in Apure so people who now have a negative rapid test must comply with a 10 to 14 day- quarantine without the need to wait for a negative PCR test to leave. Although the borders of neighboring countries are still closed, the migratory flow of people from Venezuela to Colombia and Brazil is regaining strength through alternative routes, such as unregulated and informal trails, in view of the economic reactivation by the relaxation of quarantine measures in neighboring countries.

The rains have caused the overflow of some rivers and the flooding of some communities in the states of Aragua, Portuguesa, Bolívar, among others. Coherent with the forecast by the Global Climate Center, the National Institute of Meteorology and Hydrology (INAMEH) has issued an alert on the consolidation of the "La Niña"<sup>3</sup> phenomenon for 2020. According to their report, the forecast of the event will be moderate with a 75 per cent probability that it will continue until December.

As mentioned in the previous operations update, this emergency appeal operation has been extended until 27 July 2021, which will allow the continuation of the planned actions. The VRC carries out this work by fulfilling its mandate and ensuring that all actors understand the Fundamental Principles of the International Red Cross Movement, particularly the principles of impartiality, neutrality and independence. The IFRC will continue to mobilize financial support for the purchase and distribution of medicines and medical supplies to ensure the availability of services at the primary and specialized levels.

### **Summary of current response**

The current appeal operation, as a continuation of the DREF operation that began in January 2019, began in April 2019 to respond to health emergency in Venezuela, allowing the activation of mechanisms to

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<sup>2</sup> WFP, 2020. Main evaluation findings available at: <https://reliefweb.int/report/venezuela-bolivarian-republic/wfp-venezuela-evaluaci-n-de-seguridad-alimentaria-principales>

<sup>3</sup> "La Niña" is a climatic phenomenon that occurs with the cooling of the surface waters of the Pacific Ocean. This decrease in temperature tends to cause colder seasons and its effects cover entire regions of the planet.

significantly expand access to health, water, sanitation and hygiene promotion for the most vulnerable population, and will remain active until July 27, 2021.

As of October 2020, **five cargo planes and eleven maritime shipments have entered the country with 150 tons of medical supplies, electric generators, long-lasting insecticidal nets (LLINs), items for storage and access to drinking water (drinking water tablets and drums) and other relief items.** Through this operation, a total of **115 health centres have received support in the period covered by this report, among others: 75 public hospitals, 8 VRC hospitals and 32 VRC outpatient clinics** have been equipped with electrical generators and/or essential medical supplies, including pharmaceuticals for the provision of basic health care and first aid. The distribution of supplies, generators and medicines, as well as interventions in the area of water, sanitation and hygiene, continue to be carried out in different parts of the country. Given that 50 per cent of those supplies were distributed to state health institutions, the number of people reached and the effect of those items on people reached by the public health system are above the figures provided in this update.

Since the beginning of the operation until 31 October 2020, the VRC and the IFRC closely coordinated the aforementioned activities, **reaching 409,196 people in 24 states with interventions in the areas of health and water, sanitation and hygiene, which include direct care, community sessions and trainings.** This operation has guaranteed the vulnerable population's access to primary health care, including medicines and related services.

### **Overview of Host National Society**

The Venezuelan Red Cross, founded in 1895, has approximately 4,000 volunteers in its 24 branches located throughout the country. The VRC has 1,400 employees, including medical personnel from its 8 hospitals and 35 outpatient clinics, which make up the largest network of non-State health centres in the country.

The VRC is considered an important humanitarian institution, known for providing primary health and emergency care to the most vulnerable communities, emergency response and community actions. In addition, it has volunteers and health personnel specialized in first aid, psychosocial support, livelihoods, disaster risk reduction, social inclusion; water, sanitation and hygiene promotion. The National Society is known for the capabilities of its first responders, and acts in coordination with local disaster management authorities. As a result of its actions, the VRC has gained the trust of the communities with which it works, enabling their continued access to them and, in particular, reaching vulnerable population groups. The VRC works with local authorities and other humanitarian partners in accordance with the Fundamental Principles of the International Red Cross and Red Crescent Movement.

For this operation, the VRC has a Head of Operations, a Health Director, an Operations Coordinator, a Head of Operations Assistant, a Medical Advisor, an Infrastructure Rehabilitation and Water and Sanitation Officer and a Liaison Officer with the Compliance and Mediation Committee (CMC), who maintains close coordination with the governing body of the National Society, Directorates of Health, Migration, Communication, Restoring Family Links (RFL), Outreach, Cooperation, branches and volunteering in general.

The National Health Directorate issued a statement on 22 January 2020, alerting the personnel of the National Society on the outbreak of the pandemic. To this end, with the support of the IFRC team in Venezuela, the first contingency plan against COVID-19 was carried out, making this appeal operation the initial main platform for responding to COVID-19. Information sessions were given on epidemiological surveillance, PSS, health promotion and care in the hospital network and ambulatory network. When the state of emergency was declared, and with the establishment of quarantine in the country, these sessions were carried out through online meetings and chat forums, and in person only to patients who come to the

health network of the VRC. Within the contingency, WASH materials and medicines were delivered to the National Directorate of Migration in the state of Táchira, so they could distribute them to migrants and returnees through the PASI.

Some PPE have been distributed; although the restrictions have not made it possible to accelerate the operation in response to the aforementioned context. The VRC teams, jointly with the IFRC, have defined the content of different protective equipment appropriate to the context of the VRC hospital network and needs at branch level. During the last week of November, 10,503 PPE level I and 2,380 PPE level II (triage and prehospital) will be distributed, which will be complemented with supplies purchased by this Appeal, and funds from the COVID-19 Emergency Appeal.

To systematically generate information on the situation in the country, a Health Situation Unit has been created; its expected results include:

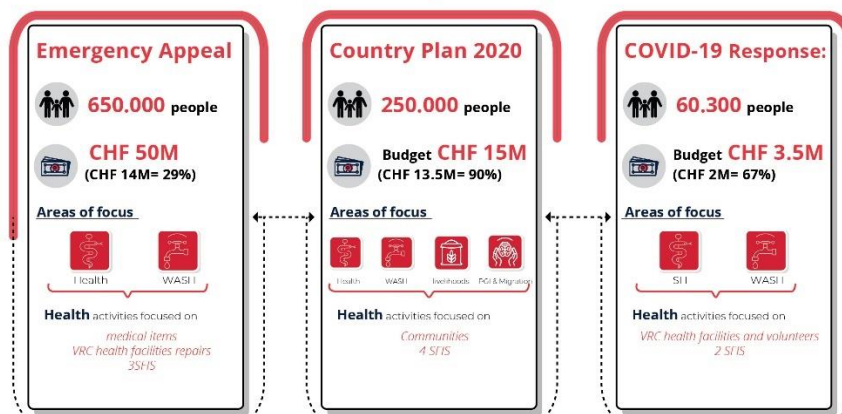
- Monthly report of the health activities that the National Society carries out at the national level, especially the activities that are within the framework of the VRC Master Plan (covering integrated programmatic and operational actions).
- Immediate reporting of critical public health situations in emergencies.
- Strengthening the monitoring and evaluation of the impact of the health activities and interventions carried out by the National Society.
- Timely identification of priority health problems.
- Planning, programming and development of comprehensive interventions that contribute to mitigate health problems in the Venezuelan population.

### Overview of Red Cross Red Crescent Movement in country

Following the signing of the Headquarters Agreement with the Government of Venezuela on 31 January 2020, the IFRC continued its establishment of a Country Office, which currently has ten delegates, including the Head of Representation, plus nine local staff members. IFRC activities are focused on supporting VRC-led operations and facilitating close coordination among Movement components through the implementation of the 2019-2021 Master Plan, which is comprised of the Annual Country Plan, this Health Emergency Appeal ([MDRVE004](#)), the appeal of COVID-19 as part of the IFRC global emergency appeal operation ([MDRCOVID19](#)) and the Americas regional component of this operation ([MDR42006](#)). More information on each National Society's response to this pandemic can be found at the [VRC](#) emergency page on the [IFRC Go platform](#).

## VENEZUELA MASTER PLAN

### Master Plan 68.5M CHF 2020 (Jan 2020 - Jun 2021)





Currently, the main components of these complementary and combined actions focus on community health and resilience, including disaster risk reduction (DRR); water, sanitation and hygiene; livelihoods; migration; protection, gender and inclusion (PGI); and cross-border cooperation with the Colombian Red Cross Society.

As part of the launch of this operation, 34 specialists were deployed to provide technical support through the IFRC global and regional rapid response mechanism (surge) in the areas of operations, relief, water, sanitation and hygiene, health, psychosocial support, medical and general logistics, communications, security, finance and administration and planning, monitoring, evaluation and reporting (PMER). These positions are currently part of the Venezuela Country Office.

As Venezuela is a country that emits regional migratory flows, there is coordination between the Emergency Appeal operations that respond to the flow of this population: Colombia: Population Movement ([MDRCO014](#)) and Americas: Population Movement ([MDR42004](#)). This coordination allows for the sharing of information on possible pressure factors in Venezuela and, recently, in the destination countries with COVID-19 measures. Therefore, the IFRC with the National Societies complements and capitalizes on the actions. The IFRC's Disasters and Crisis unit for the Americas maintains overall coordination between this and the other two response operations. Synergies are sought between response activities in Venezuela, host countries and recently with migrants returning to Venezuela.

The International Committee of the Red Cross (ICRC) has a permanent regional delegation in Venezuela that covers Aruba, Bonaire, Curaçao, and Trinidad and Tobago, in addition to Venezuela. The ICRC maintains offices in Caracas, San Cristóbal in Táchira and Puerto Ordaz in Bolívar. Its activities focus on the areas of health, water, sanitation and hygiene, food security, protection, detention, and the restoration of family links, among others, in accordance with its mandate. The ICRC carries out activities to assist the most vulnerable people, detainees, migrants and their families, and promotes knowledge of international standards on the use of force and universal humanitarian principles to strengthen their integration into national legislation. For this operation, a technical health coordination group was established to coordinate and implement complementary actions in public hospitals by the three components of the Movement in the country (VRC, IFRC and ICRC).

The VRC, the ICRC and the IFRC have an active tripartite agreement in Venezuela, which was signed at the end of 2018. The ICRC and IFRC also coordinate at their respective headquarters in Geneva. This has allowed for planned use of resources and coordination in implementation and cooperation modalities. On 3 February 2019, the three components of the Movement in the country issued a declaration in which they expressed their willingness and ability to continue to assist, through humanitarian aid, the Venezuelan population with the most urgent humanitarian needs, aligned to the Fundamental Principles of the Red Cross and Red Crescent Movement. Since March 2020, regular (bi-weekly or monthly) meetings of the Movement are held to coordinate actions and make decisions on issues of common interest.

This joint articulation allows for the capitalization of resources. The Movement's priorities include adopting a coordinated approach to ensure and strengthen the institutional development of the Venezuelan Red Cross. This aims to support its actions to achieve greater technical and operational capacity for effective and accountable emergency response and humanitarian programming, in areas such as migration, restoring family links, relief, health, and others. IFRC and ICRC support VRC branches and national headquarters by conducting relevant training courses, creating materials, coordinating security and developing security protocols for volunteers, providing institutional visibility (uniforms, flags, stickers, etc.), supporting VRC human resources, cooperation activities and community programmes.

## Overview of non-RCRC actors in country

In May 2019, a Humanitarian Coordinator for Venezuela was appointed, and with this, the Humanitarian Country Team (HCT) and an Inter-Cluster Coordination Group were activated. The IFRC and the VRC participate in these coordination spaces, sharing information on this operation's actions. To date, nine clusters are officially active: health; nutrition; water, sanitation and hygiene; protection (including areas of child and adolescent protection and gender violence), shelter; electricity and domestic goods, education, and logistics.

The United Nations and its partners launched a call for its Humanitarian Response Plan (HRP) for Venezuela. The plan aims to provide humanitarian assistance to 4.5 million vulnerable Venezuelans for which it has requested 762.5 million US dollars (Updated 15 July 2020). The HRP is based on the humanitarian work carried out in 2019 through three strategic objectives: to provide emergency assistance to save lives, to ensure livelihoods by improving access to basic services, and to guarantee the protection of the most vulnerable. The HRP incorporates UN-led efforts to combat the COVID-19 pandemic, including support to Venezuelans who have returned from neighbouring countries.

The VRC and IFRC participate in meetings of the nutrition, logistics, health and water and sanitation sectors, and the medical logistics sub-group. Part of this coordination has allowed the National Society to receive more technical training<sup>4</sup>.

To start importing medicines in 2019, the IFRC met with the Ministry of Foreign Affairs, the Ministry of People's Power for Health (MPPS), the UN Resident Coordinator and the ICRC to establish protocols for the entry of medical supplies into the country. After several meetings on 31 January 2020, with the visit of the IFRC's president and regional director for the Americas, the Headquarters Agreement was signed with the Venezuelan government, facilitating the entry of all items required to continue the operation and programme implementation.

On October 27, the national authorities published the resolution that allows the registration of international NGOs in the country.

### Current Coordination Mechanisms

Actor/ Type	Coordination mechanism
VRC	<ul style="list-style-type: none"> <li>Operational coordination between branches and thematic areas</li> <li>Health coordination meetings</li> <li>WASH coordination meetings</li> </ul>
IFRC	<ul style="list-style-type: none"> <li>Establishment of IFRC Country Office</li> <li>Surge support for the deployment of key technical staff</li> <li>2019-2020 Venezuela Master Plan (comprised of this Appeal's plan of action, IFRC Operational Plan 2020 for Venezuela, and COVID-19 Response)</li> <li>Coordination with regional emergency appeals active in response to migrant flow (and to) Venezuela</li> <li>Operational strategy response for COVID-19</li> </ul>
ICRC	<ul style="list-style-type: none"> <li>Coordination with permanent delegation in Venezuela</li> <li>Health, logistic and cooperation technical roundtable</li> </ul>
Movement-wide	<ul style="list-style-type: none"> <li>Tripartite agreement between VRC-IFRC-ICRC to coordinate actions</li> </ul>
External actors	<ul style="list-style-type: none"> <li>Coordination with Humanitarian country team participating in the clusters of nutrition, health, medical logistics, and water and sanitation</li> <li>Coordination with Ministries of Health and Foreign Affairs</li> <li>Coordination with key partners with presence in Venezuela</li> </ul>

<sup>4</sup>For further details see [12-month report](#)

## Needs analysis and scenario planning

### Needs analysis

Throughout the operation, the IFRC and VRC team monitor and identify evolving humanitarian needs. Some of these, mentioned in the previous "Description of the context" section, have become more acute in recent months.

Health (disease promotion and prevention, diagnosis and treatment, failure of medical equipment such as dialysis machines, refrigeration, fans, etc.) and water, sanitation and hygiene conditions remain critically deficient. The health system and emergency services in Venezuela continue to operate but with great difficulties. Part of the population has difficulty accessing health system services due to factors such as poor transportation coverage, lack of fuel and scarce economic resources. These circumstances especially affect the most vulnerable and isolated populations that include older adults, children and adolescents at risk, persons with disabilities, and indigenous communities.

The global COVID-19 pandemic and the preventive measures adopted by authorities to limit transmission, impact the already fragile humanitarian situation and exacerbate the vulnerabilities of much of the population. Venezuela is not exempt from the dilemma between taking rigorous measures to contain the transmission of the virus or maintaining the socio-economic status quo.

Access to piped water remains limited and inaccessible in some states, and therefore represents an element of risk at the local, regional and national level, especially at this time due to the onset of the rainy season, which may lead to an increase in vector-borne diseases.

The following section provides an overview of the core needs in relation to the areas of action, implemented by the National Society, and accompanied by the IFRC and ICRC, who maintain constant Movement coordination and with other actors to avoid overlap, complement their actions and proactively exchange information on shared operational constraints and possible mitigation actions.

### Health

The Venezuelan health system remains under pressure due to a combination of factors including the migration of health personnel (mainly due to low salaries), frequent interruptions of public services (water, electricity, communications and transportation) and shortages of medicines and medical supplies. These factors are affecting the capacity of the health system to provide services that enable the prevention and treatment of communicable and non-communicable diseases, the functioning of the health network, the capacity to establish an epidemiological surveillance system and its ability to respond to emergency situations and disease outbreaks, as well as the deterioration of the health infrastructure in the country.

The effects of COVID-19 in Venezuela have produced additional stress on the Venezuelan health system that is increasing its challenges in carrying out public health activities. The response of the Ministry of the Popular Power for Health (MPPS) against the pandemic allowed for lower morbidity and mortality in Venezuela compared to other countries in the region. However, the focus of the health system's response to COVID-19 has caused regular disease prevention and care programmes (communicable and non-communicable) to come to a halt. This, added to the limitations in the mobilization of personnel, medicines and supplies due to the quarantine, fuel shortages, illness and/or death of health personnel, and the exacerbation of difficulties in accessing water and electricity, among several other factors, are causing the risk of increased incidence of diseases that have been present in the Venezuelan context in recent history to rise.



In recent years, cases of diphtheria, HIV, tuberculosis, measles, malaria and diseases transmitted by *Aedes aegypti* mosquito have been confirmed, which continue to impact the health and welfare of the Venezuelan population.<sup>5</sup>

The most recent data shows that between 30 December 2018 and 29 June 2019, 714,536 cases of diarrhea were reported in the country, with 171 deaths. The highest incidence rates were registered in children under 1 year old and in the state of Anzoátegui. In the week of 23 June 2019, in the under-1 segment, the number of cases reached the epidemic threshold in four states (Carabobo, Guarico, Portuguesa, and Sucre); in the 1 to 4 age group, it was reached in two states (Guarico and Portuguesa), and in the over-5 age group, it was reached in four states (Cojedes, Guarico, Monagas, and Portuguesa).

From 13 March to 31 October 2020, 92,013 confirmed COVID-19 cases have been reported. To date, 798 deaths have been reported, representing a mortality rate of 24 deaths per million inhabitants and a lethality rate of 0.83 percent, one of the lowest in the region. According to official figures, 88 percent of confirmed cases are community transmitted (73,286) and 11.8 percent are imported cases (9,851). A comparison of the total number of cases reported in June (18,574) with cases reported up to October 11 (83,137) shows an increase of 347.5 percent<sup>6</sup>.

### *Non-Communicable Diseases*

Since 2016, NCDs, mainly cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, continue to cause the highest percentage of deaths in Venezuela. The major causes are hypertension, hyperglycemia or diabetes, so care and essential medicines continue to be required to treat them.

The homicide rate is another major concern. Beyond these deaths, the number of Venezuelan women, men, and children, including health personnel, who experience trauma and have physical and mental health problems due to violence is much higher. There is a need to increase the response capacity of emergency services and to train health workers in strategies for preventing violence and responding to the needs of victims. There is also a need to promote healthy lifestyles and reduce exposure to risk factors that are harmful to health.

### *Mental Health*

The country faces severe challenges in the area of mental health conditions and treatment. Many psychiatric care rooms have closed and others that remain open do not have the necessary medications for the care of chronic and serious mental health pathologies such as schizophrenia, bipolarity, and severe depression, among others. Usually the patient has two options: either get a family member to bring the medicine from outside the country or undergo long periods of time without medication, which puts their mental health at risk.

In times of preventive quarantine due to COVID-19, emotions such as sadness, anguish, worry, and confusion have had a strong effect on the Venezuelan population. For this reason, different groups of mental health professionals such as the Venezuelan Federation of Psychologists, the Venezuelan Society of Psychiatry, and non-profit organizations have established emotional care lines to support the population in these difficult times.

The prolongation of the quarantine combined with the socioeconomic situation of the country have made people who were already focused on maintaining healthy stress management and handling of anxiety feel overwhelmed and reduce their capacity to maintain mental health equilibrium. In others strong periods of

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<sup>5</sup> For further details see [12-month report](#)

<sup>6</sup> <https://reports.unocha.org/es/country/venezuela-bolivarian-republic-of/>

anxiety, domestic issues (gender-based violence and other types of violence), and even suicidal ideation have emerged.

### *Nutrition*

In relation to malnutrition, the National Institute of Nutrition of Venezuela, with the support of PAHO, is implementing a programme to detect and manage acute child malnutrition. UNICEF provides micronutrient supplements and outpatient care for child malnutrition, but has noted that this is not sufficient to meet the demand. IFRC and VRC supported UNICEF's efforts in a programmatic project implemented in 2019 to 2020, reaching 93,647 people.

### *Health staff*

The last six years have shown a progressive loss of the national health system's operational capacity, which affects health care and access to free medicines. Many hospitals operate under very difficult conditions and cannot guarantee the provision of basic support services. According to the Venezuelan Medical Association, some 22,000 doctors emigrated in 2018. This figure represents a third of the 66,138 doctors in the country in 2014. The migration of doctors has mainly affected certain specialties (neonatology, anesthesiology, oncology, nephrology, intensive care and emergencies). Likewise, it is estimated that 6,000 bioanalysts and laboratory technicians have left the country, and the Venezuelan Federation of Nursing Schools estimates that between 3,000 and 5,000 nurses have emigrated.

### *Epidemiological surveillance system*

Efforts to increase basic epidemiological surveillance and data generation require strengthening through adequate support and coordination. The former health and nutrition coordination platforms have been formally activated as thematic clusters, along with food security, water, sanitation and hygiene, education, protection and logistics, and housing, energy and non-food items (NFI). In support of this effort, the National Society has created a Health Situational Unit, in order to consolidate and process health information (generated by the VRC Health Network) to guide a strategic analysis that optimizes the planning of its health activities.

There is still a need for continuous action to address short-term priorities, ensure the operational capacity of health services and access to medicines and health technologies, and rationalize existing resources while mobilizing others. This is necessary to address disease outbreaks and increase the system's capacity to provide comprehensive care for priority diseases, physical and mental health, and emergencies.

In the medium term, opportunities exist to transform the health system to reduce fragmentation and segmentation, curb health worker out-migration, ensure system sustainability and increase resilience.

### Water, Sanitation and Hygiene (WASH)

The lack of regular access to water, sanitation services and hygiene promotion that support improved hygiene practices remains the highest need in this sector. The water required to meet the needs of different sectors in Venezuela remains insufficient; the levels of quantity and quality of water available for human consumption are not adequate and have generated a marked dichotomy between supply and demand. The lack of access to this basic input has a profound impact on the provision of medical and clinical services.

The majority of the Venezuelan population lives in urban areas (almost 90 per cent). In these areas the population receives water through pipes, to which 2.5 million lack access. The water supply is totally dependent on electric pumps. In addition, sanitation facilities are connected to the water network. Most

wastewater is discharged untreated into water bodies. If there is no electricity, there is no water and the sanitation systems do not work. Power supply remains limited in all states, including the Capital District. In addition, the systems (sewer pipes, collectors and wastewater treatment plants) are in poor condition or not functioning. Added to the quantity, the quality and continuity of water is in many cases below standards. In rural areas, people depend on wells for water and use toilets or latrines connected to septic tanks. A large proportion of these septic tanks are not cleaned or maintained.

In addition, continuous power failures have caused existing systems to become inadequate, and have led to rationing in the main cities (Caracas, Valencia, Maracaibo, Barquisimeto, Maracay, Puerto La Cruz, Cdad Bolivar, Barinas, among others), a situation that is aggravated in rural areas of Venezuela. In many cases these rations can go in periods of 6 to 8 hours a day, since without electricity the pumping of water is interrupted. In addition to this, the electromechanical deterioration of the installations of the water transportation systems in the main cities has different levels of deterioration, both in the pumping stations as well as in the adduction problems that continue to advance. Other factors such as meteorology (drought or rain) can generate a situation of water shortage that can last days or even weeks.

The prevention and control of particular water, sanitation and hygiene-related diseases is a concern at the household level, especially in the context of the COVID-19 outbreak. Although the situation is extremely different among states, the ability of some people to implement basic household hygiene measures, such as systematic handwashing with soap and household cleaning, is extremely challenging. Water trucking, once used regularly to supply water to homes, hospitals, and health centers, has been disrupted by fuel shortages that limit delivery, quantity and quality of the water supplied.

Hyperinflation in the context of COVID-19, not only damages the local economy, but also hinders the ability to repair and maintain water and sanitation facilities and equipment. Difficulties in acquiring spare parts and materials nationally and locally have created a situation where households and health facilities are dependent on organizational support, disrupting previous efforts to transfer localized capacities. A lack of inputs has been identified in the national production and imports of aluminum sulfate and chlorine, which are the fundamental reagents used to make water safe and clean for human consumption, which means that water often arrives in poor condition, not only because the treatment plants are in poor condition, but also because the necessary inputs for treatment are not available.

Faced with limited income, a significant number of households have changed priorities for the use of their resources. While some funds had previously been used for drinking water, this use has decreased, increasing the risk of water-borne diseases, the inability to implement good sanitation and waste management practices, or even the use of products unsuitable for best hygiene practices. The most vulnerable populations such as children and adolescents, pregnant and lactating women, and the elderly are the most affected by these changes.

The lack of funding for regular WASH activities and procurement of some items and mobility restrictions have increased due to COVID-19. This is creating a situation where implementation of actions by humanitarian actors is not focused on remote areas. With the shift to a more COVID-19 focused agenda, some rural areas have even more extreme hygiene promotion needs.

For their part, the VRC branches and sub-committees at the national level have reported difficulties in accessing safe water for the personnel working in them, as well as for users, making it difficult for them to operate in their facilities. In line with this, the jerry cans and water purification tablets received have helped to partially compensate for this situation. Similarly, measures have been taken such as the adaptation of handwashing and water purification points that are used by volunteers, staff and those who come to the facilities.

## Migration

Due to the COVID-19 pandemic, a new phenomenon of human mobility has taken place with an increasing number of returnees to Venezuela. The returns are the result of many factors including: fewer economic opportunities and the lack of social protection and housing in neighbouring countries; the lack of legal status in these countries; the experience having not met migrant expectations; and greater support networks among their families and communities in times of crisis. According to official figures, between 6 April, when the mandatory quarantine for returnees was established, and October, more than 120,000 have people returned to Venezuela, the majority through the state of Táchira. Additionally, since the beginning of the national quarantine and the closing of the border by Colombia in mid-March, some 40,000 people have returned, many engaged in pendular movements, equating to a total return of more than 90,000 people during the COVID-19 pandemic, according to official figures. It is expected that the flow of returnees to Venezuela will continue. Based on the average daily flow since 6 April, it could reach around 240,000 people by the end of the year. The Government estimates that the number could increase rapidly when quarantine measures are relaxed in neighbouring countries.

## Protection, Gender and Inclusion

In Venezuela, the availability, access to and quality of specialized protection services has decreased, with the most vulnerable people requiring increased attention and support, particularly to access adequate services and to remain an integrated part of their communities. Persons with specific needs include Gender Based Violence (GBV) survivors, children at risk, persons at risk of statelessness, indigenous populations, LGBTI (lesbian, gay, bisexual, transgender, intersex) persons, displaced persons, persons with HIV, older persons and persons with disabilities.

## **Operation Risk Assessment**

The current operation presents several risks. The scope and potential increase in humanitarian needs could exceed the collective capacities and stretch the resources of the VRC, the International Red Cross and Red Crescent Movement and other organizations far beyond their limits. Difficult funding and human resources remain a challenge in responding to the growing volume of humanitarian needs.

The following is an analysis of the evolution of the risks identified in this operation:

<b>Risk identified</b>	<b>Evolution of risk</b>	<b>Mitigation measures</b>
The scope and potential increase of the humanitarian needs could exceed collective capacities and stretch the VRC and the Red Cross Red Crescent Movement's and the resources of other organizations well beyond their limits.	This risk is still present. Current inflation, combined with COVID-19 response, in the country has made access to medical services and treatment increasingly difficult.	VRC and IFRC distribute equitably the health resources available (medicines, consumables, medical equipment). Technological mechanisms that facilitate the rational use of health resources are beginning to be used (SISTOCK and ODK tools). Partnerships have been established to increase the coverage of health activities in the communities.
The country context is complex and humanitarian needs are not covered properly.	This risk is still present. Currently, the percentage of funds raised by the Appeal is relatively low and does not adequately respond to the health needs of the population.	While humanitarian diplomacy actions and resource mobilization activities exist at the national, regional, and global levels, the COVID-19 pandemic adds another challenging factor into the equation.
The lack of a legal foundation to operate in the country.	This is no longer a central risk as the legal status agreement for the IFRC was established in January 2020.	Continued efforts to disseminate information on the Fundamental Principles that guide the Red Cross's work in country.

The barriers to internal transfer of funds reduces the cash flow for the operation's activities.	While international transfers are now permitted, this remains a risk. Hyperinflation hinders local procurement.	Purchases of most items outside the country do not require currency exchange monitoring
The country's situation could block needed logistics for this operation.	This is now a reduced risk due to National Society's new capacities, but will still be contingent on the context itself.	Createion of the purchase plan and monitoring of acquisitions and availability of inputs, as established in this appeal.
Situations of civil disturbances could thwart planned actions.	This risk remains.	Security measures for all volunteers and staff are implemented based on strict compliance with Stay Safe and the Safer Access Framework. The VRC has a contingency plan, which outlines how it will respond in the event of social unrest around the upcoming elections.
The heavy workload could lead to psychological stress and burnout of National Society and IFRC staff and volunteers.	This is a reduced risk.	As part of its activity protocols, the VRC and IFRC have incorporated the performance of debriefing and defusing activities. The IFRC psychosocial delegate provides technical guidance for these activities.
The public's lack of understanding of Red Cross Fundamental Principles and mandate could put the VRC and IFRC's actions at risk.	This is a reduced risk.	VRC's communications department has carried out a number of activities that have improved information regarding activities of the VRC, with emphasis on this operation's activities as needed. The VRC regularly posts on its social networks to disseminate this information. A community engagement and accountability (CEA) focal point is now on staff.  The ICRC and IFRC support the VRC's efforts to disseminate information about its actions and mission.
The political and financial instability, including hyperinflation, could permit situations of fraud.	This risk is still present.	All of the VRC administrative and general staff supported by this operation receive fair salaries, in addition to training in institutional ethics when arriving and throughout their time with the VRC. Furthermore, an internal and external control system, which includes auditing, is maintained..
INAMEH has issued an alert on the consolidation of the "La Niña" phenomenon in Venezuela by the end of 2020	This risk is still present.	Monitoring of pluviometric activity in the target states that are vulnerable to the La Niña phenomenon, as well as monitoring of the needs as they are generated will prepare the VRC, with IFRC support, to respond if necessary.

## Security Assessment

The IFRC's institutional classification for the country remains in the orange phase. This reflects the country's context, the difficulty of access to public services and the consequent increase in social pressure. The COVID-19 pandemic has exacerbated previous security risks. The IFRC, in coordination with the ICRC, maintains integrated management of security and work environments. The IFRC regional security team provides technical criteria to ensure regular coordination and personnel security in Venezuela.

The Movement reiterates its mandate, based on its Fundamental Principles that underpin its neutral, impartial, and independent humanitarian actions, and remains committed to providing humanitarian support to the most vulnerable population in Venezuela.



Despite the limitations with respect to IFRC security personnel, the National Society, through the Operations Manager of this operation, manages the monitoring of the general security situation at the national level, to efficiently and safely organize the distribution of supplies throughout the country. With the support of the VRC sectionals and sub-committees, there have been no security issues even in the midst of the COVID-19 pandemic.

## B. OPERATIONAL STRATEGY

### Proposed strategy

The operational strategy for Venezuela is long-term and will be expanded according to the needs and support of donors. As of 1 December 2020, the [donor response](#) to this appeal is 29 per cent. This operation, as mentioned above, is part of a strategy that complements other ongoing actions in the country (through the 2020 IFRC Operational Plan and the COVID-19 response operation), in addition to coordinating with ongoing ICRC actions. If needs arise in other sectors that IFRC, together with the VRC and other Movement partners, identify as requiring support, the Plan of Action can be revised accordingly.

The timeframe of this Appeal operation, until July 2021, maintains the budget of 50 million Swiss francs to meet the immediate and urgent health care needs of the most vulnerable population, by improving the operational capacity of public hospitals and the network of health centers managed by the VRC throughout the country, as well as by increasing the availability of essential medicines and other medical supplies. This approach maintains the provision and rapid deployment of essential medical supplies, including pharmaceuticals and power generators, support for the improvement of the VRC health infrastructure, access to remote communities for primary health care services, and improved delivery of psychosocial and mental health support services.

Improvement of basic water and sanitation infrastructure in health facilities to ensure the availability of safe water and adequate sanitation facilities, as well as improved hygiene and sanitation practices in communities, remain priorities for the operation. The plan of action emphasizes the strengthening of institutional capacity, with a view to increasing technical and operational capacity for an effective response and comprehensive management of the program at all levels.

The VRC health network provides primary health care in remote areas where access to medical care is severely restricted.

Actions to develop the National Society's logistical capacities continue to be prioritized, with the permanent support of a Logistics and Procurement Delegate and a regional intervention team (RIT) member specialized in the field. Several regional procurement processes have been managed to support the operation: non-food items, communication items (cell phones, satellite phones, pelican bags, Open Data Kit, etc.), medical equipment and supplies, medicines (from pharmaceutical products to sexual and reproductive health items), vehicles, generators, among others. Additional containers with medicines, medical supplies, water and sanitation items, and personal protective equipment level 1 and 2, as well as computer and visibility items, are expected to continue to enter the country, depending on available funds.

The low financial coverage of this Appeal operation continues to hamper the implementation of activities and limit the operational capacity of the IFRC and the VRC in the country. Skills and knowledge have been developed to reach communities with urgent humanitarian needs. Given the global state of emergency due to the COVID-19 pandemic, the Venezuelan government declared a state of quarantine as of 16 March 2020, thus prohibiting events with multiple persons, which has generated some delay in the implementation of VRC activities due to restrictions on mobilization and free transit. In this same line, the VRC Governing Board made the decision of suspending/limiting community activities, as a way to ensure the protection of its


volunteers. In this context, the VRC, accompanied by the IFRC, has resorted to strategies that allow it to somehow reach the communities, through virtual and tele-assistance, as well as to focus the work through the hospital and outpatient network of the VRC. In addition, IFRC supported the VRC providing insurance coverage to 3,617 volunteers. This access, within this complex operational context, offers a unique opportunity to assist the affected population with health, water and sanitation services at the local level.

To guarantee the sustainability of the actions implemented through this operation, the National Society Development (NSD) component is underway, in coordination with the other projects currently being implemented by the VRC. The National Society continues to be strengthened through a unified model that integrates general quality care and management standards, especially for the health sector, including the development and updating of Standard Operating Procedures (SOPs), tools and knowledge for efficient preparation and response to the national context, ensuring that the capacities and systems established under this operation and the other programmatic interventions continue to complement subregional efforts.

The IFRC Master Plan, mentioned above, is supporting the creation of a unique health system for the VRC hospital and outpatient network. This operation, the programs with health components and the COVID-19 response, are supporting a model to generate common standards with protocols and guidelines for health care and psychosocial support; standardization of health services and infrastructure of hospitals and clinics; establishment of an information management system based on ODK 2.0; and logistics chain based on SISTOCK.

Once this operation is completed, the central actions will be incorporated into the IFRC Operational Plan for Venezuela. This will ensure continuous support to the VRC to maintain its response strategy with constant strengthening of the National Society's capacities to provide essential services.

## C. DETAILED OPERATIONAL PLAN

 <p><b>Health</b>  <b>People reached: 250,978 people</b>          Female: 150,587          Male: 100,391</p>		
<b>Health Outcome 1: Access to essential healthcare will be increased in target areas of the assessed hospitals and health clinics.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of people reached with health services (disaggregated by age and gender)	650,000 people	250,978 <sup>7</sup> (150,587 females and 100,391 males)
<b>Health Output 1.1: Healthcare facilities have access to essential medicines and consumables to enable provision of basic medical services</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of health facilities supported with medical stocks	24	110
Tons of medical items/ kits procured and delivered to health facilities	TBD	150 tons

<sup>7</sup> This number represents the people reached by the VRC network health actions such as: community health days and medical attention at VRC hospitals and outpatient clinics. It does not include the numbers reached with the medical equipment and supplies provided to the State health system as part of this operation.

## Narrative description of achievements

Since February 2019, the IFRC has received 5 cargo planes and 11 sea shipments in Venezuela, carrying 150 tons of medical supplies, generators and other relief items. The medical items consisted of 3 Interagency Emergency Health Kit (IEHK), (including malaria kits, medicines, surgical kits, medical consumables, basic medical equipment, and other related relief items to promote access to clean water and generators for medical facilities. These contributions have been key to the implementation of community health actions and VRC health facilities in Venezuela's 24 states. Together with the MPPS, 50 per cent of the medical supplies imported into the country were distributed to public hospitals. Public hospitals prescribe medicines according to their usual protocols and report on the use of medical stocks and people who are reached directly from the support of this Appeal operation through the Technical Committee.

This operation has wide geographical coverage and has contributed to providing health care to the most vulnerable populations in the country. The actions complement the activities carried out through the community health projects implemented by the Venezuelan Red Cross in five border states and nine hospitals.

The VRC operations team coordinates with the IFRC logistics team for the distribution plan to be applied to each shipments, and is responsible for calculating the weight and volume of cargo according to the routes to determine the type and number of vehicles. At the same time, the VRC operations team, which accompanies the shipments, makes all logistical arrangements to facilitate the safe passage of the cargo during distribution and to mitigate potential risks.

Despite the fact that community activities were suspended as part of the COVID-19 prevention measures, the emergency services of the VRC hospital and out-patient network remained in operation. Additionally, as the months passed and with the relaxation of the quarantine, free consultations were held at the branches' facilities, as well as more regular activities within VRC health facilities, which has allowed to continue providing health services to the Venezuelan population, even in the midst of the pandemic.

### Health Output 1.2: Healthcare facilities are strengthened and active to enable provision of basic medical services

Indicators:	Target	Actual
Number of health facilities with increased capacity for the provision of basic medical services	24	22
Number of treatment/consultations provided in the health facilities and in the community health sessions	TBD	125,124
Number of community health sessions carried out	N/A	699

## Narrative description of achievements

Since the beginning of the operation, the IFRC purchased 24 generators to equip health facilities in areas where regular and unpredictable power outages directly affect health care by making medical operations more difficult and causing life-threatening situations, depending on the services provided by each hospital. Of the 24 generators purchased, **23 units were distributed in 22 health facilities** (12 in 11 public hospitals and 11 in VRC facilities).<sup>8</sup> During the month of August 2020, an electric generator was distributed in the state of Sucre, and another in October 2020 in the Guasualito branch of the state of Apure.

To date, most of the medical supplies were distributed in public hospitals, VRC hospitals and outpatient clinics. These include medical beds, sterilization and disinfection kits, electric scalpels and other instruments, latex masks and gloves, and medications. The medicines delivery mechanism at VRC health

<sup>8</sup> For more details on the places of distribution of generators, see [12-month report](#).

centres was designed to reach the most vulnerable people in a standardized and effective manner through community health sessions where patients receive a range of medical services and are provided with necessary medications free of charge<sup>9</sup>.

To increase the reach of community Health days and ensure that the most vulnerable people are reached, the VRC negotiated partnerships with local organizations (Caritas, Movimiento Frente Cristiano and other faith-based and social organizations), which have allowed the VRC to reach more people.

Since the beginning of the operation, **250,978 people have been reached with health services**, including medical consults, Health Days, malaria prevention and treatment, and medicine distributions. A total of **699 community health sessions have been held in the 24 states of the country**. In addition, **125,124 people (68,818 women and 56,306 men)** were treated through consultations in health centers and health days. It is important to note that, due to the presence of COVID-19 in the country and the relative restrictions, as mentioned above, the NS decided to reduce the number of activities in the communities as much as possible, in order to protect the safety of its medical personnel and volunteers. In this sense, the vast majority of consultations were carried out in the medical centers of the CRV's inpatient and outpatient network.

As a complementary effort, with the support of UNICEF, nutritional items and supplements were distributed to children under 5 years of age and pregnant and lactating women in fourteen states. This involved the provision of nutritional supplements and pharmaceutical products under the IFRC Operational Plan for Venezuela, reaching 57,978 people.

**Health Output 1.3: Target population is provided with health services, rapid medical management of injuries and diseases.**

Indicators:	Target	Actual
Number of people reached with first aid services (disaggregated by age and gender)	N/A	2,883 (1,586 women, 1,297 men) <sup>10</sup>
Number of people in communities and VRC staff and volunteers trained in health	N/A	47,166 (25,941 women, 21,225 men)

**Narrative description of achievements**

With the support of this operation and until September 2020, **2,883 people have been reached with first aid services**.

In addition, **47,166 people (25,941 women, 21,225 men) from the communities and VRC staff and volunteers have been reached through training in different health topics**, which have included first aid training, workshops for health promoters, community health workshops and health education sessions (including breastfeeding promotion), cancer prevention, promotion of menstrual hygiene and sexual and reproductive health, workshops on nutrition, diarrhea prevention, vaccines and related benefits, importance of first aid, myths and truths about mammography, and information sessions on HIV/AIDS).

In December 2019, in coordination with the Colombian Red Cross Society, a training course was held for volunteers in the community health and first aid (CBHFA) approach. The objective of the course was to provide National Society volunteers with tools to carry out a Community Health Action Plan based on the

<sup>9</sup> For further details on Health days, see [12-month report](#)

<sup>10</sup> **Correction from figures in previous operational update:** The total number of people provided with First Aid Services is 409 during public order disturbance in first quarter of 2019. In the second quarter, the actions were more related with community training workshops regarding the importance of First Aid delivered under the community health days.

implementation of the CBHFA approach in their respective branches. The Venezuelan Red Cross trained 20 people from 7 branches.

**Health Output 1.4: Psychosocial support is provided to health staff and volunteers.**

Indicators:	Target	Actual
Number of people reached with psychosocial support activities (disaggregated by age and gender)	TBD	17,483 (9,616 women and 7,867 men)
Number of volunteers and staff trained in PSS (disaggregated by age and gender)	TBD	236 (166 women and 70 men)

**Narrative description of achievements**

PSS is integrated into the IFRC and VRC humanitarian response. At the beginning of the operation, IFRC deployed staff specialized in these services, providing technical expertise and tools to support the establishment of the VRC Mental Health and PSS Programme.

Based on this programme, PSS and mental health activities were carried out at the national level to support VRC staff and volunteers with individual and group mental health and psychosocial sessions, including sensitization on the practice of self-care. During the implementation of Health days, PSS activities are integrated and conducted<sup>11</sup>.

From the beginning of the operation to the 31<sup>st</sup> of October:

- **17,483 (9,616 and 7,867 men) have been reached through PSS activities**, which have included in-person and telephone consultations (especially during the pandemic period), psychological first aid and emotional debriefing.
- A total of **236 employees and volunteers have been trained in PSS** (70 men and 166 women), in topics such as PSS consultations, psychological telecare, psychological first aid and emotional debriefing. The arrival of the PSS delegate has helped reorient programs to innovate training sessions for those who have been trained or are just starting out in this area. The strengthening of the structure of the Mental Health and PSS Programme will be transformed by the country context, which includes the impact of the current pandemic.
- **57 volunteers were reached through the training of Psychosocial Response Teams**, with the support of the IFRC's PSS Delegate, in 12 branches and subcommittees, (Barcelona, Carirubana, Caroní, La Vela, Nueva Esparta, Portuguesa (Guanare ), Puerto Cabello, Puerto Piritu, Sucre, Vargas, Yaracuy).
- The NS also participated in the Psychological First Aid (PFA) pilot

In addition to the above, the design and implementation of the strategy "Me cuido, te cuido" (By taking care of myself, I take care of you) was promoted, which aims to make visible the importance of mental health and, raise awareness, promote and generate a more open and empathetic vision towards what mental health implies, using messages as strategies for psychosocial support to members of the Movement present in Venezuela. This is being done through strategies such as sending key messages of care and self-care of the MPPS, the tele-assistance service, and psychological consultations in person. It is important to note that other projects can implement these strategies, thus expanding the range and scope of services.



<sup>11</sup> For further details on PSS during Health days see [12-month report](#)





## Water, sanitation, and hygiene

People reached: 158,218 people

Male: 63,287

Female: 94,931

### WASH Outcome 2: Immediate reduction in risk of waterborne and water related diseases at targeted health hospitals and health centres

Indicators:	Target	Actual
Number of people that have increased access to safe water and minimum conditions for basic sanitation and hygiene		158,218 (94,931 women and 63,287 men)

### WASH Output 2.1: Access to safe water, sanitation and hygiene promotion provided to the health hospitals and centres: improve the existing water storage and the distribution system at the hospitals and health centres, through improvements to storage and filtration systems, hygiene promotion activities and support to improved environmental sanitation.

Indicators:	Target	Actual
Number of VRC volunteers and staff trained in WASH (disaggregated by age and gender)	TBD	51 people (28 women and 23 men)
People reached with WASH relief items	TBD	88,341 (48,587 women and 39,754 men)
Number of health facilities with improved access to safe water and sanitation	21	2
Number of people reached with hygiene promotion (disaggregated by age and gender)	TBD	55,498 (30,524 women and 24,974 men)

### Narrative description of achievements

Since the beginning of the operation until October 31<sup>st</sup> 2020, a total of **158,218 (94,931 women and 63,287 men) people have been reached with actions to promote water, sanitation and hygiene at the community level.**

The operation has focused on improving access to drinking water and sanitation in the selected health facilities, and is supported by IFRC WASH experts. The National Society has also strengthened the capacity of the operation, through the recruitment of the National Water Coordinator of the VRC and a WASH expert from the regional intervention team who supported complementary actions to livelihood programs and UNICEF.

At the beginning of the operation, evaluations were conducted in seven hospitals and four primary care clinics. On this basis, WASH interventions were classified into three levels:

- Rapid impact with chlorination and water tank cleaning
- Structural repairs
- Equip with the necessary maintenance supplies for a period of up to 12 months.

**Workshops have been held on the Participatory Hygiene and Sanitation Transformation (PHAST) method;** this has the general principles to gather and involve populations in the search for satisfactory and sustainable solutions in terms of hygiene and health. These workshops have **reached 25 VRC volunteers.**

Taking into account the restrictions on mobility imposed by the impact of COVID-19 in the country, **the VRC, accompanied by the IFRC, has conducted virtual trainings in order to continue the training process**

where **54 volunteers and staff of the Venezuelan Red Cross from different parts of the territory participated**. In addition to the above, **two trainings in vector control were conducted**, which were adapted to a virtual modality, maintaining academic rigor, and **reached 26 participants**.



*Vector control Training – Caracas branch, July 2020. Source: VRC*

Within the framework of COVID-19, **educational sessions on hygiene promotion have been held in communities and at the sectionals' facilities, reaching 226 people**.

This operation has acquired WASH products that the VRC has distributed to the different branches prioritized by the Appeal. Prior to the outbreak of COVID-19, IFRC and VRC WASH specialists established a distribution plan based on the needs of each location and technical criteria. While there have been delays due to pandemic-related constraints, adjustments are being made to distribution plans for the distribution of items that were purchased with operational funds.

To address the lack of potable water in households, **relief items such as jerry cans, 20-liter water containers and 2 million water purification tablets (40-g aquatabs), 11,000 bars of soap (100g) were purchased and distributed as part of this appeal operation**. A total of 194,650 aquatabs and 17,017 jerry cans were distributed in the Capital District, Nueva Esparta, La Portuguesa, Anzoátegui, Bolívar, Falcon, Guárico, Aragua, Táchira, Yaracuy and Lara. In addition, 1,000 water filters were distributed to 1,000 families in the states of Anzoátegui, Aragua, Apure, Barinas, Bolívar, Carabobo, Distrito Capital, Falcón, Lara, Mérida, Miranda, Portuguesa, Táchira, Vargas and Yaracuy. As of the delivery of these elements, **88,341 people were reached (48,587 women and 39,754 men)**. In addition, 11,000 Jerrycans, 1,000 buckets, 1,000 hygiene kits, 4 hygiene promotion boxes, 1,000 water filters were procured and will be distributed in the following months.

In response to the growing number of cases of malaria and other vector-borne diseases, the **IFRC, through its regional logistics unit, purchased 6,450 long-lasting insecticidal nets for health centers and the population, which were distributed to VRC branches in Puerto Cabello, Carabobo, Zulia, El Tigre, Anzoátegui, Bolívar, Apure, Mérida, Acarigua and Portuguesa**.

The 8 hospitals were given supplies to be used throughout the rest of the year, particularly chlorine tablets for 15,000 litres each at a concentration of 97 per cent, which come in 4 gallon boxes and with instructions.

This operation supported the maintenance of the reserve tank of the VRC's Carlos J Bello Hospital in the Capital District.

The VRC has implemented strategies to strengthen WASH in the hospital network, aimed at generating improvements in heavy infrastructure such as the construction of deep wells, major maintenance of large capacity tanks (50,000 Lts or more), equipment of water filtering and disinfection systems. These actions seek to guarantee the minimum supply in quantity and quality required by these centers for their normal operation. As mentioned above, these strategies have been accompanied by training.

This operation acquired two WATSAN Kits 2 located in the Caracas warehouse, in case of a contingency in which a quick response is required. The objective is that this be used in the current COVID-19 context at the hospital level. Once the fuel supply situation and mobility restrictions improve, the kit elements can be sent to other states.

Due to the low coverage of the Appeal, interventions are being focused on the first level - testing the chlorination of water tanks in health facilities and cleaning water tanks - for which some supplies were purchased with the current funding status.

Complementary to what was reported in the previous reporting period, terms of reference were launched for the construction of a deep well for the capture of subterranean water and supply of drinking water to the VRC hospital and the administrative headquarters in La Candelaria, Capital District. **The construction of the well has been completed and is currently operational.** The well has a depth of 130mts and a capacity of 2.9 litres/Seg, **which meets the hospital's water needs, according to the number of patients and the amount of water per patient (150liters)** according to Venezuelan standards. At present, works are being carried out to protect the control box of the ignition system and the control panel of the well. In addition, the operation is in the process of purchasing sand filters to guarantee that the water is suitable for hospital use. During the month of September, **a WASH and safe water induction was carried out, as well as on the maintenance system of the distribution networks, for the water and sanitation and maintenance personnel of the Carlos J Bello Hospital. This process involved 16 people,** including technicians and volunteers from the Capital District branch.



*The VRC is building a deep well in the VRC in the Capital District. Source: VRC.*

As part of the COVID-19 response, the water supply for the VRC hospital in the Capital District will be guaranteed through the use of the deep well.

## Strengthen National Society

**Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.**

**Output S1.1.4: Venezuelan Red Cross has effective and motivated volunteers who are protected.**

Indicator	Target	Actual
Number of VRC volunteers and staff who received support through the Appeal	4,000	3,617

**Output S1.1.6: Venezuelan Red Cross have the necessary corporate infrastructure and systems in place**

Indicator	Target	Actual
Number of staff members hired	13	33

**Output S1.1.7: Venezuelan Red Cross capacity to respond and prepare for emergencies is strengthened**

Indicator	Target	Actual
Security plan developed	1	1
Number of branches supported with response capacity activities	24	24

**Narrative description of achievements**

This Appeal operation, which builds on previous emergency funds and the IFRC 2020 Operational Plan for Venezuela, has been key to supporting VRC in improving its technical, operational and structural capacity to deliver effective humanitarian assistance at headquarters, branches and committees.

This operation is strengthening the National Society's operational structure by providing financial resources for key support and operational positions at national headquarters. Since the beginning of the operation, a multidisciplinary response team has been deployed to work with the VRC in the design and implementation of the emergency operation, and to provide technical and strategic support. IFRC support focuses on the areas of disaster management, security, finance, logistics, disaster risk management, information management, communications and community participation and accountability, and health. The IFRC and VRC are investing efforts in institutional systems that promote and ensure accountability and compliance, as well as control systems with the direct involvement of the IFRC, while helping the VRC to develop robust management information systems for procurement, finance, monitoring and reporting.

The development of a comprehensive approach to strengthening VRC is a priority for this operation, which will be strengthened over the next year with the participation of the Movement's components and the support of the IFRC's National Society Development unit in the Americas Regional Office. In September 2019, the regional coordinator for National Society Development conducted a mission to the VRC to meet with key National Society focal points and partners, and develop an action plan to strengthen it within the framework of IFRC support. As a result, 13 branches and their committees have received support to be better equipped to provide and expand health care, WASH and other activities to communities.

#### Volunteers management and protection

Volunteer management at headquarters, branches and committees is another major institutional priority to ensure the safety and well-being of volunteers.

Through the 2019 IFRC Operational Plan for Venezuela, **a total of 3,617 VRC volunteers have been insured through the IFRC's volunteer insurance**. At the beginning of this operation, 884 employees/volunteers received protection equipment to provide relief services, derived from the civil unrest that affected the country in the first half of 2019. Additionally, about 1,610 people received an introduction to the Red Cross and Red Crescent Movement and community first aid as a first step to becoming a VRC volunteer.

In the framework of the COVID-19 operation, and taking into account the new evidence regarding the need to improve infection control and prevention protocols, (IPC), the update of the triage protocol was carried out with the support of the National Health Directorate of the VRC and the Health Delegate of the IFRC, for observation and referral of suspicious cases, which was presented as part of the strategy to maintain operational care activities of consultation, hospitalization and surgery. To date, PPE has been distributed to 210 medical staff and volunteers, although the restrictions of the pandemic have not allowed an accelerated response, given aforementioned context.

#### Disaster Management

In line with IFRC and VRC disaster management priorities, technical support was provided to the VRC in the preparation of response and contingency plans, the creation of institutional early warning systems (EWS) which is still in the process of implementation. In anticipation of the increased security situation, a multidisciplinary IFRC/CRV team was deployed in Táchira to strengthen the response capacity of the Táchira and San Antonio branches. During this visit, strengths and weaknesses were identified in terms of emergency

preparedness and response, which served as the basis for the action plan developed to improve their response capacity. The VRC created a civil disturbance response plan<sup>12</sup>.

In September, and with the interest of monitoring the country's health situation, following up on the health activities carried out by the National Society, as well as responding adequately to health emergencies, the VRC National Health Directorate created a Health Situation Unit that consolidates and processes health information, and that guides a strategic analysis for the optimization of the SN's health activities planning. The Situational Health Room is a work space where; a) the process of collecting and consolidating health data is developed in a dynamic, continuous and progressive manner; b) the determinants, the interventions implemented and the results obtained by the health network of the Venezuelan Red Cross are analyzed; and c) products are generated that support the National Health Directorate in the process of evidence-based decision-making. The information generated by the Unit will be presented and disseminated in various formats such as tables, graphs, maps, technical documents or strategic reports. It is intended that it will become an instrument for management, political negotiation, identification of needs, mobilization of resources, and monitoring and evaluation of the institutional or sectoral intervention in emergency or disaster situations.

### Security

The IFRC Security Coordinator and ICRC-supported branches have participated in security training sessions, developed security protocols adapted to their needs and context, given institutional visibility to the volunteers and defined an additional ICRC human resource capacity dedicated to the coordination of security aspects<sup>13</sup>. The IFRC is in the process of hiring a National Security Officer.

### Finance and Administration

The operation had the support of six financial experts, who contributed to guarantee financial management. Additionally, training sessions were provided by the IFRC Delegate to the VRC staff on financial aspects and management of the appeal funds.

With the support of the institutional strengthening project, part of the IFRC Operational Plan, the National Society's Finance and Procurement Manual was created and the Saint system was established. The latter has made it possible to carry out financial management virtually since March.

Currently, financial management of this operation is carried out through the finance structure of the Country Office, which is made up of a Finance Delegate, a treasurer, a financial assistant and the support of the IFRC's Regional Finance Unit.

## **International Disaster Response**

**Outcome S2.1: Effective and coordinated international disaster response is ensured**

**Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved, including through the integration of CEA approaches and activities**

**Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards**

**Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced**

Since the beginning of the civil unrest in early 2019, and according to the IFRC's internal emergency classification, the emergency situation has been and remains classified as phase orange. This classification

<sup>12</sup> For further details of these activities see [12-month report](#)

<sup>13</sup> For further details of these activities see [12 months report](#)



implies that there are greater security risks where access to affected people may be limited; threats to staff security are greater and comprehensive security management is needed, which now includes full-time security staff and an analyst to ensure risk mitigation and reduction.

Following extensive efforts by the VRC and IFRC to promote the delivery and recognition of humanitarian assistance in Venezuela, 11 maritime shipments and 5 cargo planes arrived in the country. In addition, as mentioned above, a Health Situation Unit at VRC headquarters was activated to coordinate with the branches to monitor the evolution of the situation. Based on the analysis and assessments, an action plan was established to respond to and mitigate the immediate health risks to the affected population by expanding the capacity of health facilities through the provision of essential medical supplies, generators, water, sanitation and technical support, among others.

For further details of surge deployments, please see [12-month report](#).

The CEA component continues to focus on developing feedback mechanisms that facilitate the participation of those reached in the services provided under this appeal. With the support of the Regional Office, the CEA unit of the VRC was established and the national strategy for the implementation of these mechanisms was developed.

Due to the impact of COVID-19, risk communications, educational and information materials (publications, stickers, etc.) were developed and disseminated for health promotion, water and sanitation and PSS.

During the months of April to October, the operations at branch level have been maintained in a restricted capacity, implementing the actions within controlled spaces and through assistance to the PASI, in the border states. Feedback mechanisms have also been developed for people attending the hospital network of the Venezuelan Red Cross.

As previously reported, at the beginning of this operation, rapid response mechanisms were set up at the national, regional and global levels, establishing spaces for the exchange of information, analysis of the situation and coordination of the response of the Movement's components.

The IFRC continues to coordinate closely with the ICRC and to monitor the situation. Together with VRC, a contingency plan for the current emergency response was finalized, outlining response and coordination mechanisms at the strategic, operational and technical levels. In addition, a joint thematic communication plan was established, while the IFRC, ICRC and VRC created communication strategies for different situations arising from the country situation, in order to give greater visibility to operations.

A roadmap for emergency health response was agreed with the MPSS to accelerate the entry of international humanitarian cargo. With the support of the IFRC Logistics and Health teams, the mobilization table for this appeal was prepared with essential medical stocks for medical facilities.

#### Logistics

The Regional Logistics Unit actively supported the logistics and management team in the field, providing guidance with the different procedures for the operational establishment of the structure and appropriate functioning of services in the country. The objective of logistics activities is to effectively manage the supply chain, including mobilization, procurement, customs clearance, storage and transportation to distribution sites, according to the needs of the operation and in accordance with the IFRC's logistics standards and procedures.

Operational logistics, procurement and supply chain management, supported by the Medical Procurement Officer in Geneva, carried out international procurement of medical and relief items for the country and ensured

effective management of the country's mobilization table and related portfolio. In terms of structure, seven general logisticians and two medical logisticians were deployed to Venezuela from the beginning of the response. The basic functions of the Field Logistics, within the framework of this operation, has been to maintain an optimal management of bilateral and multilateral shipments, reception, inventory, management of the central warehouse, shipment for distribution to branches and committees of VRC, and public medical facilities. To meet this objective, since April 2019 there has been a central warehouse in the Capital District. In addition to security, which is part of the rental fee, equipment was purchased, such as a tent, to address needs of the IFRC / VRC in the warehouse.

The IFRC logistics team in the country works in coordination with the VRC logistics department, which is being strengthened and supported to perform standard record keeping functions. Additional support to hospitals and branches in terms of medical logistics is needed to maintain the dynamic requirements of the operation. The VRC and the International Federation are working together to implement an efficient and effective supply chain<sup>14</sup>.

During the previous reporting period, the need to continue standardizing key processes (purchasing, customs, warehousing and distribution) was identified. As was also reported, Customs established everything from import procedures and shipping instructions, to follow-up with the Ministry of Foreign Affairs for obtaining diplomatic permits. Storage area, space planning and inventory updates have been constant.

Currently, the Country Office has a Delegate and two procurement officers, who continue to implement the procurement processes and standards at the national and regional levels.

<b>Influence others as leading strategic partner</b>
<b>Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.</b>
<b>Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues</b>
<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>
<b>Narrative description of achievements</b>
<p>Important advances in the field of communications have led to a better positioning and understanding of the image of the VRC and the action of the Fundamental Principles with the population and national and local actors. Contributing to this, key institutional communication approaches were jointly developed in close collaboration between VRC, ICRC and IFRC in Venezuela.</p> <p>The visit of IFRC President Francesco Rocca to Venezuela in March 2019 marked a crucial milestone in humanitarian diplomacy, followed by the launch of this Appeal and the influx of humanitarian aid to support the expansion of health care and other assistance by the Venezuelan Red Cross. The VRC positions itself as an influential humanitarian actor, with access and trust from the communities it works with, as well as being accepted by the main actors in Venezuela and providing humanitarian assistance with autonomy for the application of the Fundamental Principles.</p> <p>During the month of August 2019, the Regional Communications Manager carried out a three-month mission to work with VRC's communications focal points. Together, they developed materials and procedures aimed at strengthening the actions carried out by the National Society in this area.</p>

<sup>14</sup> Para mas detalles del enfoque de trabajo de logística en esta operación, ver Informe de 12 meses del Llamamiento

The main highlights of the joint efforts between IFRC and VRC were

- Basis for developing a national communication strategy and plan
- Production/updating of key institutional communication materials, such as key messages, reactive lines, reputation risk analysis, etc.
- Increased communication capacity in branches
- Increased content and presence in social networks of the work of VRC and IFRC in Venezuela.
- Collection of testimonies of people reached
- Improved and increased national and international media presence
- Creation of a campaign showing the effort of the volunteers working in the COVID-19 context.
- IFRC support to the content of the publications.

Some of the most relevant audiovisual content of 2020 is available in the institutional VRC Instagram and Facebook accounts (@CruzRojave), and some of the most relevant publications from May to October 2020 are below:

1. World Humanitarian Day (1686 accounts reached)  
[https://www.instagram.com/p/CEFK21LH7X4/?utm\\_source=ig\\_web\\_copy\\_link](https://www.instagram.com/p/CEFK21LH7X4/?utm_source=ig_web_copy_link)
2. Visibilization of shipments arriving to the country (1686 accounts reached):  
<https://www.instagram.com/p/CDw0gyRHpDg/>
3. Visibility of volunteers (2.434 accounts reached): <https://www.instagram.com/p/CA0jfakFYPy/>
4. Visibilization of shipments arriving to the country (7.310 accounts reached):  
<https://www.instagram.com/p/B-7u535HpPY/>

For publications and stories reported previously, see the [12-month report](#).

Part of the success of the communication strategy to make VRCa actions visible has been manifested in the interest of donors to support the VRC. Among the donors are McDonald's, Mondelez VZ and recognized sports figures who are supporting the National society with in-kind and cash donations. These initiatives are now part of the communication strategy.

## **Effective, credible and accountable IFRC**

### **Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability**

**Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders**

**Output S4.1.4: Staff security and analysis is prioritised in all IFRC activities**

#### **Narrative description of achievements**

Currently, financial management is carried out through the finance structure of the Country Office, which consists of a Finance Delegate, a treasurer, a financial assistant and the support of the IFRC Regional Finance Unit.

The funds channeled through the appeal have been implemented in accordance with IFRC policies and procedures. The IFRC has control systems in place at the national, regional and global levels. The financial monitoring of the operation is supported by the IFRC's finance and administration manager at the IFRC's Regional Office for the Americas, who works closely with staff based in Venezuela. The IFRC, in close collaboration with the VRC, is addressing challenges related to transfers, contracts, human resources procedures and others, and is taking steps towards the adoption of procedures and policies in the VRC.

In July 2020, an audit was conducted to identify and map potential risks. Based on the recommendations of this audit, the team will strengthen the mapped activities and action points to integrate and mitigate them. The operation's management team will periodically monitor this risk matrix and update it as necessary. The recommendations received in this section are being compiled and adapted for safe project implementation.

In addition, as part of these management and finance actions, the IFRC purchased a variety of office supplies, including 11 laptops (1 additional laptop for ODK), printers, 15 cell phones and one satellite phone, as well as additional office supplies for the VRC.

Regular security reviews by IFRC and Movement regional office security focal points guided VRC and IFRC staff through risk mitigation measures and protocols. Safe route plans were developed for staff departures for assistance.

With regard to PMER, the IFRC continues to work with the VRC to strengthen monitoring and reporting systems applicable to the operational context to achieve greater accountability and evidence-based impact. To this end, monitoring tools adapted to the activities of the appeal have been developed, such as post-distribution satisfaction surveys and the PMER-IM workflow strategy. IFRC international staff make regular field visits to various states in the country to monitor ongoing activities and assess needs that contribute to relevant planning of IFRC and VRC interventions.

The operation was supported by an IM Delegate, who worked with the VRC to increase and strengthen its information management capacities. Based on his support, work has been done on the implementation of multi-sector information management systems using relevant digital tools, as well as data collection tools and systems, and data quality standards, such as recording activities and people reached through mobile data collection (i.e. ODK). In this sense, the **RC2 Health system is in the final stage of development and testing to move to the implementation phase**. As of the date of this report, the configuration and final testing of the structure of the collection instruments is being carried out, using a temporary local test server, while the acquisition of the cloud server service is being finalized. For the development of the tool and the progress achieved, it was necessary to migrate the forms from ODK, consolidate at least 3 databases (1. list of epidemiological diseases, 2. list of drugs available for distribution and 3. address structure or location of activities). The development of the tool has been carried out with the support of the development team of the University of Washington, which is currently reviewing and validating the instrument, as well as the evaluation of the use of API (Application Programming Interface), which will help implement the tool both online and offline (important requirement, given the communication difficulties in the country context). Once approved, field tests will be carried out (December 2020) with doctors and volunteers in a controlled environment, so that once the server is set up, the system can be enabled and implemented.

In addition to the above, the IFRC has worked with the VRC IM focal point to induce, grant access and empower them to lead the administration of the GO page, which will allow NS to visualize their efforts on an international platform and across the Movement. The IFRC has been actively participating in the working group on information management in Venezuela (GTMI-Venezuela), led by OCHA (United Nations).

Click here for:

- [Emergency Appeal Venezuela: Health Emergency](#)
- [Operation update no. 1](#)
- [Six-month update](#)

## Contact Information

**For further information, specifically related to this operation please contact:**

### In the Venezuelan Red Cross:

- Mario Santimone, Secretary General, telephone: 58-212.571.4380 + 58-212- 578.2187; email: [secretariageneralVRC@hotmail.com](mailto:secretariageneralVRC@hotmail.com)

### In the IFRC

- Michele Detomaso, Head of Venezuela Country Office; phone +58 424 257 2777; email: [michele.detomaso@ifrc.org](mailto:michele.detomaso@ifrc.org)
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### For IFRC Resource Mobilization and Pledges support:

- Marion Andrivet Emergency Appeals and Marketing Officer, phone: +507 317 3050; email: [marion.andrivet@ifrc.org](mailto:marion.andrivet@ifrc.org)

### For In-Kind donations and Mobilization table support:

- Mauricio Bustamante, Regional Unit (RLU) Coordinator, phone: +507 317 3050; email: [mauricio.bustamante@ifrc.org](mailto:mauricio.bustamante@ifrc.org)

### For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):

- Maria Larios, PMER regional manager; email: [maria.larios@ifrc.org](mailto:maria.larios@ifrc.org)

### In IFRC Geneva:

- Antoine Belair, Senior Officer, Operations Coordination; Disaster and Crisis (Prevention, Response and Recovery); email: [antoine.belair@ifrc.org](mailto:antoine.belair@ifrc.org)

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives.**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote social inclusion  
and a culture of  
**non-violence** and **peace**.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace



# Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/01-2020/10	Operation	MDRVE004
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 19 Nov 2020

All figures are in Swiss Francs (CHF)

## MDRVE004 - Venezuela - Health Emergency

Operating Timeframe: 27 Jan 2019 to 27 Jul 2021; appeal launch date: 08 Apr 2019

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	40,000,000
AOF5 - Water, sanitation and hygiene	3,000,000
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	3,000,000
SFI2 - Effective international disaster management	3,000,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	1,000,000
<b>Total Funding Requirements</b>	<b>50,000,000</b>
<b>Donor Response* as per 19 Nov 2020</b>	<b>10,651,017</b>
<b>Appeal Coverage</b>	<b>21.30%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,370	1,370	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	80	80	0
AOF4 - Health	2,731,087	1,629,489	1,101,598
AOF5 - Water, sanitation and hygiene	902,796	112,405	790,391
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	1,256	-1,256
SFI1 - Strengthen National Societies	1,152,280	796,263	356,017
SFI2 - Effective international disaster management	2,272,673	2,299,063	-26,389
SFI3 - Influence others as leading strategic partners	189	559	-370
SFI4 - Ensure a strong IFRC	123,497	5,112	118,385
<b>Grand Total</b>	<b>7,183,972</b>	<b>4,845,596</b>	<b>2,338,375</b>

### III. Operating Movement & Closing Balance per 2020/10

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	9,816,440
Expenditure	-4,845,596
<b>Closing Balance</b>	<b>4,970,843</b>
Deferred Income	454,168
Funds Available	5,425,012

### IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	1,000,000	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/01-2020/10	Operation	MDRVE004
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 19 Nov 2020

All figures are in Swiss Francs (CHF)

## MDRVE004 - Venezuela - Health Emergency

Operating Timeframe: 27 Jan 2019 to 27 Jul 2021; appeal launch date: 08 Apr 2019

### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	963,700				963,700		
British Red Cross	489				489		
British Red Cross (from British Government*)	2,443,826				2,443,826		
Colombia - Private Donors	240				240		
Czech Red Cross (from Czech private donors*)	1,000				1,000		
German Red Cross	108,218				108,218		
ICRC	64,327				64,327		
Italian Red Cross	19,816				19,816		
Japanese Red Cross Society	91,222				91,222		
Lithuania Government	111,664				111,664		
On Line donations	410				410		
Red Cross of Monaco	44,096				44,096		
Red Cross Society of China	201,369				201,369		
Simón Bolívar Foundation/CITGO	1,000				1,000	454,168	
Spanish Government	68,125				68,125		
Swedish Red Cross	491,014				491,014		
The Canadian Red Cross Society (from Canadian Gov	159,593				159,593		
The Netherlands Red Cross (from Netherlands Govern	1,334,960				1,334,960		
Turkish Red Crescent Society	97,231				97,231		
Unidentified donor	3,614,140				3,614,140		
<b>Total Contributions and Other Income</b>	<b>9,816,440</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9,816,440</b>	<b>454,168</b>	
<b>Total Income and Deferred Income</b>					<b>9,816,440</b>	<b>454,168</b>	